

# Advanced Resuscitation Techniques Certificate

## SNB Central Venue Assessment Guidelines

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### Purpose and Scope

This document is intended for Chief Instructors, Assessors, Training Officers and Candidates for the SLS NSW Advanced Resuscitation Techniques Certificate (ARTC).

It is intended to provide guidance to clubs and members on preparing for, conducting and participating in SNB's Central Venue Assessments. This document should be read with care by all stakeholders in the ARTC process, especially Board of Education (BoE) members.

### Preparation & Organisation

#### Bookings

- Clubs wishing to host an ARTC Central Venue Assessment should email the Branch Education staff member specifying the date, time, location and names of Candidates for the proposed assessment.
- Capacity limits are at the discretion of the Branch Office.
- The Branch Office may schedule additional assessments to meet requirements or postpone assessments due to a low number of bookings or limited Assessor availability.
- Clubs wishing to book Candidates into ANY assessment (including one they are hosting) must provide names of Candidates at the time of booking via email to the Branch Office (See SNB Central Venue Candidate Bookings for detailed information).
- Clubs must ensure that Candidates will meet the minimum age requirement on the day of assessment.
- Bookings close 7 working days in advance of the assessment date, or when the assessment is fully booked, whichever occurs first.
- Candidates who have not booked, will not be assessed. This includes Candidates representing.
- The maximum period of time between a Candidate starting an assessment and finishing the assessment is 3 months. Candidates exceeding this gap must be re-assessed in full. This includes Candidates representing in any one task.
- The current ARTC central venue will be located at North Curl Curl on the last Wednesday of the month, or at another central venue location on application by a host club and acceptance by Branch.

#### Gear Requirements

At a minimum each Club **MUST** provide the following gear for every 6 Candidates, up to a maximum of 3 sets of gear.

1. Manikin - Adult **in working order**.
2. Manikin - Infant **in working order**.  
Note: All manikins must be clean, in working order and meet manufacturer's specifications and SLSA requirements. Manikins must allow Candidates to demonstrate correct inflation, depth and timing of compressions.
3. AED training unit - **in working order**. Candidates must be able to turn on the AED training unit and follow the prompts. Batteries and remotes should be fully operational. The unit should be programmed correctly to assess patient and shock at least once. The pads must adhere to a manikin.
4. Oxygen unit, including an oxygen cylinder with sufficient oxygen for the assessment. Unit must include a selection of tubing and oxygen masks. It is highly recommended that the unit be similar to the patrol Oxygen unit.
5. Resuscitation masks - **one per Candidate**. Candidates must have their own personal mask.

6. Oropharyngeal airways.
7. Suction device.
8. Digital thermometer.
9. Pulse oximeter.

As Candidates are required to demonstrate the use of these items, Clubs should expect that any packaging may be removed during the assessment.

Clubs that arrive at an assessment without equipment and without having made prior arrangements with another Club (including the host Club), may not be assessed.

The ARTC Central Venue kit will include an OP manikin.

## Personnel and Paperwork

Each group of Candidates MUST be accompanied to the assessment by a Training Officer.

Each candidate must attend with the **ARTC Assessment Portfolio** with:

- The Cover Sheet on page 3 filled in with the Candidate's details.
- Assessment Task 1: Written questions on pages 4-21 completed.
- Assessment Task 1: Written questions reviewed and signed off by an ARTC Assessor.

Note: If a club is not able to access an ARTC Assessor who can sign off this section prior to assessment, Assessors at the Central Venue Assessment can sign it off. Please advise when booking candidates if this is required.

**It is the Training Officer's responsibility to ensure that they have downloaded the current versions of all paperwork from the Members Portal.**

## Hosting Clubs

For assessments, the host club needs to provide access to clear areas which are not being used for other activities and which are of a sufficient size to conduct the assessment. Ideally, as well as assessment areas, a sheltered waiting area within easy access to the assessment area and facilities will be provided for candidates who are waiting for their turn at an Assessment Station. It is important that members not involved in the assessment are clear of this area and the assessment area.

The host club is expected to provide some refreshments (such as water) for Assessors and a suitable space in the Clubhouse to complete paperwork.

If the venue is considered not to be suitable for the assessment, or host club members are interfering or placing pressure on candidates or Assessors the assessment may be cancelled at the discretion of the Assessor-In-Charge.

## Assessor numbers

Efficacy of the assessment requires a high Assessor/Candidate ratio. For an assessment to be conducted in less than 3 hours, the Branch will endeavour to provide 1 Assessor for every 3 Candidates.

