



Resuscitation Education and Competency Assessment Policy

1. Background

The WA Country Health Service (WACHS) is committed to developing and fostering a culture of learning which encourages self-development and the assessment of clinical skills and knowledge in resuscitation practices. This is centred on establishing learning and assessment programs to agreed standards and to ensure minimum safe practice. The agreed standard for resuscitation practices for WACHS is the Australian Resuscitation Council (ARC).

Governance over learning and performance objectives is to be maintained by WACHS Central Office and Learning and Development, in accordance with ARC Guidelines. WACHS is committed to ensuring the achievement of competency for staff who care for patients in an emergency situation.

Resuscitation education programs within WACHS are based on a flexible learning framework that encourages individuals to seek learning opportunities in a format that reflects the principles of adult learning. A variety of educational opportunities and learning resources are available for WACHS staff to access resuscitation education.

Achievement of competency can be obtained through an assessment process that ensures the national assessment principles of validity, reliability, flexibility and fairness are applied. Demonstrated competency through a sound process quantifies the achievement of the skills, knowledge and attitude of the elements of Basic Life Support (BLS), Paediatric Basic Life Support (PBLs), Advanced Life Support (ALS) and Newborn Resuscitation practices. Demonstration of the evidence required for competency in all areas of resuscitation can occur both by direct observation and indirect methods.

The Australian Council on Healthcare Standards (ACHS) sets the National Safety and Quality Health Service (NSQHS) Standards. These standards outline the expected requirements for health services in a wide range of areas, including the training of staff in resuscitation.

2. Policy Statement

It is WACHS policy that:

- WACHS sites must meet NSQHS standards for resuscitation training
- all resuscitation education and assessment programs should comply with current ARC Guidelines
- WACHS resuscitation education and assessment programs include Basic Life Support, Paediatric Basic Life Support, Advanced Life Support (adult and paediatric) and Newborn Resuscitation
- in accordance with documentary evidence for Australian Health Practitioner Regulatory Agency (AHPRA) Continuous Professional Development (CPD) requirements of each National Board the individual employee and the organisation must maintain:

- a record of attendance at BLS, PLS, ALS and Newborn resuscitation education sessions or other learning resource completion as required by the organisation
- a record of currency for BLS, PLS, ALS and Newborn resuscitation competency should be maintained in the appropriate Learning management system
- employees should maintain their own personal records of completed learning activities related to resuscitation.
- Each resuscitation program has identified and endorsed learning and performance objectives. Successful completion of learning and assessment opportunities are to be recorded against the WACHS Learning and Development (L&D) codes as follows:
 - Basic Life Support – REABL (Based on ANZCOR BLS algorithm) for all clinicians (Doctors, Nurses, Midwives, Medical Support Staff and Allied Health staff)
 - Paediatric Basic Life Support – REPBL (Based on the APLS BLS algorithm) for Nursing staff with direct paediatric facing duties
 - Advanced Life Support (Combined Adult and Paediatric) – REALH & REP (Based on ANZCOR ALS algorithms for Adults and for Infants & Children) for all nurses requiring WACHS ALS
 - Newborn Resuscitation – REN (Based on ANZCOR algorithms for Newborn) for all Midwives and Nurses caring for newborns
 - Recognising and Responding to Acute Deterioration – RRAD (Based on National Standard 8 criteria – Patient assessment, Observation and Response Charts and Clinical Communication) for all Nurses with patient facing duties

Skill levels are to be recorded as:

001 / EL1 – Awareness / E-learning module

002 / EL2 – Knowledge Tested / E-learning theory test

003 – Demonstrated Skills

004 – Assessor

005 – Trainer

- Newborn Resuscitation is to be conducted in accordance with the Australian Resuscitation Council Policy Statements and Child and Adolescent Health Service (CAHS) Resuscitation Algorithm for the Newborn Clinical Guideline.
- a system is in place for ensuring access at all times to at least one clinician, either on-site or in close proximity, who can practise ALS (National Safety and Quality Health Service Standard 8)

