

CARDIOPULMONARY RESUSCITATION (CPR)

MCP 00-38

James A. Haley VA Hospital and Clinics
Tampa, Florida 33612

Rescission(s):
(See Paragraph 7)

Signatory Authority:
Director (00)

Effective Date:
October 2021

Responsible Owner:
CPR Committee Chair (11)

Recertification Date:
October 2026

1. POLICY

a. The James A. Haley Veterans' Hospital and Clinics (JAHVH) has established this Medical Center Policy (MCP) to ensure this facility, including medical centers, Community Based Outpatient Clinics (CBOC), and domiciliary and administrative units, at all times, and in all locations, must have a plan and the resources in place to rapidly initiate the appropriate emergency response for any patient, visitor, or employee who suffers a cardiac arrest on VHA property, to include access to appropriate resuscitation equipment and appropriately trained staff.

b. This MCP also establishes the procedures for the management of Cardiopulmonary Resuscitation (CPR), and for the functional testing, maintenance of defibrillators, and Automatic External Defibrillators (AED's) and Naloxone boxes. The equipment must be operated, tested, and maintained in accordance with good medical and engineering practices, and comply with VHA Directive 1177 dated January 4, 2021, and agencies such as The Joint Commission (TJC), the National Fire Protection Agency (NFPA), the American Heart Association (AHA), etc.

c. It is James A. Haley VA policy that any healthcare provider actively participating in direct patient care in any clinical setting, including community or home care settings, as well as all VA health care providers credentialed for direct patient care must maintain training in Basic Life Support (BLS) or Advanced Cardiac Life Support (ACLS) as appropriate to the provider's credentials.

2. JUSTIFICATION

It is the policy of the James A. Haley Veterans' Hospital and Clinics (JAHVH) to optimize patient safety within the Department of Veterans Affairs (VA) by ensuring an emergency response capability to manage cardiac arrests on its property, including access to appropriate resuscitation equipment and appropriately trained staff in Cardiopulmonary Resuscitation, in accordance with VHA DIRECTIVE 1177 dated January 4, 2021. Resuscitative efforts shall be provided according to established procedures to all patients, employees, and visitors who suffer cardio-respiratory arrest, unless there is a valid Do Not Resuscitate (DNR) order. Clinical staff trained in Basic

Life Support (BLS) or Advanced Cardiac Life Support (ACLS) shall be available, at all times, and resuscitation performance and outcomes are measured accurately.

3. RESPONSIBILITIES

a. **Director.** The Director is responsible for:

(1) Implementing this MCP.

(2) Ensuring easy access to public Automated External Defibrillators (AEDs); this includes placement in high-use areas, such as: lobbies, cafeterias, research buildings, out-buildings, free-standing dialysis units, areas with therapeutic swimming pools, and all satellite buildings.

NOTE: *It is strongly recommended that all VA police cars have an AED for use in parking lots and other distant sites.*

(3) Developing a scripted communication process for internal code alert system response notifications, including switchboard operators and external emergency response providers.

(4) Ensuring that sufficient BLS and ACLS equipment is always available for training departments to conduct required training.

(5) Ensuring that VA Talent Management System (TMS), or any future replacement VA training documentation system, is used as the tracking and reporting system for all individuals who require VA validation of certification.

(6) Ensuring that new employees who will be assigned as clinically active staff have the required BLS and/or ACLS (as applicable) certification within 30 days of assuming clinical duties.

(7) Ensuring the VA medical facility maintains affiliation with the Resuscitation Education Initiative (REdI) program.

(8) Ensuring that the training for the BLS and/or ACLS includes both didactic and “hands-on” components consistent with REdI.

(9) Ensuring that only American Heart Association (AHA), Military Training Network (MTN), or American Red Cross completed within the MTN, certification cards for BLS and ACLS are accepted for staff renewing their certification. In-house certification is required for existing full-time permanent staff renewing their certification, however certification obtained through an affiliate or other institution can be allowed if deemed of sufficient quality by the Director or Chief of Staff or designee (Attachment K)

(10) Transitioning the facility training profile from the reliance of instructor led classes to the Resuscitation Quality Improvement (RQI®) program with the Voice

Assisted Manikin (VAM) or AHA HeartCode® offering the AHA maintenance of competency.

(11) Ensuring appropriate action is taken against any employee who fails to comply with this policy. Failure to comply may result in removal from clinical/direct patient care as well as disciplinary action. Any disciplinary action should be in accordance with procedures outlined in VA Handbook 5021 series, Employee/Management Relations, and any applicable negotiated labor–management agreements.

(12) Establishing ongoing relationships with local and regional Emergency Medical Service (EMS) providers, as EMS may, in certain circumstances, be involved in either resuscitation, transport, or both. This relationship needs to include agreements covering emergency responses on VA medical facilities, as well as transportation into and out of the VA medical facilities.

(13) Ensure a protocol is in place to ensure that CPR is not attempted in patients who sustain a cardiopulmonary arrest and have a DNAR/DNR documented in CPRS or valid state-authorized portable order (SAPO) for DNAR/DNR (see VHA Handbook 1004.03(1), Life Sustaining Treatment Decisions: Eliciting, Documenting and Honoring Patients' Values, Goals and Preferences, dated January 11, 2017; VHA Handbook 1004.04, State - Authorized Portable Orders (SAPO), dated February 26, 2019 and HPM 11-50 Life Sustaining Treatment Decisions.

b. **Chief of Staff.** The Chief of Staff is responsible for:

(1) Determining who receives what level of resuscitative training and where.

(2) Providing resuscitative training for all clinical staff during their assigned working hours. All clinically active staff will have sufficient uninterrupted time away from patient care duties to complete the BLS or ACLS training.

(3) Communicating to staff on how to appropriately respond to a cardiac arrest occurring anywhere at the VA medical facility.

(4) Granting written waivers of up to 60 days for individuals under their supervision whose certifications have expired, if it is in the best interest of Veteran care and access to care.

(5) A permanent waiver for permanent disability can be given at the discretion of the facility Director with Chief of Staff and Chief Nurse concurrence. However, these staff members are required to complete, every two years, the didactic component (BLS Advisor) of the respective resuscitative course as it relates to clinical assignments (Attachment L & M).

c. **Facility Based Resuscitation Education Initiative (REdI) Program Director.** The facility based REdI Program Director is the liaison between the facility and the national REdI training center and is responsible for:

- (1) Ensuring compliance with national program REdI requirements.
- (2) Monitoring and maintaining an adequate pool of certified instructors to support the VA medical facility training requirements.
- (3) Ensuring required program documentation is provided to REdI and maintaining archived documents according to REdI and VA records management requirements.
- (4) Ensuring a mock code program is implemented across all areas of the VA medical facility for large facilities, or centrally for small facilities, and that outcomes from mock codes are used for code response improvement activities.

d. **ACLS/BLS Program Manager/Training Administrator.** The ACLS/BLS Program Manager/Training Administrator is responsible for:

