

**CARDIOPULMONARY RESUSCITATION, BASIC LIFE SUPPORT, AND  
ADVANCED CARDIAC LIFE SUPPORT TRAINING FOR STAFF**

- 1. REASON FOR ISSUE:** This is a Veterans Health Administration (VHA) Directive that establishes the policy to optimize patient safety within the Department of Veterans Affairs (VA) system by training appropriate staff on Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS).
- 2. SUMMARY OF CONTENT:** In order to achieve the objective of reducing variation in BLS and ACLS training and documentation across facilities, this new Directive mandates that all staff having direct clinical contact, or who would respond to a code, receive basic life support training. It additionally specifies that staff working in designated high risk care areas receive Advanced Cardiac Life Support Training. Criteria for obtaining and documenting completion of acceptable training courses are established. Finally, applicability to and documentation of training by non-VA paid clinical staff and trainees is discussed, as is monitoring of exceptions.
- 3. RELATED ISSUES:** None.
- 4. RESPONSIBLE OFFICE:** The VHA Office of Specialty Care Services (10P4E) is responsible for the contents of this Directive. Questions may be referred to 202-461-7120.
- 5. RESCISSION:** None.
- 6. RECERTIFICATION:** This VHA Directive is scheduled for recertification on or before the last working day of July, 2019.

Carolyn M. Clancy, MD  
Interim Under Secretary for Health

**DISTRIBUTION:** E-mailed to the VHA Publications Distribution List on 7/28/2014.

**CARDIOPULMONARY RESUSCITATION, BASIC LIFE SUPPORT, AND  
ADVANCED CARDIAC LIFE SUPPORT TRAINING FOR STAFF**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive establishes the policy to optimize patient safety within the Department of Veterans Affairs (VA) system by training appropriate staff on Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS).

**AUTHORITY:** 38 U.S.C. 7301(b).

**2. POLICY:** It is VHA policy that each VA medical facility Director must ensure that appropriate staff that is trained in BLS or ACLS are available at all times, and that a written process is in place to identify who must receive training and how the training is to be provided. The training should be provided no later than September 9, 2014, except as otherwise noted in this Directive.

**3. RESPONSIBILITIES:**

a. **Medical Facility Director.** Each medical facility Director is responsible for:

(1) Implementing this Directive locally, to include having a written policy stating the consequences of expired certifications.

(2) Notifying staff on how to appropriately respond to a cardiac arrest occurring anywhere at the facility. This notification should include how and when to activate the internal code alert system, as well as when and where to activate 911 according to current VA policy.

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

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

(5) Ensuring compliance by the facility Committee for Oversight and Monitoring of Cardiopulmonary Resuscitation (CPR) Events (e.g., CPR, Code, Code Blue, etc.) according to current VA policy.

(6) Ensuring that VA Talent Management System (TMS) or any VA future replacement training documentation system is used as the tracking and reporting system for all individuals who require VA validation of certification, and that local procedures for documentation exist by October 6, 2014. See Appendix B.

(7) Ensuring that new employees who will be assigned as clinically active staff have the required BLS or ACLS certification prior to assuming clinical duties.

(8) Ensuring that clinically active staff requiring current ACLS certification maintains current BLS certification in accordance with the American Heart Association (AHA) and Military Training Network (MTN) requirements.

(a) BLS Certification. BLS certification is required for:

1. All clinically-active staff employed within VA. Clinically-active staff normally includes all individuals that provide direct clinical care to patients. At a minimum, the clinically-active staff must include privileged, licensed independent practitioners (LIP), advanced practice registered nurses, physician assistants, licensed nurses, pharmacists, unlicensed assistive personnel (UAPs), health aid and technicians, medical instrument technicians, radiology and nuclear medicine technicians, respiratory therapists, and clinical therapists (mental health, psychology, social work), dental assistants, dental hygienists, and any staff member who provides coverage for inpatient and/or residential VA-treatment programs or VA home care programs.

