ERC Course Rules

Version 3.3
Final proposal approved by the DC Edu 07.08.2019
Approved by the ERC Board on 01.09.2019.

1. Objectives

2. Terminology and Definitions
   - Types of training
   - Titles and Functions
   - Other definitions

3. General

4. Courses
   - Course Organisation
   - Course Centers

5. Eligibility

6. Course Content

7. Assessment
   - Formative Assessment
   - Summative Assessment
   - MCQs
   - Practical assessment stations
   - Retest
   - Resit
   - Instructor Potential (IP) for Advanced courses

8. Certification

9. Faculty
   - Course Director (CD)
   - Course Director Candidate (CDC)
   - Full Instructor (FI)
   - Instructor Candidate (IC)
   - Instructor Trainer (IT)
   - Instructor Trainer Candidate (ITC)
   - Educator (Ed)
   - Educator Candidate (EdC)

10. Recertification
    - Recertification of Providers
    - Recertification of Instructors
    - Recertification of Instructor Trainers
    - Recertification of Course Directors
    - Recertification of Educators

10/1 Charges

11. Conversion
    - RC (UK) courses and ALSG GIC courses
    - AHA courses and ALSG APLS courses
    - NRC courses
    - Other organisations’ courses

12. Specific Rules according to Course Type
    - BLS specific
    - EPALS specific
    - EPILS specific
    - NLS specific
    - ALS specific
    - ILS specific
    - BIC specific
    - GIC specific
    - EMC specific
    - EPBLS specific

13. Complaints procedure

14. Attached documents
1. **Objectives**

1.1. The objective of training is to equip the learner with the ability to undertake resuscitation in a real clinical situation at the level at which they would be expected to perform, be they lay bystander, first responder in the community or hospital, a healthcare professional working in an acute area, or a member of the medical emergency or cardiac arrest response team.

2. **Terminology and Definitions**

## Types of training

2.1. **Basic Life Support (BLS) course**

The aims of the BLS courses are to enable each candidate to gain competency in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED). BLS courses are appropriate for a wide range of providers. These may include clinical and non-clinical healthcare professionals (particularly those who are less likely to be faced with having to manage a cardiac arrest), general practitioners, dentists, medical students, first aid workers, lifeguards, those with a duty of care for others (such as school teachers and care workers), and community responders, as well as members of the general public.

2.2. **Immediate Life Support (ILS) course**

The ILS course aims to train healthcare providers in advanced resuscitation enabling them to manage patients in cardiac arrest until the arrival of a resuscitation team and to participate as members of that team. That includes: the ABCDE approach to the deteriorating patient, CPR, simple airway management and safe defibrillation (manual and/or AED).

2.3. **Advanced Life Support (ALS) course**

The ALS course comprises all ILS objectives with an additional focus on team related non-technical skills. Following the ALS course candidates know about the relevant factors and skills necessary leading the resuscitation team and will be able to lead the resuscitation team.

That includes to highlight the causes of cardiac arrest, identify patients in danger of deterioration and manage cardiac arrest and the immediate peri-arrest problems encountered in and around the first hour or so of the event. The target candidates for this course are doctors, nurses and paramedics working in emergency areas in or out of the hospital or Emergency Medical Systems (EMS), and those who attend cardiac arrests on a regular basis or may be expected to lead a cardiac arrest team. It can also be suitable for individuals who are regularly members of resuscitation teams or regularly working in the EMS.

2.3.1. **European Paediatric Basic Life Support (EPBLS) course**

The aim of the EPBLS course is to prevent and manage cardiorespiratory arrest in children and to enable each candidate to gain competency in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED). EPBLS
courses are appropriate for a wide range of providers as described in the BLS course and for health care professionals.

2.4. **European Paediatric Immediate Life Support (EPILS) course**
EPILS is aimed at training healthcare providers to recognise and manage critically ill children and children in cardiorespiratory arrest whilst awaiting the arrival of a resuscitation team in the first minutes. EPILS will also train the candidate to participate as members of that team.

2.5. **European Paediatric Advanced Life Support (EPALS) course**
The EPALS course is designed for healthcare professionals who are involved in the resuscitation of a child, infant or newborn whether in or out of hospital. The course aims to provide caregivers with the knowledge and skills for the management of the critically ill child during the first hour of illness, and to prevent progression of diseases to cardiac arrest.

2.6. **Newborn Life Support (NLS) course**
The NLS course aims to provide the detailed knowledge and practical instruction in resuscitation of babies at birth. It is designed for all health workers, regardless of their discipline or status, who may be called upon to resuscitate a newborn baby.

2.7. **Basic Instructor course (BIC)**
This course is for candidates who have attended BLS or EPBLS provider courses and subsequently want to become instructors themselves. For this reason, the ERC has developed a one-day Basic Instructor Course. Candidates for this course must hold the ERC BLS or EPBLS certificate.

2.8. **Generic Instructor Course (GIC)**
This course is for candidates who have attended ALS, EPALS, ILS, EPILS, NLS or ETC\(^1\) (European Trauma Course) provider courses and been recommended as having Instructor Potential (IP) by the respective course faculty. The course concentrates on teaching non-technical skills, leading a simulated cardiac arrest scenario, teaching team-work, assessing knowledge, skills and attitudes, and providing effective feedback.

2.9. **Educator Master Class (EMC)**
The Educator Master Class trains selected Instructor Trainers or Medical Educators in the field of Resuscitation (e.g. resuscitation officers or members in a CPR training centre) to become an ERC Educator Candidates (EdC).

---

\(^1\) The European Trauma Course (ETC) is organised by the European Trauma Course Organisation (ETCO) ivzw (international non profit organisation), of which the ERC is one of the four member organisations.
2.10. **Refresher Seminar (RS)**
A Refresher Seminar is a short modular skills training, organised for participants with prior experience in the Seminar topic.

2.11. **Recertification Course (RC)**
A recertification course aims to keep CPR providers competent over time and is one of the ways a provider can re-certify their provider skills, and keep their respective certificate valid, as outlined in 10.3.

2.12. **Conversion Course**
A Conversion Course is part of the conversion process of instructors who were trained by other organisations. It focuses on the educational aspects of the ERC courses and is instructed by ERC senior Instructor Trainers (ITs) chosen by the Science and Education Committee (SEC) of the relevant course type and Development Committee Education (DC-Edu) chair.

### Titles and functions

2.13. **Faculty**
Course Director (CD), Course Director Candidate (CDC), Full Instructors (FI), Instructor Candidates (IC), Instructor Trainers (IT), Instructor Trainer Candidates (ITC), Educators (Ed) and Educator Candidates (EdC), Educator Trainers (EdT) make up the faculty of ERC courses.

2.14. **Provider (P)**
A Provider is an individual who has successfully completed a provider course (BLS, ILS, ALS, EPBLS, EPILS, EPALS, NLS).

2.15. **Instructor Potential (IP) (for Advanced Courses)**
An Instructor Potential is an individual who has completed an Advanced Provider or Recertification Course successfully and has shown an aptitude to teach. In addition, he or she must fulfil the criteria necessary (attachment “IP Selection Form”) to qualify as a future instructor and have been recommended for IP status by the Faculty of that course.

2.16. **Instructor Candidate (IC)**
An Instructor Candidate is an individual who has passed an Instructor Course successfully (BLS Instructor Course or Generic Instructor Course).

2.17. **Full Instructor (FI)**
A Full Instructor is an Instructor Candidate who has successfully completed his FI training as described in the "Faculty" section 9 below and has recertified if required [10.5-10.8]. Full Instructors teach on a Provider Course.
2.18. **Instructor Trainer Candidate (ITC)**

A Full Instructor from a relevant course type who is invited to teach on an Instructor Course, is called an Instructor Trainer Candidate until upgraded to Instructor Trainer (IT).

2.19. **Instructor Trainer (IT)**

Instructor Trainers teach on an Instructor Course after successfully having completed their Instructor Trainer Candidate training and after having recertified if required [10.5-10.8].

2.20. **Course Director Candidate (CDC)**

A Course Director Candidate is an experienced instructor for that course type who is invited to shadow the Course Director. The Course Director Candidate is not an assistant, but a Course Director-in-training. A CDC does NOT count as FI for the purpose and consequently will not teach at that course.

2.21. **Course Director (CD)**

A Course Director is a senior instructor who takes overall responsibility for the course and ensures that the course is run according to ERC guidelines and rules. Course Directors exist at the level of Provider Courses (Provider Course Director) and Instructor Courses (Instructor Course Director). He or she sets out the programme and appoints the instructors. The Course Director also approves the results of the course candidates and assesses the instructors and CDCs.

2.22. **National Course Director (NCD)**

A National Course Director is an experienced CD, endorsed by the relevant National Resuscitation Council (NRC), who represents the Course Directors of a type of course of a certain country. An NCD must meet all points in the following profile:

- Must be ERC Associate member
- Must already be an established course director for this type of course
- Must have good communication skills (including E-mail)
- Must have a working knowledge of English
- Must be full member of his NRC and have credibility in own country (if applicable)
- Must be prepared and able to attend international meetings of ERC NCDs (ERC is planning one Course Director Day (CDD) meeting every year)
- Leadership skills to lead development of the course in their country
- Involved in developing and spreading ERC courses in own country
- Familiarity with ERC systems - (Course System (CoSy) etc.)

If there is no NRC in a certain country, the SEC co-chair education can appoint the NCDs directly.

2.23. **Educator Candidate (EdC)**

An Educator Candidate is an individual who has passed an Educator Master Class successfully.
2.24. **Educator (Ed)**

An Educator is a person with an educational and clinical background who has undertaken the Educator training. The presence of an Educator is mandatory for the Generic Instructor Course.

2.25. **Educator Trainer (EdT)**

Faculty on an Educator Master Class are called Educator Trainers.

2.25/1. **Course Center (CC)**

A Course Center is the entity (organisation or individual) who administers the organisational, managerial, financial and logistical aspects of an ERC course.

2.25/2. **Large Course Center (LCC)**

A Large Course Center is a Course Center that would like to train a group of at least 100 members of a certain community over a longer period of time (e.g. all nursing staff, all medical students of a university, ...)

2.26. **Course Organiser (CO)**

The Course Organiser is a natural person who is granted CO permissions by the CC in order to perform the CC tasks for one or more course types on behalf of these CC. One CO may serve more than one CC.
2.27. Flow charts of instructor process

**Basic Courses**

- **Provider Course**
  - **P**
  - Instructor course
  - **IC**
  - Successfully taught on 2 provider courses
  - **FI**
  - After having taught on 4 courses as FI and be recommended by CD
  - **ITC**
  - Successfully taught on 2 instructor courses
  - **IT**
  - **CD**

**Advanced Courses**

- **Provider Course**
  - **P**
  - **IP**
  - Instructor course
  - **IC**
  - Successfully taught on 2 provider courses
  - **FI**
  - After having taught on 4 courses as FI and be recommended by CD
  - **ITC**
  - Successfully taught on 2 instructor courses
  - **IT**
  - **CD**
  - **CDC**

**Educator**

- **Educator Masterclass (EMC)**
  - **EdC**
  - Successfully taught as EdC on 2 GIC courses
  - **Ed**
  - if selected to teach on EMC
  - **EdT**
2.27. Self-Sufficiency

A National Resuscitation Council is considered as self-sufficient for a certain type of course if:
- It has the resources, expertise, and experience to run courses, and has demonstrated an ability and commitment to maintain the quality of training agreed with the ERC in accordance with the document Self-Sufficiency (Attached to this document).
- There is a formal written agreement of partnership between the ERC and the NRC in which the responsibility for the national supervision and quality control rests with the National Resuscitation Council.

Nevertheless, all ERC courses are organised under supervision of the respective Education Committee.

2.28. Science and Education Committee(s) (SEC)

The SEC are appointed according to the ERC Internal Rules (Bylaws).

The SEC are responsible for the further development and quality control of their type of course, and oversee these courses, in partnership with the National Resuscitation Council, if one exists.

2.29. Development Committee Education (DC-Edu)

The DC-Edu is made up of the co-chairs with education focus of each SEC plus additional members, appointed according to the Internal Rules.

2.30. Course System (CoSy)

Online learning platform, consisting in a course administration section and an e-learning section.

2.31. Cardiac Arrest Simulation (CAS)

On ERC courses, there may be scenario simulation demonstrations (CAS demos), as well as sessions covering simulation teaching (CASTeaches) and assessment (CAStests).

