Training Center Administrative Manual

Standards and Guidelines for Quality Assurance

2021- 2022

MFA JAPAN

We Make Learning to Save Life Easy

Health & Safety Institute

1450 Westec Drive
Eugene, OR 97402

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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 Training department of MFA JAPAN. **THIS MATERIAL DOES NOT CONSTITUTE AND IS NOT A SUBSTITUTE FOR LEGAL ADVICE.** Japan version of TCAM does not contain parts or contents which are not relevant to MEDIC First Aid operation in Japan.

-SUBJECTTOCHANGEWITHOUTNOTICE-

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Section 1: Frequently Asked Questions and Key Word Definitions

Who is the Health & Safety Institute?

The Health and Safety Institute (HSI) is a family of brands offering complete emergency care training, continuing education, safety training and chemical compliance solutions with one goal: *Making the Workplace and Community Safer.* ™ HSI's emergency care training and emergency medical service (EMS) continuing education programs are currently accepted, approved, or recognized as meeting the requirements of more than 5400 state regulatory agencies, occupational licensing boards, professional associations, commissions, and councils in more than 550 occupations and professions. Since 1978, MEDIC First instructors have certified nearly 38 million emergency care providers in the US and more than 100 countries throughout the world. "

What is the TCAM?

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

Who is the TCAM for?

The TCAM is for HSI and MFA JAPAN approved Training Centers and Authorized Instructors and Instructor Trainers teaching MEDIC First Aid emergency care 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 (MFA JAPAN) uses to continually improve the validity, defensibility, and effectiveness of HSI (MFA JAPAN) and its approved Training Centers and authorized Instructors and Instructor Trainers. Being able to demonstrate HSI (MFA JAPAN) has an effective quality assurance system in place is often required for approval or acceptance of MEDIC First Aid training programs by regulatory authorities and other approvers. It can also help reduce legal exposure for HSI (MFA JAPAN), its Training Centers, and Authorized Instructors and Instructor Trainers 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 website.

What is a Training Center?

An HSI (MFA JAPAN)Training Center is a self-governing entity that provides emergency care training and certification delivered by an authorized MEDIC First Aid Instructor or Instructor Trainer 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 Instructor Trainers provide training for its employees.

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

Each 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 all 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 (MFA JAPAN), its approved Training Centers and Authorized Instructors and Instructor Trainers so that the emergency care training provided consistently meets or exceeds the requirements of HSI (MFA JAPAN), regulatory authorities and class participants.

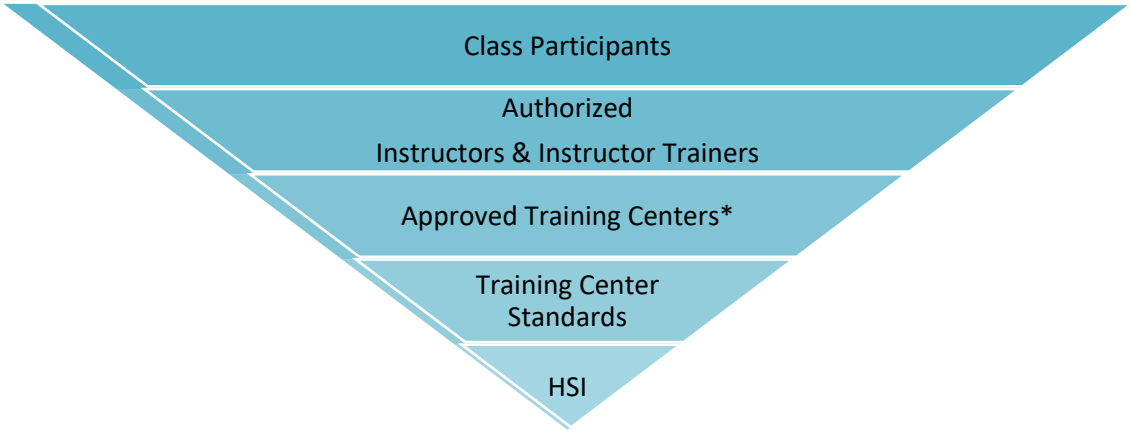
What is the Difference between a Standard and Guideline?

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 approved Training Center, Authorized Instructor or Instructor Trainer 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 emergency care training programs approves Training Centers and authorizes Instructors and Instructor Trainers to certify class participants according to the most current Training Center Standards (Figure 1).

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



*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.

Figure 1

Trainers are not HSI (MFA JAPAN) employees, agents, consultants, contractors, intermediaries or legal representatives. HSI (MFA JAPAN)does not grant exclusive or protected territories. HSI (MFA JAPAN) 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 (MFA JAPAN) does not control the price or fees that Training Centers charge for courses. HSI (MFA JAPAN) does not share in any fees that Training Centers charge or collect from their students or customers. Except for the cost of course materials and certification cards purchased from HSI (MFA JAPAN), any income derived from a course, does not represent income to HSI (MFA JAPAN). Per student pricing of courses, including course materials and certification cards is determined by the individual Training Centers and not HSI (MFA JAPAN).

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 courses and course 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. MEDIC First emergency care training programs conform to the:

1. 2015 International Liaison Committee on Resuscitation (ILCOR) International Consensus on Cardiopulmonary Resuscitation (CPR) Emergency Cardiovascular Care (ECC) Science with Treatment Recommendations
2. 2015 American Heart Association (AHA) Guidelines Update for CPR and ECC and the annual Guidelines Update.

3. 2015 AHA and ARC Guidelines Update for First Aid and the annual Guidelines Update.
4. 2015 Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education. Administration for Children and Families, U.S. Department of Health and Human Services.
5. 2011 Standards for First Aid and CPR training of the American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education, *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs.* 3rd edition ("CFOC3")
6. Criteria of the Boy Scouts of America for Wilderness First Aid Curriculum and Doctrine Guidelines
7. Recommendations of the Federal Occupational Safety and Health Administration (OSHA) *Best Practices Guide: Fundamentals of a Workplace First-Aid Program*

Are MEDIC First Training Programs equivalent to the training programs of the American Heart Association®, Inc. and the American National Red Cross?

Yes. MEDIC First Aid Training Programs are equivalent to those offered by both corporations.

Are MEDIC First Training Programs Accepted?

Yes. MEDIC First Aid Training Programs are currently accepted, approved, or recognized as an industry credential meeting the requirements of more than 5400 state and provincial regulatory agencies, occupational licensing boards, professional associations, commissions, and councils in more than 550 occupations and professions.

Does issuance of a MEDIC First Aid certification card require an in-person evaluation of hands-on skills by an HSI (MFA JAPAN) authorized instructor to verify skill competency before a certification card is issued?

Yes. MEDIC First Aid training programs that contain psychomotor skill objectives require an in-person, hands-on skill evaluation to verify skill competency prior to issuance of a certification card.

Does Online-Only First Aid or CPR training Meet Federal Occupational Safety & Health Administration (OSHA) Requirements?

No. Online-Only First Aid or CPR training does not meet 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, send an email to in_sup@mfa-japan.com or call us at 042-345-9970. Please do not use info@mfa-japan.com as it is for outside inquirers. We will get back to you within a few working days.

Key Word Definitions

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

Authentic: of undisputed origin; genuine.

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

Qualified: Qualified means an individual has the necessary skill, experience, and knowledge to teach an or MEDIC First Aid training program. Qualified individuals become eligible for authorization by meeting the requirements for successful completion of an MFA Emergency Care Instructor or Instructor Trainer Development Course (IDC/ITDC) or by Reciprocity (the acceptance of current and valid credentials from another organization or institution).

Authorization: Authorization is the permission given by HSI (MFA JAPAN)to a qualified person to teach a MEDIC First Aid training program and to issue authentic MEDIC First Aid certification cards to individuals who successfully complete them. The authorization period is two (2) years. Authorization may be denied, suspended, or revoked at any time at the sole discretion of HSI or MFA JAPAN.

