STATE BOARD OF CHIROPRACTIC EXAMINERS
3605 Missouri Boulevard
P.O. Box 672
Jefferson City, MO 65102-0672
573-751-2104
573-751-0735 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri
chiropractic@pr.mo.gov

State Board of Chiropractic Examiners
TENTATIVE AGENDA
September 15, 2011 – 7:30 a.m.
Division of Professional Registration
3605 Missouri Boulevard - Jefferson City Missouri

Notification of special needs as addressed by the Americans with Disabilities Act should be forwarded to the Missouri State Board of Chiropractic Examiners, P.O. Box 672, 3605 Missouri Boulevard, Jefferson City, Missouri 65102 or by calling (573) 751-0018 to ensure available accommodations. The text telephone for the Deaf or Hard of Hearing is 800/735-2966 or 800/735-2466 for Voice Relay Missouri.

Except to the extent disclosure is otherwise required by law, the Missouri State Board of Chiropractic Examiners is authorized to close meetings, records and votes, to the extent they relate to the following: Chapter 610.021 subsections (1), (3), (5), (7), (13), (14), and Chapter 324.001.8 and 324.001.9 RSMo.

The Board may convene in closed session at any time during the meeting. If the meeting is closed, the appropriate section will be announced to the public, with the motion and vote recorded in open session minutes.

Please see attached agenda for this meeting.

Attachment
## Call to Order
Dr. Gary Carver, Board President

## Roll Call
Executive Director

## Approval of Agenda

1. Approval of Minutes
   - June 16, 2011 Board Meeting
   - July 2, 2011 Mail Ballot
   - August 19, 2011 Mail Ballot

2. Financial Report
   Executive Director

3. Regulatory Approval Request
   - Kristal Langner, Health & Safety Institute, Eugene Oregon

4. Interscholastic Youth Sports Brain Injury Prevention Act
   - Correspondence from Laura McLaughlin

5. Jurisprudence examination
   Executive Director

---

**Motions to Close**

Section 610.021 subsections (14), 324.001.8 and 324.001.9 RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to the licensee or applicant section 610.021 subsection (1) RSMo for the purpose of discussing general legal action, causes of action or litigation and any confidential or privileged communication between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsection 610.021 RSMo which authorizes this agency to go into closed session during those meetings.
At 8:06 a.m., the Missouri State Board of Chiropractic Examiners meeting was called to order by Dr. Gary Carver, Board President, at the Missouri Division of Professional Registration, 3605 Missouri Boulevard, Jefferson City, Missouri. The Executive I facilitated roll call.

**Board Members Present**
Gary Carver, D.C., President  
William Madosky, Secretary  
Paul Nahon, Public Member  
Jack Rushin, D.C (via telephone conference)  
Homer Thompson, D.C.

**Staff Present**
Jeanette Wilde, Executive I  
Sarah Becker, Licensure Technician II  
Greg Mitchell, Counsel

It was noted that Ms. Loree Kessler was not present due to a family emergency.

**Visitor**
Roger Ott, D.C. via conference call  
Kathleen Wilcoxson, Missouri State Chiropractic Association  
Dr. Darren Kirchner, Kahoka Missouri

Dr. Carver indicated he would be voting in open and closed session.

A motion was made by Dr. Thompson and seconded by Mr. Nahon to approve the open session agenda adding a discussion on TENS Units. Board members voting aye: Dr. Madosky, Dr. Thompson, Dr. Rushin, Mr. Nahon, and Dr. Gary Carver. Motion carried unanimously.

A motion was made by Dr. Thompson and seconded by Dr. Madosky to approve the March 17, 2011 board meeting minutes and the April 8, 2011 and April 25, 2011 mail ballot minutes. Board members voting aye: Dr. Madosky, Dr. Thompson, Dr. Rushin, Mr. Nahon, and Dr. Gary Carver. Motion carried unanimously.

**Financial Report**
There were no questions regarding the financial report. The executive I provided an update of the 2009-2010 continuing education audit explaining that any audit candidate who had not responded would be sent a final notice before requesting the appearance during the September meeting.

**Tuberculosis Testing** - A motion was made by Dr. Thompson and seconded by Dr. Rushin to approve tuberculosis testing as it is part of the scope of practice and does not associate with the care of patients. Board members voting aye: Dr. Madosky, Dr. Thompson, Dr. Rushin, Mr. Nahon, and Dr. Gary Carver. Motion carried unanimously.

**Practitioner Survey** – The Board met with Dr. Kirchner to discuss developing a national and state plan as to where they want to be in twenty-five years. Dr. Kirchner advised he would provide suggestions to the board for review and additional suggestions.
**Logan College Clinic Intern Program** – The Board directed the executive director to send a letter advising of its concern on how the rheumatologists would communicate with the college regarding the student.

