

 **cpi BLUE CARD™**

Name Neasha Kelp

has completed 4 hours of training in the
Nonviolent Crisis Intervention® training program.

Issued 12-20-19

Expires 12-20-20

Units Completed 140

Instructor Cady N Boyer

For more learning opportunities
visit crisisprevention.com.

NE59CAAF

Nonviolent Crisis Intervention® Training Program

Post-Test

Name Neasha Kelp Date 12/20/19
Organization Beacon - Coster North
Phone 231-571-5478 Email _____

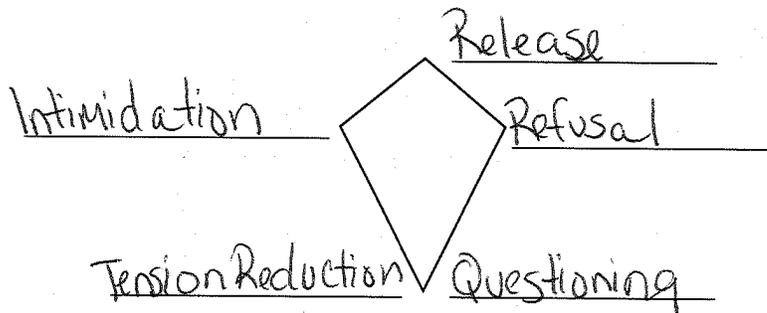
1. Complete the *Crisis Development Model*™.

Crisis Development/Behavior Levels	Staff Attitudes/Approaches
1. Anxiety	1. Supportive
2. Defensive	2. Directive
3. Risk Behavior	3. Physical Intervention
4. Tension Reduction	4. Therapeutic Rapport

2. What is the value of learning the four levels and corresponding staff attitudes?

Priceless. all people should be taught Crisis Prevention

3. Complete the *Verbal Escalation Continuum*™.



4. Describe three reasons you should use the *Supportive Stance*™.

Communicate Respect
Non-threatening
Maintain Safety

Participant Evaluation

Please indicate your response to each of the following items by circling the number that most appropriately expresses your opinion, using a scale of 1 (strongly disagree) through 5 (strongly agree). 1 = strongly disagree; 2 = disagree; 3 = neither agree nor disagree; 4 = agree; 5 = strongly agree.

Program Objectives:

As a result of completing this program, I believe that I have learned to:

Use nonverbal techniques to prevent risk behavior.

1 2 3 4 5

Implement verbal deceleration strategies, such as limit setting.

1 2 3 4 5

Make use of *Nonviolent Crisis Intervention*® physical intervention principles to avoid injury to all involved in a crisis situation.

1 2 3 4 5

Use safe physical intervention procedures as a last resort when a person is a danger to self or others.

1 2 3 4 5

Build Therapeutic Rapport with aggressive individuals after a crisis.

1 2 3 4 5

Instructor:

During the program, the Instructor:

Applied the course content to a variety of examples.

1 2 3 4 5

Stimulated interest in the subject matter.

1 2 3 4 5

Created an enjoyable learning atmosphere.

1 2 3 4 5

Emphasized the philosophy of *Care, Welfare, Safety, and Security*™.

1 2 3 4 5

Content: (1 = lowest; 5 = highest)

The program content was relevant to my needs.

1 2 3 4 5

How would you rate the program overall?

1 2 3 4 5

As a result of this program, I learned crisis intervention

Additional comments on the program, teaching methods, course materials, and/or the Instructor:

From time to time, we use comments from program participants in our promotional materials. If you'd agree to allow us to share your comments, please give us permission by signing here: _____

Thank you for your input. It is both valuable and necessary in maintaining the quality of the program.

First Aid Skills Testing Checklist



Student Name Neasha Kelp Date of Test 12/20/19

Scenario: "EMS has arrived and takes over. You may now remove your gloves. Demonstrate what you would do next."

Removing Gloves

- Grips one glove on the outside, near the cuff, to peel it off
- Cups the inside-out glove with the gloved hand
- Places 2 fingers of the bare hand inside the cuff to peel the second glove off, with the first glove inside it
- Verbalizes the need to dispose of gloves properly

Scenario: "You find a coworker lying on the floor in the break room. There are a phone, first aid kit, and AED on the wall. Demonstrate how you would find the problem."

Finding the Problem

- Verbalizes that the scene is safe
- Taps and shouts*
- Shouts for help/Phones 9-1-1/Gets first aid kit and AED
- Checks breathing†
- Looks for injury and medical information jewelry‡
- Verbalizes that he or she will stay with the person until EMS arrives

*After the student taps and shouts, the instructor says, "The person is unresponsive."

