

JUNE 2011

00-11-03

CARDIOPULMONARY RESUSCITATION (CPR) TRAINING

STANDARD

OPERATING

PROCEDURE

1. <u>PURPOSE</u>: To establish policies and procedures for Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) training at the VA Greater Los Angeles Healthcare System (GLAHS) Corporate Training Center (CTC) according to the American Heart Association (AHA) Guidelines and the VHA Directives 2008-008 and 2006-23.

2. POLICY:

A. It is the policy of this CTC to follow the guidelines of the AHA and VHA Directives 2008-008 and 2006-023.

B. BLS is required for all clinically active staff. The Chief of Staff may grant a waiver for BLS for a clinician who may have a physical condition that limits the ability to perform BLS and who works in areas where other certified providers are always present.

C. The following staff members must demonstrate competence in ACLS:

(1) Physicians, both full-time and housestaff who have primary responsibility for patients in Intensive Care Units and the Emergency Department.

(2) Registered Nurses in Critical Care Units (Intensive Care Unit, Post Anesthesia Care Unit, Progressive Care Unit), cardiac catheterization laboratory, Clinical Procedure Center, Emergency Department and the operating rooms.

a. New Nursing Service employees that are assigned to the Intensive Care Unit, Progressive Care Unit, Emergency Department, Post-Acute Care Unit, and clinical Procedures Center must obtain ACLS certification within 6 months of entering on duty (EOD) date.

(3) All Anesthesiology staff.

(4) Any individuals administering, monitoring and/or supervising moderate sedation or Analgesia ("Conscious Sedation").

D. GLA will provide necessary training for staff whose positions require BLS or ACLS. Employees are expected to plan accordingly to complete training that meets the requirements for BLS and ACLS competencies. These certifications must be up-to-date at all times.

3. DEFINITIONS:

A. BLS AND ACLS COMPETENCE is defined as successful completion biennially of the cognitive and skills training in accordance with the curriculum of the AHA.

B. The TRAINING CENTER (TC) is an organization that signs a contract with the AHA to develop and maintain training networks in one or more of the following AHA programs: BLS, ACLS.

C. THE TC COORDINATOR is a staff person designated by the TC to manage the training program.

D. REGIONAL FACULTY (RF) is an AHA instructor, either BLS or ACLS, who has been appointed at the sole discretion of AHA Regional Emergency Cardiac Care committee to teach and monitor instructor candidates as well as serve as resources for quality control in the AHA Emergency Cardiac Care program.

E. American Red Cross CPR/AED for the Professional Rescuer is equivalent to AHA BLS for Healthcare Providers.

F. American Red Cross Adult CPR & AHA Heartsaver Adult CPR is a program designed for non-clinical staffs who wish to acquire skills of adult CPR.

4. **RESPONSIBILITIES:**

A. Chief of Staff and Associate Director Nursing and Patient Care Services will provide support and resources necessary for successful administration of training at this center.

B. Each GLA off-site (Sepulveda, Bakersfield, LAACC, Santa Maria and Santa Barbara) will ensure training and retraining of staff by identifying at least two instructors to recertify employees in BLS. The off-site instructors will: 1) notify the TC Coordinator of their schedule for training, 2) maintain required documentation of courses and 3) transfer these documents to the TC Coordinator.

C. Department chairs that have clinically active staff will:

(1) Enforce this policy.

(2) Review status of biennial competency during yearly evaluations and or proficiencies.

(3) Take appropriate actions for those employees whose cards have expired.

(4) Provide at least 1 instructor to participate in the ongoing training and retraining at GLA and provide the on-duty time for participation in training.

D. TC Coordinator will:

(1) Ensure that each GLA site announces and distributes via email and/or flyers the schedule for BLS and ACLS training complete with registration instructions.

(2) Submit requests for funding of expendable materials and equipment necessary for training.

(3) Assure that all TC records (instructors and course files) and course content are in compliance with AHA Guidelines.

(4) Maintain security of cards, test, instructor files, and course files, and ensure decontamination of manikins

(5) Provide overall Quality Assurance of all Emergency Cardiovascular Care (ECC) training programs.

(6) Attend all updates/forums provided by the AHA.

(7) Ensure that all instructors are updated per AHA requirements.

E. Instructors will maintain and update their skills and knowledge of AHA training guidelines by meeting with the TC Coordinator at least once a year and teach a minimum of 4 BLS courses per year for BLS Instructors and 2 ACLS course per year for ACLS Instructors.