## Assessor Coordination

- Each central venue assessment will have a designated **Assessor-in-Charge**.
- The Assessor-in-Charge should not be regularly involved in the assessing of Candidates. It is their role to:
  - Ensure safe conduct of the assessment.
  - Oversee the assessment, including allocation of Assessors to Stations.
  - Offer a second opinion in the cases of borderline or disputed assessment results.
  - Field serious complaints about the assessment or the conduct of Assessors, Training Officers or Candidates.

- Brief and debrief Assessors at the assessment.
  - Brief Training Officers and Candidates upon arrival.
  - Conduct Peer Reviews.
- **Probationary Assessors** are welcome to attend any Central Venue assessment to improve their skills.
    - The Assessor-in-Charge will pair Probationary Assessors up with Endorsed Assessors.
    - At no point should Probationary Assessors be solely responsible for determining a Candidate's competence in any Assessment Task.

## Conduct of Assessments

### Assessment Guidelines

Assessments are to be conducted in accordance with the **current** Delivery and Assessment Guide for this Award and these central venue guidelines. The Delivery and Assessment Guide is only available to **current** Endorsed Trainers, Assessors and Facilitators via the Restricted Resources section of the Library on the Members Area.

### Nerves

Candidates are often nervous at assessments and Assessors will do their best to help Candidates deal with their nerves.

### Reasonable Adjustments

Assessors are permitted to make 'reasonable adjustments' to assessment activities based on a Candidate's specific circumstances.

These can include adjustments for:

- Disabilities
- Language, literacy or numeracy (LLN) issues

If a Candidate has any circumstances or needs that may be relevant, this must be disclosed when booking the Assessment. The Assessor-in-Charge must be informed of the circumstances prior to the start of the assessment. Trainers and Candidates should discuss and confirm the circumstances or needs with the Assessor-in-Charge before signing in for the Assessment.

### Candidates that are deemed Not Yet Competent (NYC)

In the event that a Candidate is deemed NYC, the Candidate and their Training Officer will be provided with feedback from the Assessor(s) concerned.

The Assessor **must** provide the Candidate with a completed Assessment Feedback Form 205 (TA205), which must be referenced to the specific requirements in the Training Manual and/or Learner Guide in which the Candidate was deemed NYC.

The Assessor-In-Charge must also be provided with a copy of the Form before the end of the Assessment. Electronic copies are suitable (ie. a photo taken with a smart phone) so long as they are clearly legible.

### Rules of Assessment

As SLSSNB Assessments are conducted in accordance with Registered Training Organisation (RTO) requirements:

1. Candidates that are deemed NYC in an Assessment Task **cannot** be reassessed for that Assessment Task at the same Assessment. Further training must be conducted before Candidates are represented, and evidence must be given to

demonstrate the further training, such as an attendance sheet. These candidates can be booked into a future assessment to represent in the task they were deemed NYC and any other tasks yet to be completed.

2. Candidates deemed NYC at Assessment Station A, B or C may be assessed in the other two Assessment Stations (of A, B and C) however cannot be assessed at Assessment Station D or E. Please refer to the Assessment Task Overview for Assessment Station details.

For example. A candidate who is deemed NYC at Station B may continue to be assessed at Stations A and C, but may not continue to Stations D or E.

3. Candidates deemed NYC at Assessment Station D, may not proceed to Assessment Station E for assessment.

## Grievances and Appeals

Any complaints about the assessment and/or the conduct of Assessors or Candidates or Training Officers should be fielded by the Assessor-In-Charge. In cases where the dispute cannot be resolved The Director of Education (DOE) or the Branch ARTC Advisor should be notified as soon as practical.

## Injury

In case of injury please ensure the completion of appropriate documentation. Any serious injury must be reported to the Duty Officer on call. The Assessor-In-Charge is responsible for the paperwork. All stakeholders in the assessment are bound to follow the SLSNSW Academy Volunteer Handbook, SLSA SOPs, and the SLSA Code of Conduct.

## The Assessment

### Sign in

Candidates must sign in to the assessments in person, at which time they need to provide their ARTC Assessment Portfolio to the Assessor. Candidates and Trainers must ensure that the required sections of the Assessment Portfolio have been completed as per the guidelines in the Personnel and Paperwork section above. If the paperwork is valid and the Candidate is eligible to be assessed (minimum age to be assessed, and has completed the pre-requisites), the Candidate will be asked to sign the Attendance Sheet.