†After the student verbalizes that he or she has checked for breathing, the instructor says, "The person is breathing normally."

‡After the student checks for injury and medical information jewelry, the instructor says, "The person is not injured, and there is no medical information jewelry."

Scenario: "A coworker has a severe allergic reaction, has an epinephrine pen, and needs help using it. You have completed all previous steps and are now ready to use the epinephrine pen. Demonstrate what you would do next."

Using an Epinephrine Pen

- Holds epinephrine pen in fist
- Takes off safety cap
- Presses epinephrine pen firmly against outer side of thigh for 10 seconds
- Removes epinephrine pen
- Rubs injection site for 10 seconds

Scenario: "You will demonstrate stopping bleeding and then bandaging a small cut on the person's forearm. You have the first aid kit and are now ready to begin."

Stopping Bleeding and Bandaging

- Tells person to place pressure over cut with clean dressing
- Verbalizes putting on gloves
- Applies pressure to bleeding area*
- Adds more dressings and presses harder†
- Applies more bandages over the dressing

*Instructor says, "The bleeding is not stopping."

†Instructor says, "The bleeding has stopped."

STOP TEST

Instructor Notes

- Place a ✓ 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 EN Instructor Number 11170031467 Date 12/20/19

Adult CPR and AED Skills Testing Checklist



Student Name Neasha Kelp

Date of Test 12/20/19

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/Sends someone to phone 9-1-1 and get an AED Checks breathing

Once student shouts for help, instructor says, "Here's the barrier device. I am going to phone 9-1-1 and get the AED."

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

Adult Compressions

- Performs high-quality compressions*:
- Hand placement on lower half of breastbone
 - 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
 - Gives 2 breaths in less than 10 seconds

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

- Gives 30 high-quality compressions Gives 2 effective breaths

Instructor says, "Here is the AED."

AED (follows prompts of AED)

- Powers on AED Correctly attaches pads Clears for analysis Clears to safely deliver a shock
- Presses button to deliver shock Student immediately resumes compressions

AED trainer says, "The shock has been delivered."

Cycle 3 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed

- Gives 30 high-quality compressions Gives 2 effective breaths

STOP TEST

Instructor Notes

- Place a ✓ 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 EN Instructor Number 1170631467 Date 12/20/19

HeartSaver® Classroom Course Evaluation



American Heart Association

life is why™

Date 12/20/19 Instructor(s) EVERLYN NORTHROP
Training Center North Central Michigan College Location Cosport

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

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.

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

Heartsaver® Course Roster

Emergency Cardiovascular Care Programs



Course Information

- Heartsaver CPR AED
 - Child CPR AED
 - Infant CPR
 - Exam
- Heartsaver First Aid CPR AED
 - Child CPR AED
 - Infant CPR
 - Exam
- Heartsaver First Aid
 - Exam
- Heartsaver Pediatric First Aid CPR AED
 - Adult CPR
 - Exam
- Heartsaver Instructor

Lead Instructor EVERYNN NORTHROP
 Lead Instructor ID# 119720031467
 Card Expiration Date 12-20-2021
 Training Center NORTH CENTRAL MIDWAY COLLEGE
 Training Center ID# _____
 Training Site Name (if applicable) COSTER
 Address 12414 Coster Rd
 City, State ZIP Effelake, MI
 Course Location COSTER

Course Start Date/Time 9:00A Course End Date/Time 1:00PM Total Hours of Instruction 4
 No. of Cards Issued 5 Student-Manikin Ratio 2:1, 3:1 Issue Date of Cards _____

Assisting Instructor (Attach copy of instructor aligned with a TC other than the primary TC)

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 *EVERYNN NORTHROP* Date 12/20/19

Course Participants



Date 10/20/19

Course HeartSaver CPR

Lead Instructor EVERYNN WORTHROP

Lead Instr. ID# 1117005167

Name and Email Please PRINT as you wish your name to appear on your card. Please print email address legibly.	Mailing Address/Telephone	Complete/ Incomplete	Remediation/Date Completed (if applicable)
1. Breanna Girardtyke bgirardtyke@beaconspecialized.org	231-468-7882	complete	
2. Neaska Kelp neeh29@aol.com	231-571-5478	complete	
3. Joye Sherwood jsherwood@beaconspecialized.org	231-942-1526	complete	
4. Katie Jones WydeBrDie@gmail.com		complete	
5. ALEXANDRIA LEVINSON (ALLIE) ALEXANDRIA@BEACONSPECIALIZED.COM	(231) 570-2245	complete	
6.			
7.			
8.			
9.			
10.			