



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 the resuscitation practices associated with newborns, infants, children and adults. 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 the Guidelines of the ARC. WACHS is committed to ensuring the achievement of competency of 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. Therefore, a variety of education opportunities and learning resources are available for WACHS staff to access for education in resuscitation.

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), Advanced Life Support (ALS) and Newborn Resuscitation (NNR) practices. Demonstration of the evidence required for competency in all areas of resuscitation can occur through direct observation and supplementary and indirect methods that are ethical, manageable and cost effective.

2. Policy Statement

It is WACHS policy that:

- all resuscitation education and assessment programs must comply with ARC Guidelines
- WACHS resuscitation education and assessment programs include 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, ALS and NNR education sessions or other learning resource completion;
 - a record of currency of BLS, ALS and NNR competency
 - employees must maintain their own 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 (adult); REPBL (paediatric)
 - Advanced Life Support – REALH (adult); REP (paediatric)
 - Newborn Resuscitation – REN

Skill levels are to be recorded as:

001/EL1 - Awareness

002/EL2 - Knowledge Tested

003 – Demonstrated Skills

004 – Assessor

005 - Trainer

- the Newborn Resuscitation Program is to be conducted in accordance with the Australian Resuscitation Council Policy Statements and King Edward Memorial Policies [Neonatal Resuscitation Policies - Section 1](#)
- 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 Standards)

3. Competency Requirements

- The clinical workforce is required to demonstrate BLS competence annually
- BLS competency assessment of clinicians are to include the successful demonstration of use of the Automated External Defibrillator (AED) available at their worksite.
- Non-clinical staff BLS competency requirements are as directed by the site manager in accordance with Australian Resuscitation Council Policy Statements.
- To allow delegation of roles and responsibilities to clinicians who can practise ALS, all nursing and medical staff that are expected to respond to a medical emergency are to demonstrate ALS competence annually ([WACHS Emergency \(Disaster\) Management Arrangements Policy](#) 2013).
- All staff expected to respond as part of a Medical Emergency Team or working in an emergency department, high dependency or peri operative area are expected to demonstrate annual competence in ALS (ref: [WACHS Emergency \(Disaster\) Management Arrangements Policy](#) 2013).
- 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. (ref: [WACHS Emergency \(Disaster\) Management Arrangements Policy](#) 2013; [WACHS Professional Development Requirements for Midwives Policy](#) 2013). Medical Staff are also to refer to [WACHS Medical Credentialing and Compliance Requirement Guideline](#).

- Shift coordinators responsible for the care of newborn and/or paediatric patients are to successfully demonstrate Newborn Resuscitation and/or Advanced Life Support (Paediatric) resuscitation competence annually.

3.1 Assessment of Competency

The International Consensus on Cardiopulmonary Resuscitation and Emergency Care Science with Treatment Recommendations (Sour et al.) demonstrates 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, annual assessment of competence in Basic, Advanced (adult/paediatric) and Newborn Life Support 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 new born resuscitation assessment tools located in the Learning and Development Portal.

3.2 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 of the performance objectives defined for each area of competency.

A copy of the certificate is to be sent to the line manager and nurse educator or staff development nurse within each region as evidence of competency for recording into the appropriate documents and electronic record keeping tools for record keeping purposes.

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

- BLS (REABL – adult BLS)– successful completion of WACHS BLS competency assessment or any nationally endorsed qualification conducted by a registered Training Organisation that includes the Unit of Competency HLTCP211A or successful completion of BLS competency at a WA Health Teaching Hospital. All other evidence will be mapped against the performance criteria for WACHS BLS.
- BLS (REPBL – child BLS) – successful completion of WACHS BLS competency assessment or successful completion of BLS or Hospital Paediatric Life Support competency at Princess Margaret Hospital for Children/Perth Children’s Hospital. 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. These programs include team leader and team member roles. Alternatively, successful completion of assessment at an accredited Australian Resuscitation Council ALS 1 (suitable for team members) or ALS 2 Course (suitable for team leaders and/or MER team members). 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 (Princess Margaret Hospital for Children WA). All other evidence will be mapped against the WACHS performance criteria for WACHS Paediatric ALS.
- Newborn Resuscitation (REN) – successful completion of WACHS Newborn Resuscitation Competency or successful completion of King Edward Memorial Hospital theoretical and practical competency assessment of Newborn Resuscitation. All other evidence will be mapped against the WACHS performance criteria for Newborn Resuscitation.

4. Roles and Responsibilities

4.1 Individual Staff

As per the WACHS Code Blue/MER Policy and WACHS Disaster Management 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 employees to WACHS who may be required to, or are expected to respond to a clinical deterioration or medical emergency are required to provide evidence of competence in BLS within six weeks of commencing employment.

New employees to WACHS who may be required to, or are expected to respond to a clinical deterioration or medical emergency are required to provide evidence of competence in ALS (adult and/or paediatric) and/or Newborn Resuscitation competence within three months of commencing employment.

All WACHS nursing staff should assess their BLS, ALS and NNR education and competency requirements against the Approved Area Master for their *Clinical Unit Knowledge and Skills Scope of Practice Tool* available on WACHS [Nursing & Midwifery](#) intranet webpage.

4.11 Medication Orders

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

Where a patient regularly presents with an episode of anaphylaxis and the patient usually self-administers an Adrenaline Epi-pen™, they are to have a documented specific management plan provided by a medical officer for intramuscular adrenaline administration for treatment of his/her anaphylaxis presentation.

4.2 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, and
- 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 9 include broad representation of medical and nursing disciplines to support the standardised processes across the region.

