HEARTSAVER

Heartsaver® First Aid CPR AED

American Heart Association®

Vera Cousino

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Heartsaver® First Aid CPR AED Program.

Optional modules completed:

Issue Date
9/3/2019

Recommended Renewal Date
09/2021

Training Center Name
North Central Michigan College

Instructor Name
Evelyn Northrop

Training Center ID
MI03683

Instructor ID
11170631467

eCard Code
196006454494

Training Center Address
1515 Howard Street
Petoskey MI 49770 USA

QR Code

Training Center Phone Number
(231) 348-6660

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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Heartsaver® Course Roster

Emergency Cardiovascular Care Programs

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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: EVELYN NORTHROP
Lead Instructor ID#: 11970631467
Card Expiration Date: 09·03·2021
Training Center: North Central Michigan College
Training Center ID#:
Training Site Name (if applicable): Coster
Address: 12414 Coster Rd
City, State ZIP: Fife Lake, MI
Course Location: Coster

Course Start Date/Time: 9:00AM
Course End Date/Time: ~~2:1, 2:1~~ 1:00PM
Total Hours of Instruction: 4
No. of Cards Issued: 4
Student-Manikin Ratio: 2:1, 2:1
Issue Date of Cards: 9.3.19

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.

Evelyn Northrop
Signature of Lead Instructor

09.03.19
Date

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Course Participants

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Date 09.03.19 Course HeartSaver CPR Lead Instructor EVELYN NORTHROP Lead Instr. ID# 1117063467

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. Lisa MacArthur Beacon	822 Sable St Alpena, MI 49707	Complete	
2.			
3. Craig Herbert Herbert.Emily@yahoo.com	3478 N. 7 mile Rd. Lake City, MI 49651	Complete	
4. Amber Fowler amber184095@gmail.com	502 second st #462 Kalkaska MI 49646	Complete	
5. Vera Cousino vcousino99@gmail.com	11756 Coster Rd SW Fife lake MI 49633	Complete	
6.			
7.			
8.			
9.			
10.			

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(HTTPS://WWW.HEART.OR MANAGE ECARDS (HTTPS://DONATENOW.HEART.ORG/)

VOLUNTEER (HTTPS://WWW.HEA /OLUNTEER/VOLUNTEERFORM.JSP)

WARNING SIGNS (HTTPS://WWW.HEART.ORG/HEARTORG/CONDITIONS/CONDITIONS_UCM_305346_SUBHOMEPAGE.JSP)

CPR & FIRST AID

INSTRUCTOR NETWORK

(https://ahainstructornetwork.americanheart.org/AHAECC/e pid=ahaecc.dashboard)

Evelyn Northrop

DASHBOARD (HTTPS://AHAINSTRUCTORNETWORK.AMERICANHEART.ORG/AHAECC/ECC.JSP?

PID=AHAECC.DASHBOARD)

(HTTPS://AHAINSTRUCTORNETWORK.AMERICANHEART.ORG/AHAECC/COURSES/UCM_311962_COURSES.JSP)

(HTTPS://AHAINSTRUCTORNETWORK.AMERICANHEART.ORG/AHAECC/NEWSARCHIVES/UCM_311983_NEWS.JSP)

(HTTPS://AHAINSTRUCTORNETWORK.AMERICANHEART.ORG/AHAECC/ADDITIONALTOOLS/UCM_311984_ADDITIONAL-

(HTTPS://AHAINSTRUCTORNETWORK.AMERICANHEART.ORG/AHAECC/HELP/UCM_311985_SUPPORT.JSP)

(HTTPS://AHAINSTRUCTORNETWORK.AMERICANHEART.ORG/AHAECC/ADDITIONALTOOLS/PAM/UCM_311993_PROGRAM-

ADMINISTRATION-MANUAL.JSP)

Assign eCards to Students - Confirm

Hide Info

Confirm

Confirm the information below is correct to finish assigning your eCards.

