

### **About this Unit**

This standard covers preparing for and providing basic life support. Note that this standard does not include the use of automated external defibrillators. Users of this standard will need to ensure that practice reflects up-to-date information and policies.

Your **knowledge and understanding** will be specifically related to legal requirements and codes of practice and conduct applicable to your job, and the NHS Knowledge and Skills Framework. This will relate to your work activities; the job you are doing, and the setting, eg in hospital and community, domiciliary, residential care, and the individuals you are working with.

**Values** — the values underpinning this Unit are embedded within the 2009 NHS code of conduct for healthcare support workers. These are stated in full within the Assessment Strategy and Guidance document for the awards.

**Key Words and Concepts** — a glossary of definitions, key words and concepts used in this Unit is contained in the Assessment Strategy and Guidance document.

In occupational standards it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. **You should read the Assessment Strategy and Guidance document before you begin working with the standards and refer to it if you are unsure about anything in the Unit.**

**Specific Evidence Requirements for the Unit**

**It is essential that you adhere to the Evidence Requirements for this Unit**

<b>SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT</b>
<b>Simulation:</b>
<ul style="list-style-type: none"> <li>◆ Simulation is <b>permitted</b> for the whole of this Unit.</li> </ul>
<b>The following forms of evidence ARE mandatory:</b>
<ul style="list-style-type: none"> <li>◆ <b>Direct Observation:</b> Your assessor or expert witness must observe you in real work activities their confirmation of your practice will provide evidence for a significant amount of the Performance Criteria in this Unit. <b>For example</b> you should be observed undertaking a simulation exercise which relates to the Performance Criteria for this Unit. It is likely that this would form part of a simulated training programme. Your assessor may use a <b>checklist</b> to record your achievement of this.</li> <li>◆ <b>Professional discussion:</b> Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. <b>For example</b> the up-to-date compression to ventilation rate and how you keep this knowledge up-to-date.</li> </ul>
<b>Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:</b>
<ul style="list-style-type: none"> <li>◆ <b>Reflective Account:</b> These are written pieces of work which allow you to reflect on the course of action you took in a specific situation to identify any learning from the piece of work and to describe what you might do differently in the light of your new knowledge.</li> <li>◆ <b>Questioning/professional discussion:</b> May be used to provide evidence of knowledge, legislation, policies and procedures which cannot be fully evidenced through direct observation or reflective accounts. In addition your assessor/mentor or expert witness may also ask questions to clarify aspects of your practice.</li> <li>◆ <b>Expert Witness:</b> A designated expert witness, eg a senior member of staff, may provide a direct observation of your practice, or record a professional discussion they have held with you on a specific piece of practice.</li> <li>◆ <b>Witness Testimony:</b> Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen.</li> <li>◆ <b>Products:</b> These can be any record that you would normally use within your normal role, eg you should not put confidential records in your portfolio; they can remain where they are normally stored and be checked by your assessor and internal verifier.</li> <li>◆ <b>Prior Learning:</b> You may be able to use recorded prior learning from a course of training you have attended within the last two years. Discussion on the relevance of this should form part of your assessment plan for each Unit.</li> <li>◆ <b>Simulation:</b> There may be times when you have to demonstrate you are competent in a situation that does not arise naturally through your work role, eg dealing with violent or abusive behaviour. The Evidence Requirements in each Unit provide specific guidance regarding the use of simulation.</li> </ul>

**GENERAL GUIDANCE**

- ◆ Prior to commencing this Unit you should agree and complete an assessment plan with your assessor which details the assessment methods you will be using, and the tasks you will be undertaking to demonstrate your competence.
- ◆ Evidence must be provided for ALL of the Performance Criteria, ALL of the knowledge.
- ◆ The evidence must reflect the policies and procedures of your workplace and be linked to current legislation, values and the principles of best practice within the Health Care Sector. This will include the National Service Standards for your areas of work.
- ◆ All evidence must relate to your own work practice.

**KNOWLEDGE SPECIFICATION FOR THIS UNIT**

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice in the performance described in this Unit.

