

Draft

**STATEMENT OF CONSIDERATION  
RELATING TO 702 KAR 7:065  
Designation of agent to manage middle and interscholastic athletics  
Kentucky Department of Education**

**Amended After Comments**

1. A public hearing was scheduled on the above regulation on July 22, 2016 at 10:00 a.m. Eastern Time, in the State Board Room Kentucky Department of Education, 500 Mero Street, 1<sup>st</sup> Floor, Frankfort, Kentucky but was cancelled when no one appeared to speak.

2. The following individual submitted written comments:

<u>Name and Title</u>	<u>Agency/Organization/Entity/Other</u>
Ralph M. Shenefelt, Senior Vice President	Health and Safety Institute

3. The following people from the promulgating administrative body responded to the written comments:

<u>Name and Title</u>
Kevin C. Brown, General Counsel/Associate Commissioner, Office of Guiding Support Services
Julian Tackett, Commissioner, Kentucky High School Athletic Association
Chad Collins, General Counsel, Kentucky High School Athletic Association

**Summary of Comments and Responses**

1. Subject Matter: CPR Requirements for middle schools coaches

(a) Comment: Mr. Shenefelt requested the following amendment to the CPR requirements for middle school coaches: "Provide to the school documentation of successful completion of a CPR course including the use of an automatic external defibrillator and the first aid training, based on the American Heart Association's Guidelines for CPR and Emergency Cardiovascular Care or other nationally recognized, evidenced-based guidelines. Initial Certification shall use in-person instruction and incorporate into the instruction the psychomotor skills necessary to perform CPR. Courses shall be conducted by an instructor or program approved by a college or university, the American Red Cross, American Heart

Association, Health and Safety Institute or other bona fide accrediting agency. Certification shall be updated as required by the approving agency.”

(b) Response: The KHSAA Sports Medicine Committee, in consultation with the Kentucky Medical Association, routinely evaluates all sports medicine policies promulgated or evaluated as a part of this administrative regulation. It is not the agency’s practice to ever endorse a for-profit entity for any services by name as is requested. However, the comment correctly recognizes that the language of the bylaw as it relates to the high school level coaches allow for “other bona fide accrediting agency” to conduct this training. There is no objection to having this same language as contained in the bylaw that would allow for the organization in question to conduct the training as sought. However, the requirements as they relate to initial versus recurring training or incorporation of the requirement regarding psychomotor skills, will require further consideration and review by the KHSAA Sports Medicine Committee, in consultation with the Kentucky Medical Association. Finally, any requirement to include any other nationally recognized evidence based guidelines is too broad and would be in conflict with the requirements of KRS Chapter 13A. With that in mind, the agency is open to any dialogue with the commenting agency regarding future amendments to this administrative regulation which is done on an annual basis. A change to this administrative regulation has been made in response to this comment.

**Summary of Statement of Consideration  
Action Taken by Promulgating Administrative Body**

The Kentucky Department of Education received one written comment during the public comment period for administrative regulation 702 KAR 7:065. The Commenter filed this comment on behalf of his employer, Health Safety Initiatives, a privately held for-profit organization that conducts CPR training as well as other similar training. The Commenter requested one amendment that essentially included three areas. First, they would like to be named as a provider of the required CPR training in the administrative regulation. Next, they would like the requirement to incorporate “other evidence based guidelines” but do not specifically identify these guidelines. Finally, they also request the addition of “instruction in psychomotor skills” and that the recertification be in person.

While the agency does not believe that specifically naming this organization to be in the best interest of student safety at this time, there is no objection to allowing for an “other bona fide accrediting agency” to provide this training as is already allowed by the KHSAA Bylaws that apply specifically to high school coaches. This would be an acceptable amendment and has thus been incorporated accordingly.

As for a requirements regarding “instruction in psychomotor skills” and that the

recertification be in person, this requires more study. The KHSAA Sports Medicine Committee, in consultation with the Kentucky Medical Association, routinely studies potential changes to all sports medicine policies. This is the first time any organization has noted any desire for potential change. While there may ultimately be no objection to these changes, there has not been sufficient time to analyze and collect feedback. In that light and in the interest of student safety, the agency would prefer to monitor implementation of the current language and evaluate the need to consider these additional suggestions to ascertain their feasibility for future amendments that occur on an annual basis.

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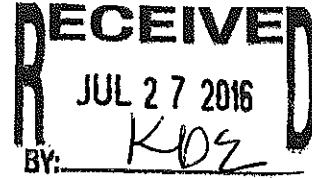
**Section 4(2)(c)**

**Line 2**

After "Association", insert "or other bona fide accrediting agency".



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VIA FEDERAL EXPRESS AND EMAIL

July 27, 2016

Kevin C. Brown  
Associate Commissioner and General Counsel  
Kentucky Department of Education  
500 Mero Street, First Floor, Capital Plaza Tower  
Frankfort, Kentucky 40601

**RE: Proposed Rulemaking Comment, 702 KAR 7:065**

Dear Mr. Brown,

The purpose of this letter is to request amendment of the language in the proposed rules of the Department of Education ("Department"), 702 KAR 7:065, Sec. 4 (2)(c), regarding individuals coaching interscholastic athletics at the middle school level.

**I. Proposed Rule Language**

- a. "Provide to the school documentation of successful completion of a C.P.R. course including the use of an automatic external defibrillator and the first aid training, conducted by an instructor or program approved by a college or university, the American Red Cross, or American Heart Association. Initial certification shall use in-person instruction and certification shall be updated as required by the approving agency;"

**II. Requested Amendment**

- a. "Provide to the school documentation of successful completion of a C.P.R. course including the use of an automatic external defibrillator and the first aid training, based on the American Heart Association's Guidelines for CPR and Emergency Cardiovascular Care or other nationally recognized, evidenced-based guidelines. ~~Initial~~ Certification shall use in-person instruction and incorporate into the instruction the psychomotor skills necessary to perform CPR. Courses shall be conducted by an instructor or program approved by a college or university, the American Red Cross, American Heart Association, Health and Safety Institute or other bona fide accrediting agency. Certification shall be updated as required by the approving agency.

### III. Reasons

- a. The addition of "based on the American Heart Association's Guidelines for CPR and Emergency Cardiovascular Care or other nationally recognized, evidenced-based guidelines" is consistent with schools-related model legislation advocated by the American Heart Association®, Inc. ("AHA") ((EXHIBIT A)) and recently enacted in Kentucky (KRS § 158.302).
- b. The strike of "initial" in regard to CPR certification and the addition "incorporate into the instruction the psychomotor skills necessary to perform CPR" is requested to help ensure that *all* CPR training resulting in certification (not just "initial" certification) includes hands-on practice.<sup>1</sup>
- c. The addition of the "Health and Safety Institute" ("HSI") is requested as HSI is major first aid and CPR training organization in the United States comprised of two training companies; ASHI and MEDIC First Aid® (EXHIBIT B). Though organizational structures differ (HSI is a tax-paying corporation), the business units of HSI, the AHA and the American Red Cross ("ARC") and are similar (EXHIBIT C).
  - i. Each organization develops and markets commercially available, proprietary training programs, products, and services to affiliated Training Centers or Licensed Training Providers, either directly or via distributors.<sup>2,3,4</sup>
  - ii. The business structures of Training Centers and Licensed Training Providers include; sole proprietorships, partnerships, corporations, LLCs, government agencies and non-profits.
  - iii. Instructors affiliated with Training Centers and Licensed Training Providers are authorized to certify course participants. Certification requires evaluation of hands-on skills to verify provider skill competency.
- d. As the dominant competitors in the first aid and CPR training business, AHA Training Centers and ARC Licensed Training Providers have a vested economic interest in first aid and CPR training, particularly where required for occupational licensing.
- e. As proposed, the rule language is unjust, unfair, and will have an adverse economic impact on individuals desiring to coach interscholastic athletics at the middle school level and on ASHI and MEDIC First Aid Training Centers.
  - i. The proposed rule language is unjust because it prescribes the proprietary programs, products, and services of the AHA and ARC. In so doing, it confers advantage only upon those two vendors.
  - ii. The proposed rule language is unfair because it prevents full and free competition by excluding the training programs, products, and services of other major, nationally recognized CPR and first aid training organizations, including HSI.
  - iii. The proposed rule language will have an adverse economic impact on individuals desiring to coach interscholastic athletics who present School Districts with the valid certification of other nationally recognized CPR and first aid training organizations including HSI, by;
    1. Direct penalties and disciplinary action, including warning, reprimand, probation,
      - a. suspension, or payment of a fine (2015-2016 Kentucky High School Athletic Association Handbook, Bylaw 27, pg. 40); or
    2. Indirect penalties such as the time and cost of superfluous AHA or ARC training and certification; and
    3. By unfairly denying individuals and school districts the use of acceptable and potentially lower cost alternatives and greater choice in first aid and CPR training vendor selection, quality, and service.