**Rights of Chiropractors at Hospitals in Missouri** – The Board directed counsel to review the matter and provide a report at the September meeting. The board directed the executive director to notify the doctor that the Board was reviewing the matter.

**Disaster Relief** – A motion was made by Dr. Madosky and seconded by Dr. Rushin for counsel to research the statutes for out of state chiropractors to assist with a disaster and to report back to the Board at the September meeting language for changing the statute for the next legislative session.

**Dispensing of TENS Units** – The Board directed counsel to send a letter advising the dispensing of TENS Units may be done in inpatient and outpatient settings.

At 8:41 a.m. a motion was made by Dr. Madosky and seconded by Dr Thompson to convene in closed session pursuant to section 610.021 subsections (14), 324.001.8 and 324.001.9 RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to the licensee or applicant section 610.021 subsection (1) RSMo for the purpose of discussing general legal action, causes of action or litigation and any confidential or privileged communication between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsection 610.021 RSMo which authorizes this agency to go into closed session during those meetings.

Board members voting aye: Dr. Madosky, Dr. Thompson, Dr. Rushin, Mr. Nahon, and Dr. Gary Carver. Motion carried unanimously.

At 11:45 a.m. a motion was made by Dr. Madosky and seconded by Dr. Rushin convene in open session to discuss through a working lunch the practitioner survey information with Dr. Kirchner.

At 12:44 p.m. a motion was made by Dr. Madosky and seconded by Dr Thompson to convene in closed session pursuant to section 610.021 subsections (14), 324.001.8 and 324.001.9 RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to the licensee or applicant section 610.021 subsection (1) RSMo for the purpose of discussing general legal action, causes of action or litigation and any confidential or privileged communication between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsection 610.021 RSMo which authorizes this agency to go into closed session during those meetings.

Board members voting aye: Dr. Madosky, Dr. Thompson, Dr. Rushin, Mr. Nahon, and Dr. Gary Carver. Motion carried unanimously.

At 1:36 p.m. a motion was made by Dr. Madosky and seconded by Mr. Nahon to convene in open session and adjourn. Board members voting aye: Dr. Madosky, Dr. Thompson, Dr. Rushin, Mr. Nahon, and Dr. Gary Carver. Motion carried unanimously.

**Signature**

*Executive Director*

*Approved by the State Board*

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Missouri State Board of Chiropractic Examiners
Open Session Minutes
June 16, 2011
Page 2
OPEN MINUTES
Missouri State Board of Chiropractic Examiners
Division of Professional Registration
3605 Missouri Boulevard, Jefferson City, Missouri
Mail Ballot July 1, 2011

On this date, a closed mail ballot was sent to the members of the Missouri State Board of Chiropractic Examiners pursuant to section 610.021(14) RSMo.

Mail Ballots Sent to:
Gary Carver, DC, President
William Madosky, DC, Secretary
Jack Rushin, DC, Member
Homer Thompson, DC
Paul Nahon, Public Member

The Missouri State Board of Chiropractic Examiners is authorized to close meetings, records and votes, to the extent they relate to the following: Chapter 610.021 subsections (1), (3), (5), (7), (13) and (14), RSMo, and Sections 324.001.8 and 324.001.9 RSMo.

[Signature]

Executive Director Approved by Board on
On this date, a closed mail ballot was sent to the members of the Missouri State Board of Chiropractic Examiners pursuant to section 610.021(14) RSMo.

**Mail Ballots Sent to:**
Gary Carver, DC, President
William Madosky, DC, Secretary
Jack Rushin, DC, Member
Homer Thompson, DC
Paul Nahon, Public Member

The Missouri State Board of Chiropractic Examiners is authorized to close meetings, records and votes, to the extent they relate to the following: Chapter 610.021 subsections (1), (3), (5), (7), (13) and (14), RSMo, and Sections 324.001.8 and 324.001.9 RSMo.

Approved by Board on
### FY 2012 Monthly Fund Balance Sheet

<table>
<thead>
<tr>
<th>Date</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>Lapsed July</th>
<th>YTD Total</th>
<th>Projected YTD Total</th>
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<td>755,750.48</td>
<td>755,750.48</td>
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<td>755,750.48</td>
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<td><strong>Revenue</strong></td>
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<td>0.00</td>
<td>3,429.25</td>
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</table>

**Total Funds Available**: 755,750.48

**Appropriation Costs**: 3,429.25

**Transfer Costs**:

- **Rent**: 0.00
- **Workers Compensation**: 0.00
- **Beard Staff**: 0.00
- **DIP Dept. Cost Allocation**: 0.00
- **Licensure Refunds**: 0.00

