Policy ***5202:*** Minimum Requirements for the Licensure of Professional/Paraprofessional Personnel and Advanced Salary Classifications

Comment Log

Open for Public Comment through 4:00 p.m. on June 10, 2013

Action	Type
N: No Response	- Negative
NA: Not Accepted	+ Positive
A: Accepted	o Neutral

Date	Individual/Organization	Comments	Action/ Type	Rationale
May 29, 2013	Sallie Dalton Superintendent Greenbrier County Schools P.O. Box 987 Lewisburg, WV 24901 sedalton@access.k12.wv.us	**126-136-11.9.3.MM.** With regards to **Policy 5202, Section MM Option Pathway Teacher,** I am understanding that this is being proposed as a new authorization. Is that correct? Also, if I have several teachers (a certified high school math, certified high school English, certified high school Social Studies, certified high school Science) at the high school teaching Option Pathway students, do they have to apply for this additional endorsement? If so, is there a cost that will be passed on to teachers who are highly qualified and highly effective in order to receive another authorization to merely meet the requirements of a policy? I am assuming that the Office of GED would not pass on more costs to both teachers and	NA/-	The authorization ensures that minimum criteria are met for a professional teaching certificate and that teachers complete professional development requirements annually, in order to be current on program objectives and requirements.

		county school districts; therefore, the Office of the GED would pay all costs associated with the required professional staff development, substitute costs for the individuals being trained, and certification costs if any. If not, what provisions is the Office of GED working on to provide a funding mechanism to cover the costs associated. Would CTE funds be able to be taken from high school programs to cover these requirements? Other requirements that I am missing should this policy be passed as is. Please advise. Thank you. Sallie Dalton		
June 4, 2013	**Steve Barnett** sbarnett@hsi.com www.hsi.com	The purpose of this letter is to express opposition to the proposed amendments to West Virginia State Board of Education ("Board") Policy 5202 and to formally request addition of the following industry recognized instructor and provider credentials for satisfying its requirements - or provide good reason for denial. We strongly prefer a non-adversarial approach.	A/+	Appendix C was modified to incorporate the acceptance of other nationally recognized training programs.

		Proposed Rule 1. **<u>126CSR136</u> Minimum Requirements for the Licensure of Professional/Paraprofessional Personnel and Advanced Salary Classifications (5202) Appendix C.** a. Prescribes the American Red Cross and American Heart Association®, Inc. as the only acceptable "Industry Credentialing Organizations" for "Cardiopulmonary Resuscitation Instructor Certification and First Aid" and "Valid Cardiopulmonary Resuscitation (CPR) and First aid Cards" in 7185 Social Services Occupation, 7317 Early Childhood Education, 7710 Criminal Justice, 0227 Parks and Recreation Management, 7627 Direct Support Professional, 7626 Personal Fitness and Wellness Training, and 7714 Prevention Support Specialist.		

		Amendment Requested 1. Add the American Safety and Health Institute and MEDIC First Aid as an "Industry Credentialing Organization" to Appendix C in the occupational categories noted in proposed rule 1, (above); or alternatively, 2. Add the phrase "or other eligible nationally recognized training program" to Appendix C in the occupational categories noted in proposed rule 1. (above), as it it appears elsewhere (e.g. 7060 Industrial Fire Management) and recognize the American Safety and Health Institute and MEDIC First Aid as eligible nationally recognized training programs by footnote or other readily identifiable means. **Analysis** 1. As a profit-making, non-tax paying entities, and the dominant competitors in the first and CPR training business, the American Heart Association®, Inc., ("AHA") and the		

		American Red Cross ("ARC") and their approved training centers, affiliated instructors, and authorized providers have a vested economic interest in CPR and first aid training, particularly where required for occupational licensing. 2. Though corporate structures differ (HSI is a tax-paying corporation), the profit-making business units of HSI, the AHA and ARC are similar (**EXHIBIT A**). a. Each organization develops and markets commercially available, proprietary training programs, products, and services to Training Centers and Authorized Providers, either directly or via distributors. b. The fee-for-service business structures of Training Centers and Authorized Providers include sole proprietorships, partnerships, corporations, LLCs, and non-profits. c. Instructors affiliated with Training Centers are authorized to certify course participants. Certification		

		requires performance and evaluation of hands-on skills and where required, written testing to verify competency. 3. Neither the AHA nor the ARC is a Recognized Accrediting Organization (**EXHIBIT B**). 4. Neither the AHA nor the ARC is a recognized regulatory standards developing organization **(EXHIBIT C).** 5. The AHA has previously established that it does not review or sanction the CPR training programs or materials of other organizations. It directs such approval to appropriate regulatory authorities (**EXHIBIT D**). 6. The ARC accepts ASHI and MEDIC First Aid authorized instructors for reciprocity in the same manner as instructors from the AHA and others (**EXHIBIT E**). 7. Nothing in West Virginia Code (Chapter 18. Education) requires the Board to prescribe the proprietary, private sector CPR and First Aid training curriculum, products, and		

		services of the AHA or ARC. 8. Promulgation and enforcement of the Board's proposed rule prevents competition on equal and fair terms by: a. Providing unjust advantage to AHA and ARC Training Centers and Authorized Providers. b. Unreasonably limiting choice in CPR and first aid training program price, selection, and service. c. Preventing the use of the ASHI and MEDIC First Aid training programs as a fair alternative or substantially equivalent means of compliance. 9. Fiscal implications of promulgating and enforcing the Board's proposed rule include costs related to: a. Direct or indirect penalties on licensees who possess and present valid certification in CPR and first aid by qualified entities other than the AHA or ARC, including ASHI and MEDIC First Aid. b. Loss of business by ASHI Training		

		Centers and MEDIC First Aid Training Centers and loss of jobs for ASHI instructors and MEDIC First Aid Instructors in an economy when such losses can least be afforded. c. Administrative litigation filed by qualified entities unfairly excluded by the rule. d. Addressing complaints filed with the Federal Trade Commission, Bureau of Competition challenging the Board's restrictions on competition under the Federal Trade Commission Act (15 U.S.C. §§ 41-58, as amended). **Relevant Facts** 1. The <u>Health and Safety Institute</u> (HSI) is a large privately held emergency care and response training organization, joining together the training programs of the American Safety and Health Institute (ASHI), MEDIC First Aid, 24-7 EMS, 24-7		

		Fire, EMP Canada, and Summit Training Source. 2. An ASHI and MEDIC First Aid representative participated in the *International Committee on Resuscitation 2005 and 2010 International Conference on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations*, hosted by the AHA. 3. An ASHI and MEDIC First Aid representative was a volunteer member of the AHA and American Red Cross 2005 *National* and 2010 *International First Aid Science Advisory Board* and were contributors to the 2005 and 2010 *Consensus on First Aid Science and Treatment Recommendations* **(EXHIBIT F).** 4. ASHI and MEDIC First Aid training programs conform to the ILCOR 2010 Consensus on Science, the 2010 American Heart Association (AHA) *Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science*,		

		and the 2010 AHA and ARC *<u>Guidelines</u> for First Aid.* 5. Like the AHA, HSI is a nationally accredited organization of the Continuing Education Coordinating Board for Emergency Medical Services (<u>CECBEMS</u>) ((**EXHIBIT G**)). CECBEMS is the national accrediting body for Emergency Medical Services (EMS) continuing education courses and course providers. 6. ASHI and MEDIC First Aid training programs conform to the recommendations of the Federal Occupational Safety and Health Administration (OSHA) *<u>Best Practices Guide</u>: Fundamentals of a Workplace First-Aid Program* 7. Since 2003, the ASHI *CPR Pro for the Professional Rescuer* program has been approved by the West Virginia Department of Health and Human Resources, <u>Office of Emergency Medical Services</u> (**EXHIBIT H**). 8. ASHI and MEDIC First Aid training programs are approved by the Department of Homeland Security, United States Coast		

		Guard as meeting or exceeding the standards of the ARC (**EXHIBIT I**). 9. As an evidence-based program, the ASHI BLS program meets the standards of the Joint Commission (**EXHIBIT J**), is accepted as equivalent to the AHA by the Commission on Accreditation of Medical Transport Systems (**EXHIBIT K**) and the American Academy of Sleep Medicine (**EXHIBIT L**), and is approved by the United States Coast Guard Health Services Program (**EXHIBIT M**). 10. Nearly 2000 state and federal government agencies currently use ASHI and MEDIC First Aid training programs to train their employees, including the United States Coast Guard, Veterans Administration, Department of Agriculture, Air Force, Army Corps of Engineers, Army National Guard, Marshals Service, Administration Office of the U.S. Courts, Forest Service, Bureau of Alcohol, Tobacco, Firearms and Explosives, Bureau of Land Management, Customs and Border Protection, and the		

		Internal Revenue Service. 11. On whole, ASHI and MEDIC First Aid training programs are currently endorsed, accepted, approved, or recognized as an industry credential meeting the requirements of more than 2900 state and provincial regulatory agencies, occupational licensing boards, national associations, commissions, and councils. 12. HSI is a member of the American National Standards Institute (ANSI) and ASTM International (ASTM) – both globally recognized leaders in the development and delivery of international voluntary consensus standards. 13. HSI is a member of the Council on Licensure, Enforcement and Regulation (CLEAR), the premiere international resource for professional regulation stakeholders. **Conclusion** The Board's proposed rule unfairly prescribes the private sector commercial products of the AHA and ARC. In so doing, it promotes unfair		

		and discriminatory practices that prevent or substantially lessen fair and honest competition without a countervailing rationale sufficient to justify its harmful effects. The facts and evidence presented demonstrate that HSI and its ASHI and MEDIC First Aid training programs have been accepted, approved, or found equivalent to the training programs, products, and services of the AHA or ARC. The Board has the authority to amend its rules and regulations (Policy 1242). We request that the Board permit use of ASHI and MEDIC First Aid training programs for satisfying its Minimum Requirements for the Licensure of Professional/Paraprofessional Personnel and Advanced Salary Classifications. We value, believe in, and promote successful completion of a legitimate CPR and first aid course as an important component in protecting safety and health. We value,		

		believe in, and promote free and fair competition that does not adversely affect health and safety. We look forward to helping the Division protect the health and safety of the citizens of West Virginia. Respectfully, Steve Barnett, MBA Vice President, Strategic Compliance Health and Safety Institute Exhibit A.pdf Exhibit B.pdf Exhibit D.pdf Exhibit C.pdf Exhibit E.pdf Exhibit F.pdf		

June 4, 2013	Name: Keely Camden Organization: West Liberty University Title: Dean, College of Education City/State: West Liberty, WV Role: Higher Education Faculty Posted: 2013-06-04 10:58:50	Comments for section 126-136 1 General -- There are inconsistencies between the Praxis II tests for Biology/General Science; these include test numbers required for various certification configurations and test scores, etc.	A/+	Appendix B was modified to incorporate the appropriate current test numbers
June 4, 2013	Name: Kristie Stump Organization: Hardy Co. Schools Title: Substitute City/State: Moorefield, WV Role: Teacher Posted: 2013-06-04 19:22:04	Comments for section 126-136-11 7 3 a Long-term Substitute Permit for Teaching, Support and Administrative Personnel -- I feel there should be wording in this section that preference should be given to a long-term sub. permit where the individual meets highly qualified criteria or area certification over an individual who does not meet the criteria or certified in content area. County Superintendent of schools must abide by this criteria and submit proof of hiring to state.	NA/-	Highly Qualified criteria are not addressed in this section of policy and are not relevant to the proposed changes for this certification type that are out on comment.

June 7, 2013	Name: Sallie Dalton Organization: Greenbrier County Schools Title: Superintendent City/State: LEWISBURG, WV Role: Superintendent Posted: 2013-06-07 15:09:05	Comments for section 126-136-11 9 3 a MM, NN, OO and PP Authorizations Issue to Educators --- Mr. Wade Linger, President of the WVBOE, states in his letter of November 26, 2012, "The WVBOE understands the criticism that public education in our state is too state dominated. Our board members wholeheartedly support the transfer of more authority and responsibility to the local level." If this statement is true, then I am asking that the WVBOE strike Section MM of this section, "Initial Temporary Authorization for Option Pathway Teacher." rnrnThis section is yet another attempt for state control of a county district which may have a financial burden passed on to the teacher and the district. I asked those questions in an email to the Office of GED recently; however, I did not receive a response regarding potential costs to the teacher for whom the authorization is required or the associated travel costs of professional staff development that may be passed on to the county district.rnrnI spent 14 years of my career working with the GED preparation program, and ten year! s as a GED Examiner prior to the Superintendency; therefore, I speak to you as someone with the expertise to say this authorization will have little to no effect on	NA/-	

		the passing rate of GED Option Pathway students.rnrnUltimately the goal is to have the students pass the GED and to have the students complete four courses in a CTE concentration prior to graduation. These types of decisions do need to be made at the state level with district input as the standards must be the same in all 55 counties. However, this section of this policy requires teachers who are already certified to apply for another authorization, more than likely pay a $25 fee (that is the requirement for Alternative Education,) and participate in professional staff development directed by the WVDE.rnrnAt both high schools we will be using certified math, science, social studies, and English teachers who have been and will continue receiving training in the Common Core State Standards. In addition, the po! tential exists for a National Board Certified Teacher to teach! one seg ment of these classes. I ask how an additional authorization will improve instruction and/or the passing rate of the GED? Since all Option Pathway teachers have to be a certified teacher, should the district in conjunction with the high school principal not have the flexibility to determine who best should instruct the Option Pathway students?rnrnIn my years as GED Examiner, it was apparent to me that the majority of		

		students I tested for the Option Pathway program and/or recent dropouts were not low achieving students; rather, they were most likely disconnected from the high school experience. The OP students often needed some remediation to address certain deficiencies, but overall were ready for the test. rnrnI will concede that some training needs to occur before OP teachers begin. However, with RESA specialists, CTE Directors, and/or county ABE teachers that training could be covered in an afternoon. rnrnI am asking that the WVBOE stands by its commitment to allow mor! e local control in decision making about how programs of study are delivered after meeting basic state guidelines, and eliminate Section MM Initial Authorization for Option Pathway Teachers.rnrnPlease note that as we have added OP Teachers, we have received no additional funding; therefore, we are once again adding staff during declining enrollment. The teachers who have agreed to instruct students in the OP program may very quickly lose interest if they are forced to comply with seemingly unnecessary certification requirements.rnrnThank you for your consideration of this request.rnrnSallie E. DaltonrnSuperintendent of GCS		

From: sallieedalton@gmail.com [mailto:sallieedalton@gmail.com] **On Behalf Of** Sallie Dalton
Sent: Tuesday, May 28, 2013 8:36 PM
To: smford@access.k12.wv.us; Betty Jo Jordan; Debra Kimbler
Subject: Policy 5202 Question

Good evening all,

With regards to Policy 5202, Section MM Option Pathway Teacher, I am understanding that this is being proposed as a new authorization. Is that correct? Also, if I have several teachers (a certified high school math, certified high school English, certified high school Social Studies, certified high school Science) at the high school teaching Option Pathway students, do they have to apply for this additional endorsement?

