


Education Curriculum for Basic Life Support (BLS) For Healthcare Professionals



Clinical Learning and Development

	<p>Document Title: Education Curriculum for Basic Life Support (BLS) - For Healthcare Professionals</p>
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COURSE TITLE: Basic Life Support (BLS) for Healthcare Professionals

NOMINAL HOURS: 1 Hour

PURPOSE OF COURSE: **Basic Life Support (BLS) for Healthcare Professionals**

RATIONALE: Healthcare professionals respond to a variety of life threatening emergencies in diverse clinical settings. There is an expectation that this response includes the provision of BLS. Although “*any attempt at resuscitation is better than no attempt*” (Australia and New Zealand Committee on Resuscitation *Guidelines*, 2016), healthcare professionals are expected to provide evidence based, high quality Basic Life Support.

The Australia and New Zealand Committee on Resuscitation (ANZCOR) defines Basic Life Support as:

The preservation of life by the initial establishment of, and/or maintenance of, airway, breathing, circulation and related emergency care, including use of an AED (Automated External Defibrillator) (Glossary of Terms, Jan 2016).

AIM: All healthcare professionals employed by Bendigo Health will demonstrate BLS competency, with the inclusion of the use of AEDs.

RANGE: BLS competency will include the care of infants, children and adults.

PREREQUISITES: Employment with Bendigo Health as a healthcare professional, *i.e.* Medical Officer, Nurse, Midwife, Allied Health Professional. This policy also includes those employed as Health Assistant (Nursing). Ability to physically demonstrate procedures for performing cardiopulmonary resuscitation.

LEARNING OUTCOMES: To demonstrate BLS competency the participant will:

- Assess & manage **dangers** to ensure safety for rescuers & victim
- Elicit a **response** to verbal & tactile stimulus
- **Send** for help: activate emergency procedure
- Open **airway** and remove foreign material
- Assess **breathing** by ‘Look, listen & feel’
- Recognise the need for CPR
- Demonstrate guideline compliant chest **compressions** and ventilations
- Safely use **AED** or AED mode on a manual defibrillator

PROGRAM STRUCTURE AND DELIVERY:

Program Content Summary

- Priority steps in the management of a collapsed person, **DRSABCD**
- Situational assessment and management of **Dangers**
- Assessment of patient for **Responsiveness**
- **Send** for help
- Assessment and management of **Airway**

- Assessment and management of **B**reathing
- Assessment and management of **C**ompressions
- Safe use of **AED**
- Immediate post-event care
- Adherence to Occupational Health & Safety legislation

The program content will link directly to:

- *BLS minimum passing standard (Appendix A)* and
- *BLS critical skills descriptor checklist (Appendix B)*.

Frequency:

Required yearly for Medical Officers, Nurses, Midwives, Health Support Assistants and Allied Health Professionals who provide direct patient care.

RESOURCES AND MATERIALS:

Essential Equipment

- Protective equipment relevant to workplace
- Adult, child and infant resuscitation manikins
- Resuscitator bag/mask relevant to workplace
- AED / Manual Defibrillator with AED

Optional Equipment

- QCPR manikin with feedback capability
- Suction equipment if relevant to workplace
- Oropharyngeal airways
- Oxygen equipment if relevant to workplace
- Manual defibrillator with AED mode if relevant to workplace
- Shocklink – to be used with manual defibrillator

Venue Requirements

For education sessions, sufficient space within a comfortable teaching/learning environment must be available. BLS demonstration and assessment should be provided in an area separate from patients and visitors.

Participant Information

Program information provided to the participant will include:

- Education purpose and rationale
- Aims and learning objectives
- Program content and resources
- Assessment requirements
- Program information

Program Delivery Strategies

- Self-directed learning utilising '*Bendigo Health BLS Education Package*'
- Bendigo Health online BLS module
- Workplace education sessions e.g. Short and Sharp sessions
- Ward based simulations

ASSESSMENTS:

Pathways

The program will contain flexibility to enable participants to attain BLS competency via a number of pathways. The utilisation of the '*Bendigo Health BLS Education Package*', online BLS module, education sessions and ward based education opportunities are optional but recommended.

Knowledge of Bendigo Health resuscitation procedures and the supervision of BLS competency by a Bendigo Health BLS Assessor are mandatory.