**Board Specific**:

- **Expense/Equipment**: 0.00
- **Legal Team**: 0.00
- **CRR Staff**: 0.00

**Total Board Specific**: 0.00

**Total OA Cost Allocation Transfer**: 0.00

**GR Transfer**:

- **Attorney General**: 0.00
- **Administrative Hearing Comm**: 0.00

**Total GR Transfer**: 0.00

**FY 2011 Transfers Carried Over**:

- **FY 2011 June PR Transfer**: 9,920.20

**Total Transfers**: 10,123.14

**Total Appropriation Costs and Transfers**: 13,459.59

**Ending Fund Balance**: 755,750.48
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<th>Budget Object Class</th>
<th>Budget Object Class Name</th>
<th>YTD Expended</th>
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From: Kristal Langner [mailto:klangner@hsi.com]
Sent: Friday, August 12, 2011 12:36 PM
To: Kessler, Loree
Subject: Regulatory Approval Request

To Whom it May Concern,

Health and Safety Institute is the parent company to the nationally recognized American Safety and Health Institute and Medic First Aid. We are seeking approval for our Basic First Aid training programs. Our programs follow, and are in accordance with national consensus training guidelines and have been found equivalent to other nationally recognized training programs such as the American Heart Association or the American Red Cross.

Regulatory language in Missouri (20 CSR 2070-2) regarding Chiropractors states “Cardiopulmonary resuscitation (CPR) and/or first aid offered by the American Red Cross or other board-approved sponsoring organization shall be acceptable as meeting the continuing education requirements for this category;

We feel that our programs meet the wording and the intent of the laws and rules established by your legislature. It would be most helpful if you could please provide us with the email address, phone number, and contact name at the appropriate agency that would be responsible for this decision.

If you have any questions or concerns regarding my request, please feel free to contact me directly. Thank you for your assistance

Kristal Langner
Regulatory Approval Specialist
klangner@hsi.com
P 500 447 3177, x325
541 284 3898
F 541 344 7429
Health & Safety Institute
1450 Westec Drive
Eugene, OR 97402
www.hsi.com

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Health & Safety Institute - We Make Learning to Save Lives Easy®
May 5, 1997

Ronda F. Goff
Liaison, State Approvals
Medic First Aid
500 S. Danebo Ave.
Eugene OR 97402

Dear Ms. Goff

I apologize for the long delay in responding to your letter of February 13, 1997. I had received many requests to review training material in the last six months. I was waiting to respond to those requests until after the March 17, 1997, meeting of the Department of Health, Child Care Advisory Committee, Subcommittee on Training. There was a further delay because the revised Training Guidelines needed to be presented to the entire Committee on April 30, 1997. Those new guidelines are attached.

The Bureau of Child Care Safety and Licensure does not approve or disapprove training. We provide these guidelines to our staff and providers to aid them in deciding which is creditable.

Again, I apologize for the long delay. I did review your materials (which I am returning) and since your program is taught by instructors on site, it will fit within our guidelines.

Sincerely,

Margaret Franklin, Chief
Bureau of Child Care Safety and Licensure

Attachments

MP/pf

cc District Child Care Supervisors
May 23, 2003

Eric Reale  
American Safety & Health Institute  
4148 Louis Avenue  
Holiday, FL 34941

Dear Mr. Reale:

This will acknowledge receipt of your request for approval of the continuing education program titled "American Safety and Health Institute's CPR". It was noted that this program has been sent to and approved by the Dental Assisting National Board.

According to 4 CSR 110-2.240 (C) (18); "Dental Assisting National Board, Inc. (DANB) qualifies as a Board-approved sponsor for continuing education courses for the Missouri Dental Board. As such, it is not necessary for your organization to obtain approval for courses if they have been approved by the Dental Assisting National Board, Inc.

In referencing the Missouri Dental Board on your certificates of completion, we would request that you indicate the following beneath the Dental Assisting National Board, Inc. statement:

DANB – Approved Sponsor in Missouri

If you have any questions concerning this matter, please do not hesitate to contact this office.

Sincerely,

Vickie Coffman  
Executive I

VC:ps  
.000  
Encl.
The Board of Healing Arts and the Board of Pharmacy agreed to the following:

**SUMMARY OF COMMENTS:** Two (2) comments were received on the proposed rule, as summarized below.

**COMMENT # 1:** Pursuant to the joint rulemaking requirements established by § 338.010, the Board of Healing Arts received a comment regarding the cardio-pulmonary resuscitation (CPR) training required by the amended rule. Under the current rule, licensees are authorized to obtain CPR training via the American Heart Association, the American Red Cross, or an "equivalent" entity. The proposed amendment sought to remove the term "equivalent" and would have limited the acceptable CPR training providers to only the entities designated. The commenter indicated that competent CPR training course are offered by entities other than the American Heart Association and the American Red Cross, including, entities that have been recognized by other branches of state and/or federal government as a CPR training provider. The commenter submitted copies of recognition letters from other Missouri agencies and requested that the Boards retain the current language that would allow the Boards to approve an "equivalent" CPR training provider.