2.32. Multiple Choice Question (MCQ)

Multiple choice is a form of assessment in which respondents are asked to select the best possible answer (or answers) out of a list or True/False option.

2.33. Retest

A Retest grants a participant the opportunity to repeat a practical Skill, CASTest during the current course.

2.34. Resit

A Resit is granting a participant the opportunity to repeat either their MCQ or CASTest Retest on a future course or a specific limited course for this purpose.
2.35. **Recertification**
Recertification is the process of renewing a course-related ERC qualification.

2.36. **Basic Courses**
BLS and EPBLS are Basic Courses.

2.37. **Advanced Courses**
ALS, ILS, EPALS, EPILS and NLS are Advanced Courses.

2.38. **Instructor Courses**
BIC and GIC are Instructor Courses. The BIC is the relevant instructor course for Basic Courses. The GIC is the relevant instructor course for the Advanced Courses.

2.39. **Document Library**
The Document Library is the online collection of available ERC documents on the ERC website.

2.40. **Cost of Living Adjustment (COLA) factor**
The COLA factor is the percentage of the Gross National Income (GNI) of a country in relationship to the “High Income” GNI from the list of the World Bank, rounded off to the nearest 10, with a minimum of 20% and a maximum of 100%. The list of COLA factors is confirmed by the Board annually.

2.41. **Seat**
A Seat is the unit per participant, charged to the Course Center for the ERC services as described in section 10/1 of the Course Rules, in order to facilitate Course Centers to run CPR trainings according to the ERC quality requirements.

2.42. **Course Collaboration Agreement (CCA)**
A CCA is an agreement between the ERC and a registered legal body in order that this legal body is assigned CC permissions for a country without an NRC or where the NRC is not interested in taking responsibility for ERC courses.

3. **General**

3.1. All Faculty members and COs must abide by the ERC Code of Conduct. (Attached to this document.)

3.2. Any profit made from courses, should be reinvested in comparable resuscitation training.

3.3. Each course must be registered and completed in the Course System (CoSy) resulting in the creation of certificates.

3.4. [Not in use]

3.5. The core programme for each course type exists in the Course Materials in CoSy, a list of possible exceptions will be kept up to date in that location.
3.6. The DC-Edu can grant exceptions to the rules in this document, provided it is on a pilot basis for a limited group and time, under the supervision of a DC-Edu member, and ends with an evaluation report to the DC-Edu.

The DC-Edu can then decide:
- To stop the pilot
- To adjust the pilot, with a new timing
- To implement it in the course rules, making it applicable or available for all

3.7. NRCs may decide about additional rules for local instructors and local course directors and increase the requirements for local ERC courses. For those faculty members coming from abroad, only the ERC rules apply.

4. Courses

Course Organisation

4.1. The number of participants per course is to some extent dependent on the course and should not exceed 32. For educational reasons ERC recommends an optimum group size of 6 candidates in advanced and instructor courses. In case a CC increases group size to a maximum of 8 candidates for advanced and instructor courses, the specific reasons have to be presented to the NRC (NCD) or the SEC for approval. If there are more than 32 participants, they should be divided into separate courses each with their own CD and faculty.

4.2. The CD is responsible for the composition of the faculty. The minimum criteria are:

<table>
<thead>
<tr>
<th></th>
<th>BLS</th>
<th>EPBL</th>
<th>BIC</th>
<th>ILS</th>
<th>EPIL</th>
<th>ALS</th>
<th>EPALS</th>
<th>NLS</th>
<th>GIC</th>
<th>EMC</th>
<th>RS</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Minimum Faculty</td>
<td>1 Fi² per 8 participants (per 6 recommended)</td>
<td>1 Fi² or IC per 3 participants (On exception by NRC/SEC 4³ possible)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Minimum total duration</td>
<td>2h</td>
<td>2h</td>
<td>4h</td>
<td>7h</td>
<td>5h</td>
<td>16h</td>
<td>7h</td>
<td>14h</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Pass Mark MCQ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>75</td>
<td>64</td>
<td>75</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

² This includes the CD; the CDC does NOT count as FI for this purpose.
³ 2 faculty members per training session required
⁴ Depends on seminar topic
4.3. All Advanced Courses should have a multidisciplinary faculty. Faculty members should have relevant ERC qualifications in order to teach on a course.

4.4. For Advanced Courses, course material must be forwarded to the participants at least 4 weeks in advance with advice concerning pre-course preparation and completion of pre-course papers. Participants should be thoroughly familiar with the content of the manual before attending the course. Advance Course participants normally must come from healthcare environments. Others may attend as ‘observers’ but their presence must not detract from the teaching provided to full course members.

4.5. Participants must only be tested on the material and information contained in the manual.

4.6. Participants should complete the online post course survey via CoSy.

4.7. Course details need to be completed in CoSy within a period of 2 months after the course.

4.8. Equipment must be available in accordance to the provided equipment list and be in sound working order.

4.9. ERC MCQs and exams may not be altered in any way.

Course Centers (CC)

4.10. Only someone with ERC CC permissions for the particular course type in the country in question can organise ERC courses.

4.11. Organisations or individuals applying for CC permissions:
- in a country with a self-sufficient NRC: are decided by that NRC;
- in a country with a not-self-sufficient NRC: are decided by the SEC co-chair;
- in a country without an NRC: are decided by the SEC co-chair and the GPC.

The self-sufficient NRC or in other case the SEC co-chair may grant CC permissions, based on the criteria of 4.14, with the possibility of an appeal on a DC-Edu level. In case a prioritisation is required, this is based on objective, peremptory criteria, both prioritisation and criteria also subject to an appeal on a DC-Edu level.

4.11/1 CC permissions for ALS also apply for ILS and BLS.
CC permissions for ILS also apply for BLS.
CC permissions for EPALS also apply for EPILS and EPBLS.
CC permissions for EPILS also apply for EPBLS.

4.12. CC permission is granted for a period of up to two years at the end of which the permission will be evaluated by the Self-Sufficient NRC or the SEC co-chair for that course type. A decision will be taken whether to renew and points for improvement will be shared. In the case of severe violation of the CC

5 General Purpose Committee: see ERC Articles of Association
conditions or repeated recommendations without improvement, CC permission can be withdrawn or not renewed.

Preliminary CC permissions however may be granted for up to two courses. Upon positive feedback of the CD and faculty, these CC permissions can be extended in line with the previous paragraph.

4.13. Where concerns about a certain CC have come to light, this CC may be assessed and reviewed at any time at the discretion of the Self-Sufficient NRC or the SEC co-chair for that course type. These structures reserve the right to revoke CC permissions.

4.14. CCs have to meet the following conditions:
   a) To have adequate administrative and secretarial resources.
   b) To have access to a sufficient number of faculty members to run the required courses.
   c) To have access to suitable infrastructure for organising the courses.
   d) To comply with this ERC Course Rules document.
   e) To make available the training materials required for each course.
   f) To be able to deliver these training materials in a timely manner to the course venues.
   g) To be able to organise the necessary course catering facilities.
   h) Either to distribute official printed versions of the manuals or to allow individual participants to purchase their discounted copy via the ERC shop. This next to the personalised online pdf version, available for each participant via CoSy as being included in the Seat fee.
   i) To accept and facilitate course visits and reviews by ERC and NRC, to consider any subsequent recommendations, and to implement them as appropriate.
   j) To organise a sufficient number of courses as decided by the Self-Sufficient NRC or the SEC co-chair for that course type. A guideline figure would be 2 courses every 2 years for each course type.
   k) To ensure that the personal data (first name, last name, email address (this last one mandatory for Advanced Courses) of the participants are entered correctly and sufficiently in advance in CoSy. Either by encouraging the participants to register themselves, or by entering them, or uploading them via a file, in CoSy.
   l) To keep a record of detailed participant results for the duration of validity period of their qualification, with a maximum of 5 years.
   m) To organise ERC courses efficiently including the following:
      - Register courses in advance in the Course System (CoSy)
      - Provide correct and complete data
      - Send information to participants and instructors in advance of the course, to include venue, lodging, timing, programme, any pre-tests, and if relevant a copy of the appropriate manual(s)
      - Create ERC certificates via CoSy and issue to successful participants; create ERC letters of attendance via CoSy and issue to those who were not successful or were not tested.
      - Handle efficiently the financial obligations related to courses:
         i) Collect participation fees correctly
         ii) Reimburse travel and other expenses incurred by instructors in a timely manner
iii) Settle ERC and NRC invoices related to courses by the due dates
- To encourage all participants to fill in ERC online course evaluation forms, to consider such evaluations, and to take appropriate action to rectify any shortcomings reported
- To accept, as far as possible, ICs and CDCs from within and from outside the CCs own organisation, as a faculty member on their courses, free of charge.
- To make sure that faculty members are indemnified for civil liability.
n) To comply with the ERC Data Protection Policy⁶ and other GDPR⁷ requirements.
o) To be prepared to receive the relevant information from the ERC and – if applicable – the NRC related to the ERC courses. Receiving such information is a prerequisite to maintain Course Center permissions; unsubscribing from such mailing lists automatically implies termination of the Course Center permissions.

4.15. The CC liaises with the CD and with the NRC or ERC Office/CoSy.

4.16. Large Course Centers (LCCs)

a) The LCC option may be granted to a Course Center for any course type, by the self-sufficient NRC or – in other case – the relevant SEC Co-Chair and have signed a LCC agreement with the ERC.
b) LCCs are able to upload and update (by upload) their community of trainees; after having spent the relevant Seat, all these trainees get access to the online training platform.
c) For each course, the LCC will register the faculty and select the relevant participants in CoSy. After the certificates have been created, the selected group of participants should be considered as final.
d) The LCC will be able to effectively register individual participants for one course within a time frame of 18 months after the Seat for this participant has been spent.

5. Eligibility

5.1. Participants should undertake and revise Basic Life Support training before undertaking the course. (Relevant for all courses except BLS and EPBLS)

5.2. A pre-course test can be used to prepare participants for the course and participants should be advised to read the manual and complete the online learning section before answering the test. Participants who do not satisfactorily complete the pre-course test can be refused attendance on the course. The pre-course test mark does not contribute to the final result.

---

⁶ See attachments.
5.3. For disabled candidates the ERC policy for disabled candidates is followed. (Attached to this document)

5.4. Participants of advanced courses will usually be healthcare providers; others may attend as 'observers', but their presence must not detract from teaching provided to full course members.

5.5. Participants of GICs must have a valid ERC IP status.

6. Course Content

6.1. The teaching element of the courses can include lectures, skill stations, simulation sessions workshops, e-learning tools, closed and open discussions and simulation sessions.

6.2. It is the responsibility of the CD to ensure suitable allocation of the teaching sessions taking into account credibility, knowledge base and faculty requirements.

6.3. Course structure must follow the official ERC course programme. Some of the items in the programme may be moved forwards or backwards to allow for local timetabling, but only at the discretion of the CD.

6.4. The standard programme provided by ERC outlines the minimum required exposure to practice and testing stations.

6.5. The ERC format of the courses and course material, as made available via the ERC Course Materials in CoSy, must be used. Some additional slides or equipment may be used in lectures after approval of the SEC but this should not be at the expense of other programme items. All mandatory topics must be covered.

6.6. Where local circumstances require the inclusion of additional skills, optional modules may be added to the core course content. This can increase the course duration.

7. Assessment

7.1. According to the specific course rules per course type, participants can be assessed using either formative or summative assessment, or both.

Formative Assessment

7.2. Formative assessment can be guided by the assessment forms for each core skill.

7.3. Participants will be provided access to the formative assessment forms well in advance, in order for them to prepare for the assessments properly.

7.4. If a candidate has not met the recognised criteria, they should be given a copy of their assessment form(s) and offered remedial help.

Summative Assessment

7.5. All participants should be given the possibility of completing all assessment stations regardless of their results for other stations.
7.5.1. If a candidate has not met the recognised criteria, they should be given a copy of their assessment form(s) and offered remedial help.

7.6. All testing papers are copyright protected and must not be loaned, copied or taken away from the course site by anyone other than the CD or CO.

**MCQs**

7.7. Participants with special needs may be granted additional time (e.g. 30 minutes) to complete the paper, at the discretion of the CD. This must be agreed in advance of the exam.