If so, is there a cost that will be passed on to teachers who are highly qualified and highly effective in order to receive another authorization to merely meet the requirements of a policy?

I am assuming that the Office of GED would not pass on more costs to both teachers and county school districts; therefore, the Office of the GED would pay all costs associated with the required professional staff development, substitute costs for the individuals being trained, and certification costs if any. If not, what provisions is the Office of GED working on to provide a funding mechanism to cover the costs associated. Would CTE funds be able to be taken from high school programs to cover these requirements?

Other requirements that I am missing should this policy be passed as is.

Please advise. Thank you.

Sallie Dalton

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Sallie Dalton
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Scottie Ford

From: Steve Barnett <sbarnett@hsi.com>
Sent: Monday, June 03, 2013 5:04 PM
To: smford@access.k12.wv.us
Cc: Greg Ciottone; Bill Clendenen; Jeff Jackson; Ralph Shenefelt; Jeff Lindsey; Kristal Langner
Subject: HSI Formal Comment on Proposed rule 126CSR136
Attachments: Exhibit A.pdf; Exhibit B.pdf; Exhibit C.pdf; Exhibit D.pdf; Exhibit E.pdf; Exhibit F.pdf; Exhibit G.pdf; Exhibit H.pdf; Exhibit I.pdf; Exhibit J.pdf; Exhibit K.pdf; Exhibit L.pdf; Exhibit M.pdf; HSI Formal Comment on Proposed rule 126CSR136.pdf

VIA CERTIFIED MAIL AND EMAIL

June 3, 2013

Scottie Ford, Coordinator
Office of Professional Preparation
West Virginia Department of Education
Capitol Building 6, Room 252
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305-0330
RE: Proposed Rule Comments

Dear Ms. Ford:

The purpose of this letter is to express opposition to the proposed amendments to West Virginia State Board of Education ("Board") Policy 5202 and to formally request addition of the following industry recognized instructor and provider credentials for satisfying its requirements - or provide good reason for denial. We strongly prefer a non-adversarial approach.

Proposed Rule

1. **126CSR136 Minimum Requirements for the Licensure of Professional/Paraprofessional Personnel and Advanced Salary Classifications (5202) Appendix C.**
    a. Prescribes the American Red Cross and American Heart Association®, Inc. as the only acceptable "Industry Credentialing Organizations" for "Cardiopulmonary Resuscitation Instructor Certification and First Aid" and "Valid Cardiopulmonary Resuscitation (CPR) and First aid Cards" in 7185 Social Services Occupation, 7317 Early Childhood Education, 7710 Criminal Justice, 0227 Parks and Recreation Management, 7627 Direct Support Professional, 7626 Personal Fitness and Wellness Training, and 7714 Prevention Support Specialist.

Amendment Requested

1. Add the American Safety and Health Institute and MEDIC First Aid as an "Industry Credentialing Organization" to Appendix C in the occupational categories noted in proposed rule 1, (above); or alternatively,
2. Add the phrase "or other eligible nationally recognized training program" to Appendix C in the occupational categories noted in proposed rule 1. (above), as it it appears elsewhere (e.g. 7060 Industrial Fire Management) and recognize the American Safety and Health Institute and MEDIC First Aid as eligible nationally recognized training programs by footnote or other readily identifiable means.

Analysis

1. As a profit-making, non-tax paying entities, and the dominant competitors in the first and CPR training business, the American Heart Association®, Inc., ("AHA") and the American Red Cross ("ARC") and their approved training centers, affiliated instructors, and authorized providers have a vested economic interest in CPR and first aid training, particularly where required for occupational licensing.
2. Though corporate structures differ (HSI is a tax-paying corporation), the profit-making business units of HSI, the AHA and ARC are similar (**EXHIBIT A**).
    a. Each organization develops and markets commercially available, proprietary training programs, products, and services to Training Centers and Authorized Providers, either directly or via distributors.
    b. The fee-for-service business structures of Training Centers and Authorized Providers include sole proprietorships, partnerships, corporations, LLCs, and non-profits.
    c. Instructors affiliated with Training Centers are authorized to certify course participants. Certification requires performance and evaluation of hands-on skills and where required, written testing to verify competency.
3. Neither the AHA nor the ARC is a Recognized Accrediting Organization (**EXHIBIT B**).
4. Neither the AHA nor the ARC is a recognized regulatory standards developing organization **(EXHIBIT C).**
5. The AHA has previously established that it does not review or sanction the CPR training programs or materials of other organizations. It directs such approval to appropriate regulatory authorities (**EXHIBIT D**).
6. The ARC accepts ASHI and MEDIC First Aid authorized instructors for reciprocity in the same manner as instructors from the AHA and others (**EXHIBIT E**).
7. Nothing in West Virginia Code (Chapter 18. Education) requires the Board to prescribe the proprietary, private sector CPR and First Aid training curriculum, products, and services of the AHA or ARC.
8. Promulgation and enforcement of the Board's proposed rule prevents competition on equal and fair terms by:
    a. Providing unjust advantage to AHA and ARC Training Centers and Authorized Providers.
    b. Unreasonably limiting choice in CPR and first aid training program price, selection, and service.

c. Preventing the use of the ASHI and MEDIC First Aid training programs as a fair alternative or substantially equivalent means of compliance.

9. Fiscal implications of promulgating and enforcing the Board's proposed rule include costs related to:
   a. Direct or indirect penalties on licensees who possess and present valid certification in CPR and first aid by qualified entities other than the AHA or ARC, including ASHI and MEDIC First Aid.
   b. Loss of business by ASHI Training Centers and MEDIC First Aid Training Centers and loss of jobs for ASHI instructors and MEDIC First Aid Instructors in an economy when such losses can least be afforded.
   c. Administrative litigation filed by qualified entities unfairly excluded by the rule.
   d. Addressing complaints filed with the Federal Trade Commission, Bureau of Competition challenging the Board's restrictions on competition under the Federal Trade Commission Act (15 U.S.C. §§ 41-58, as amended).

Relevant Facts

1. The Health and Safety Institute (HSI) is a large privately held emergency care and response training organization, joining together the training programs of the American Safety and Health Institute (ASHI), MEDIC First Aid, 24-7 EMS, 24-7 Fire, EMP Canada, and Summit Training Source.
2. An ASHI and MEDIC First Aid representative participated in the *International Committee on Resuscitation 2005 and 2010 International Conference on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations*, hosted by the AHA.
3. An ASHI and MEDIC First Aid representative was a volunteer member of the AHA and American Red Cross 2005 *National* and 2010 *International First Aid Science Advisory Board* and were contributors to the 2005 and 2010 *Consensus on First Aid Science and Treatment Recommendations* **(EXHIBIT F).**
4. ASHI and MEDIC First Aid training programs conform to the ILCOR 2010 Consensus on Science, the 2010 American Heart Association (AHA) *Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science*, and the 2010 AHA and ARC *Guidelines for First Aid.*
5. Like the AHA, HSI is a nationally accredited organization of the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) ((**EXHIBIT G**)). CECBEMS is the national accrediting body for Emergency Medical Services (EMS) continuing education courses and course providers.
6. ASHI and MEDIC First Aid training programs conform to the recommendations of the Federal Occupational Safety and Health Administration (OSHA) *Best Practices Guide: Fundamentals of a Workplace First-Aid Program*
7. Since 2003, the ASHI *CPR Pro for the Professional Rescuer* program has been approved by the West Virginia Department of Health and Human Resources, Office of Emergency Medical Services (**EXHIBIT H**).
8. ASHI and MEDIC First Aid training programs are approved by the Department of Homeland Security, United States Coast Guard as meeting or exceeding the standards of the ARC (**EXHIBIT I**).

9. As an evidence-based program, the ASHI BLS program meets the standards of the Joint Commission (**EXHIBIT J**), is accepted as equivalent to the AHA by the Commission on Accreditation of Medical Transport Systems (**EXHIBIT K**) and the American Academy of Sleep Medicine (**EXHIBIT L**), and is approved by the United States Coast Guard Health Services Program (**EXHIBIT M**).
10. Nearly 2000 state and federal government agencies currently use ASHI and MEDIC First Aid training programs to train their employees, including the United States Coast Guard, Veterans Administration, Department of Agriculture, Air Force, Army Corps of Engineers, Army National Guard, Marshals Service, Administration Office of the U.S. Courts, Forest Service, Bureau of Alcohol, Tobacco, Firearms and Explosives, Bureau of Land Management, Customs and Border Protection, and the Internal Revenue Service.
11. On whole, ASHI and MEDIC First Aid training programs are currently endorsed, accepted, approved, or recognized as an industry credential meeting the requirements of more than 2900 state and provincial regulatory agencies, occupational licensing boards, national associations, commissions, and councils.
12. HSI is a member of the American National Standards Institute (ANSI) and ASTM International (ASTM) – both globally recognized leaders in the development and delivery of international voluntary consensus standards.
13. HSI is a member of the Council on Licensure, Enforcement and Regulation (CLEAR), the premiere international resource for professional regulation stakeholders.

Conclusion

The Board's proposed rule unfairly prescribes the private sector commercial products of the AHA and ARC. In so doing, it promotes unfair and discriminatory practices that prevent or substantially lessen fair and honest competition without a countervailing rationale sufficient to justify its harmful effects. The facts and evidence presented demonstrate that HSI and its ASHI and MEDIC First Aid training programs have been accepted, approved, or found equivalent to the training programs, products, and services of the AHA or ARC. The Board has the authority to amend its rules and regulations (Policy 1242). We request that the Board permit use of ASHI and MEDIC First Aid training programs for satisfying its Minimum Requirements for the Licensure of Professional/Paraprofessional Personnel and Advanced Salary Classifications.

We value, believe in, and promote successful completion of a legitimate CPR and first aid course as an important component in protecting safety and health. We value, believe in, and promote free and fair competition that does not adversely affect health and safety. We look forward to helping the Division protect the health and safety of the citizens of West Virginia.