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

Certification: Certification means to confirm having met requirements. Qualified and authorized MFA Instructor or Instructor Trainers issue authentic certification cards to individuals who demonstrate achievement of the required knowledge and hands-on skill objectives of the applicable or MEDIC First Aid Training Program Standard.

Reauthorization: Reauthorization means to authorize again. An authorized MFA Instructor or Instructor Trainer who wishes to continue teaching or MEDIC First Aid training programs and issuing MEDIC First Aid authentic certification cards must reauthorize each two (2) years.

Requalify: Requalify means to qualify again. An MFA Authorized Instructor or Instructor Trainer whose authorization has been expired 90 days or more must requalify prior to reauthorizing. Contact MFA JAPAN for detail.

Update: To update means to give an authorized MFA Instructor or Instructor Trainer the most recent information about something. Instructors and Instructor Trainers are occasionally required to complete an HSI (MFA JAPAN) sponsored Update Course to ensure they are familiar with and teaching the most current information. For example, an Update Course is required when first aid, CPR or emergency cardiac care guidelines are revised. Completion of an Update Course qualifies the Instructor or Instructor Trainer for reauthorization by HSI (MFA JAPAN)

Inactive: Inactive means not active or in use. An MFA Instructor or Instructor Trainer's authorization becomes inactive when he or she neglects to complete a required update or to maintain affiliation with a TC. The inactive Instructor or Instructor Trainer is not authorized to issue MEDIC First Aid certification cards (or in the case of Instructor Trainers, conduct the MFA Emergency Care Instructor Development Course).

An approved Training Center becomes inactive when it no longer has at least one affiliated, currently authorized Instructor or Instructor Trainer or when it no longer owns at least one current MEDIC First Aid training program. An inactive Training Center is not permitted to offer MEDIC First Aid training programs or to issue MEDIC First Aid certification cards.

Upgrade: To upgrade means to raise an MFA Instructor or Instructor Trainers level of authorization. For example, an MFA Instructor may wish to upgrade to the Instructor Trainer authorization level by submitting current and valid Instructor Trainer credentials from another recognized organization or institution (reciprocity), or by meeting the requirements for successful completion of the MFA Instructor Trainer Development Course. ※There is no reciprocity program in Japan.

Renewal: To renew means to do again (repeat). A 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 Renewal 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 (MFA JAPAN).
2. Training Center Approval grants permission to offer MEDIC First Aid 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.
5. MEDIC First Aid training activities that take place at other branches, divisions, or locations are the responsibility of the Training Center Director.
6. Training Center Directors agree that his or her signature on the 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.
7. The commission of any illegal, dishonest, unethical, 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.
8. If the Training Center Director has pled nolo contendere (no contest) or been convicted of a felony in any state, prior to or during his or her HSI (MFA JAPAN) approval period or had a government or professional license, permit, certification, official designation, or prior authorization suspended, revoked, or denied, he or she is required to submit a detailed explanation of the circumstances. Such circumstances do not absolutely preclude approval but are subject to the review and decision of the HSI (MFA JAPAN) Quality Assurance Board. Failure to do so is grounds for revocation.
9. Training Center Approval will remain in effect until inactivated, suspended, or revoked. Inactivation, suspension, or revocation will be effective at the time of notice.
10. HSI (MFA JAPAN) 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 associations, and others as HSI (MFA JAPAN) sees fit.
11. Training Center Directors agree to indemnify, defend, and hold HSI (MFA JAPAN) 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 (MFA JAPAN) approved Instructors, or Instructor Trainers.
12. Additional training materials or training devices that are not produced by HSI (MFA JAPAN) may be used to supplement MEDIC First Aid programs at the discretion of the Training Center Director. To assure the integrity of the instructional system, these supplementary materials or devices;
    a. May not be used in lieu of the MEDIC First Aid course materials.
    b. May not be used to shorten or otherwise alter the MEDIC First Aid Training Program Standard.
    c. Must be clearly differentiated from the MEDIC First Aid program materials. It must be made clear that the supplementary training materials or training devices are not a product, guideline, or invention of HSI.

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 (MFA JAPAN).

13. , MEDIC First Aid and HSI "Approved Training Center" logos provided by HSI are the only logos that may be used to advertise in print and on the Internet (Figure 2).
    a. When used electronically, the logo(s) must be hyperlinked to www.hsi.com.
    b. The statement "The MEDIC First Aid and HSI Training Center logo is a registered trademark of Health & Safety Institute or its affiliates. All rights reserved." must be included as part of the website's Legal Notice, Terms of Use, or other suitable section on the website that lists trademark ownership information. If the Training Center website does not have such a section, then this language must be included on the same page(s) as the Training Center logo(s).
    c. The Training Center will not transfer or assign these limited rights to use the approved Training Center logos to a third party.
    d. The Training Center will not contest ownership of any copyrights, trademarks (Marks), or other intellectual property rights involving the HSI family of brands, including MEDIC First Aid Training programs, instructor or instructor trainer authorization cards, certification cards, training materials, and products sold by HSI or its affiliates.
14. The Training Center will not place any HSI brand name or logo, including the MEDIC First Aid name, program name, logo, or Approved Training Center logo on any instructor or instructor trainer authorization card, certification card, certificate, course, 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, course, program, materials, or products were created, endorsed, recommended, approved, authorized or sold by HSI or its affiliates.

The Training Center will not place any HSI brand name or logo, including the MEDIC First Aid 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 (MFA JAPAN).

15. The Training Center will not use Marks, including the , HSI or MEDIC First Aid 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 , HSI or MEDIC First Aid Approved Training Center logo in a more prominent position than its own logo or name.
16. 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.

MEDIC First Aid APPROVED TRAINING CENTER

MEDIC First Aid MFA JAPAN 公認 トレーニング・センター

Figure 2: Approved Training Center Logos and Usage Guidelines Available in Instructor Support section of www,mfa-japan.com

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 Instructor Trainers with contact information.
3. Promptly notify MFA JAPAN if the current Training Center Director is replaced with a new Training Center Director using the appropriate *Training Center Update Form*.
    a. To prevent unauthorized replacement of the Training Center Director, the current Training Center Director must grant permission to his or her successor. If conditions prevent this, the circumstances must be described.
4. Refrain from engaging in or permitting affiliated Instructors or Instructor Trainers to engage in illegal, dishonest, unethical, or unprofessional conduct including, but not limited to;
    a. Issuing outdated, unearned, photocopied or otherwise altered MEDIC First Aid certification cards.
    b. Withholding properly earned MEDIC First Aid certification cards.
    c. Fraud, forgery, counterfeiting, or misrepresentation of course records or MEDIC First Aid instructor authorization cards or certification cards
    d. False advertisement.
    e. Discrimination.
    f. Unauthorized reproduction, translation, modification, duplication of copyrighted materials.
    g. Financial or other business-related misconduct.
    h. Harassment of other MEDIC First Aid Authorized Instructors and Instructor Trainers, Training Center Directors, class participants, or MFA JAPAN staff.
5. Have at least one currently MFA JAPAN Authorized Instructor or Instructor Trainer in good standing affiliated with the approved Training Center. 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, current and properly authorized, either by successful completion of an MFA Emergency Care Instructor Development Course (IDC/ITDC) or by Reciprocity.
7. Ensure that all credentials used for Instructor or Instructor Trainer Authorization by reciprocity are current, properly earned, and legitimate (see Guidelines for New Instructor or Instructor Trainer Authorization for details).
8. Ensure that all authorized Instructor or Instructor Trainers affiliated with the Training Center are properly reauthorized by MFA JAPAN. Reauthorization is the responsibility of the Training Center and/or Instructor or Instructor Trainer, not HSI or MFA JAPAN (see Terms and Conditions for Instructor or Instructor Trainer Reauthorization for details).
9. Maintain responsibility for affiliated Instructors and Instructor Trainers.
10. Pay the applicable Instructor or Instructor Trainer authorization or reauthorization fee. The authorization period is two (2) years.
11. Ensure the purchase of at least one MEDIC First Aid training program.
12. Offer training and issue certification only for the MEDIC First Aid program(s) purchased.
13. Ensure that each authorized Instructor or Instructor Trainer 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 the current version of the MEDIC First Aid Student Book and related class materials, one per student.
    c. Has the current version of the MEDIC First Aid Instructor Guide for the course(s) they are authorized to teach (one per Instructor).
    d. Preserves the maximum Student-to-Instructor Ratio for skill sessions under normal circumstances.
    e. Provides each student the opportunity to evaluate their course using the or MEDIC First Aid "Rate Your Program" or digital or paper-based course evaluation forms.
    f. Legitimately issues authentic MEDIC First Aid certification cards.