**RESPONSE AND EXPLANATION OF CHANGE:** The change was originally proposed to eliminate the need for individual approval of CPR programs by recognizing the CPR training providers most widely recognized by the healthcare industry and currently submitted by the majority of pharmacists notifying the Board. The Boards recognizes the current and potential availability of other acceptable and competent CPR training programs. Accordingly, the Boards agree with the recommendation and has amended the proposed rule to reflect the change.

**COMMENT # 2:** The Board of Pharmacy received comments from board staff and members of the public in regards to limiting the qualifying vaccine certification programs to those accredited by the Accreditation Council for Pharmacy Education ("ACPE"). The comments indicated that other nationally and well-established pharmaceutical and medical training programs exist that are currently providing comprehensive pharmacist vaccination training programs that would be acceptable to the Board. Significantly, some of these programs may have previously been approved by ACPE and are currently accepted by the Board. Accordingly, the suggestion was made to retain the Board's ability to approve vaccination certification programs other than those accredited by ACPE.

**RESPONSE AND EXPLANATION OF CHANGE:** The Boards reviewed and agreed with the recommendation and amended the proposed rule to reflect the change.

**20 CSR 2220-6.050 Administration of Vaccines Per Protocol.**

(4) Pharmacist Qualifications-A pharmacist who is administering a vaccine authorized by Chapter 338, RSMo, must:

(B) Hold a current cardiopulmonary resuscitation (CPR) certification issued by the American Heart Association or the American Red Cross or equivalent;
(C) Successfully complete a certificate program in the administration of vaccines accredited by the Accreditation Council for Pharmacy Education (ACPE) or a similar health authority or professional body approved by the state board of pharmacy;

---

From: Marybeth Schombert [mailto:mschombert@hsi.com]
Sent: Wednesday, March 31, 2010 4:48 PM
To: Steinman, Tina
Subject: RE: Email sent 12/8/09 re: Regulation 20 CSR 2150-5.025

Ms. Steinman,

I thought I would check back with you with regards to the email I submitted for review by the Board of Healing Arts at their February 28 meeting.

Thank you for your assistance with this matter.

Sincerely,

Marybeth Schombert
Regulatory Specialist
mschombert@hsi.com

P 800-800-7099 ext 325
F 541-344-7429

Health & Safety Institute
1450 Westec Drive
Eugene, OR 97402

www.hsi.com

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From: Steinman, Tina [mailto:tina.steinman@pr.mo.gov]
Sent: Tuesday, January 19, 2010 5:38 AM
To: Marybeth Schombert
Subject: FW: Email sent 12/8/09 re: Regulation 20 CSR 2150-5.025

Your e-mail has been received and shared with the Missouri Board of Pharmacy. It will be reviewed by the Missouri Board of Healing Arts during their next meeting tentatively scheduled for February 28, 2010.
From: Marybeth Schombert [mailto:mschombert@hsi.com]
Sent: Thursday, January 14, 2010 6:41 PM
To: Missouri State Board of Healing Arts
Cc: Ralph Shenefelt
Subject: Email sent 12/8/09 re: Regulation 20 CSR 2150-5.025

Ms. Steinman,

I am writing to follow-up the email I sent December 8, 2009 with regards to the emergency rule adoption of regulation 20 CSR 2150-5.025. We are very concerned about this new regulation as it precludes us from training in an industry we previously had been serving. The courtesy of a reply would be appreciated.

Sincerely,

Marybeth Schombert
Regulatory Specialist
mschombert@hsi.com

P 800-800-7099 ext 325
F 541-344-7429

Health & Safety Institute
1450 Westec Drive
Eugene, OR 97402

www.hsi.com

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CPR and AED for the Community and Workplace

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CPR and AED for Adults, Children, and Infants

Community-Focused Training

MEDIC FIRST AID® CarePlus™ CPR and AED is a combined adult, child, and infant CPR and AED training program designed specifically for community emergency care providers. This extremely flexible program with four class options will help prepare community members to respond to and care for medical emergencies.

Intended Audience

- Community Responders
- Firefighters
- Workplace Responders
- Police Officers

Class Options

- CPR for Adults
- CPR for Adults, Children, and Infants
- CPR and AED for Adults
- CPR and AED for Adults, Children, and Infants

Class Configurations

- Max Student Instructor Ratio: 12:1
- Max Student to Manikin Ratio: 6:1
- Max Class Size: 24 (with 2 instructors)

Instructor Materials

- CarePlus CPR and AED Training Program
  VHS or DVD
- CarePlus CPR and AED Training Program
  Instructor Guide

Student Materials

- CarePlus Student Packs, which include:
  - Student Guide
  - Wallet Skill Guide
  - Successful Completion Card

Hands-On Skill Practice

- Students will practice essential skills in small group practices and can also apply those skills in optional scenario-based practices.