- (1) Ensuring training is available for the staff.
- (2) Preparing compliance reports quarterly to the CPR Committee regarding staff required to have BLS/ACLS certification.
- (3) Track all written waivers and document in TMS.
- (4) For new employees with a current AHA training card, a copy of the front and back of the card will be obtained by Office of Employee Education and sent to the ACLS/BLS Program Manager/Training Administrator for documentation in the TMS system.
- (5) Notifying JAHVH staff on how to appropriately respond to a cardiac arrest occurring anywhere at the hospital and outlying clinics. This will:
 - (a) Include how and when to activate the internal code alert system, as well as when and where to first activate 911
 - (b) Ensure training for both BLS and/or ACLS includes both a didactic and “hands-on” component via Resuscitation Quality Improvement (RQI®) program with the Voice Assisted Manikin (VAM) or AHA HeartCode®, publicizing the availability and location of these training systems. The American Heart Association (AHA) and Military Training Network (MTN) requirements fulfill this requirement (Attachment K).
 - (c) Maintaining a list of ACLS/BLS Instructors and provide instructor training to maintain the number of instructors needed by JAHVH.

e. **Facility Cardiopulmonary Resuscitative Committee (CRC) or Facility CPR Committee Director or designee /Chairman of the CPR Committee.** The Chairman of the CPR Committee is responsible for ensuring the review of each resuscitative episode of care through Code Blue Huddles, under the facility’s responsibility in accordance with The Joint Commission standards. This includes errors or deficiencies in technique or procedures, lack of availability or malfunction of equipment, clinical

issues, or patient care issues, such as failure to rescue, which may have contributed to the occurrence of a cardiopulmonary event.

f. **Facility Quality Manager.** The facility Quality Manager or designee serves as a member of the CRC or equivalent committee, and at the direction of the CRC Chair is responsible for:

(1) Addressing any delays in initiating CPR in house, and problems in obtaining the assistance of EMS or use of the 911 call system when the event occurs on a campus. Following up through Code Blue Huddles on any quality improvement measures identified and the analysis of: (a) real code events, (b) rapid response calls, (c) near misses, and (d) mock codes, or other analyses. Assisting the committee in the collection, aggregation, and analysis of data from code blue, rapid response, and other critical events.

(2) Storing information for presentation to The Joint Commission, the VA medical facility Chief of Staff, and the VISN Quality Management Officer.

(3) Collecting performance measurement regarding “resuscitation and its outcomes” per The Joint Commission (TJC) requirements. The data must be aggregated, analyzed, compared internally over time and externally with published studies, when available (benchmarking), and used to identify and implement desired changes. The Inpatient Evaluation Center (IPEC), <http://ipec.vssc.med.va.gov/Pages/default.aspx>, maintains an optional site to enter the data from rapid response and resuscitation efforts. NOTE: This is an internal VA website that is not available to the public.

g. **Biomedical Engineering Section.** The Biomedical Engineering Section is responsible for:

(1) Inspecting and testing all defibrillators and AED's prior to initial use and periodically, in accordance with the VA guidelines, manufacturers' specifications, and TJC requirements. In no case shall this periodic test be done less than annually for defibrillators; AED's will follow manufacturers' recommendations.

(2) Biomedical staff may also provide necessary technical support for malfunctioning defibrillators and AED's.

(3) Biomedical staff may also provide necessary training to hospital personnel for proper routine testing procedures and safety requirements

h. **Health Profession Trainees.** Health profession trainees (e.g., medical students, nursing students, clinical pharmacy students, residents) are responsible for maintaining the BLS or ACLS certification required by their national accrediting body or local program certification standards. These records are maintained by the sponsoring educational institution.

i. **Pharmacy Service.** The Pharmacy Service is responsible for maintaining code blue medications (Attachment C).

j. **Logistics Service.** The Logistics Service is responsible for maintaining all equipment, supplies, and data collection forms on the code carts (Attachment D).

k. **Service Chiefs, Nurse Managers or Supervisors.** The Service Chiefs, Nurse Managers or Supervisors are responsible for:

(1) Ensuring that code carts, AED's, and Naloxone boxes are checked, and operational tests for defibrillators are performed and documented everyday by personnel when area is open for business. (Attachments E, F, G). Compliance reports will be reported monthly to the CPR committee.

(2) Service Chiefs, Nurse Managers or Supervisors (as applicable) are responsible for ensuring new employees who are assigned to clinically active positions have the required BLS and/or ACLS (when applicable) certification prior to or within 30 days of assuming clinical duties, including:

(a) Maintaining a list of clinically active staff and ensuring that all BLS and/or ACLS certification are current, to ensure timely renewal of all certifications.

(b) Ensuring clinically active staff has sufficient uninterrupted time away from patient care duties, to complete the BLS and/or ACLS training in accordance with VHA DIRECTIVE 1177 dated January 4, 2021 (current edition).

(c) Ensuring that clinically active staff requiring ACLS certification, working in designated high-risk care areas, receive Advanced Cardiac Life Support (ACLS) Training through RQI (Basic Life Support (BLS) is encompassed) from the American Heart Association (AHA), or Military Training Network (MTN) , or American Red Cross completed within the MTN (Attachment K).

(d) Ensuring Defibrillator and AED training and testing in patient care areas.

l. **Supervisors of non-nursing departments.** The Supervisors of non-nursing departments are responsible for Defibrillator and AED training and testing if a defibrillator, or an AED, is assigned to that area.

m. **All Departments.** All Departments are responsible for obtaining replacement pads/electrodes for AEDs and/or defibrillators from logistics prior to expiration. Defibrillator batteries shall be replaced at least every two (2) years. The departments will contact Biomed Service when AED batteries expire and shall be replaced in accordance with manufacturers' recommendations. More frequent replacement may be necessary.

n. **All Staff.** All staff is responsible for:

(1) The employees are responsible for submitting all waiver documentation (30, 60, 90 days or two years, as applicable).

(2) Individuals must submit a “Memorandum for ACLS/BLS Waiver” (Attachment M) through their chain of command, no less than 30 days prior to the expiration date of their current certification. Additionally, waivers for medical conditions must be documented on the “Basic Life Support (BLS) and/or Advance Cardiac Life Support (ACLS) Medical Waiver Form” (Attachment L), or the U.S. Department of Labor form CA-17/OWCP 5, if the medical reason(s) relates to Worker’s Compensation.

(3) Staff participating in an AHA approved class in the community must have approval of the course by COS or designee and will send a copy of the front of the eCard to the ACLS/BLS Program Office for documentation in the TMS system. All LIPs or mid-level providers with a scope of practice should also send a copy to the Credentialing and Privileging Office.

4. PROCEDURES

a. Code Blue Procedures:

(1) “CODE BLUE” is the designation of the alert signal to the CPR team.

(2) All CPR procedures shall be carried out according to the current American Heart Association guidelines for Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) as applicable.

(3) CPR Process Initiation:

(a) If there is a valid DO NOT RESUSCITATE (DNR) order, and the rescuer knows this information, CPR should not be initiated (HPM 11-50).

(b) The first person finding the victim shall initiate the Code Blue by dialing 123, pushing the bedside code button where applicable or using Vocera when applicable, and will initiate BLS using the closest resuscitation device, including use of an AED, until the code team arrives. The telephone operator will activate the code paging system.