14. Monitor the performance of affiliated and shared Authorized Instructors and Instructor Trainers to ensure he or she;
    a. Is proficient, up to date, and teaches according to the required knowledge and skill objectives of the most current MEDIC First Aid training program
    b. Maintains good personal hygiene and an appearance that is both professional and suitable to the setting of the class.
    c. Creates a learning environment that is physically safe, free from discrimination, harassment, prejudice, and is culturally sensitive.
    d. Takes adequate precautions to prevent student injury and minimizes the risk of disease transmission.
    e. Uses appropriate equipment to ensure adequate hands-on practice of required psychomotor skills by each student.
    f. Uses only the most current version of the MEDIC First Aid written exams.
        i) When a written exam is not required by the applicable 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. 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).
    g. MEDIC First Aid written exams may not be altered in any way; including raising or lowering the passing (cut) score or posting the exam to the Internet.

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

15. Promptly notify MFA JAPAN if an authorized Instructor or Instructor Trainer is unaffiliated from the Training Center for violation of these standards, had a government or professional license, permit, certification or official designation suspended, revoked, or denied, or pled nolo contendere (no contest) or been convicted of a felony during the authorization period.
16. Promptly and fully respond to complaints from regulatory authorities, students, customers, affiliated Instructors and Instructor Trainers, and MFA JAPAN.
17. Work cooperatively with regulatory authorities, law enforcement officials, students, customers, affiliated Instructors, Instructor Trainers and HSI or MFA JAPAN to investigate and correct any situation that endangers the goodwill associated with HSI or MFA JAPAN, its MEDIC First Aid training programs, approved Training Centers, or authorized Instructors and Instructor Trainers.
18. Provide reasonable accommodation to all persons with disabilities who seek access to MEDIC First Aid programs consistent with the Americans with Disabilities Act (ADA) and/or Japanese Act for Eliminating Discrimination against Person's with disabilities.
19. Offer continuing education hours (CEH) to EMS providers who complete HSI's Commission on Accreditation of Pre-Hospital Continuing Education (CAPCE) accredited programs (see EMS Continuing Education).※Not applicable in Japan.
20. Keep clear, legible, and orderly MEDIC First Aid Course Rosters for no less than three (3) years.
21. The most current MEDIC First Aid Class Roster is the principal record of training.
22. 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 Instructor Trainer submitted for every MEDIC First Aid training class.

a. The Class Roster must be completed within 10 days of the training class. This time frame may be extended up to 30 days under extenuating circumstances.

24. Use a Class Roster with the same data fields and attesting statement as the most current MEDIC First Aid Class Roster (when using a Class Roster of Training Centers own making).
25. Performance evaluation is a secondary record of training. When a performance evaluation form signed by an instructor is not required by a regulatory agency, it is optional.
26. Keep a copy of the Instructor or Instructor Trainer Application and all associated credentials or the IDC course completion documentation for the length of the affiliation with the Training Center.
27. 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, rosters from the last two (2) classes conducted and the Instructor or Instructor Trainer 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).
28. Work with MFA JPAN to develop and nurture a strong, mutually beneficial business relationship built upon honest and respectful commercial transactions.
29. Non-payment of a delinquent invoice is grounds for revocation of the Training Center approval.

Terms and Conditions for New Instructor or Instructor Trainer Authorization

1. Instructor or Instructor Trainer Authorization is a privilege, not a right, and may be denied, suspended, or revoked at any time at the sole discretion of HSI or MFA JAPAN.
2. Authorization grants permission to teach a MEDIC First Aid training program and to issue authentic MEDIC First Aid certification cards to persons who successfully complete the course. A signed application is required for Authorization. The authorization period is two (2) years.
3. New Instructor or Instructor Trainer Authorization may only be obtained by meeting the requirements for successful completion of an MFA Emergency Care Instructor Development Course (IDC/ITDC) (see Guidelines for New Instructor or Instructor Trainer Authorization for details).
    a. After 6 months, IDC/ITDC applications will not be accepted for authorization.
4. His or her signature on the Instructor or Instructor Trainer Application obligates the applicant to:
    a. Comply with the terms and conditions of New Instructor or Instructor Trainer Authorization, and;
    b. Comply with all applicable local, state, provincial, federal laws and administrative rules governing the approval, delivery, and administration of occupationally required training, whether inside or outside North America.
5. All credentials (licenses, certifications, or registrations) used for authorization must be current, properly earned, and legitimate. Evidence of falsification of any information on the application will result in denial or revocation of authorization.
6. The commission of any illegal, dishonest, unethical, or unprofessional act or conviction of any crime substantially related to the duties, qualifications, or functions of an MFA JPAN 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 Instructor Trainer Authorization at any time.

6. 7. HSI and/or MFA JAPAN has the right to communicate the status of the Authorized Instructor or Instructor Trainer (in good standing, inactive, suspended, and revoked) to law enforcement officials, regulators, occupational licensing boards, professional associations, and others as HSI and/or MFA JAPAN sees fit. All Instructors and Instructor Trainers consent to the release of this information as a condition of authorization.
7. His or her signature on the application indemnifies, defends, and holds HSI and MFA JAPAN 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 Instructor Trainer.

Authorized Instructors and Instructor Trainers Are Required to:

1. Maintain a current, valid email and physical mailing address with MFA JPAN.
2. Maintain affiliation with one primary and currently approved Training Center.
3. Be proficient, up to date, currently authorized and teach according to the required knowledge and skill objectives and program standard of the most current MEDIC First Aid training program used.
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 or MEDIC First Aid Student Books and related class training materials (print or digital) to students for use during and after the course.
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 appropriate equipment available in enough quantities to ensure adequate hands-on practice of required psychomotor skills by each student.
9. Give students the opportunity to evaluate their MEDIC First Aid course using the "Rate Your Program" course evaluation or the digital Course Evaluation Form.
10. Use only the most current version of the MEDIC First Aid written exams (when required).
11. Take reasonable precautions to prevent cheating on written exams (when required).
12. Sign a complete, accurate and legible Class Roster reflecting the actual class date(s) for MEDIC First Aid training class
13. The most current MEDIC First Aid Class Roster is the principal record of training.
14. Signing or electronically submitting a Class Roster for a MEDIC First Aid training class is confirmation that all participants listed met the Terms and Conditions for Certification.
15. Refrain from engaging in illegal, dishonest, unethical, or unprofessional conduct including, but not limited to:
    a. Issuing outdated, unearned, photocopied or otherwise improperly altered certification cards.
    b. Withholding properly earned certification cards.
    c. Fraud, forgery, counterfeiting, or misrepresentation of course records, certificates, instructor authorization cards or certification cards.
    d. False advertisement.
    e. Discrimination.
    f. Unauthorized reproduction, translation, modification, duplication of copyrighted materials.
    g. Financial or other business-related misconduct.
    h. Harassment of other MFA JAPAN Authorized Instructors and Instructor Trainers, Training Center Directors, class participants, or HSI and MFA JAPAN staff.
    i. For Instructor Trainers; withholding properly earned Instructor authorization cards or failing to promptly submit Instructor Applications without good reason.