Deliberate Practice

The onus is on the candidate to adequately prepare for their BLS assessment. Candidates should participate in resuscitation education experiences frequently that allow them to practice key skills, receive direct feedback, and improve in order to attain and retain mastery. The term mastery implies that that learner can consistently demonstrate a predefined level of competence for a specific skill or task (AHA, 2018, e85).

While the optimal frequency of training sessions / education for BLS skill acquisition has not been established; research shows that more frequent (monthly) rather than infrequent (yearly) is more effective for improving CPR performance (Anderson et al, 2019, ANZCOR guideline 10.1 Basic Life Support (BLS) Training, 2013).

At Bendigo Health the education available includes:

- Self-directed learning utilising '*Bendigo Health BLS Education Package*'
- Bendigo Health online BLS module
- Workplace education sessions e.g. Short and Sharp sessions
- Ward based simulations
- Ward based skills challenges and quizzes
- Web based resources (e.g. ANZCOR guidelines)

The BLS Assessment

In a simulated life-threatening emergency scenario, the candidate will demonstrate BLS mastery consistent with the minimum passing standard criteria detailed in Appendix A. A complete BLS assessment is expected to take approximately 30 minutes.

It is valid to assess BLS skills of candidates either alone or pairs. Small groups are suitable for education however are not recommended for assessment. Candidates who are being reassessed after an unsuccessful attempt should be assessed alone.

Candidates will be assessed in relation to their competency to perform cardiopulmonary resuscitation and use an AED.

The use of a manual defibrillator in AED mode will be dependent upon the candidate's workplace access to an AED of that kind.

The competent use of adjunct equipment will be dependent upon the candidate's workplace responsibilities e.g. resuscitator bag function check.

A record of the competency assessment will be completed on the BLS Critical Skills descriptor checklist (Appendix B). BLS competency will be demonstrated under the supervision of a Bendigo Health BLS Assessor. The performance will be recorded as “Evident” or “Not yet evident”.

Articulation

Successful Basic Life Support competency is a pre-requisite for entrance into the Advanced Life Support Competency Program.

Exit Criteria

Achievement of BLS competency

The GOLD dashboard of that participant will reflect satisfactory completion of BLS.

Remediation and reassessment

If BLS skills and knowledge **cannot** be demonstrated:

- 1) The assessor should clearly identify those areas where skills are not yet evident on the descriptor list
- 2) The assessor should write additional notes on the descriptor list as necessary.
- 3) The assessor should explain to the participant that reassessment will be needed
- 4) Notification to manager of unsuccessful attempt
 - a) For BLS assessments conducted as part of Corporate Orientation, the assessor will notify Organisational Development via email od@bendigohealth.org.au who will then notify the manager of the remediation process required for that staff member
 - b) For all other BLS assessments, the assessor will notify Clinical Learning and Development cladu@bendigohealth.org.au who will then notify the manager of the remediation process required for that staff member
- 5) The candidate will be offered the support of a CNC, Educator or BLS Assessor to meet their learning goals.
- 6) Reassessment of practical skills is required within 1 month:
 - a) Re-assessment will be conducted by a different assessor from the first assessor where practicable
 - b) Ongoing monthly re-assessment will be provided as necessary until successful competency is achieved.

Unable to demonstrate BLS achievement skills due to physical limitations

There may be times where the circumstances of a staff member may change temporarily due to a medical condition, illness, disability (permanent or temporary) or injury.

If the candidate is experiencing or recovering from an acute illness, injury (e.g. shoulder injury), or condition (e.g. high risk pregnancy) they should not attempt to demonstrate BLS including CPR. Reassessment should be attempted once clearance is given from that candidate’s doctor / GP.

If the condition is chronic or ongoing, the candidate should demonstrate compressions to the extent of their physical ability. They should verbalise what they would do if they were first to discover victim (start compressions immediately), how they would alert others in a clinical situation of their

physical limitations, and how this might be managed (undertake a different role, or change rescuers on compressions more frequently).

If the candidate has a condition that prevents any attempt at demonstrating BLS including CPR, please refer to the following PROMPT policies:

- Fitness for Work (Temporary Workplace Adjustment for Medical Condition) Protocol
- Reasonable Workplace Adjustment for Disability Protocol

BLS Recognition of Prior Learning

Recognition of prior learning (RPL) is the formal recognition of experience obtained either through prior employment and or through externally provided programs/courses.