### Briefing by the Assessor-In-Charge or Delegate

All Candidates must be present for the briefing by the Assessor-In-Charge. If a Candidate is late, and their lateness holds up the briefing process, then the Candidate will not be assessed. The Assessor-In-Charge will explain how the Assessment will be conducted and answer any queries.

The Assessor-In-Charge or delegate will provide a debrief for Assessors following the assessment and coordinate the signing of paperwork.

### Post Assessment

By the end of the Assessment, the Assessor-In-Charge will:

1. Ensure Candidates are advised whether they are Competent or Not Yet Competent in all required Assessment Tasks.
2. Co-ordinate the signing of the Candidates' Assessment Portfolios, which will be returned to the Training Officers.
3. Facilitate a debriefing session with the Assessors, and provide any necessary feedback to Training Officers, Chief Training Officers and the Branch Office.

## Course Paperwork and Award Processing

Chief Training Officers (or delegates) must ensure completed paperwork for Candidates that have successfully completed ALL Assessment Tasks is returned to Branch within 14 days of the Assessment. This 14 day Branch requirement enables SLS NSW to meet their RTO requirements for awards to be allocated within 30 days of completion. Please refer to the Branch website for Course Paperwork and Award Processing Guidelines:

<http://surflifesaving.net.au/pages/education/course-paperwork-award-procesing.php>

## Assessment Task Guidelines

### Overview

The assessment for ARTC contains the following Assessment Tasks:

<b>Task</b>	<b>Assessment Portfolio Ref</b>
Written questions	Assessment Task 1
Station A - Oxygen unit and Defibrillator	Assessment Task 3
Station B - Suction, OP Airways, Pulse Oximeter & Digital Thermometer	Assessment Task 2/3
Station C - CPR - Infant Scenario and Adult Scenario	Assessment Task 2
Station D - Team CPR Scenario - Manikin with Oxygen, AED, BVM, OP, Suction	Assessment Task 3/4
Station E - Team CPR Scenario - Live Patient	Assessment Task 4

- There is no set order for Stations A, B and C.
- Candidates must successfully complete Stations A, B and C before proceeding to Station D then Station E.
- Candidates can complete the incident report log and the resuscitation report at Stations D or E. One report is required for each team. Candidates to sign the report individually.
- Candidates will be given with an ARTC Candidate Progress Record to be signed off by the Assessor at each Station.

The following sections provide additional guidance for each assessment Station.

### Written Questions

Prior to assessment Candidates must complete answers to the written questions on pages 4-21 of the ARTC Assessment Portfolio. Submit it to an ARTC Assessor prior to assessment for review and sign-off. Please refer to the Personnel and Paperwork section for details.

### Station A - Oxygen Unit and Defibrillator (10 min)

This component can be assessed with 2 Candidates participating at the same time. Candidates will be asked to:

- Describe the safety precautions of the oxygen unit and the AED.
- Perform pre-patrol and post-use checks of oxygen equipment.
- Perform pre-patrol and post-use checks of the defibrillator.
- Demonstrate the use of both units.
- Demonstrate knowledge of where the AED is stored at their own Club.

### Station B - Suction, OP Airways, Pulse Oximeter and Digital Thermometer (5 min)

This component can be assessed with 2 Candidates participating at the same time. Candidates will be asked to:

- Describe the safety precautions of the OP airway and Suction unit.
- Correctly measure and insert OP airway on adult manikin.
- Correctly assemble, measure and insert suction catheter on an adult manikin.

Candidates may also be questioned on the use of the Pulse Oximeter and Digital Thermometer at Station B.

### **Station C - CPR - Infant Scenario and Adult Scenario (8 min)**

Candidates can work in teams of 2. One candidate can use the adult manikin while the other uses the infant manikin.

- Single person primary assessment (DRSABC) on adult manikin
- Candidates to demonstrate 2 min each of uninterrupted single person CPR on an adult manikin
- Single person primary assessment (DRSABC) on infant manikin
- Candidates to demonstrate 2 min each of uninterrupted single person CPR on an infant manikin placed on a firm surface

### **Station D – Team CPR Scenario – Manikin (8 min)**

Team resuscitation with manikin involving the use of the AED and oxygen BVM, OP airway and suction.

At this point of the assessment, Candidates have demonstrated their individual skills and knowledge at Stations A, B and C. Teams scenarios (Stations D and E) enable Candidates to demonstrate their skills and knowledge in a team environment. Determining their competency is based on demonstrating effective teamwork to manage the patient's care within the scenario. Candidates can work in teams of 4-6.