16. Promptly and fully respond to complaints from HSI or MFA JAPAN, Training Center Directors, regulatory authorities, students, customers, and others.
17. Work cooperatively with the Training Center Director, regulatory authorities, law enforcement officials, students, customers, and HSI or MFA JAPAN to investigate and correct any situation that endangers the goodwill associated with MFA JAPAN, its emergency care brands, approved Training Centers, and Authorized Instructors and Instructor Trainers.
18. Provide reasonable accommodation to all persons with disabilities who seek access to MEDIC First Aid training.
19. Authorized Instructors and Instructor Trainers who are currently teaching are not required to maintain participant (student/provider) level certification.

    a. If an MFA JAPAN Authorized Instructor or Instructor Trainer must show evidence of participant-level certification to meet occupational licensing or other requirements, then he or she must meet the required knowledge and skill objectives for successful completion of the participant-level course.
    b. As an MFA JAPAN Authorized Instructor or Instructor Trainer cannot appropriately evaluate his or her own skills and knowledge, the evaluation must be conducted by a different Authorized Instructor or Instructor Trainer and be properly documented by signing or electronically submitting a Class Roster.

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

20. MFA JAPAN Authorized Instructors and Instructor Trainers 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 MFA Instructor or Instructor Trainer Reauthorization

1. Ensuring that all Authorized Instructor or Instructor Trainers affiliated with the Training Center are properly reauthorized by HSI/MFA JAPAN is the is the responsibility of the Training Center and/or Instructor or Instructor Trainer, not HSI/MFA JAPAN.
2. Reauthorization obligates the Instructor or Instructor Trainer to the Terms and Conditions for New Instructor or Instructor Trainer Authorization. Reauthorization requires;
    a. The Instructor or Instructor Trainer to be affiliated with a currently approved Training Center and has purchased current MEDIC First Aid training program(s).
    b. The Authorized Instructor to have taught (or co-taught) at least two (2) MEDIC First Aid classes during the previous authorization period (two years).
3. The Authorized Instructor Trainer to have taught (or co-taught) at least two (2) Instructor Development Courses during the authorization period, or trained and certified more than 50 providers.
   Authorized Instructors and Instructor Trainers are required to document the MEDIC First Aid classes taught during their authorization period and provide this evidence of teaching to the Training Center Director for reauthorization. “Evidence” means at least two (2) MEDIC First Aid Class Rosters.

4. After two years, Instructor or Instructor Trainer Authorization is expired and no longer valid. An Instructor or Instructor Trainer with an expired authorization may not legitimately issue MEDIC First Aid certification card.

5. Beginning June 15, 2019, an Authorized Instructor or Instructor Trainer who has not met the minimum teaching requirements for reauthorization during their two-year 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 Emergency Care Instructor Requalification Course, or Seminar required by MFA JAPAN, depending on the person's past teaching background.

6. An Authorized Instructor or Instructor Trainer who has been expired one year or more must meet the Terms and Conditions for New Instructor or Instructor Trainer Authorization. This can be accomplished by:
    a. Successful completion of the blended (online & face-to-face) Instructor Development Course, or
    b. Presenting other current and acceptable teaching and provider credentials (reciprocity).

7. Master Instructor Trainer Emeritus is an honorary designation recognizing those who were previously MEDIC First Aid Master Instructor Trainers (MITs). In Japan, only MFA JAPAN officers (currently three officers) have this qualification being able to develop Instructor Trainers. To conduct MEDIC First Aid Instructor Trainer training programs an MIT must be a current and active Instructor or Instructor Trainer. Other than licensees' countries, HSI retired the MIT designation in 2013 and is no longer appointing MITs.

Terms and Conditions for Certification

1. The term "certification" means verification that on the class completion date indicated on an authentic, or MEDIC First Aid certification card, the participant in the course demonstrated achievement of the required knowledge and hands-on skill objectives according to the certification requirements of the applicable , or MEDIC First Aid Training Program Standard to the satisfaction of a qualified and currently authorized MFA Instructor or Instructor Trainer. Certification does not guarantee future performance or imply licensure or credentialing.

2. The Authorized Instructor and Instructor Trainer is required to legitimately issue authentic MEDIC First Aid print or digital certification cards in all courses advertised as a MEDIC First Aid course. "Legitimately issue" means that the certification card:
    a. Bears the or MEDIC First Aid name and logo and was designed, produced, and sold by HSI.
    b. Is promptly awarded only to an individual who attended an , or MEDIC First Aid initial, renewal, blended, or challenge course designed, produced, or sold by HSI and taught by a properly authorized HSI Instructor or Instructor Trainer who personally evaluated the individual's knowledge and skill competency and determined them acceptable in accordance with the certification requirements of the current , or MEDIC First Aid Training Program Standard.
    c. Is current, complete, accurate, and legible. It 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 appropriate box(s) of the program.
    d. Is issued on the days of successful course completion.

3. A MEDIC First Aid certification card may not be altered in any manner. Altering the content or appearance of the or MEDIC First Aid certification card makes it invalid and is grounds for suspension or revocation.

4. The expiration date for a MEDIC First Aid certification card may not exceed two years from the month of issue unless this certification period is superseded by a specific , or MEDIC First Aid Training Program Standard or by state or federal statutes or regulations.
5. MEDIC First Aid certification cards 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.
6. MFA JAPAN does not recognize any MEDIC First Aid certification card issued to a participant who did not meet the certification requirements of the Training Program Standard.
7. A 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 Renewal Class.
8. MEDIC First Aid certification cards may not be legitimately issued for successful completion in courses that are not MEDIC First Aid.
9. No other certification cards or certificates may be legitimately issued as a substitute for a MEDIC First Aid certification card in courses that are advertised as a MEDIC First Aid course.
10. HSI/MFA JAPAN cannot legitimately issue a MEDIC First Aid certification card on behalf of the Training Center Director, Authorized Instructor, or Instructor Trainer. Legitimate issuance of certification cards is the responsibility of the Training Center Director and the Authorized Instructor or Instructor Trainer who personally evaluated the individual's knowledge and skill competency, not HSI/MFA JAPAN.
11. The responsibility to legitimately issue a MEDIC First Aid certification cards may not be assigned or transferred to anyone other than the Training Center Director and/or Authorized Instructors or Instructor Trainers.
12. Once a MEDIC First Aid certification card has been rightfully earned by a student, it remains valid until the stated expiration.
13. Collecting payment for courses and failing to legitimately issue properly earned MEDIC First Aid certification cards is grounds for suspension or revocation. HSI/MFA JAPAN will encourage affected parties to seek remedy by reporting the incident to the economic crime's unit of the local law enforcement agency.

No other certification cards or certificates may be legitimately issued as a substitute for a MEDIC First Aid certification card in courses that are advertised as a MEDIC First Aid course.

14. In circumstances where issuance of a MEDIC First Aid 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 with the customer.
15. In circumstances where the Training Center has an employee relationship with participants who have been issued MEDIC First Aid certification cards, the Training Center has the right to retain the certification card according to employment policies and practice.
16. Other than for legitimate MEDIC First Aid training programs, if anyone purchase and teach with MEDIC First Aid training materials and choose to issue or not issue a certificate or certification card of their own making, it is illegal activity. AND, **IN THESE CASES, HSI/**MFA JAPAN **DOES NOT:**
    a. Permit the MEDIC First Aid name, logos, or trademarks to appear anywhere on course advertisements, websites, rosters, certification cards, or wall-type certificates.
    b. Permit the MEDIC First Aid certification cards to be issued to course participants.
    c. Recognize the course, certification cards or certificates issued.
    d. Approve the Training Center or Authorize the Instructor or Instructor Trainer.
    e. Accept any responsibility or liability for the Training Center, the quality or competence of the Instructor or Instructor Trainer, or the fitness, approval, recognition, content, quality, or outcome of the course.