<sup>1</sup> "Substantial hands-on practice is needed to meet psychomotor and nontechnical/leadership skill performance objectives." Part 14: Education, 2015 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care, Table 1. Available: [http://circ.ahajournals.org/content/132/18\\_suppl\\_2/S561](http://circ.ahajournals.org/content/132/18_suppl_2/S561) [accessed 7/26/2016]

<sup>2</sup>AHA "Course Connector" <http://ahainstructornetwork.americanheart.org/AHA/ECC/classConnector.jsp?pid=ahaecc.classconnector.home>

<sup>3</sup>HSI "Find A Class" <http://www.hsi.com/findaclass>

<sup>4</sup>ARC "Take a Class" <http://www.redcross.org/take-a-class/licensed-training-authorized-providers>

ASHI, MEDIC First Aid®, 24-7 EMS®, 24-7 Fire, EMP Canada, and Summit Training Source are members of the HSI family of brands.

- iv. The proposed rule language will have an adverse economic impact on ASHI and MEDIC First Aid Training Centers in Kentucky.
  - 1. There are more than 300 ASHI or MEDIC First Aid Training Centers in Kentucky, most of which are small or micro businesses employing or independently contracting with nearly 1300 ASHI or MEDIC First Aid Authorized Instructors.
  - 2. Granting an exclusive market for first aid and CPR training to the AHA and ARC is an unfair impediment to these training businesses. It will discourage the expansion of existing or new ASHI or MEDIC First Aid Training Centers and reduce job opportunities.
- f. The addition of "or other bona fide accrediting agency" is requested as it matches the language of the bylaws of the Kentucky High School Athletic Association ("KHSAA") 2015-16 Handbook that is incorporated by reference into the proposed rule, but was curiously omitted from the proposed rule language (**EXHIBIT D**).
  - i. Like the AHA, *but unlike the ARC*, HSI is a nationally accredited organization of the Commission on Accreditation of Pre-Hospital Continuing Education (CAPCE, formally the Continuing Education Coordinating Board for Emergency Medical Services (**EXHIBIT E**)).
  - ii. CAPCE is the national accrediting body for Emergency Medical Services (EMS) continuing education courses and course providers. CAPCE accreditation requires an evidence-based peer-review process for continuing education programs comparable to all healthcare accreditors.<sup>5</sup>

#### IV. Additional Facts

- a. MEDIC First Aid training programs have been recognized in Kentucky for 35 years, ASHI for 14 years. (**EXHIBIT F**).
- b. The ARC recognizes ASHI and MEDIC First Aid as equivalent training (**EXHIBIT G**).
- c. 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 H**).
- d. ASHI and MEDIC First Aid training programs conform to the Recommendations of the OSHA Best Practices Guide: Fundamentals of a Workplace First-Aid Program
- e. An HSI representative was a volunteer member of the 2015 International Liaison Committee on Resuscitation (ILCOR) First Aid Task Force and a collaborator on the 2015 International Consensus on First Aid Science with Treatment Recommendations.<sup>6</sup>
- f. ASHI and MEDIC First Aid CPR, AED, and First Aid Training Programs are current, evidence-based, and conform to the:
  - i. 2015 AHA Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care (revised/released programs)
  - ii. 2015 AHA and ARC Guidelines Update for First Aid
- g. Nearly 2000 state and federal government agencies currently use ASHI or MEDIC First Aid training programs to train their employees, including the United States Coast Guard, 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.

<sup>5</sup> CAPCE represents only that its accredited programs have met CAPCE's standards for accreditation. These standards require sound educational offerings determined by a review of its objectives, teaching plan, faculty, and program evaluation processes. CAPCE does not endorse or support the actual teachings, opinions or material content as presented by the speaker(s) and/or sponsoring organization. CAPCE accreditation does not represent that the content conforms to any national, state or local standard or best practice of any nature.

<sup>6</sup> Singletary EM, et al; on behalf of the First Aid Chapter Collaborators. Part 9: first aid: 2015 International Consensus on First Aid Science With Treatment Recommendations. *Circulation*. 2015;132(suppl 1):S269–S311.

ASHI, MEDIC First Aid®, 24-7 EMS®, 24-7 Fire, EMP Canada, and Summit Training Source are members of the HSI family of brands.

- h. On whole, ASHI and MEDIC First Aid training programs are currently endorsed, accepted, approved, or recognized as an industry credential meeting the requirements of nearly 4200 state regulatory agencies, occupational licensing boards, national associations, commissions, and councils in more than 550 occupations and professions.
- i. 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.
- j. HSI is a member of the Council on Licensure, Enforcement, and Regulation (CLEAR), the premiere international resource for professional regulation stakeholders.
- k. HSI publishes and administers a set of Quality Assurance Standards designed to monitor and improve the performance of HSI, it's approved Training Centers and Authorized Instructors so that the products and services provided meet or exceed the requirements of regulatory authorities and other approvers.

### Summary

As proposed the Department's rule language will not ensure that all CPR training resulting in certification includes hands-on practice and will prevent full and free competition. The requested amendments are just, fair, reasonable, and consistent with schools-related model legislation and the KHSAA 2015-16 Handbook.

We value, believe in, and promote successful completion of valid first aid and CPR training that includes evaluation of hands-on skills as an important component in protecting public health and safety. We value, believe in, and promote free and fair competition that does not adversely affect public health and safety. We look forward to helping the Department protect the health, safety, and welfare of individuals participating in interscholastic athletics in Kentucky.

Respectfully,



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Ralph M. Shenefelt  
Senior Vice President  
Health and Safety Institute

Cc:

Gregory R. Ciottone, MD, FACEP, Medical Director, HSI

Bill Clendenen, MBA, Chairman, HSI

Anthony Corwin, General Manager, HSI

Kristal Langner, Regulatory Approval Specialist, HSI

**Enclosure: Exhibits A-H**

## **CPR as a Graduation Requirement Model Legislation**

**Summary:** This bill will require operators of schools grades 7-12, including school boards, operators of independent charter schools, and the governing bodies of private schools, to provide enrolled students instruction in cardiopulmonary resuscitation (CPR) and awareness in the use of an automated external defibrillator (AED) as a requirement for graduation from high school. The instruction must be based on an instructional program established by the American Heart Association or the American Red Cross or another program which is nationally recognized and uses the most current American Heart Association guidelines for CPR and Emergency Cardiovascular Care and incorporates psychomotor skills development into the instruction.

