

**WAYLAND AREA EMS
TRAINING CENTER**

**POLICY & PROCEDURE
MANUAL
FOR HS/BLS INSTRUCTORS**

**Wayland Area EMS
Training Center
Policy & Procedure Manual**

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MISSION OF THE AMERICAN HEART ASSOCIATION

About the American Heart Association

Who We Are

The American Heart Association is the nation's oldest, largest voluntary organization devoted to fighting cardiovascular diseases and stroke. Founded by six cardiologists in 1924, our organization now includes more than 22.5 million volunteers and supporters working tirelessly to eliminate these diseases. We fund innovative research, fight for stronger public health policies and provide lifesaving tools and information to save and improve lives. Our nationwide organization includes 144 local offices and nearly 2,700 employees. We moved our national headquarters from New York to Dallas in 1975 to be more centrally located. The American Stroke Association was created as a division in 1997 to bring together the organization's stroke-related activities.

Our Mission

Building healthier lives, free of cardiovascular diseases and stroke. Our mission drives everything we do.

What We Do

To improve the lives of all Americans, we provide public health education in a variety of ways.

We're the nation's leader in CPR education training. We help people understand the importance of healthy lifestyle choices. We provide science-based treatment guidelines to healthcare professionals to help ensure the best treatment for every patient, every time. We educate lawmakers, policy makers and the public as we advocate for changes to protect and improve the health of our communities.

Our volunteer experts select scientific research most worthy of funding – with great results. We have funded more than \$3.5 billion in research since 1949, more than any organization outside the federal government. We have funded 13 Nobel Prize winners and lifesaving advancements such as the first artificial heart valve, cholesterol-inhibiting drugs, heart transplant capabilities, and CPR techniques and guidelines.

Why We're Needed

Heart disease is the No. 1 killer of Americans. Stroke ranks fourth and is a leading cause of severe adult disability.

Each year, these diseases kill more than 811,000 Americans, which is roughly the same as the entire population of El Paso, Texas; Baton Rouge, La.; or Tacoma, Wash.

Some form of cardiovascular disease affects more than one in every three adult Americans. Many suffer terribly from disabilities caused by these diseases.

Our 2020 Goal

We are working toward improving the cardiovascular health of **all** Americans by 20 percent, and reducing deaths from cardiovascular diseases and stroke by 20 percent, all by the year 2020. Our programs, educational resources and advocacy initiatives are all targeted at helping people identify and adopt healthier lifestyles.

To assess your cardiovascular health, all you need to do is visit [MyLifeCheck.org](https://www.mylifecheck.org) and answer a few questions. You will learn about modest changes that could make major differences. For more information, visit [heart.org](https://www.heart.org) or call 1-800-AHA-USA1.

History of the American Heart Association

Before the American Heart Association existed, people with heart disease were considered to be doomed to complete bed rest – or worse. But a handful of pioneering physicians and social workers believed it didn't have to be that way. They conducted studies to learn more about heart disease, eventually leading to the founding of the American Heart Association in 1924.

“We were living in a time of almost unbelievable ignorance about heart disease,” said Paul Dudley White, one of six cardiologists who founded the organization.

The early American Heart Association enlisted help from hundreds, then thousands, of physicians and scientists. The association reorganized in 1948, transforming from a scientific society to a voluntary health organization composed of both science and lay volunteers and supported by professional staff. Since then, the American Heart Association has grown rapidly in size and influence – nationally and internationally.

In 1975, the headquarters moved from New York City to Dallas to be more centrally located. Volunteer-led affiliates formed a national network of local organizations providing research funding, education, community programs and fundraising.

In the 1980s, the association became a much more visible champion of public health, starting advocacy efforts that remain active today locally across America in all 50 states and in Washington. Large gifts allowed the association to support new research projects and education programs, including more efforts to address heart disease and stroke in women and minorities.

The 1990s were a time of great change. In 1997, the confederation of separately incorporated affiliates merged into a single corporation. That year the American Heart Association also created the American Stroke Association and another division dedicated to CPR training and other emergency cardiac care.

Our scientific findings began to move from laboratories and clinics to physician's offices and American households. The association took positions on important health issues. And despite strong opposition from the tobacco industry, the American Heart Association continued to advocate for the public, especially children.