In order to be granted an exemption from mandatory training or other prescribed learning, the individual must provide evidence in order to demonstrate that the learning outcomes have been achieved, and to enable the appropriateness of the experience. Validity of the learning experience is assessed through consideration of content, level of training and experience. The learning experience must have been undertaken by the individual within the past 6 months.

Bendigo Health Familiarisation

If RPL for BLS is granted the candidate must go through the following elements of Bendigo Health familiarisation in order to meet Bendigo Health RPL for BLS. See Appendix E

- How to call a code blue
- Code blue team roles and responsibilities
- Paediatric BLS
- Use of Bendigo Health AED's and manual defibrillators in AED mode, and AED infant/child mode
- Code Blue trolley layout and contents
- Clinical areas covered by the trolley

It is the manager's responsibility to determine whether RPL applies. The manager may consult education or subject experts for advice. See RPL decision aid in Appendix D.

The following Bendigo Health Policies (PROMPT) apply to this process:

- Mandatory Training and Required Learning Policy
- Nursing and Midwifery Development Framework
- Mandatory and required learning for Allied Health
- Mandatory Training and Additional Competencies for Medical Staff

PROGRAM EVALUATION:

Candidates will have the opportunity to provide written feedback on the BLS critical skills descriptor checklist.

Participants in Bendigo Health BLS education sessions will have the opportunity to provide de-identified written evaluation of education sessions, the '*Bendigo Health BLS Education Package*' and the assessment process.

BLS assessors will encourage informal verbal feedback from participants.

SUPPLEMENTAL INFORMATION – BLS ASSESSORS:

Assessor criteria

- BLS Assessors will be employed by Bendigo Health
- BLS Assessors will possess current BLS competency
- BLS Assessors will have successfully completed a Bendigo Health BLS assessor program, or Bendigo Health ALS Assessor program, repeated once every three years.

The Bendigo Health BLS / ALS assessor program content includes:

- Knowledge and skills associated with the science of resuscitation and the science of education
- Use of feedback devices and approaches to dealing with the most common challenges
- Ability to effectively debrief others and facilitate peer coaching
- Contextualization of content to various audiences and practice settings
- Facilitation of the development of teamwork training skills
- Bendigo Health specific policies and administrative information for assessors

Expectations of BLS assessors

- Remain current:
 - Maintain own BLS competency
 - Maintain assessor status – attend assessor training every three years
 - Maintain up to date BLS knowledge (ARC guidelines and the science behind resuscitation)
 - Maintain knowledge of relevant Bendigo Health policies
 - Maintain knowledge of Bendigo Health equipment used in resuscitation
- Understand adult learning principles
- Adhere to the requirements of the BLS minimum passing standard when doing assessments
- Adhere to requirements of administration responsibilities regarding completed assessments
- Seek the advice or support of a senior BLS assessor (Clinical Support Nurse, Nurse Educator CPD) when faced with a challenging assessment situation

Administration

For BLS assessments conducted as part of Corporate Orientation, the assessor scan and email the completed form to Organisational Development via email od@bendigohealth.org.au

For all other BLS assessments, the assessor the assessor scan and email the completed form to Clinical Learning and Development cladu@bendigohealth.org.au

A certificate may be issued by the assessor for participants who need evidence of completion outside of GOLD. See appendix C.

For staff from other organisations, record the assessment as complete according to your organisational requirements, a certificate of completion can be given to the candidate either as a hard copy or electronic copy (PDF).

Assessor register

Having met the BLS Assessor criteria, BLS assessors will be added to the BLS / ALS assessor register, kept by Clinical Learning and Development Unit. A list of current assessors is available on the Bendigo Health intranet.

REFERENCES:

American Heart Association (2018) Resuscitation Education Science: Educational strategies to improve outcomes from cardiac arrest. *Circulation* 138:e82–e122.

Anderson, Sebaldt, Lin, & Cheng. (2019). Optimal training frequency for acquisition and retention of high-quality CPR skills: A randomized trial. *Resuscitation*, 135, 153-161.