- (1) "Psychomotor skills" is defined as the use of hands-on practicing to support cognitive learning (cognitive-only training does not qualify).
- (2) Beginning in the 20xx-20xx school year, each school board operating school grades 7-12, the operator of each charter school that operates school grades 7-12, and the governing body of each private school that operates school grades 7-12 shall provide instruction in cardiopulmonary resuscitation and the use of an automated external defibrillator to pupils enrolled in the school district, charter school, or private school as a requirement for graduation from high school. The school board, operator of the charter school, or governing body of the private school shall use either of the following, and shall incorporate into the instruction the psychomotor skills necessary to perform cardiopulmonary resuscitation (CPR) and awareness in the use of an automated external defibrillator (AED):
  - (a) An instructional program developed by the American Heart Association or the American Red Cross.
  - (b) An instructional program which is nationally recognized and is based on the most current American Heart Association guidelines for CPR and Emergency Cardiovascular Care and the awareness in the use of an automated external defibrillator.
- (3) A licensed teacher shall not be required to be an authorized CPR/AED instructor to facilitate, provide, or oversee instruction for training that does not result in a course completion card being earned.
- (4) Courses which result in a course completion card being earned are required to be taught by an authorized CPR/AED instructor.
- (5) The state Department of Education shall establish a procedure for monitoring adherence by school boards, operators of independent charter schools, and the governing bodies of private schools to the requirements set forth in subdivision (2) of this section and may adjust state grant/shared revenue amounts based on failure to comply with the requirements set forth in subdivision (2) of this section.



## Original Investigation

# Rates of Cardiopulmonary Resuscitation Training in the United States

Monique L. Anderson, MD; Marguerite Cox, MS; Sana M. Al-Khatib, MD, MHS; Graham Nichol, MD, MPH, FRCP; Kevin L. Thomas, MD; Paul S. Chan, MD, MSc; Paramita Saha-Chaudhuri, PhD; Emil L. Fosbol, MD, PhD; Brian Eigel, PhD; Bill Clendenen, MBA; Eric D. Peterson, MD, MPH

**IMPORTANCE** Prompt bystander cardiopulmonary resuscitation (CPR) improves the likelihood of surviving an out-of-hospital cardiac arrest. Large regional variations in survival after an out-of-hospital cardiac arrest have been noted.

**OBJECTIVES** To determine whether regional variations in county-level rates of CPR training exist across the United States and the factors associated with low rates in US counties.

**DESIGN, SETTING, AND PARTICIPANTS** We used a cross-sectional ecologic study design to analyze county-level rates of CPR training in all US counties from July 1, 2010, through June 30, 2011. We used CPR training data from the American Heart Association, the American Red Cross, and the Health & Safety Institute. Using multivariable logistic regression models, we examined the association of annual rates of adult CPR training of citizens by these 3 organizations (categorized as tertiles) with a county's geographic, population, and health care characteristics.


**EXPOSURE** Completion of CPR training.

**MAIN OUTCOME AND MEASURES** Rate of CPR training measured as CPR course completion cards distributed and CPR training products sold by the American Heart Association, persons trained in CPR by the American Red Cross, and product sales data from the Health & Safety Institute.

**RESULTS** During the study period, 13.1 million persons in 3143 US counties received CPR training. Rates of county training ranged from 0.00% to less than 1.29% (median, 0.51%) in the lower tertile, 1.29% to 4.07% (median, 2.39%) in the middle tertile, and greater than 4.07% or greater (median, 6.81%) in the upper tertile. Counties with rates of CPR training in the lower tertile were more likely to have a higher proportion of rural areas (adjusted odds ratio, 1.12 [95% CI, 1.10-1.15] per 5-percentage point [PP] change), higher proportions of black (1.09 [1.06-1.13] per 5-PP change) and Hispanic (1.06 [1.02-1.11] per 5-PP change) residents, a lower median household income (1.18 [1.04-1.34] per \$10 000 decrease), and a higher median age (1.28 [1.04-1.58] per 10-year change). Counties in the South, Midwest, and West were more likely to have rates of CPR training in the lower tertile compared with the Northeast (adjusted odds ratios, 7.78 [95% CI, 3.66-16.53], 5.56 [2.63-11.75], and 5.39 [2.48-11.72], respectively).

**CONCLUSIONS AND RELEVANCE** Annual rates of US CPR training are low and vary widely across communities. Counties located in the South, those with higher proportions of rural areas and of black and Hispanic residents, and those with lower median household incomes have lower rates of CPR training than their counterparts. These data contribute to known geographic disparities in survival of cardiac arrest and offer opportunities for future community interventions.

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 Invited Commentary

 Supplemental content at  
jamainternalmedicine.com

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**Corresponding Author:** Monique L. Anderson, MD, Department of Medicine, Duke Clinical Research Institute, 7022 North Pavilion, Duke University Medical Center, PO Box 17969, Durham, NC 27715 (monique.anderson@duke.edu).

## Exhibit B

E1

More than 350 000 Americans experience out-of-hospital cardiac arrest (OHCA) each year.<sup>1</sup> In most US communities, overall survival has remained at 7% to 9% annually for the past 30 years.<sup>2-5</sup> However, the rates of OHCA incidence and survival vary significantly across geographic regions. For example, according to Resuscitation Outcomes Consortium observational data, survival of OHCA in Alabama counties is 500% lower than the rates in Seattle and Washington's suburban King County.<sup>4</sup> Cardiopulmonary resuscitation (CPR) performed by bystanders is a critical step in the chain of interventions for OHCA survival, with early initiation dramatically improving OHCA outcomes.<sup>6-8</sup> Every 1-minute delay in initiating CPR is associated with a 10% decrease in survival.<sup>7</sup> Nevertheless, rates of bystander CPR vary from 10% to 65% in observational studies,<sup>2-4,9</sup> with the lowest reported rates being in rural, minority, and low-income communities.<sup>10-14</sup> A recent American Heart Association (AHA) consensus statement called for an increase in bystander CPR training among communities.<sup>15</sup> Currently, very little is known about CPR training patterns in the United States, but this information could be invaluable for understanding how to increase bystander CPR rates.

We used data from several major US CPR training programs sponsored by the AHA, American Red Cross (ARC), and Health & Safety Institute (HSI) to examine patterns of annual CPR training in the United States. We also examined the degree to which county demographic, geographic, and health care factors were associated with low rates of CPR training.

## Methods

### Data Sources

Our study was submitted to the Duke University Health System Institutional Review Board and was determined to be exempt from review. For this study, we used data from the AHA, ARC, and HSI to determine rates of CPR training throughout the United States. To access this information, we obtained data use agreements according to Duke University research practices. Training data from the AHA, which were available at the county level, were based on course completion cards and community CPR products sold in the United States. Because 97% of the AHA training data were course completion cards that are distributed to a single individual (for Advanced Cardiovascular Life Support [ACLS], Pediatric Advanced Life Support [PALS], Basic Life Support [BLS], or Heartsaver [workplace training]), we assumed 1 card sold equated to 1 person trained. The AHA also has the following 2 community-based CPR products: (1) the Family & Friends CPR Course and (2) the Family & Friends CPR Anytime Personal Learning Program. For the Family & Friends CPR Course, a book is distributed to participants; therefore, we assumed that 1 book sold equated to 1 person trained. For the Family & Friends CPR Anytime Personal Learning Program, a home-training kit is provided; estimates conclude that 2.5 persons are trained per kit.<sup>16,17</sup> As a result, with the sale of these products, the AHA applies a multiplier of 2.5 to each kit sold to estimate regional training.

The ARC database tracks persons trained in CPR; these data are collected by 616 regional offices, are maintained by the ARC national headquarters,<sup>18</sup> are available at the zip code level, and are largely divided by professional (CPR/automated external defibrillator training for professional rescuers and health care providers) vs lay (first aid/CPR/automated external defibrillator training) rescuer programs. The professional program provides BLS training, whereas the lay rescuer program provides certification for the workplace and for lay responders who require certification.

Information obtained from HSI was based on product sales data distributed to regions in the United States. The HSI comprises 2 training companies: the American Health & Safety Institute and Medic FirstAid. All HSI products are based on certification cards; therefore, we assumed that 1 product sold equated to 1 person trained. Training is based on layperson BLS, PALS, and ACLS certifications. The lay training program is largely based on workplace training. These data were available at the zip code level.

For the primary analysis, we assumed that persons trained in ACLS or PALS concomitantly received BLS training in the same year. Therefore, to limit the chances of a single individual's training being counted twice, we excluded ACLS and PALS training provided by the AHA and HSI. We did not apply these exclusions to the ARC because BLS training is the most advanced level of training offered by this organization. To account for alternate possibilities, we performed a sensitivity analysis, which included the entire data set of the ACLS and PALS.

