ST VINCENT'S HOSPITAL MELBOURNE
Education and Learning

Reviewed and updated August 2023

ST VINCENT'S HOSPITAL MELBOURNE (SVHM)
BASIC LIFE SUPPORT PRACTICAL ASSESSMENT
- All Areas -

Participant's name:..... Employee ID Number: .....

Trainers: When completed please forward this form to svhm.education.mandatorytraining@svha.org.au

The Basic Life Support (BLS) competency assessment comprises of:

- Successful completion of the online SVHA BLS Learning Package via Workday within the last 5 years, with a pass rate of 100%.
- Demonstration and articulation of the BLS techniques in a scenario-based practical assessment.

All nurses, medical staff and allied health, as listed in the SVHM Code Blue Medical Emergency Policy, must be accredited as competent in BLS annually. Practical assessments, which will take approximately 30 minutes, will be conducted annually by an accredited BLS assessor. New staff are expected to complete the BLS competency within 8 weeks of commencing employment at SVHM.

At completion of the BLS competency assessment staff should have met the following objectives/ competency standards:

- Identify major hazards rescuers may encounter when assisting a patient experiencing a medical emergency.
- Demonstrate the technique for assessing responsiveness.
- Identify correct time to send for help and correct procedure according to your usual area of practice.
- Identify the rationale for opening the airway of a patient who is not responsive and demonstrate both the head tilt chin lift and jaw thrust techniques.
- Demonstrate appropriate technique and use of equipment when clearing an airway.
- Demonstrate the procedure for managing a foreign body airway obstruction.
- Demonstrate the look, listen and feel approach to assessing breathing.
- Correctly demonstrate the technique for determining the appropriate size and insertion method for an oral airway and use of bag-and-mask method.
- Demonstrate the technique for performing chest compressions in adults.
- Identify the correct compression to ventilation ratio for adults.
- Demonstrate the appropriate use of an Automated External Defibrillator (AED) or a defibrillator *in AED mode*, including the method for applying the pads.
- Identify that the staff member has safety checked the local defibrillator at least once in the past 3 months and can demonstrate knowledge of the major safety considerations when using the defibrillator.
- Demonstrate positioning of a patient in the 'recovery' position.
- A "real time" simulated resuscitation using the **DRSABCD** sequence for 2 minutes.
- Communicating appropriately with other staff during 'group assessment'.
- Can verbalise the safety considerations for BLS in the COVID-19 patient.

Competent: YES / NO (please circle) **Date:** .....

Assessor - Name: .....Signature: .....

Comments: .....

1. INITIAL ASSESSMENT **a. Identifies the BLS algorithm** ▪ D – Dangers ▪ R – Responsive ▪ S – Send for Help ▪ A – Open Airway ▪ B – Normal Breathing? ▪ C – Start CPR ▪ D – Attach Defibrillator **b. Demonstrates initial assessment of a patient experiencing an emergency** ▪ Checks for **danger** to self, collapsed person and bystanders ▪ Is the patient considered SCOVID/COVID? ▪ Ensure first responder has appropriate PPE in place as per the current Staff PPE Guidelines before commencing CPR ▪ Demonstrates techniques for establishing **responsiveness** 'talk and touch'. If no response - painful stimulus (Sternal pressure/ Trapezius pinch) ▪ Identifies how to **send for help**: location of emergency buttons **if available*	**Competent** YES / NO YES / NO
2. AIRWAY MANAGEMENT **Identify the rationale for opening the airway and demonstrates:** **Backward head tilt / chin lift** ▪ Collapsed person positioned on their back (supine) with rescuer at side of their head. Head tilted backward by placing one hand on the forehead. Supports the jaw and provides chin lift. **Jaw thrust** ▪ Collapsed person positioned on back (supine) with rescuer at top of their head. Both hands used to support jaw and thrust upwards. Provide head tilt. **Manual clearance of the airway** ▪ Uses suction (if available) to clear the airway ▪ Finger swoop only acceptable in community settings ▪ Identifies the major precautions and potential hazards associated with clearing the airway **Foreign body airway obstruction** ▪ Demonstrate the procedure for managing a foreign body airway obstruction in a responsive/unresponsive patient (call for help ***as per local policies***) **Demonstrates technique for measuring and inserting an oral airway **if available*** ▪ Measures for appropriate size, corner of the mouth to the angle of the jaw. ▪ Correctly inserts airway (upside down) and rotates into correct position	YES / NO YES / NO YES / NO YES / NO YES / NO / N/A
3. BREATHING **a. Demonstrates assessment of breathing** ▪ Demonstrates the 'look, listen and feel' approach to assessing breathing (in supine position) ***whilst maintaining an open airway***. ▪ If patient is unresponsive and breathing, place in 'Recovery/Lateral' position ▪ If patient is *abnormally/not* breathing – Initiate appropriate emergency response ***as per local policies*** and immediately commence chest compressions. ▪ **Demonstrates correct technique for ventilation using bag to mask circuit** *(mouth to mask ventilation not to be performed at times when the community recommendation is to wear masks for COVID-19).* ▪ Correctly connects to oxygen (10L/min) *if using bag and mask circuit* ▪ Ensures HME viral filter connected to bag and mask circuit regardless of the patient's COVID-19 status ▪ Correctly positions device over mouth and nose	YES / NO YES / NO