7.8. Answers must be confined to the answer sheet provided and all question papers and scrap paper must be handed in.

**Practical assessment stations**

7.9. Each practical assessment must be carried out by at least one Full Instructor. For Advanced Courses, testing should include another member of the faculty. If an IC is leading the assessment this must be under the supervision of a FI.

7.10. Practical skills should be assessed through Skills and/or CASTest stations.

7.11. CASTest on Advanced Courses: Participants must be tested using one of the standardised testing scenarios provided. The CD shall decide which scenario(s) are used for testing the participants. If multiple scenarios are used, they should be allocated to participants in a random manner. Additionally, a third helper, who may be an additional FI/IC, an IP or trained assistant, may be used.

**Retest**

7.12. Retest for a failed MCQ is not possible; in this case a Resit must take place.

7.13. Each participant on the course will be entitled to an immediate Retest on any practical Skill or CASTest. These are conducted using a different CASTest selected in advance by the CD.

7.14. A different Instructor appointed by the CD should assess the retest.

7.15. Only if a participant fails either the CASTest Retest or the MCQ, may the faculty decide to refer them to a Resit, this decision must be confirmed by the CD. In other cases, the entire course will need to be repeated as a regular participant.

**Resit**

7.16. The Resit can take place on a future course or a specific limited course for this purpose, within a period of 1 year, by different faculty members.

7.17. An MCQ Resit should be a different paper taken under invigilated conditions and under responsibility of a CD.

7.18. Only those Resit participants who complete their Resit successfully will be considered to have passed the course. If a participant fails a Resit their only option is to repeat the entire course, in which case they are considered a regular participant.
Instructor Potential (IP) for Advanced courses

7.19. Participants who show exceptional ability and aptitude during an Advanced Provider or Provider Recertification Course may be considered for Instructor training.

7.20. Participants are eligible for consideration for instructor training only after being nominated and seconded by Instructors at the final faculty meeting, based on the IP Selection Form (see attachments). The whole faculty should then discuss each nominated participant’s performance using the IP selection form and guidance.

7.21. Recommendations for IP should ideally be unanimous, but if one faculty member is opposed, the CD may make the final decision.

7.22. Those recommended as having IP should be informed as soon as possible after the course by the CD. Upon the creation of certificates, CoSy will issue additional information and explain the process of becoming an Instructor and how to register for an Instructor course. (This depends on the correct logging of the participant’s email address in CoSy).

7.23. IPs are eligible to undertake the relevant Instructor Course within two years, as long as they continue to hold a valid provider certificate. It is possible for this period to be extended to 3 years following application by the IC to NRC or SEC.

8. Certification

8.1. At the end of the course an official ERC Certificate will be issued to successful participants via CoSy.

8.2. Participants cannot complete the course successfully unless they are present throughout the course. If, for a legitimate reason, a participant misses an element of the course, then provided they successfully pass all the assessment components they may be permitted to complete the missed element on another course within 1 year.

8.3. Participants of Provider Courses who have completed all the assessments successfully will receive a Provider certificate.

8.4. All provider certificates are valid for one to three years. Upon discretion of the self-sufficient NRC, the validity can be extended to maximum five years. The standard validity is three years.

8.5. It is the responsibility of the holder of the certificate to maintain their skills.

8.6. A participant who has passed a course will receive a certificate stating their successful completion of the course. A participant who needs to attend a Resit will receive an electronic overview outlining which Stations they successfully completed and which need to be assessed again during such Resit. A participant who fails a course receives an electronic letter of attendance.

8.7. Seats are sold and collected by the ERC. NRCs may charge an additional charge per Seat, via CoSy, up to the same amount as charged by the ERC per participant. NRCs may also choose to cover some of the cost of the Seats,
Reducing the cost for CCs. Any other charges imposed on the CC by the NRC need to be approved by ERC.

8.8. A seat per participant is charged the day after the course for those participants registered at that time, or (if deleted from the course) if they used content or were provided a paper manual. For such participant, the CC will not be charged for the same course type in the next 12 months, but the CC shall also grant such participant the advantage of the reduced re-registration.

9. Faculty

9.1. Only in exceptional circumstances should faculty members not be present for the full course and their absence should be justified in the CD’s report.

9.1/1 Holding qualifications as a faculty member, implies the preparedness to receive the relevant information from the ERC and – if applicable – the NRC related to the ERC courses and faculty development. Receiving such information is a prerequisite to maintain their relevant faculty qualifications; unsubscribing from such mailing lists automatically implies termination of the relevant qualifications.

Course Director (CD)

9.2. Each course must be led by a CD who is qualified for the relevant course type. With prejudice to the provisions of rule 3.7 of the Course Rules,

- ILS courses can be directed by ALS FI;
- EPILS courses can be directed by EPALS FI;
- BLS courses can be directed by BLS FI (as an acting Course Director);
- EPBLS courses can be directed by EPBLS FI (as an acting Course Director).

A course can have maximum 1 CD. The role of CD is not incompatible with the role of CO; a person can fill both roles during one course.

9.3. The CD sets out the programme and invites the instructors. He or she also approves the results of the course candidates and assesses the instructors. The CD will be responsible for recommending CDCs to become CDs. They are responsible for ensuring the smooth running of the course. The CD must ensure that records are kept during the course and is responsible for completing the CD’s report in CoSy at the end of the course. The CD is responsible for ensuring that the course fully complies with the regulations. Where the regulations are not met, the approving body may withdraw course approval or CD qualifications or CC permissions.

9.4. On Advanced and Instructor courses, or courses where a CDC is to be assessed, the CD must be present throughout the entire course.

9.5. CDs are entitled to direct ERC courses in any country, as long as they adequately speak the language of the course or have proper instant translation, comply with the CD requirements of the local NRC, and are invited by a CC, recognised in that country.
### Course Director Candidate (CDC)

9.6. A CDC is an experienced instructor who is invited to shadow the CD. A CDC may not act as FI during a course.

9.7. In order to be eligible to be selected as a CDC, an Instructor needs to have taught on at least 4 entire courses of the same type as FI or IT and be invited to act as CDC on a course by a CD.

9.8. Once a FI or IT has been selected as CDC they need to complete at least 2 courses, within 2 years and preferably with 2 different CDs, of the same type as CDC to the satisfaction of the CD before they can be upgraded to CD.

9.9. The upgrade to CD needs the approval of the National Resuscitation Council of the CDC’s residency, self-sufficient for that type of course or, in the absence of that, by the SEC co-chair of that course.

9.10. A course can have maximum 1 CDC.

9.11. The CDC must be present throughout the entire course.

### Full Instructor (FI)

9.12. Full Instructors are entitled to instruct on ERC courses in other countries, as long as they adequately speak the language of the course; (or have access to live translation and extra time in the schedule) and as long as they are invited by a CC, recognised in that country.

9.13. FIs must teach at least 2 courses per 2 years and must be reassessed at least every 6 years. A Self-Sufficient NRC or the SEC co-chair for that course type can decide to extend the 2-year period to 3 years in case of an insufficient number of courses in that country over a period of 2 years to comply to this rule.

9.14. FIs are entitled to full reimbursement of all expenses incurred as a result of attending a course as a member of the faculty after approval by the CC. In the absence of other agreements, the ERC travel policy (attachment 8) applies.

### Instructor Candidate (IC)

9.15. Achievement of FI status requires completion of these elements:

- Attendance at a provider course
- For advanced courses - selection as IP
- Attendance of a relevant Instructor Course (or recognised equivalent as outlined in the conversion section) while the following two conditions are both still met:
  - A valid IP status (expires after two years – see 7.23).
  - A valid provider qualification at the moment the GIC starts.
- After successful completion of an Instructor Course, all ICs are required to teach on two full Provider courses (no recertification courses) to the satisfaction of the CD before FI status is granted and a certificate issued.
- Teaching as an IC requires an active (not expired) Provider qualification for that type of course.
9.16. If, after 2 courses as IC, the candidate has not reached the required standard, an additional opportunity to serve on another course as an IC may be offered at the discretion of the faculty. In the other case, the IC status of this person is withdrawn.

9.17. While teaching, an IC should always be supervised by a FI.

9.18. Where possible, an IC should gain experience teaching and assessing each of the different teaching and assessment methods.

9.19. The IC must be present for the entire Provider course.

9.20. ICs should be given feedback on their performance in all teaching sessions by FI nominated by the CD. These assessments must be discussed with the IC.

9.21. An IC should complete both teaching practice(s) within 2 years of the date of their relevant instructor course, unless exceptional circumstances prevent this. It is possible for this period to be extended to 3 years following application by the IC to NRC or SEC.

9.22. Existing FIs who are recommended as having IP on a different course type may proceed directly to IC status for that course type. They then need to teach on only one course to the satisfaction of the CD in order to become FI of the new course type.

9.23. Existing ICs who are recommended as having IP on a different course type may proceed directly to Instructor Candidate status for that course type, they then need to teach on two courses to the satisfaction of the CD in order to become FI of the new course type.

9.23/1. FI qualifications for one course type on itself do not extend the IC validity of another course type.

**Instructor-Trainer (IT)**

9.24. GIC Instructor-Trainer Candidates can be upgraded to Instructor-Trainers by the GIC Course Director and endorsed by the Educator, after having successfully completed teaching on at least two GIC courses as ITC.

9.25. BLS Instructor-Trainer Candidates can be upgraded to Instructor-Trainers by the BIC Course Director, after having successfully completed teaching on at least two BIC courses.

**Instructor Trainer Candidate (ITC)**

9.26. FIs who show exceptional ability and aptitude during instructing on a Provider Course may be considered for Instructor Trainer Candidate status.

9.27. An ITC is an experienced FI who is invited to act as ITC on an Instructor course.

9.28. In order to be eligible to be selected as a ITC, a FI needs to have followed a relevant ERC Instructor course or equivalent (see chapter 11), taught on at least 4 courses of the same type as FI and be invited to act as ITC on an Instructor Course by a CD of an Instructor Course.

9.29. Once a FI has been selected as ITC they need to complete at least 2 Instructor courses of the same type as ITC to the satisfaction of the CD and the Educator.
if applicable, before they can be upgraded to IT. It is possible for this period to be extended to 3 years following application by the IC to NRC or SEC.

9.30. The ITC must be present throughout the entire Instructor course.

**Educator (Ed)**

9.31. Eds must take part in the ERC quality maintaining program for Educators: a minimum of one GIC, and one ERC educator meeting or medical education conference in 2 years.

9.32. Educators who are also GIC Directors cannot undertake the role of Educator in the same course.

9.33. Educators are entitled to instruct on ERC Generic Instructor Courses in other countries, as long as they:

- adequately speak the language of the course (or have access to live translation and extra time in the schedule), and
- are invited by a CC and GIC CD, recognised in that country.

**Educator Candidate (EdC)**

9.34. Apply to attend an Educator Master Class (EMC).

- Application to attend an EMC: Possible participants should submit documents according to the criteria to the DC-Edu:
  - CV
  - Covering letter outlining the reasons and motivation why they wish to become an Educator
  - Supporting letter from the NRC (local lead educator, NCD).

- Participants for the EMC are selected by the DC-Edu in accordance to the following specifications:
  - Professional qualification: Graduate in Healthcare, Nursing, Medicine, or Health Sciences
  - Educational profile
  - Preferably a first degree or post graduate qualification in Education or currently studying for a post graduate qualification in Education or Medical Education (certificate, diploma or equivalent)
  - Experience in adult education (minimum of 3 years) within a healthcare setting (ERC courses or equivalent preferable).
  - At least 2 years of continuous activity as a GIC instructor
  - Preferably a clinical background and experience in the specialist field
  - ERC Associate Gold Membership

9.35. Become an EdC

- Successfully completed the EMC

9.36. Upgrade to Ed:

- In order to become an Educator, the EdC needs to take part in the faculty of 2 GIC, under the guidance of experienced Educators, to the satisfaction of the DC-Edu.
- The Educator to Educator Candidate ratio should be 1:1.
- During the EMC and the following courses, the EdC should fulfil the following expectations:
- Knowledge and practical application of adult learning principles
- Familiarity with ERC teaching strategies and techniques
- Expert communication skills (especially in the management of student behaviours and faculty support, with particular emphasis on competence in relational issues, effective feedback and presentation skills)
- Able to demonstrate competence in educational practice in managing teaching and learning (empathy, credibility, honesty, supportive attitude, individual and team orientated).
- Ability to organise, motivate and lead groups of instructors focused on achieving course learning objectives
- Ability to be flexible in managing candidate, faculty or programme related issues
- Preferably have an expert knowledge and demonstrable commitment to being contemporary in the evidence base supporting both education and health science

10. Recertification

Recertification of Providers

10.1. It is the responsibility of the holder of a certificate to maintain their skills. This can be done via recertification.