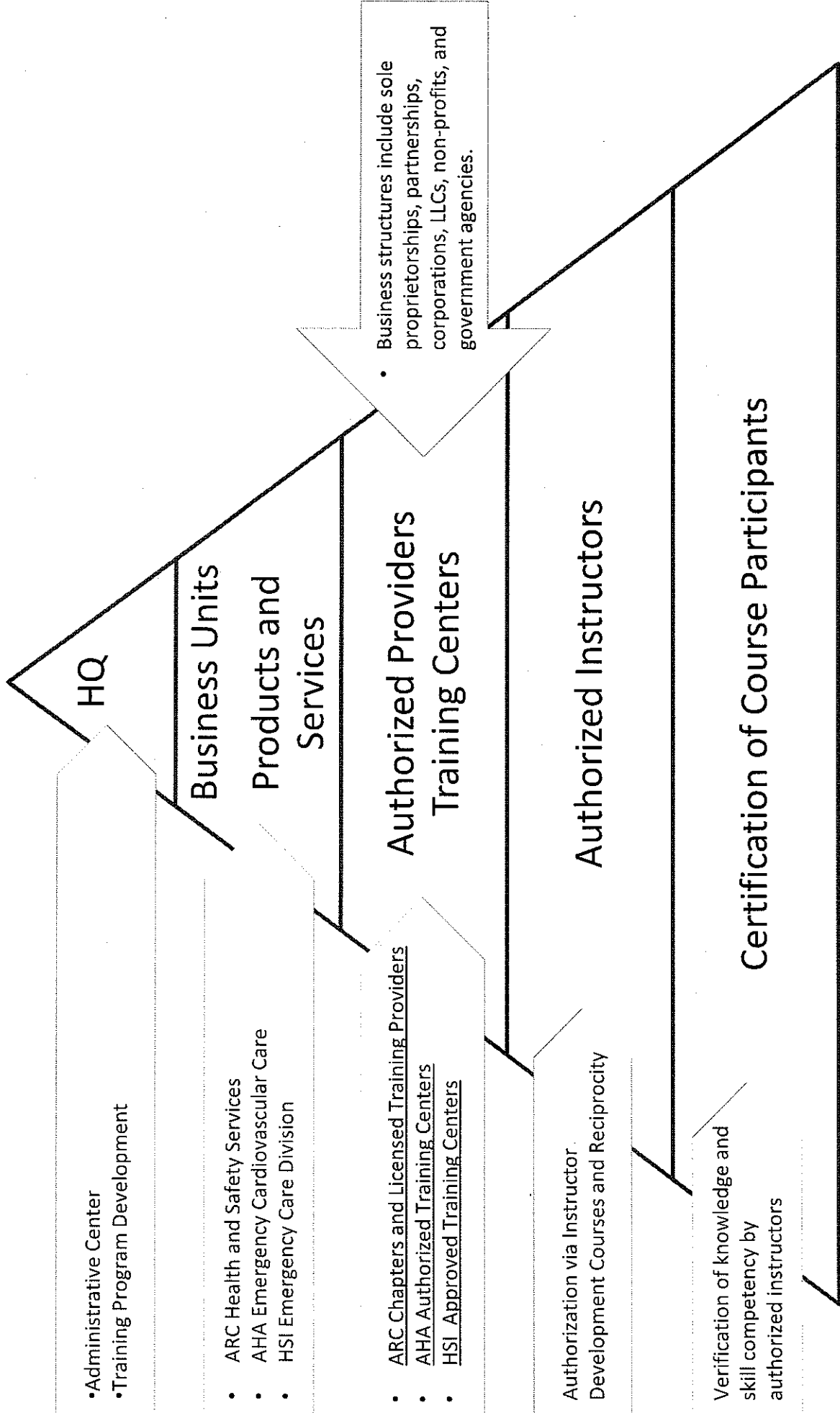
County-level demographic, geographic, and health care information were obtained from the Area Resource File,<sup>19</sup> 2010 Decennial Census, and Centers for Disease Control and Prevention. Similar to census data, Area Resource File data were not collected in the same year (eg, rural data were collected in the year 2000, hospital data in 2007, and physician data in 2008).

### Definitions

Rates of CPR training for each county were calculated as the estimated number of residents trained by the AHA, ARC, and HSI divided by the overall county population aged 15 to 80 years. We chose this age group to exclude children and the elderly because they would not typically be targets of CPR educational programs. We considered all counties in each of the 50 US states and Washington, DC. We excluded counties in Puerto Rico and the US Virgin Islands. We also excluded AHA and ARC training data that could not be mapped to a specific county or zip code (13.1% of the data set).

### Statistical Analysis

In a cross-sectional ecologic study design, we examined variability in county-level rates of CPR training and determined factors associated with low rates of CPR training. We defined tertiles by consecutively ordering counties (based on rates of CPR training) from lowest to highest. We then grouped our data into tertiles (lower, middle, and upper). Because previous data were not available to establish what could be considered low rates of training, we defined low rates as the range of data in the low-



# Organizational Structure

individuals seeking coaching duties, the most qualified individual shall be assigned. In considering qualifications, the qualifications desired for the position, the references, interviews and experience of those seeking the duties, and the education background shall be considered.

- c) Compensation for Coaches at the High School Level  
Any person assigned to coaching duties at any level (grades 9-12) shall be duly employed through the respective board of education and the entire coaching salary shall be paid through that board in accordance with local Board of Education policy.

Sec. 3) POST HIRE REQUIREMENTS AND REQUIREMENTS FOR CONTINUING COACHING DUTIES

- a) C.P.R. and AED Training for Coaches at the High School Level  
All coaches (head and assistant) at any level in all sanctioned sports and sport-activities (including cheerleading) shall provide documentation of successful completion of a C.P.R. course including the use of an Automatic External Defibrillator and the requisite First Aid Training, conducted by an instructor or program approved by a college or University, the American Red Cross, American Heart Association or other bona fide accrediting agency. Initial certification shall use in-person instruction and certification shall be timely and appropriately updated as required by the approving agency.

- b) Coaches Education Program for Coaches at the High School Level

(1) A Coaches Education Program has been approved as the coaching education program in Kentucky. The program shall include a course of study to include a KHSAA approved Coaches Education Program, KHSAA rules information and local district policies. The cost of attending the KHSAA Coaches Education Program shall be the responsibility of the individual coach(es). Local school districts or local schools may, upon successful completion of all coaching education requirements including all examinations, reimburse the coaches for the expense of attending the course.

(2) Level 1 individuals assigned to duties as a coach (head or assistant), who are hired as a member of the school system faculty for the first time following the 1995-96 school year shall take and complete all requirements for the Kentucky Coaches Education Program as detailed in Section b(1) above within one year of the initial assignment to coaching duties or prior to the legal start of practice for the next competitive season in any particular sport to which the individual is assigned, whichever occurs first.

(3) Level 2 individuals (Sec. 1, subsection b(4)) assigned to duties as a coach (head or assistant) shall take and complete all requirements for the KHSAA Approved Coaches Education Program as detailed in Section b(1) above within one year of the initial assignment to coaching duties or prior to the legal start of practice for the next competitive season in any particular sport to which the individual is assigned, whichever occurs first.

- c) Sports Safety Training and Medical Symposium Updates for Coaches at all Interscholastic Levels

(1) Each coach (head and assistant, including cheerleading) at all levels (grades 9-12) shall be required to complete a sports safety course and medical symposium update consisting of training on how to prevent common injuries.

(2) All member schools of the KHSAA shall pay the necessary expenses of coaches for the required attendance at the sanctioned sports safety course and sports medicine symposium update.