Recognized Certification Period

- Up to 2 years

Evaluation Method

- Students are evaluated through instructor observation of the reasonable performance of skills. Performance and written evaluations are available and optional for use.

Recommended Time to Complete*

- Initial Training
  - Adult CPR & AED skills only: 3–4 hours
  - Adult, Child, and Infant CPR & AED skills: 4–5 hours

Course Topics

- Sudden Cardiac Arrest
- Personal Safety
- Activating Emergency Medical Services (EMS)
- Cardiopulmonary Resuscitation (CPR)
- Rescue Ventilations
- Chest Compressions
- CPR for Cardiac Arrest
- Infant CPR
- Using an Automated External Defibrillator (AED)
- Basic AED Operation
- Troubleshooting Messages
- Other AED Considerations
- Foreign Body Airway Obstruction
- Infant Foreign Body Airway Obstruction
- Control of Bleeding (Optional)
- Managing Shock (Optional)
- Emotional Impact of Providing Emergency Care

800-800-7099

medicfirstaid.com

P. O. Box 21738 • Eugene, Oregon 97402

* Retraining time depends on the experience and training history of the students. It is typically shorter than initial training.
### CPR and AED for the Community and Workplace

<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Community and Workplace — Persons who do not work in the healthcare field but are occupationally required to, or desire to, have CPR knowledge and skills, such as emergency response teams in business and industry, school bus drivers, adult residential care personnel, child care workers, teachers, parents and babysitters.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prerequisites</td>
<td>None (Basic First Aid recommended.)</td>
</tr>
<tr>
<td>ASHI-approved</td>
<td>ASHI CPR/AED for the Community and Workplace Student Handbook (one per participant), Basic Life Support Instructor Guide (one per Instructor), and ASHI-approved audio-visual presentation media (PowerPoint® and/or DVD/VHS and/or Computer Resident/Web-Based.)</td>
</tr>
<tr>
<td>Training Materials</td>
<td></td>
</tr>
<tr>
<td>Recommended Initial Instruction Time</td>
<td>Adult CPR only: 2 hours</td>
</tr>
<tr>
<td></td>
<td>Child CPR only: 2 hours</td>
</tr>
<tr>
<td></td>
<td>Infant CPR only: 2 hours</td>
</tr>
<tr>
<td></td>
<td>All Ages CPR only: About 5 hours</td>
</tr>
<tr>
<td>Recommended Renewal Instruction Time</td>
<td>About half of Initial Instructional Time.</td>
</tr>
<tr>
<td>Maximum Student-to-Instructor Ratio</td>
<td>10:1</td>
</tr>
<tr>
<td>Student-to-Equipment Ratio</td>
<td>3:1 Student to AED/manikin maximum. (1:1 Student-to-manikin recommended.)</td>
</tr>
<tr>
<td>Successful Completion (certification)</td>
<td>Written Exam: Recommended for designated responders (duty or employer expectation to respond; 70% or better). Performance Evaluation: Required for all students (perform competently without assistance.)</td>
</tr>
<tr>
<td></td>
<td>1. Demonstrate proper removal of contaminated gloves.</td>
</tr>
<tr>
<td></td>
<td>2. Place an unresponsive breathing victim in a recovery position.</td>
</tr>
<tr>
<td></td>
<td>3. Perform effective rescue breathing with a face shield or pocket mask.</td>
</tr>
<tr>
<td></td>
<td>4. Perform effective chest compressions.</td>
</tr>
<tr>
<td></td>
<td>5. Perform effective CPR with 1 provider.</td>
</tr>
<tr>
<td></td>
<td>6. Perform the steps to manage choking in a responsive victim.</td>
</tr>
<tr>
<td></td>
<td>Optional</td>
</tr>
<tr>
<td></td>
<td>7. Safely and correctly attach and operate an AED.</td>
</tr>
<tr>
<td></td>
<td>8. Coordinate CPR and AED to minimize interruptions in chest compressions.</td>
</tr>
</tbody>
</table>

Card Issued

![ASHI-approved Certification Card](image-url)

Continued on following page
<table>
<thead>
<tr>
<th>Certification Period</th>
<th>Up to 2 years. Recommended annually.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note(s):</td>
<td>- Occupational regulatory or licensing agencies may require written tests, additional content, additional hours of instruction, or other practices.</td>
</tr>
</tbody>
</table>
# CPR Pro for the Professional Rescuer

