

Basic Life Support Course Roster

Emergency Cardiovascular Care Programs



Course Information

- ☐ BLS Course
- ☐ BLS Renewal Course
- ☐ HeartCode® BLS
- ☐ BLS Instructor Course

Lead Instructor _____

Lead Instructor ID# _____

Card Expiration Date _____

Training Center _____

Training Center ID# _____

Training Site Name (if applicable) _____

Address _____

City, State ZIP _____

Course Location _____

Course Start Date/Time _____ Course End Date/Time _____ Total Hours of Instruction _____

No. of Cards Issued _____ Student-Manikin Ratio _____ Issue Date of Cards _____

Assisting Instructors

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
1.		5.	
2.		6.	
3.		7.	
4.		8.	

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

Signature of Lead Instructor

Date

Course Participants



Date _____ Course _____ Lead Instructor _____ Lead Instr. ID# _____

<i>Name and Email</i> <i>Please PRINT as you wish your name to appear on your card.</i> <i>Please print email address legibly.</i>	<i>Mailing Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

BLS Classroom Course Evaluation



Date _____ Instructor(s) _____

Training Center _____ Location _____

Please answer the following questions about your **Instructor**.

My Instructor:

1. Provided instruction and help during my skills practice session
 - a. Yes
 - b. No
2. Answered all of my questions before my skills test
 - a. Yes
 - b. No
3. Was professional and courteous to the students
 - a. Yes
 - b. No

Please answer the following questions about the **course content**.

1. The course learning objectives were clear.
 - a. Yes
 - b. No
2. The overall level of difficulty of the course was
 - a. Too hard
 - b. Too easy
 - c. Appropriate
3. The content was presented clearly.
 - a. Yes
 - b. No
4. The quality of videos and written materials was
 - a. Excellent
 - b. Good
 - c. Fair
 - d. Poor
5. The equipment was clean and in good working condition.
 - a. Yes
 - b. No

Please answer the following questions about your **skill mastery**.

1. The course prepared me to successfully pass the skills session.
 - a. Yes
 - b. No
2. I am confident I can use the skills the course taught me.
 - a. Yes
 - b. No
 - c. Not sure

3. I will respond in an emergency because of the skills I learned in this course.
 - a. Yes
 - b. No
 - c. Not sure
4. I took this course to obtain professional education credit or continuing education credit.
 - a. Yes
 - b. No

Optional questions:

Have you previously taken this course via another method, such as in a classroom or online?
Which learning method do you prefer and why?

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

What would you like to see in future courses developed by the AHA?

After Completing This Evaluation

Please return this evaluation to your Instructor before you leave the class.

Alternatively, you can send the evaluation to your Instructor's Training Center. Ask your Instructor for the contact information.

If you have significant problems or concerns with your course, please contact the AHA at 877-AHA-4CPR.

Basic Life Support
Infant CPR
Skills Testing Checklist (1 of 2)



Student Name _____ Date of Test _____

Hospital Scenario: "You are working in a hospital or clinic when a woman runs through the door, carrying an infant. She shouts, 'Help me! My baby's not breathing.' You have gloves and a pocket mask. You send your coworker to activate the emergency response system and to get the emergency equipment."

Prehospital Scenario: "You arrive on the scene for an infant who is not breathing. No bystander CPR has been provided. You approach the scene and ensure that it is safe. Demonstrate what you would do next."

Assessment and Activation

- ☐ Checks responsiveness ☐ Shouts for help/Activates emergency response system
☐ Checks breathing ☐ Checks pulse

Once student shouts for help, instructor says, "Here's the barrier device."

Cycle 1 of CPR (30:2) *CPR feedback devices are preferred for accuracy

Infant Compressions

- ☐ Performs high-quality compressions*:
- Placement of 2 fingers or 2 thumbs in the center of the chest, just below the nipple line
 - 30 compressions in no less than 15 and no more than 18 seconds
 - Compresses at least one third the depth of the chest, approximately 1½ inches (4 cm)
 - Complete recoil after each compression

Infant Breaths

- ☐ Gives 2 breaths with a barrier device:
- Each breath given over 1 second
 - Visible chest rise with each breath
 - Resumes compressions in less than 10 seconds

Cycle 2 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed

- ☐ Compressions ☐ Breaths ☐ Resumes compressions in less than 10 seconds

Rescuer 2 arrives with bag-mask device and begins ventilation while Rescuer 1 continues compressions with 2 thumb-encircling hands technique.

Cycle 3 of CPR

Rescuer 1: Infant Compressions

- ☐ Performs high-quality compressions*:
- 15 compressions with 2 thumb-encircling hands technique
 - 15 compressions in no less than 7 and no more than 9 seconds
 - Compresses at least one third the depth of the chest, approximately 1½ inches (4 cm)
 - Complete recoil after each compression

Rescuer 2: Infant Breaths

This rescuer is not evaluated.

(continued)

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Basic Life Support
Infant CPR
Skills Testing Checklist (2 of 2)



Student Name _____ Date of Test _____

(continued)

Cycle 4 of CPR

Rescuer 2: Infant Compressions

This rescuer is not evaluated.

Rescuer 1: Infant Breaths

- ☐ Gives 2 breaths with a bag-mask device:
- Each breath given over 1 second
 - Visible chest rise with each breath
 - Resumes compressions in less than 10 seconds

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation:

☐ **PASS**

☐ **NR**

Instructor Initials _____ Instructor Number _____ Date _____

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Basic Life Support **Adult CPR and AED** **Skills Testing Checklist**



Student Name _____ Date of Test _____

Hospital Scenario: "You are working in a hospital or clinic, and you see a person who has suddenly collapsed in the hallway. You check that the scene is safe and then approach the patient. Demonstrate what you would do next."

Prehospital Scenario: "You arrive on the scene for a suspected cardiac arrest. No bystander CPR has been provided. You approach the scene and ensure that it is safe. Demonstrate what you would do next."

Assessment and Activation

- ☐ Checks responsiveness ☐ Shouts for help/Activates emergency response system/Sends for AED
☐ Checks breathing ☐ Checks pulse

Once student shouts for help, instructor says, "Here's the barrier device. I am going to get the AED."

Cycle 1 of CPR (30:2) *CPR feedback devices are required for accuracy

Adult Compressions

- ☐ Performs high-quality compressions*:
 • Hand placement on lower half of sternum
 • 30 compressions in no less than 15 and no more than 18 seconds
 • Compresses at least 2 inches (5 cm)
 • Complete recoil after each compression

Adult Breaths

- ☐ Gives 2 breaths with a barrier device:
 • Each breath given over 1 second
 • Visible chest rise with each breath
 • Resumes compressions in less than 10 seconds

Cycle 2 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed

- ☐ Compressions ☐ Breaths ☐ Resumes compressions in less than 10 seconds

Rescuer 2 says, "Here is the AED. I'll take over compressions, and you use the AED."

AED (follows prompts of AED)

- ☐ Powers on AED ☐ Correctly attaches pads ☐ Clears for analysis
☐ Clears to safely deliver a shock ☐ Safely delivers a shock

Resumes Compressions

- ☐ Ensures compressions are resumed immediately after shock delivery
 • Student directs instructor to resume compressions or
 • Second student resumes compressions

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation:

☐ **PASS**

☐ **NR**

Instructor Initials _____ Instructor Number _____ Date _____