Respectfully,

Steve Barnett, MBA

Vice President, Strategic Compliance

Health and Safety Institute

Cc:

Gregory R. Ciottone, MD, FACEP, Medical Director, Health and Safety Institute

Bill Clendenen, MBA, Chief Executive Officer, Health and Safety Institute

Jeff Jackson, MBA, President, Health and Safety Institute

Ralph Shenefelt, Senior Vice President, Strategic Partnerships, Health and Safety Institute

Jeff Lindsey, PhD, Chief Learning Officer, Health and Safety Institute

Kristal Langner, Regulatory Approval Specialist, Health and Safety Institute

Enclosures: Exhibits A-M

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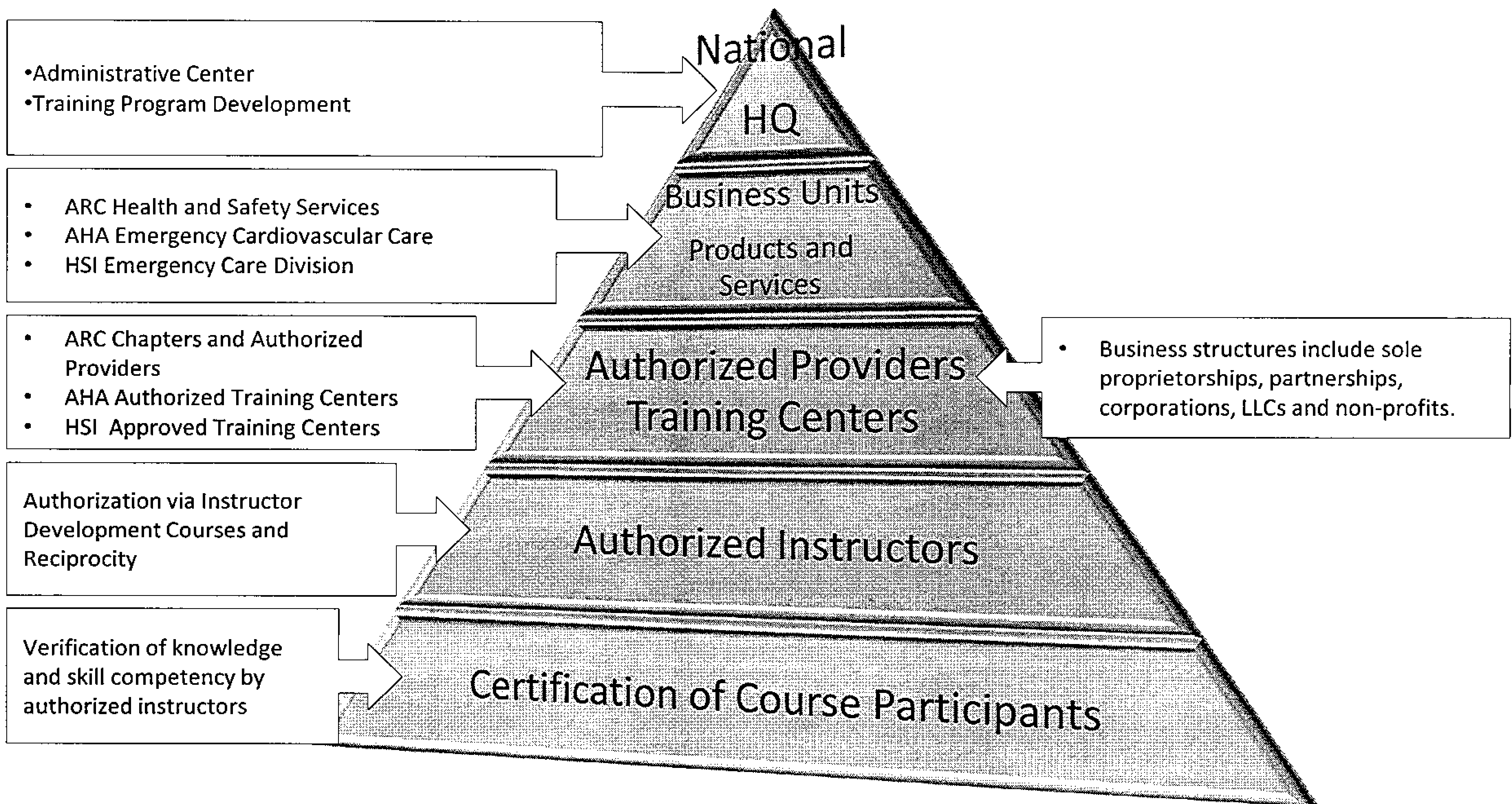

Organizational Structure

Exhibit A

Recognized Accrediting Organizations

(as of May 2013)

This chart lists regional, national faith-related, national career-related and programmatic accreditors that are or have been recognized by the Council for Higher Education Accreditation (CHEA) or the U.S. Department of Education (USDE) or both. Organizations identified by (•) are recognized; (–) indicates those not currently recognized. An asterisk (*) identifies accrediting organizations that were formerly recognized.

CHEA-recognized organizations must meet CHEA eligibility standards (http://www.chea.org/pdf/Recognition_Policy-June_28_2010-FINAL.pdf). Accreditors exercise independent judgment about whether to seek CHEA recognition. For USDE recognition, accreditation from the organization is used by an institution or program to establish eligibility to participate in federal student aid or other federal programs (www.ed.gov/about/offices/list/ope/index.html). Some accreditors cannot be considered for USDE recognition because they do not provide access to federal funds. Other accreditors have chosen not to pursue USDE recognition.

Because CHEA affiliation and USDE recognition depend on a range of factors, readers are strongly cautioned against making judgments about the quality of an accrediting organization and its institutions and programs based solely on CHEA or USDE status. Additional inquiry is essential. If you have questions about the CHEA or USDE recognition status of an accreditor, please contact the accrediting organization.

This chart is updated when the CHEA Board of Directors recognizes or withdraws recognition of an accrediting organization and when the United States Secretary of Education recognizes or withdraws recognition of an accrediting organization. Please visit the CHEA website at: www.chea.org

ACCREDITOR	CHEA Recognition Status	USDE Recognition Status
REGIONAL ACCREDITING ORGANIZATIONS		
Middle States Association of Colleges and Schools Middle States Commission on Higher Education	•	•
New England Association of Schools and Colleges Commission on Institutions of Higher Education	•	•
New England Association of Schools and Colleges Commission on Technical and Career Institutions	*	*
North Central Association of Colleges and Schools The Higher Learning Commission	•	•
Northwest Commission on Colleges and Universities	*	•
Southern Association of Colleges and Schools Commission on Colleges	•	•
Western Association of Schools and Colleges Accrediting Commission for Community and Junior Colleges	•	•
Western Association of Schools and Colleges Accrediting Commission for Senior Colleges and Universities	•	•
NATIONAL FAITH-RELATED ACCREDITING ORGANIZATIONS		
Association for Biblical Higher Education Commission on Accreditation	•	•
Association of Advanced Rabbinical and Talmudic Schools Accreditation Commission	•	•
The Association of Theological Schools in the United States and Canada Commission on Accrediting	•	•
Transnational Association of Christian Colleges and Schools Accreditation Commission	•	•
NATIONAL CAREER-RELATED ACCREDITING ORGANIZATIONS		
Accrediting Bureau of Health Education Schools	–	•
Accrediting Commission of Career Schools and Colleges	–	•
Accrediting Council for Continuing Education and Training	–	•
Accrediting Council for Independent Colleges and Schools	•	•
Council on Occupational Education	–	•
Distance Education and Training Council Accrediting Commission	•	•
National Accrediting Commission of Career Arts and Sciences, Inc.	–	•

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Recognized Accrediting Organizations (continued)

ACCREDITOR	CHEA Recognition Status	USDE Recognition Status
PROGRAMMATIC ACCREDITING ORGANIZATIONS		
AACSB International–The Association to Advance Collegiate Schools of Business	●	*
ABET	●	*
Accreditation Commission for Acupuncture and Oriental Medicine	—	●
Accreditation Commission for Audiology Education	●	—
Accreditation Commission for Education in Nursing (formerly National League for Nursing Accrediting Commission, Inc.)	●	●
Accreditation Commission for Midwifery Education	—	●
Accreditation Council for Business Schools and Programs	●	*
Accreditation Council for Pharmacy Education	●	●
Accreditation Review Commission on Education for the Physician Assistant, Inc.	●	—
Accrediting Council on Education in Journalism and Mass Communications	●	*
American Academy of Forensic Sciences Forensic Science Education Programs Accreditation Commission	●	—
American Academy for Liberal Education	—	*
American Association for Marriage and Family Therapy Commission on Accreditation for Marriage and Family Therapy Education	●	*
American Association of Family and Consumer Sciences Council for Accreditation	●	—
American Bar Association Council of the Section of Legal Education and Admissions to the Bar	—	●
American Board of Funeral Service Education Committee on Accreditation	●	●
American Council for Construction Education	●	*
American Culinary Federation Education Foundation Accrediting Commission	●	*
American Dental Association Commission on Dental Accreditation	—	●
American Dietetic Association Accreditation Council for Education in Nutrition and Dietetics / Academy of Nutrition and Dietetics	*	●
American Library Association Committee on Accreditation	●	*
American Occupational Therapy Association Accreditation Council for Occupational Therapy Education	●	●
American Optometric Association Accreditation Council on Optometric Education	●	●
American Osteopathic Association Commission on Osteopathic College Accreditation	*	●
American Physical Therapy Association Commission on Accreditation in Physical Therapy Education	●	●
American Podiatric Medical Association Council on Podiatric Medical Education	●	●
American Psychological Association Commission on Accreditation	●	●
American Society for Microbiology American College of Microbiology	—	*
American Society of Landscape Architects Landscape Architectural Accreditation Board	●	*
American Speech-Language-Hearing Association Council on Academic Accreditation in Audiology and Speech-Language Pathology	●	●
American Veterinary Medical Association Council on Education	●	●
Association for Clinical Pastoral Education, Inc., Accreditation Commission	—	●
Association of Technology, Management, and Applied Engineering	●	*

Recognized Accrediting Organizations (continued)

ACCREDITOR	CHEA Recognition Status	USDE Recognition Status
Aviation Accreditation Board International	•	—
Commission on Accreditation for Health Informatics and Information Management Education	•	—
Commission on Accreditation for Respiratory Care	•	—
Commission on Accreditation of Allied Health Education Programs	•	*
Commission on Accreditation of Healthcare Management Education	•	•
Commission on Collegiate Nursing Education	*	•
Commission on English Language Program Accreditation	—	•
Commission on Massage Therapy Accreditation	—	•
Commission on Opticianry Accreditation	•	*
Council for Accreditation of Counseling and Related Educational Programs	•	—
Council for Interior Design Accreditation	•	*
Council on Accreditation of Nurse Anesthesia Educational Programs	•	•
Council on Chiropractic Education	•	•
Council on Education for Public Health	—	•
Council on Naturopathic Medical Education	—	•
Council on Rehabilitation Education Commission on Standards and Accreditation	•	*
Council on Social Work Education Office of Social Work Accreditation	•	*
International Assembly for Collegiate Business Education	•	—
International Fire Service Accreditation Congress Degree Assembly	•	—
Joint Review Committee on Education Programs in Radiologic Technology	•	•
Joint Review Committee on Educational Programs in Nuclear Medicine Technology	•	*
Liaison Committee on Medical Education	—	•
Midwifery Education Accreditation Council	—	•
Montessori Accreditation Council for Teacher Education	—	•
National Accrediting Agency for Clinical Laboratory Sciences	•	*
National Architectural Accrediting Board, Inc.	—	*
National Association of Nurse Practitioners in Women's Health Council on Accreditation	—	*
National Association of Schools of Art and Design Commission on Accreditation	*	•
National Association of Schools of Dance Commission on Accreditation	*	•
National Association of Schools of Music Commission on Accreditation and Commission on Community/Junior College Accreditation	*	•
National Association of Schools of Theatre Commission on Accreditation	*	•
National Council for Accreditation of Teacher Education	•	•
National Environmental Health Science and Protection Accreditation Council	—	*
National Recreation and Park Association Council on Accreditation of Parks, Recreation, Tourism, and Related Professions	•	—

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Recognized Accrediting Organizations (continued)

ACCREDITOR	CHEA Recognition Status	USDE Recognition Status
Network of Schools of Public Policy, Affairs, and Administration Commission on Peer Review and Accreditation	•	—
Planning Accreditation Board	•	—
Psychological Clinical Sciences Accrediting System	•	—
Society of American Foresters	•	*
Teacher Education Accreditation Council Accreditation Committee	•	•
United States Conference of Catholic Bishops Commission on Certification and Accreditation	—	*

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Exhibit C

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American Heart Association | American Stroke Association

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7272 Greenville Avenue Dallas, Texas 75231-4596 Tel 214.373.6300
americanheart.org

June 22, 2007

Mr. Bill Clendenen
MEDIC FIRST AID International, Inc.
PO Box 21738
1450 Westec Dr.
Eugene, Oregon 97402

Dear Bill,

Sorry about the delay in responding to your May 15th, 2007 letter to me. It's great to hear that health clubs will require at least one staff member to complete a CPR and defibrillator course. Our policy, however, precludes us from reviewing outside material, as we do not have the resources nor are we in a position to sanction non-AHA material.

My recommendation is that you move forward with this letter to the appropriate regulatory body that states your training courses have been developed to comply with the American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care.

Please let me know if I can answer any further questions. Thank you.

Sincerely,

Michael C. Bell
VP of ECC Operations

MCB/jb

Enclosure

Join the
NEXT
GENERATION
of Red Cross Training

American Red Cross

Instructions for Completing the Quick Start First Aid/CPR/AED Instructor Training

Thank you for joining the American Red Cross. You will join over 200,000 dedicated instructors who help others to prevent, prepare for and respond to emergencies.

To participate in the Quick Start First Aid/CPR/AED Instructor Training, participants must be currently certified as an instructor from one of the following organizations:

- Canadian Red Cross
- American Heart Association
- National Safety Council
- American Safety and Health Institute
- Emergency Care and Safety Institute
- Medic First Aid

Note: The local American Red Cross chapter will verify your instructor certification.

Complete these steps:

1. Successfully complete the orientation to the American Red Cross.
   - Be sure to review the 4 modules including History, Foundations, Key Services and Our Commitments
2. Obtain Course Materials
   - You have a choice of downloading your course materials free of charge or purchasing them in a durable print format at an affordable price – simply go to www.instructorscorner.org/FACPRAEDcandidates and select to view or purchase the materials. You will need copies of the following:
   - American Red Cross First Aid/CPR/AED Participant's Manual
   - American Red Cross Adult First Aid/CPR/AED Ready Reference Card
   - American Red Cross Pediatric First Aid/CPR/AEDC Ready Reference Card
   - American Red Cross First Aid/CPR/AED Instructor's Manual
3. Take the First Aid/CPR/AED Instructor and Instructor Online Update
   - On this page under the "Quick Start Instructor Candidates" section, click the "Quick Start First Aid/CPR/AED Instructor Training" link.

