

BASIC LIFE SUPPORT (BLS) - ADULT

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- To ensure all designated staff are appropriately trained and assessed annually to perform basic life support (BLS) safely and correctly in the event of cardiac arrest

2. PATIENT

- Adult woman
- Adult visitors
- Staff

3. STAFF

- All hospital staff should be competent in performing BLS (Cardiopulmonary Resuscitation (CPR) including the use of the Automated External Defibrillator(AED)) including:
 - Medical, Nursing and Midwifery staff
 - Allied health staff

4. EQUIPMENT

- Adult Mannequin
- AED Trainer
- Pocket-mask
- Resuscitation bag and mask

5. CLINICAL PRACTICE

- Check for **Danger** to the patient or self
- Check for a **Response** by 'talk and touch' for no longer than ten seconds
- **Send** for help by pressing the emergency buzzer and dialing '2222' and activating an adult code blue call and clearly stating location
- Open and clear **Airway** by performing a head tilt/chin lift or jaw thrust
- Check **Breathing** for no longer than ten seconds by looking, listening and feeling
- Obtain a left lateral tilt of the pelvis or manually displace the uterus to the left in a pregnant woman at the earliest opportunity to minimize the risk of aortocaval compression
- Start **CPR** - chest compressions followed by two breaths if unresponsive and not breathing normally. Compressions rate should be 100 -120 beats per minute, lower half of the sternum, one third the depth of the chest. Start CPR even if the victim has gasping or agonal breathing. A pocket mask or resuscitation bag and mask must be used for rescue breaths
- Attach **AED** as soon as possible and follow voice prompts

6. DOCUMENTATION

- Competency assessments are to be recorded in My Health Learning (HETI), under the code 'Life support assessment tool, code: 46497905, folder: 58511814.

BASIC LIFE SUPPORT (BLS) – ADULT cont'd

7. EDUCATIONAL NOTES

- It is the responsibility of the Midwife/Nurse Unit Manger/Department Heads to ensure all staff who are required to be competent in BLS undertake the appropriate training and assessment within the first month of employment and annually thereafter
- The facility is responsible for monitoring compliance rates for all staff
- Staff members attending CPR only or those with a physical disability that precludes them from performing elements of BLS should be recorded as completed with a comment describing the details
- Competency can only be assessed by an accredited BLS assessor. An accredited BLS assessor is a person who has been assessed as competent in the last 12 months and has completed the RHW BLS train the trainer course within the last three years
- BSL training is not mandatory for administration or domestic services staff – however if they wish, they should be supported in obtaining this skill.

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Clinical Emergency Response System (CERS): Management of the Deteriorating patient
- Emergency Equipment – Checking and Maintenance
- NSW Ministry of Health Policy Directive PD2020_010 - Recognition and management of patients who are deteriorating

9. RISK RATING

- High

10. NATIONAL STANDARD

- Preventing and Controlling Healthcare associated infections - Standard 3
- Recognising and Responding to Clinical deterioration - Standard 8

11. REFERENCES

1. Australian Resuscitation Council 2016, Guidelines 4 – 8.
<https://resus.org.au/guidelines/>

REVISION & APPROVAL HISTORY
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Endorsed Maternity Services LOPs group 6/7/21

FOR REVIEW: JULY 2023

Basic Life Support

D

Dangers?

R

Responsive?

S

Send for help

A

Open Airway

B

Normal Breathing?

C

Start CPR

30 compressions : 2 breaths

D

Attach Defibrillator (AED)

as soon as available, follow prompts

Continue CPR until responsiveness or normal breathing return



AUSTRALIAN
RESUSCITATION
COUNCIL



NEW ZEALAND
Resuscitation Council
WHAKAHAUORA AOTEAROA