<table>
<thead>
<tr>
<th>Intended Audience</th>
<th>Workplace — For healthcare providers, first responders, and professional rescuers in and outside the hospital or for those needing professional-level basic life support training as a job requirement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prerequisites</td>
<td>None</td>
</tr>
<tr>
<td>ASHI-approved Training Materials</td>
<td>ASHI CPR Pro for the Professional Rescuer Student Handbook (one per participant), Instructor Guide (one per instructor), and ASHI-approved audio-visual presentation media (PowerPoint® and/or DVD/VHS and/or Computer Resident/Web-Based.)</td>
</tr>
</tbody>
</table>
| Recommended Initial Instruction Time | Adult: 3 hours  
Child: 3 hours  
Infant: 2 hours  
All Ages: About 7 hours |
| Recommended Renewal Instruction Time | About half of Initial Instructional Time.                                                                                                                                                        |
| Maximum Student-to-Instructor Ratio | 10:1                                                                                                                                                                                           |
| Student-to-Equipment Ratio | 3:1 Student to AED/manikin maximum.  
(1:1 Student-to-manikin recommended.)                                                                                                         |
| Successful Completion (certification) | Written exam: Required (77% or better.) Performance Evaluation: Required for all (perform competently without assistance.)  
1. Demonstrate proper removal of contaminated gloves.  
2. Place an unresponsive breathing victim in a recovery position.  
3. Perform effective rescue breathing with a pocket mask and bag-mask device (with or without supplemental oxygen.)  
4. Perform effective chest compressions.  
5. Perform effective CPR with 1 and 2 or more rescuers.  
6. Safely and correctly attach and operate an AED. Coordinate CPR and AED to minimize interruptions in chest compressions.  
7. Perform the steps to manage choking in the responsive and unresponsive victim. |
| Card Issued | ![CPR Pro Card](image) |
| Certification Period | Up to 2 years. Recommended annually.                                                                                                                                   |
| Note(s): | • Occupational licensing agencies, organizational and institutional policies generally dictate required knowledge and skill competencies. These may require additional content, additional hours of instruction, or other practices. |

---

4 The passing (out) score was raised from 70% to 77% in December 2008 after an item analysis was performed on a sample population taking the test.
# Program Standards

## Appendix VIII

### CarePlus CPR and AED

<table>
<thead>
<tr>
<th>Description</th>
<th>Combined Adult, Child, and Infant CPR and AED training program designed specifically for community emergency care providers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intended Audience</td>
<td>Users include community responders, workplace responders, firefighters, police officers, childcare providers, babysitters, and public access defibrillation programs.</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>None.</td>
</tr>
<tr>
<td>Required Equipment</td>
<td>DVD player, television, monitor, or projector, Adult CPR training manikins, AED training devices, dressings and bandages.</td>
</tr>
<tr>
<td>Required MEDIC First Aid Training Materials</td>
<td>MEDIC First Aid CarePlus CPR and AED Student Pack; (one per participant), MEDIC First Aid CarePlus CPR and AED Instructor Guide (one per Instructor), and MEDIC First Aid CarePlus CPR and AED Video (DVD).</td>
</tr>
</tbody>
</table>
| Recommended Completion time | CPR for Adults, 2–3 hours.  
CPR and AED for Adults, 3–4 hours.  
CPR for Adults, Children, and Infants, 3–4 hours.  
CPR and AED for Adults, Children, and Infants, 4–5 hours. |
| Retraining Options | Repeat Initial Training, Retraining using Talk-Through Scenarios, Challenge. |
| Maximum Student-to-Instructor Ratio | 12:1 (Maximum class size: 24; with 2 Instructors) |
| Maximum Student-to-Manikin Ratio | 6:1 (same ratio for AED trainers) |
| Certification | Observed reasonable performance of core skill learning objectives in required small–group practices:  
- Perform Effective Rescue Ventilations (mask and/or shield).  
- Perform Effective Chest Compressions.  
- Perform CPR for Cardiac Arrest.  
- Demonstrate Basic AED Operation.  
- Perform the Steps to Manage a Foreign Body Airway Obstruction.  
- Properly Clear and Protect the Airway.  
- Control Bleeding and Manage Shock.  
Optional or if required by regulation:  
- Written Exam: > 80% of 15, 20, or 25 question exam.  
- Performance Evaluations for each class option as specified in Instructor Guide. |

*Continued on following page*
# Program Standards

## Appendix VIII

## CarePlus CPR and AED

<table>
<thead>
<tr>
<th>Card Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>![CarePlus CPR and AED Card Image]</td>
</tr>
</tbody>
</table>

| Certification Period | Up to 2 years. |

| Note(s): | Occupational regulatory or licensing agencies may require written tests, additional content, additional hours of instruction, or other practices. |
**Core Knowledge objectives**