Exhibit E

4. Complete the verification at the American Red Cross Learning Center
   - Paste this URL into your browser: https://classes.redcross.org:443/Saba/Web/Main/goto/RegisterCatalog?offeringId=dowbt000000000006204&context=meorder&addtoorderkey=yes&orgId=00000
   - You will first be directed to create People Record. Remember you username and password that you create.
5. *Important:* Contact your local American Red Cross
   - Let the chapter know that you completed the Quick Start instructor training and that you completed the online verification. Provide your username to the chapter.
   - Your chapter will provide more information to you about Authorized Provider Agreements and local policies and procedures. This includes fees, record keeping and equipment/materials/supplies purchases and rental.
   - Your chapter will assign your instructor certification.

Organizations Represented on the National First Aid Science Advisory Board

Academy of Orthopaedic Surgeons
American Academy of Pediatrics
American Association of Poison Control Centers
American Burn Association
American College of Emergency Physicians
American College of Occupational and Environmental Medicine
American College of Surgeons
American Heart Association
Army Medical Command
The American Pediatric Surgical Association
American Red Cross
American Safety and Health Institute
Australian Resuscitation Council
Canadian Red Cross
International Association of Fire Chiefs
International Association of Fire Fighters
Medic First Aid International
Military Training Network
National Association of EMS Educators
National Association of EMS Physicians
National Association of EMTs
National Safety Council
Occupational Safety and Health Administration
Save a Life Foundation

variables prevent extrapolation of the results of any of the reviewed studies to first aid applications.

Treatment Recommendation
There is insufficient evidence to recommend for or against the use of oxygen by the first aid provider.

Assistance With Use of Inhalers[W253]

Consensus on Science
Severe asthma and deaths from asthma are increasing,[1] so it is likely that first aid responders will be asked to help victims with respiratory distress caused by asthma. Patients with asthma often use prescribed bronchodilator inhalers, but the reviewers found no studies evaluating the efficacy of first aid providers assisting patients in the use of these inhalers for breathing difficulty. Nonrandomized studies documented the ability of adults to appropriately self-administer bronchodilator medications (LOE 4)[2–4] and the ability of parents to correctly administer metered-dose inhalers to their children (LOE 4).[5] An important difference in the first aid situation, however, is that the first aid provider may not know the victim, the victim's medical history, or what medications the victim takes. Thus the studies regarding parents constitute LOE 7 (extrapolated) information applied to first aid.

Treatment Recommendation
Because the frequency and mortality from severe asthma is increasing[1] and bronchodilator therapy is safe and can be effective during episodes of severe asthma, the first aid rescuer should assist with administration of bronchodilator therapy.

Epinephrine Autoinjector[W199,W252]

Consensus on Science
A severe allergic reaction (anaphylaxis) can cause life-threatening airway edema and obstruction, vasodilation, and cardiovascular collapse. Although administration of epinephrine is a cornerstone of emergency management of severe allergic reactions, the reviewers found no studies of the safety, efficacy, or feasibility of first aid providers assisting with administration of epinephrine autoinjectors. Many adults and children with a history of anaphylaxis carry a prescribed epinephrine autoinjector.

Evidence from one small retrospective study (LOE 7)[6] reported that parents who administer epinephrine to their children via an autoinjector can do so safely and effectively. Evidence from other studies (LOE 7)[7–9] highlighted the need for additional education and retraining of parents and healthcare providers in the use of epinephrine autoinjectors.

Treatment Recommendation
Given the widespread use of epinephrine autoinjectors and their documented efficacy in the rapid delivery of epinephrine,[10] first aid providers may be trained to assist in the use of an epinephrine autoinjector for a victim of anaphylaxis when the victim has a prescribed autoinjector and the victim is unable to use it.

Recovery Position[W146A,W146B,W155,W274]

Consensus on Science
Although the recovery position is widely used in healthcare settings, the reviewers found no studies evaluating the safety, effectiveness, or feasibility of this position in unresponsive, breathing victims in the out-of-hospital setting. All identified studies of specific recovery positions used healthy, responsive adult volunteers (LOE 3–5), so results are at best extrapolated (LOE 7) to unresponsive victims.

Any recovery position used for the patient with known or suspected spinal injury should maintain a patent airway, stabilize the spine, and minimize movement of the victim. Two human prospective cohort studies in healthy adult volunteers (extrapolated from LOE 3)[11,12] suggest that the modified HAINES position results in more neutral position of the cervical spine than the traditional lateral recovery position. HAINES is an acronym for **H**igh **A**rm **IN** **E**ndangered **S**pine: the rescuer extends the victim's arm above the head and rolls the victim to the side, onto that arm, and then bends the victim's knees. The subjects in these studies were responsive (with presumably normal muscle tone), however, and had no head, neck, or cervical spine injury. In addition, the study of the HAINES position did not include study of the movement of patients to that position.

The recovery position was also reviewed by the Basic Life Support Task Force. For additional information see Part 2: "Adult Basic Life Support" and the associated worksheets.[W146A,W146B,W155]

Treatment Recommendation
The use of the recovery position with the victim lying on his or her side with the dependent hand placed in front of the

Exhibit F

Table. International First Aid Science Advisory Board Member Organizations

American Academy of Pediatrics
American Burn Association
American College of Emergency Physicians
American College of Occupational and Environmental Medicine
American College of Surgeons
American Heart Association
American Pediatric Surgical Association
American Red Cross
American Red Cross Advisory Council on First Aid, Aquatics, Safety and Preparedness (ACFASP)
American Safety & Health Institute (ASHI)
Austrian Red Cross
Canadian Red Cross
Divers Alert Network
European Reference Center on First Aid Education
Egyptian Red Crescent
French Red Cross
Grenada Red Cross
Hong Kong Red Cross
Hungarian Red Cross
International Federation of Red Cross and Red Crescent Societies
Medic First Aid International
National Association of EMS Educators
National Association of EMS Physicians
National Athletic Trainers' Association
National Safety Council
Norwegian Red Cross
Occupational Safety and Health Administration
Red Cross Society of China
Resuscitation Council of Asia
St. John Ambulance, UK

Previous reports[5–8] have noted the paucity of scientific evidence supporting many interventions in prehospital emergency care. In reviewing the medical literature, members of the International First Aid Science Advisory Board once again found a paucity of evidence to guide first aid interventions. Very little research is being conducted in first aid, and many of the following recommendations are extrapolated from the experience of healthcare professionals. It is important to recognize the limitations of the evidence that supports many of these guidelines so that research can be undertaken and future guidelines can be based on a larger body of scientific evidence.

Definition of First Aid

We define first aid as the assessments and interventions that can be performed by a bystander (or by the victim) with minimal or no medical equipment. A first aid provider is defined as someone with formal training in first aid, emergency care, or medicine who provides first aid. First aid assessments and interventions should be medically sound and based on scientific evidence or, in the absence of such evidence, on expert consensus. Administration of first aid must not delay activation of the emergency medical services (EMS) system or other medical assistance when required. We strongly believe that education in first aid should be universal: everyone can learn first aid and everyone should.

The scope of first aid is not purely scientific; it is influenced by both training and regulatory issues. The definition of scope is therefore variable, and should be defined according to circumstances, need, and regulatory requirements.

Calling for Help

A first aid provider must be able to recognize when help is needed and how to get it. First aid providers should learn how and when to access the EMS system, how to activate the on-site emergency response plan (ERP), and how to contact the Poison Control Center (see "Poison Emergencies" below).

Positioning the Victim

As a general rule a victim should not be moved, especially if you suspect, from the victim's position or the nature of the injury, that the victim may have a spinal injury (see "Spine Stabilization" below). There are times, however, when the victim should be moved:

- If the area is unsafe for the rescuer or the victim, move the victim to a safe location if it is safe to do so.
- If the victim is face down and is unresponsive, turn the victim face up.
- If the victim has difficulty breathing because of copious secretions or vomiting, or if you are alone and have to leave an unresponsive victim to get help, place the victim in a modified **H**igh **A**rm **IN E**ndangered **S**pine (HAINES) recovery position:[9,10] Extend one of the victim's arms above the head and roll the body to the side so the victim's head rests on the extended arm. Bend both legs to stabilize the victim (Class IIb, LOE C).
- If a victim shows evidence of shock, have the victim lie supine. If there is no evidence of trauma or injury, raise the feet about 6 to 12 inches (about 30° to 45°) (Class IIb, LOE C). Do not raise the feet if the movement or the position causes the victim any pain.

The evidence for a benefit to raising the feet is extrapolated from leg raising studies on volume expansion; there are no studies on the effect of leg raising as a first aid maneuver for shock. The results of the volume expansion studies are contradictory with some showing an increase in cardiac output,[11–13] while others show no change in cardiac output or mean arterial pressure[14–18] with leg raising.

Oxygen

There is insufficient evidence to recommend routine use of supplementary oxygen by a first aid provider for victims complaining of chest discomfort[19,20] or shortness of breath[21]

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Exhibit F

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June 3, 2013

Scottie Ford, Coordinator
Office of Professional Preparation
West Virginia Department of Education
Capitol Building 6, Room 252
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305-0330
RE: Proposed Rule Comments

Dear Ms. Ford:

The purpose of this letter is to express opposition to the proposed amendments to West Virginia State Board of Education ("Board") Policy 5202 and to formally request addition of the following industry recognized instructor and provider credentials for satisfying its requirements - or provide good reason for denial. We strongly prefer a non-adversarial approach.

Proposed Rule

1. **126CSR136 Minimum Requirements for the Licensure of Professional/Paraprofessional Personnel and Advanced Salary Classifications (5202) Appendix C.**
    a. Prescribes the American Red Cross and American Heart Association®, Inc. as the only acceptable "Industry Credentialing Organizations" for "Cardiopulmonary Resuscitation Instructor Certification and First Aid" and "Valid Cardiopulmonary Resuscitation (CPR) and First aid Cards" in 7185 Social Services Occupation, 7317 Early Childhood Education, 7710 Criminal Justice, 0227 Parks and Recreation Management, 7627 Direct Support Professional, 7626 Personal Fitness and Wellness Training, and 7714 Prevention Support Specialist.

Amendment Requested

1. Add the American Safety and Health Institute and MEDIC First Aid as an "Industry Credentialing Organization" to Appendix C in the occupational categories noted in proposed rule 1, (above); or alternatively,

2. Add the phrase "or other eligible nationally recognized training program" to Appendix C in the occupational categories noted in proposed rule 1. (above), as it it appears elsewhere (e.g. 7060 Industrial Fire Management) and recognize the American Safety and Health Institute and MEDIC First Aid as eligible nationally recognized training programs by footnote or other readily identifiable means.

Analysis

1. As a profit-making, non-tax paying entities, and the dominant competitors in the first and CPR training business, the American Heart Association®, Inc., ("AHA") and the American Red Cross ("ARC") and their approved training centers, affiliated instructors, and authorized providers have a vested economic interest in CPR and first aid training, particularly where required for occupational licensing.
2. Though corporate structures differ (HSI is a tax-paying corporation), the profit-making business units of HSI, the AHA and ARC are similar (**EXHIBIT A**).
    a. Each organization develops and markets commercially available, proprietary training programs, products, and services to Training Centers and Authorized Providers, either directly or via distributors.
    b. The fee-for-service business structures of Training Centers and Authorized Providers include sole proprietorships, partnerships, corporations, LLCs, and non-profits.
    c. Instructors affiliated with Training Centers are authorized to certify course participants. Certification requires performance and evaluation of hands-on skills and where required, written testing to verify competency.
3. Neither the AHA nor the ARC is a Recognized Accrediting Organization (**EXHIBIT B**).
4. Neither the AHA nor the ARC is a recognized regulatory standards developing organization **(EXHIBIT C).**
5. The AHA has previously established that it does not review or sanction the CPR training programs or materials of other organizations. It directs such approval to appropriate regulatory authorities (**EXHIBIT D**).
6. The ARC accepts ASHI and MEDIC First Aid authorized instructors for reciprocity in the same manner as instructors from the AHA and others (**EXHIBIT E**).

7. Nothing in West Virginia Code (Chapter 18. Education) requires the Board to prescribe the proprietary, private sector CPR and First Aid training curriculum, products, and services of the AHA or ARC.
8. Promulgation and enforcement of the Board's proposed rule prevents competition on equal and fair terms by:
    a. Providing unjust advantage to AHA and ARC Training Centers and Authorized Providers.
    b. Unreasonably limiting choice in CPR and first aid training program price, selection, and service.
    c. Preventing the use of the ASHI and MEDIC First Aid training programs as a fair alternative or substantially equivalent means of compliance.
9. Fiscal implications of promulgating and enforcing the Board's proposed rule include costs related to:
    a. Direct or indirect penalties on licensees who possess and present valid certification in CPR and first aid by qualified entities other than the AHA or ARC, including ASHI and MEDIC First Aid.
    b. Loss of business by ASHI Training Centers and MEDIC First Aid Training Centers and loss of jobs for ASHI instructors and MEDIC First Aid Instructors in an economy when such losses can least be afforded.
    c. Administrative litigation filed by qualified entities unfairly excluded by the rule.
    d. Addressing complaints filed with the Federal Trade Commission, Bureau of Competition challenging the Board's restrictions on competition under the Federal Trade Commission Act (15 U.S.C. §§ 41-58, as amended).

Relevant Facts

1. The Health and Safety Institute (HSI) is a large privately held emergency care and response training organization, joining together the training programs of the American Safety and Health Institute (ASHI), MEDIC First Aid, 24-7 EMS, 24-7 Fire, EMP Canada, and Summit Training Source.
2. An ASHI and MEDIC First Aid representative participated in the *International Committee on Resuscitation 2005 and 2010 International Conference on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations*, hosted by the AHA.