▪ Checks to ensure no leaks ▪ Achieves good seal while maintaining jaw thrust ▪ Observes for rise and fall of the chest with each inflation	
4. Compressions **Demonstrates correct method of delivering chest compressions** ▪ Locates lower half of sternum ▪ Shoulders vertical over sternum with heel of lower hand positioned over lower half of sternum and upper hand positioned on lower hand. ▪ Compresses to depth of >5 cm or 1/3 chest depth ▪ Compresses at a rate of 100 – 120 beats per/min ▪ States correct ratio of compressions/inflations: 30 compressions to 2 inflations (pause in compressions for delivery of breaths). ▪ Demonstrates smooth changeover between two operators (every 2 minutes)	YES / NO
5. AED - SAFETY REQUIREMENTS AND CHECKING PROCEDURES ▪ Discusses proper skin preparation prior to placement of pads ▪ Turns on the AED and follows prompts ▪ Correct placement of defibrillation pads ▪ Ensures no one is touching patient when AED is analysing rhythm ▪ Visually checks the patient and verbally states “stand clear” prior to delivering shock ▪ Follows prompts and recommences CPR if required in a timely manner ▪ Can list safety requirements regarding: wet surfaces, implanted devices, medication patches, jewelry, oxygen and AED use on children. ▪ Can discuss maintenance requirements of the AED ie checking procedure	YES / NO/ N/A
6. NO AED AVAILABLE (i.e. Community/Residential Areas) ▪ Focus on good quality CPR ▪ Prepare patient for potential defibrillation when response team arrives ▪ Discusses proper skin preparation ▪ Can list safety requirements regarding: wet surfaces, implanted devices, medication patches and jewelry	YES / NO/ N/A
7. DOCUMENTATION ▪ Time patient was ‘found’ and when response team arrived ▪ Major medical diagnosis & relevant past history ▪ Summary of events preceding the emergency ▪ Peripheral/central lines inserted (IVC, CVC) ▪ Drugs administered ▪ Observations (BP, Pulse, Rhythm, RR, SpO2) ▪ Defibrillation ▪ Use “Code Blue/MET Observations” chart to record observations and events if available ▪ Other relevant information – e.g. neurological state ▪ Family notified ▪ Outcome ▪ Documentation of outcome in progress notes.	YES / NO
8. Simulated ‘REAL TIME’ CPR ▪ Demonstrates simulated “real time” two operator CPR sequence for 2 minutes ▪ Follows correct sequence of **DRSABCD**	YES / NO

9. TEAM WORK & COMMUNICATION ▪ Communicates effectively with other team members when performing 'group' assessment ▪ Rotates through all roles i.e. first responder, airway, compressions, safe defibrillation	YES / NO
10. COVID-19 CONSIDERATIONS in BLS ▪ Can verbalise the considerations for suspected or confirmed COVID-19 patients ○ **Danger**: Don Modified Airborne Precaution PPE. Minimise staff in the room. ○ **Response /Send for Help:** Check for response. Press Emergency Button/dial 2222 call **'Code Blue PPE'** ○ Assessing **ABCD** as per BLS guidelines	YES / NO

References

SVHM's Basic Life Support (BLS) Guidelines

2024 Graduate Orientation Objectives

Please complete and email to the Graduate Nurse Coordinators: *SVHM.Education.GNP@svha.org.au* by the end of your supernumerary time

Name:..... **Clinical Area**: .....