2.1 Competency Requirements (see Mandatory Training Catalogue)

- Junior Medical staff, Nursing / Midwifery and Allied Health staff are required to demonstrate BLS competence annually (included in ALS assessment).
- Nursing staff with patient facing duties to demonstrate RRAD annually in combination with BLS practical assessment (included in ALS assessment)
- Senior Medical staff (Consultant, Fellow, SMO etc.) resuscitation training requirements are determined by the site Director of Medical Services (or equivalent). At a minimum senior medical staff must be current with the continuing professional development requirements of their relevant College. Medical Staff are also to refer to [WACHS Medical Credentialing and Compliance Requirement Guideline](#).
- BLS competency assessment of clinicians is to include the successful demonstration of the use of a Defibrillator in automatic/shock advisory mode.

- Non-clinical staff BLS competency requirements are as directed by the site manager in accordance with Australian Resuscitation Council Policy Statements.
- All WACHS staff expected to respond as part of a Medical Emergency Team or Nursing staff triaging in an Emergency Department, working in a Critical Care / High Dependency Unit or Shift co-ordinators working in the Peri-Operative area are expected to demonstrate annual competence in ALS.
- All Nursing, Midwifery and Medical staff who are attending obstetric deliveries, working in obstetric units or neonatal nurseries or attending at Lower Segment Caesarean Section are required to demonstrate Newborn Resuscitation competence annually.^{1,2}
- Shift coordinators responsible for the care of newborns and / or infants / paediatric patients are to successfully demonstrate Newborn Resuscitation and / or Advanced Life Support (Paediatric) resuscitation competence annually.

Assessment of Competency

The International Consensus on Resuscitation (ILCoR) note that skill retention deteriorates from six months after skill acquisition for basic and advanced life support techniques and therefore a minimum of 12 monthly reassessment is recommended.

In WACHS, assessment of competence in Basic, Advanced (adult / paediatric) and Newborn Resuscitation is through successful completion of:

- theoretical assessment, **and**
- practical assessments that reflect the identified and endorsed performance objectives for each competency area, **and**
- assessment is to be conducted by appropriately trained and qualified assessors utilising the WACHS endorsed basic, advanced and / or newborn resuscitation assessment tools located in the Learning and Development Portal.

Skills Recognition

Where a staff member can provide evidence of achieving competence through another recognised agency, the certificate is to be recognised, utilising the skills recognition process of ensuring validity, reliability, currency and transferability, providing the competency has been achieved within the preceding 12 months and meets all the performance objectives defined for each area of competency.

A copy of the certificate / LMS code entry should be available for an individual staff member's line manager at an employee development meeting as evidence of currency. The competency assessment details should be entered in the LMS either by local educators or via WACHS L&D for appropriate record keeping purposes.

Recognition of Prior Learning (RPL) will be issued for the following upon the receipt of evidence:

- BLS (REABL – BLS (All ages) – successful completion of WACHS BLS competency assessment or successful completion of BLS competency from another WA Health Service Provider (HSP). All other evidence will be mapped against the performance criteria for WACHS BLS.
- PBLs (REPBL – child / Infant BLS) – successful completion of WACHS PBLs competency assessment or successful completion of PBLs or Paediatric Life Support (PLS) competency at another HSP within the WA Health. All other evidence will be mapped against the performance criteria for WACHS BLS

- ALS (REALH - Adult only) – successful completion of WACHS ALS competency or Australian College of Critical Care Nurses (ACCCN) ALS Course or ARC ALS Level 1 (where manual defibrillation has been undertaken) or ALS Level 2 Course. All other evidence will be mapped against the performance criteria for WACHS Adult ALS.
- ALS (REP - Paediatric only) – successful completion of WACHS ALS competency, successful completion of assessment at ACCCN Paediatric Life Support Course, successful completion of assessment at an Advanced Paediatric Life Support Course (APLS Australia / New Zealand) or Paediatric Life Support Course. All other evidence will be mapped against the WACHS performance criteria for WACHS Paediatric ALS.
- Newborn Resuscitation (REN) – successful completion of the WACHS theoretical and practical competency assessment. All other evidence will be mapped against the WACHS performance criteria for Newborn Resuscitation.
- RRAD (RRAD) – successful completion of any training that incorporates the use of relevant Observation and Response Charts, the ABCDE systematic assessment and Clinical Communication using iSoBAR.