By 2000, the American Heart Association had established its first 10-year Impact Goal for the entire nation: to reduce coronary heart disease, stroke and risk factors by 25 percent by 2010.

The goals for reducing deaths were exceeded. However, with national trends such as increasing obesity and sedentary lifestyles, we still had much more work to reduce risks. And that drove the association to set another aggressive 10-year Impact Goal for the nation: To improve the cardiovascular health of the entire nation by 20 percent by 2020, while reducing deaths from cardiovascular diseases and stroke by 20 percent.

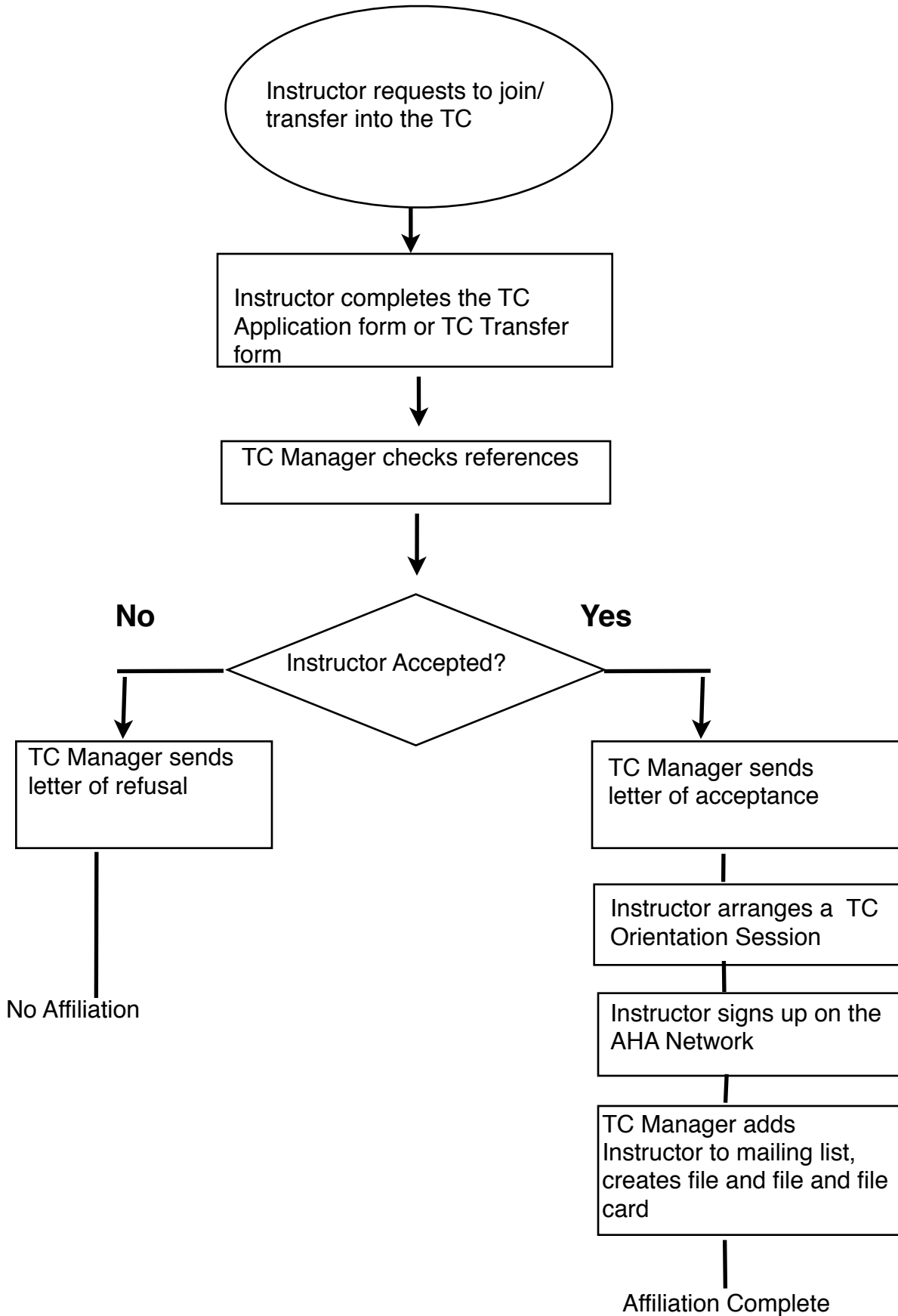
Today, the American Heart Association works toward that goal as the nation's oldest and largest voluntary health organization devoted to fighting heart disease and stroke. We have more than 22.5 million volunteers and supporters supported by nearly 150 local offices.