(c) The decision to continue or to withhold CPR, based on existing information regarding the patient's condition, is made by the physician upon his/her arrival.

(4) Universal precautions and appropriate PPE will be utilized for all codes (HPM 11-47):

(a) If the patient is in isolation, the code cart will be left outside, and the defibrillator will be taken into the room. During a Code Blue, a person outside the room will pass medications and other items from the code cart.

(b) At the end of the emergency, the defibrillator will be cleaned and disinfected by the users. The code cart will be locked per HPM 11-49 Medication Manual. Logistics will be called to pick up and decontaminate the locked code cart. Contaminated non-

disposable supplies and equipment will be bagged following usage, and Logistics notified.

(c) Logistics will coordinate with pharmacy to restock the code cart medications.

b. Code Blue Procedures within the Main Hospital:

(1) The Code Blue team(s) shall respond to their designated areas immediately for "CODE BLUE" calls.

(2) CPR should be initiated immediately using available resuscitation devices, including an AED. When the team arrives, the primary rescuer can be relieved by the Code Blue Team but should remain and provide information about the patient to the code team regarding the preceding and/or precipitating events and document on the code form. The primary rescuer will remain to assist the team in the acquisition of additional equipment/supplies or to participate in resuscitative efforts as needed.

(3) One of the medical residents assigned to the code blue pagers (CCU resident, MICU resident or House officer) will respond, identify themselves and assume role as the team leader. The primary or attending physician may assume direction of the resuscitation efforts. The team leader shall delegate authority and roles, including (but not limited to) a resuscitation coach.

(4) Once the Code Blue physician team leader arrives, s/he will direct resuscitative efforts according to ACLS guidelines, determine when to stop resuscitation, and determine when personnel may be released. The physician will determine if the patient needs to be transported, the method of transportation, and provide a communication hand off to the next level of care.

(5) When the need for airway management has been determined, the Code Blue physician shall ask the most skilled and immediately available person to perform airway management per HPM 11-97 "Out of Operating Room Airway Management" (OOORAM).

(6) The Code Blue nurse shall:

(a) Attach the defibrillator to the patient if not applied prior, establish appropriate vascular (IV/IO) access (SLA 11-34 Intraosseous Access) if not established prior, administer IV/IO medications as directed, and defibrillate the patient as directed.

(b) An automated chest compression device such as AutoPulse® will be applied when available and appropriate. The AutoPulse® is an automated, portable, battery-powered chest compressor, which provides chest compressions as an adjunct to performing manual CPR. Use of the AutoPulse® is intended to reduce the impact of rescuer fatigue (see attached AutoPulse® 100 User Guide).

(c) Post resuscitation the code blue nurse will upload the Zoll code data to the Wi-Fi network after completion of the code and ensure the upload was "successful" by checking the Zoll screen states: "Transfer Complete-Full Disclosure was sent."

(7) The pharmacist shall prepare IV/IO medications

(8) A recorder shall be designated and document code blue proceedings using the Cardiopulmonary Resuscitation Log (Attachment A) and will scan the log via PIV-card access photocopier and send encrypted to medical records' mail groups [VHATAMFileroom Scanners@va.gov](mailto:VHATAMFileroomScanners@va.gov); and VHATAMCPRCommitteeHuddle@va.gov and will scan the Code Blue Debriefing Tool (Attachment B) via PIV-card access photocopier and send encrypted to mail group VHATAMCPRCommitteeHuddle@va.gov

(9) The code team leader and the Patient Flow Coordinator/Nursing Supervisor/Nursing on Duty shall determine transfer location.

(10) Post resuscitation transport will include a defibrillator, a physician, a respiratory therapist, and a nurse. The Code Blue physician team leader should remain with the patient until his/her arrival to the higher level of acuity location and hand off has been completed.

(11) A "CODE NOTE: CARDIOPULMONARY CODE-PHYSICIAN" in CPRS will be completed by the physician in charge of the code or complete an Incident Report if patient is not in CPRS.

(12) A "CODE NOTE: CARDIOPULMONARY CODE-NURSING" in CPRS will be completed by the nurse assigned to the patient.

(13) The Cardiopulmonary Resuscitation Log will be scanned into the electronic medical record and attached to one of the above templated notes.

c. The Code Blue Team will:

(1) Respond immediately to all "Code Blue" calls. The Code Team composition is as follows:

- (a) CCU and MICU Residents
- (b) House Officer
- (c) ICU or ED registered nurse
- (d) Registered Pharmacist
- (e) Registered Respiratory Therapist
- (f) VA police
- (g) Chaplain

(h) Recorder

(2) Conduct a “Debriefing” after each code utilizing the Code Blue Debriefing Tool (Attachment B)

(3) The Debriefing tool is protected under the QA Confidentiality Regulations 38 U.S.C. 5705 and should NOT be placed or scanned into the patient’s medical record.

(4) For codes on the Main Hospital Grounds, or buildings not attached to the Main Hospital, but on the Main Hospital campus: (south of 131st Ave., west of Bruce B. Downs Blvd., and within the perimeter fence):

(a) The first person recognizing a patient emergency will activate emergency call system.

(b) The Operator, upon receiving the 123 call, will activate the Code Blue notification system.

(c) VA Police will respond with an AED and provide Basic Life Support (BLS), if necessary, until code team arrives.

(5) Emergency Department (ED) personnel will respond with a stretcher to any Code Blue on the main campus grounds, first floor, Main Hospital (Building 1) both floors of the Radiation Therapy Building, (Building 32, Building 38, and the Polytrauma Building). The code team will not cross 131st Avenue:

(a) Codes in buildings or parking lots north of 131st Avenue, will dial 911 directly for Emergency Medical Service (EMS) assistance. Staff should dial VA Police at (813) 972-7554 immediately after calling 911; VA Police will respond with an AED, and provide BLS until transport to an ED.

(b) Codes in leased spaces will dial 911 directly for EMS assistance. Leased spaces that are manned by VA Police will also contact the VA Police for all disturbances and codes (SOP 11C-03 Emergency Medical Services).

(6) The Community-Based Outpatient Clinics (CBOC) and other locations outside the hospital (off the Main Hospital campus) will dial 911 and provide BLS stabilization until EMS arrives.

(7) The procedures to operate the AED or defibrillator include:

(a) Model-specific test instructions will be attached to each defibrillator (Attachment I). AED’s do not require operator testing, only visual inspection daily and a monthly full self-test (Attachment J).

(b) Staff will be instructed in the procedure for testing, using (if appropriate), and stocking the defibrillator. Testing is per manufacturer recommendations.

(c) Ongoing training and documentation will be the responsibility of the Nurse Manager or department supervisor.

(d) Nurse Managers or department supervisors are responsible for submitting a monthly compliance report into the Accreditation Manager Plus (AMP ©) system for AED and /or defibrillator and/or code cart for their designated area (Attachment H).

(8) The procedures to operate the AutoPulse® is per manufacture instructions (see User Guide). An AutoPulse® daily checklist will be completed by a designee (see daily checklist attachment P).

d. **ACLS/BLS TRAINING REQUIREMENTS:**

(1) Advanced Cardiac Life Support Certification. ACLS certification is required for:

(a) Health care personnel that order, administer, monitor, or supervise moderate sedation, monitored anesthesia care, or general anesthesia.