10.2. A current Full Instructor is deemed also to be a current provider for that type of course, to the extent that he effectively instructed on this type of course during the validity of the provider certificate.

10.3. Providers may recertify in one of two ways:
   - Re-attending a full Provider Course and completing the assessments successfully. The validity period of the certificate is then renewed with a duration in line with 8.4.
   - Successfully completing an ERC recertification programme within 6 months of the expiration of their certificate (expiry date + 6 months), in line with the recertification programme for that course type as stated in the document attached to these Course Rules. The new validity period is also described in the attached document.

10.4. /

Recertification of Instructors

10.5. An instructor must teach on a minimum of two courses appropriate to each of his or her full instructor disciplines (BLS, ALS, NLS, etc.) every two years. Failure to do so will result in reversion to IC status for that discipline. To regain full instructor status will require successful completion of one course as an IC. When Instructors reach their validity dates as Instructor, and their email addresses are correctly noted in CoSy, they will be notified by an automatic email (6 months before expiration). A Self-Sufficient NRC or the SEC co-chair for that course type can decide to extend the 2 year period of FI validity to 3 years in case of an insufficient number of courses in that country over a period of 2 years to comply to this rule.
10.6. Each FI will be reassessed by the Course Director (on site) or a peer Full Instructor, using the ERC approved assessment tools, every six years. If they are registered in the faculty of a provider course between 4 and 6 years after their latest assessment, they are flagged for the CD and will be assessed on the faculty assessment screen. They must attend the entire course. Following a negative assessment, a second assessment under the oversight of a different CD should take place within 1 year. If the second assessment is negative or not completed within the specified time, they will lose their FI status. The new period of (4 to) 6 years starts from the last day of the previous period of 6 years.

10.7. An IC status is only valid for two years, after which period a new instructor course (appropriate to the discipline(s) concerned) will have to be undertaken to regain instructor qualification. This period may be extended to three years upon individual application to the ERC Office.

10.8. Directing a course also counts as instructing a course for recertification purposes.

**Recertification of Instructor-Trainers (IT)**

10.9. ITs should keep their FI qualification up to date.

10.10. Each IT will be reassessed by the Course Director (on site), the Educator in case, or a peer Full Instructor, using the ERC approved assessment tools, every six years. If they are registered in the faculty of an instructor course between 4 and 6 years after their latest assessment, they are flagged for the CD and will be assessed on the faculty assessment screen. They must attend the entire course. Following a negative assessment, a second assessment under the oversight of a different CD should take place within 1 year. If the second assessment is negative or not completed within the specified time, they will lose their IT status. The new period of (4 to) 6 years starts from the last day of the previous period of 6 years.

**Recertification of Course Directors**

10.11. In order to recertify, a CD must be faculty member on a minimum of 2 courses of that course type every 2 years, with at least one of these as CD for that course type.

10.12. [Not in use]

10.13. [Not in use]

10.14. Each CD will act as CDC and be reassessed by a Course Director (onsite), every six years. If they are registered in the faculty of a course, they are flagged for the CD and will be assessed on the faculty assessment screen. Following a negative assessment, a second assessment by a different CD should take place within 1 year. If the second assessment is negative or not completed within the specified time, the CD being assessed will lose their CD status and will be referred to the NRC, self-sufficient for that type of course, or the appropriate SEC co-chair in other case.
The new period of (4 to) 6 years starts from the last day of the previous period of 6 years.

10.15. Recertifying as a CD automatically implies an extension as FI and P for the same type of course and the same period of time as the CD qualifications.

10.16. A person, qualified as CD for different types of courses, who recertifies as CD for one course type, will automatically extend their qualification as CD for each of the other types of courses where they
- either effectively instructed in the past two years;
- or hold a valid provider certificate.

Recertification of Educators

10.17. Upon expiry of their Educator qualification, and this until the rules of recertification of Educators are included in the (next update of the) Course Rules, these Educator qualifications will automatically be extended with one year.

10/1 Charges

10/1.1. The Seat price covers the following ERC services to facilitate Course Centers to run CPR trainings according to the ERC quality requirements:
- access to the ERC Course System, which includes:
  - facilities to register trainings that are run in conformity with ERC rules and to register the participants of these trainings;
  - internal checks supporting the Course Center to observe the ERC Course Rules;
  - communication tools with (potential) faculty members and participants;
  - electronic content (online and/or via pdf) that can be employed by the Course Center, to support participants preparing themselves for the respective training;
- quality control of the organised trainings by the ERC or their authorised representatives (primarily the self-sufficient NRCs);

8 For example: you are both ALS and EPALS CD. During the two years before the expiry date of your ALS CD qualifications, you acted
- as a FI on one ALS course AND
- as a CD on another ALS course.

The consequences are:
- Your ALS CD is recertified = extended with 2 years (10.11), with a peer reassessment every six years (10.14).
- Your ALS FI and P are extended with 2 years (10.15).
- Your EPALS CD is extended with two years on condition that you either effectively instructed on one EPALS course in the past two years, or currently hold a valid EPALS provider certificate (10.16). If neither is the case, you lose your EPALS CD qualification.
discount vouchers for printed manuals, either for the Course Center or in other case for the individual participants, which will allow them to purchase the printed manual almost at printing and shipping costs.

10/1.2. Per country, the same types of Seats are available:
- Basic Seat: for Basic Courses
- Intermediate Seat: for ILS, EPILS and NLS courses;
- Advanced Seat: for ALS and EPALS courses;
- Instructor Seat: for Instructor Courses;
- Intermediate Recertification Seat: for a recertification hands-on module on Intermediate Courses
- Advanced Recertification Seat: for a recertification hands-on module on Advanced courses

A separate Seat type is created for the ETCO.9

10/1.3. The pricing of Seats is decided by the ERC Board.

10/1.4. The Seat price may include an additional charge – to a maximum increase of 100% – for the supervising NRC.

10/1.5. One Seat per participant of a hands-on training is required. Seats are purchased by the CC (or their NRC) online, prior to certificates being created.

10/1.6. Seats can be transferred to any other CC with similar CC permissions in the same country, but cannot be refunded. Seats of CC who have been inactive – related to ERC courses – for the past two years, will lose their value.

10/1.7. Upon successful completion of the different steps in the course administration process, an online, printable ERC certificate is granted to those participants who successfully passed the assessment. These participants will continue having access to the online part of the recertification courses for a period of two years after the date of the last certificate.

### 11. Conversion

**RC (UK)10 courses and ALSG11 GIC courses**

11.1. Upon receipt of a copy of their RC (UK) certificate(s) issued for a course taught in the UK, RC (UK) ALS, ILS, EPALS, PILS, NLS and GIC Eds, EdCs, CDs, FIs, ICs, and IPs are respectively considered ERC ALS, ILS, EPALS, EPILS, NLS and GIC Eds, EdCs, CDs, FIs, ICs and IPs.

---

9 European Trauma Course Organisation – see footnote on page 3
10 RC (UK) is the Resuscitation Council (UK), registered in the United Kingdom as a Charity under number 1168914.
11 ALSG is the Advanced Life Support Group, registered in the United Kingdom as a Charity under number 1095478.
Upon receipt of a copy of their ALSG certificate(s) issued for a course taught in the UK, ALSG GIC Eds, EdCs, CDs, FIs, ICs, and IPs are respectively considered ERC GIC Eds, EdCs, CDs, FIs, ICs and IPs.

**AHA\(^{12}\) courses and ALSG\(^{11}\) APLS courses**

**11.3.** IP qualifications:

- As the AHA does not select IPs during provider courses, AHA providers who would like to teach on ERC courses must be selected as IP on an ERC provider course.
- ALSG APLS IP's are considered ERC IP's for the similar course types.

**11.4.** ICs from AHA, and ALSG outside of the UK are considered ERC IP.

**11.5.** FI qualifications:

- AHA Heart Saver (First Aid) BLS FIs need to successfully attend the ERC BLS in order to attend the BIC.
- Upon receipt of proof of their valid AHA instructor qualification, AHA ACLS and PALS FIs are respectively considered ERC ALS and EPALS IPs.
- Upon receipt of proof of their valid ALSG instructor qualification, ALSG APLS FIs are considered ERC EPALS ICs.
- For them to become ERC FI they need to follow an ERC Instructor course

**11.6.** CD qualifications:

- Upon receipt of proof of their valid AHA director qualification and following one of these two options, AHA Heart Saver (First Aid) BLS, ACLS and PALS CDs are respectively considered ERC BLS, ALS and EPALS CDCs:
  - having followed an ERC conversion course,
  - if no conversion course is available, they can act as CDC on 2 ERC courses, in that case, participation at an Instructor course is highly recommended

**NRC courses**

**11.7.** National Resuscitation Councils who organise their own courses and would like to convert them to ERC courses can submit a request via the ERC Office. The relevant SEC co-chair will consider the request and assess the courses currently being run by the NRC. This assessment may include the supervision of one or more course by the SEC or an audit of the courses.

**11.8.** There are two possibilities based on the result of this assessment:

- The course system is accepted as **equivalent** to the relevant ERC course: in this case the existing qualifications or courses can be imported into the ERC Course System.

---

\(^{12}\) AHA is the American Heart Association, with registered offices 7272 Greenville Ave., Dallas, TX 75231, United States.
The course system is considered as not equivalent to the relevant ERC course: in this case the NRC can organise new pilot courses in co-operation with ERC.

**Other organisations’ courses**

11.9. Accepting courses of other organisations than those listed above for conversion, is at the discretion of the DC-Edu.

**Specific Rules according to Course Type**

**BLS specific**

12.1. The assessment for becoming a provider may be undertaken either continuously formative during the practical sessions or during a separate summative assessment at the end of the course, at the discretion of the CD.

12.2. Minimum of 1 set of equipment (resuscitation manikin + AED) per instructor shall be available for a group of 6-8 candidates. When there are 2 instructors per 6-8 candidates, 2 sets of equipment are advised.

12.3 BLS FIs can function as an Acting Course Director of a BLS course.

12.4. With the provisions of 9.15, if the assessment of a BLS IC is done by an acting CD, such assessment is completed online from the moment this is available in CoSy. Upgrade to FI is not possible if the relevant assessments were completed by the same acting CD.

12.5. [Not in use]

12.6. ICs of Adult Advanced courses can act as BLS IC. They have to teach on two BLS courses to the satisfaction of the CD, before becoming BLS FI.

12.7. FIs of all types of Adult Advanced Courses can act as BLS FI, unless the self-sufficient NRC in a general rule has decided otherwise.

**EPALS specific**

12.8. At least 80% of the faculty must be involved in the clinical care of children during their daily professional occupation. One of the faculty members should be a suitably experienced medical doctor.

It’s good practice for the backgrounds of the faculty instructors, to be representative of the candidate group they are teaching. However, it is recommended to have a medical doctor available for each group of participants.

12.9. Assessment stations for EPALS are:
- EPBLS
- CASTest Station
- MCQ

12.10. Two CASDemo stations will be included in the course before the CASTeach. This should focus on the correct management of a cardiac arrest, critically ill child, or trauma and should last at least 10 minutes.
12.10/1. As an alternative to a standard EPALS course, a split EPALS course is organised on two separate days, the first day being a full EPILS course as long as the maximum period of time between the two course days is twelve months. The Advanced Seat applies for the participants of such courses and no refund is possible if participants do not participate in the second day.

12.11. An EPALS FI must instruct on two courses in two years, in order to maintain FI status. However, teaching on two EPILS courses may count as one of these.

12.12. Participants who have failed an EPALS course can be awarded an EPILS or EPBLS certificate based on their performance during the first day of the course, at the discretion of the faculty.

**EPILS specific**

12.13. Assessment is continuous formative and is guided by the assessment forms provided for each core skill.

12.14. EPALS FIs can instruct and direct on EPILS courses. The CD should be an EPALS FI, fully involved in the organisation and delivery of the EPILS course. EPALS FIs who are active on EPILS courses will automatically receive the relevant EPILS qualifications in CoSy.