The association is a leader in public health education and science. We train more than 13 million people a year in CPR. We publish popular cookbooks and certify heart-healthy foods in grocery stores. Our programs improve the health of America, fight childhood obesity and reach audiences facing unique health risks, including women, African-Americans and Hispanics.

The association continues to be true to its scientific roots, funding more cardiovascular research than any U.S. organization aside from the government. We have funded 13 Nobel Prize winners and numerous scientific breakthroughs. Our conferences train thousands of healthcare professionals, and we set scientific treatment guidelines followed by hospitals nationwide.

The American Heart Association wants everyone to understand the threat – and to know that cardiovascular diseases are largely preventable. Risks can be lowered by adhering to what we call Life's Simple 7: not smoking, being physically active, maintaining a healthy body weight, eating a healthy diet, controlling blood pressure, controlling cholesterol and controlling blood sugar.

TC AFFILIATION PROCESS



Instructor Affiliation Policy

New Instructors

All instructor candidates who successfully complete the AHA Basic Life Support Instructor Course will be accepted into the WAEMS TC, upon successful completion of all instructor candidate requirements

Should the Instructor candidate prefer to sign up with another TC, candidate must bring a signed Instructor Candidate application form from the TC with which they will be aligning. This "Instructor Candidate Application" form must include the new TC's manager's signature (verifying acceptance into the new TC).

Instructor TC Transfer

Instructors wishing to transfer to WAEMS TC, must submit a signed Request to Transfer form to WAEMS for signature by the TC Manager. The TC Manager signs the form, accepting the Instructor. The transfer form is then sent to the current TC for verification of Instructor status and release of records. The current TC sends the Instructor records to WAEMS. When WAEMS receives the records, and fees for the transfer are paid, WAEMS will set up a monitored teaching session. Once all requirements are complete, the Instructor is accepted.

Instructors wishing to transfer to another TC from WAEMS, must submit a signed Request to Transfer form with signature of the new TC Manager, showing acceptance. The WAEMS TC Manager will provide documentation of successful completion of the BLS Instructor Course to the accepting TC. This file will be stored for 3 years. The TC computerized Instructor database will be updated, documenting the transfer.

Wayland Area EMS
911 S Main Street

269 792 2958
Wayland, MI 49348

TRAINING CENTER INSTRUCTOR APPLICATION

Please complete this form and return it to the WAEMS Training Center at the above address with a copy of your current instructor card.

INSTRUCTOR'S NAME: _____

SOCIAL SECURITY NUMBER: _____

MAILING ADDRESS: _____

STATE

ZIP CODE

TELEPHONE NUMBER: HOME _____

CELL _____

WORK _____

WORK LOCATION: _____

=====

Please provide us with a copy of your Instructor card.

MOST RECENT INSTRUCTOR CERTIFICATION:

DATE: _____ LOCATION: _____

Please describe the type(s) of classes you currently teach and the approximate number per year:

Are you willing to teach classes for the WAEMS Training Center?

Please check your current status:

Instructor Training Center Faculty Regional Faculty Lead Instructor Director

How long have you been at this level? _____

Former TC: _____

Address: _____

TC Manager's Name: _____

Telephone: _____

Reason for Leaving: _____

Please cite two references that are familiar with your teaching ability:

1. Name: _____ Number: _____

2. Name: _____ Number: _____

Other Comments: _____

**TRAINING CENTER
INSTRUCTOR APPLICATION UPDATE**

INSTRUCTOR'S NAME: _____
PRINT NAME

TITLE (MD, RN, CRNA, EMT-P ETC.): _____

SOCIAL SECURITY NUMBER: _____

HOME MAILING ADDRESS: _____

TELEPHONE: HOME: _____

CELL: _____

WORK: _____

FAX: _____

EMAIL: _____

EMPLOYER: _____

DEPARTMENT: _____

Instructor Status / Expiration Date:
BLS Instructor _____

HS Instructor _____

Initial Year of Instructor Status: _____

Are you available to teach for WAEMS? _____

What are the most convenient times for you to teach? Please circle all that apply.