3. An ASHI and MEDIC First Aid representative was a volunteer member of the AHA and American Red Cross 2005 *National* and 2010 *International First Aid Science Advisory Board* and were contributors to the 2005 and 2010 *Consensus on First Aid Science and Treatment Recommendations* **(EXHIBIT F).**
4. ASHI and MEDIC First Aid training programs conform to the ILCOR 2010 Consensus on Science, the 2010 American Heart Association (AHA) *Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science*, and the 2010 AHA and ARC *Guidelines for First Aid.*
5. Like the AHA, HSI is a nationally accredited organization of the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) ((**EXHIBIT G**)). CECBEMS is the national accrediting body for Emergency Medical Services (EMS) continuing education courses and course providers.
6. ASHI and MEDIC First Aid training programs conform to the recommendations of the Federal Occupational Safety and Health Administration (OSHA) *Best Practices Guide: Fundamentals of a Workplace First-Aid Program*
7. Since 2003, the ASHI *CPR Pro for the Professional Rescuer* program has been approved by the West Virginia Department of Health and Human Resources, Office of Emergency Medical Services (**EXHIBIT H**).
8. ASHI and MEDIC First Aid training programs are approved by the Department of Homeland Security, United States Coast Guard as meeting or exceeding the standards of the ARC (**EXHIBIT I**).
9. As an evidence-based program, the ASHI BLS program meets the standards of the Joint Commission (**EXHIBIT J**), is accepted as equivalent to the AHA by the Commission on Accreditation of Medical Transport Systems (**EXHIBIT K**) and the American Academy of Sleep Medicine (**EXHIBIT L**), and is approved by the United States Coast Guard Health Services Program (**EXHIBIT M**).
10. Nearly 2000 state and federal government agencies currently use ASHI and MEDIC First Aid training programs to train their employees, including the United States Coast Guard, Veterans Administration, Department of Agriculture, Air Force, Army Corps of Engineers, Army National Guard, Marshals Service, Administration Office of the U.S. Courts, Forest Service, Bureau of Alcohol, Tobacco, Firearms and Explosives, Bureau of Land Management, Customs and Border Protection, and the Internal Revenue Service.
11. On whole, ASHI and MEDIC First Aid training programs are currently endorsed, accepted, approved, or recognized as an industry credential meeting the requirements of more than 2900

state and provincial regulatory agencies, occupational licensing boards, national associations, commissions, and councils.

12. HSI is a member of the American National Standards Institute (ANSI) and ASTM International (ASTM) – both globally recognized leaders in the development and delivery of international voluntary consensus standards.
13. HSI is a member of the Council on Licensure, Enforcement and Regulation (CLEAR), the premiere international resource for professional regulation stakeholders.

Conclusion

The Board's proposed rule unfairly prescribes the private sector commercial products of the AHA and ARC. In so doing, it promotes unfair and discriminatory practices that prevent or substantially lessen fair and honest competition without a countervailing rationale sufficient to justify its harmful effects. The facts and evidence presented demonstrate that HSI and its ASHI and MEDIC First Aid training programs have been accepted, approved, or found equivalent to the training programs, products, and services of the AHA or ARC. The Board has the authority to amend its rules and regulations (Policy 1242). We request that the Board permit use of ASHI and MEDIC First Aid training programs for satisfying its Minimum Requirements for the Licensure of Professional/Paraprofessional Personnel and Advanced Salary Classifications.

We value, believe in, and promote successful completion of a legitimate CPR and first aid course as an important component in protecting safety and health. We value, believe in, and promote free and fair competition that does not adversely affect health and safety. We look forward to helping the Division protect the health and safety of the citizens of West Virginia.

Respectfully,

Steve Barnett

Digitally signed by Steve Barnett
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Date: 2013.06.03 14:08:44 -07'00'

Steve Barnett, MBA

Vice President, Strategic Compliance

Health and Safety Institute

Cc:

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Bill Clendenen, MBA, Chief Executive Officer, Health and Safety Institute

Jeff Jackson, MBA, President, Health and Safety Institute

Ralph Shenefelt, Senior Vice President, Strategic Partnerships, Health and Safety Institute

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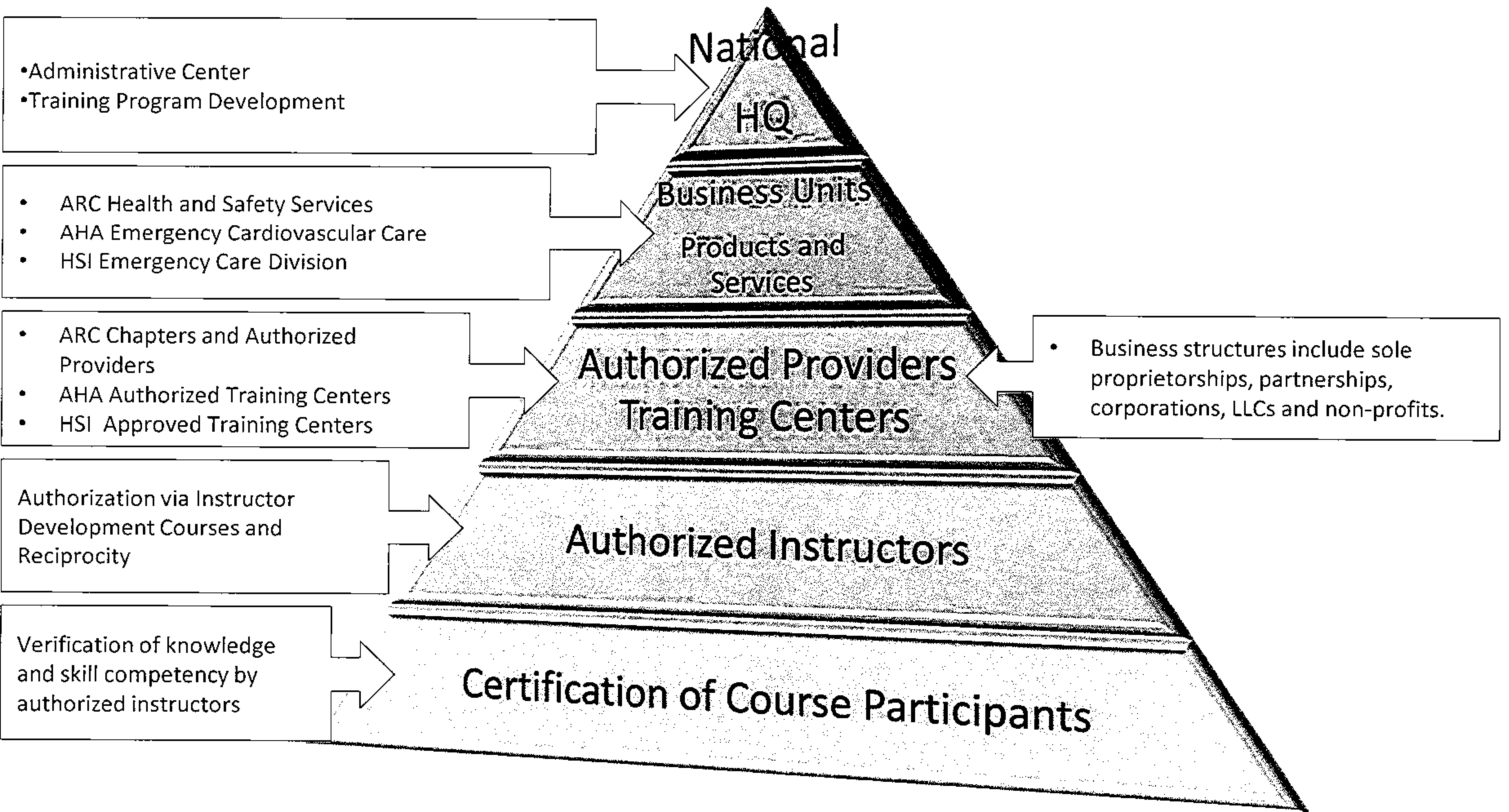
Kristal Langner, Regulatory Approval Specialist, Health and Safety Institute

Enclosures: Exhibits A-M



Organizational Structure

Exhibit A

Recognized Accrediting Organizations

(as of May 2013)

This chart lists regional, national faith-related, national career-related and programmatic accreditors that are or have been recognized by the Council for Higher Education Accreditation (CHEA) or the U.S. Department of Education (USDE) or both. Organizations identified by (•) are recognized; (–) indicates those not currently recognized. An asterisk (*) identifies accrediting organizations that were formerly recognized.

CHEA-recognized organizations must meet CHEA eligibility standards (http://www.chea.org/pdf/Recognition_Policy-June_28_2010-FINAL.pdf). Accreditors exercise independent judgment about whether to seek CHEA recognition. For USDE recognition, accreditation from the organization is used by an institution or program to establish eligibility to participate in federal student aid or other federal programs (www.ed.gov/about/offices/list/ope/index.html). Some accreditors cannot be considered for USDE recognition because they do not provide access to federal funds. Other accreditors have chosen not to pursue USDE recognition.

Because CHEA affiliation and USDE recognition depend on a range of factors, readers are strongly cautioned against making judgments about the quality of an accrediting organization and its institutions and programs based solely on CHEA or USDE status. Additional inquiry is essential. If you have questions about the CHEA or USDE recognition status of an accreditor, please contact the accrediting organization.

This chart is updated when the CHEA Board of Directors recognizes or withdraws recognition of an accrediting organization and when the United States Secretary of Education recognizes or withdraws recognition of an accrediting organization. Please visit the CHEA website at: www.chea.org

ACCREDITOR	CHEA Recognition Status	USDE Recognition Status
REGIONAL ACCREDITING ORGANIZATIONS		
Middle States Association of Colleges and Schools Middle States Commission on Higher Education	•	•
New England Association of Schools and Colleges Commission on Institutions of Higher Education	•	•
New England Association of Schools and Colleges Commission on Technical and Career Institutions	*	*
North Central Association of Colleges and Schools The Higher Learning Commission	•	•
Northwest Commission on Colleges and Universities	*	•
Southern Association of Colleges and Schools Commission on Colleges	•	•
Western Association of Schools and Colleges Accrediting Commission for Community and Junior Colleges	•	•
Western Association of Schools and Colleges Accrediting Commission for Senior Colleges and Universities	•	•
NATIONAL FAITH-RELATED ACCREDITING ORGANIZATIONS		
Association for Biblical Higher Education Commission on Accreditation	•	•
Association of Advanced Rabbinical and Talmudic Schools Accreditation Commission	•	•
The Association of Theological Schools in the United States and Canada Commission on Accrediting	•	•
Transnational Association of Christian Colleges and Schools Accreditation Commission	•	•
NATIONAL CAREER-RELATED ACCREDITING ORGANIZATIONS		
Accrediting Bureau of Health Education Schools	–	•
Accrediting Commission of Career Schools and Colleges	–	•
Accrediting Council for Continuing Education and Training	–	•
Accrediting Council for Independent Colleges and Schools	•	•
Council on Occupational Education	–	•
Distance Education and Training Council Accrediting Commission	•	•
National Accrediting Commission of Career Arts and Sciences, Inc.	–	•

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Recognized Accrediting Organizations (continued)

ACCREDITOR	CHEA Recognition Status	USDE Recognition Status
PROGRAMMATIC ACCREDITING ORGANIZATIONS		
AACSB International–The Association to Advance Collegiate Schools of Business	•	*
ABET	•	*
Accreditation Commission for Acupuncture and Oriental Medicine	—	•
Accreditation Commission for Audiology Education	•	—
Accreditation Commission for Education in Nursing (formerly National League for Nursing Accrediting Commission, Inc.)	•	•
Accreditation Commission for Midwifery Education	—	•
Accreditation Council for Business Schools and Programs	•	*
Accreditation Council for Pharmacy Education	•	•
Accreditation Review Commission on Education for the Physician Assistant, Inc.	•	—
Accrediting Council on Education in Journalism and Mass Communications	•	*
American Academy of Forensic Sciences Forensic Science Education Programs Accreditation Commission	•	—
American Academy for Liberal Education	—	*
American Association for Marriage and Family Therapy Commission on Accreditation for Marriage and Family Therapy Education	•	*
American Association of Family and Consumer Sciences Council for Accreditation	•	—
American Bar Association Council of the Section of Legal Education and Admissions to the Bar	—	•
American Board of Funeral Service Education Committee on Accreditation	•	•
American Council for Construction Education	•	*
American Culinary Federation Education Foundation Accrediting Commission	•	*
American Dental Association Commission on Dental Accreditation	—	•
American Dietetic Association Accreditation Council for Education in Nutrition and Dietetics / Academy of Nutrition and Dietetics	*	•
American Library Association Committee on Accreditation	•	*
American Occupational Therapy Association Accreditation Council for Occupational Therapy Education	•	•
American Optometric Association Accreditation Council on Optometric Education	•	•
American Osteopathic Association Commission on Osteopathic College Accreditation	*	•
American Physical Therapy Association Commission on Accreditation in Physical Therapy Education	•	•
American Podiatric Medical Association Council on Podiatric Medical Education	•	•
American Psychological Association Commission on Accreditation	•	•
American Society for Microbiology American College of Microbiology	—	*
American Society of Landscape Architects Landscape Architectural Accreditation Board	•	*
American Speech-Language-Hearing Association Council on Academic Accreditation in Audiology and Speech-Language Pathology	•	•
American Veterinary Medical Association Council on Education	•	•
Association for Clinical Pastoral Education, Inc., Accreditation Commission	—	•
Association of Technology, Management, and Applied Engineering	•	*