F. Clinicians who are required by their job descriptions to be competent in BLS and/or ACLS are responsible for achieving and maintaining competency prior to expiration of privileges. This will be part of the renewal packet sent out 60 days before the expiration of privileges. Privileges will not be renewed without current BLS or ACLS certification. If the certificate is not renewed in that period, the Chief of Staff will suspend the clinician from patient care. If the Chief of Staff must suspend a clinician from patient care there may be other administrative consequences. Individuals unable to perform the physical aspect of the course may receive a waiver from the Chief of Staff in lieu of a card. Requests for waivers must be submitted through their immediate supervisor.

G. Although GLA provides BLS and ACLS classes, there are no guarantees a class will be available exactly when and where an individual clinician may desire it. Hence, it is still the clinician's responsibility to arrange for the class in order to maintain certification.

H. Training Site Coordinators will:

(1) Assure that all Training Site records and course content are in compliance with AHA Guidelines.

(2) Maintain security of BLS course tests and course files.

(3) Ensure appropriate decontamination, maintenance and storage of manikins and training equipment.

5. PROCEDURES:

A. The Department Chairs will:

- (1) Determine which level of CPR training is needed by their staff.
- (2) Ensure that staff BLS/ACLS certification is current.
- (3) Participate in training by providing at least one staff member as an instructor.
- (4) Comply with the guidelines set forth in this policy.

B. The TC Coordinator will:

(1) Organize and direct the needed BLS and ACLS courses at all GLA sites and teach at least 4 BLS courses per year, and 2 ACLS courses per year.

(2) Secure cards by keeping them under lock and key at all times and monitoring issuance and distribution.

(3) Secure tests, answer keys and online recertification keys by keeping them under lock and key at all times monitoring access and distribution.

(4) Ensure decontamination of manikins, using the following guidelines:

(a) Disposable parts (lungs, etc) will be disposed of per manufacturer's recommendations. All disposable equipment will be disposed of at the end of each class.

(b) Non-disposable equipment will be decontaminated at the end of each class. The process is as follows:

• Before cleaning heads, remove neck cap: To remove the neck cap, twist the neck cap counter clockwise like the lid on ajar (about a quarter of a turn).

• Heads can be cleaned by the following methods: Run them through a dishwasher, OR...Wash heads with soap and water. Then soak 10 minutes in a solution of ¹/₄ cup bleach mixed with one gallon of water, OR...Sanitize with alcohol wipes.

• After cleaning head, replace the neck cap by twisting the neck cap back onto the head. Make sure the "FRONT" of the neck cap is lined up with the front of the head.

• The bodies can be safely cleaned with a bleach/water solution (see details under "HEADS" section); alcohol, or any other sanitizing agents. Manikin bodies are foam based and are not waterproof. They should not be submerged in water.

(c) Inspect equipment routinely for signs of deterioration and replace as

needed.

(5) Maintain quality assurance by:

(a) Observing/evaluating 75% of the BLS and ACLS classes to assure content and adherence to AHA requirements.

(b) Evaluating and meeting with instructors on a routine basis with a formal written evaluation to be performed once a year.

(c) Intermittently observe classes and discuss program with Chief of Staff and Nurse Executive or designees.

- (6) Ensure Instructors' Files have the following content:
 - (a) Name of Instructor
 - (b) Date of Initial Instructor Course, if possible
 - (c) Date of Renewal
 - (d) Copy of Card
 - (e) Copy of Instructor Monitoring Form
 - (f) Documentation of Instructor's Renewal Checklist
 - (g) Copy of BLS Course
 - (h) Copy of Instructor Course
- (7) Ensure Instructor & Course Files have the following content:
 - (a) Course Outline with Faculty
 - (b) AHA Roster

(c) Fee Disclaimer Statement (Course File only)

(d) Student Answer and Performance Sheet

(e) Course Evaluation

(f) Problem Resolution, if any (Course File only)

(g) Summary of Course Evaluations (Instructor File only)

(h) Documentation that each Instructor Candidate has a CTC with which to affiliate. (Instructor course only)

C. Instructors will meet with the TC Coordinator at least once a year and teach a minimum of 4 BLS courses per year for BLS Instructors and 2 ACLS course per year for ACLS Instructors.

6. <u>REFERENCES:</u>

A. Circular 10-91-029, dated April 3, 1991; M-2, Part IV, Chapter 1, Paragraphs 1.01 and 1.03.

B. AHA Community Training Center Manual, May 23, 1997.

C. Letter of Understanding between the American Heart Association and the American Red Cross, June 25, 2007.

D. VHA Directive 2008-008 dated February 6th, 2008.

E. VHA Directive 2006-023 dated May 1st, 2006.

7. <u>RESCISSION</u>: Chief of Staff SOP, Cardiopulmonary Resuscitation (CPR) Training, dated May 2010.

8. <u>REVIEW DATE:</u> Review as needed and reissue every three years.

6-16-11

Date

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