Afternoons Days Evenings Weekends Flexible

Are you able to teach AHA Courses in another language? If so, please list what language(s):

REQUEST TO TRANSFER TRAINING CENTERS

Please Print Clearly

Name: _____ SSN: _____

Address: _____

City MI ZIP

I officially request to transfer to another TC. Please forward my BCLS INSTRUCTOR RECORDS to:

Name of Receiving TC: _____

Receiving TC Manager: _____

FAX Number

Receiving TC Address: _____

Phone Number

City State Zip

Current TC: _____

Current TC Manager: _____

FAX Number

Current TC Address: _____

Phone Number

City State Zip

Effect Date of Transfer: _____

Signature of New Primary TC Manager: _____

Signature indicates acceptance of transferring Instructor

I understand, be requesting to transfer to another TC, that I will send all future paperwork to my new Primary TC, and that I will obtain AHA course cards only through my Primary TC.

Signature

Date

.....DO NOT WRITE BELOW THIS LINE.....

Date Records Forwarded

Copy of Instructor Card _____

Rosters _____

AED Check Off _____

Teaching Check Off _____

Update Certification _____

Administrative Policy: Training Sites

A training site is a location other than the main TC which conducts AHA courses in BLS, ACLS and/or PALS programs, who maintain their own training network within their facility, has their own Liability Insurance coverage, function under the approval of the TC, and whose administrative responsibilities are with the TC.

A facility is eligible to be a training site when the following minimum criteria exist:

1. Designated Site Manager
2. Signed written contract with the TC

Terms of Agreement:

The TC:

1. Forwards all correspondences from the AHA to the Site Manager
2. Forwards the quarterly TC Instructor's Updates
3. Forwards annual dates for BLS Instructor courses and Instructor Renewal Sessions
4. Submits training site statistics to the AHA
5. Orders AHA cards
6. Maintains all Instructor Records
7. Conducts Instructor Courses and Instructor Renewal Sessions

The Training Site Manager:

1. Mails the site's Instructors any pertinent information from the AHA or the TC quarterly update.
2. Forwards training numbers to the TC from BLS programs monthly.
3. Notifies their instructors of the change in your TC's status to Training Site status, and that their new TC is WAEMS.
4. Provides their approved BLS courses.
5. Provides their instructors with materials / equipment to conduct all AHA classes.
6. Notifies the TC of any Instructor problems or conflict of interest problems in a timely manner.
7. Adheres to the AHA course guidelines for all approved programs taught at the site.
8. Provides the TC of a list of courses (annually).
9. All materials costs are the responsibility of the training site.
10. Agrees to annual site visits from the TC Manager and/or AHA faculty.
11. Renews the Training Site agreement annually and each and every time there is a change in the Site Manager and/or TC Manager.

I have read the above conditions, and agree to abide by them. I understand that failure to comply will result in the Training Site Agreements becoming null and void.

Training Site Manager's Signature

TC Manager's Signature

PRINT Training Site Manager's Name

PRINT TC Manager's Name

Date

WAYLAND AREA EMS
911 S MAIN ST

269 792 2958
WAYLAND, MI 49348

INSTRUCTOR AGREEMENT

I, _____, agree to the following:
print name

1. To teach all classes according to AHA Guidelines. To use materials (books, DVD's, lesson maps, stopwatch) as outlined in the AHA Instructor Manual.
2. To read and incorporate all updates when received (including TC updates and Instructor Network updates).
3. To return the "Verification of Receipt" form when requested.
4. To send in all required paperwork **within 30 days of teaching**. I understand that late fees or disciplinary action(s) may be incurred if compliance is not maintained.
5. To inform the TC of **all** contact information changes immediately.
6. To pay all fees on time.
7. To use appropriate AHA materials when teaching courses and not violate AHA copyright Law.
8. To teach a minimum of 2 classes each year.
9. Attend Instructor Renewal sessions prior to card expiration. (Both Provider and Renewal)
10. To maintain a current Instructor card.
11. To read and follow the TC policies and procedures.
12. To send verification of teaching form within 20 days of teaching or another TC.

I have read and understand all the above policies. I acknowledge that failure to comply with the terms of this agreement will jeopardize my affiliation with the TC.