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Recognized Accrediting Organizations (continued)

ACCREDITOR	CHEA Recognition Status	USDE Recognition Status
Aviation Accreditation Board International	●	—
Commission on Accreditation for Health Informatics and Information Management Education	●	—
Commission on Accreditation for Respiratory Care	●	—
Commission on Accreditation of Allied Health Education Programs	●	*
Commission on Accreditation of Healthcare Management Education	●	●
Commission on Collegiate Nursing Education	*	●
Commission on English Language Program Accreditation	—	●
Commission on Massage Therapy Accreditation	—	●
Commission on Opticianry Accreditation	●	*
Council for Accreditation of Counseling and Related Educational Programs	●	—
Council for Interior Design Accreditation	●	*
Council on Accreditation of Nurse Anesthesia Educational Programs	●	●
Council on Chiropractic Education	●	●
Council on Education for Public Health	—	●
Council on Naturopathic Medical Education	—	●
Council on Rehabilitation Education Commission on Standards and Accreditation	●	*
Council on Social Work Education Office of Social Work Accreditation	●	*
International Assembly for Collegiate Business Education	●	—
International Fire Service Accreditation Congress Degree Assembly	●	—
Joint Review Committee on Education Programs in Radiologic Technology	●	●
Joint Review Committee on Educational Programs in Nuclear Medicine Technology	●	*
Liaison Committee on Medical Education	—	●
Midwifery Education Accreditation Council	—	●
Montessori Accreditation Council for Teacher Education	—	●
National Accrediting Agency for Clinical Laboratory Sciences	●	*
National Architectural Accrediting Board, Inc.	—	*
National Association of Nurse Practitioners in Women's Health Council on Accreditation	—	*
National Association of Schools of Art and Design Commission on Accreditation	*	●
National Association of Schools of Dance Commission on Accreditation	*	●
National Association of Schools of Music Commission on Accreditation and Commission on Community/Junior College Accreditation	*	●
National Association of Schools of Theatre Commission on Accreditation	*	●
National Council for Accreditation of Teacher Education	●	●
National Environmental Health Science and Protection Accreditation Council	—	*
National Recreation and Park Association Council on Accreditation of Parks, Recreation, Tourism, and Related Professions	●	—

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Recognized Accrediting Organizations (continued)

ACCREDITOR	CHEA Recognition Status	USDE Recognition Status
Network of Schools of Public Policy, Affairs, and Administration Commission on Peer Review and Accreditation	•	—
Planning Accreditation Board	•	—
Psychological Clinical Sciences Accrediting System	•	—
Society of American Foresters	•	*
Teacher Education Accreditation Council Accreditation Committee	•	•
United States Conference of Catholic Bishops Commission on Certification and Accreditation	—	*

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Record Count: 0 New Search Export to Excel Printer Friendly

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Exhibit C

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President
Raymond J. Gibbons, MD, FAHA

Chairman-Elect
Gary L. Ellis

President-Elect
Daniel W. Jones, MD, FAHA

Immediate Past Chairman of the Board
Robert L. Carson, Esq.

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Hon. John Edward Porter, Esq
William H. Roach Jr., Esq
Ralph L. Sacco, MD, FAHA
David A. Spina
Janet Spradlin, PhD, ABPP
Craig Tall

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M. Cass Wheeler

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Nancy A. Brown

Chief Operating Officer Field Operations
Gordon L. McCullough

Chief Science Officer
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Sunder D. Joshi

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Meighan Girgus

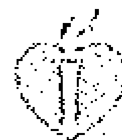
Executive Vice President Communications
Robyn Lee Landry, APR

Executive Vice President Corporate Secretary & General Counsel
David Wm. Livingston, Esq.

Executive Vice President Advocacy
Mark A. Schoeberl

Executive Vice President Development
Suzie Upton

Executive Vice President Technology & Customer Strategies
Michael Wilson



American Heart Association | American Stroke Association

Learn and Live.

National Center
7272 Greenville Avenue Dallas, Texas 75231-4596 Tel 214.373.6300
americanheart.org

June 22, 2007

Mr. Bill Clendenen
MEDIC FIRST AID International, Inc.
PO Box 21738
1450 Westec Dr.
Eugene, Oregon 97402

Dear Bill,

Sorry about the delay in responding to your May 15th, 2007 letter to me. It's great to hear that health clubs will require at least one staff member to complete a CPR and defibrillator course. Our policy, however, precludes us from reviewing outside material, as we do not have the resources nor are we in a position to sanction non-AHA material.

My recommendation is that you move forward with this letter to the appropriate regulatory body that states your training courses have been developed to comply with the American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care.

Please let me know if I can answer any further questions. Thank you.

Sincerely,

Michael C. Bell
VP of ECC Operations

MCB/jb

Enclosure

Join the
NEXT
GENERATION
of Red Cross Training

American Red Cross

Instructions for Completing the Quick Start First Aid/CPR/AED Instructor Training

Thank you for joining the American Red Cross. You will join over 200,000 dedicated instructors who help others to prevent, prepare for and respond to emergencies.

To participate in the Quick Start First Aid/CPR/AED Instructor Training, participants must be currently certified as an instructor from one of the following organizations:

- Canadian Red Cross
- American Heart Association
- National Safety Council
- American Safety and Health Institute
- Emergency Care and Safety Institute
- Medic First Aid

Note: The local American Red Cross chapter will verify your instructor certification.

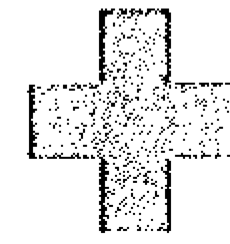
Complete these steps:

1. Successfully complete the orientation to the American Red Cross.
   - Be sure to review the 4 modules including History, Foundations, Key Services and Our Commitments

2. Obtain Course Materials
   - You have a choice of downloading your course materials free of charge or purchasing them in a durable print format at an affordable price – simply go to www.instructorscorner.org/FACPRAEDcandidates and select to view or purchase the materials. You will need copies of the following:
   - American Red Cross First Aid/CPR/AED Participant's Manual
   - American Red Cross Adult First Aid/CPR/AED Ready Reference Card
   - American Red Cross Pediatric First Aid/CPR/AEDC Ready Reference Card
   - American Red Cross First Aid/CPR/AED Instructor's Manual

3. Take the First Aid/CPR/AED Instructor and Instructor Online Update
   - On this page under the "Quick Start Instructor Candidates" section, click the "Quick Start First Aid/CPR/AED Instructor Training" link.

Exhibit E



4. Complete the verification at the American Red Cross Learning Center
   - Paste this URL into your browser:
   https://classes.redcross.org:443/Saba/Web/Main/goto/RegisterCatalog?offeringId=dowbt000000000006204&context=meorder&addtoorderkey=yes&orgId=00000
   - You will first be directed to create People Record. Remember you username and password that you create.
5. *Important:* Contact your local American Red Cross
   - Let the chapter know that you completed the Quick Start instructor training and that you completed the online verification. Provide your username to the chapter.
   - Your chapter will provide more information to you about Authorized Provider Agreements and local policies and procedures. This includes fees, record keeping and equipment/materials/supplies purchases and rental.
   - Your chapter will assign your instructor certification.

Organizations Represented on the National First Aid Science Advisory Board

Academy of Orthopaedic Surgeons
American Academy of Pediatrics
American Association of Poison Control Centers
American Burn Association
American College of Emergency Physicians
American College of Occupational and Environmental Medicine
American College of Surgeons
American Heart Association
Army Medical Command
The American Pediatric Surgical Association
American Red Cross
American Safety and Health Institute
Australian Resuscitation Council
Canadian Red Cross
International Association of Fire Chiefs
International Association of Fire Fighters
Medic First Aid International
Military Training Network
National Association of EMS Educators
National Association of EMS Physicians
National Association of EMTs
National Safety Council
Occupational Safety and Health Administration
Save a Life Foundation

variables prevent extrapolation of the results of any of the reviewed studies to first aid applications.

Treatment Recommendation
There is insufficient evidence to recommend for or against the use of oxygen by the first aid provider.

Assistance With Use of Inhalers[W253]

Consensus on Science
Severe asthma and deaths from asthma are increasing,[1] so it is likely that first aid responders will be asked to help victims with respiratory distress caused by asthma. Patients with asthma often use prescribed bronchodilator inhalers, but the reviewers found no studies evaluating the efficacy of first aid providers assisting patients in the use of these inhalers for breathing difficulty. Nonrandomized studies documented the ability of adults to appropriately self-administer bronchodilator medications (LOE 4)[2–4] and the ability of parents to correctly administer metered-dose inhalers to their children (LOE 4).[5] An important difference in the first aid situation, however, is that the first aid provider may not know the victim, the victim's medical history, or what medications the victim takes. Thus the studies regarding parents constitute LOE 7 (extrapolated) information applied to first aid.

Treatment Recommendation
Because the frequency and mortality from severe asthma is increasing[1] and bronchodilator therapy is safe and can be effective during episodes of severe asthma, the first aid rescuer should assist with administration of bronchodilator therapy.

Epinephrine Autoinjector[W199,W252]

Consensus on Science
A severe allergic reaction (anaphylaxis) can cause life-threatening airway edema and obstruction, vasodilation, and cardiovascular collapse. Although administration of epinephrine is a cornerstone of emergency management of severe allergic reactions, the reviewers found no studies of the safety, efficacy, or feasibility of first aid providers assisting with administration of epinephrine autoinjectors. Many adults and children with a history of anaphylaxis carry a prescribed epinephrine autoinjector.

Evidence from one small retrospective study (LOE 7)[6] reported that parents who administer epinephrine to their children via an autoinjector can do so safely and effectively. Evidence from other studies (LOE 7)[7–9] highlighted the need for additional education and retraining of parents and healthcare providers in the use of epinephrine autoinjectors.

Treatment Recommendation
Given the widespread use of epinephrine autoinjectors and their documented efficacy in the rapid delivery of epinephrine,[10] first aid providers may be trained to assist in the use of an epinephrine autoinjector for a victim of anaphylaxis when the victim has a prescribed autoinjector and the victim is unable to use it.

Recovery Position[W146A,W146B,W155,W274]

Consensus on Science
Although the recovery position is widely used in healthcare settings, the reviewers found no studies evaluating the safety, effectiveness, or feasibility of this position in unresponsive, breathing victims in the out-of-hospital setting. All identified studies of specific recovery positions used healthy, responsive adult volunteers (LOE 3–5), so results are at best extrapolated (LOE 7) to unresponsive victims.

Any recovery position used for the patient with known or suspected spinal injury should maintain a patent airway, stabilize the spine, and minimize movement of the victim. Two human prospective cohort studies in healthy adult volunteers (extrapolated from LOE 3)[11,12] suggest that the modified HAINES position results in more neutral position of the cervical spine than the traditional lateral recovery position. HAINES is an acronym for **H**igh **A**rm **IN E**ndangered **S**pine: the rescuer extends the victim's arm above the head and rolls the victim to the side, onto that arm, and then bends the victim's knees. The subjects in these studies were responsive (with presumably normal muscle tone), however, and had no head, neck, or cervical spine injury. In addition, the study of the HAINES position did not include study of the movement of patients to that position.

The recovery position was also reviewed by the Basic Life Support Task Force. For additional information see Part 2: "Adult Basic Life Support" and the associated worksheets.[W146A,W146B,W155]

Treatment Recommendation
The use of the recovery position with the victim lying on his or her side with the dependent hand placed in front of the

Exhibit F

Table. International First Aid Science Advisory Board Member Organizations

American Academy of Pediatrics
American Burn Association
American College of Emergency Physicians
American College of Occupational and Environmental Medicine
American College of Surgeons
American Heart Association
American Pediatric Surgical Association
American Red Cross
American Red Cross Advisory Council on First Aid, Aquatics, Safety and Preparedness (ACFASP)
American Safety & Health Institute (ASHI)
Austrian Red Cross
Canadian Red Cross
Divers Alert Network
European Reference Center on First Aid Education
Egyptian Red Crescent
French Red Cross
Grenada Red Cross
Hong Kong Red Cross
Hungarian Red Cross
International Federation of Red Cross and Red Crescent Societies
Medic First Aid International
National Association of EMS Educators
National Association of EMS Physicians
National Athletic Trainers' Association
National Safety Council
Norwegian Red Cross
Occupational Safety and Health Administration
Red Cross Society of China
Resuscitation Council of Asia
St. John Ambulance, UK

Previous reports[5–8] have noted the paucity of scientific evidence supporting many interventions in prehospital emergency care. In reviewing the medical literature, members of the International First Aid Science Advisory Board once again found a paucity of evidence to guide first aid interventions. Very little research is being conducted in first aid, and many of the following recommendations are extrapolated from the experience of healthcare professionals. It is important to recognize the limitations of the evidence that supports many of these guidelines so that research can be undertaken and future guidelines can be based on a larger body of scientific evidence.

Definition of First Aid

We define first aid as the assessments and interventions that can be performed by a bystander (or by the victim) with minimal or no medical equipment. A first aid provider is defined as someone with formal training in first aid, emergency care, or medicine who provides first aid. First aid assessments and interventions should be medically sound and based on scientific evidence or, in the absence of such evidence, on expert consensus. Administration of first aid must not delay activation of the emergency medical services (EMS) system or other medical assistance when required. We strongly believe that education in first aid should be universal: everyone can learn first aid and everyone should.