12.15. EPALS and EPILS ICs can instruct on EPILS courses and be listed as EPILS IC. If they teach two courses successfully under direct supervision of an EPALS or EPILS FI, they should be upgraded to EPILS FIs but these courses do not count towards their EPALS upgrade.

12.16. If an instructor maintains EPALS FI status, they also remain EPILS FI. If an EPALS instructor fails to maintain their FI status but teaches on enough EPILS courses (according to rule 10.4) they will keep their EPILS qualifications.

12.16/1. Participants who have failed an EPILS course can be awarded an EPBLS certificate based on their performance during the first day of the course, at the discretion of the faculty.

**NLS specific**

12.17. One of the faculty members should be a suitably experienced medical doctor.

12.18. All instructors should have on-going clinical experience of care and potential resuscitation of babies at birth.

12.19. Assessment stations for NLS are:
- Airway Test
- MCQ

12.19/1. Candidates will be entitled to a single immediate retest on the airway test. A different instructor team assesses this retest. If performance remains unsatisfactory, a certificate of attendance may be issued.

12.20. If human umbilical cords are to be used it is the Course Director’s responsibility to follow the local rules in relation to written consent of the parent(s). For further guidance please see sample parental consent letter and requirements.
for the use of umbilical cords: “NLS 11 use of parts of the umbilical cord_letter 2011”\textsuperscript{13}.

**ALS specific**

12.21. At least 25\% of the faculty members must be suitably experienced medical doctors. If the CD is not medically qualified, there should be a nominated medical co-director who may be one of the faculty.

It's good practice for the backgrounds of the faculty instructors, to be representative of the candidate group they are teaching. However, it is recommended to have a medical doctor available for each group of participants.

12.22. Participants who have failed an ALS course can be awarded an ILS certificate based on their performance during the first day of the course, at the discretion of the faculty.

12.23. An ALS FI must instruct on two courses in two years, in order to maintain FI status. However, teaching on two ILS courses may count as one of these.

12.23/1. As an alternative to a standard ALS course, a split ALS course is organised on two separate days, the first day being a full ILS course as long as the maximum period of time between the two course days is twelve months. The Advanced Seat applies for the participants of such courses and no refund is possible if participants do not participate in the second day.

**ILS specific**

12.24. Assessment is formative and is guided by the assessment forms provided for each core skill.

12.25. ALS FIs can instruct and direct on ILS courses. The CD should be an ALS FI, fully involved in the organisation and delivery of the ILS course. ALS FIs who are active on ILS courses will automatically receive the relevant ILS qualifications in CoSy.

12.26. ALS and ILS ICs can instruct on ILS courses and be listed as ILS IC. If they teach two courses successfully under direct supervision of an ALS or ILS FI, they should be upgraded to ILS FIs but these courses do not count towards their ALS upgrade.

12.27. If an instructor maintains ALS FI status, he or she also remains ILS FI. If an ALS instructor fails to maintain their FI status but teaches on enough ILS courses (according to rule 10.4) they will keep their ILS qualifications.

12.28. An ALS FI who only instructs on ILS courses will fall back to ILS FI status and ALS IC status after two years without a sufficient number of ALS courses. They

\textsuperscript{13} Attachment 4.
need 1 ALS and 2 ILS, or 2 ALS courses, in order to maintain their ALS FI qualifications.

### BIC specific

12.29. Assessment is formative and is guided by the assessment forms provided for each core skill.

### GIC specific

12.34. Assessment is continuous formative and is guided by the assessment forms provided for each core skill.

12.35. In order to be eligible to be selected as a GIC CDC, a candidate needs to be qualified as a CD of an Advanced course type.

12.36. European Trauma Course (ETC) IPs can attend a GIC and receive a certificate.

12.37. The presence of an Educator is mandatory for the GIC.

12.38. The key role of the Educator is to assure educational quality standards of the course; specific tasks include:

- To oversee the education process for the course
- To communicate key points of educational theories
- To share expertise in medical education
- To observe, critique, and guide candidates and faculty
- To focus on learning goals and achievement of the aims
- To facilitate teaching
- To assess recertification

### EMC specific

12.39. An EMC can only be organised by the DC-Edu.

12.40. The DC-Edu can call experienced Educators connected to Resuscitation to the faculty of the EMC.

12.41. An EMC will be organised according to the needs of the ERC and the NRC.

12.42. The EMC aims to be a 1.5 - 2-day course covering the elements of adult learning, assessment, feedback, facilitating learning, fostering understanding and retention, dealing with CD and faculty on a GIC and quality management in the educational process of the ERC

### EPBLS specific

12.43. The assessment may be undertaken either continuously formative during the practical session or during a separate summative assessment at the end of the course, at the discretion of the CD.

12.44. Minimum of 1 set of equipment (baby and junior resuscitation manikin + AED) per instructor shall be available for a group of 6-8 candidates. When there are 2 instructors per 6-8 candidates, 2 sets of equipment are advised.

12.45. EPBLS FIs can function as an Acting Course Director of a EPBLS course.
12.45/1. With the provisions of 9.15, if the assessment of a EPBLS IC is done by an acting CD, such assessment is completed online from the moment this is available in CoSy. Upgrade to FI is not possible if the relevant assessments were completed by the same acting CD.

12.46. ICs of Paediatric Advanced courses can act as EPBLS IC. They have to teach on two EPBLS courses to the satisfaction of the CD, before becoming EPBLS FI.

12.47. FIs of all types of Paediatric Advanced Courses can act as EPBLS FI, unless the self-sufficient NRC in a general rule has decided otherwise.

12.48. BLS, ILS or ALS FIs who want to become EPBLS FI, should first have taught as FI in minimally 2 courses of their competence, before attending an EPBLS-P course. When successful, they are immediately upgraded to EPBLS IC and act as IC in minimum one EPBLS course, with positive assessment, before being upgraded to EPBLS FI.

12.49. Newly upgraded EPBLS FIs will not supervise an EPBLS IC before they taught minimally once in an EPBLS-P course.

13. Complaints procedure

13.1. Complaints related to a specific course:

- A complaint can be submitted, within four weeks of the completion of the course or of a relevant event that occurred after the course:
  - by any individual(s) or organisation directly involved in the course: to the CD
  - by the CD: to the NCD or - if no NCD was appointed - to the NRC or - if the NRC is not self-sufficient for that course type - the SEC co-chair
  - if the CD is the subject of the complaint: to the NCD or - if no NCD was appointed - to the NRC or - if the NRC is not self-sufficient for that course type - the SEC co-chair. However, if the person who should receive the complaint is directly involved, the complaint should be submitted or immediately be referred to the higher level.
  - In the first instance, the CD (or NRC) makes a decision within four weeks of having received the complaint.
  - If the solution is not considered acceptable, any of those involved may launch an appeal in writing within two months of the end of the course or of a relevant event that occurred after the course has been completed, to the National Resuscitation Council (if Self-Sufficient) or, in other cases, to the SEC co-chair for that course type.
  - That NRC or SEC co-chair will make a decision on the appeal within two months of receiving it, in line with the rules as described in this document and with a copy to the ERC Office, which will inform the relevant SEC co-chair.
  - If this decision is not considered to be in line with the rules as described in this document, any of those involved may elevate the situation, within one month of having received the decision, to the DC-Edu via the ERC office (cassation). The DC-Edu has six months to judge and has the power to
revoke and request that the deciding authority provides an alternative solution that abides by the rules.

13.2. Removal of CC permissions and/or CD/Instructor qualifications:

- The removal of CC permissions and/or CD/Instructor qualifications can only be discussed:
  - during the appeal procedure of a complaint related to a specific course (13.1)
  - following a complaint related to a specific course by a CD involved in that course (13.1)
  - following a complaint by a NCD about a CD related to a specific course (13.1)
  - based on an independent quality control report.
- In the first instance, the Self-Sufficient NRC of the country of residence of the defendant or in other case the SEC co-chair makes a decision within three months of having received the complaint.
- Any of the parties directly involved may give notice of appeal to the DC-Edu via the ERC Office. The appeal procedure is suspending the first judgement, except when the DC-Edu Chair decides that the risk of recurrence is a too high risk for individuals, for the quality of the courses or for the organisation.
- The DC-Edu will reconsider the decision taken by the Self-Sufficient NRC or SEC co-chair, may ask any party involved for their opinion and will take a final decision, preferably within a time frame of six months after the appeal has been received.
- If this decision is not considered to be in line with the rules as described in this document, any of those involved may elevate the situation to the Board via the ERC office (cassation). The Board has the power to revoke and request that the DC-Edu provides an alternative solution that abides by the rules.

Overview complaints procedure:

<table>
<thead>
<tr>
<th>Basis</th>
<th>1st</th>
<th>Appeal</th>
<th>Cassation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course related</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complaint</td>
<td>CD</td>
<td>SS-NRC/DC-Edu</td>
<td>DC-Edu</td>
</tr>
<tr>
<td>Complaint by CD</td>
<td>NCD (SS-NRC if COI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complaint about CD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrawal related</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complaint or QC (not individual)</td>
<td>SS-NRC/DC-Edu</td>
<td></td>
<td>DC-Edu</td>
</tr>
<tr>
<td>Declined CC permissions by NRC (4.11)</td>
<td>Appeal lodged by declined CC</td>
<td>/</td>
<td>DC Edu</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Nº</th>
<th>Document</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Policy for Disabled Candidates</td>
<td>12.12.2018</td>
</tr>
<tr>
<td>2</td>
<td>Self-sufficiency Document</td>
<td>26.04.2018</td>
</tr>
<tr>
<td>3</td>
<td>IP Selection Form</td>
<td>12.12.2018</td>
</tr>
<tr>
<td>4</td>
<td>NLS 11 use of parts of the umbilical cord</td>
<td>12.12.2018</td>
</tr>
<tr>
<td>5a</td>
<td>Recertification programme ALS/ILS</td>
<td>12.12.2018</td>
</tr>
<tr>
<td>6a</td>
<td>Equipment list BLS</td>
<td>12.12.2018</td>
</tr>
<tr>
<td>6b</td>
<td>Equipment list ALS</td>
<td>04.12.2018</td>
</tr>
<tr>
<td>6c</td>
<td>Equipment list ILS</td>
<td>04.12.2018</td>
</tr>
<tr>
<td>6d</td>
<td>Equipment list EPALS</td>
<td>04.12.2018</td>
</tr>
<tr>
<td>6e</td>
<td>Equipment list NLS</td>
<td>04.12.2018</td>
</tr>
<tr>
<td>7</td>
<td>Data Protection Policy</td>
<td>23.05.2018</td>
</tr>
<tr>
<td>8</td>
<td>Travel policy</td>
<td>22.09.2018</td>
</tr>
</tbody>
</table>
ERC Policy for Disabled Candidates

Version approved by the DC Edu on 12.12.2018

Candidates with disabilities are eligible to undertake ERC life support courses. The ERC recognises its obligations not to discriminate against, and to make reasonable adjustments to their policies and procedures for those with disabilities in order to avoid any discriminatory impact. The ERC will do everything it can to assist those with a disability and will ask its Course Centers, Course Organisers and faculty members to do the same.

Candidates should notify the Course Center of any disability before the start of the course and the Course Director should then make reasonable efforts to accommodate the candidates’ requirements. For example, the Course Center may be able to make changes to the physical surroundings or, if a disabled candidate is physically unable to undertake a task, it may be possible to allow the candidate to instruct a proxy instead. However, any such changes should not cause a deterioration in the experience or training of the other candidates.

The award of an ERC certificate (whilst not a certificate of competence nor a licence to practise) indicates that a candidate has successfully completed a course and by inference has undertaken active participation. In some situations a disabled candidate might successfully pass all of the theoretical aspects of a course but, due to a disability, be unable to complete all of the physical course requirements.