<table>
<thead>
<tr>
<th>METHOD: Instructor-led lecture/group discussion and/or self-instruction (Video/Computer Resident/Web-Based)</th>
<th>Adult</th>
<th>Child</th>
<th>Infant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explain the importance of universal precautions</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>2. Explain the importance of the links in the chain of survival (adult and/or pediatric)</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>3. Recognize the warning signs, symptoms and treatment for heart attack and stroke.</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Recognize the warning signs, symptoms and treatment for sudden cardiac arrest</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>5. List the emergency action steps: Assess, Alert, Attend to the ABCDs.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>6. Describe how to position a patient for CPR.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>7. Explain how to open the airway.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>8. Explain how to check for breathing.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>9. Describe how to give effective rescue breaths.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>10. Explain how to use a pocket mask and bag mask device (with or without supplemental oxygen**).</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>11. Describe how to place an unresponsive breathing patient in a recovery position.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>12. Explain how to give effective chest compressions.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>13. List the steps of CPR with 1 and 2 or more rescuers.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>14. Describe how to safely and correctly attach and operate an AED. Explain how to coordinate CPR and AED to minimize interruptions in chest compressions.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>15. Describe how to manage choking in the responsive and unresponsive patient.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

**Core Skill Objectives**

<table>
<thead>
<tr>
<th>METHOD: Physical skill demonstration by student in classroom assessed by authorized instructor</th>
<th>Adult</th>
<th>Child</th>
<th>Infant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrate proper removal of contaminated gloves</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>2. Place an unresponsive breathing patient in a recovery position.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>3. Perform effective rescue breathing with a pocket mask and a bag-mask device (with or without supplemental oxygen).</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>4. Perform effective chest compressions.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>5. Perform effective CPR with 1 and 2 or more rescuers.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>6. Safely and correctly attach and operate an AED. Coordinate CPR and AED to minimize interruptions in chest compressions.</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>7. Perform the steps to manage choking in the responsive and unresponsive patient.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

**Healthcare providers, first responders and other professional rescuers should provide supplementary oxygen when available according to doctors’ orders (prescription, standing order or local medical direction).**
RE: ASHI and MEDIC First Aid Nationally Recognized Training Program Materials

Health & Safety Institute (HSI) unites the recognition and expertise of the American Safety & Health Institute (ASHI), MEDIC FIRST AID International, 24-7 EMS, and 24-7 Fire to create the largest privately held emergency care and response training organization in the industry. For more than 30 years, and in partnership with 16,000 approved training centers and 200,000 professional emergency care, safety and health educators, HSI authorized instructors have certified more than 13 million emergency care providers in the US and more than 100 countries throughout the world. HSI is an accredited organization of the Continuing Education Board for Emergency Medical Services (CECBEMS), the national accreditation body for Emergency Medical Service Continuing Education programs and a member of ASTM International, one of the largest voluntary standards development organizations in the world.

ASHI and MEDIC First Aid training programs are used to teach and certify first aid and emergency care providers in health care, business, industry, and the general public. ASHI and MEDIC First Aid training programs are nationally recognized and are endorsed, accepted, or approved by many state regulatory agencies and occupational licensing boards, including those licensing EMS providers, pharmacists, dental health professionals, child care providers, school teachers, and many others. Additionally, our programs meet the requirements established by a wide variety of accreditation organizations, professional associations, councils, academies and boards. ASHI and MEDIC First Aid resuscitation programs are based on the same scientific guidelines and treatment recommendations used by the American Heart Association (AHA) and American Red Cross (ARC) as stated in the document 2005 International Consensus Conference on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations. Representatives from both brands participated in the International Committee on Resuscitation (ILCOR) 2005 conference, hosted by the AHA, which produced the above referenced document. ASHI and MEDIC First Aid were members of the 2005 National First Aid Advisory Board and contributors to the 2005 Consensus on First Aid Science and Treatment Recommendations and are currently participating as volunteer members of the 2010 International First Aid Science Advisory Board founded by the AHA and ARC. ASHI and MEDIC First Aid programs are recognized as equivalent to the AHA and ARC by many state regulatory authorities and the Department of Homeland Security/United States Coast Guard (letters on file).

ASHI professional resuscitation programs meet the requirements of the Joint Commission (resuscitation standard PC.02.01.11 EP 4) and the Commission on Accreditation of Medical Transport Services. ASHI resuscitation programs are nationally approved by the Continuing Education Board for Emergency Medical Services (CECBEMS), and are accepted as equivalent to the AHA and ARC by the National Registry of Emergency Medical Technicians (NREMT).
FIRST REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR

HOUSE BILL NOS. 300, 334 & 387

96TH GENERAL ASSEMBLY

2011

AN ACT

To amend chapter 167, RSMo, by adding thereto two new sections relating to student athlete brain injuries.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 167, RSMo, is amended by adding thereto two new sections, to be known as sections 167.765 and 167.775, to read as follows:

167.765. 1. The provisions of this section shall be known as the "Interscholastic Youth Sports Brain Injury Prevention Act". No later than December 31, 2011, the department of health and senior services shall work with a statewide association of school boards, a statewide activities association that provides oversight for athletic or activity eligibility for students and school districts, and an organization named by the department of health and senior services that specializes in support services, education, and advocacy of those with brain injuries to promulgate rules which develop guidelines, pertinent information, and forms to educate coaches, youth athletes, and parents or guardians of youth athletes of the nature and risk of concussion and brain injury including continuing to play after concussion or brain injury. The primary focus of rules promulgated under this section shall be the safety and protection against long-term injury to the youth athlete.