Australia and New Zealand Committee on Resuscitation (2019) *Guidelines* retrieved from www.resus.org.au

- Guideline 10.1 Basic Life Support (BLS) Training
- Guideline 11.1 Introduction to and Principles of In-hospital resuscitation
- Guideline 2 Managing an emergency
- Guideline 3 Recognition and First Aid Management of the Unconscious Victim
- Guideline 4 Airway
- Guideline 5 Breathing
- Guideline 6 Compressions
- Guideline 7 External Automated Defibrillation in Basic Life Support
- Guideline 8 Cardiopulmonary Resuscitation
- Guideline 10.3 Cross Infection Risks and Manikin Disinfection

Australian College of Critical Care Nurses (2004) *Advanced Life Support Curriculum Guide*.
Leederville: Ink Press International

Chamberlain D.A. and Hazinski M.F. (2003) 'Education in Resuscitation: An ILCOR Symposium' *Circulation*. 108:2575-2594.

Kim, E., & Roh, Y. (2018). Competence-based training needs assessment for basic life support instructors. *Nursing & Health Sciences*, Nursing & Health Sciences, 11/15/2018.

Appendix A: Minimum passing standard

Bendigo Health Basic Life Support (BLS) Competency for Healthcare Professionals

(Adapted from: *The Cardiff Test for BLS & AED Version 3.1*, as described by Chamberlain and Hazinski, 2003)

<i>Psychomotor skills Performance will be demonstrated using a manikin as the 'patient'.</i>		
	Performance Criteria	
Critical skill	Evident	Not yet evident
STEP 1- DANGER Ensures safety of rescuer and victim	Candidate identifies hazards to victim, themselves and help coming, relevant to the scenario given by assessor. Rescuer identifies hazards mitigates or eliminates dangers (e.g, applies gloves & goggles in the presence of body fluids).	Rescuer does not identify dangers and puts self or others at risk.
STEP 2- RESPONSE Checks response	Rescuer attempts loud verbal communication with victim, eg. By asking "Are you all right?" Loud audible verbal communication.	Rescuer makes no effort at verbal communication or is inaudible.
	Rescuer seeks response from victim to noxious stimulus. Rescuer places hands on the victim's shoulders and squeezes.	Rescuer makes no attempt to squeeze the shoulders of the victim or rescuer violently shakes the victim, potentially causing injuries.
STEP 3- SEND Sends for help	For unresponsive victims, rescuer activates 'code blue' or equivalent emergency procedure.	Rescuer is unable to recall steps to activate emergency help.
	Rescuer describes appropriate phone number & method for calling for help. Sends for AED	
STEP 4- AIRWAY Clears Airway	Rescuer checks & clears airway. Removes visible obstruction from victim's mouth with suction if available, using standard precautions.	No attempt is made to check & clear victim's airway.
	Rescuer uses suction if available in the workplace. Rescuer turns suction 'on' and appropriately suction victim's airway.	Rescuer is unable to activate suction device where available.
	Where suction is unavailable, rescuer uses stepwise approach to drain copious airway fluids. Candidate first opens the mouth and turns the head slightly downwards to allow any obvious foreign material (e.g. food, vomit, blood and secretions) to drain. If the airway becomes compromised during resuscitation, promptly roll the person onto their side to clear the airway.	Rescuer is unable to use stepwise approach to remove copious fluids, where suction is unavailable.
	Rescuer opens airway.	Adults & Children- rescuer performs backward head tilt/chin lift on victim.

		Infants- achieves neutral head & neck alignment.	Rescuer overextends infant's head tilt, or, Performs forward flexion.
STEP 5- BREATHING Checks Breathing	Rescuer looks, listens and feels to check for signs of adequate breathing. Rescuer demonstrates look, listen and feel to assess.		Rescuer does not check breathing, or, Rescuer checks breathing not having opened airway.
	Rescuer commences rescue breaths for infants and children In non-breathing infants and children, rescuer delivers 2 rescue breaths		This item is not mandatory
STEP 6- CIRCULATION Checks for need for chest compressions	<p>Having already checked for</p> <ul style="list-style-type: none"> • Unresponsiveness • Not breathing normally, <p>If trained and experienced in assessment of circulation in collapsed patients: check for breathing and a central pulse at the same time. If there is any question over the presence or absence of a pulse it must be treated as if it were absent.</p> <p>Rescuer indicates that chest compressions are needed if the patient is unresponsive and not breathing normally.</p> <p>If rescuer checks for a carotid pulse, it is done at the same time as checking for breathing.</p>		<p>Rescuer does not indicate need for chest compressions where there is unresponsiveness and the patient is not breathing normally, or,</p> <p>Takes longer than 10 seconds to make this decision.</p>
STEP 7- COMPRESSIONS Performs chest compressions	For victims with no signs of circulation, rescuer locates the compression point. Rescuer locates the lower ½ of the sternum "centre of the chest", without delay.		Rescuer fails to commence chest compressions when indicated, or, Rescuer locates a point beyond the lower limit of the sternum, or, Locates the upper half of the sternum.
	Rescuer uses an appropriate method of compression. Adults & children- with victim on a firm surface, rescuer's place heel of hand on compression point, then with both arms provides equal time for compression & relaxation NB: in young children the heel of one hand may be used.		Rescuer rocks backwards & forwards, or, Uses quick thumps or jabs. Rescuer does not allow complete chest recoil.
	Infants- With the victim on a firm surface, the rescuer places the pulps of two thumbs or fingers on this compression point and compresses the chest.		Does not use appropriate method as described.
	Rescuer delivers appropriate depth of compression. Rescuer compresses ½ of the depth of the chest.		Rescuer does not achieve adequate compression depth.