Objective	Date Completed	Signature (Preceptor / buddy)
• Meet preceptor and tour clinical area. Note Handover area, staff lockers, and toilets.		
• Ensure ID swipe card (SVHM) or security card/keypad code (SGHS) gains you access into clinical/secure areas.		
• Provide clinical area with your current contact phone number.		
• Preceptor/buddy to orientate you to the Medication, Observation, Fluid Balance, and other relevant charts.		
Department Information		
• Meet your Nurse Unit Manager. Find out how to contact them.		
• Identify how to contact members of the multi-disciplinary team.		
• Meet the Support Services personnel. Find out how to contact them.		
• Meet your ward pharmacist. Find out how to contact them.		
• Meet the Patient Services Clerks. Find out how to contact them.		
• Discuss the process of an admission and discharge for your ward		
Information Technology		
• Demonstrate how to send a page to medical/allied health staff		
• Locate the Clinical Policies and Clinical Practice Guidelines on the Intranet.		
• Locate the Graduate Nurse Programs page on the Intranet		
• Demonstrate how to access and use the Electronic Patient Journey Board (EPJB).		
• Demonstrate how to access online learning (Workday).		
• Demonstrate how to locate and check patient pathology results.		
• Identify how to locate and search Medical Records Online (MRO).		
• Demonstrate how to **add** and review patient alerts on PAS (i.e. allergies).		
• Discuss how to order a patient meal and how to change a diet code on PAS.		
Occupational Health and Safety		
• Discuss and perform emergency bedside checks for your area including the location of emergency buzzer		
• Discuss the emergency colour code system and emergency phone number.		
• Identify and locate how many WIP phones, fire hydrants, fire hoses, break glass alarms and emergency exits there are in your clinical area.		
• Preceptor/buddy to demonstrate how to check the resuscitation trolley including explanation of contents.		
• Locate your clinical areas AED. Familiarise yourself with AED checking process.		
• Identify where the Move Smart equipment is located and discuss with preceptor/buddy the specific Move Smart practices of your area.		
• Familiarise yourself with the process of sending specimens to Pathology.		
• Discuss what to do in the event of an occupational exposure and who to contact.		
• Discuss what to do in the event you are injured or sick, including who to contact.		
• Discuss how to make roster and leave requests.		

2024 Supervised Medication Administration

DPC, MID, Clinics, Dialysis

EN Graduates:

- Complete **three** supervised medication administrations with your preceptor or buddy nurse (**Registered *Nurse Grade 2 Year 2 or above***) as soon as practicable.

RN Graduates:

- Complete **three** supervised medication administrations with your preceptor or buddy nurse (**Registered Nurse Grade 2 Year 2 or above**) as soon as practicable.

Completed forms are then submitted to Education and Learning.

No Graduate can independently administer medications without completing and submitting their supervised medication round/s form.
Note: you will be required to complete an additional supervised medication round competency on your next rotation.

Name:…… ID Number:..... **Clinical Area:** *DPC / MID / Clinics*

Criteria	1 Date: ……..	2 Date: ……..	3 Date: ……..
For all medication administration the Graduate is able to:	**Initial**	**Initial**	**Initial**
• Safely and correctly administers prescribed medication/s discussing the indications, common side effects, and dosage of medication to be administered.			
• Identifies resources available to assist with medication administration. (MIMS, AIDH, Pharmacy, Specific protocols for specific medications)			
• Checks that the National Inpatient Medication Chart (NIMC) treatment sheet is current and that the medication has not yet been given and signed for, or that 'withhold' (W) is not documented.			
• Considers circumstances where medication may need to be withheld e.g. patient hypotensive, bradycardic, fasting, pain free, or has loose bowel actions.			
• Identifies correct procedure for following up on medications that need to be withheld. E.g. inform and discuss with medical staff.			
• Identifies correct checking procedure - Identifying who a Graduate nurse can check meds with.			
• Able to discuss the policy around the administration and disposal of Schedule 11 and Schedule 8 medications.			
• Able to access *Enkey* and demonstrates correct administration of either Schedule 11 or Schedule 8 medication.			
• Interacts appropriately with patient, explains procedure and ensures privacy.			
• Ensures each medication administered follows these rights: ➢ right patient ➢ right medication ➢ right dose ➢ right route ➢ right time ➢ right reason ➢ right expiry ➢ right frequency ➢ right to refuse ➢ Identifies if patient has any allergies or sensitivities			
• Stays and observes the patient until the medication has been taken.			
• Correctly documents all medications administered or withheld on the NIMC.			