(b) For dental suites, ACLS is required for dental providers administering or monitoring moderate sedation or general anesthesia.

(c) Independent practitioners and registered nurses who work in primary support of patients in the following high risk or critical areas:

1. Emergency Department (ED) and Intensive Care Units (medical, surgical and Coronary Care Units).

2. Emergency Department (ED) Physicians not Board-Certified in Emergency Medicine. NOTE: Emergency Departments; Current Board-Certified Emergency Medical Physicians are strongly encouraged, but not required, to have current BLS and ACLS certification.

3. Step-down and Telemetry Units.

4. Registered nurses and anesthesiologists monitoring patients who have received sedation or anesthesia in post-operative recovery areas, same day surgery suites recovery areas, operative suites. Surgeons/Proceduralists are not required to have ACLS certification unless they are responsible for moderate sedation or have primary responsibility (as opposed to shared responsibility) for Intensive Care Unit patients. A provider performing a procedure under moderate sedation must have ACLS only if that provider is also responsible for the moderate sedation, such as ordering the drugs for the patient.

(d) Procedure rooms or suites, such as Cardiac Catheterization Laboratories, Electrophysiology Laboratories, Interventional Radiology Laboratories, and Gastroenterology Endoscopy Laboratories.

(e) Any health care provider, including the Medical Officers of the Day, who would be required to serve as a “Code Leader.”

(2) Basic Life Support Certification. BLS certification is required for (Attachment N):

(a) All clinically credentialed and/or clinically privileged staff employed within VA not identified for the ACLS training, including any employee involved in patient care for inpatient, outpatient or residential VA-treatment programs or VA home care programs. It is not necessary to be certified in both ACLS and BLS. Exceptions include staff enrolled in low-dose, high-frequency training programs. Staff working in areas with potential exposure to child and infant resuscitation events, and mandatory for Emergency Departments and Urgent Care Centers (UCCs) unless currently Board Certified in Emergency Medicine, or as otherwise determined by the facility CPR committee. Clinically credentialed staff includes all individuals that have the potential to provide direct clinical care to patients. **NOTE:** *Emergency Departments; Current Board-Certified Emergency Medical Physicians are strongly encouraged, but not required, to have current BLS and ACLS certification.*

(b) Trainees supported by Office of Academic Affiliations must follow the academic center BLS and ACLS policy requirements.

(c) BLS certification is required for individuals who serve in a volunteer role, a without compensation employee, or a contractor that provide direct patient care.

(d) All members of a team that respond to codes in the hospital, facility building, or outlying areas (e.g., parking lots, garages, administrative buildings, day hospitals, etc.) must be ACLS or BLS certified.

e. Layperson Training.

(1) Laypersons with the VA medical facilities are often called upon to initiate a code response or participate in the initial intervention. Additionally, VHA is part of the larger community and has the opportunity to support community-based resuscitation awareness and help increase overall survival rates from cardiac arrests.

(2) Layperson training ranging from awareness to actual training must be available to all non-clinical staff members. Individual staff members will have the opportunity to participate and obtain course completion of the RQI Responder course in TMS.

f. DOCUMENTATION AND TRACKING OF TRAINING AND CERTIFICATION.

(1) The Department of Veterans Affairs (VA) Talent Management System (TMS), or any future VA replacement training documentation system, is used to track compliance with the Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) training requirement for all VA paid staff employees for whom VA is responsible for maintaining and reporting on training completions. The TMS includes the ability to:

(a) Report on status (active, expired) certifications of ACLS and BLS compliance.

(b) Generate reports of upcoming and current expirations of certifications within specified time frames.

(c) Forward e-mail reminders out of system for expiring certifications.

(d) Maintain Waiver certifications with appropriate upload of Advisor course documentation.

(2) Resuscitation Education Support Initiative (REdI) provides critical train-the-trainer clinical training support to the field's efforts to provide training, sustainment of a resuscitation educational program. REdI provides oversight and recommendations for nationally funded resuscitation training material and equipment. Specifically, REdI provides the following core products and services:

(a) Resuscitation Education Course Evaluation and Administrative Oversight.

(b) Resuscitation Simulation Systems Testing; and

(c) Field Based Education.

(3) Mock Code Training Program

(4) Resuscitation Instructor and Provider Courses

g. **RECORDS MANAGEMENT.**

All records regardless of format (paper, electronic, electronic systems) created in this directive must be managed per the National Archives and Records Administration (NARA) approved records schedules found in VHA RCS 10-1. Any questions regarding any aspect of records management should be directed to the VA medical facility Records Manager or Records Liaison

5. DEFINITIONS

a. **Cardiopulmonary Arrest.** Cardiopulmonary arrest is the loss of airway, breathing, or circulation necessary to maintain life that would result in death if not treated, often referred to as a "code."

b. **Cardiopulmonary Resuscitation (CPR).** CPR is the use of therapeutic interventions, including Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS), which are designed to restore spontaneous circulation following cardiac or respiratory arrest. It is appropriate to call a Code Blue for these types of events (dialing 1-2-3).

c. **Non-CPR Events.** Rapid Response Team (RRT) should be called for inpatients with a non-CPR event (see MCP 11-103). Code Assist should be called to outpatient locations on main campus for non-CPR events (see MCP 11-40).

d. **Certification.** Certification refers to the successful completion of an American Heart Association (AHA) or Military Training Network (MTN) approved BLS or ACLS course. The AHA and MTN are the only programs acceptable by VA for obtaining required certification.

***NOTE:** Certification should be thought of in a similar manner as licensure is considered for a clinical professional. Staff should not let certification expire.*

e. **HeartCode®.** HeartCode® is an AHA, self-directed, comprehensive e-Learning program that uses e-Simulation technology to allow trainees to assess and treat patients in virtual health care settings. As of January 2022; quarterly skills booster training will be implemented to support mastery of high-quality CPR skills.

f. **Resuscitation Quality Improvement Program®.** The Resuscitation Quality Improvement Program (RQI®) is the innovative resuscitation training solution from AHA that delivers quarterly training to support mastery of high-quality CPR skills. RQI® gives healthcare providers the confidence and competency to respond with life-saving patient care. The RQI® enterprise wide resuscitation training program integrates learning management system functionality with the eSimulation patient cases, learning modules and mobile simulation training stations to provide a complete training system.

g. **Trainees.** A general term to describe undergraduate, graduate, or post graduate students, interns, residents, fellows, and VA advanced fellows including pre- and post-doctoral fellows whose time at a VA medical facility is spent in clinical or research training experiences to satisfy recognized health professions training program requirements including eligibility for a clinical degree. Trainees only provide clinical care under supervision and are not considered staff for the purposes of this policy.

h. **Non-VA Employee.** Any person not directly paid by VA (e.g., Student trainees, WOC personnel, Contractors, Volunteers).