2. On a yearly basis, each school district shall distribute a concussion and brain injury information sheet to each youth athlete participating in the district's athletic program. The information form shall be signed by the youth athlete's parent or guardian and submitted to the school district prior to the youth athlete's participation in any athletic practice or competition.

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in bold-face type in the above bill is proposed language.
3. A youth athlete who is suspected of sustaining a concussion or brain injury in a
practice or game shall be removed from competition at that time and for no less than
twenty-four hours.

4. A youth athlete who has been removed from play shall not return to competition
until the athlete is evaluated by a licensed health care provider trained in the evaluation
and management of concussions as defined in the guidelines developed under subsection
1 of this section and receives written clearance to return to competition from that health
care provider.

5. Any rule or portion of a rule, as that term is defined in section 536.010 that is
created under the authority delegated in this section shall become effective only if it
complies with and is subject to all of the provisions of chapter 536, and, if applicable,
section 536.028. This section and chapter 536 are nonseverable and if any of the powers
vested with the general assembly pursuant to chapter 536, to review, to delay the effective
date, or to disapprove and annul a rule are subsequently held unconstitutional, then the
grant of rulemaking authority and any rule proposed or adopted after August 28, 2011,
shall be invalid and void.

167.775. 1. Any statewide athletic organization with a public school district as a
member shall be required to publish an annual report relating to the impact of concussions
and head injuries on student athletes which details efforts that may be made to minimize
damages from injuries sustained by students participating in school sports. The annual
report shall be distributed to the joint committee on education, the house committee on
elementary and secondary education or any other education committee designated by the
speaker of the house of representatives, and the senate committee on education or any
other education committee designated by the president pro tem of the senate. The first
report required under this section shall be completed and distributed no later than
January 31, 2012. Such report shall be made available to school districts and to parents
of students.

2. Notwithstanding any other law, no public school shall be a member of any
statewide athletic organization failing to comply with the provisions of subsection 1 of this
section.
Memo

To: Board Members

From: Loree Kessler

CC: File

Date: September 1, 2011

Re: Jurisprudence Examination

Once an application for licensure and fee is received, the jurisprudence examination is mailed to the applicant. The applicant completes the open book test, returns it to the board office, and it is scored. Sometime ago, the division's IT section assembled a database of questions that are randomly pulled and printed on each examination. In other words, jurisprudence examination questions vary in content and order with each test.

You may recall that the board had additional questions developed by representatives from Logan and Cleveland chiropractic colleges, resulting in an additional 100 questions to be added to this database. However, getting these questions into the database has presented a challenge for the IT staff as there are other priority projects and limited staffing.

Several years ago, the board requested I investigate how the jurisprudence examination could be automated. A request for information (RFI) was sent to numerous vendors through our division and state purchasing and no responses were received. At that point, the division IT was able to develop a simple database with the questions submitted by the board office.

The Committee for Professional Counselors has an open book jurisprudence examination, similar to chiropractors that is available online and costs an applicant approximately $45. The database is maintained by the entity and questions or updates can be submitted by the Committee at any time. There is no cost to the Committee for the development or maintenance of the database, as the exam fee covers those expenses. Also, the Committee receives notification of "problem questions" where the majority of the initial responses from the candidate are incorrect. The question can then be revised and resubmitted.
During a recent meeting of the National Board for Certified Counselors (NBCC), I talked to the vice president concerning a similar online jurisprudence examination for chiropractors. He explained that an automated jurisprudence examination could be developed, again at no cost to the board, through the Center for Credentialing Education (Center), a spin off of NBCC. As explained on the Center's website, "The Center for Credentialing & Education provides services to organizations, professionals and the public. Among the services it provides to professionals are continuing education and professional credentialing."

The Committee for Professional Counselors has worked with both NBCC and the Center for many years and the experience has been very good. The counselor committee is in the process of making the jurisprudence examination available to any licensee for formal continuing education. Again, the cost is paid by the licensee and the examination is open book.

Agencies are being strongly encouraged to automate more functions making access easier and decreasing staff time on handling paperwork. The Center for Credentialing Education can do these things in a secure, reliable environment. Please be prepared to discuss this during the September meeting.