

	Policies & Procedures  Title: <b>CARDIOPULMONARY RESUSCITATION (CPR) – TRAINING STANDARDS FOR BASIC LIFE SUPPORT</b>  I.D. Number: <b>1123</b>
Authorization:  [X] SHR Nursing Practice Committee	Source: Nursing Date Revised: September, 2017 Date Effective: May 1991 Scope: <b>SHR &amp; Affiliates</b>

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**OVERVIEW**

The Saskatoon Health Region’s Basic Life Support standards and training for nursing are in alignment with the International Liaison Committee on Resuscitation (ILCOR), Emergency Cardiac Care (ECC) Guidelines and the Heart & Stroke Foundation of Canada (HSFC) Guidelines for Basic Life Support Training.

**DEFINITIONS**

**Client** - refers to client, patient or resident.

**Basic Life Support** - interventions immediately employed when cardiopulmonary arrest has occurred. Basic Life Support can be provided by trained medical personnel or by trained laypersons. Basic Life Support does not include the use of drugs or invasive procedural skills.

**Basic Life Support course (BLS)** - Heart and Stroke CPR course teaches learners to recognize several life-threatening emergencies, give high-quality chest compressions, deliver appropriate ventilations, and provide early use of an AED. It includes adult, child, and infant rescue techniques.

**Heartsaver AED course** – Heart and Stroke CPR course focuses on performance of high quality chest compressions and use of an AED. This course also covers how to respond to choking emergencies.

**Hands Only Cardiopulmonary Resuscitation** - involves calling 911 and providing chest compressions by pushing hard and fast on the centre of the chest, at a rate of 100-120 times per minute. It is a potentially lifesaving option that can be used by people not trained in CPR.

**Health Care Provider (HCP)** – for the purpose of this policy, means licensed or unregulated nursing staff.

**Unregulated Care Providers (UCPs)** - refers to HCP that do not have a scope of practice and do not belong to a regulating body. UCPs work in many sectors of SHR. Example: Home Health Aide, Continuing Care Assistant, Community Outreach Worker, Dental Therapists, Youth Care Worker, etc.

## 1. PURPOSE

- 1.1 To identify HCPs who require mandatory training in CPR and to identify the appropriate level of training according to their practice setting/sector, expected abilities and roles.
- 1.2 To optimize survival of clients who suffer cardio-respiratory collapse while under the care of the Saskatoon Health Region.

## 2. POLICY

- 2.1 Appropriate CPR training is required prior to employment for identified HCPs and should be current for at least 3 months after hire date (See Appendix A). SHR recognizes initial CPR training provided by outside agencies that follow the ILCOR/ HSFC guidelines (e.g. Heart and Stroke, St. John's Ambulance, Red Cross).
- 2.2 All resuscitation training provided to HCPs in SHR will be in alignment with the ILCOR/HSFC Guidelines. Guidelines can be found at <http://www.heartandstroke.ca/-/media/pdf-files/canada/cpr-2017/ecc-highlights-of-2015-guidelines-update-for-cpr-ecclr.ashx>
- 2.3 All HCPs that provide direct client care and have a duty to respond to medical emergencies as part of their job description must have CPR renewed annually. (See Appendix A)
- 2.4 BLS and Heartsaver training courses require annual renewal.
- 2.5 HCPs are encouraged to periodically review their Provider Manual and practice CPR and AED skills whenever possible, to maintain skills in effective CPR. (See Appendix B)
- 2.6 SHR HCPs not directly involved in direct client care or are not required to have CPR training, They should be aware of their role in assisting with medical emergencies. (See Nursing Code Blue policy #1012)

## 3. PROCEDURE – ROLES

### Clinical Managers or Designate

- 3.1 Ensure HCPs receive the appropriate level of CPR training based on the practice setting.
- 3.2 Ensure appropriate employees have active BLS status on their commencement date.
- 3.3 In partnership with the BLS Instructors, facilitate annual BLS recertification and maintain appropriate records of staff training.

### BLS Instructors

- 3.4 Maintain their Instructor status by completion of updates as indicated by Heart and Stroke.
- 3.5 Facilitate HCP BLS or Heartsaver CPR training in SHR.

### HCPs

- 3.6 HCPs trained in CPR will initiate emergency resuscitation of clients suffering a cardiac/respiratory arrest. Exceptions are those clients that have declined resuscitative interventions verbally or in writing (See SHR Resuscitation Policy #7311-60-016).

- 3.7 HCPs are responsible for ensuring that they attend and participate in:
- BLS or Heartsaver training on an annual basis.
  - Applicable psychomotor skills review (see Appendix B))
- 3.8 It is ultimately the individual HCP's responsibility to ensure that they have the skills necessary to carry out their duties to the best of their ability. Where skill decay has been identified, the individual should notify their manager as soon as possible and seek out a skills review or retraining.
- 3.9 All HCPs should consider the ethical, legal, and cultural factors associated with providing care for individuals in need of resuscitation.

#### 4. REFERENCES

Basic life support. (n.d.). The American Heritage® Science Dictionary. Retrieved June 2, 2017 from Dictionary.com website <http://www.dictionary.com/browse/basic-life-support>

Heart and Stroke Foundation of Canada. (2016). Instructor Resource for Resuscitation Programs in Canada

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**Appendix A**

**CPR Training required for HCPs**

**Note:** if a job classification is not listed, the HCP does not require mandatory BLS training. CPR level listed is a requirement of employment and should be current for at least 3 months after hire date.

***Urban and Rural Acute Care & Rural Health Centre Settings***

Staff Group	BLS	Heartsaver AED
RN, GN, RPN, GPN, LPN, GLPN providing direct client care and expected to respond to emergencies	√	
UCP providing direct client care		√

***Long Term Care (urban & rural)***

Staff Group	Hands Only CPR	BLS	Heartsaver AED
RN, GN, RPN, GPN, LPN, GLPN providing direct client care and/or expected to respond to emergencies	√	optional	optional
UCP providing direct client care	Optional	NA	NA

***Home Care***

Staff Group	BLS	Heartsaver AED
RN, GN, RPN, GPN, LPN, GLPN providing direct client care and/or expected to respond to emergencies	√	
UCP providing direct client care	NA	NA

***Public Health***

Staff Group	BLS	Heartsaver AED
RN providing direct client care and/or expected to respond to emergencies	√	
UCP providing direct client care		√

***Other Community Settings***

*Community setting is defined as community program settings*

Staff Group	BLS	Heartsaver AED
RN, GN, RPN, GPN, LPN, GLPN providing direct client care and/or expected to respond to emergencies	√	
UCP providing direct client care		√

## Appendix B

### **Psychomotor Skills Review**

Examples include but aren't limited to:

1. **Mock Code Blue/Code Navy with practice delivering adequate compressions on manikin**
  - Unit specific code blue drills
  - Practice delivering adequate compressions and ventilations using the bag-valve mask device or mouth to mask
2. **Rolling Refreshers**
  - CPR practice with a focus on compression skills (rate and depth) and using the bag-valve mask.
3. **Hands only CPR**
  - Practice performing high quality chest compressions