Twin Cities Safety, LLC d/b/a HeartCert

American Heart Association Training Center

Quality Assurance Policy

TC# MN21017 | Version: 1.0 |

1. Purpose

This Quality Assurance (QA) Policy establishes the framework by which Twin Cities Safety, LLC d/b/a HeartCert ("the Training Center") monitors, evaluates, and continuously improves the quality of American Heart Association (AHA) course delivery, instructor performance, and program administration. This policy satisfies the AHA Program Administration Manual (PAM) requirement that all Training Centers maintain a written Quality Assurance Policy.

2. Scope

This policy applies to all individuals and activities operating under the Training Center's AHA affiliation, including:

- The Training Center Coordinator (TCC) and any Training Center Administrator(s)
- All aligned AHA Instructors and Instructor Candidates
- All AHA courses, renewals, and skills sessions delivered under this Training Center
- All Training Sites operating under this Training Center's AHA affiliation, and Instructor-led training delivered on the Training Center's behalf
- All Training Site Administrators and Training Site Coordinators

3. Responsibility for Quality Assurance

The Training Center Coordinator holds ultimate responsibility for the implementation and oversight of this QA Policy. The TCC may delegate specific monitoring tasks to a designated Training Center Administrator or QA Lead but retains accountability for outcomes.

4. Quality Assurance Activities

The Training Center will carry out the following ongoing quality assurance activities:

4.1 Instructor Monitoring

- New Instructors are monitored during their first course taught independently, consistent with AHA Instructor essentials requirements.
- All Instructors are periodically monitored during course delivery, at minimum once within each Instructor alignment/renewal cycle.
- Monitoring assesses adherence to the current AHA course materials, skills testing criteria, and classroom facilitation standards.
- Monitoring results are documented using a standardized monitoring form and retained in the instructor’s file.

4.2 Course and Skills Session Oversight

- Course rosters are reviewed for completeness and accuracy before student completion cards are issued.

- Student-to-manikin and student-to-AED ratios, and instructor-to-student ratios, are verified against current AHA course requirements.
- Skills sessions and testing are periodically spot-checked to confirm fidelity to AHA-approved course materials.

4.3 Student and Instructor Feedback

- Course evaluations are made available to students at the conclusion of each course.
- Negative feedback trends or individual concerns are reviewed by the TCC within 5 business days of receipt.
- Instructors may raise concerns about course operations, materials, or site conditions directly to the TCC.

4.4 Discrepancy Reports and Complaints

- Any discrepancy report, complaint, or reported concern involving an instructor, course, or Training Site is logged and investigated by the TCC or designee.
- Investigations are documented, including findings and any corrective action taken.
- Serious concerns (e.g., those involving patient/student safety or scope-of-practice issues) are escalated to AHA promptly in accordance with PAM requirements.

4.5 Roster and Records Compliance

- If the Training Center uses its own roster format, it incorporates all information contained on the official AHA roster, per current PAM requirements.
- Course records, rosters, and completion documentation are retained for the period required by the PAM.
- Instructor alignment status, renewal dates, and required agreements (including written Instructor Agreements) are tracked and kept current.

5. Corrective Action Process

Where monitoring, feedback, or a discrepancy report identifies a quality concern, the Training Center will follow a structured corrective action process:

- Step 1 — Identification: Concern is documented, including date, source, and nature of the issue.
- Step 2 — Review: TCC (or designee) reviews the concern and determines root cause.
- Step 3 — Action: Corrective action is determined and communicated to the affected Instructor(s) or site, which may include additional monitoring, retraining, remediation, or — in serious or repeated cases — suspension or removal of Instructor alignment.
- Step 4 — Follow-Up: Corrective action is verified for completion and effectiveness, with results documented.
- Step 5 — Escalation: Unresolved or serious matters are escalated to the AHA Training Network / Compliance Team as required.

6. Instructor Agreements

Consistent with current PAM requirements, the Training Center maintains a written agreement with each aligned Instructor. The agreement addresses expectations for course delivery, use of current AHA materials, monitoring participation, communication, and grounds for alignment termination. Agreements are reviewed and renewed as needed and retained in each Instructor's file.

7. Documentation and Record Retention

- QA monitoring forms, discrepancy reports, corrective action records, and course evaluations are retained in accordance with AHA PAM record retention requirements.
- Records are stored securely and made available for AHA review upon request.

8. Policy Review

This QA Policy is reviewed at least annually, and whenever the AHA issues material updates to the Program Administration Manual, to ensure continued alignment with current requirements. The TCC is responsible for initiating and documenting each review.

9. Approval

Training Center Coordinator (Name & Signature)	**Date**
Ric Chiodo, Training Center Coordinator	October 1, 2026