3. Definitions

Advanced Life Support (ALS)	Includes basic and advanced airway management, emergency ventilation, rhythm recognition, manual defibrillation, emergency pharmacology and post resuscitation care for both Adults and Paediatric patients.
Assessment	Demonstration of skills and knowledge that demonstrates competence.
Assessor / Validator	Persons with appropriate knowledge and skills to assess the skills of others
Automated External Defibrillation (AED)	An Automated Defibrillator that uses prompts to assist staff to deliver a shock when Ventricular Fibrillation or Ventricular Tachycardia is detected.
Basic Life Support (BLS)	Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillation (AED) as defined by the Australian and New Zealand Council on Resuscitation (ANZCOR) BLS algorithm (All ages).
Close Proximity	As defined in the staffing criteria outlined in the RRAD Policy requirements for individual site escalation templates – Mandatory Training Catalogue
Manual Defibrillation	Defibrillation using a defibrillator by an operator-controlled function.
Newborn Resuscitation	Resuscitation of the newborn (from first hours of life) during the transitional period from intrauterine life.
Paediatric Basic Life Support (PBLs)	Cardiopulmonary Resuscitation (CPR) and automated external defibrillation for Infants and Children as defined by the ANZCOR / APLS PBLs algorithm.

4. Roles and Responsibilities

Individual Staff

As per the WACHS [Recognising and Responding to Acute Deterioration \(RRAD\) Policy](#) and WACHS [Emergency \(Disaster\) Management Arrangements Policy](#), all WACHS staff who may be required to, or are expected to respond to a clinical deterioration or medical emergency are to:

- actively access and participate in resuscitation learning and assessment activities
- be responsible for recording their own continuing professional development activities
- participate in equipment checking procedures (where relevant) to ensure equipment is functional
- report equipment problems via the relevant equipment maintenance process.

New Nursing, Medical and Allied Health employees to WACHS are required to provide evidence of competence in BLS within six weeks of commencing employment.

Individual Staff can refer to the WACHS [Mandatory Training Catalogue](#) which outlines requirements for BLS, ALS and Newborn Resuscitation by target group.

Medication Orders

Where a medical emergency requires the administration of IV Adrenaline and / or Amiodarone, it is only to be administered by a Registered Nurse / Midwife with a minimum of a doctors' verbal order i.e. General Practitioner / Regional Resource Centre ED doctor, Emergency Telehealth Service (ETS) Medical Officer.

Operations Managers / Line Managers

The manager's responsibility is to:

- ensure supervised orientation to site resuscitation equipment and training resources and associated processes and policies occurs
- perform a comprehensive risk analysis of training needs to ensure appropriate staff are trained in resuscitation. e.g. small sites may utilise non-clinical staff trained in BLS to support clinical staff during a resuscitation event
- develop a plan to ensure that the clinical workforce can initiate appropriate early interventions and respond with life-sustaining measures in the event of severe or rapid deterioration
- ensure training is available for the clinical workforce, with the initial focus being on employed nursing, allied health and medical staff
- ensure staff are rostered appropriately to enable attendance at learning sessions or courses in order to achieve their resuscitation competency requirements
- monitor compliance of competency achievement of individual staff, providing evidence to demonstrate that the clinical workforce is trained and proficient, and ensuring visibility of this data is available at local and regional governance levels for monitoring
- ensure that staff have access to an Assessor to allow on-site assessment of staff competence
- implement equipment checking processes and monitor to ensure compliance
- facilitate the participation of all identified target group staff at assessment activities

- liaise with the Learning and Development staff or Staff Development personnel when required to ensure systems and equipment to support effective Learning and Assessment opportunities are maintained
- ensure working parties and governance committees responsible for NSQHS Standard 8 include broad representation of medical and nursing disciplines to support the standardised processes across the region.

Assessors

- Assessors are key persons with well-developed personal competence in the area of resuscitation which they are assessing. They have responsibility to assess clinical competence within WACHS facilities in accordance with WACHS and ARC policy and guidelines.