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 Instructor Trainer has committed a dishonest, unethical, or unprofessional, act or violated an applicable law, rule or regulation.
2. A credential inquiry is a formal request by HSI/MFA JAPAN to verify the credentials used for authorization of an Instructor or Instructor Trainer.
3. Anyone may submit a written credential inquiry or complaint against an HSI/MFA JAPAN Approved Training Center Director, Authorized Instructor or Instructor Trainer, including HSI/MFA JAPAN.
4. Complaints and credential inquiries must be submitted in English and in writing. HSI/MFA JAPAN 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 Instructor Trainer has retaliated against the complainant, HSI/MFA JAPAN 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/MFA JAPAN to have been falsely made with malicious intent are grounds for suspension or revocation.
9. To substantiate complaints, HSI/MFA JAPAN reserves the right to anonymously attend and evaluate classes conducted by HSI/MFA JAPAN Authorized Instructors and Instructor Trainers.

Process

1. Once HSI/MFA JAPAN receives a complaint, we evaluate it. We may contact the complainant for additional information, if necessary.
    a. Except for clear and documented violations of the Training Center Standards, HSI/MFA JAPAN 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/MFA JAPAN 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/MFA JAPAN has already considered the matter or that HSI/MFA JAPAN does not have adequate resources or proper authority to handle it.
    b. If HSI/MFA JAPAN declines the complaint, you will be promptly notified.
3. If HSI/MFA JAPAN 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/MFA JAPAN will:
    a. Promptly initiate the process.
    b. Notify the Training Center Director and Authorized Instructor or Instructor Trainer via certified mail and email and request a thorough and explicit written response within a reasonable time period.
5. The Training Center Director and/or authorized Instructor(s) are required to promptly and fully respond in English and in writing within the stated time.
6. For the legal protection of the Complainant, Training Center Director and/or Instructor or Instructor Trainer, as well as HSI/MFA JAPAN, all communication, including questions related to the inquiry or complaint must be in writing. **HSI/MFA JAPAN 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/or Instructor or Instructor Trainer authorization.

8. Failure to respond within 90 days will result in revocation of the Training Center approval and/or Instructor or Instructor Trainer authorization.
9. After notifying the Training Center Director and/or Instructor or Instructor Trainer of the inquiry or complaint and throughout the process, HSI/MFA JAPAN 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 Instructor Trainers.
    c. Restrict, deny, or permit replacement of the Training Center Director.
    d. Restrict, deny, or permit Instructor or Instructor Trainer authorization or reauthorization to the Training Center.
10. Following review of the response, the HSI/MFA JAPAN Quality Assurance Board (QAB) may:
    a. Dismiss the inquiry or complaint without further action.
    b. Require the Training Center Director and/or Authorized Instructor or Instructor Trainer to execute a legally binding Compliance Agreement specifying corrective action that must be taken to maintain approval and/or authorization.
    c. Suspend or revoke the Training Center approval.
    d. Downgrade, suspend, or revoke the Instructor or Instructor Trainer authorization.
11. HSI/MFA JAPAN 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.
12. HSI/MFA JAPAN will respond promptly to formal written orders issued by an authoritative body with jurisdiction.
13. Upon suspension or revocation of the Training Center Approval, all MEDIC First Aid training must stop.
    a. The Training Center may no longer represent that it is authorized to provide MEDIC First Aid courses or issue MEDIC First Aid certification cards.
    b. The Training Center must also stop using, in any other manner whatsoever, the name, marks, symbols, and other identifying characteristics MEDIC First Aid.
    c. All current and active affiliated Authorized Instructors or Instructor Trainers will be notified of the revocation and encouraged to affiliate with another Training Center or start their own.
    d. Training Center suspension or revocation will not reflect negatively on any affiliated Instructor or Instructor Trainer unassociated with the complaint.

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

13. Upon suspension or revocation of authorization, the Instructor or Instructor Trainer must stop teaching MEDIC First Aid courses. The Instructor or Instructor Trainer may no longer represent that he or she is authorized to provide MEDIC First Aid courses or issue MEDIC First Aid certification cards.

Appeal

1. A Training Center Approval and/or an Instructor or Instructor Trainer Authorization that has been suspended or revoked may be appealed.
2. The Training Center Director and/or Instructor or Instructor Trainer must submit a persuasive and earnest written appeal to the QAB for reinstatement within 30 days. This time frame 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 and/or Authorized Instructor or Instructor Trainer 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/MFA JAPAN will not consider restoration of approval or authorization for a period of 5 years.
5. After 5 years, the Training Center Director and/or Instructor or Instructor Trainer that been suspended or revoked may appeal again. The appeal process will be repeated as described above.
6. HSI/MFA JAPAN will promptly communicate its decision to the Training Center Director, Instructor, or Instructor Trainer.

International Quality Assurance

1. MEDIC First Aid quality assurance in Greece, Japan, and New Zealand is provided by offices in those countries.
2. MEDIC First Aid Training Center Approval, Instructor or Instructor Trainer Authorization, and quality assurance oversight outside the United States is provided by HSI/MFA JAPAN.
3. Training Center Directors and Authorized Instructors and Instructor Trainers 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. Training Centers interested in pursuing approval of MEDIC First Aid 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/MFA JAPAN 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 (except licensees such as MFA JAPAN)
   a. Authorizing a translation (making a derivative work) of MEDIC First Aid training program materials is the exclusive right of HSI and requires written permission. Unauthorized translation constitutes copyright infringement.
   b. MEDIC First Aid student books and slide presentations 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 or slide presentations must be provided to HSI/MFA JAPAN.
   c. Each student that receives a text only, word-for-word, translated student book must also receive an English version of the MEDIC First Aid student book that was created and sold by HSI or its affiliates.
   d. HSI does not permit the use of the MEDIC First Aid logos or trademarks to appear anywhere on the translated student book. The translation may not give the impression that it was created, produced, or sold by HSI/MFA JAPAN.
   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 MEDIC First Aid training program materials other than student books, see Copyright of HSI Training Materials.

Section 3: Training Program Standards

MEDIC First Aid Training Program Standards

IMPORTANT: OCCUPATIONAL LICENSING BOARDS, REGULATORY AGENCIES AND OTHER APPROVERS MAY REQUIRE SPECIFIC HOURS OF INSTRUCTION AND PROHIBIT THE USE OF ONLINE OR BLENDED TRAINING AND OTHER PRACTICES. INSTRUCTORS MUST COMPLY WITH ALL APPLICABLE LOCAL, STATE, PROVINCIAL, FEDERAL LAWS AND ADMINISTRATIVE RULES AS THEY PERTAIN TO THE APPROVAL, DELIVERY, AND ADMINISTRATION OF REQUIRED TRAINING.

G2015 MEDIC First Aid BasicPlus CPR, AED, and First Aid for Adults (BasicPlus)

Intended Audience	**Individuals who are not healthcare providers or professional rescuers and desire, or are occupationally required, to be trained and certified in CPR, AED, and first aid for adults.**
Instructor Requirement	A current and active, Authorized MEDIC First Aid Instructor
Participant Prerequisites	None
Class Length (See Notes)	1. Initial Instructor-Led Class: About 4 hours 2. Renewal: About 2 ½ hours
Student-to-Instructor Ratio Skill Session Maximum	12:1 (6:1 recommended)
Required Equipment and Materials	1. See BasicPlus Instructor Guide, Class Requirements, Equipment and Materials List.
Student Certification Requirements	**Correctly Demonstrate:** 1. Removal of contaminated gloves 2. High-quality chest compressions 3. High-quality rescue breaths using a CPR mask or shield 4. Primary assessment for an unresponsive person, high-quality CPR, and use of an AED as a single provider 5. Primary assessment of a responsive person 6. Control of severe external bleeding using direct pressure and a pressure bandage **Written Exam:** Optional, except when required by a regulatory agency or when challenging the course. 1. Passing score: 72%* 2. Unless an alternative method is used to adequately cover all core knowledge content in a renewal certification course, use of the written exam as an active learning tool is required.

Certification Period	May not exceed 2 years from month of issue.
Required Class Documentation	A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the BasicPlus class signed by the Authorized Instructor to be submitted.
Notes	1. Class length is based on core lessons (the minimum required for certification) and is influenced by preparation, available equipment, and instructor efficiency. 2. The maximum student-to-manikin/AED trainer ratio for CPR skills practice is 3:1. When using a video guided practice for CPR skills, the required student-to-manikin ratio is 1:1.