When using this specification **it is important to read the knowledge requirements in relation to expectations and requirements of your job role.**

**You need to provide evidence for ALL knowledge points listed below. There are a variety of ways this can be achieved so it is essential that you read the ‘knowledge evidence’ section of the Assessment Guidance.**

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
1 The anatomy of the respiratory system.	
2 The priorities in life support (ABC).	
3 The time frame within which assessment of individual needs should be carried out and the life support response initiated in order to maximise an individual’s chance of survival.	
4 The information which may need to be recorded following the application of basic life support.	
5 The clinical signs of airway obstruction.	
6 What to do in the event of foreign body obstruction of an individual’s airway.	
7 The differences in techniques needed for ensuring an open airway on different types of individual.	
8 The factors to be taken into account in determining the technique that will lead to the best possible outcome for the individual.	
9 Why the head tilt techniques should not be used where neck or spinal injury is suspected.	
10 The different techniques used to ventilate an individual and when each should be used.	
11 The ventilation ratio and rate for different types of individual and conditions.	
12 The importance to outcome of the positioning of the individual and the person applying basic life support, including the specific positioning needs of pregnant women in the third trimester.	
13 The observations to be carried out to identify adequate oxygenation in different types of individual.	
14 The rate and depth of compressions needed for different types of individual.	
15 The procedure to establish the correct hand/finger placement for applying external chest compression.	
16 The differences between certification and diagnosis of death in accordance with best practice, and who is authorised to carry out these activities.	
17 Personal safety as well as general health and safety, and the range of situations and responses.	
18 Why a firm base is needed for chest compressions, and what action to take when one is not available.	

**DP0F 04 (CHS36) Provide Basic Life Support**

<b>You need to show that you know, understand and can apply in practice:</b>	<b>Enter Evidence Numbers</b>
19 The different methods of chest thrusts and back slaps to use in the cases of children/young people and adults.	
20 The compression to ventilation ratio in one and two person Basic Life Support.	
21 The current European and National legislation, national guidelines, organisational policies and protocols in accordance with Clinical/Corporate Governance which affect your work practice in relation to providing basic life support.	
22 Your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and Clinical/Corporate Governance.	
23 The duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.	
24 The ethics concerning consent and confidentiality, and the tensions which may exist between an individual's rights and the organisation's responsibility to individuals.	
25 The importance of gaining assent from individuals who lack capacity to consent.	

**DP0F 04 (CHS36) Provide Basic Life Support**

Performance Criteria		DO	RA	EW	Q	P	WT	PD
		1	Accurately and promptly confirm that the individual's circulation and breathing has stopped and establish the need for basic life support.					
2	Ensure your actions comply at all times with:							
	(a) established protocols and guidelines							
	(b) evidence based best practice							
	(c) you own scope of practice							
	(d) health and safety and standard precautions for infection prevention and control							
	(e) legislation							
3	Seek additional specialist support at the earliest opportunity.							
4	Check and confirm that the individual is not breathing unaided and that resuscitation is not contraindicated.							
5	Use relevant, safe techniques for clearing and opening the individual's airway where appropriate.							
6	Position the individual and yourself appropriately to apply external chest compression and/or ventilation safely and effectively taking account of:							
	(a) the individual's condition							
	(b) the need for a sufficiently firm base to facilitate external chest compression							
	(c) the potential need to maintain compressions and ventilation for a prolonged period							
7	Use the appropriate ratio when alternating compressions with ventilation and comply with the correct rates and depths of each, ensuring compression is applied.							

*DO = Direct Observation*

*RA = Reflective Account*

*EW = Expert Witness*

*Q = Questions*

*P = Product (Work)*

*WT = Witness Testimony*

*PD = Professional Discussion*

*To be completed by the candidate*

**I SUBMIT THIS AS A COMPLETE UNIT**

Candidate's name: .....

Candidate's signature: .....

Date: .....

*To be completed by the assessor*

*It is a shared responsibility of both the candidate and assessor to claim evidence, however, it is the responsibility of the assessor to ensure the accuracy/validity of each evidence claim and make the final decision.*

**I CERTIFY THAT SUFFICIENT EVIDENCE HAS BEEN PRODUCED TO MEET ALL THE ELEMENTS, PCS AND KNOWLEDGE OF THIS UNIT.**

Assessor's name: .....

Assessor's signature: .....

Date: .....

**Assessor/Internal verifier feedback**

*To be completed by the internal verifier if applicable*

***This section only needs to be completed if the Unit is sampled by the internal verifier***

Internal verifier's name: .....

Internal verifier's signature: .....

Date: .....