	<p>Rescuer delivers appropriate rate of compressions. Rescuer delivers rate 100-120 compressions/min (almost 2/sec).</p>	<p>Rescuer does not deliver compressions at rate required.</p>
<p>STEP 8- CPR Performs cardiopulmonary resuscitation</p>	<p>Delivers guideline compliant CPR for 2 minutes / 5 cycles of 30:2. Candidate delivers appropriate ratio of compressions to effective rescue breaths, delivers each breath over 1 second, produces visible chest rise, avoids under or over ventilation. Resumes compressions within 5 seconds. If unwilling or unable to perform ventilations, continues compression only CPR.</p> <p>All age groups-One or two rescuers deliver 30:2 (30 compressions to 2 rescue breaths). Infants & children- 2 healthcare rescuers deliver a ratio of 15:2.</p> <p>If the candidate has physical limitations (e.g. chronic injury, light build) that impacts guideline compliance: Candidate should demonstrate compressions to the extent of their physical ability. They should verbalise what they would do if they were first to discover victim (start compressions), how they would alert others in a clinical situation of their physical limitations, and how this might be managed (undertake a different role, or change Candidates on compressions more frequently).</p>	<p>Rescuer does not achieve the ratios described.</p>
<p>STEP 9- RESCUE BREATHS Delivers Rescue Breaths</p>	<p>Rescuer delivers 2 rescue breaths as part of CPR. With the victim on their back, the rescuer achieves rise & fall of the chest, 1 second per inspiration, using mouth-to-mask method or resuscitator bag. If unwilling or unable to perform ventilations, rescuer continues compression only CPR.</p>	<p>Rescuer gives more than 2 rescue breaths, or, has more than 5 attempts to give rescue breaths, during which rescuer does not achieve chest rise & fall.</p>
	<p>Rescuer uses simple respiratory adjuncts related to workplace responsibilities, e.g. oropharyngeal airway, oxygen. Rescuer quickly & safely implements safe use of adjuncts.</p>	<p>If use is attempted it must be quick & safe. Use of adjuncts is not a mandatory component of BLS competency.</p>