Print Name: _____

Signature: _____

Date: _____ Received by: _____

Course Roster Policy

1. All Course Rosters (copy attached in appendices A) must be accompanied with the Evaluation (copy attached in appendices B). This is an American Heart Association requirement.
2. Per the Instructor Agreement, all Course Rosters together with the Evaluations must be received in our office within 20 days of the Course date.
3. All Course Rosters must be completely filled out, paying special attention to the Course Title and Instructor signature.
4. Rosters receive beyond 20 days will be subject to late fees.
5. Faxed rosters/paperwork is limited to 5 pages.

Required Paperwork

Family & Friends:	Roster & Evaluation forms
Heartsaver Courses:	Roster, evaluation forms, skills testing checklists (copy attached in Appendices C), exam answer sheets
Healthcare Provider:	Roster, evaluation forms, critical skills testing checklists (copy attached in Appendices C) exam answer sheets

Materials Ordering Policy

Instructors may order AHA materials (except cards) directly from any of the official AHA Distribution centers and Wayland Area EMS. AHA cards can only be ordered through the primary TC.

All orders for materials from the TC shall be requested in writing on the **Materials Order form** (copy attached in Appendices D). A minimum of 2 weeks will be allowed for the processing of orders. Please send payment with Material Order form for faster processing.

AHA Product Distributors:

Channing - Bete Co
Phone: 800 611 6083
Fax: 800 499 6464

aha.channing-bete.com

Laerdal Medical Corp.
Phone: 888 562 4242
Fax: 800 227 1143

laerdal.com

WorldPoint ECC, Inc.
Phone: 888 322 8350

eworldpoint.com

AHA Card Issuing Policy

AHA cards will be issued for AHA courses.

The appropriate card will be issued for the course.

Cards will be distributed when all the course requirements have been met.

Information on the cards may be typed or computer generated.

All AHA cards will be dated for 2 years. No exceptions.

Cards that are re-issued will have "DUPLICATE" printed boldly on the front of the card.

Only the most current printed AHA card will be issued.

FRONT OF CARD:

The issue date will be the Month/Year of the class was held.

The expiration date will be the Month/Year 2 (two) years post class held.

BACK OF CARD:

Region: **Michigan**

Name of Training Center: **Wayland Area EMS or WAEMS**

Name of Training Site: **Wayland Area EMS or the Approved Satellite site name**

Instructor's Name: **Lead Instructor's name and ID number**

Holder's Signature: **Participant's signature**

REPLACEMENT CARDS:

Students needing replacement crds, must fill out a form and send payment to receive a replacement card.

UNUSED CARDS:

Should cards be pre-issued for a class, unused cards must be returned to the TC with the course paperwork accompanied by written explanation/reason card was not issued.

EQUIPMENT LOAN POLICY

WAEMS TC Instructors who conduct CPR classes may obtain adult, child and infant manikins from the TC office.

The Instructor is responsible for:

- Calling the office 269 792 2958 and reserving the manikins
- Picking them up clean from the TC
- Cleaning/disinfecting manikins and replacing lungs
- Returning equipment on the agreed upon date or additional fees may be assessed

Any damage to the manikins is the responsibility of the Instructor.

The following equipment is available from the TC (fee schedule in Appendices E)

1. Adult manikin
2. Infant manikin
3. Child manikin
4. BVM(s)
5. Mask(s)
6. DVD
7. AED trainer(s)

On the date the equipment is picked up from the TC, the “Equipment Loan Form” (copy attached in Appendices F) will be completed. The Instructor’s name, date of pick-up, and date of return will be documented. The form will be signed by TC staff under “has permission from”. Rental payment is due at the time of equipment pick-up.

On the date the equipment is returned, the TC manager will examine the equipment and check working order. The Instructor will be charged for any damage. Lost faces will be assessed at \$10.00/face for replacement.

I have read and understand the above policy. I acknowledge that failure to follow this policy may result in the termination of my affiliation with the TC.

Instructor’s name (printed)

Instructors Signature

Date

Manikin Cleaning Policy

Multiple Student Manikins (Resusci-Annie, Annie Baby, Little Annie, Joe/Kyle/Kim Series):

- Manikins will be disinfected after each class or at the end of the day
- Lungs will be disposed of and replaced with clean lungs after each class or at the end of the day
- Removable faces will be washed in warm soapy water, then immersed and soaked for 10 minutes in 1:10 parts bleach/water solution, rinsed, then air dried.
- Non-soakable body surfaces will be wiped with bleach-cloth (using the bleach solution as described above).