* The valid passing score reflects the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.

G2015 MEDIC First Aid CarePlus CPR and AED (CarePlus)

Intended Audience	**Individuals who are not healthcare providers or professional rescuers but desire or are required to be certified in Adult, Child, and Infant CPR and AED.**
Instructor Requirement	A current and active, Level 2 (or above) Authorized MEDIC First Aid Instructor
Participant Prerequisites	None
Class Length (See Notes)	1. Initial Instructor-Led Class: Adult Only, about 2 hrs. All Ages, about 3 ½ hours. 2. Renewal: Adult Only, About 1 ½ hours. All Ages, about 2 ½ hours
Student-to-Instructor Ratio Skill Session Maximum	12:1 (6:1 recommended)
Required Equipment and Materials	See CarePlus CPR and AED Instructor Guide, Class Requirements, Equipment and Materials List.

Student-to-Instructor Ratio Skill Session Maximum	12:1 (6:1 recommended)
Required Equipment and Materials	See CarePlus CPR and AED Instructor Guide, Class Requirements, Equipment and Materials List.

Student Certification Requirements	**Correctly Demonstrate:** 1. High-quality chest compressions (for covered ages) 2. High-quality rescue breaths using a CPR mask or shield (for covered ages) 3. How to conduct a primary assessment, perform high-quality CPR, and use an AED as a single provider (for covered ages) 4. First aid treatment for a choking infant (if age group is covered). **Written Exam**: Optional, except when required by a regulatory agency or when challenging the course. 1. Passing score: 75%* 2. Unless an alternative method is used to adequately cover all core knowledge content in a renewal certification course, use of the written exam as an active learning tool is required.

Required Class Documentation	A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the CarePlus class signed by the Authorized Instructor to be submitted.
Certification Period	May not exceed 2 years from month of issue.
Notes	1. Class length is based on core lessons (the minimum required for certification) and is influenced by preparation, available equipment, and instructor efficiency. 2. The maximum student-to-manikin/AED trainer ratio for CPR skills practice is 3:1. When using a video guided practice for CPR skills, the required student-to-manikin ratio is 1:1. 3. THIS PROGRAM IS NOT APPROVED BY THE CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY (EMSA) FOR COMPLIANCE WITH THE CALIFORNIA TRAINING STANDARDS FOR CHILD CARE PROVIDERS AND MUST NOT BE USED FOR THAT PURPOSE 4. This program is currently available in English and Japanese.

* The valid passing score reflects the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.

G2015 MEDIC First Aid PediatricPlus CPR, AED, and First Aid for Children, Infants, and Adults (AKA ChildcarePlus in Japan)

Intended Audience	**Individuals who desire or are required to be certified in Pediatric CPR, AED, and First Aid.**
Instructor Requirement	A current and active, Level 3 Authorized MEDIC First Aid Instructor.
Participant Prerequisites	None
Class Length (See Notes)	1. Initial Instructor-Led Class: About 6 hours 2. Renewal: About 3 hours
Student-to-Instructor Ratio Skill Session Maximum	12:1 (6:1 recommended)
Required Training Materials	1. See PediatricPlus Instructor Guide, Class Requirements, Equipment and Materials List.
Student Certification Requirements	**Correctly Demonstrate:** 1. Removal of contaminated gloves 2. High-quality chest compressions 3. High-quality rescue breaths using a CPR mask or shield 4. Primary assessment for an unresponsive child, high-quality CPR, and use of an AED as a single provider 5. First aid treatment for a choking infant 6. Primary assessment of a responsive child 7. Control of severe external bleeding **Written Exam:** Optional, except when required by a regulatory agency or when challenging the course. 1. Passing score: 72%* 2. Unless an alternative method is used to adequately cover all core knowledge content in a renewal certification course, use of the written exam as an active learning tool is required.
Certification Period	May not exceed 2 years from month of issue.
Required Class Documentation	1. A complete, accurate, and legible Class Roster reflecting the actual class date(s) of the PediatricPlus class signed by the Authorized Instructor to be submitted through the Online Training & Information System (Otis).
Notes	1. Class length is based on core lessons (the minimum required for certification) and is influenced by preparation, available equipment, and instructor efficiency.

2. The maximum student-to-manikin/AED trainer ratio for CPR skills practice is 3:1. When using a video guided practice for CPR skills, the required student-to-manikin ratio is 1:1.
3. **California State Law** mandates that the Emergency Medical Services Authority (EMSA) approve and regulate first aid and CPR training for child care providers. MEDIC First Aid® *PediatricPlus CPR, AED, and First Aid for Children, Infants, and Adults (Version 8.0)* is approved by EMSA for this purpose. **DO NOT TEACH THIS PROGRAM TO CHILD CARE PROVIDERS IN CALIFORNIA UNTIL YOU AND YOUR TRAINING CENTER ARE APPROVED AS AN HSI AFFLIATE PROGRAM FOR EMSA (not applicable in Japan).**
4. **Connecticut Child Day Care Centers & Group Day Care Home Regulations** require the length of the first aid course must be six (6) hours in length, *not including the CPR* portion. Specific topics must be presented. Contact HSI Customer Service for more information.(not applicable in Japan)
5. **New York State Regulations for First Aid Training in Children's Camps** require the length of the first aid course must be a minimum of 3 hours in length, not including the CPR portion. Specific topics must be presented, and the written exam is required. See the New York State Regulations for Children's Camps document in Otis or contact HSI Customer Service for more information.(not applicable in Japan)
6. **American Camping Association, Inc.** Meets ACA standards for camps serving all ages when access to the EMS 30 minutes is or less. (not applicable in Japan)
7. This program is currently available in English and Japanese.

*The valid passing score reflects the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.

G2015 MEDIC First Aid Bloodborne Pathogens in the Workplace (BBP)

Intended Audience	**Individuals who are trained 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 bloodborne pathogens.**

Instructor Prerequisites	A current and active, Level 1 (or above) Authorized MEDIC First Aid Instructor
Participant Prerequisites	None
Required Equipment and Materials	See BBP Instructor Guide; Class Requirements, Equipment and Materials List.
Class Length (See Notes)	1. Initial Instructor-Led Class: About 3 hours.
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) (not applicable in Japan - this program is just for learning)
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 to be submitted.
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 his or her 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.

Additional Training Program Standards

MFA Emergency Care 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 MEDIC First Aid training programs or Instructors whose teaching authorization has lapsed, or otherwise affected by a quality assurance issue.**
Instructor Trainer Requirement	A current and properly authorized MEDIC First Aid Instructor Trainer 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. Adult, child, and infant CPR and AED b. Control of bleeding. 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 Course is seventeen (17). Maturity, responsibility, and classroom presence should always be considered, regardless of age.
Required Training Materials	1. See Emergency Care Instructor Training Guide, Class Requirements, Equipment and Materials List.
Instructor Candidate-to-Instructor Trainer Ratio Skill Session Maximum	10:1 (6:1 recommended)
Instructor Authorization Requirements	**Written Exam:** Required 1. Passing score: 76% or better on the 60 question IDC Exam* **Performance Evaluation:** Required. 1. Candidates must be able to demonstrate the ability to adequately use the instructional tools embedded in MEDIC First Aid training programs for the following: a. Facilitating a program lesson b. Performing a skill demonstration c. Conducting a small group practice d. Conducting a scenario practice e. Conducting a performance evaluation

Authorization Period	May not exceed 2 years from month of issue.
Required Class Documentation	The Training Center conducting the IDC must submit IDC roster to finalize the course.
Notes	1. 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. Times can be influenced by course preparation, available equipment, and Instructor Trainer efficiency. These could increase the time needed to meet the core learning objectives. Stated course time is based on covering core lessons only. If supplemental topics or information is added, adjust the overall course times accordingly. 2. Candidates must be able to read and speak Japanese. Te YC Director is responsible regarding the candidat's language ability. 3. Upon successful completion of the IDC, candidates must affiliate with a Training Center and submit an Instructor Application to finalize Instructor Authorization. 4. 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.