WACHS ALS and Newborn resuscitation assessors must:

- have completed an approved accredited course within the last 4 years (e.g. ARC ALS level 1 or level 2 / ACCCN ALS, APLS / PLS / NeoResus / NRP **and**
- be compliant with annual competency in the individual skill being assessed **and**
- be recommended as an Assessor by their Regional Nurse Educator in consultation with the local manager for the area / ward / hospital **and**
- have completed Assessor / Validator competency training or equivalent (see RPL example options below):
 - (Certificate IV Workplace Training and Assessment, Certificate IV Assessment Skill Set Program, Teaching on the Run etc.) **or**
 - Graduate Certificate, Diploma or Masters in Education **or**
 - APLS instructor, ACCCN ALS Instructor, ARC ALS Level 1 / Level 2 Instructor or NeoResus / NRP instructor

WACHS ALS and Newborn resuscitation assessors are to:

- check all candidate pre-requisites are successfully completed prior to undertaking assessment activities
- check all equipment used in the practical assessment is in a safe, clean and functional condition prior to and following the assessment process
- maintain accurate, confidential and legible documentation of all assessment activities
- conduct all practical assessments in a safe, private and confidential, environment in accordance with the endorsed performance criteria for each program area
- ensure candidates are aware of the appeals process
- forward assessment results of successful candidates confidentially in accordance with local processes for recording in the WACHS Learning Management System
- immediately and confidentially notify the candidate's manager of persons that are unsuccessful in achieving competency and the suggested pathway and plan for remedial training and re-assessment
- following completion of local recording and reporting requirements, return all completed and signed hard copies of practical assessment tools to the candidate.

All WACHS resuscitation assessors (BLS, ALS and Newborn) must supply evidence of currency (complete a minimum of 5 assessments per year) by completing the appropriate declaration package annually on the LMS for the skill code level of 004.

Regional Learning and Development

The Regional Learning and Development team is responsible for record keeping of the competency status of staff within their region in a format that is accessible by the appropriate managers and maintains confidentiality for individual staff members.

WACHS Learning and Development

The WACHS L&D Team is responsible for the creation of codes for recording the completion of learning and assessment activities for all resuscitation programs.

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System in accordance with the WACHS [Records Management Policy](#).

All WACHS clinical records must be managed in accordance with the WACHS [Health Record Management Policy](#).

7. Evaluation

Monitoring of compliance for [section 2.1 Competency Requirements](#) is to be carried out by area / line managers. Compliance of resuscitation key performance indicators is 85%.

8. Legislation

[Health Practitioner Regulation National Law \(WA\) Act 2010](#)

9. Standards

[National Safety and Quality Health Service Standards](#) – 8

10. References

1. [WACHS Emergency \(Disaster\) Management Arrangements Policy](#)
2. [WACHS Professional Development Requirements for Midwives Policy](#)
3. [Australian Commission on Safety and Quality in Healthcare](#)

4. [Australian Commission on Safety and Quality in Healthcare Recognising and Responding to Acute Physiological Deterioration](#)
5. [Australian Health Practitioner Regulation Agency](#)
6. [Australian Resuscitation Council Guidelines](#)
7. [International Liaison Committee on Resuscitation](#)
8. [WNHS Recognising & Responding to Acute Clinical Deterioration \(Physiological and Mental Health\) Policy](#)
9. [Nurses & Midwifery Board of Australia - National Framework for the Development of Decision-making Tools for Nursing and Midwifery Practice](#)
10. [PCH Resuscitation and Responding to Clinical Deterioration MET Review and Code Blue Procedure](#)

11. Related Policy Documents

CAHS [Resuscitation Algorithm for the Newborn Clinical Guideline](#)
WACHS [Emergency \(Disaster\) Management Arrangements Policy](#)
WACHS [Professional Development Requirements for Midwives Policy](#)
WACHS [Recognising and Responding to Acute Deterioration Policy](#)

12. Related WA Health System Mandatory Policies

[Recognising and Responding to Acute Deterioration Policy MP0086/18](#)

13. WA Health Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	CNC - Recognising and Responding to Acute Deterioration		
Directorate:	Nursing and Midwifery Services	EDRMS Record #	ED-CO-13-108874
Version:	3.00	Date Published:	07 November 2022

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.