BASIC LIFE SUPPORT PRACTICAL ASSESSMENT
- All Areas-

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

Clinical Area: …… **Manager's name:** ……

All nurses, medical staff, and allied health, as per the SVHM Code Blue Medical Emergency Policy, must successfully complete BLS practical assessment by an accredited assessor annually. New staff must achieve BLS competency within 8 weeks of starting at SVHM.

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

- Successful completion of the online SVHA Basic Life Support (BLS) Learning Package via Workday every 5 years.
- Successful completion of the online SVHM Anaphylaxis learning package via Workday every 5 years.
- Demonstration and articulation of the BLS techniques in a scenario-based practical assessment.
- Recognition of anaphylaxis and (if within scope) demonstration of appropriate management

Trainers:

Successful Assessment

Please **email completed form** to SVHM.Education.mandatorytraining@svha.org.au specifying staff member name & date of assessment

Unsuccessful Assessment

- Complete BLS Practical Assessment form with feedback
- Email to participant and inform manager
- Offer support and resit assessment within 3 weeks
- Encourage review and completion of SVHA Basic Life Support (Online)
- If unsuccessful on 2nd attempt contact Education and Learning at SVHM.Eduation.mandatorytraining@svha.org.au
- Email BLS Practical Assessment form with feedback to Clinical Competency Program PDN: SVHM.Education.competencies@svha.org.au
- 3rd attempt with Clinical Competency Program PDN

To successfully complete this assessment the participant must demonstrate knowledge and skill in all the criteria listed below:

Basic Life Support	
Initial Assessment	**Competent**
Identifies the BLS algorithm • D – Dangers • R – Responsive • S – Send for Help • A – Open Airway • B – Normal Breathing? • C – Start CPR • D – Attach Defibrillator	YES / NO
Dangers Demonstrates initial assessment of a patient experiencing an emergency • Checks for danger to self, collapsed person and bystanders • Ensure first responder has appropriate PPE in place as per the current SVHM PPE guidelines eg: Standard vs Modified Airborne precautions	YES / NO
Responsive • Demonstrates techniques for establishing responsiveness 'talk and touch'. If no response - painful stimulus (Trapezius pinch)	YES / NO
Send For Help • Identify correct time to send for help and appropriate method according to area of practice	YES / NO
Airway Management **Identify the rationale for opening the airway and demonstrates:** **Backward head tilt / chin lift** • Collapsed person positioned on their back (supine) with the rescuer at the 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. **Manual clearance of the airway** • Uses suction (if available) to clear the airway • Mouth should be opened and the head turned slightly downwards to allow any obvious foreign material (e.g. food, vomit, blood and secretions) to drain • 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 oropharyngeal airway and rotates into correct position	YES / NO
Breathing • 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 BVM • **Single operator:** Hold mask between thumb and index finger (C grip), use remaining fingers to	YES / NO

support jaw (E grip), lifting it forwards/upwards. The other hand squeezes the bag to deliver the rescue breaths. • **Two operators:** First person at head of the patient, lift jaw forward /upwards ensuring an effective seal using both hands, whilst also maintaining head tilt. Second person alongside the first, squeezes the resuscitator bag to deliver the rescue breaths (Recommended method-ANZCOR Guideline 5) • Correctly connects to oxygen (15L/min) if using BVM • Ensures HME viral filter connected to bag and mask circuit • Correctly positions device over mouth and nose • Checks to ensure no leaks • Delivers 1/3 of bag per breath • Achieves good seal while maintaining jaw thrust • Observes for rise and fall of the chest with each inflation	
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 /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
AED - Safety Requirements and Checking Procedures • Discusses **proper** skin preparation prior to placement of pads • Turns on the AED and follows prompts **(Must be completed with training AED)** • 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 • **Discuss continuation of CPR if a defib is unavailable (Community setting)**	YES / NO
Documentation • Time patient was ‘found’ and when response team arrived • Major medical diagnosis & relevant past history • Summary of events preceding the emergency • Peripheral Intravenous Cannulation (IVC) • Drugs administered • Observations (BP, Pulse, Rhythm, RR, SpO2) • Defibrillation • Use Code Blue chart to record observations and events if available • Other relevant information – e.g. neurological state • Family notified • Documentation of outcome in progress notes	YES / NO
Simulated ‘REAL TIME’ CPR • Demonstrates simulated “real time” two operator CPR sequence for 2 minutes • Follows correct sequence of **DRSABCD**	YES / NO
Team Work & Communication • Communicates effectively with other team members when performing ‘group’ assessment	YES / NO

Anaphylaxis Recognition & Response • Describe the signs and symptoms of anaphylaxis (ALL) • Identify the 6 key interventions for a patient experiencing anaphylaxis: (ALL) 1. Prompt recognition of anaphylaxis 2. Remove allergen & correct positioning of patient 3. Call for help and identify if in cardiac arrest: If confirmed commence BLS 4. Identify patient is not in cardiac arrest and has suspected anaphylaxis: Administer adrenaline (Or allow patient to self-administer their autoinjector)	YES / NO
Answer dependent on scope: **MEDICAL & NURSING (excluding Residential care):** Complete option **(a)** **OR** **ALLIED HEALTH, NON-CLINICAL & RESIDENTIAL CARE:** Complete option **(b)**	
(a) Administer adrenaline: Scope - Doctor/Nurse initiate IM adrenaline as standing order in accordance with SVHM Anaphylaxis Management Policy (excluding Residential care):	YES / NO/NA
• Describe dose: Immediate administration of (0.5mg/0.5mL) from 1:1000 ampoule (dose) adrenaline (as per scope of practice)	YES / NO
• Describe route: Via intramuscular injection (route)	YES / NO
• Describe how often (PRN): Reassess patient every 5 minutes and administer repeat does if needed	YES / NO
• Demonstrate safe use of autoinjector adrenaline (EpiPen/Anapen) as per manufacturer's instructions *(Practice devices are to be made available to clinicians as part of practical BLS or ALS training, despite the likely use of ampoules and a syringe, because the closest adrenaline in an emergency may be the patient's own autoinjector)*	YES / NO
OR	
(b) In an emergency situation staff not in category (a) can assist patient to self-administer autoinjector (EpiPen/Anapen) as per manufacturer's instructions: Scope - Allied Health staff/Non clinical, Residential care	YES / NO
5. Observation time following anaphylaxis (Every 30 minutes for at least 4 hours)	YES / NO
6. Discharge management and documentation	YES / NO

Participant Name		**Employee ID**	
Competent	**YES / NO** *(please circle)*	**Date**	
Assessor Name		**Signature**	
Comments			

References

The practical assessment criteria have been developed in accordance with:

- The Australian Resuscitation Council (ARC) Guidelines
- The SVHM Advanced Life Support (ALS) Guidelines 2023
- The SVHM Anaphylaxis Guideline 2024
- The SVHM Basic Life Support (BLS) Guidelines 2023
- The SVHM CODE BLUE Guidelines 2023