2. 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 BLS certified.

3. Local facility leadership has the option to require BLS certification for individuals who serve in a volunteer role, a without compensation employee, or a contractor.

(b) ACLS Certification. ACLS certification is required for:

1. Health care personnel that order, administer, monitor, or supervise moderate sedation, monitored anesthesia care, or general anesthesia, according to current VHA policy. For dental suites, ACLS is required for dental providers administering and/or monitoring moderate sedation or general anesthesia.

2. Privileged LIPs and registered nurses who work in the following high risk or critical areas:

- a. Intensive Care Units (medical and surgical);
- b. Coronary Care Units, Step-down Units;
- c. Telemetry monitoring stations (unless they are remotely located in non-clinical areas);
- d. Post-operative recovery areas, same day surgery suites that recover patients and/or operative suites where registered nurses monitor patients who have received sedation;
- e. Emergency Departments; and
- f. Procedure rooms or suites, such as Cardiac Catheterization Laboratories, Electrophysiology Laboratories, Interventional Radiology Laboratories, and Gastroenterology Endoscopy Laboratories.

3. Any provider, including the Medical Officers of the Day, that would be required to serve as a "Code Leader."

(9) Ensuring training for both BLS and ACLS includes both didactic and “hands-on” components. See Appendix A. The AHA and MTN are acceptable for BLS and ACLS certification required by this Directive (see Appendix A) and are to be recorded in the TMS or any future VA replacement training documentation system.

(10) Ensuring appropriate action is taken against any employee for failure to follow policy. 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.

(11) Ensuring that a mechanism is in place to identify expiration dates for BLS/ACLS for all clinically-active staff and that reminders are sent to personnel 60 days prior to the expiration date of the certification. The purpose of this mechanism is to minimize the number of clinically-active staff with an expired BLS/ACLS certification.

**b. Facility Chief of Staff/Associate Directors for Patient Care Services/Chief Nurses.**

(1) The facility Chief of Staff (COS)/Associate Director for Patient Care Services (AD/PCS) or Chief Nurse, has the authority to grant written waivers to the BLS and ACLS training requirement for any individual under their supervision if there is a justified rationale for not completing the requirements and is responsible for documenting and tracking all granted waivers. This waiver authority also applies to highly-specialized clinical contractors or other non-VA employees, if it is determined that it is in the best interest of Veteran care and access to care. In these cases, the safety of Veterans must be ensured by having sufficient BLS or ACLS trained personnel within the procedure or operating room. A written waiver shall not exceed 60 days.

(2) The COS, AD/PCS or Chief Nurse may grant 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. The individual must submit a written request for waiver through their chain of command within 5 business days prior to the expiration of their certification. The individual must complete the recertification within the waived time period. An additional 30 days may be granted at the discretion of the COS, AD/PCS, or Chief Nurse based due to extenuating circumstances (example: illness or injury).

(3) It is the responsibility of the COS, AD/PCS or Chief Nurse to determine whether or not to allow an individual on a waiver for BLS/ACLS training to participate in direct patient care.

**c. Health Profession Trainees.**

(1) 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.

(2) Certain trainees require on-site documentation of certification, either by TMS or a copy of the certification from the affiliate. These include:

(a) All trainees who function as “Code Team Leaders” are required to have ACLS certification.

(b) All trainees who are credentialed and privileged through VA as an LIP and who require ACLS as a requirement of their LIP roles.

d. **VHA Resuscitation Education Initiative (REdI).**

(1) The REdI Program Manager, in conjunction with program Director and medical facility Director, Simulation Learning (SimLearn), shall:

(a) Maintain REdI as a national program to standardize, document, track and monitor the provisions of Advanced Cardiac Life Support (ACLS), Basic Life Support (BLS), Advanced Trauma Life Support (ATLS) and other resuscitation focused training programs throughout VHA.