(3) The course shall meet the following criteria:

- i. The content of the course shall include the elements specified in KRS 160.445 including the risk of concussion and head injury;
- ii. The course shall be taught by a Certified Athletic Trainer, Registered Nurse, Physician or Physician's Assistant licensed to practice in Kentucky;
- iii. The course material and content shall be updated every thirty (30) months; and
- iv. Each coach having completed the course shall re-certify by taking the course not less than once every two (2) years.

(4) Successful completion of the course shall constitute a

passing score.

(5) Each coach of a sport or sport-activity at all interscholastic levels shall have successfully completed the sports safety course and medical symposium update prior to assuming coaching duties.

(6) The penalty for noncompliance with this section shall be suspension from coaching duties.

- d) KHSAA Rules Clinic for Coaches at the High School Level

(1) All coaches (head and assistant) shall annually attend at least one rules interpretation clinic conducted by representatives of the KHSAA in the sport in which they coach and the school desires to enter a team in postseason play, provided these clinics are conducted under the authorization of the Commissioner.

(2) The penalty for noncompliance with this section shall be suspension from coaching duties in all contests for a period not to exceed one year or any penalty otherwise included in Bylaw 25.

- e) Continual Education and Improvement

As approved by the school or school system, each coach shall be required to demonstrate attendance and participation in continual improvement activities involving the teaching of skills and tactics, evaluation of opponents, and opportunities for adaptation of updated systems to enhance the student participation experience.

Sec. 4) HIRING AND EMPLOYMENT REQUIREMENTS FOR ATHLETIC DIRECTORS AT THE HIGH SCHOOL LEVEL

a) All persons designated as high school Athletic Directors shall comply with any adopted regulations as governed by the local Board of Education.

b) Compensation for Athletic Directors at the High School Level  
Any person assigned to duties as an Athletic Director at the high school level (grades 9-12) shall be duly employed through the respective board of education and the entire salary shall be paid through that board in accordance with local Board of Education policy.

Sec. 5) POST HIRE REQUIREMENTS AND REQUIREMENTS FOR CONTINUING DUTIES AS AN ATHLETIC DIRECTOR

a) Continual Education and Improvement for Athletic Directors hired for the first time prior to August 1, 2016:

1) Each Athletic Director shall be required to annually demonstrate attendance and participation in continual improvement activities involving twelve (12) hours of educational programs validated by local board approved credit and produced by:

- a. The Kentucky High School Athletic Association;
- b. the Kentucky High School Athletic Directors Association;
- c. The National Interscholastic Athletic Administrators Association; or
- d. The Kentucky Department of Education.

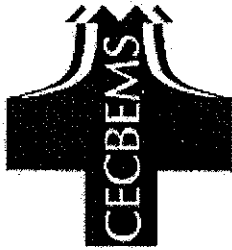
b) Continual Education and Improvement for Athletic Directors hired for the first time after August 1, 2016:

1) For the first three years holding the position of Athletic Director, each Athletic Director shall be required to annually demonstrate attendance and participation in continual improvement activities involving eighteen (18) hours of educational programs validated by local board approved credit and produced by:

- a. The Kentucky High School Athletic Association;
- b. the Kentucky High School Athletic Directors Association;
- c. The National Interscholastic Athletic Administrators Association; or
- d. The Kentucky Department of Education.

2) After completing three years holding the position of Athletic Director, each Athletic Director shall be required to annually demonstrate attendance and participation in continual improvement activities involving twelve (12) hours of educational programs validated by local board approved credit and produced by:

- a. The Kentucky High School Athletic Association;
- b. The Kentucky High School Athletic Directors Association;
- c. The National Interscholastic Athletic Administrators Association; or
- d. The Kentucky Department of Education.



CONTINUING EDUCATION COORDINATING BOARD FOR EMERGENCY MEDICAL SERVICES

## Certificate of Organizational Accreditation

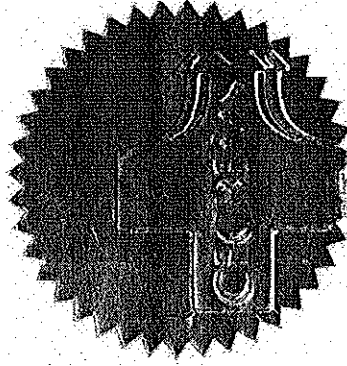
### *Health & Safety Institute*

*is hereby recognized as having met all requirements for awarding  
CECBEMS accreditation for EMS continuing education activities.*

**Accreditation period:** August 2014 – August 2017

*Juan A. March, M.D., FACEP*  
Juan A. March, MD, FACEP Chair

*Elizabeth Sibley*  
Elizabeth Sibley, Executive Director





PAUL E. PATTON  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
Cabinet for Health Services

PAMELA J. MURPHY, J.D.  
INSPECTOR GENERAL

MARCIA R. MORGAN  
SECRETARY

OFFICE OF THE INSPECTOR GENERAL  
275 EAST MAIN STREET, 5 EAST  
FRANKFORT, KENTUCKY 40621  
(502) 564-2800  
Fax No. (502) 564-6546  
<http://chs.state.ky.us/oig/>



May 14, 2003

Eric Reale, Regulatory Affairs  
American Safety & Health Institute  
4148 Louis Avenue  
Holiday, FL 34691

Re: Kentucky CHS Approval for American Safety & Health Institute

Dear Mr. Reale;

The Cabinet for Health Services (CHS), Office of Inspector General, Division of Licensed Child Care has reviewed your materials and determined that the American Safety and Health Institute is an approved source of Infant & Child First Aid and Infant & Child CPR training for child care workers in the state of Kentucky.

922 KAR 2:110, Section 3(2)(c) requires that "at least one (1) person on duty and present with the children shall be currently certified by a training agency with standards and training material acceptable to, and on file with, the Cabinet for Health Services, in the following skills: Infant and child cardiopulmonary resuscitation; and 2. Infant and child first aid..." The complete text of this regulation can be found at: <http://www.lrc.state.ky.us/kar/922/002/110.htm>

American Safety & Health Institute and its above referenced training programs are acceptable to and on file with the Cabinet for Health Services. Your certified representatives may train child care workers in the state of Kentucky. It is the responsibility of the trainer to issue a certificate of participation or identifying card to each participant. This certificate or card must specify the title of the course and the effective period of the certification. The participant must make this certificate or card available to Division of Licensed Child Care personnel for review during inspections of the child care center where the participant is employed, if applicable. It is not necessary for your training representatives to submit names of participants to this office.

Please let me know if I can help you in any way. Good luck in your training endeavors!

Sincerely,

  
Amy Stiber, Director  
Division of Licensed Child Care

Cc: Anna Word, Regional Program Manager, Region A  
Jeannette Hood, Regional Program Manager, Region B  
Deborah Eubank, Regional Program Manager, Region C  
BJ Short, Regional Program Manager, Region D  
Mike Cheek, Director, Division of Child Care

*...promoting and safeguarding the health and wellness of all Kentuckians.*



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NOV 25 2002

PAUL E. PATTON  
GOVERNOR

MARCIA R. MORGAN  
SECRETARY

COMMONWEALTH OF KENTUCKY  
Cabinet for Health Services  
**OFFICE OF THE INSPECTOR GENERAL**  
275 EAST MAIN STREET, 5 EAST  
FRANKFORT, KENTUCKY 40621  
(502) 564-2800  
FAX No. (502) 564-6546  
<http://chs.state.ky.us/oig/>

PAMELA J. MURPHY, J.D.  
INSPECTOR GENERAL



November 19, 2002

Mr. Wayne Thomas  
Client Services Representative  
MEDIC FIRST AID International, Inc.  
500 S. Danebo Avenue  
Eugene, Oregon 97402

Dear Mr. Thomas:

We have received your request for approval of Medic First Aid Pediatric Program for training use in Kentucky licensed child care facilities. After review of your materials, it has been determined that your program is approved. This approval is contingent on your continued compliance with national consensus training guidelines.

If this office can be of further assistance, please do not hesitate to contact us.