Employers are themselves directly responsible for establishing that their staff has the capabilities requisite to their clinical setting – this is essential in the interests of patient health and safety. Accordingly, they must not rely to any extent on the holding by an individual of a certificate from the ERC as lessening their responsibility in that respect.
Self-Sufficiency in running ERC-Courses

Version 26.04.2018

Introduction

Self-sufficiency is defined in the ERC Course Rules as follows:

<table>
<thead>
<tr>
<th>Characteristics of self-sufficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>A National Resuscitation Council is considered as self-sufficient for a certain type of course if:</td>
</tr>
<tr>
<td>- It has the resources, expertise, and experience to run courses, and has demonstrated an ability and commitment to maintain the quality of training agreed with the ERC in accordance with the document Self-Sufficiency.</td>
</tr>
<tr>
<td>- There is a formal written agreement of partnership between the ERC and the NRC in which the responsibility for the national supervision and quality control rests with the National Resuscitation Council.</td>
</tr>
<tr>
<td>Nevertheless, all ERC courses are organised under supervision of the respective Education Committee.</td>
</tr>
</tbody>
</table>

The current document further defines and refines the different aspects of self-sufficiency.

To become self-sufficient for a certain type of course

In order for an NRC to become self-sufficient, the NRC makes an application to the ERC – via the ERC Office - for each type of course for which self-sufficiency is requested, using the attached form which includes information about:

- The identity of the NRC.
- The type of course.
- Concrete description how the quality control will be organised, including resources.
- Commitment to comply to the ERC Course Rules and the criteria to maintain self-sufficiency.
Based on this information plus the data in CoSy – including feedback of faculty, participants and CO collected by the ERC via surveys - the decision about self-sufficiency will be made by the SEC co-chair of the relevant type of course, having collected feedback from education members within his/her SEC.

This decision will be motivated to the NRC.

An appeal against this decision will be judged by the DC Edu, which acts as a last resource.

A new request for self-sufficiency can only be submitted not earlier than 12 months after the previous request.

Self-sufficiency is granted for an indefinite period of time, but can be withdrawn by the relevant SEC co-chairs, with appeal possibility at a DC Edu level as a last resource.

To maintain self-sufficiency for a certain type of course

1. The NRC aims for maintaining and improving the quality of ERC training.

2. The NRC promotes this ERC course as the official CPR course of the NRC for that type of course.

3. The NRC – and their local network of Faculty members and Course Centers - have the capacity (as to resources, expertise and experience) to run this type of course without structural support from other countries.

4. The NRC is capable of
   a. dealing with all responsibilities of self-sufficient NRCs as included in the Course Rules;
   b. organising an audit by two unbiased experienced and qualified instructors on location in the following situations:
      - serious allegations regarding the quality of teaching about faculty members or Course Centers;
      - upon instruction via CoSy (based on background criteria including previous audits, user feedback and chance) and with a maximum of four of such audits per course type per year;
      - at the discretion of the NRC;
   and the NRC reports the result of these audits to the ERC via CoSy;
   c. making an assessment of a Course Center before their 2 year CO permissions are renewed;
   d. making an objective assessment of complaints related to courses (for which the NRC is self-sufficient) in the country of the NRC;
   e. support all the above actions with documentation in view of a possible audit of the quality control systems by the ERC.

5. The NRC accepts and recognises audits from the ERC of individual courses.

6. The NRC submits an annual standardised report on the national activities of quality control to the ERC.

Proposed by the DC Edu on 19.03.2018

Approved by the ERC Board on 26.04.2018.
Instructor Potential Form

Version approved by the DC Edu on 12.12.2018

This form refers to art. 7.20 of the ERC Course Rules, which describes the selection of Instructor Potentials on Advanced Courses using the underlying Instructor Potential Form.

- Course providers of Advanced Courses can be selected by the course faculty as Instructor Potential (IP).
- IPs can then go on to attend a Generic Instructor Course.
- In order to be successful in being put forward for Instructor Potential (IP), the candidate must score a minimum total of 18.

<table>
<thead>
<tr>
<th>Candidate Name</th>
<th>Course Date</th>
<th>Course Director</th>
<th>Nominated by</th>
<th>Seconded by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidate meets criteria</td>
<td>Comments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Course provider</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Demonstrated excellent skill knowledge</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Demonstrated ability to communicate</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Demonstrated ability to work as a team member</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Enthusiasm</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Credibility</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Interactive, supportive</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Confident, flexible and adaptable</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Ability to critique</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Faculty advice</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>25 0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Overall Recommendation (tick one) IP [ ] Not IP [ ]
Permission Form

Umbilical Cord Parts for Use in Resuscitation Training

Version approved by the DC Edu on 12.12.2018

RE: Use of parts of the umbilical cord in resuscitation training

Dear Parent

The umbilical cord contains blood vessels, which connect the baby to the placenta (afterbirth) in the womb. Shortly after birth the umbilical cord is clamped close to the baby’s tummy and is then cut to separate the baby from the rest of the cord and the placenta.

Occasionally some newborn babies become very ill and need resuscitation and treatment. At times it can be difficult to put a drip into a vein in the very small arms and legs of these sick babies in order to deliver life-saving treatment. In these circumstances it is usual to place a drip into the vein in the umbilical cord at the belly button. This is a difficult and tricky procedure, which takes time to learn.

As you might expect it is not possible for doctors or nurses to learn or to practice this skill on well babies. One way to learn is to allow doctors and nurses to practice on parts of the umbilical cord that would otherwise be disposed of. The cord and placenta are normally destroyed after birth.

During recognised training courses a segment of umbilical cord taken from the placenta can be used to help doctors and nurses practice getting drips into the vein. The short lengths of umbilical cord are only used for a few hours and are then destroyed appropriately afterwards. They are not retained nor are they used for any other purposes.

We would be grateful if you would give permission for the use of a section of your baby’s cord for use as described above. You do not have to give permission.

If you do decide that you are happy for a part of your baby’s cord to be used for training as described above please sign below.

If you have any further questions either now or in the future, please do not hesitate to contact the person obtaining consent from you.

Yours sincerely

Clinical Director, Special Care Baby Unit

NLS Course Director

I give my permission for my baby’s umbilical cord to be used as described above.

<table>
<thead>
<tr>
<th>Date</th>
<th>Name parents</th>
<th>Name midwife/doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signatures</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Recertification programme ILS/ALS

Version approved by the DC Edu on 12.12.2018

This document refers to art. 10.3 of the ERC Course Rules, which facilitates recertification through a recertification programme. The rules for ILS/ALS recertification are as follows:

A. Recertification programme for ILS/ALS Providers
1. ILS/ALS providers may extend the validity of their certificate with two years, by successfully attending two ILS/ALS recertification modules per two years. At least one of these has to be an onsite module. The new validity period starts from the previous expiry date.
2. For ALS providers, every fifth year one of such modules needs to be a successful reassessment.
3. Recertification modules have a minimum duration of 2 hrs. The ERC will facilitate one onsite module and one online module per year. Local recertification programs may be used for recertification if approved by the self-sufficient NRC or – in other case – the SEC Co-Chair.

B. Recertification programme for ILS/ALS Instructors
4. For recertification of instructors, teaching four onsite recertification modules in two years equals one ILS course. As a consequence, read together with 12.23 of the Course rules:
   - An ILS Instructor may recertify by teaching on:
     o Either 2 ILS courses in 2 years;
     o Or 1 ILS course and 4 recertification modules in 2 years.
   - An ALS Instructor may recertify by teaching on:
     o Either 2 ALS courses in 2 years;
     o Or 1 ALS and 2 ILS courses in 2 years;
     o Or 1 ALS and 1 ILS and 4 recertification modules in 2 years.

Approved by the DC Edu on 12.12.2018
# Equipment List BLS

*Version 12.12.2018*

## Rooms

- Lecturing room (to accommodate all candidates and instructors)
- Training rooms (1 per 6-8 candidates)
- Faculty room (to accommodate the faculty during breaks and discussions)
- Lunch room
- Toilets (and hygiene)

## Equipment per instructor

- **Before the course**
  - Time tables of provider and/or instructor course
  - (BLS provider and instructor course manual if needed)
  - PPP presentations provider and/or instructor (if needed – according CD)
  - Information sheets (A4 pages) for registration site, lecture room, faculty room, training rooms (numbered), toilets, lunch and breaks

- **During the course**
  - Pencil(s)
  - Name badge (different colours for each group, logo ERC and local organisation, first name clearly visible)

## Equipment per participant

- **Before the course**
  - Time table provider and/or instructor course
  - Provider and/or instructor manual or information how to download
  - Assessment sheets BLS (informative)
  - Information sheets (A4 pages) for registration site, lecture room, faculty room, training rooms (numbered), toilets, lunch and breaks

- **During the course**
  - Pencil(s) if needed
  - Name badge (neutral colour for instructors, logo ERC and local organisation, first name clearly visible)
Equipment per trainee group

- Minimal one standard adult CPR training manikin (with or without electronic feedback)
- Spare face of each manikin (if applicable)
- Spare lungs or airways depending on type of manikin
- Disinfectant, cleaning tissue or swabs
- One pocket mask (at least) – if possible one mask or one valve per candidate
- One training AED per manikin, preferably a training device
- Electrodes depending on type + spare electrodes
- Spare batteries (may run low during training)

Equipment in general

- LCD Projector (1 or more depending on the CDs proposal)
- Laser pointers (one per computer)
- Laptop PC
- Black or white board or similar in each room plus markers and wipes
- Extension power line
- Multiple power inlet
- List of candidates (to register + place for signature)
- List of candidates per group/per instructor (all on one page)
- List to register for accreditation (CME) points (if applicable)
- Spare badges, markers
- Signposts (A4 pages) for registration site, lecture room, faculty room, training rooms (numbered), toilets, lunch and breaks
- Feedback form for candidates (on top of website survey if needed)
- (Restaurant information copy)
- Drinks, catering: provide welcome coffee in the morning, coffee and cold drinks during breaks and lunch
# Equipment List ALS

**Version 04.12.2018**

## Basic Life Support and Defibrillation

### Equipment per station

- 1 ALS manikin
- Bag-valve-mask with reservoir
- Oxygen tubing
- Suction (e.g. Yankauer)
- Oropharyngeal airways, sizes 2, 3 and 4
- Monitor / defibrillator with appropriate leads
- Spare recording paper
- Self-adhesive defibrillation pads
- IV cannula
- Rhythm generator
- Spare batteries for cardiac rhythm simulator
- Oxygen mask with reservoir
- Stethoscope
- Suitable support surface for performing skills (e.g. hospital bed, resuscitation trolley)

## CASTeach and CASTest and the Deteriorating patient

### Equipment per station

- Stethoscope
- Suitable support surface for performing skills (e.g. hospital bed, resuscitation trolley)
- 1 ALS manikin with rhythm simulator
- Spare batteries for cardiac rhythm simulator
- 1 manual defibrillator
- 1 CAS box to include:
  - 1 bag-mask, oxygen tubing and reservoir
  - 2 tracheal tubes
  - 1 laryngoscope
  - 1 oropharyngeal airway
  - 1 nasopharyngeal airway
  - 1 catheter mount
  - 1 x 50ml syringe
  - 1 x 10ml syringe
  - Lubricating spray
  - Tie for tracheal / supraglottic airway
  - 1 suction device
  - 1 rebreathing mask with oxygen tubing and reservoir
  - 1 pair Magill’s forceps
  - 2 IV cannulae
• Selection of prefilled drug syringes e.g. adrenaline 1:10 000 1mg, amiodarone 300mg
• 1 set of self-adhesive defibrillation pads
• 1 supraglottic airway device
• Spare batteries for laryngoscope and rhythm simulator
• Spare bulbs for laryngoscope
• Spare defibrillator recording paper
• Surgical gloves
• Capnography monitoring device
• Teaching / Testing sheets

---

**Airway Management / IO Access**

**Equipment per station**

• 2 adult airway management trainers or intubatable ALS trainers
• 2 anatomical models
• 2 suction devices
• 2 Yankauer suckers
• 1 pocket mask (demonstration only)
• 2 size 1, 2, 3 and 4 oropharyngeal airways
• 2 size 6, 7 and 8 nasopharyngeal airways
• 2 supraglottic airway devices
• Lubrication and / or palate converter for supraglottic airway device
• 2 self-inflating bags with oxygen tubing and reservoir
• 2 adult face masks for attaching to self-inflating bag (medium and large)
• 2 x 50 ml syringes
• 2 x 10 ml syringes
• 2 pairs of Magill’s forceps
• 2 bougies
• 2 lubricating sprays
• 2 laryngoscopes (Magill curved blades)
• Spare batteries and bulbs for laryngoscopes
• Cleaning wipes
• 2 ties for tracheal tube / supraglottic airway
• 2 stethoscopes
• 2 catheter mounts
• 2 connectors
• 2 non-rebreathing masks with oxygen tubing and reservoir
• Size 7 and 8 mm tracheal tubes
• Surgical gloves
• 2 capnography monitoring devices
• IO access Gun or drill / IO needles
• Pressure bags
Monitoring, Rhythm Recognition and 12-lead ECG

*Equipment per station*

- 1 cardiac rhythm simulator and monitor
- Spare batteries for cardiac rhythm simulator
- 1 defibrillator – useful to obtain rhythm strips to consolidate learning
- 1 flipchart / whiteboard and appropriate pens
- Spare defibrillator recording paper
- Projection device and course CD or 1 overhead projector (plus spare bulb) and rhythm recognition acetates

Bradycardia and Tachycardia

*Equipment per station*

- 1 ALS manikin
- Defibrillator for teaching cardioversion
- External pacing facility for defibrillator
- 1 cardiac rhythm simulator
- 1 set of self-adhesive defibrillator pads
- Spare defibrillator recording paper
- Spare batteries for cardiac rhythm simulator
- 1 projection device or overhead projector (plus spare bulb) and acetates

Arterial Blood Gas Analysis/Capnography

*Equipment per station*

- 1 projection device and course CD or overhead projector (plus spare bulb) and ABG acetates
- 1 flipchart / whiteboard and appropriate pens

Special Circumstances

*Equipment per station*

As per CASTeach equipment plus:

- 1 projection device and course CD or overhead projector (plus spare bulb) and special circumstances acetates
- 1 flipchart / whiteboard and appropriate pens
### Equipment List ILS

Version 04.12.2018

This list recommends the minimum material needed to teach one group of candidates. If the course counts more than one group, it is accepted that skill stations must not run parallel, but can be exchanged, to minimise the need for special equipment.