(b) Provide critical train-the-trainer clinical simulation-based training to support the field’s efforts to provide training to large numbers of medical facility clinical and non-clinical employees.

(c) Identify and recruit subject matter experts for the development and fielding of resuscitation curricula, evaluation of resuscitation training materials and equipment for procurement, and the development of assessment tools.

**4. REFERENCES:**

a. American Heart Association (AHA) Cardiopulmonary Resuscitation and Emergency Cardiac Care (CPR and ECC) Guidelines  
[http://www.heart.org/HEARTORG/CPRAndECC/Science/Guidelines/Guidelines\\_UCM\\_303151\\_SubHomePage.jsp](http://www.heart.org/HEARTORG/CPRAndECC/Science/Guidelines/Guidelines_UCM_303151_SubHomePage.jsp).

b. Field JM, Hazinski MF, Sayre MR, et al. Part 1: executive summary: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Circulation. 2010 Nov 2;122 (18 Suppl 3):S640-56.

**5. DEFINITIONS:**

a. **Certification.** Certification refers to the successful completion (passing grade) in an American Heart Association or Military Training Network approved BLS or ACLS course. The American Heart Association is the recommended resource for obtaining required certification cards, but the Military Training Network is also acceptable. Other BLS or ACLS training courses may be deemed acceptable after thorough review by the RedI Advisory Committee. *NOTE: Certification should be considered in a similar manner as licensure is considered for a clinical professional. Staff should not let certification expire.*

b. **Clinically Active Staff.** Any health care provider who is actively participating in direct patient care in any clinical setting including community/home care settings.

c. **Non-Clinically Active Staff.** Physicians, licensed nurses, physician assistants, licensed independent providers, medical technicians engaged only in non-human research or similar activities are not considered clinically active staff.

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

## APPENDIX A

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

American Heart Association (AHA) and Military Training Network (MTN) are acceptable for BLS and ACLS certification required by this Directive. Training for both BLS and ACLS must include both didactic and “hands-on” components. This may be accomplished one of three ways:

- a. Live Course (i.e., in-person didactic and “hands-on” training course).
- 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 written test with a passing score, as part of the approved AHA and MTN course.

(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 written test with a passing score, as part of the approved AHA and MTN course. Besides AHA and MTN, other methods of BLS and/or ACLS certification may be accepted if they are reviewed and approved in advanced by the REdI Advisory Committee. The approval shall be in writing from the REdI Advisory Committee.

APPENDIX B

**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 to be used to track compliance with this 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 Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS).
  - b. Generate reports of upcoming and current expirations within specified time frames.
  - c. Forward e-mail reminders out of system for expiring certifications.
  - d. Substitute other courses within the system to satisfy certification requirements (alternate courses).
  - e. Waive certification with appropriate upload of documentation.
2. Resuscitation Education Support Initiative (REdI) provides critical train-the-trainer clinical training support to the field's efforts to provide training and fund resuscitation equipment for such training.
  - a. REdI establishes an American Heart Association Training Center and provides:
    - (1) Day-to-day management of the VHA training network and
    - (2) Support for the purchase of resuscitation education training equipment and certification cards for those medical centers affiliating as a Training Site under the REdI Training Center.
  - b. Waiving affiliation with the REdI Training Center can be obtained with appropriate documentation that the medical facility ensures, at minimum:
    - (1) Record training in TMS or any future VA replacement training documentation system.
    - (2) Training programs and maintaining course records in accordance with REdI guidelines.
    - (3) Maintaining sufficient equipment to offer resuscitation education program to meet the training requirements of the center.
    - (4) Has been evaluated by REdI and received written approval from the REdI Advisory Committee.
3. Requests for REdI affiliation waivers must be addressed in writing through the REdI Advisory Committee to the National Program Director (NPD) for Cardiology. The NPD for Cardiology will be the approving official for REdI affiliation waivers.