Sincerely,

Amy Stiber, Director  
Division of Licensed Child Care

AS/bh  
c: Mike Cheek



*...promoting and safeguarding the health and wellness of all Kentuckians.*

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CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR COMMUNITY BASED SERVICES  
DIVISION OF CHILD CARE

Steven L. Beshear  
Governor

Division of Child Care  
275 East Main Street 3C-F  
(502) 564-2524  
(502) 564-3464  
www.chfs.ky.gov

Audrey Tayse Haynes  
Secretary

August 21, 2012

Kristal Langner  
Regulatory Approval Specialist  
Health & Safety Institute  
1450 Westec Drive  
Eugene, OR 97402

Dear Ms. Langner:

The Division of Child Care (DCC) has received your request for approval of the revised American Safety and Health Institute (ASHI) Pediatric CPR, AED and First Aid Training program for use in Kentucky. I am pleased to inform you that your request has been approved to add ASHI Pediatric CPR, AED and First Aid Training program to the Division of Child Care list of approved training organizations. This approval is contingent on continued compliance with guidelines published by nationally recognized authorities.

Please be advised, only face-to-face training offered through the listed organizations is approved to meet the state regulatory requirements for licensed and certified child care providers. Per regulation KAR 2:240 Section 11 "A training that is not face-to-face shall consist of a combination delivery modes and not solely consist of reading an article, reading an article and answering questions, watching a video or watching a video and answering questions."

If we can be of further assistance, please contact Erica Tipton at 502-564-2524.

Sincerely,

Mary Beth Jackson  
Director

MKJ/ddh

cc: Greg Davidson, Division of Regulated Child Care





**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR COMMUNITY BASED SERVICES  
DIVISION OF CHILD CARE**

**Steven L. Beshear**  
Governor

Division of Child Care  
275 East Main Street 3C-F  
(502) 564-2524  
(502) 564-3464  
[www.chfs.ky.gov](http://www.chfs.ky.gov)

**Janie Miller**  
Secretary

August 16, 2011

Kristal Langner  
Regulatory Approval Specialist  
Health & Safety Institute  
1450 Westec Drive  
Eugene, OR 97402

Dear Ms. Langner:

The Division of Child Care has reviewed your request for approval of Medic First Aid International for use in Kentucky. I am pleased to inform you, the request has been approved to add the Medic First Aid Pediatric and CPR Program to the Division of Child Care list of approved training organizations. This approval is contingent on continued compliance with guidelines published by nationally recognized authorities.

Please be advised, only face-to-face training offered through the listed organizations is approved to meet the state regulatory requirements for licensed and certified child care providers. In addition, The Division of Child Care does not endorse as best practice web-based First Aid and CPR training, and will not meet the required training requirements.

If we can be of further assistance, please contact my office at 502-564-2524.

Sincerely,

Darlene Hoover,  
CORE Section Supervisor

cc: Greg Davidson, Division of Regulated Child Care



COMMONWEALTH OF KENTUCKY  
**KENTUCKY STATE BOARD OF HAIRDRESSERS AND COSMETOLOGISTS**

111 St. James Court Suite A  
Frankfort, Kentucky 40601  
Telephone: (502) 564-4262  
Fax: (502) 564-0481

**ERNIE FLETCHER**  
Governor

████████████████████  
Administrator

July 19, 2004

Mr. Eric Reale  
Regulatory Affairs Representative  
National Instructors Resource Center, Inc.  
ASHI Programs  
4148 Louis Avenue  
Holiday, FL 34691

RE: 201 KAR 12:200. Requirements for continuing education for renewal of license.

Dear Mr. Reale:

During the board meeting on Monday, June 7, 2004, and a special board meeting on Tuesday, June 15, 2004, the members of the board considered the written comments you submitted as a result of amendments to 201 KAR 12:200.

After considering the written comments received and noting that the board, in the near future, will be implementing a provider fee for sponsors of continuing education programs, the Board determined to delete that section of the administrative regulation, 201 KAR 12:200. Section 3(2), in its entirety.

Any organization, association, individual, licensee, etc., wishing to offer continuing education programs will be required to apply and obtain approval on an individual basis. This includes the American Red Cross Chapters and any individual certified by the American Heart Association, or any individual certified by your organization, American Safety & Health Institute.

Therefore, the application you submitted cannot be approved at this time as each individual provider must apply and receive approval. Enclosed is an application packet to apply for approval of continuing education programs that could be distributed to your members interesting in applying for approval to offer continuing education programs.



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

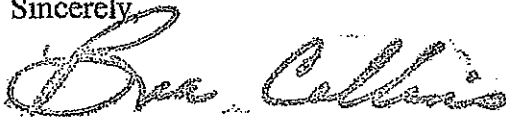
Exhibit F

Mr. Eric Reale  
National Instructors Resource Center, Inc.  
ASHI Programs  
July 19, 2004  
Page 2

Once details have been established regarding the provider fee application, that information will also be mailed to you.

Thank you for taking interest in this matter and if you have any questions or we may be of further assistance, please do not hesitate to contact this office.

Sincerely

A handwritten signature in cursive script, appearing to read "Bea Collins".

Mrs. Bea Collins,  
Chairman

BC/dm  
Enclosure

Exhibit F



JUL 14 2009

COMMONWEALTH OF KENTUCKY  
OFFICE OF THE ATTORNEY GENERAL

JACK CONWAY  
ATTORNEY GENERAL

July 10, 2009

CAPITOL BUILDING, SUITE 118  
700 CAPITAL AVENUE  
FRANKFORT, KENTUCKY 40601  
(502) 696-5300  
FAX: (502) 564-2894  
DIRECT DIAL: (502) 696-5627  
DIRECT FAX: (502) 564-6801  
Mark.Brengelman@ag.ky.gov

Ralph Shenefelt, Executive Program Director  
Health & Safety Institute  
Post Office Box 21738  
1450 Westec Drive  
Eugene, Oregon 97402-0468

Re: American Health & Safety Institute cardiopulmonary resuscitation course  
acceptance by the Kentucky Board of Dentistry

Dear Mr. Shenefelt:

I am following up to your letter dated June 12, 2009, and to confirm the e-mail I sent to you on June 24, 2009, regarding the above. Yes, the American Health & Safety Institute cardiopulmonary resuscitation course is acceptable to the Board to meet the requirements of 201 KAR 8:140 § 2(1)(b). That administrative regulation requires each licensee of the Board to: "take a BLS course certified by the American Heart Association or a CPR course certified by the American Red Cross and shall maintain certification." While the AHSI course is not within the express provisions of this law, the Board has previously allowed, as early as November 19, 2002, the AHSI course to be its equivalent, and thus acceptable under law. I have previously advised the Board to amend its administrative regulation to include the AHSI course as an acceptable course specifically referenced in its law. Thank you for providing a copy of the Board's prior letter from 2002 showing its acceptance by the Board.

You also wrote in support of Rachel L. Riley Cook, R.D.H., Lexington, Kentucky, whose continuing dental hygiene education deficiency is still pending before the Board. The acceptance of the AHSI course is now resolved in her situation thus simplifying the remaining issues still pending against her.