The scope of first aid is not purely scientific; it is influenced by both training and regulatory issues. The definition of scope is therefore variable, and should be defined according to circumstances, need, and regulatory requirements.

Calling for Help

A first aid provider must be able to recognize when help is needed and how to get it. First aid providers should learn how and when to access the EMS system, how to activate the on-site emergency response plan (ERP), and how to contact the Poison Control Center (see "Poison Emergencies" below).

Positioning the Victim

As a general rule a victim should not be moved, especially if you suspect, from the victim's position or the nature of the injury, that the victim may have a spinal injury (see "Spine Stabilization" below). There are times, however, when the victim should be moved:

- If the area is unsafe for the rescuer or the victim, move the victim to a safe location if it is safe to do so.
- If the victim is face down and is unresponsive, turn the victim face up.
- If the victim has difficulty breathing because of copious secretions or vomiting, or if you are alone and have to leave an unresponsive victim to get help, place the victim in a modified **H**igh **A**rm **IN** **E**ndangered **S**pine (HAINES) recovery position:[9,10] Extend one of the victim's arms above the head and roll the body to the side so the victim's head rests on the extended arm. Bend both legs to stabilize the victim (Class IIb, LOE C).
- If a victim shows evidence of shock, have the victim lie supine. If there is no evidence of trauma or injury, raise the feet about 6 to 12 inches (about 30° to 45°) (Class IIb, LOE C). Do not raise the feet if the movement or the position causes the victim any pain.

The evidence for a benefit to raising the feet is extrapolated from leg raising studies on volume expansion; there are no studies on the effect of leg raising as a first aid maneuver for shock. The results of the volume expansion studies are contradictory with some showing an increase in cardiac output,[11–13] while others show no change in cardiac output or mean arterial pressure[14–18] with leg raising.

Oxygen

There is insufficient evidence to recommend routine use of supplementary oxygen by a first aid provider for victims complaining of chest discomfort[19,20] or shortness of breath[21]

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Exhibit F

NOV 1? 2010

12200 Ford Road
Suite 478
Dallas, Texas 75234
Phone 972.247.4442
Fax 214.432.0545
cecbems@cecbems.org

American College of Emergency Physicians

American College of Osteopathic Emergency Physicians

National Association of Emergency Medical Technicians

National Association of EMS Educators

National Association of EMS Physicians

National Association of State EMS Officials

National Registry of Emergency Medical Technicians

November 10, 2010

Nicole Printup
Health & Safety Institute/24-7EMS
1450 Westec Drive
Eugene, OR 97402

Email: nprintup@hsi.com

Dear Nicole;

CECBEMS is pleased to inform you that the Health & Safety Institute has been awarded approval as a CECBEMS accredited organization through February 2014. The provider number is **P247E1100**. Use this number to identify your organization on course completion reports, on course completion certificates and other correspondence with CECBEMS headquarters.

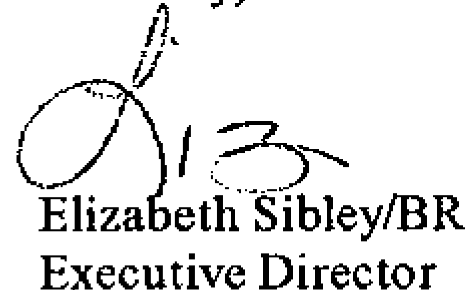
- **For assigning numbers to the activities accredited by the Health & Safety Institute, use the following format:**
- **Year the activity received its initial accreditation or its last comprehensive review (2 digits)**
- **Alpha abbreviation for organization (247E)**
- **Course format (F1 indicates a live, one-time event activity; F2, a live, multiple event activity; F3, a distributed learning activity)**
- **A four digit number for your internal tracking purposes**

For example, the number for an activity initially approved or receiving a comprehensive review in 2010 and that is a distributed learning (activity-code F3), would be **10-247E-F3-0001**. You must review and update each course *at least* every three years, When that review is complete, the course must be re-entered into the CECBEMS database with the new activity number which would begin with the first two digits reflecting the most recent year in which the course was reviewed. When you log into the *Providers Only* area, you will find a downloadable *Provider Manual Supplement* in the Course Management Tools box at the bottom of the screen. This Supplement gives complete instructions for entering courses in the CECBEMS Accreditation Management System.

Please check at www.cecbems.org for the most recent *Standards and Requirements for Organizational Accreditation* and http://cecbems.org/faqAnswers.aspx?RecID=56 for a downloadable version of the Accreditation Management System manual. Let me know if you have questions about these documents. You should also download the CECBEMS Distributed Learning Policy Statement, CECBEMS Item Writing Policy, and the CEH Hour Assignment Guidance, at http://cecbems.org/applications/Default.aspx .

We are proud to have the Health & Safety Institute as a CECBEMS-accredited organization. We welcome your comments and suggestions for making our processes work better and for making EMS continuing education a positive force in improving patient care and in developing EMS as a profession.

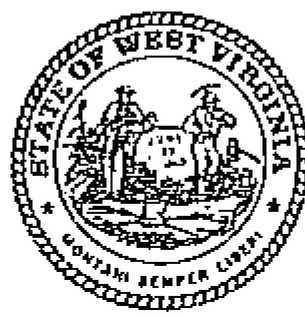
Sincerely,



Elizabeth Sibley/BR
Executive Director

Continuing Education Coordinating Board for Emergency Medical Services

Exhibit G



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

Bob Wise
Governor

Paul L. Nusbaum
Secretary

May 30, 2003

Mr. Eric Reale
American Safety and Health Institute
4148 Louis Avenue
Holiday, Florida 34691

Dear Mr. Reale:

Thank you for submitting to this Office your request to use the American Safety and Health Institutes's *CPR PRO for the Professional Rescuer* Program in West Virginia. After careful review of the materials you provided, I am pleased to inform you our Curriculum and Education Committee has approved this program for use in West Virginia. The West Virginia Office of Emergency Medical Services will recognize this program as acceptable CPR training and will award CE hours to EMS certificants in West Virginia who complete the program.

If you should have further questions, feel free to contact me at (304) 558-3956.

Sincerely,

Mark Wigal

Mark Wigal
Education and Compliance Administrator

MW/jf

cc: Mark King
Jerry Rhodes
Marshall Moore
Deron Wilkes
Jerry Kyle
Marianne Perry
Allisynne Dunlap
Jim Donathan
BJ Willis

U.S. Department of Homeland Security
United States Coast Guard

Commanding Officer
United States Coast Guard
National Maritime Center

100 Forbes Drive
Martinsburg, WV 25404
Staff Symbol: NMC-2
Phone: (304) 433-3720
FAX: (304) 433-3804

16720/4

JUN 12 2008

Ms. Marybeth Schombert
Medic First Aid International, Inc.
P.O. Box 21738
Eugene, OR 97402

Dear Ms. Schombert:

We write in response to your letter of May 15, 2008, requesting renewal of the acceptance of your MEDIC First Aid Basic Version 6.0 course.

We have determined that this course meets or exceeds the standards of the American Red Cross *Standard First Aid and Emergency Care* or *Multimedia Standard First Aid* courses and will satisfy the first aid training requirements of 46 CFR 10.205(h)(1)(iii) for a merchant mariner license.

We have also determined that this course meets or exceeds the standards of the American Red Cross or American Heart Association CPR courses and will satisfy the training requirements of 46 CFR 10.205(h)(2)(iv) for a merchant mariner license.

This acceptance is effective July 1, 2008 and expires on July 31, 2013. Subsequent five-year renewals may be granted upon a written request to this office made at least 30 days before this approval expires.

Sincerely,

JAMES D. CAVO
Chief, Mariner Training and Assessment Division
U.S. Coast Guard
By direction

Copy: REC Portland

Exhibit I

U.S. Department of Homeland Security

United States Coast Guard

Commanding Officer
United States Coast Guard
National Maritime Center

100 Forbes Drive
Martinsburg, WV 25404
Staff Symbol: NMC-2
Phone: (304) 433-3720
FAX: (304) 433-3408

16720/4

Re: AMESHI-197

JUN 21 2010

Ms. Marybeth Schombert
American Safety & Health Institute
1450 Westec Drive
Eugene, OR 97402

Dear Ms. Schombert:

We write in response to your letter of February 24, 2010, requesting renewal of the acceptance of your 8-Hour First Aid & CPR course.

We have determined that this course meets or exceeds the standards of the American Red Cross *Standard First Aid and Emergency Care* or *Multimedia Standard First Aid* courses and will satisfy the first aid training requirements of 46 CFR 11.205(e)(1)(i) for a merchant mariner license.

We have also determined that this course meets or exceeds the standards of the American Red Cross or American Heart Association CPR courses and will satisfy the training requirements of 46 CFR 11.205(e)(2)(iv) for a merchant mariner license.

This determination is effective July 1, 2010, and expires on July 31, 2015. Subsequent five year renewals may be granted upon a written request to this office made at least 90 days before this approval expires.

Sincerely,

ROBERT L. SMITH III
Chief, Mariner Training and Assessment Division
U.S. Coast Guard
By direction

Copy: All RECs

Exhibit I

Statement from Joint Commission Standards Interpretation Group:

From: SIG_Response@jcaho.org [mailto:SIG_Response@jcaho.org]
Sent: Friday, February 13, 2009 3:25 PM
To: Ralph Shenefelt
Subject: Re: Provison of Care

"Please confirm that Resuscitation Standard PC.9.30 (effective July 1, 2006)which requires that resuscitation training programs be evidence-based does NOT limit Joint Commission accredited health care organizations to training programs produced by the American Heart Association, Inc. or the American Red Cross. Thank you very much.

Hello Ralph, Current standard PC.02.01.11 EP 4 requires that an evidence-based training program is used to train staff to recognize the need for and use of resuscitation equipment and techniques. Is does not limit organizations to only the Red Cross or American Heart Association, although those are two of the better known programs. The specific requirement is that the program chosen is evidence-based.

Eileen Chabot
Joint Commission
Standards Interpretation Group
Phone: 630-792-5900"

EXHIBIT J

camts
Commission on Accreditation of Medical Transport Systems

ADDENDUM B

EDUCATION MATRIX
Sources, Tools and Examples of Evidence

Recommendations

The Educational Matrix below contains a listing of the current national and international courses that are available for educational preparation of transport crews. In addition, the supporting associations are listed. These associations have web sites where additional information can be obtained.

There are others courses that have been developed by programs, hospitals, local and state agencies that may be used to meet educational requirements. Examples include:

Critical Care Paramedic Course (CC-EMT)
BTLS Enhanced Course-Canada

No matter what is chosen - national or "home-grown"- specific objectives, content outlines and measurable outcomes need to be included in what is developed and must include the specific criteria listed in the matrix below.

I. Explanation of the Matrix

In general:

The courses in the matrix that can be used as *equivalent* to ATLS or TNATC (excluding Column "C. Medical") are:

BTLS, PHTLS, TNCC, CATN, ATLS for Nurses. "No" (under the specific components) means this component is not included and must be supplemented in order to be *equivalent*.

ASHI (American Safety & Health Institute) and AHA courses are considered equivalent

The courses in the matrix that can be used as *equivalent* to PALS or APLS are:

PEPP and ENPC. "No" (under the specific components) means this component is not included and must be supplemented in order to be *equivalent*.

Headings across top of the matrix are defined as follows:

A. Name of Course ***(ATLS, BTLS, etc.) in Column 1- Included with course in the next 5 columns as follows:***

1) Patient Assessment - *includes:*

Primary and Secondary Assessment of the Ill or Injured Patient

EXHIBIT K

A. Name of Course	1) Patient Assessment Included?	2) Basic Skills Included?	3) Advanced Skills Included?	4) Basic Physiology Included?	5)Advanced Physiology Included?	B.Trauma	C.Medical	D. Who Can Attend?	E. What does it meet?
PEPP Basic (**PEPP Advanced is PALS equivalent*)	Pediatric	Yes	No – Care of Special Needs Children is included in this course. 1, 2	Yes	No	Yes	No	EMT EMT-P RN RT	BLS ALS
PALS	Pediatric	Yes	Yes 1, 2, 7, 8	Yes	Yes	Yes	Yes	EMT-P RN MD, RT	BLS ALS Critical Care
APLS	Pediatric	Yes	Yes 1, 2, 7, 8	Yes	Yes	Yes	Yes	MD RN, EMT-P, and RT (audit)	BLS ALS Critical Care
ENPC	Emergency Department	Yes	Yes Pediatric Resuscitation Pediatric Skills 1, 2, 3,	Yes	Yes	Yes	Yes	RN May be audited by others	BLS ALS Critical Care
NRP	Neonatal	Yes	Yes 1, 2, 7	Yes	Yes	No	No	MD RN RT	BLS ALS Critical Care
ASHI - ACLS	Adult	Yes	Yes 1,2, 6	Yes	Yes	No	Yes	Open to all	BLS ALS Critical Care

Sponsoring Agencies

Air and Surface Transport Nurses Association

Transport Nurse Advanced Trauma Course (TNATC)
Transport Nurse Advanced Trauma Course Advanced Provider

American Academy of Pediatrics

Prehospital Emergency Pediatric Preparation (PEPP Basic and Advanced)

American College of Emergency Physicians

Basic Trauma Life Support (BTLS)
Advance Pediatric Life Support Course (APLS)

American College of Surgeons

Prehospital Trauma Life Support (PHTLS)
Advanced Trauma Life Support (ATLS)
ATLS for Nurses

American Heart Association

Advanced Cardiac Life Support (ACLS)
Pediatric Advanced Life Support (PALS)

EXHIBIT K

American Heart Association and American Academy of Pediatricians

Neonatal Resuscitation Program (NRP)
Society of Trauma Nurses (ACTN)

American Safety & Health Institute

ASHI-ACLS

Emergency Nurses Association

Trauma Nursing Core Course (TNCC)
Emergency Nursing Pediatric Course (ENPC)
Course for Advanced Trauma Nursing (CATN)

II. Medical Director Education (Suggested Sources)

Emergency Medical Services at the National Fire Academy. Additional information can be obtained: http://www.usfa.fema.gov/fire-service/nfa/nfa.shtm.