<table>
<thead>
<tr>
<th>Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 1 ALS manikin (or BLS manikin with advanced airway)</td>
</tr>
<tr>
<td>• Optional: Airway management trainer</td>
</tr>
<tr>
<td>• Optional: Simulation Monitor (e.g. iPad with SimMon, AISi or similar apps)</td>
</tr>
<tr>
<td>• Surgical gloves in different sizes</td>
</tr>
<tr>
<td>• 1 flipchart or whiteboard incl. appropriate pens</td>
</tr>
<tr>
<td>• 1 projection device</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Airway and Breathing</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Suction unit with adequate catheters</td>
</tr>
<tr>
<td>• Oropharyngeal airways in 3 different sizes</td>
</tr>
<tr>
<td>• Nasopharyngeal airways in 3 different sizes</td>
</tr>
<tr>
<td>• Supraglottic airway device in different sizes</td>
</tr>
<tr>
<td>• Lubrication for supraglottic airway device</td>
</tr>
<tr>
<td>• Adult face masks for attaching to self-inflating bag (medium and large)</td>
</tr>
<tr>
<td>• Bag-mask, oxygen tubing and reservoir</td>
</tr>
<tr>
<td>• Cleaning wipes</td>
</tr>
<tr>
<td>• Nonrebreathing mask with oxygen tubing and reservoir</td>
</tr>
<tr>
<td>• Capnography monitoring device</td>
</tr>
<tr>
<td>• Stethoscope</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Circulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• AED trainer or manual defibrillator with ECG leads, including training cable (AED trainer/dummy may be used if BLS manikin with advanced airway is used instead of ALS manikin)</td>
</tr>
<tr>
<td>• Self-adhesive defibrillation pads</td>
</tr>
<tr>
<td>• IV cannula in different sizes</td>
</tr>
<tr>
<td>• Syringes in different sizes</td>
</tr>
<tr>
<td>• Infusions</td>
</tr>
<tr>
<td>• Adrenaline and amiodarone ampoules</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Blood glucose meter</td>
</tr>
<tr>
<td>• Pupil light</td>
</tr>
</tbody>
</table>
Equipment List EPALS

Version 04.12.2018

Equipment PER CLASS

- 1 flipchart or writing board
- Various sizes of bags and masks (BMV), including small sizes
- Sizes of oropharyngeal and nasopharyngeal airways (or shorten tracheal tubes with safety pins) or PERCLASSsuctionequipment
- Different types of oxygen devices (nasal prongs, masks, non-rebreathing masks with valves...)
- Some sizes and types of ET tubes, laryngoscope, blades, tape, stylet.
- IO needles, EZ-IO device
- Peripheral catheters, syringes, fluids (250 ml 0,9 % NaCl or similar; Glucose 5%; Gloves/aprons - cleaning material, 3-way stopcocks
- SpO2 probe – monitoring. Blood pressure
- Stethoscope
- Adrenaline & NaCl 0.9 % ampulla
- Umbilical catheter
- 2 towels
- Teamleader jacket
- 1 infant + 1 junior BLS manikin (if difficult adult can replace junior); cleaning material
- 1 infant ALS
- 1 junior ALS (that accommodates airway management and defibrillation) or at least 2 x (if difficult Adult can replace junior)

Generic

- 1 x different sizes of supraglottic devices
- 1 x artificial bones for EZ-IO devices;
  OR ALS baby-junior that accommodate IO needle
  (or chicken/ turkey legs as an alternative)
- 2 x Heart simulator or other means of presenting ECG rhythms / monitor
- 2 x Defibrillator, gel pads or preferably self-adhesive pads.
- 2 x Teaching-purpose AED
- 2 x Headblocks
- 1 x scoop stretcher
- 1 x vacuum mattress (optional)
Equipment List NLS

Version 04.12.2018

Skill Station: Resuscitaire, chest compressions and pulse oximetry

Equipment per station

Resuscitaire station (hospital setting)

- Resuscitaire with functioning gas supply, pressure relief valve and T-piece circuit.
  - There should also be a timer.
- Exemplar of equipment that would be expected to be used at a delivery for discussion.
  - 3 towels/baby wraps + hat
  - Plastic bag and hat (preterm thermal care)
  - Face masks size 00 0/1 2 – e.g. Round Silicone ‘Laerdal’ type
  - Oropharyngeal (Guedel) airways 1 (7 cm) 0 (6 cm), 00 (5 cm) and 000 (4 cm) – one of each
  - Paediatric Yankauer sucker and wide bore (12 or 14 FG) suction catheter
  - Laryngoscopes with large and small blades
  - Tracheal tubes with standard 15 mm connector sizes 2.5, 3.0, 3.5 – one of each
  - Paediatric/neonatal stethoscope
  - (Syringes)
  - (Umbilical line)
  - (Disposable gloves)

Saturation Monitoring

- Functioning pulse oximeter with sensors suitable for use in adult and newborn
- Table or stand so that candidates get a good view of pulse oximeter when applied to instructor and/or manikin
- Manikin

Cardiac compressions (2 sets for standard station set up)

- Manikin – as specified above
- Suitable mask inflation devices (T-piece or bag/mask)
- Stethoscope

Note on Manikins

Infant manikins that permit mask inflation and chest compressions, ideally with an airway which requires the head to be in the correct position for the chest to rise during ventilation. QCPR manikins permit structured debrief of candidate technique with visual feedback.

For example - non-intubatable (e.g.: Laerdal Resusci Baby First Aid, Laerdal Resusci Baby Basic, Laerdal Resusci Baby QCPR or similar)
Skill Station: Vascular Access (Central Venous Access and Drugs)

Equipment per station

- Umbilical Cords
  - One fresh umbilical cord for each candidate, stored in a baby’s milk bottle (in 0.9% saline) with a free end protruding through a cut feeding teat
  - Alternative if real cords are not used – artificial silicone rubber cords either as part of a manikin with an umbilicus, or as simulated cords set up in bottles as above.
  - (note – health and safety procedures must be followed if real cords are used and if sharp implements such as scalpels are provided)

- Umbilical catheters or other suitable tubes*
- Three way taps**
- Mosquito artery clamps (At least one for each candidate and preferably two)
- Umbilical vein probes (At least one for each candidate)
- Syringes 5 ml
- Disposable scalpel with size 11 or size 15 blade
  - Instructors may choose not to issue candidates with scalpels
- Umbilical cord tie tape
- Suture for demonstration of fixing by instructor
- Adhesive tape
- Disposable gloves, masks, goggles and aprons
- Incontinence pads and plastic sheet
- Rubbish bags for incineration
- Sharps box, placenta box
- A poster detailing the local sharps policy

If the artificial silicone cords are to be used, there should be one available for every candidate.

Check that whatever tube you intend to use to demonstrate umbilical catheterization will fit with the syringes you use.

** three-way taps may be used for added realism but are not essential. They cannot be used with the feeding tubes mentioned above.
Skill Station: Airway Management

Equipment per station (run as paired stations) – This is a list of the recommended equipment for the airway stations. Items in italics supplement the core set.

- Resuscitaire with functioning gas supply, pressure relief valve and T-piece circuit
  - Or equivalent device to permit T-piece ventilation e.g. Neopuff
- Two of each size, round soft silicone Laerdal type masks – size 00, 0/1 and 2
- Two of each size – Fisher Paykel preterm masks – 35 mm, 42 mm
- Two of each size, oropharyngeal airways 000 (4 cm), 00 (5 cm), 0 (6 cm)
- Tracheal tube with standard 15 mm connector – sizes 2.5, 3.0, 3.5, 4.0
  - These are not used in the station except to discuss size + use of meconium aspirator
- Meconium Aspirator – to fit ETT tubes
- Two paediatric Yankauer suckers, or other wide bore suction catheters (12 or 14 FG)
- Two Laerdal style (~ 500 ml) self-inflating bags with blow off valve
  - One Laerdal 240 ml self-inflating bag
  - (Optional – to show it cannot achieve inflation breaths of 2-3 s)
- Two BLS manikins (e.g. Laerdal Resusci Baby First Aid, Laerdal Resusci Baby Basic)
  - Should have airway occlusion with inappropriate head position i.e. hyperflexion/extension
- Two manikins with anatomical airways (e.g. Laerdal ALS manikin, Baby Anne)
  - Should permit inspection under direct vision and insertion of OPA
  - Airway Lubricant for this manikin
- Two preterm manikins (e.g. Laerdal preterm Anne)
- Two laryngoscopes each with straight blades size 0 and 1 (i.e. Oxford, Wisconsin or Miller blades)
- Four towels/baby wraps + hat for mature infants + plastic bag & hat (to show preterm thermal care)
- Two paediatric/neonatal stethoscopes
- Supraglottic Airway Device (e.g. size 1 i-Gel)
  - For discussion at end of station, or if time permits to demonstrate insertion using the ALS manikin

- Note on Manikins: The equipment used should be capable of allowing practice in all relevant manoeuvres. Therefore should permit
  - Head positioning & Jaw Thrust
  - Application of correct size mask with satisfactory seal
  - Inflation/Ventilation breaths only if head is in the correct position (at least one type of manikin) o Inspection + suction under direct vision
  - Sizing and insertion of an OPA
  - Ability to insert a supraglottic device
Simulations

Equipment per station (Hospital setting)

- Resuscitaire with functioning timer, gas supply, pressure relief valve and T-piece circuit.
  - Should have light + overhead heater – although may not be actually turned on
- 3 towels/baby wraps + hat – term babies
- Plastic bag and hat - preterm babies
- BLS manikin (e.g. Laerdal Resusc Baby First Aid, Laerdal Resusc Baby Basic)
  - This manikin should ideally only allow lungs to inflate if head in the correct position
- Baby manikin with anatomical airway +/- umbilicus
  - This manikins should allow all invasive airway manoeuvres
- Preterm manikin
- Self-inflating bag (~ 500 ml) with blow off valve
- Round soft silicone Laerdal masks (or similar) – size 00, 0/1 and 2
- Preterm mask (35 or 42 mm)
- Oropharyngeal (Guedel) airways 0 (6 cm), 00 (5 cm) & 000 (4 cm)
- Paediatric Yankauer sucker, and wide bore (12 or 14 FG) suction catheter
- A laryngoscope with straight blade – size 1 Miller/Wisconsin (or similar)
- Tracheal tube with standard 15 mm connector sizes 3.0 or 3.5 + meconium aspirator
  - A complete set of tubes can be supplied but are not used by candidates to achieve airway by intubation.
  - This tube is for one simulation, and if meconium aspiratory is supplied/used
- Paediatric/neonatal stethoscope
- Saturation probe
  - oximeter is not essential
- Suitable umbilical lines + Syringes (+ mock drugs – optional).
Homebirth Simulation