6. REFERENCES

- a. HPM 11-47 Facility Infection Control Guidelines
- b. American Heart Association (AHA) BLS and ACLS protocol (CPR and ECC) Guidelines.
http://www.heart.org/HEARTORG/CPRAndECC/Science/Guidelines/Guidelines_UCM_303151_SubHomePage.jsp
- c. HPM 11-41 Moderate Sedation by Non-Anesthesia Providers
- d. The Joint Commission Accreditation Manual
- e. MCP 11-103 Rapid Response Team (RRT)
- f. HPM 11-50 Life Sustaining Treatment Decisions

g. VA New Port Richey Outpatient Clinic Memorandum No. P11-09 Emergency Medical Services

h. HPM 11-97 Out of Operating Room Airway Management (OOORAM)

i. HPM 138-19, Medical Equipment Management Program.

j. VHA Directive 1177 Cardiopulmonary Resuscitation Dated January 4, 2021
http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=9132

k. MCP 11-40 Code Assist

l. HPM 11-49 Medication Manual

m. SLA 11-34 Intra Osseous (I/O)

n. AutoPulse® CPR 100 User Guide

o. 10N8-2020-02 STANDARDIZATION OF COLOR DESIGNATION AND COMMON PLAIN LANGUAGE FOR EMERGENCY CODES

p. SOP 11C-03 Emergency Medical Services

7. RESCISSION

a. HPM 11-14 Cardiopulmonary Resuscitation (CPR) dated April 2016

b. HPM 11-56 Defibrillator Quality Management.

c. HPM 11-107 Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) Training Requirements for Staff dated May 5, 2015

8. REVIEW

The CPR Committee Chair under Chief of Staff Office (11), Dr. John C. Nobel, will review MCP 00-38 annually for updates to ensure compliance with national and local regulations and guidelines, and accreditation standards.

9. RECERTIFICATION

Medical Center Policy 00-38 is scheduled for recertification on or before the last working day of August 2026 by the CPR Committee Chair under Chief of Staff Office, or their designee. This MCP will continue to serve as local policy until it is recertified or rescinded. In the event of contradiction with national policy, the national policy supersedes and controls.

10. SIGNATURE AUTHORITY

X

David K. Dunning, MPA

David K. Dunning, MPA
Director, James A. Haley Veterans' Hospital and Clinics

NOTE: *The signature remains valid until rescinded by an appropriate administrative action.*

DISTRIBUTION: Electronic Distribution to All Employees

Attachments:

- (A) Cardiopulmonary Resuscitation (CPR) Log
- (B) Code Blue Debriefing Tool
- (C) Pharmacy Inventory for Cardiopulmonary Resuscitation
- (D) Code Cart Supply Inventory
- (E) Code Cart Daily Checklist
- (F) AED Daily Checklist
- (G) Defibrillator Daily Checklist
- (H) Quality Control- Code Cart/Defibrillator/AED Check
- (I) MANUAL TESTING of the Zoll R Series
- (J) AED MONTHLY SELF-TEST
- (K) Requirements for Training and Certification of Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS)
- (L) Basic Life Support (BLS) and/or Advanced Cardiac Life Support (ACLS) Medical Waiver Form
- (M) Temporary/Permanent BLS/ACLS Waiver Application Memo
- (N) Basic Life Support (BLS) Certification Positions
- (O) Code Blue Respond in case of highly Infection Disease (such as PUI/COVID-19)
- (P) AutoPulse® Daily Checklist

Cardiopulmonary Resuscitation (CPR) Log

Cardiopulmonary Resuscitation (CPR) Log								
James A. Haley Veterans Affairs Hospital Tampa, FL						Patient label		
Date/Time event recognized _____			Location _____			Witnessed event? ☐ Yes ☐ No		
Condition when found? ☐ Pulseless ☐ Pulse (poor perfusion)			LST note/orders reviewed ☐ Yes ☐ N/A					
Airway/Ventilation Breathing at onset: ☐ Assisted ☐ Other _____ Ventilation: ☐ Bag-Valve-Mask ☐ Endotracheal Tube ☐ Tracheostomy ☐ Other: _____ Intubation Time: _____ Size: _____ By Whom: _____ Confirmation: ☐ Exhaled CO2 ☐ Breath sounds						Circulation Compressions: ☐ No ☐ Yes 1 st rhythm requiring compressions _____ Time compressions started _____ AED/Defibrillator applied: ☐ Yes ☐ No Time applied _____ Time IV/IO established _____		
Time	Rhythm (check every two minutes)	Joules Administered	Epinephrine dose / route	Amiodarone dose / IV or IO	Lidocaine Dose / route	Naloxone Dose / route	Other medication (specify)	Comments: i.e., other medications administered, post-ROSC vital signs, response to interventions, etc
Time Resuscitation Event Ended _____						Status: ☐ Return of Spontaneous Circulation (ROSC)		
☐ Deceased								
Disposition: ☐ ED ☐ ICU ☐ Cath Lab ☐ Other _____								
Code team members' names & signatures: Recorder _____ Pharmacist _____ Leader _____ Respiratory therapist _____ Nurse _____ Other (specify role) _____								
Approved by MRRC: January 2018								
Instructions after code blue: scan to VHATAM File room Scanners@va.gov and VHATAM CPRCommitteeHuddle@va.gov								

* This form is electronically located on the Document Management Center (DMC) Forms Library

**JAMES A. HALEY VETERANS' HOSPITAL
CODE BLUE DEBRIEFING TOOL**

DATE _____ **TIME** _____ **LOCATION** _____ **DISPOSITION** _____

- | | | | |
|--|---|---|-----|
| 1. Was there a known precipitating event? Briefly describe: | Y | N | |
| <hr/> | | | |
| 2. Was an automatic external defibrillator (AED) or Defibrillator in use when the code team arrived? | Y | N | N/A |
| 3. If compressions were necessary; | | | |
| • Was hand position and rate correct? | Y | N | N/A |
| If not, did team leader/coach correct? | Y | N | N/A |
| • Was an AutoPulse used? | Y | N | N/A |
| 4. Was advanced airway placement confirmed by bilateral breath sounds, chest rise and EtCO2? | Y | N | N/A |
| 5. Was PPE worn by all team members having patient contact? | Y | N | |
| 6. Was all equipment/supplies available and functional? | Y | N | |
| 7. Team access to patient was uninhibited and without delay. | Y | N | |
| 8. Did team use closed loop communication effectively? | Y | N | |
| 9. Was code data uploaded (Zoll)? | Y | N | |
| 10. Was this event initially called as a RRT or Code Assist and escalated to a code blue? | Y | N | N/A |
| 11. Was a Coach role assigned? | Y | N | |

What went well? _____

What could have been improved? _____

NAMES OF TEAM MEMBERS PROVIDING INFORMATION

[PATIENT ID LABEL]

RN _____

PHARM _____

RCP _____

MD _____

*This review is confidential, and the findings, conclusions and recommendations generated as a result of this review are protected under the QA Confidentiality Regulation 38 U.S.C. 5705. **Do not scan or copy into patient medical record.** Patient safety concerns should be addressed per HPM 11-54 Patient Safety Improvement/Adverse. Event Reporting. Ethical concerns should be addressed per HPM 00-22, Integrated Ethics Program*