Sincerely yours,

Jack Conway  
Attorney General

Mark Brengelman  
Assistant Attorney General  
Counsel, Kentucky Board of Dentistry

cc: Brian Bishop, Executive Director



**PRESIDENT**  
2404 GREATSTONE POINT  
LEXINGTON, KENTUCKY 40504

**JAMES T. PATTERSON, DMD**  
**VICE PRESIDENT**  
10101 LINN STATION ROAD, SUITE 540  
LOUISVILLE, KENTUCKY 40223

**JULIE GASKILL, DMD**  
**SECRETARY-TREASURER**  
546 PARK STREET, SUITE 500  
BOWLING GREEN, KENTUCKY 42101

**GARY MUNSIE**  
**EXECUTIVE DIRECTOR**  
10101 LINN STATION ROAD, SUITE 540  
LOUISVILLE, KENTUCKY 40223



**COMMONWEALTH OF KENTUCKY**

**BOARD OF DENTISTRY**

10101 LINN STATION ROAD, SUITE 540  
LOUISVILLE, KENTUCKY 40223  
PHONE: (502) 423-0573  
FAX: (502) 423-1239

311 WEST 9<sup>th</sup> STREET  
HOPKINSVILLE, KENTUCKY 42240

**MARY ANN BURCH, RDH**  
220 CROWN POINT DRIVE  
FRANKFORT, KENTUCKY 40601

**DAN CLAGETT, DMD**  
551A WESTPORT ROAD  
ELIZABETHTOWN, KENTUCKY 42701

**DARLENE SAND WALL, DMD**  
2865 CHANCELLOR DRIVE, SUITE 230  
CRESTVIEW HILLS, KENTUCKY 41017

**DAVID NARRAMORE, DMD**  
353 MAIN STREET  
WHITESBURG, KENTUCKY 41858

**SUSAN FEELEY, DDS**  
P O BOX 1094  
CRESTWOOD, KENTUCKY 40014

November 19, 2002

Gregg A. Rich  
Executive Program Director  
American Safety & Health Institute  
4148 Louis Avenue  
Holiday FL 34691

RE: Acceptance of ASHI CPR Cards

Dear Mr. Rich:

The issued of the Kentucky Board of Dentistry not currently accepting the American Safety & Health Institutes CPR course for Kentucky licensee's went before the full Board at its last regularly scheduled meeting on November 9, 2002.

It was the unanimous vote of the board that the ASHI course be accepted to fulfill the CPR requirement for Kentucky licensee's.

If you need any further information regarding this matter, please contact the Board office.

Sincerely,

A handwritten signature in cursive script that reads "Diana Bailey".

Diana Bailey  
Executive Secretary

Exhibit F

## Kristal Langner

---

**From:** Redmon, Kristi (LABOR) [Kristi.Redmon@ky.gov]  
**Sent:** Monday, September 26, 2011 12:00 PM  
**To:** Kristal Langner  
**Cc:** Tennill, Amy (LABOR); Perry, Kim (LABOR); Long, Susan (LABOR); Stribling, Chuck (LABOR)  
**Subject:** RE: 092011 - KRISTAL LANGNER - SL EM - OSH ET KP

Dear Ms. Langner,

The Kentucky Labor Cabinet operates a complete occupational safety and health (OSH) program approved and monitored by the Occupational Safety and Health Administration (OSHA). Your email was forwarded to my office for response. You state:

"The Health and Safety Institute is the parent company to the American Safety and Health Institute (ASHI) [and/or] Medic First Aid brand training programs. These programs have been recently updated to conform to the 2010 International Consensus on Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) Science with Treatment Recommendations (CoSTR). They have been extensively reviewed, independently validated, and found substantially equivalent to the training programs of the American Heart Association and the American Red Cross.

Our purpose in writing is to confirm that these programs continue meet the intent of the requirements established by the department. We have attached our original approval letter. An updated letter or a simple email confirmation would be sufficient for our needs. Alternatively, if the department no longer considers the programs acceptable, or there are other issues we need to be aware of, we would appreciate knowing the pertinent facts in this regard.

Should you have any questions or concerns regarding my request, please feel free to contact me directly.

Thank you very much for your time and assistance"

### Reply

The Kentucky OSH Program does not approve or endorse products. However, if the program is substantially equivalent to those of the American Heart Association and the American Red Cross, it is likely that the program also meets the intent of the regulation.

The final determination for compliance cannot be solely based on an outside evaluation of the program. The determination for compliance with the regulation must also consider the numerous factors that affect safety and health in a facility as they pertain to the training program including the types of hazards in the facility. For instance, the first aid training necessary for office employees may vary significantly from those working in a foundry. The first aid requirements of 803 Kentucky Administrative Regulation 2:310 are performance based. Ultimately, it is an employer's responsibility to determine if a first aid training program meets the requirements of the regulation as it applies to the employer's specific workplace.

Thank you for your interest in safety and health. If you have any additional questions, please contact me at (502) 564-3070.

Kristi Redmon, CIH  
Health Standards Specialist

**DEPARTMENT OF LABOR**  
**OCCUPATIONAL SAFETY AND HEALTH PROGRAM**  
FRANKFORT, KENTUCKY 40601

**JOHN Y. BROWN, JR.**  
Governor

**EUGENE F. LAND**  
Commissioner



**MICHAEL D. RAGLAND**  
Executive Director

**LARRY W. POTTER**  
Director  
Education and Training  
(502) 564-6895

July 8, 1981

Thomas G. Ford  
Educational Program Director  
Emergency Medical Planning, Inc.  
5319 S. W. Westgate Drive, Suite 145  
Portland, Oregon 97221

Dear Mr. Ford:

Thank you for contacting the Kentucky Occupational Safety and Health Program so we could evaluate Emergency Medical Planning's "Medic First Aid" training program.

Kentucky Administrative Regulation 803 KAR 2:020 requires that "employers with eight or more employees within an establishment shall have persons adequately trained to render first aid..." and "all other employers shall, in the absence of an infirmary, clinic, or hospital in near proximity to the workplace which is used for the treatment of all injured employees, have a person or persons adequately trained to render first aid." Your training program appears to present the means necessary to have adequately trained persons to render first aid.

Again, thank you for contacting the Kentucky OSH Program for information. Feel free to contact our office if we can be of further assistance to you.

Sincerely,

*Michael Salyers*

Michael Salyers  
Technical Support

MS/ryb

Exhibit F

## Kristal Langner

---

**From:** Young, Bill R (KCTCS) [bill.young@kctcs.edu]  
**Sent:** Thursday, September 22, 2011 11:29 AM  
**To:** Kristal Langner  
**Subject:** RE: CPR approval confirmation

ASHI courses are accepted.

Bill Young NREMT-P, M.S  
Director of EMS Education

---

**From:** Kristal Langner [klangner@hsi.com]  
**Sent:** Tuesday, September 20, 2011 12:56 PM  
**To:** Young, Bill R (KCTCS)  
**Subject:** CPR approval confirmation

**From:** Kristal Langner  
**Sent:** Friday, September 02, 2011 12:49 PM  
**To:** 'bill.young@kctcs.edu'  
**Subject:** CPR approval confirmation

Dear Bill Young: - 2nd Attempt

The Health and Safety Institute is the parent company to the American Safety and Health Institute (ASHI) [and/or] Medic First Aid brand training programs. These programs have been recently updated to conform to the 2010 International Consensus on Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) Science with Treatment Recommendations (CoSTR). They have been extensively reviewed, independently validated, and found substantially equivalent to the training programs of the American Heart Association and the American Red Cross.

Our purpose in writing is to confirm that these programs continue meet the intent of the requirements established by the department. We have attached our original approval letter. An updated letter or a simple email confirmation would be sufficient for our needs. Alternatively, if the department no longer considers the programs acceptable, or there are other issues we need to be aware of, we would appreciate knowing the pertinent facts in this regard.

Should you have any questions or concerns regarding my request, please feel free to contact me directly.

Thank you very much for your time and assistance

Kristal Langner  
Regulatory Approval Specialist  
[klangner@hsi.com](mailto:klangner@hsi.com)<<mailto:klangner@hsi.com>>  
[P<mailto:klangner@hsi.com](mailto:klangner@hsi.com)> 800 447 3177, x325  
541 284 3898  
F 541 344 7429  
Health & Safety Institute  
1450 Westec Drive  
Eugene, OR 97402





Honorable Anthony Stratton  
Chairperson

**KENTUCKY BOARD OF  
EMERGENCY MEDICAL SERVICES**  
COMMONWEALTH OF KENTUCKY  
2545 OLD LAWRENCEBURG ROAD - THE PEACH BUILDING  
FRANKFORT, KENTUCKY 40601  
PHONE: 502-564-8963  
FAX: 502-564-4687



Mr. Brian Bishop  
Executive Director

January 28, 2003

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

Dear Mr. Reale,

I am responding to your correspondence dated January 22 in lieu of Ms. Burklow as she is not with the Kentucky Board of Emergency Medical Services nor does the EMS Branch of Health Services any longer exist. A current staff listing, phone numbers, address and email links can be obtained from our website at [www.kbems.org](http://www.kbems.org)

The document that you have referenced and included with your correspondence clearly says "DRAFT". It is not in effect at this time and we do not anticipate that it will take effect until possibly the fourth quarter of 2003. The language that you reference refers to the qualifications of instructors. We do recognize AHSI Instructors as qualified to teach CPR training that meets the requirements of the regulations. We do not presently nor do I anticipate that in the future we will name specific courses or course offerings by name in our regulations. The regulatory process in Kentucky is tedious and lengthy. Should a program's content change; we could find ourselves having to accept a course for possibly as long as six (6) months that did not meet the content requirements of the regulations solely because it is named in the regulations.

