

# Community Training Center

02775

## INTRODUCTION:

Name: Katie Dumermuth  
Position: Training Center Coordinator  
Training: Paramedic 2010, AHA Instructor 2011

Hi Everyone! I am your new Training Center Coordinator! I started with UnityPoint Health Des Moines in April of 2017. Prior to this I was a full-time Paramedic with Story County Medical Center. I received my Paramedic license from Mercy College of Health Sciences in 2010. Before that I attended Iowa State University where I completed a Bachelor of Arts degree in Criminology and Criminal Justice in 2008. I am happily married and by the time you receive this will have 2 amazing children Liam (2 years old) and Baby Girl D (can't give out her name just yet). I also have 2 awesome fur babies, Albus a white German Shepard and Rhea a Great Danoodle (Great Dane/Poodle mix). If I am not at work I can usually be found riding bikes or kayaking with my family. My favorite foods are ice cream and pasta. The main reason I love teaching is I love when the student has their "Aha!" moment. When they finally understand a concept they have been struggling with and everything finally makes sense!



saving lives is why

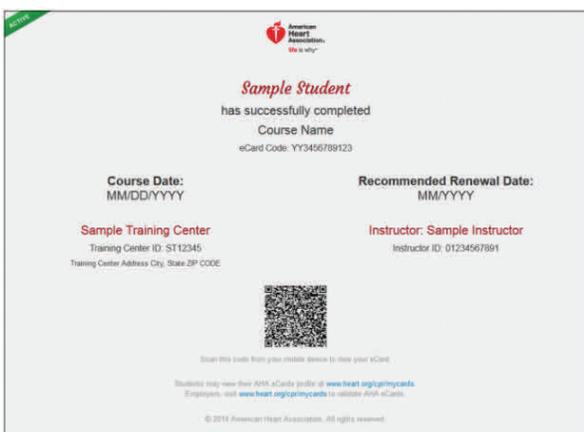


AHA eCards  
Important News

Beginning **January 1, 2018**, all US-based AHA Training Centers (TCs) will be required to use AHA eCards for issuing course completion cards to providers and students who successfully complete the requirements of AHA courses.

### Why is the AHA requiring eCards?

The simple answer is quality improvement. Not only do eCards provide higher security than print cards and reduce the risk of counterfeit cards, they also will allow for data-driven, continuous quality improvement in AHA CPR and ECC training. Improving the quality of training - and therefore victim and patient outcomes - is at the heart of everything AHA CPR and ECC does to further our lifesaving mission.



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# OPTIMIZING HEARTCODE BLS FOR INSTRUCTORS



## Quick Reference Guide for HeartCode® BLS Blended Learning

Maximize course flexibility to accommodate scheduling and meet different students' learning needs

### Online Portion: Tips for Students



- Watch the tutorials provided in the course
- Complete a few modules at a time
- Complete full modules before stopping the program to save progress
- Answer the Knowledge Check questions
- Watch video segments as needed

Refer to the full "HeartCode BLS Tips for Students" document for more details

### Hands-on Session: Tips for Instructors

#### 1:1 Skills Testing

- Maximize time by making appointments for students to complete hands-on skills testing with an instructor 1:1
- Use a 1:1 student-to-manikin ratio for shorter hands-on sessions (use of a feedback device is recommended)



Limit interruptions in chest compressions to <20%

#### High-Performance Team Activity

- Position manikins in hospital units to conduct mock codes
- Measure CPR metrics—including chest compression fraction—to qualify as a high-performance team activity skills practice
- High-performance team activity skills can be practiced with as few as 2 participants (compressor and ventilator)



### Agendas May be Separated into Sets of Lessons for Shorter Hands-on Sessions

#### Accelerated

Break down the Accelerated Hands-on Portion into 2 short sessions\*; use ratio of 3 students to 1 instructor.

Session 1	Lessons 1-4	45 minutes
Session 2	Lessons 5-6	25 minutes

\*Requires use of a feedback device

**70**  
Minutes

#### Without Optional Lessons

Break down the Hands-on Session Without Optional Lessons into 5 short sessions; use ratio of 6 students to 1 instructor.