<i>Critical skill</i>	<i>Evident</i>	<i>Not yet evident</i>
STEP 10- AED Uses Automated External Defibrillator	Rescuer correctly attaches AED pads in an environment of safety, to victims who require CPR. Rescuer attaches pads anteriorly on upper right & lower left side of the victim's chest or per maker's instructions.	Pads are not positioned as described. Pads are attached when CPR is not indicated.
	Facilitates automatic defibrillator analysis. Rescuer activates AED & makes both verbal & visual checks to ensure nobody is in contact with the patient during analysis.	Rescuer does not make verbal & visual checks &/or does not activate AED.
	Rescuer maintains electrical safety during shock delivery. Using verbal & visual checks, rescuer ensures no person, flammable materials, oxygen, fluids, metal or other objects come into contact with the victim during shocks.	Rescuer does not maintain electrical safety.
	Rescuer delivers shock if advised. Rescuer follows instructions per AED & administers shock.	Rescuer does not deliver shock when advised. Rescuer delivers shock without advice.
	Rescuer ensures minimal CPR interruption. Rescuer provides CPR until AED is applied and activated & recommences CPR promptly after shock delivered	Rescuer does not apply AED rapidly with minimal CPR interruption. Rescuer does not resume CPR post shock.
	Infants and children <25kg rescuer uses paediatric mode or equivalent if available Rescuer uses Child/Infant AED mode on manual defibrillator or paediatric pads with attenuator or paediatric key if available on portable AED. If no paediatric mode available, rescuer places adult pads in anterior / posterior positions and uses AED as for adults.	Rescuer does not know the preferred methods of defibrillation in BLS for infants and children
STEP 10- RECOVERY Applies the recovery position	If responsiveness or normal breathing return, rescuer maximises victim recovery until help arrives. Rescuer positions the breathing victim in the lateral position, without twisting or bending of the neck & continuously observes. Rescuer applies oxygen to the breathing victim, where available in the workplace.	Rescuer does not achieve a lateral position. Rescuer twists or bends the neck to achieve a lateral position.
		Rescuer does not apply oxygen if available.
STEP 11- SAFTY Provides a safe care environment	Adheres to standard precautions & OHS legislation, locates & checks adjunct equipment if applicable, e.g. resuscitator bag. Rescuer performs throughout as described.	Rescuer endangers self or others.

Appendix B Critical skills descriptor checklist



CRITICAL SKILLS DESCRIPTOR CHECKLIST FOR BASIC LIFE SUPPORT

Candidate name:		Ward/unit:		Manager:	
<p>Pre Brief: “This is a skill test, I will give you contextual prompts (e.g. the victim is not breathing) but not instructional prompts (e.g. what to do). After hearing the scenario, take the actions you feel are best. You are the first responder. Perform all skills on the manikin, just as if it were a real person in need of help”</p> <p>Provide an opening scenario that is relevant to the candidate’s workplace role</p>					
CRITICAL STEP	DESCRIPTION	Age ranges: Infant <1yr Child <8yr Adult >8yr		Not evident: Needs remediation	Evident: Pass
Checks Danger	Candidate identifies hazards to victim, themselves and help coming, relevant to the scenario given by assessor. Candidate mitigates or eliminates dangers (e.g., applies gloves & goggles in the presence of body fluids, removes clutter from around victim).				
Checks Response	Candidate first tries loud audible verbal communication then places hands on the victim’s shoulders and squeezes.				
Sends for help	Candidate describes appropriate phone number & method for calling for help. Sends for AED.				
Clears Airway	Removes visible obstruction from victim’s mouth using standard precautions. Where suction is <u>unavailable</u> , Candidate first opens the mouth and turns the head slightly downwards to allow any obvious foreign material (e.g. food, vomit, blood and secretions) to drain. If the airway becomes compromised during resuscitation, promptly roll the person onto their side to clear the airway. Airway Manouevres: Adults & Children: Candidate performs head tilt/chin lift manoeuvre or jaw thrust Infants- achieves neutral head & neck alignment.				
	If available in workplace: airway adjuncts: correctly sizes and inserts oropharyngeal airway in adult and child/infant				
Checks Breathing	Once the airway is clear, Candidate looks, listens & feels to check for signs of adequate breathing If victim is breathing, places in lateral position & observes until help arrives.				
	For all healthcare professionals: Candidate delivers 2 rescue breaths to non-breathing infants and children				
Need for CPR	Candidate indicates that chest compressions are needed if the patient is unresponsive and not breathing normally				
Performs Chest Compressions	Candidate delivers guideline compliant compressions: <ul style="list-style-type: none"> For victims with no signs of circulation, Candidate locates the correct compression point Candidate delivers compressions at 100-120 per minute Compressions are 1/3 of AP depth 				