Certificate or license holders are responsible to assure that the course they submit to meet their re-certification requirements meets the content requirements of the regulations.

I have enclosed with this correspondence a copy of board minutes from May 2, 2002. The portion of the minutes that I have highlighted reflects the language that was adopted by the board pursuant to accepting your CPR PRO course. This approval obviously is contingent upon the course continuing to meet the content requirements of that regulation.

I hope this is sufficient to meet your needs. If additional information is required, please feel free to contact me.

Sincerely,

Charles M. O'Neal, B.A., NREMT-P  
Deputy Executive Director  
[charlesm.oneal@mail.state.ky.us](mailto:charlesm.oneal@mail.state.ky.us)



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Exhibit F

**New Business:**

Regulations Committee:

Mary Guidugli asked Legal Counsel, Patricia Bausch to address the Board on the draft concerning Emergency Regulation for fees. Mrs. Bausch stated that the Regulation Committee had met and agreed on two E-Reg fees. Mrs. Bausch recommended that the Board not consider at this time, the substantial changes to fees and the regulation committee agreed fee regulation was not ready for an e-reg at this time and would to more appropriate submit then with the next group of regulations.

Medical Standards:

Motion was made by Dr. Bentley to approve protocols: Clinton County EMS, Estill County, and The Medical Center all as published. Rural/Metro Ambulance, Leslie County Fire and Rescue, Menifee County, Cincinnati/Northern Kentucky, Knott County and Montgomery County contingent upon required modifications, seconded by Judge Stratton. Motion passed unanimously.

Motion was made by Judge Stratton to approve Medical Directors: Edmondson County, Dr. Pravin Avula, contingent upon six (6) months to obtain PALS; Left Beaver Volunteer Fire, Dr. Caren L. Daniels, seconded by Bob Dixon. Motion passed unanimously.

Motion was made by Judge Stratton to approve the waiver request from the University of Tennessee Medical Center to continue authority to operate utilizing Tennessee licensed paramedics. This will take place only until the time nursing and paramedic staff will have to be KY licensed or service may have the option to surrender their KY license if they are solely flying KY to TN hospital and not KY to KY hospital, seconded by Lee Brown. Motion passed unanimously.

Education Committee:

Motion was made by Lee Brown to approve course applications for Hickman/Fulton Co. and Anchorage Fire EMS, seconded by Mike Swift. Motion passed unanimously.

Motion was made by Lee Brown to approve Washington Co. EMS, TransCare of Kentucky, Martin Volunteer Fire, and Oldham Co. EMS, KEMSMEC, Hazard Community College, American Emergency Resources, and West Lincoln County EMS contingent upon required documents to approve courses being mailed to the KBEMS office. Seconded by Dr. Bentley, motion passed unanimously.

Motion was made by Lee Brown for approval of recommendations: Request that KBEMS staff send a letter to The American Health and Safety Institute to let them know that CPR PRO course met the CPR requirement for licensure/certification education. Direct KBEMS staff to write a letter to AHSI verifying that KBEMS accepts CPR PRO as meeting the CPR standard. KBEMS staff to add "Outreach Programs to the Educational Institution" agreement to include CEU offering the institutions only a blanket approval

PAUL E. PATTON  
Commissioner



JOE NORSWICKER  
Secretary

Steve Risher  
Safety Team Coordinator

Ashley E. Love  
Deputy  
Director of Compliance

Ashley Rasmussen  
Director of Compliance  
and Training

COMMONWEALTH OF KENTUCKY  
LABOR CABINET  
OCCUPATIONAL SAFETY AND HEALTH PROGRAM  
1047 US HWY 127 S STE 4  
FRANKFORT KY 40601-4881

December 22, 1999

Ms. Maecy Thobaben LPMAN, NREMT-R  
President  
Blugrass Health & Safety, Inc.  
601 Corbit Dr.  
Whimere, KY 40390

Dear Ms. Thobaben:

Please consider this letter as confirmation that the Kentucky Occupational Safety and Health (KYOOSH) Program accepts the revision of the Directorate of Compliance Programs within the Occupational Safety and Health Administration (OSHA) in his letter to The American Safety and Health Institute, dated December 3, 1991. In the letter, OSHA determined that the training materials supplied by The American Safety and Health Institute, including its first aid program, supported the efforts of the employer to comply with 29 CFR 1910.151, the first aid standard.

If you need further assistance, please contact me.

Sincerely,

William L. Ralston  
Safety Standards Specialist

PHONE: (502) 564-3070

An Equal Opportunity Employer M/F/D



FAX: (502) 564-1682



National Headquarters  
2025 E Street NW  
Washington, DC 20006

**CPR/AED for Professional Rescuers and Health Care Providers  
Certification Equivalents**

Instructor candidates are required to have a basic-level certificate in American Red Cross CPR/AED for Professional Rescuers and Health Care Providers or an equivalent certificate to enter an instructor course. The American Red Cross recognizes the following organizations as equivalent training:

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

Instructor candidates can also obtain basic-level certification by participating in a challenge course.

Exhibit G

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

16721

APR 23 2015

Mr. Ralph Shenefelt  
American Safety & Health Institute  
1450 Westec Drive  
Eugene, OR 97402

Ref: AMESHI-197

Dear Mr. Shenefelt:

We write in response to your letter of April 2, 2015, requesting renewal of the approval of your First Aid & CPR (AMESHI-197) 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 11.201(i)(1) 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 11.201(i)(1) for a merchant mariner license.

This determination is effective August 1, 2015, and expires on August 31, 2020. Subsequent five year renewals may be granted upon a written request to this office made at least 90 days before this approved expires.

If you have questions contact Course Approvals at [NMCCourses@uscg.mil](mailto:NMCCourses@uscg.mil) or (304) 433-3720.

Sincerely,

A handwritten signature in black ink that reads "JPNOVOTNY".

J. P. NOVOTNY  
Captain, U.S. Coast Guard

U.S. Department of  
Homeland Security

United States  
Coast Guard



Commanding Officer  
United States Coast Guard  
National Maritime Center

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

16721

Ref: MEDFAI-200

SEP 17 2013

Ms. Kristal Langner  
Medic First Aid International, Inc  
1450 Westec Dr.  
Eugene, OR 97487

Dear Ms. Langner:

We write in response to your letter of June 11, 2013, requesting that we continue to accept the First Aid & CPR (Medic Version 7.0) (MEDFAI-200) course to satisfy training requirements for merchant marine licenses.

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)(iii) for a merchant mariner credential *if presented within one year of the date of training.*

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 credential *if presented within one year of the date of training.*

This determination is effective October 1, 2013 and expires on October 31, 2018.

Subsequent five-year renewal periods may be granted subject to your written request to the Commanding Officer, National Maritime Center. Application for renewal must be submitted to the National Maritime Center at least 90 days in advance.

Sincerely,



J. R. BRANDT

Chief, Mariner Training and Assessment Division

U.S. Coast Guard

By direction

For the latest in merchant mariner credentialing, visit our web site at <http://www.uscg.mil/nmc>.  
The National Maritime Center is an ISO 9001:2008 compliant Organization.  
"One Mission, One Team, One Voice"

Exhibit H