Single Student Manikins (Actar)

- Manikins will be disinfected after each student's use
- Lungs will be disposed of and replaced with clean lungs after each student's use
- Non-soakable body surfaces will be wiped with bleach-cloth (using the bleach solution as described above).

I have read and understand the above policy. I acknowledge that failure to follow this policy may result in the termination of my affiliation with the TC.

Instructor's name (printed)

Instructors Signature

Date

Equipment Review Policy

Any equipment borrowed by TC Instructors from the TC will be checked for proper working order at the time the equipment is picked up and returned to the TC.

Both the TC Manager and the Instructor will do the checking together.

Checking of equipment will include, but is not limited to, checking cleanliness, intact of manikin parts, batteries, secured body parts, springs, patency of airways, recoil of chest plates, presence of replacement pieces, etc.

If there is any question concerning the condition of the equipment before it leaves the TC, the Instructor or TC Manager will document it on the back of the Equipment Loan Form.

If there is any question concerning the condition of the equipment when it is returned to the TC department, the Instructor or TC Manager will document it on the back of the Equipment Loan form and compare the previous documentation.

If a discrepancy exists, the Instructor is responsible for any loss or damages to the equipment. "Responsibility" may include replacement costs, repair costs, or the cancellation of equipment borrowing privileges.

I have read and understand the above policy. I acknowledge that failure to follow this policy may result in the termination of my affiliation with the TC.

Instructor's name (printed)

Instructors Signature

Date

Conflict Resolution Policy

Objectives: This policy documents the methods used by Wayland Area EMS (WAEMS TC) to identify, implement and evaluate corrective and preventive actions related to instructor activities in AHA courses.

Definitions:

Corrective Action: A planned intervention intended to *prevent recurrence* of an existing nonconformity, defector other undesirable situation.

Preventive Action: A planned intervention intended to *prevent an occurrence* that would be considered nonconforming, defective or otherwise undesirable.

Process Improvement: Preventive actions designed to *prevent a non-conformance* focus on improving processes, procedures, instructions or training.

The WAEMS TC evaluates the quality of its courses and performance of its instructors on an ongoing basis per American Heart Association guidelines and internal TC policy. When non-conformances with AHA guidelines or TC policies are identified continual quality improvement requires that corrective actions be identified and implemented to control the variation. Additionally, to ensure that the process is improved or stays in control, preventive and/or corrective actions may also be identified and implemented as quality improvements.

Complaints/concerns regarding instructor conduct and/or performance during an AHA course, will be brought to the attention of the Training Center (TC) Manager. The complaint/concern regarding the instructor will be investigated. If the complaint/concern is found to have merit an “occurrence” will be documented and kept in the Instructor’s file for a period of three (3) years. The “occurrence” will remain “active” for the first 12 months of that period. “Active” occurrence may be considered for disciplinary action, based on the nature of the occurrence and the frequency of occurrences. All occurrences in an Instructor’s file (active and non-active) will be reviewed at the time of the individual’s Instructor Status Renewal, to determine continued affiliation with the Training Center.

I have read and understand the above policy. I acknowledge that failure to follow this policy may result in the termination of my affiliation with the TC.

Instructor’s Initials

Date

Conflict Resolution Policy

If a complaint or concern against an Instructor has been determined to have merit, the following Disciplinary Actions are possible:

- ① The identified non-conformity will be addressed with the Instructor
- ② Verbal warning with coaching and counseling of the Instructor with a corrective action agreed to by the Instructor and TC Manager. The Instructor will be warned that future occurrences may jeopardize their status with the TC. A record of the verbal warning is placed in the Instructor's file.
- ③ Written warning: The instructor is provided with a written description of the non-conformity and how it impacts the training center and/or AHA Quality Assurance requirements. A corrective action plan is developed. A copy of the written warning and corrective action plan is placed in the Instructor's file.
- ④ Written Warning and termination of privileges: The instructor is provided with a written description of the non-conformity and how it impacts the training center and/or AHA Quality Assurance requirements. The Instructor is also provided with a written notice that privileges with the TC have been terminated. This information is also maintained in the Instructor's file.