IV Medication Administration *(if applicable)*			
• Assesses the IV site. If there are any signs of inflammation, swelling, redness or incorrect positioning DO NOT PROCEED. Note the date of IV bung insertion and when/if resite is required.			
• Prepares any IV medication/infusion according to protocol and ANTT guidelines. Gathers appropriate equipment to take to bedside. • Correctly flushes port before and after medication/fluid administration to ensure patency using ANTT principles.			
• Administers IV medication/fluid correctly using ALARIS pump.			
• Monitors patient and IV site throughout administration of medication/fluid.			
• Discards equipment/sharps safely and appropriately.			
• Identifies correct procedure for reporting an adverse reaction/medication error.			

Please sign below after *third* successful medication administration:

Preceptor/ Buddy Nurse's name (please print**): ……..**

Signature: …… Date: …….....

2024 Supervised Medication Administration Round

EN Graduates:

- Complete a minimum of ***two*** supervised medication rounds during the first 2 supernumerary shifts demonstrating all criteria outlined below. These supervised rounds must be with your preceptor or buddy nurse (**Registered *Nurse Grade 2 Year 2 or above***).

RN Graduates:

- Complete a minimum of ***one*** supervised drug round during the first 2 supernumerary shifts demonstrating all criteria outlined below. These supervised rounds you must be with your preceptor or buddy nurse (**Registered Nurse Grade 2 Year 2 or above**).

Completed forms to be signed off then submitted to the Graduate Nurse Coordinators: SVHM.Education.GNP@svha.org.au

No Graduate can independently administer medications without completing and submitting their supervised medication round/s form.

Name:…… ID Number: …… Clinical Area: ……..

Criteria	Date	Signature (Preceptor or Buddy Nurse)
For all medication administration the Graduate is able to:		
• Safely and correctly administers all prescribed medications during one ***entire*** shift to a minimum of 3 patients, discussing the indications, common side effects, and dosage of each medication to be administered.		
• Identifies resources available to assist with medication administration. (MIMS, AIDH, Pharmacy, Specific protocols for specific medications)		
• Checks that the National Inpatient Medication Chart (NIMC) treatment sheet is current and that the medication has not yet been given and signed for, or that 'withhold' (W) is not documented.		
• Considers circumstances where medication may need to be withheld. (e.g. patient hypotensive, bradycardic, fasting, pain free, or has loose bowel actions).		
• Identifies correct procedure for following up on medications that need to be withheld. (e.g. inform and discuss with medical staff).		
• Identifies correct checking procedure - Identifying who a Graduate nurse can check medications with.		
• Able to discuss the policy around the administration and disposal of Schedule 4D and Schedule 8 medications.		
• Able to access Enkey and demonstrates correct administration of either Schedule 4D or Schedule 8 medication.		
• Interacts appropriately with patient, explains procedure and ensures privacy.		
• Ensures each medication administered follows these rights: ➢ right patient ➢ right medication ➢ right dose ➢ right route ➢ right time ➢ right reason ➢ right expiry ➢ right frequency ➢ right to refuse ➢ Identifies if patient has any allergies or sensitivities		
• Stays and observes the patient until all medication has been taken.		
• Correctly documents all medications administered or withheld on the NIMC.		
IV Medication Administration		

• Assesses the IV site. If there are any signs of inflammation, swelling, redness or incorrect positioning DO NOT PROCEED. Note the date of IVC insertion and when/if resite is required.		
• Prepares any IV medication/infusion according to protocol and ANTT guidelines. Gathers appropriate equipment to take to bedside. • Correctly flushes port before and after medication/fluid administration to ensure patency using ANTT principles.		
• Administers IV medication/fluid correctly using ALARIS pump.		
• Monitors patient and IV site throughout administration of medication/fluid.		
• Discards equipment/sharps safely and appropriately.		
Medication Management on the ward		
• Identifies correct procedure to order/replace medications from pharmacy. • Identifies correct procedure for reporting an adverse reaction/medication error.		