Fellowship in an accredited program in EMS. Information about this can be obtained from Society for Academic Emergency Medicine: SAEM link: http://www.saem.org/awards/fellins/htm.

Medical Director Core Curriculum – Air Medical Physicians Association. Information about this can be obtained from: http://www.ampa.org.

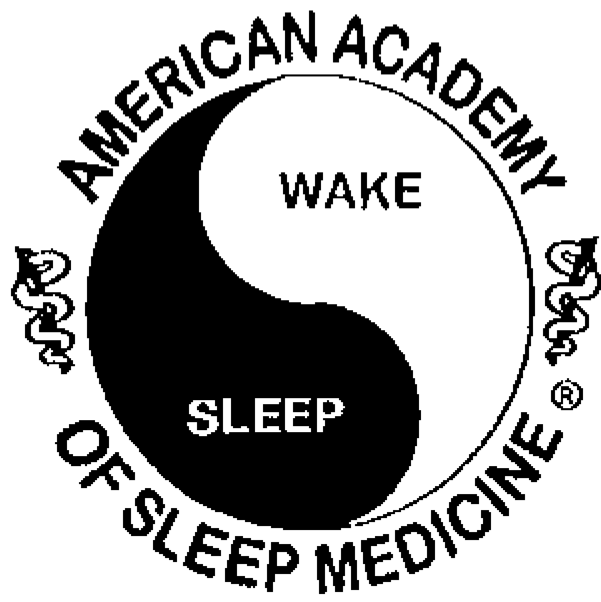
National Association of EMS Physicians Course. Information about this can be obtained from: http://www.naemsp.org

III. Educational Tools

A. **On-line courses:** Many courses now offer didactic information on-line, for example, ASHI – American Safety & Health Institute offers ACLS. If this type of education is used, it is imperative that the clinical components of the course, for example Mega code, are conducted and documented.

B. **Human Patient Simulators** - Human Patient Simulators may be considered a substitute for human or cadaver experience requirements if the simulators are dynamic (able to reflect physiologic changes resulting from a performed procedure) and not static. The Human Patient Simulator (HPS) must meet the following criteria to demonstrate compliance with intubation skills and/or invasive procedures and/or if used to access clinical competency. The dynamic changes that the simulator performs are to be controlled by an operator without the user being aware of what is being changed. The results must be critiqued by a trained operator.

EXHIBIT K



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AUG 11 2011

American Academy of Sleep Medicine

August 9, 2011

Ralph M. Shenefelt
Vice President, Strategic Compliance
Health & Safety Institute
1450 Westec Drive
Eugene, OR 97402

Dear Mr. Shenefelt:

As the leader in setting standards and promoting excellence in sleep medicine health care, education and research, the American Academy of Sleep Medicine (AASM) represents more than 9,000 clinicians, scientists, dentists, nurses and allied health-care professionals, as well as more than 2,200 AASM-accredited sleep disorders centers.

At its recent meeting, the AASM Board of Directors discussed in detail the proposal from the Health & Safety Institute (HSI) requesting that the AASM provide waiver or variance, or amend Standard B-11 of the AASM Standards for Accreditation of Sleep Disorders Centers to permit the use of the HSI cardiopulmonary resuscitation (CPR) programs.

After a thorough review of your proposal and supporting documentation, the Board of Directors approved the request to modify the language of Standard B-11. The specific references to the American Heart Association (AHA) and American Red Cross (ARC) certification programs will be removed from the requirement for valid certification in CPR.

This change recognizes the legitimacy of HSI's claim that its CPR programs are sound and substantially equivalent to those offered by the AHA and ARC. The revision also allows medical directors of AASM-accredited sleep disorders centers to use their discretion in selecting a local CPR certification program that is most appropriate for their staff.

If you have any questions about this decision, please contact AASM Executive Director Jerry Barrett at 630-737-9700 or jbarrett@aasmnet.org.

On behalf of the Board of Directors, I thank the HSI for contacting the AASM with this request and for promoting excellence in emergency care and response training.

Sincerely,

Nancy A Collop

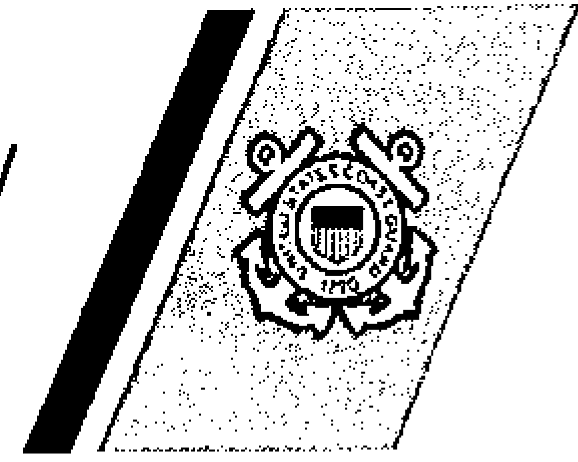
Nancy Collop, MD
President

cc: Jerome A. Barrett - AASM Executive Director
Sam Fleishman, MD – Chair, Accreditation Review Process Task Force
Demaree Dufour-Noneman – Director of Policy & Professional Standards

Exhibit L

2510 North Frontage Road, Darien, IL 60561-1511
Phone: (630) 737-9700, Fax: (630) 737-9790
www.aasmnet.org

Department of
Homeland Security
United States
Coast Guard



COAST GUARD MEDICAL MANUAL

COMDTINST M6000.1E
April 2011

EXHIBIT M

Section L. Training and Professional Development.

1. Definitions.

   a. ACLS (Advanced Cardiac Life Support). Sponsored by the American Heart Association (AHA) and American Safety and Health Institute (ASHI), this 16-hour program (8 hours for recertification) emphasizes cardiac-related diagnostic and therapeutic techniques and grants a completion certificate valid for two years on completion. An ACLS certificate of completion recognizes a person completed the course and does not in any way authorize him or her to perform skills taught there. ACLS also sometimes refers to the cardiac component of Advanced Life Support. Online ACLS courses without hands-on skills proficiency testing are not accepted substitutes for the ACLS courses noted above.

   b. Advanced Life Support (ALS). A general term applied to pre-hospital skills beyond the basic life support level including, among others, EKG interpretation, medication administration, and advanced airway techniques.

   c. Basic Life Support (BLS) for the Health Care Provider. Health care providers must successfully complete and maintain proficiency in a program sponsored by any of the following: The Military Training Network, American Heart Association (AHA), American Red Cross (ARC), American Safety & Health Institute (ASHI) or the American College of Emergency Physicians (ACEP). (The Military Training Network is the preferred choice). Successful completion grants certification for 2 years. The course curriculum of all programs includes basic skills (e.g. airway maintenance, cardiac compression and use of the automatic external defibrillator) necessary to sustain heart and brain function until advanced skills can be administered.

   d. Emergency Medical Technician (EMT). A general term referring to the certification of pre-hospital care providers. Three skill levels (EMT-Basic, EMT-Intermediate, EMT-Paramedic) are recognized, but functions performed at each level vary significantly by jurisdiction. When the term EMT is used alone, it refers to EMT-Basic, which performs BLS skills. The term EMT applies to all CG personnel with EMT training and certification regardless of rating.

   e. Paramedic. An individual certified by the National Registry of Emergency Medical Technicians as an Emergency Medical Technician-Paramedic (NREMTP) or certified by a local governing body to perform ALS procedures under a physician's license.

2. Unit Health Services Training Plan (In-Service Training).

   a. Health Services Units. These personnel must have an on-going in-service training program aimed at all providers with emphasis on the Health Services Technicians' professional development. It is expected of clinic staff members attending outside training to share new information with other staff members.

EXHIBIT M

Scottie Ford

From: Nobody <nobody@kryten.wvnet.edu>
Sent: Tuesday, June 04, 2013 10:59 AM
To: smford@access.k12.wv.us
Subject: Comment Received for Policy 5202 (2013-06-04 10:58:50)

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Comment Received for Policy 5202
##
Name: Keely Camden
Organization: West Liberty University
Title: Dean, Collegeof Education
City/State: West Liberty, WV
Role: Higher Education Faculty
Posted: 2013-06-04 10:58:50
Posted from IP:

Comments for section 126-136 1 General

There are inconsistencies between the Praxis II tests for Biology/General Science; these include test numbers required for various certification configurations and test scores, etc.

From: Nobody <nobody@kryten.wvnet.edu>
Sent: Tuesday, June 04, 2013 7:22 PM
To: smford@access.k12.wv.us
Subject: Comment Received for Policy 5202 (2013-06-04 19:22:04)

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Comment Received for Policy 5202
##
Name: Kristie Stump
Organization: Hardy Co. Schools
Title: Substitute
City/State: Moorefield, WV
Role: Teacher
Posted: 2013-06-04 19:22:04
Posted from IP:

Comments for section 126-136-11 7 3 a Long-term Substitute Permit for Teaching, Support and Administrative Personnel

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I feel there should be wording in this section that preference should be given to a long-term sub. permit where the individual meets highly qualified criteria or area certification over an individual who does not meet the criteria or certified in content area. County Superintendent of schools must abide by this criteria and submit proof of hiring to state.

Scottie Ford

From: Nobody <nobody@kryten.wvnet.edu>
Sent: Friday, June 07, 2013 3:09 PM
To: smford@access.k12.wv.us
Subject: Comment Received for Policy 5202 (2013-06-07 15:09:05)

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http://wvde.state.wv.us/r.html?id=d7c1aabc1ea3ad939b9efddcf1152c11
This is an encrypted URL. Please Bookmark it.

Comment Received for Policy 5202
##
Name: Sallie Dalton
Organization: Greenbrier County Schools
Title: Superintendent
City/State: LEWISBURG, WV
Role: Superintendent
Posted: 2013-06-07 15:09:05
Posted from IP:

Comments for section 126-136-11 9 3 a MM, NN, OO and PP Authorizations Issue to Educators
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Mr. Wade Linger, President of the WVBOE, states in his letter of November 26, 2012, "The WVBOE understands the criticism that public education in our state is too state dominated. Our board members wholeheartedly support the transfer of more authority and responsibility to the local level." If this statement is true, then I am asking that the WVBOE strike Section MM of this section, "Initial Temporary Authorization for Option Pathway Teacher." rnrnThis section is yet another attempt for state control of a county district which may have a financial burden passed on to the teacher and the district. I asked those questions in an email to the Office of GED recently; however, I did not receive a response regarding potential costs to the teacher for whom the authorization is required or the associated travel costs of professional staff development that may be passed on to the county district.rnrnI spent 14 years of my career working with the GED preparation program, and ten year!
s as a GED Examiner prior to the Superintendency; therefore, I speak to you as someone with the expertise to say this authorization will have little to no effect on the passing rate of GED Option Pathway students.rnrnUltimately the goal is to have the students pass the GED and to have the students complete four courses in a CTE concentration prior to graduation. These types of decisions do need to be made at the state level with district input as the standards must be the same in all 55 counties. However, this section of this policy requires teachers who are already certified to apply for another authorization, more than likely pay a $25 fee (that is the requirement for Alternative Education,) and participate in professional staff development directed by the WVDE.rnrnAt both high schools we will be using certified math, science, social studies, and English teachers who have been and will continue receiving training in the Common Core State Standards. In addition, the po!
tential exists for a National Board Certified Teacher to teach!
one seg

ment of these classes. I ask how an additional authorization will improve instruction and/or the passing rate of the GED? Since all Option Pathway teachers have to be a certified teacher, should the district in conjunction with the high school principal not have the flexibility to determine who best should instruct the Option Pathway students?rnrnIn my years as GED Examiner, it was apparent to me that the majority of students I tested for the Option Pathway program and/or recent dropouts were not low achieving students; rather, they were most likely disconnected from the high school experience. The OP students often needed some remediation to address certain deficiencies, but overall were ready for the test. rnrnI will concede that some training needs to occur before OP teachers begin. However, with RESA specialists, CTE Directors, and/or county ABE teachers that training could be covered in an afternoon. rnrnI am asking that the WVBOE stands by its commitment to allow mor!
e local control in decision making about how programs of study are delivered after meeting basic state guidelines, and eliminate Section MM Initial Authorization for Option Pathway Teachers.rnrnPlease note that as we have added OP Teachers, we have received no additional funding; therefore, we are once again adding staff during declining enrollment. The teachers who have agreed to instruct students in the OP program may very quickly lose interest if they are forced to comply with seemingly unnecessary certification requirements.rnrnThank you for your consideration of this request.rnrnSallie E. DaltonrnSuperintendent of GCS