Instructions after code blue: scan to VHATAM CPRCommitteeHuddle@va.gov

ATTACHMENT C

PHARMACY INVENTORY FOR CARDIOPULMONARY RESUSCITATION

ITEM (MEDICATION)	STOCK LEVEL
ATROPINE SULFATE 0.5MG/5ML SYRINGE	2
CALCIUM CHLORIDE 10% 1GM/10ML SYRINGE	1
DEXTROSE 5% 100ML BAG	1
DEXTROSE 5% 250ML in a PVC-free container	1
DEXTROSE 50% 50ML INJ (SYRINGE)	1
DOPAMINE 400MG/250ML D5W (PRE-MIX)	1
EPINEPHRINE 100MCG/ML INJ 10ML SYRINGE	6
-or- Epinephrine 1:1000 1mg/1ml ampule	
LIDOCAINE HCL 100MG/5ML SYRINGE	3
SODIUM BICARBONATE 44.6mEQ/50ML SYRINGE	2
ADENOSINE 3MG/ML 2ML INJ	3
AMIODARONE 150MG/3ML	2
FILTER NEEDLES	2
MAGNESIUM SULFATE 50% 2ML, INJ	4
NOREPINEPHRINE BITARTRATE 4MG/4ML INJ	2
NALOXONE	1
<u>MISCELLANEOUS</u>	
SAFETY LOCK (YELLOW)	1

CODE CART SUPPLY INVENTORY

ITEM	STOCK LEVEL
INTUBATION KIT/TOP OF CODE CART:	
<u>INITIAL RESPONDER BAG:</u>	
RESUSCITATOR BAG	1EA
MASK, OXYGEN, NON-REBREATHER	1EA
MEDIUM ORAL AIRWAY	1EA
LARGE ORAL AIRWAY	1EA
NASAL AIRWAY	1EA
<u>ESSENTIAL AIRWAY BAG (GREEN):</u>	
DISPOSABLE LARYNGOSCOPE HANDLE	1EA
MILLER BLADE#3	1EA
MILLER BLADE#4	1EA
SIZE 7 ENDOTRACHEAL TUBE	1EA
SIZE 8 ENDOTRACHEAL TUBE	1EA
SIZE 6 ENDOTRACHEAL TUBE	1EA
CLEAR PLASTIC BAGS	2EA
MACINTOSH BLADE#3	1EA
MACINTOSH BLADE#4	1EA
STYLET	1EA
LUBRICATING JELLY	4EA
10CC SYRINGE	1EA
EASY CAP2/C02	1EA
ET TUBE TAPE	1EA
<u>DIFFICULT AIRWAY BAG (RED):</u>	
3.5 LARYNGEAL MASK AIRWAY (LMA)	1EA
4.5 LARYNGEAL MASK AIRWAY (LMA)	1EA
LT-D SIZE #4 LARYNGEAL TUBE	1EA
LT-D SIZE #5 LARYNGEAL TUBE	1EA
MILLER BLADE #2	1EA
BOUGIE	1EA
OCCLUSION SET	1EA
AIR Q STYLET REMOVAL	2EA
ATTACHED TO SIDE (LEFT SIDE) OF CODE CART:	
TOURNIQUETS	4EA
OXYGEN TANK W/REGULATOR	1EA
DU-0-VAC PLUS/Gas Powered Suction Unit 5-100 Series	1EA
LISTER BANDAGE SCISSOR	1EA
MEDI-VAC YANKAUER SUCTION HANDLE W/BULBOUS TIP	1EA
SUCTION /CONNECTING TUBING	1EA

EMERGENCY CARDIOVASCULAR BOOKLET (RIGHT SIDE)	1EA
<u>DRAWER #1:</u>	
FACE SHIELD W/MASK	12EA
PORTABLE B/P CUFF	1EA
STETHSCOPE	1EA
14FR.SALEM SUMP TUBE	1EA
18FR.SALEM SUMP TUBE	1EA
ANTI-REFLUX VALVE	1EA
TOOMEY SYRINGE	1EA
2 IN" DERMICEL TAPE	1EA
LUBRICAN JELLY	4EA
16G. QUICK CATH	4EA
18G. QUICK CATH	4EA
CHILORAPREP	4EA
ANTIBIOTIC OINTMENT	4EA
INTERMITTENT CAP	4EA
CODE BLUE DEBRIEFING TOOL (ATTACHEMENT B)	1EA
CARDIOPULMONARY RESUSCITATION (CPR) LOG SHEET (ATTACHEMENT A)	2EA
OXYGEN FLOW METER	1EA
ABG KIT 3ML SYRINGE	2EA
IV START KIT STERILE	1EA
END TIDAL CO2 AIRWAY ADAPTOR	1EA
<u>DRAWER #2:</u>	
18GA. 1-1/2" NEEDLES	20EA
20GA. 1-1/2" NEEDLES	10EA
22GA. 1-1/2" NEEDLES	6EA
18GA. 3-1/2" SPINAL NEEDLES	2EA
20GA. 3-1/2" SPINAL NEEDLES	2EA
22GA. 3-1/2" SPINAL NEEDLES	2EA
60CC SYRINGE LUERLOCK TIP	4EA
20CC SYRINGE LUERLOCK TIP	6EA
10CC SYRINGE LUERLOCK TIP	12EA
5CC SYRINGE LUERLOCK TIP	10EA
3CC SYRINGE LUERLOCK TIP	3EA
ALCOHOL PREP PADS	1BX
IV-FLUSH-N/S-STRINGE	12EA
DRAWER #3 DRUG TRAY FOR PHARMACY USE ONLY:	
<u>DRAWER #4:</u>	
CONSTANT SUCTION ASSEMBLY	1EA
14FR. SUCTION CATH TRAY	2EA
SUCTION TUBE, 6 FEET	2EA
MEDI-VAC YANKAUER SUCTION HANDLE W/BULBOUS TIP	1EA
SIZE 7 1/2 GLOVES	2PR
SIZE 8 1/2 GLOVES	2PR
4X4 GAUZE SPONGES	1BX

EXAM GLOVES MEDIUM	1BX
EXAM GLOVES LARGE	1BX
<u>REMOVABLE TRAY:</u>	
1 IN" DERMICEL TAPE	1RO
I.V. TUBING SET	3EA
SOLUTION D5W 250 ML	1BG
SOLUTION 0.9NS 250 ML	1BG
SOLUTION 0.9NS 1000 ML	1BG
TOURNAQUET	1EA
3-WAY STOPCOCK W/TUBING	3EA
BETEDINE LIQUID	1BT
RED NEEDLE BUCKET	1EA
<u>BACK OF CODE CART:</u>	
BACK BOARD/CODE BOARD	1EA

(Reviewed by CPR Committee May 2020)

CODE CART DAILY CHECKLIST

UNIT _____ MONTH _____ 20 _____

Instructions:

- * Code Carts should be checked daily
- * INITIAL on dates
- * Mark dates unit/floor is closed with the words "CLOSED"
- * Lines and hash marks are not acceptable

DATE	CART LOCKED	INTUBATION KIT NOT EXPIRED	O2 FULL	SUCTION FUNCTIONAL	BACKBOARD IN PLACE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