The scenario commences with 2 Candidates in the process of providing CPR to the patient. The remaining members of the team will arrive on the scene with all their equipment, joining the initial 2 team-members to manage the patient's care.

- Candidates must demonstrate AED application, use of oxygen with the Bag-Valve-Mask, suction and OP airways in conjunction with their CPR efforts.
- Candidates are expected to rotate roles as and when required with an emphasis on 'no unnecessary interruption to patient care' and ensuring the team member providing compressions is rotated within standard 2 minute/5 cycle practices.
- There is no requirement for Candidates to rotate in a specific direction or manner or at a specific time and Candidates must not be deemed NYC as long as the teamwork and patient care is effective. Note, it is generally recommended that during team resuscitation, team members take the opportunity to rotate when the AED assesses the patient's heart rhythm, keeping in mind, the AED operator should not move away from the AED at this time.
- Assessors may call airway obstruction during the scenario to indicate the patient may require an OP airway or use similar prompts to indicate that suction may be required.
- The Assessment will continue through to patient recovery and the team are expected to demonstrate knowledge of post CPR care, including performing a secondary assessment, assessing and recording the patient's vital signs (respiration, pulse, temperature and skin colour) and recording incident details in the incident report log (note only one log is required at either Station D or Station E)

### **Station E – Team CPR Scenario - Live Patient (8 min)**

Candidates must have been found Competent at Station D prior to commencing Station E. Team resuscitation on a live patient involving the use of the AED and oxygen BVM, OP airway and suction.

Like at Station D, this task allows Candidates to demonstrate their skills and knowledge in a team environment, this time working on a Live Patient in an unpredictable scenario.

A volunteer patient will be positioned according to the scenario and provided with instructions in an area away from the Candidates. The scenario commences when the team enter the scenario room/area.

- Candidates must demonstrate the primary assessment of the patient (DRSABCD).
- Candidates must demonstrate AED application, use of oxygen with the Bag-Valve-Mask, suction and OP airways in conjunction with their CPR efforts. Adjustments must be made to ensure safety of the live patient including holding hands just above compression point on the patient's chest, placing the OP Airway next to the patient's head and hovering the mask above the patient's face.

- Candidates are expected to rotate roles as and when required with an emphasis on 'no unnecessary interruption to patient care' and ensuring the team member providing compressions is rotated within standard 2 minute/5 cycle practices.
- There is no requirement for Candidates to rotate in a specific direction or manner or at a specific time and Candidates must not be deemed NYC as long as the teamwork and patient care is effective.
- Assessors may call airway obstruction during the scenario to indicate the patient may require an OP airway or use similar prompts to indicate that suction may be required.
- The Assessment will continue through to patient recovery and the team are expected to demonstrate knowledge of post CPR care, including performing a secondary assessment, assessing and recording the patient's vital signs (respiration, pulse, temperature and skin colour) and recording incident details in the incident report log (note only one incident log is required at either Station D or Station E).
- Candidates will be provided with the opportunity to debrief in their team and provide their feedback to Assessors regarding team performance during the scenario. This allows Assessors to understand whether the team recognise any potential areas for improvement in their performance.

Each Candidate must be given ample opportunity to demonstrate their competence in all of the required skills and knowledge. Assessors may determine that an individual candidate was not involved in the activity enough to demonstrate competence. Assessors may extend the scenario to ensure all candidates demonstrate evidence of competency. This may involve rotating candidates to various roles/positions. Candidates will be required to participate in the scenarios until either competence has been demonstrated or Assessors have seen enough activity to deem the candidates NYC. As Candidates are assessed on their performance as a patrol team, in most situations the entire group will be deemed Competent or Not Yet Competent. It is the responsibility of the candidates being assessed to be involved in the scenario.

### Suggested scenario options/examples for training purposes

Scenario	Option 1	Option 2	Option 3
<b>Situation</b>	A fellow SLS club member has collapsed inside the IRB shed.	A fellow SLS club member has collapsed on the beach following a run	A swimmer caught in a rip has been rescued and returned to shore.
<b>Patient</b>	A young IRB crew person who is unconscious and not breathing.	An adult surf lifesaver with a heart condition becomes unconscious and stops breathing.	An adult who is unconscious and not breathing.
<b>Problem/s— development</b>	The IRB shed is not a safe place to use oxygen equipment. A strong smell of chemicals.	Patient does not have their medication. Ambulance will take approximately 45 minutes to arrive.	- Water in the lungs. - Ambulance will take approximately 45 minutes to arrive.