Course	Heartsaver First Aid CPR AED
Training Center	North Central Michigan College
eCard Location	Beacon (MI03683-008)
Instructor	Evelyn Northrop - 11170631467
Available eCards Quantity	7
Assign Quantity	4

Clicking the **FINISH** button from this page will result in an AHA eCard being sent to a Student via email. Please make sure each Student has successfully completed all course requirements ***before*** clicking the **FINISH** button.

Show 25 entries Search:

Course Date	First Name	Last Name	Email	Mobile Phone	Course Modules	Delete

Course Date	First Name	La Na		MANAGE ECARDS	Mobile Phone	Course Modules	Delete
9/3/2019	Lisa	Ma		ur@beaconspecialized.org			
9/3/2019	Craig	Herbert	herbert.emily@yahoo.com				
9/3/2019	Amber	Fowler	amber184095@gmail.com				
9/3/2019	Vera	Cousino	vcousino@beaconspecialized.org				

Showing 1 to 4 of 4 entries

Previous Next

()

CPR & FIRST AID

INSTRUCTOR NETWORK

(https://ahainstructornetwork.americanheart.org/AHAECC/e pid=ahaecc.dashboard)

Evelyn Northrop

Assign eCards to Students - Complete

Hide Info

Complete

Course	Heartsaver First Aid CPR AED
Training Center	North Central Michigan College
eCard Location	Beacon (MI03683-008)
Instructor	Evelyn Northrop - 11170631467
New Available eCards Quantity	3
Assigned Quantity	4

Show 25 entries Search:

eCard Code	Course Date	First Name	Last Name	Email	Mobile Phone	Course Modules
196006454491	9/3/2019	Lisa	MacArthur	lmacarthur@beaconspecialized.org		
196006454492	9/3/2019	Craig	Herbert	herbert.emily@yahoo.com		

eCard Code	Course Date			Email	Mobile Phone	Course Modules
196006454493	9/3/2019		ler	amber184095@gmail.com		
196006454494	9/3/2019	Vera	Cousino	vcousino@beaconspecialized.org		

MANAGE ECARDS

Showing 1 to 4 of 4 entries

Previous Next

(/INVENTORY)

Adult CPR and AED Skills Testing Checklist

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Student Name Vera Cousino Date of Test 9-3-19

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

- [x] Checks responsiveness
- [x] Shouts for help/Sends someone to phone 9-1-1 and get an AED
- [x] 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

- [x] 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

- [x] 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*

- [x] Gives 30 high-quality compressions
- [x] Gives 2 effective breaths

Instructor says, "Here is the AED."

AED (follows prompts of AED)

- [x] Powers on AED
- [x] Correctly attaches pads
- [x] Clears for analysis
- [x] Clears to safely deliver a shock
- [x] Presses button to deliver shock
- [x] 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*

- [x] Gives 30 high-quality compressions
- [x] 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 1117063146 7 Date 9-3-19

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First Aid
Skills Testing Checklist

American Heart Association®
life is why™

Student Name Vera Cousino Date of Test 9-3-19

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

Removing Gloves

- [x] Grips one glove on the outside, near the cuff, to peel it off
- [x] Cups the inside-out glove with the gloved hand
- [x] Places 2 fingers of the bare hand inside the cuff to peel the second glove off, with the first glove inside it
- [x] 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

- [x] Verbalizes that the scene is safe
- [x] Taps and shouts*
- [x] Shouts for help/Phones 9-1-1/Gets first aid kit and AED
- [x] Checks breathing†
- [x] Looks for injury and medical information jewelry‡
- [x] 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

- [x] Holds epinephrine pen in fist
- [x] Takes off safety cap
- [x] Presses epinephrine pen firmly against outer side of thigh for 10 seconds
- [x] Removes epinephrine pen
- [x] 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

- [x] Tells person to place pressure over cut with clean dressing
- [x] Verbalizes putting on gloves
- [x] Applies pressure to bleeding area*
- [x] Adds more dressings and presses harder†
- [x] 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 1117063146 7 Date 9-3-19

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HeartSaver® Classroom Course Evaluation

American Heart Association®
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Date _____ Instructor(s) EVELYN NORTHROP

Training Center North Central Michigan College Location Coster

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 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?

Classroom
feel like instruction was
better

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

N/A

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.

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