INIT	SIGNATURE	INIT	SIGNATURE	INIT	SIGNATURE

Document "Closed" when area closed for business

AED Daily Checklist

Unit _____ Month _____ 20____

Date of First Workday of the Month	AED MONTHLY SELF-TEST Open Lid
Date:	Initial:

Document "Closed" when area closed for business

Date	Battery indicator green/status ok	Pads in date with cables connected to AED	Box alarm on	Naloxone Box Tamper proof seal intact and drug not expired (Mark N/A if area does not have a Naloxone box)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Init.	Signature	Init.	Signature	Init.	Signature	Init.	Signature

ZOLL Defibrillator Daily Checklist

Unit _____ Month _____ 20____

Date	GREEN Auto-test indicator verified (30 J check if not green)	Plugged in/ charging (LED for AC power; LED for battery state)	Visually inspect all cables	Adequate paper supply available	Pads in date and cables connected to defibrillator
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Init.	Signature	Init.	Signature	Init.	Signature	Init.	Signature

****Document "Closed" When Area Closed for Business******Updated October 2018**

Quality Control- CODE Cart/Defibrillator/AED Check

- Each Unit/Service/Area is to enter monthly (within the first 10 days) the status of the completion of code cart and/or defibrillator and/or AED checks (as applies) directly through AMP Tracer Tool via website: <https://softwaresolutions.jcrinc.com/Login.aspx> utilizing the **Tracer Observation Form: CODE CART/DEFIBRILLATOR/AED MONTHLY REPORT**
- Do not use the copy below. Contact Quality Management Service for access to AMP Tracer Tool.

Questions (* = Required)			
1	Code Cart(s) checked per HPM 11-14 (for the month) N= # of Compliant D= # of Code Carts		
	Compliant? ☐ Yes ☐ No ☐ Not Applicable	Num: _____	Den: _____ Follow-up: ☐
	Notes:		
2	Defibrillator checked per HPM 11-14 N= # of Compliant D= # of Defibrillators		
	Compliant? ☐ Yes ☐ No ☐ Not Applicable	Num: _____	Den: _____ Follow-up: ☐
	Notes:		
3	AED checked per HPM 11-14 and Monthly Test performed – Open Lid of the AED must be completed at the 1st day of business of the month N= #Compliant D= # of AEDs		
	Compliant? ☐ Yes ☐ No ☐ Not Applicable	Num: _____	Den: _____ Follow-up: ☐
	Notes:		

“These documents or records, or information contained herein which resulted from QM activities, are confidential and privileged under the provisions of 38 U.S.C. 5705 and its implementing regulations. This material shall not be disclosed to anyone without authorization as provided for by that law or its regulations. The statute provides for fines up to \$20,000 for unauthorized disclosures.”

Updated January 2018

**MANUAL TESTING of the Zoll R Series
(perform if GREEN check does not appear)**

To conduct a manual test of the Zoll R Series, follow these steps:

1. Connect the R Series to AC power.
2. Verify pads are connected.
3. Turn Selector Switch to DEFIB mode. The R Series will emit 4 beeps.
4. Use Energy Select to select 30J.
5. Press CHARGE.
6. When shock button is illuminated, press SHOCK.
7. Verify —30J TEST OK message on the screen.

If GREEN check does not appear, or an error message is received, contact Biomedical Engineering (7057) and place high priority work order.

AED MONTHLY SELF-TEST

- 1.** Open the AED lid.
- 2.** Wait for the AED to indicate status:
 - a. Observe the change of the STATUS INDICATOR to RED.
 - b. After approximately 5 seconds, verify that the STATUS INDICATOR returns to GREEN.
- 2.** Check the expiration date on the pads.
- 3.** Listen for the voice prompts.
- 4.** Close the lid and confirm that STATUS INDICATOR remains GREEN.

**REQUIREMENTS FOR TRAINING AND CERTIFICATION OF
BASIC LIFE SUPPORT (BLS) AND ADVANCED CARDIAC LIFE SUPPORT (ACLS)**

1. Only American Heart Association (AHA) and Military Training Network (MTN) are acceptable for BLS and/or ACLS certification required by this Directive. Training for both BLS and/or ACLS must include both didactic and “hands-on” components via RQI, RQI Responder or HeartCode® course(s). This may be accomplished one of three ways:

- a. Live Course (e.g., in-person didactic and “hands-on” training course) when available.
- b. Online didactic coupled with in-person “hands-on” training and skills check.
- c. Online didactic and simulation training and skills check (e.g., AHA’s HeartCode simulation), as long as there is a component of mannequin Cardiopulmonary Resuscitation (CPR) interaction (e.g., using the Department of Veterans Affairs Resuscitation Education Initiative (REdI) program training tools) available.

(1) **BLS Program**: The BLS Program must, at a minimum, include the following elements:

(a) A segment of didactic information regarding CPR, consistent with the latest AHA Guidelines for CPR and Emergency Cardiovascular Care.

(b) A hands-on skills evaluation of Rescuer BLS.

(c) A successful completion of each required module as part of the approved AHA or MTN system of learning.

(2) **ACLS Program**: The ACLS Program must, at a minimum, have the following elements:

(a) Didactic information regarding advanced resuscitation, including airway maintenance, recognition of abnormal cardiac rhythms and electrical and drug therapies for resuscitation, consistent with the latest AHA Guidelines for CPR and Emergency Cardiovascular Care.

(b) A “hands-on” skills evaluation of ACLS.

(c) A successful completion of each required module as part of the approved AHA or MTN system of learning.

Basic Life Support (BLS) and/or Advanced Cardiac Life Support (ACLS) Medical Waiver Form

This form must be completed - legibly - and signed in all areas. I understand and agree that this document will be kept in the possession of authorized personnel and that reasonable care will be used to keep this information confidential.				
Staff Member Information				
First Name	Middle Name	Last Name	Position	T&L Unit
Expiration Date of BLS Certification : _____ MM/YYYY			Expiration Date of ACLS Certification : _____ (If applicable) MM/YYYY	
Primary Phone: _____			e-mail: _____	
Alternate Phone: _____				
Supervisor Contact Info			Service and/or Unit:	
Name and Title:				
Primary Phone:			Alternate Phone:	
To be completed by physician - <i>Please elaborate on any medical conditions that restricts or prevents employee from meeting BLS/ACLS physical requirements:</i>				
A. Kneeling yes___ no___			Description of other disabling condition(s):	
B. Standing or Stooping yes___ no___				
C. Pushing or Pulling yes___ no___				
D. Lifting or Carrying yes___ no___				
E. Twisting yes___ no___				
For temporary conditions – employee can resume BLS/ACLS activity on (date) _____				
For permanent conditions – 2-year certification expires on (date) _____				
Date of examination:			Comments:	
Physician Name (please print):			Physician Signature and license number/state.	
<i>I certify that my condition poses physical limitation that inhibits my ability to perform the physical requirements of BLS and/or ACLS compliance. I would suffer an undue hardship if required. I realize medical waivers are time limited up to 60 days from expiration date of current certification(s) and I will need to reapply for the waiver, if needed, in accordance with MCP 00-38.</i>				
Staff Member Name (please print)			Staff Member Signature	
I do/do not authorize this Medical waiver for _____ days. Beginning Date: _____ Ending date: _____				
Signature: COS or ADPCNS _____			Date _____	
<i>These documents or records, or information contained herein for the BLS/ACLS Waiver process are confidential and privileged under the provisions of 38 USC 5705 and its implementing regulations. This material cannot be disclosed to anyone without authorization as provided for by that law or its regulations. Note: This statute provides for fines up to \$20,000 for unauthorized disclosures</i>				