	<ul style="list-style-type: none"> • Compression technique allows full recoil of the chest <p>If the candidate has physical limitations (e.g. chronic injury, light build) that impacts guideline compliance: Candidate should demonstrate compressions to the extent of their physical ability. They should verbalise what they would do if they were first to discover victim (start compressions), how they would alert others in a clinical situation of their physical limitations, and how this might be managed (undertake a different role, or change Candidates on compressions more frequently).</p>		
Performs CPR	<p>Delivers guideline compliant CPR for 2 minutes / 5 cycles of 30:2. Candidate delivers appropriate ratio of compressions to effective rescue breaths, delivers each breath over 1 second, producing visible chest rise, avoiding under or over ventilation. Resumes compressions within 5 seconds. If unwilling or unable to perform ventilations, Candidate continues compression only CPR.</p>		
	<p>*For 2 healthcare professionals - children & infants 2 rescue breaths:15 compressions</p>		
Applies and uses Defibrillator	<p>Instructor informs Candidate of the arrival of the AED by the 3rd cycle of CPR: Candidate then:</p>		
	<p>1. Attaches pads anteriorly on upper right & lower left side of the victim's chest ensuring CPR continues while applied</p>	<p>2. Ensures CPR is continued while AED is activated. Makes both verbal & visual checks to ensure nobody is in contact with the patient during analysis</p>	
	<p>3. Using verbal & visual checks, ensures no person, flammable materials, oxygen, fluids, metal or other objects come into contact with the victim during shocks.</p>	<p>4. Follows instructions per AED & administers shock & ensures high quality compressions resume immediately after shock delivery. Does not turn off AED during CPR.</p>	
	<p>Children & infants: Candidate demonstrates child infant mode (Heartstart XL+) or paediatric requirements of portable AED (paediatric pads, paediatric mode if available). Candidate verbalises what would happen if no Paed mode/pads available.</p>		
Recovery	<p>If responsiveness or normal breathing return, Candidate maximises victim recovery until help arrives. Depending on environment, this may mean positioning the breathing victim in the lateral position, without twisting or bending of the neck. Continuously observes the victim and gives oxygen (if available) if SpO2 <94% & observes until help arrives.</p>		
Provides safe care environment	<p>Adheres to standard precautions & OHS, locates & checks adjunct equipment if applicable, e.g. Resuscitation bag.</p>		

SKILLS EVIDENT / SKILLS NOT YET EVIDENT (circle)

***Requirement for skills to be demonstrated in shaded element is dependent upon workplace availability and candidate's workplace responsibilities.**

Skills must be demonstrated in all **other** elements to obtain an 'evident' grade. Please see curriculum document for information regarding remediation.

Assessor notes / candidate comments:

Candidates signature & Print name: _____

Date: _____

Assessors signature & Print name: _____

Date: _____

Corporate Orientation: Completed form scanned and emailed to Organisational Development od@bendigohealth.org.au



All other BLS assessments: Completed form scanned and emailed to Clinical Learning and Development cladu@bendigohealth.org.au



Certificate of Completion

2019

This is to certify that

Has successfully demonstrated the practical skills associated with
Basic Life Support in the following areas:

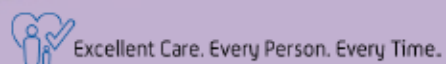
Assessment area:	Signature of assessor
Provides safe care environment: Adheres to standard precautions, local policies, locates and checks adjunct equipment as applicable	
Delivers guideline compliant CPR: compressions and ventilations for Adults, Children and Infants	
Applies and safely uses Automated External Defibrillator (AED)	

at Bendigo Health on _____ 2019 (valid for 12 months from this date)