The disciplinary action invoked may be determined by the frequency of the offense(s) and/or the degree of the offense(s).

Degree of Offense(s):

Level 1

The effect of the error or non-conformity is minor and easily corrected. The TC Manager will coach and counsel the Instructor regarding the specific offense and verbal corrective action will be given. This will be documented as a corrective action and placed in the Instructor's file.

Level 2

The effect of the error is minor to moderate and moderately impacts the TC and/or AHA Quality Assurance requirements. The TC Manager will coach and counsel the Instructor and a written corrective action will be provided to the Instructor. This will be documented as a written warning and placed in the Instructor's file.

Level 3

The effect of this error is major and severely impacts the integrity of the TC and/or AHA Quality Assurance requirements. The TC Manager will review the issue with the Instructor and written termination of the Instructor's privileges with the TC will be given to the Instructor and a copy placed in the Instructor's file.

All verified complaints, policy offenses or non-conformities are not considered to be of the same magnitude. The weighting or assigning a level of severity of an offense is done at the sole discretion of the TC Manager.

I have read and understand the above policy.

Instructor's name (printed)

Instructors Signature

Date

Instructor Manual Policy

The TC will distribute the most current Instructor manual(s) during the initial Instructor Training course, as part of the course requirement (unless other arrangements have been made between the TC Manager and WAEMS General Manager).

It is the responsibility of the Instructor to obtain any further updated copies of their Instructor Manuals for their discipline, at their own expense.

It is the responsibility of the Instructor to obtain current supplementary manuals or AHA materials/provider manuals that are necessary to conduct their AHA courses, at their own expense.

"Library" copies of the Instructor manual(s) are available (see Fee Schedule Appendices G).

I have read and understand the above policy. I acknowledge that failure to follow this policy may result in the termination of my affiliation with the TC.

Instructor's name (printed)

Instructors Signature

Date

Instruction at Non-WAEMS Sites

When instruction for another TC please complete and forward the **Verification Teaching Form** (copy attached in Appendices I) indicating the course information. The Verification Teaching Form will be placed in your file with WAEMS CTC.

Please do not forward the rosters, tests, evaluations, etc., as we do not count these numbers with the American Heart Association.

I have read and understand the above policy. I acknowledge that failure to follow this policy may result in the termination of my affiliation with the TC.

Instructor's name (printed)

Instructors Signature

Date

Instructor Monitoring Policy

To ensure consistency and aid in the quality of BLS/Heartsaver programs, new and experienced instructors will be monitored during teaching. Each instructor will be monitored on at least one occasion during each two year term. Assigned Training Center Faculty (TCF) must perform monitoring of Instructors.

It is the instructors' responsibility to arrange the monitoring session, prior to instructor appointment/reappointment.

The TC holds the right to monitor the Instructor at any course taught by affiliated Instructors (announced or unannounced). All monitoring will be done by TCF approved by WAEMS.

I have read and understand the above policy. I acknowledge that failure to follow this policy may result in the termination of my affiliation with the TC.

Instructor's name (printed)

Instructors Signature

Date

Acronyms

ACLS	Advanced Cardiovascular Life Support
AED	Automated External Defibrillator
AHA	American Heart Association
BCLS	Basic Cardiac Life Support
BLS	Basic Life Support
CEUs	Continued Education Units
CPR	Cardiopulmonary Resuscitation
CQI	Continuous Quality Improvement
ECC	Emergency Cardiovascular Care
EMS	Emergency Medical Services
FBAO	Foreign Body Airway Obstruction
HCP	Healthcare Provider
PALS	Pediatric Advanced Life Support
NF	National Faculty
PAD	Public Access Defibrillation
QA	Quality Assurance
RF	Regional Faculty
TC	Training Center
TCC	Training Center Coordinator
TCF	Training Center Faculty
TS	Training Site

Appendices Contents

- A: Course Rosters
- B: Course Evaluations
- C: Skill sheets
- D: Materials Order Form
- E: Fee Schedule
- F: Equipment Rental Form
- G: Instructor Verification of Teaching Form

Appendices A: Course Rosters

Heartsaver CPR
Heartsaver CPR/AED
Heartsaver CPR/AED/FirstAid
Heartsaver First Aid