(Electronic Form located on Forms Folder on DMC SharePoint site)

ACLS/BLS Waiver Application Memo

From: (Employee Name)
 Subj: Temporary/Permanent ACLS/BLS Waiver Application

To: (Chief of Staff) or (Associate Director Patient Care Nursing Services)

Thru: (Supervisor/Service Chief Name)

1. As a clinically active staff member that is unable or unavailable to complete the ACLS/BLS requirements for certification, I am applying for a waiver for the following reason(s):

_____ Permanent waiver effective date _____ {for 2-year period only; didactic renewal required every 2 years or waiver is voided}.

2. I understand that this temporary waiver request is for a maximum of 60 days for non-permanent disabilities or other non-permanent circumstances. Should circumstances require additional time to fulfill the requirements for BLS and/or ACLS Certification, I will have to renew this waiver request process. Additionally, I understand that the COS or ADPCNS reserves the right to request additional information before processing this application for a waiver.

_____ Medical reasons – Requires documentation by a licensed medical doctor stating the physical limitation that prevent participation in BLS and/or ACLS certification training. Attach *The BLS/ACLS Medical Documentation* form (available in MCP 00-38) or U.S. Department of Labor form: CA-17/OWCP 5 if the medical reason(s) relate to Worker's Compensation.

_____ Military leave from (date) to (date). Attach documentation as appropriate

_____ Extended leave of absence for reasons other than medical or military leave (such as FMLA) from: (date) to (date). Attach documentation as appropriate.

 Signature of Employee

 Date

As Supervisor or Service Chief, I have instituted the alternative procedures or features, which adequately protect the health and safety of the patients served by the service, unit and/or section and does not limit the service's ability to provide adequate services. I have reviewed the supplied medical documentation and concur.

 Signature of Supervisor/Service Chief

 Date

NOTE: The COS or ADPCNS may grant a waiver for the BLS and/or ACLS requirements upon satisfactory documentation by the applicant for the waiver provided the applicant has made a good faith effort to comply with the requirements for which waiver is requested and/or would suffer undue hardship if compliance were required. A waiver may be renewed, in accordance with MCP 00-38. **{Copy & paste this template to memorandum form VA 2105}.**

_____ Approved: The BLS and/or ACLS requirement is waived for the period from _____ thru _____ or Permanent waiver effective date _____ {for 2-year period only}.

Patient care: _____ Direct or _____ In-Direct {check one}. This individual **may/may not** {circle one} participate in direct patient care.

_____ Disapproved: {specific reason(s)} _____

 Colleen E. Jakey, M.D., FACS
 Chief of Staff

 Date

 Laureen G. Doloresco, MN, RN, NEA-BC
 Associate Director, Patient Care/Nursing Services

 Date

Basic Life Support (BLS) Certification Positions

NOTE: BLS certification is required for the following positions: (This list is not all inclusive)

1. All Medical and Dental Staff members
2. Audiologists and Audiology Fellows
3. Blind Rehabilitation Specialist
4. Chaplains
5. Clinical Dietitians, Dietetic Technicians, and Dietetic Interns
6. Dental Hygienists and Dental Assistants
7. Diagnostic Radiologic Technicians (all specialties)
8. Dosimetrist, Physicist, and Therapeutic Radiology Technicians
9. Domiciliary Assistants
10. Health Technicians (all specialties)
11. Kinesiotherapist
12. Marriage and Family Therapist
13. Medical Instrument Technicians (all specialties)
14. Medical Technicians (Phlebotomist)
15. Mental Health Counselors
16. Nuclear Medicine Technicians
17. Nursing:
 - Advance Practice Nurses – (Certified Registered Nurse Anesthetists (CRNA), Clinical Nurse Specialists (CNS), and Advanced Registered Nurse Practitioners (ARNP))
 - Registered Nurses
 - Licensed Practical Nurse
- Nursing Assistant
18. Occupational Therapists
19. Orthotist and Prosthetist
20. Pharmacists, Pharmacy Residents
21. Physical Therapist
22. Physician Assistants
23. Police Officers
24. Psychologists and Psychology Interns, Psychology Post-Doctoral Fellow
25. Recreational Therapists
26. Residents and Fellows
27. Respiratory Therapist
28. Social Science Program Specialist
29. Social Worker
30. Speech Pathologist
31. Vocational Rehabilitation Staff

Code Blue Respond in case of Highly Infection Disease (such as PUI/COVID-19)**1. PURPOSE AND AUTHORITY**

The purpose of this is to decrease exposure and optimize the care to our patients with an highly Infection disease such as PUI/COVID-19 in case of a code blue respond and ensure only limited and essential personal will enter the room with the appropriate PPE and the follow Infection Control guidelines as directed by the code team leader or designee.

2. PROCEDURES

a. Only essential personal will enter the room will follow Infection Control guidelines with the appropriate PPE as determent by the code blue leader or a designee.

b. Only essential equipment and medication will enter the room as suggested by the code blue team leader.

c. An assigned nurse or pharmacist will serve as a “gate keeper” at the entrance to the room to limit access to the room and ensure only suggested equipment and medication and entered the room. The gate keeper will and communicate and coordinate needed supplies between in and outside of the room to limit access and cross contamination.

d. Disposable equipment such as respirators are to be removed and discarded after exiting the patient’s room or care area and closing the door. Hand hygiene is performed after.

e. If reusable respirators (e.g., powered air purifying respirator/PAPR) are used, they are cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use and end of use.

f. Code carts will remain outside the doors.

3. ASSIGNMENT OF RESPONSIBILITIES

a. **Code Blue Team Leader.**

- (1) Direct actions per ACLS guidelines
- (2) Promote closed loop communication throughout event

b. **Code Blue Nurse.** It is the responsibly of the code blue nurse to bring into the room:

- (1) Defibrillator /monitor
- (2) Zoll AutoPulse® when available

c. **Code Blue Respiratory Therapy (RT).** It is the responsibly of the code blue RT to bring into the room:

- (1) Glide scope
- (2) Necessary Intubation equipment
- (3) Intubation Airway bag with filter

d. Code Blue Pharmacist.

- (1) Assist in preparation of required meds and infusions
- (2) Other duties as requested by the team leader

AUTO-PULSE DAILY CHECKLIST

MONTH/YEAR: _____

UNIT: _____

Date	Fully Charged Battery (GREEN LED) installed in AutoPulse	Test-Cycle performed within 30 days	AutoPulse powered on with no User Advisory present	LifeBand™ inspected for damage/tears	AutoPulse powered OFF and placed back in service	Check performed by:
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Initial	Signature	Initial	Signature	Initial	Signature