* The valid passing score reflects the minimum acceptable level of knowledge competency. Subjectively raising the score is improper as it may result in a person who has an adequate level of knowledge failing the exam.

Section 4: Training Center Guidelines

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

Attributes of a Proficient Instructor

These attributes were compiled by a group of professional health and safety instructors. They are intended to aid in determining the qualities of a skilled instructor. A proficient instructor is defined as one who is reasonably capable; in other words, a good instructor. On average, it takes a new instructor at least 8 classes of 6 students to become proficient. A proficient instructor can certify about 150 acceptably competent students per month.

1. Teaches often
2. Has good people skills
3. Manages time effectively
4. Objectively evaluates student
5. Properly documents the course
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 Instructor Trainer Authorization

An Instructor is authorized to certify participants who successfully complete MEDIC First Aid training program. An Instructor Trainer is authorized to train individuals as Instructors and to certify participants who successfully complete an or MEDIC First Aid training program (Fig. 3)

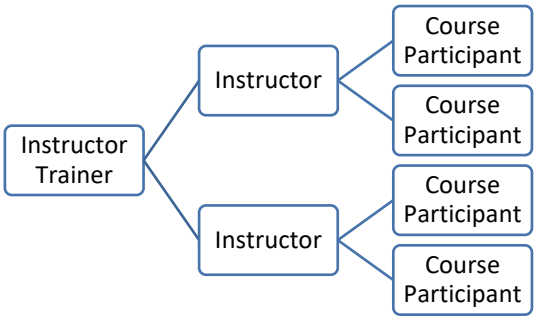


Figure 3

Authorization Methods

MEDIC First Aid Instructors and Instructor Trainers are authorized by two methods; successful completion of an HSI Emergency Care Instructor or Instructor Trainer Development Course (IDC/ITDC) or Reciprocity. In Japan, Orientation program is available for those who wish reciprocity program.

Authorization via IDC or ITDC

The Instructor or Instructor Trainer candidate attends an MFA Emergency Care IDC/ITDC (face-to-face, or classroom apprenticeship) and meets the requirements for Instructor or Instructor Trainer Authorization as described in the IDC/ITDC program standard.

Training Center Referral List

Training Centers may choose whether to be listed on the MFAJ website's Training Center Directory. The purpose of this list is to serve as a referral resource for individuals and organizations seeking training.

Insurance

HSI strongly recommends that all Training Centers obtain and maintain both general and professional liability insurance for themselves and for their Instructors. HSI offers Training Centers and Instructors competitive pricing for insurance.

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 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.

Course Time Advertisements

Advertisements for course times must be truthful and not mislead consumers. Training Centers must have evidence to back up their claims that each participant who received a MEDIC First Aid certification card met the knowledge and skill objectives for successful completion of the course. Training Centers should routinely review their advertisements and should assure that their claims can be fully supported.

Online Information for active status instructors and instructor trainers

All HSI/MFA JAPAN Approved Training Centers active status instructors in good standing can utilize the instructor support section of MFA JAPAN's website. Various useful informations and forms are available in that section. Informations and forms are updated from time to time. Check the updated date for use of such materials.

Instructional System Use

MEDIC First Aid instructional material is an organized collection of interrelated products – student handbooks, instructor guides,videos, and digital tools. All of these materials are designed to work together to help students efficiently and effectively gain specific knowledge, attitudes, and skills. Using the instructional system as designed helps Training Centers and Instructors:

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

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 persons 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 an accommodation is needed.

Reasonable accommodation generally means employing structural means, furnishings, assistive devices and/or alternative formats. Course 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, to maximize the effectiveness of chest compressions, adult and pediatric basic life support guidelines recommend placing the cardiac arrest victim face up on a firm surface when possible.[4,5] It's likely then 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.[6]

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 courses related to applications, licensing, certification or credentialing for secondary or postsecondary education, professional or trade purposes shall offer such examinations or courses in a place and manner accessible to persons with disabilities or offer alternative accessible arrangements for such individuals.

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.
※Please follow American Disability Act in Japan also.

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 persons with disabilities. Training Centers are encouraged to contact HSI at any time to discuss and request reasonable accommodations.

Copyright of HSI Training Materials

Copyright is a form of protection provided by the laws of the United States to the authors of "original works of authorship." It is illegal for anyone to violate any of the rights provided by copyright law to the owner of copyright. *Unless otherwise indicated, all HSI Family of Brands products and materials, including certification cards, are protected by copyright and may not be reproduced or used in any form, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system without written permission.* Except for certification cards, HSI is receptive to reasonable requests for such permission. Requests must identify the exact material in question, the title of the publication, page numbers, graphic, video, or the website URL address from which the material is taken. If republishing, please provide details of the work in which the requested materials will be included. Indicate if the material is being reproduced for educational purposes or for commercial, for-profit activity. Include title and edition number, author, publisher, general description of the content that will be included in your work, anticipated audience, and initial run (print or digital, video, online, DVD). Include your anticipated date of publication and selling price. Send all requests to HSI and allow 30 days for processing. Such requests will be made through MFA JAPAN and more than 30 days may take for requests from Japan. Translation from Japanese to English of such requests is not MFA JAPAN's responsibility.

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.

Classroom Matters

Flexibility

All MEDIC First Aid 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.

Student Books

MEDIC First Aid Student Books contain a sequential presentation of the course information and are based on the latest research and teaching strategies. They are excellent teaching aids and an important resource for both instructors and students. Student Books are intended for individual use. Each participant should have a current print or digital Student Book appropriate to the course being conducted. It should be readily available during and after the course.

Written Exams

HSI implemented open-book exams with the G2015 training programs. Open-book exams emphasize critical thinking and problem solving over recall of memorized facts and decrease test anxiety.[15] 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 the MEDIC First Aid 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 a MEDIC First Aid training program. In theory, this means that one could use a large capacity 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 the competence to perform the required skills.

Classroom Simulation Equipment

MEDIC First Aid 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 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. The scientific evidence highlighted in the 2015 AHA Guidelines Update for CPR and ECC recommended feedback devices as useful, effective and beneficial.[16] The feedback device can be integrated into a manikin or be used as an accessory with it. **HSI/MFAJ strongly recommends the use of an instrumented directive feedback device in all courses that teach the skills of adult CPR.**

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.[17]

Course Equivalency

Individuals holding legitimately earned participant (student) level certification cards issued by Authorized Instructors and Instructor Trainers of other recognized training organizations are welcome to participate in a comparable MEDIC First Aid course 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.[18]

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 course. 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 Instructor Trainer 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 or MEDIC First Aid "Recognition of Participation" document to students who participated in an entire MEDIC First Aid course but could not meet the certification requirements. For example, a student with a physical disability that 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. However, because they participated in the entire course, it is appropriate to issue a Recognition of Participation document. These documents cannot be substituted for issuing a MEDIC First Aid certification card to those that legitimately earn them. The Recognition of Participation document is available in the instructor support section of MFAJ's website.

Diversity

Authorized Instructors and Instructor Trainers teach programs in front of a diverse audience - racially, ethnically, linguistically, culturally, and in class background, national origin, religious and political belief, age, physical ability, and sexual orientation. A professional commitment to diversity requires an atmosphere that encourages learning and communication among people with different backgrounds, abilities, and perspectives. Authorized Instructors and Instructor Trainers 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 MEDIC First Aid courses.

General Diversity Guidelines

General

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

Race/Ethnicity

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

Sexual Orientation

1. Unless you are answering a student's question, there is no reason to discuss sexual orientation in any program.
2. Instructors' personal feelings regarding sexual 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 his or her specific beliefs and rituals and cannot "speak for" an entire religion.
3. Never criticize a religion, religious, or political belief.
4. Show respect for religious and political beliefs.
5. Avoid discussions involving religious or political beliefs that are not relevant to the topic.
6. Instructors' personal feelings regarding religion and political beliefs have no place in the classroom.