4.3 Assessors

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

These key persons must:

- be currently competent in the individual skill being assessed **and**
- be recommended as an Assessor by the line manager for the area /ward /hospital **and**
- have completed local Assessor/Validator Competency or Certificate IV Workplace Training and Assessment or equivalent, or Certificate IV Assessment Skill Set Program **or**
- Graduate Certificate, Diploma or Masters in Education **or**
- EMST Instructor – Emergency Management of Severe Trauma (Royal Australasian College of Surgeons); ACME Instructor – Acute and Complex Medical Emergencies (Australasian College of Emergency Medicine); EMAC Instructor – Effective Management of Anaesthetic Crisis (Australian and New Zealand College of Anaesthetists **or**

- ACCCN or ARC current assessor. N.B. these WACHS employees working in the capacity as a WACHS site assessor are to use the WACHS endorsed learning and assessment tools only **or**
- have completed recognition of prior learning process that has been endorsed by the regional L&D coordinator or Nurse Educator
- 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, one-on-one environment in accordance with the endorsed performance criteria for each program area. Assessments must not occur on-mass i.e. multiple assessments must not occur simultaneously
- 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 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 employees involved in assessment and training of resuscitation programs are to perform self-assessment to a level of Stage 5 (The Expert) according to the Benner's Levels of Competence. Definitions available on the WACHS Nursing & Midwifery intranet webpage.

All WACHS resuscitation assessors must supply evidence of currency of Assessor status and are to be recorded in the L&D system as the associated code level of 004, additionally trainers may also have a code level 005.

Assessors need to supply evidence annually to their line manager of self-assessment and reflective practice activities in accordance with continuing professional development standards for professions governed through the [Australian Health Practitioners Registration Authority](#) (AHPRA).

Assessors are not to undertake assessment responsibilities of others if their own competency status has lapsed.

4.4 Nurse Educators / Staff Development Nurses

The nurse educators / staff development nurses are to ensure:

- involvement in the development, implementation, evaluation and coordination of the resuscitation education programs including the provision of flexible learning and assessment resources
- the coordinator for each resuscitation program provides support for Managers and Assessors to allow on-site assessment

- the program is flexible in delivery and can be accessed via various means;
- the program includes a skills recognition process
- learning and assessment resources including on-site manikins (low or high fidelity) are readily available for staff, are in safe working order and are compliant with infection control policies and principles.

4.5 Regional Learning and Development

The regional Learning and Development department 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.

4.6 WACHS Learning and Development

The WACHS L&D unit is responsible for the creation of codes for recording the completion of learning and assessment activities for all resuscitation programs across WACHS. The program development persons/team are responsible for the development of associated standardised learning and performance objectives.

5. Definitions

Advanced Life Support (ALS)	Includes advanced airway management, emergency ventilation, rhythm recognition, defibrillation, emergency pharmacology, teamwork in an emergency, post resuscitation care and special circumstances of paediatric and adult patients. ALS for nurses and medical officers includes defibrillation in manual and semi-automatic external defibrillation modes. Nurses should reflect on the Scope of Nursing Practice and Nursing Practice Standards (Nursing and Midwifery Board of Australia) to determine their performance requirements.
Automated External Defibrillation (AED)	External defibrillation using a voice prompting defibrillator which is pre-set to deliver a controlled shock to clients in Ventricular Fibrillation and rapid Ventricular Tachycardia only.
Basic Life Support (BLS)	Cardiopulmonary Resuscitation (CPR) including of the adult, child and infant. Includes automated external defibrillation.
Close Proximity	As defined in the staffing criteria outlined in the Code Blue/MER Policy requirements for individual site escalation templates – Appendix A
Manual Defibrillation	External Defibrillation using a defibrillator in an operator-controlled function.

Medical Officer	Medical staff who are responsible for the clinical care of a patient within a specified health care setting within the WACHS.
Newborn Resuscitation	Resuscitation of the newborn (first hours of life) during the transitional period from intrauterine life.
Validation/Assessment	Proven application of skills and knowledge within an identified framework that demonstrates competence in a given skill.
Validator / Assessor	Persons with appropriate competency to assess the skills of others, must have competency in the skill to be validated as well as proven assessment skills.

6. 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 [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) 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.

7. Evaluation

Monitoring of compliance with point 3.1 is to be carried out by area/line managers. Compliance of resuscitation key performance indicators is 100%.

8. Legislation

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

9. References

[Australian Commission on Safety and Quality in Healthcare](#)

[Australian Commission on Safety and Quality in Healthcare Recognition and Response to Clinical Deterioration](#)

[Australian Flexible Learning Framework](#)

[Australian Health Practitioner Regulation Agency](#)

[Australian Resuscitation Council Guidelines](#)

[International Liaison Committee on Resuscitation](#)

Sour, J., Mancini M.E., Bhanji F., Dennett J., Finn J., Huel-Ming Ma M., Perkins G.D., Rodgers D.L., Hazinski M.F., Jacobs I., Morley P.T.(2010). International Consensus on Cardiopulmonary Resuscitation and Emergency Care Science with Treatment Recommendations. Part 12 Education, implementation and teams.

[King Edward Memorial Hospital Policies](#)

[Nurses & Midwifery Board of Australia - National Framework for the Development of Decision-making Tools for Nursing and Midwifery Practice](#)

[Princess Margaret Hospital for Children Policy – Resuscitation: MET and Code Blue – Responding to Clinical Deterioration](#)

10. Related Policy Documents

[WACHS Clinical Escalation Including Code Blue Medical Emergency Response \(MER\) Policy](#)

[WACHS Emergency \(Disaster\) Management Arrangements Policy](#)

[WACHS Professional Development Requirements for Midwives Policy](#)

11. Related WA Health Policies

[WA Health Clinical Deterioration Policy](#)

12. WA Health Policy Framework

[Employment Policy Framework](#)

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

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