The following equipment is usually available at a planned home birth and can be used to run out of hospital simulations. Manikins used would be the same as for the hospital based simulations

- Changing Mat*
- 3 towels/baby wraps and hat
- Self-inflating bag (~ 500 ml) with blow off valve
- Round soft silicone Laerdal masks (or similar) – size 00, 0/1 and 2 – one of each
- Paediatric/neonatal stethoscope
- Laryngoscope handle (straight large and small disposable blades)
- Oropharyngeal (Guedel) airways 0 (6 cm), 00 (5 cm) and 000 (4 cm)
- Portable suction device with Paediatric Yankauer sucker, and wide bore (12 or 14 FG) suction catheter OR Double chamber Uno mouth-operated mucus extractors or similar
- Name tapes if the baby is to be transferred in to hospital*
- Syringes 5 and 10 ml – two of each
- Naso gastric tube size 8 FG and size 10 FG*
- Suitable adhesive tape
- Sharps box
- Sterile Wipes*

* Items not used in any other station in NLS
Testing station

Equipment per station (hospital setting)

- Resuscitaire with functioning timer, gas supply, pressure relief valve and T-piece circuit.
  - Should have Light + overhead heater – although may not be actually turned on
- One paediatric/neonatal stethoscope
- Three blankets or wraps + hat
- BLS manikin (e.g. Laerdal Resusci Baby First Aid, Laerdal Resusci Baby Basic)
  - This manikin should ideally only allow lungs to inflate if head in the correct position
- ALS Baby manikin with anatomical airway
  - This manikin should allow all invasive airway manoeuvres
- One self-inflating bag (~ 500 ml) with blow off valve
- Round soft silicone Laerdal masks (or similar) – size 00, 0/1 and 2 – one of each
- One paediatric Yankauer sucker, or wide bore (12 or 14 FG) suction catheter
- Laryngoscope with size 1 blade
- Guedel airways 0 (6 cm), 00 (5 cm) and 000 (4 cm) – one of each
- Oximeter probe (Oximeter not essential)
- Standard testing sheets
ERC Travel policy
Version 22.09.2018

Summary
- Only approved travel is eligible for reimbursement
- Travel should be booked via the ERC Office, using the Travel Ticket Request form, which must be returned to the ERC Office within 10 days of receipt (or within 24 hours if travel is within the next 20 days)
- Claims for reimbursement must be submitted within 2 months of the last day of the event
- Only the ERC Travel Cost Form is acceptable for claims
- The following expenses are eligible for reimbursement:
  - Economy airfare or 1st class rail fare
  - First and last taxi (to and from airport or rail station)
  - Hotel nights: only those necessary (and approved) - maximum 4 star; maximum 250 EUR per night (including breakfast)
  - Additional costs, approved in advance, necessarily and actually incurred
- Other costs are covered in a fixed allowance per day (per diem)
- Meals for guests are subject to prior approval

A. Introduction
1. Reasonable expenditure, wholly, necessarily and directly incurred as a result of approved travel on official ERC duty, will be eligible for reimbursement according to the terms of this policy document.

2. The procedure for reimbursement consists of the following steps:
   1° Obtaining approval to travel
   2° Requesting or making the travel booking(s)
   3° Claiming reimbursement (if appropriate)

B. Approval for travel
3. No individual may approve their own trip. Travel may be approved:
   1° EITHER: upon invitation, normally sent via the ERC Office three (3) months before a scheduled meeting. Such invitation will normally include a Travel Request Form or website link; if not, this form should be requested from the Office.
   2° OR: at the request of the applicant, and accompanied by written justification.

   Approval is given by the CEO; refusal is at the discretion of the GPC. Approval for travel by the CEO is given by the Chair.

   Before approval is given, the responsible person(s) shall verify that such travel is of direct benefit to the ERC, within the budget, and consistent with ERC policies.
4. Retrospective approval is only possible in case of force majeure, and is at the sole discretion of the CEO and Treasurer (jointly).
   A late request for approval can be a reason for refusal.

5. Special circumstances:
   A person travelling as a representative of an organisation other than the ERC, shall claim their costs from that other organisation.
   A person travelling in an official capacity for more than one organisation shall be eligible for reimbursement by the ERC on a pro rata basis ("two-hats principle").
   Attendance as faculty at ERC congresses is the subject of a separate policy document.

C. Booking travel
6. All planned flights and international rail fares must be booked by the ERC Office through its appointed travel agent(s), according to the following procedure (but see 10 below):
   1° The applicant shall return a completed Travel Ticket Request Form to the ERC Office no later than 10 days after receipt (see B above). If the request form is received less than 20 days prior to the first scheduled travel date, such form shall be returned within 1 working day after receipt. Failure to meet these deadlines may result in reimbursement being declined.
   2° The Office will check the request for compliance with the ERC Travel Policy, and offer travel bookings as far as possible in accordance with dates, times and itineraries requested. Only if agreed with the applicant, will flights from non-IATA members (for example, Ryanair) be included in these proposals.
   Tickets booked through the ERC Office include personal travel insurance, details of which can be obtained from the ERC Office.
   3° Any one of the proposals offered may be selected. If the applicant wishes for a different air flight (or international rail ticket), this may be requested, provided it is no more than 120% of the cheapest proposal offered by the Office. However, the booking must be completed by the ERC Travel Agent and paid for directly by the ERC. In order to compare indirect flights, transfer time will be calculated as a nominal 100 EUR per hour.
   4° The preferred travel option must be indicated by the applicant to the Office before 16:00 Brussels time on the next working day following receipt of the proposals.

7. If it is uncertain whether a person will be able to attend a meeting, exceptional permission may be given by the CEO and Treasurer for booking a refundable ticket, or to delay booking.

8. In certain circumstances upon request, permission may be granted by the CEO for the main flight (or international rail journey) to be booked (and paid for) by the person travelling. Examples of such circumstances include a special fare obtained elsewhere; a wish to upgrade the class of travel; additional stopovers; travel with a companion not eligible for ERC reimbursement.
   In such cases, the applicant will not have the benefits of the ERC travel insurance, (including cover for cancellation), even for medical or other reasons that would have been covered by the ERC travel insurance. The cost of personal
travel insurance, however, will be reimbursed provided this, together with the airfare, does not exceed the 120% limit noted in C6, 3° (above) and is claimed at the same moment as the airfare.

For such fares to be reimbursed, the following additional conditions must be met:

1° Permission to purchase the ticket directly must be obtained strictly in advance, and a travel request form must in accordance with the procedure in C6 (above).

2° A limit for reimbursement will be notified to the applicant in advance by the ERC Office. This will be based on a maximum of 120% of the lowest economy air fare (or 1st class international rail fare) obtained from the ERC travel agent.

9. In the case of cancellation of travel for medical or other reasons, appropriate certificates or receipts may be requested by the ERC travel insurance provider. These must be submitted in a timely fashion. Failure to do so will be taken as a declaration of personal responsibility to compensate the ERC for non-refundable costs.

D. Reimbursement

10. For travel expenses to be reimbursed, the following conditions must be met:

1° The trip was approved in advance (Section B).
2° The booking was completed according to the procedures in Section C.
3° The applicant attended the event (unless the event itself was cancelled).
4° The expenses claimed are in accordance with Section E.
5° The expenses were actually incurred and paid for by the claimant.
6° The completed ERC Travel Cost Form was sent to the ERC Office not more than 2 months after the last travel date and was accompanied by appropriate and other supporting evidence.

Failure to submit the required paperwork on time will result in reimbursement being refused.

11. Scanned copies of receipts are acceptable, but upon request of the ERC Office, the original receipts need to be sent.

12. Reimbursement of the accepted costs is done by the ERC Office within one month after receipt of the latest documents.

13. Claiming the same costs from different sources will lead to an ERC claim to repay, reporting to the ERC Board and potential retaliatory measures.

E. Expenses eligible for reimbursement

14. Travel costs

a) By air

Economy class, non-refundable fares: except when decided otherwise by the GPC and Treasurer in consensus and in advance. The GPC may choose to authorise a maximum lump sum for intercontinental flights, again in advance. A refundable ticket may be requested provided it is no more than 100 EUR above the non-refundable fare.
In case of an international course for which the faculty costs are covered by the local organiser, the GPC – after having considered all aspects - may decide that the local organiser is expected to cover business flights.

b) **By train**
   - 1st class ticket (Leisure Select on Eurostar), as long as this is not more than 120 % of the cheapest flight proposal; in other case the reimbursement is limited to this 120 %.
   - No refundable ticket unless this is no more expensive.

c) **By car**
   - Travel by car up to a maximum of 1000 kms in total.
   - Reimbursement will be at the current rate published in the Belgian State Gazette.
   - Parking for the duration of the trip will be reimbursed for the cheapest, safe solution.

d) **By taxi**
   - Taxi from home residence to/from the airport or railway station, and to/from the airport/station to first destination is permitted, each up to a one-way maximum of € 100.
   - The use of a taxi for local transportation is otherwise part of the per diem allowance and cannot be claimed as well.

e) **By local public transportation**
   - Local transportation costs are part of the per diem allowance.

15. **Hotel accommodation**

1° Number of nights: the following nights are reimbursed:
   - The night before the meeting if it is only possible to arrive in time for the start of the meeting by leaving home before 07:00 local time on the day.
   - The nights between subsequent meetings, with a maximum of 2 nights (1 day) between each meeting.
   - The night after the last meeting if it is not possible to arrive back at home/destination by 23:00 local time.
   - One additional hotel night when representing the ERC at a congress, to allow attendance for an additional day at the congress beyond those on which there are official duties. In such cases, however, the applicant must be prepared to leave home earlier than 07:00 local time or to arrive back home after 23:00 local time.
   - Additional hotel nights may be permitted if these make it possible to obtain a cheaper flight/train, provided the total cost of the prolonged stay (including airfare, hotel and per diem) is thereby reduced.

2° Class of hotel
   - Reimbursement is allowable for 3- or 4-star hotels with en suite facilities and room internet access, within 20 km of the venue of the meeting, and a maximum price of € 250 per night, to include breakfast.
   - If the cost per night, including breakfast, is less than € 200, a five-star hotel may be selected.
   - If no hotel with the above facilities is available within the allowed price range, agreement must be obtained in advance from the CEO to book an alternative.
16. Visa charges
The costs of obtaining a visa (including additional travel, visa fee, photographs, mandatory administrative requirements (ESTA) etc.) are eligible for reimbursement. A specialised service may be used for a visa application if this avoids complicated procedures.

17. Other expenses
For other expenses, a per diem allowance, according to the rate published in the Belgian State Gazette, can be claimed for trips of 24 hours or more. No receipts are required. This allowance is intended to cover expenses such as:
- Internet connection costs
- Private phone calls and international connection costs
- Lunch and dinner
- Use of a minibar
- Local transportation costs (public transportation, taxi, etc.)
- Other incidental expenses

No per diem can be claimed for meals already paid for by the ERC or other partners.

For trips of less than 24 hours, the actual cost of lunch and dinner may be claimed, subject to submission of receipts. The maximum reimbursement for meals will not exceed the per diem for that location, details of which may be obtained from the ERC Office.

Reimbursement of expenditure on meals for guests is subject to approval by the GPC via the CEO, and must be obtained in advance.

F. Mandate to make decisions
18. As a result of this policy, the following are mandated to make decisions:
- CEO:
  o Approval of individual request for travelling.
  o Approval for booking by the person themselves.
  o Permission for additional hotel nights if this leads to a lower total cost.
  o Approval for booking a hotel above 4 star.
  o Interpretation of the Travel Policy (see GPC below).
- CEO + Treasurer (jointly):
  o Retrospective approval for travelling.
  o Approval for refundable ticket, or to delay booking.
- Chair:
  o Approval of request for travel by the CEO where the CEO would normally decide.
- GPC:
  o Refusal of individual request for travelling.
  o Authorisation of a maximum lump sum for intercontinental flights.
  o Interpretation of the Travel Policy if an applicant does not agree with the interpretation from the CEO.
  o Exceptions to the policy, upon justification and report to the Board Board.
  o Retaliatory measures in case of claiming from different sources.

*Approved by the ERC Board on 23.09.2018*