Assessment duration: 30 minutes



Sally Lima
Director of Clinical Learning & Development



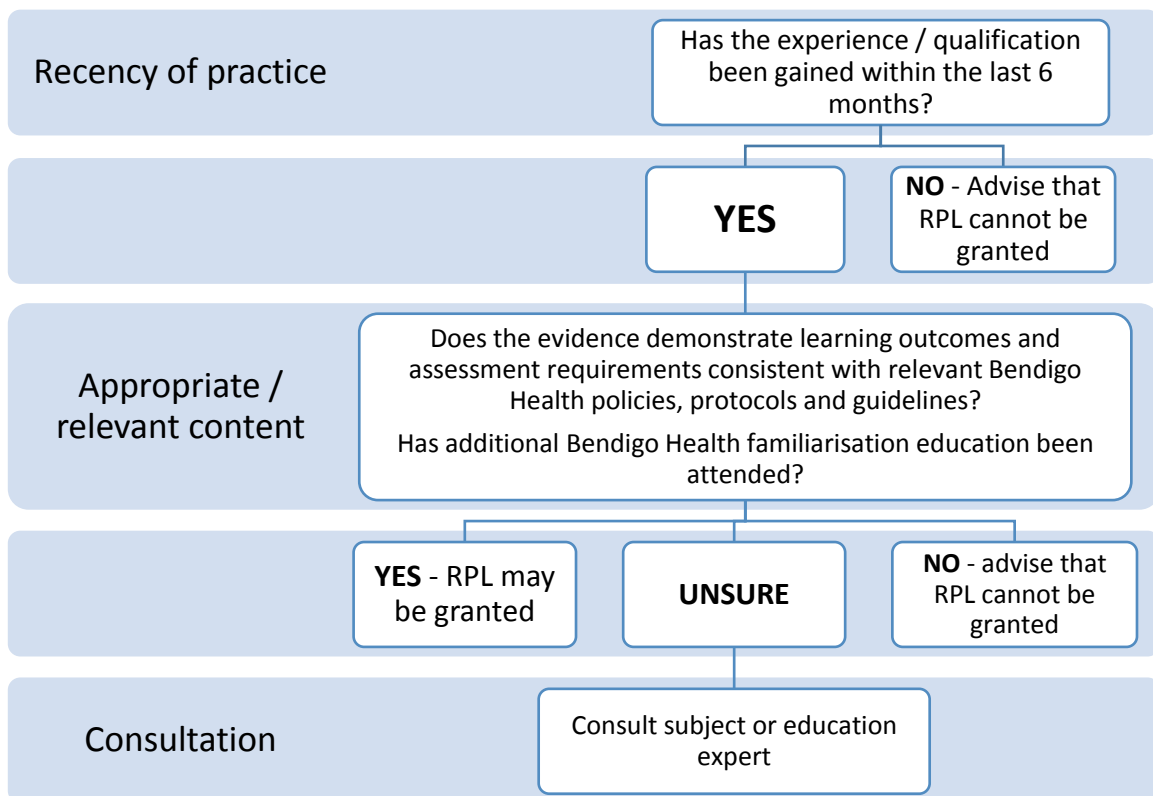
Appendix D: Recognition of Prior Learning decision aid

Date

Staff member name	
Ward / Unit / Department:	Manager name
What is the mandatory or required learning (as per Bendigo Health policies, protocols and guidelines) for which recognition of prior learning is being sought (e.g. BLS, ALS, aseptic technique)?	
Which Bendigo Health policies, protocols or guidelines are relevant to this request? (e.g. Mandatory and Required Learning Policy, Nursing and Midwifery Development Framework, Allied Health Mandatory and Required Learning for Allied Health)	
Issuing body:	Date of issue:
What did the course / assessment entail?	
Is there additional Bendigo Health familiarisation education needed? (e.g. Equipment, code phone number, policies and protocols?) Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	
Manager's decision:	
The evidence meets Bendigo Health requirements of RPL. Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> If a manager is unsure as to whether the evidence provided is sufficient, or if additional familiarisation education is needed, advice should be sought from a subject matter expert or educator.	
Subject Matter Expert / Educator's decision (if sought):	
Name:	
The evidence meets Bendigo Health requirements of RPL. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signed:	
Notes:	

- If recognition of prior learning is granted, this form is to be forwarded to GOLD@bendigohealth.org.au for recording the outcome in GOLD.
- If recognition of prior learning is not granted, the applicant is required to undertake the learning / assessments as outlined to relevant policies, protocols and guidelines.
- Should an applicant dispute the outcome of not granted, the matter should be escalated via the relevant credentialing committee

Appendix 1: RPL decision making flow chart



Appendix E: Bendigo Health Familiarisation – Basic Life Support

Staff member's name:					
Bendigo Health element:	Resource used:				
	GOLD	BH Policy on PROMPT	BLS ASSESSOR	Date / sign	
<ul style="list-style-type: none"> • How to call a code blue • Code blue team roles and responsibilities including ward staff responsibilities 		Code blue initiation, Response & Documentation The Bendigo Hospital			
		Code blue initiation & response at off site locations			
		Code blue initiation, response and documentation for the Hospital precinct			
		Neonatal code blue, initiation, response and documentation			
Paediatric BLS		Paediatric Basic and Advanced Life Support			
AED use: <ul style="list-style-type: none"> • portable AED's • manual defibrillators in AED mode • AED in infant/child mode 		Defibrillator checking and use			
		Paediatric Basic and Advanced Life Support			
Code Blue trolley <ul style="list-style-type: none"> • Hospital areas covered by the trolley • Layout and contents 		Resuscitation bag checking Adult and Paediatric			
		Resuscitation Trolley locations, checking and restocking			