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. See

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 MEDIC First Aid 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/MFAJ 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 attend class if they have an illness such as influenza or a fever. 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, ill, or in severe pain. Calm, reassure and reassess the student regularly 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.[19] To continue to protect the health and safety of students and instructors and prevent the spread of infectious disease, MFA Instructors should:

1. Follow all recommendations regarding decontamination and sanitary practice supplied by the manufacturer of the manikins used during training.
2. Provide participants with sanitary personal protective equipment, including but not limited to, face shields or masks and gloves.
3. Advise students not to participate in the training program if their hands, mouth, or lips have uncovered open wounds or sores or if they may have been exposed to or are in the active stage of an infectious disease.
4. Clean their hands often with soap and water and encourage their students to do the same. Improved compliance with hand hygiene has been shown to terminate outbreaks of infectious illness and reduce transmission of antimicrobial resistant organisms.
5. In addition to traditional hand w ng with soap and water, HSI/MFAJ recommends that alcohol-based hand rubs be made available in all training programs and be used by all instructors and students during training. Keeping hands clean is one of the most important steps instructors and students can take to avoid getting sick and spreading germs to others.
6. Take all other reasonable precautions to minimize the risk of disease transmission.

Preventing Injury

To protect the health and safety of students and instructors and to prevent injury, MFA 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 that 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 include abdominal thrusts, rescue breathing, intubation, 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. Follow all manufacturers' recommendations for safety when using AED trainers.
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, oxygen, and fire extinguisher.

   d. An occupationally specific emergency plan in case of serious injury or illness.
8. Discourage students from smoking, eating, and engaging in inappropriate behavior.
9. Encourage students set their cell phone sound less. If response needed, have them use it outside the classroom.
   a. No e-mail exchanges in the classroom.
   b. No recording the training.

Acceptance, Approval, and Accreditation

MEDIC First Aid training programs are well-known and accepted, approved, or meet the requirements of nearly 1900 state regulatory agencies, occupational licensing boards, professional associations, commissions, and councils.

Training Program Quality Assurance

"Rate Your Program"

Encouraging course participants to provide feedback and then using that feedback to improve instruction is an essential aspect of any quality educational effort. HSI/MFAJ requires that students be given the opportunity to evaluate their MEDIC First Aid course using the "Rate Your Program" digital or paper-based course evaluation form. All information obtained by MFA through this process is reviewed and shared with the Training Center, Instructor, or Instructor Trainer 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. ASTM International. ASTM is a globally recognized leader in the development and delivery of international voluntary consensus standards.
3. The Council on Licensure, Enforcement and Regulation. CLEAR is the premiere international resource for professional regulation stakeholders.

Quality Assurance Board

The goal of the Quality Assurance Board is to resolve complaints and to monitor and improve performance of HSI/MFAJ, its Training Centers, and Authorized Instructors and Instructor Trainers so that the products and services provided satisfy the requirements of regulatory authorities and other approvers. Its membership consists of HSI's Medical Director, legal counsel, at least three HSI senior management staff, and an external, independent Training Center Director (Fig 6). MFAJ consults HSI to resolve QA matters.

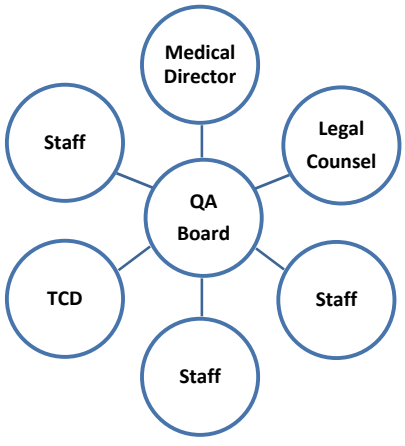


Figure 6

Registry Status Database

Training Center approval and Instructor or Instructor Trainer authorization are maintained in MFAJ's Registry.

An identification number is assigned to each approved Training Center (USA) and a registry number is assigned to each Authorized Instructor and Instructor Trainer. As part of our commitment to Quality Assurance, HSI maintains an online registry status database of all approved Training Centers, Authorized Instructors and Instructor Trainers (both current and past). Such information is not currently available at MFAJ. Using the search tool regulators, employers, and prospective customers can verify the status of the Training Center and of the Authorized Instructor or Instructor Trainer (In japan, such information may be available only for direct inquiries) :

- **Current and Active:** The Training Center is approved to provide courses. The Instructor or Instructor Trainer is authorized to issue MEDIC First Aid certification cards (or in the case of Instructor Trainers, to certify an individual has successfully completed the IDC).
- **Inactive:** The Training Center is not approved to provide courses. The Instructor or Instructor Trainer is not authorized to issue MEDIC First Aid certification cards (or in the case of Instructor Trainers, not authorized to certify an individual has successfully completed the IDC).
- **Expired:** The Instructor or Instructor Trainer's authorization period has ended and he or she must requalify and reauthorize. The Instructor or Instructor Trainer is not authorized to issue MEDIC First Aid certification cards (or in the case of Instructor Trainers, 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 courses. The Instructor or Instructor Trainer is not authorized to issue MEDIC First Aid certification cards (or in the case of Instructor Trainers, 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 Instructor Trainer relationship with HSI/MFAJ no longer exists. The Training Center is not approved to provide courses. The Instructor or Instructor Trainer is not authorized to issue MEDIC First Aid certification cards (or in the case of Instructor Trainers, 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 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 and Quality Assurance Department. 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 Instructor Trainers when these documents are revised. However, it is the responsibility of Training Centers and Authorized Instructors and Instructor Trainers 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 Instructor Trainer authorization. The Health & Safety Institute 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.**

CERTIFICATION CARDS, CERTIFICATES AND CONTINUING EDUCATION CREDITS MAY NOT BE RECOGNIZED OR ACCEPTED BY CERTAIN OCCUPATIONAL LICENSING AGENCIES OR EMPLOYERS.

References

[1] http://www.merriam-webster.com/dictionary/guideline © 20162017 Merriam-Webster, Incorporated
[2] National Center for Biotechnology Information, U.S. National Library of Medicine, PubMed literature search Available: https://tinyurl.com/yajjv44g [Accessed 11/21/19]
[3] 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 [Accessed 11/21/19]
[4] Berg RA, et al. Part 5: Adult basic life support: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Circulation. 2010;122(suppl 3):S685–S705.
5 Berg MD, et al. Part 13: pediatric basic life support: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Circulation. 2010;122(suppl 3):S862–S875.
[6] See also; TUPAY v. MAXIM HEALTHCARE SVCS INC., Dist. Court, D. Connecticut 2015 [Accessed 11/21/19]
7 Elford R. Telemedicine activities at memorial University of Newfoundland: a historical review, 1975-1997. Telemed J. 1998 Fall; 4(3):207-24.
[8] 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.*
[9] 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
[10] Weeks DL, Molsberry DM. Feasibility and reliability of remote assessment of PALS psychomotor skills via interactive videoconferencing. *Resuscitation*. 2009 Mar; 80(3):354-8.
[11] Okrainec et al. Remote FLS testing in the real world: ready for "prime time". *Surg Endosc*. 2015 Nov 18.
[12] 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.
[13] 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.
[14] 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.
[15] Afshin Gharib and William Phillips. Test Anxiety and Performance on Open Book and Cheat Sheet Exams in Introductory Psychology DOI: 10.7763/IPEDR. 2012. V53 Available: http://www.ipedr.com/vol53/001-BCPS2012-C00006.pdf [Accessed 11/21/19]
[16] Bhanji F, et al. Part 14: Education 2015 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care *Circulation*. 2015;132(suppl 2): S564. Available: https://www.ahajournals.org/doi/10.1161/CIR.0000000000000268 [Accessed 11/21/19]
[17] Laird, Holton, Naquin. Approaches to Training and Development: Third Edition Revised and Updated (New Perspectives in Organizational Learning, Performance, and Change) 2003
[18] 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
[19] 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. [Accessed 11/21/19]