Preceptor/ Buddy Nurse's name (please print**): ……..**

Signature: …… Date: …….....

ST VINCENT'S HOSPITAL MELBOURNE
Education & Learning

VENEPUNCTURE COMPETENCY
for Clinical Staff of St Vincent's Hospital Melbourne

Please scan and email this completed form to SVHM.Education.mandatorytraining@svha.org.au

Participant's name: ..... **Employee ID Number:** .....

Clinical area: ..... **Manager's name:** .....

Competency Statement

The St. Vincent's Hospital Melbourne (SVHM) Venepuncture Competency is comprised of:

- Successful completion of the Workday Learning package titled 'SVHM Venepuncture Competency (Online)', *prior* to attempting the practical assessment
- Demonstration of competence in the venepuncture practical assessment in accordance with the criteria listed on page two of this form, within 6 weeks of successfully completing the Workday learning package

The clinician completing this competency will be assessed when performing venepuncture on patients in the clinical area. Assessment will take approximately 15 minutes and needs to be completed 3 times. Clinicians must be assessed by a St. Vincent's Medical Officer, Division 1 Registered Nurse, Nuclear Medicine Technologist, or Radiographer already competent in this skill.

Once all the above components of this competency have been completed and Education and Learning have received the completed practical assessment form, you will be deemed competent in this skill and a record will be created for your Workday learning transcript.

Eligibility:
SVHM clinical staff including Medical Officers, Division 1 Registered Nurses, Enrolled Nurses, Nuclear Medicine Technologists, or Radiographers who have not completed a venepuncture competency course previously.

Assessment Criteria

To be deemed safe and competent the clinician must, under supervision of the assessor, demonstrate knowledge and safe practice in venepuncture by:

- Collecting appropriate equipment
- Preparing the patient prior to procedure
- Performing correct blood collection technique

Note: Clinicians must have this skill **assessed 3 times** before submitting this form.

Please use table below to record this:

Date	Time	Name of Assessor	Designation of Assessor	Signature of Assessor

Revised July 2021 **Criteria**	**Competent**
1. Reviews pathology request form and ensures all details are completed and correct.	YES / NO
2. Understands why the tests have been ordered, identifies recommended order of draw and any special considerations that may be necessary.	YES / NO
3. Gathers venepuncture trolley and equipment for procedure.	YES / NO
4. Ensures environment is safe and risks are minimised, e.g. trolley and sharps container correctly positioned, curtains drawn for privacy.	YES / NO
5. Assembles vacutainer system with needle and prior to touching patient, performs hand hygiene.	YES / NO
6. Explains procedure to patient, gains consent, and checks patient identification.	YES / NO
7. Positions patient comfortably and palpates veins. Selects an appropriate site for venepuncture.	YES / NO
8. Places tourniquet firmly on patient's arm approximately 15 - 20cms above the puncture site.	YES / NO
9. Performs hand hygiene and dons gloves and protective eyewear then swabs puncture site, allowing to air dry.	YES / NO
10. Applies slight traction to the skin to anchor vein and inserts the needle at a 10-15 degree angle, bevel facing up.	YES / NO
11. Using a Vacutainer Precision Glide (green needle) or Push button blood collection set (butterfly), lowers vacutainer holder and progresses needle until blood begins to flow into collection tube. Removes tourniquet if preferred.	YES / NO
12. Gently inverts collection tube within 1 minute and repeats process for each collection tube as per order of draw.	YES / NO
13. Releases tourniquet if not already done so, and whilst needle is still in vein activates button to retract needle (butterfly) or withdraws needle (green needle) and disposes into sharps container immediately.	YES / NO
14. Applies pressure to site with cotton swab until bleeding ceases.	YES / NO
15. Removes gloves and performs hand hygiene.	YES / NO
16. Adheres to Aseptic Non-Touch Technique throughout procedure.	YES / NO
17. Labels specimen collection tube(s) correctly at the bedside and dispatches to pathology with the request form immediately.	YES / NO
18. Disposes of all equipment used as per infection control protocols.	YES / NO
19. Checks puncture site following venepuncture for signs of complications (haematoma, infection and infiltration).	YES / NO