Session 1	Lessons 1-3	27 minutes
Session 2	Lessons 4-6	26 minutes
Session 3	Lessons 7-8	15 minutes
Session 4	Lessons 9-12	16 minutes
Session 5	Lessons 13-14	40 minutes

All times are approximate

**2**  
Hours

#### With Optional Lessons

Break down the Hands-on Session With Optional Lessons into 5 short sessions; use ratio of 6 students to 1 instructor.

Session 1	Lessons 1-3	35 minutes
Session 2	Lessons 4-6	26 minutes
Session 3	Lessons 6A-8	35 minutes
Session 4	Lessons 9-12	16 minutes
Session 5	Lessons 13-14	40 minutes

See Lesson Plans at [www.AHAInstructorNetwork.org](http://www.AHAInstructorNetwork.org)

**2.5**  
Hours

### **STATEMENT: Update to Instructions for Use of Epinephrine Autoinjectors**

**UPDATED: April 26, 2017**

The US Food and Drug Administration (FDA) has recently updated the patient instructions for epinephrine autoinjectors. **The FDA recommends holding the leg firmly in place just before and during the injection.**

**For EpiPen and EpiPen Jr injector, hold the pen in place for 3 seconds. Some other injectors may be held in place for up to 10 seconds. Be familiar with the manufacturer's instructions for the type of injector you are using.**

In young children, injections of epinephrine into the thigh can result in bent or embedded needles, especially if the child is moving or uncooperative during the injection. The rationale for the shortened injection duration is that it will decrease the likelihood of injury to a moving or uncooperative child.

The American Heart Association (AHA) agrees with this change and will update our instructions for epinephrine autoinjector use for all ages as shown below:

- Hold the leg firmly in place just before and during the injection.
- Press the tip of the injector hard against the side of the person's thigh, about halfway between the hip and the knee.
- For EpiPen and EpiPen Jr injector, hold the pen in place for 3 seconds. Some other injectors may be held in place for up to 10 seconds. Be familiar with the manufacturer's instructions for the type of injector you are using.

The AHA will include this change in future materials and communications.

We encourage healthcare providers to refer to their local medical control physicians for guidance and treatment protocols.

Questions may be addressed to [eccscience@heart.org](mailto:eccscience@heart.org).

### **Exam Remediation**

Two options:

1. Go over the missed questions on the exam with the students so they can understand why the question was missed and what is the correct answer. The student will then need to retake the test.
2. Verbal remediation is when the student is allowed to look over their missed questions and verbally tell the instructor the correct answer without assistance from the instructor.

If the student was remediated it needs to be marked on the exam as such. If verbal remediation was used then a passing score must be marked on the exam.



The AHA recognizes that many students who complete the online portion of the HeartCode ACLS Blended Learning Course come to the hands-on session with varying levels of competency. For students who come prepared to demonstrate mastery of the skills associated with high-quality CPR and advanced cardiovascular life support, the AHA has created the **Accelerated HeartCode ACLS Competency Agenda and Lesson Plans** document.

This document can offer Instructors greater flexibility to adapt the HeartCode ACLS Hands-On Session to the needs and experience of a given student or group of students. For more information, please access the new **Accelerated HeartCode ACLS Competency Agenda and Lesson Plans** document on the AHA Instructor Network on the Courses > [HeartCode ACLS page](#) (login will be required).

**AHA Vendors**

Channing Bete Company  
[Aha.channing-bete.com](http://Aha.channing-bete.com)  
 800-611-6083

Laerdal Medical Corporation  
[Laerdal.com](http://Laerdal.com)  
 888-562-4242

Worldpoint ECC, Inc.  
[Eworldpoint.com](http://Eworldpoint.com)  
 888-322-8350

**AHA Website:** <http://www.heart.org/>

**AHA Instructor Network:** <http://www.ahainstructornetwork.org/>

**Online AHA Programs:** <http://www.onlineaha.org>

**School teacher website:** <http://bethebeat.heart.org/>

**Hands Only CPR website:** , [www.heart.org/HandsOnlyCPR](http://www.heart.org/HandsOnlyCPR)

**UP-DM General Public Website:** <http://www.unitypoint.org/desmoines/classes-and-events.aspx>

**UP-DM CTC Instructor Resources Website:** <http://www.unitypoint.org/desmoines/instructor-resources.aspx>

**Additional questions or concerns? Please contact:**

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