Healthcare Provider

Appendices B: Course Evaluations

Heartsaver CPR
Heartsaver CPR/AED
Heartsaver CPR/AED/FirstAid
Heartsaver First Aid

Healthcare Provider

Appendices C: Skill Sheets

Heartsaver CPR
Heartsaver CPR/AED
Heartsaver First Aid

Healthcare Provider
Adult/child
Infant One & Two Rescuer

Appendices D: Materials Ordering Form

Wayland Area EMS
 911 S Main St
 Wayland, MI 49348

Phone: 269 792 2958
 Fax: 269 792 0383

Instructor Name please print: _____

Contact Phone #: _____

Order Date: _____ Order Pickup Date: _____ **or**

Shipping Address: _____

For Office Use Only

Amt Pd: _____

Cash ___ Check ___ M.O. ___

Check/M.O.# _____

Ck/M.O. Date _____

PMT Red'd Date _____

Materials Ordering List

****TWO WEEKS NOTICE REQUIRED FOR ALL ORDERS****
PAYMENT MUST ACCOMPANY ORDER

Workbooks/Manuals Booklets

QTY	ITEM #	ITEM DESCRIPTION	ITEM PRICE	TOTAL
		Bloodborn Pathogens Student Workbook		
		BLS HCP Student Manual		
		HS AED w/ CPR Student Manual Workbook		
		HS CPR Student Workbk		
		HS CPR in Schools Student Workbook		
		HS 1st Aid Student Workbook		
		HS 1st Aid w/CPR & AED Student Workbook		
		HS Pediatric 1st Aid Student Workbook		
		Family & Friends CPR Booklet		
		F & F 1st Aid Children's Booklet		

Course DVD's

QTY	ITEM #	ITEM DESCRIPTION	ITEM PRICE	TOTAL
		BLS HCP		
		HS CPR in Schools		
		HS 1st Aid		
		HS Pediatric 1st Aid		
		F & F CPR		
		F & F 1st Aid for Children		

MISCELLANEOUS

QTY	ITEM #	ITEM DESCRIPTION	ITEM PRICE	TOTAL
		AHA Stopwatch		
		Practi-shields 50 ct./box		
		CPR micro-mask w/blue cs		
		CPR Training Valves (10)		

INSTRUCTOR MATERIALS

QTY	ITEM #	ITEM DESCRIPTION	ITEM PRICE	TOTAL
		AHA BLS Essentials Course		
		BLS HCP Instructor Manual/CD		
		BLS HCP Instructor Package		
		HS Instructor Manuals		

SUB-TOTAL	\$
ADD 6% SALES TAX (If tax exempt, include Tax ID#)	
ADD SHIPPING FEE (See shipping fees below)	
EQUIPMENT RENTAL (if applicable)	
GRAND TOTAL	\$
*SHIPPING FEES Books 1-10 = \$20.00 Books 11-25 = \$25.00 Books 26-50 = \$30.00	

Appendices E: Fee Schedule

Fee Schedule

Appendices F: Equipment Rental Form

Wayland Area EMS
 911 S Main St; Wayland, MI 49348
 Phone: 269 792 2958

EQUIPMENT RENTAL FORM

****TWO WEEKS NOTICE REQUIRED FOR ALL EQUIPMENT RENTALS****

PICK-UP DATE: _____

RETURN DATE: _____

Quantity	ITEM	PRICE	TOTAL
	Adult Manikin # of faces per manikin		
	Child Manikin # of faces per manikin		
	Infant manikin # of faces per manikin		
	AED Trainer Type:		
	Set of Bag Valve Masks		
	DVD Course:		
	Instructor Manual (Library copy)		
		SUBTOTAL	
		6% SALES TAX	
		TOTAL	

I, _____ agree to return the above stated equipment in good condition and free of damage on the agreed upon date as stated above. I understand that a Late Return Fee of \$25.00 per day will be assessed if not returned as agreed. I further agree to assume full responsibility for any damage incurred to the equipment while in my possession. There will be a \$10.00 fee per lost or damaged face.

I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS EQUIPMENT RENTAL AGREEMENT.

Signature: _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

Materials Order Form? Yes _____ No _____

For Office Use Only

Amt Paid \$	Cash	Ck#	M.O.#	Dated	Rec'd
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Appendices G: Instructor Verification of Teaching Form