**Department of Veterans Affairs**
**Veterans Health Administration**
**Washington, DC 20420**

**VHA DIRECTIVE 1177**
**Transmittal Sheet**
**January 4, 2021**

# CARDIOPULMONARY RESUSCITATION

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive maintains policy to optimize patient safety within the Department of Veterans Affairs (VA) health care system. This ensures that VHA has emergency response capability to manage cardiac arrests on VHA property. This includes access to appropriate resuscitation equipment and appropriately trained responders.

**2. SUMMARY OF MAJOR CHANGES:** Major changes include:

a. Removal of references to vendor-specific certification standards within VA or the Department of Defense (DoD).

b. Clarification of which personnel require Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) training (see paragraph 6).

c. Expansion of definitions and clarification of duties and responsibilities of clinical personnel.

**3. RELATED ISSUES:** None.

**4. RESPONSIBLE OFFICE:** The Office of Specialty Care Services (11SPEC) is responsible for the contents of this VHA directive. Questions may be referred to the National Program Director for Pulmonary and Critical Care at 214-857-0405.

**5. RESCISSIONS:** VHA Directive 1177 Cardiopulmonary Resuscitation, Basic Life Support, and Advanced Cardiac Life Support Training for Staff, dated August 28, 2018 is rescinded.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of January 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH:**

/s/ Kameron Matthews, MD, JD
Assistant Under Secretary for Health
for Clinical Services

***NOTE:*** *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

**DISTRIBUTION:** Emailed to the VHA Publication Distribution List on January 4, 2021.

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## CARDIOPULMONARY RESUSCITATION

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## 1. PURPOSE

This Veterans Health Administration (VHA) directive maintains policy to optimize patient safety for those requiring resuscitation within the Department of Veterans Affairs (VA) health care system. This is accomplished by ensuring that clinical staff that are trained in Basic Life Support (BLS) or Advanced Cardiac Life Support (ACLS) are available at all times for resuscitation. The outcomes of these attempts are measured accurately and reported appropriately. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b).

## 2. 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.** Cardiopulmonary Resuscitation (CPR) is the use of therapeutic interventions, including BLS and ACLS, which are designed to restore spontaneous circulation following cardiac or respiratory arrest.

c. **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 directive.

## 3. POLICY

It is VHA policy that any VA health care 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.

## 4. RESPONSIBILITIES

a. **Under Secretary for Health**. The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Clinical Services.** The Assistant Under Secretary for Health for Clinical Services is responsible for oversight for the fulfillment of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Providing assistance to VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards and applicable regulations.

d. **Assistant Under Secretary for Health for Discovery, Education and Affiliate Networks.** The Assistant Under Secretary for Health for Discovery, Education and Affiliate Networks is responsible for ensuring recertification of the VHA National Training Program, Resuscitation Education Support Initiative (REdI) over which they have primary responsibility.

e. **Director, VHA Office of Specialty Care Services.** The Director of the VHA Office of Specialty Care Services is responsible for providing the national guidance for clinical programs and VHA policy related to the monitoring and improvement of processes related to cardiopulmonary resuscitation.

f. **VHA National Program Director, Resuscitation Education Initiative.** The VHA National Program Director of REdI is responsible for:

(1) Maintaining REdI as the official VHA national program to provide enterprise wide oversight and support through the standardization of all resuscitation training products, equipment, tracking, and monitoring.

(2) Identifying and recruiting subject matter experts (SMEs) for the development and fielding of national resuscitation curricula.

(3) Working with VA medical facilities, identified as at-risk through self-identity or through reporting to IPEC or applicable accreditation/regulatory organization to identify gaps and solutions related to resuscitation to equip them with the tools and resources needed to improve patient outcomes as a result of on-going training.

(4) Serving as the SME for review and evaluation of standardized resuscitation training materials and equipment for future procurement, and the development of assessment tools beyond the minimum requirements for BLS and ACLS.

g. **Veterans Integrated Service Network Director.** The VISN Director in collaboration with the Chief Medical Officer is responsible for ensuring that every VA medical facility, (including medical centers, Community Based Outpatient Clinics (CBOCs), domiciliary, and administrative units) have a plan and the resources in place to rapidly initiate the appropriate emergency response, regardless of location or time of day, that is inclusive of patients, visitors, and employees who may suffer a cardiac arrest while in and around the VA medical facility.

h. **Veterans Integrated Service Network Chief Medical Officer.** The VISN Chief Medical Officer is responsible for:

(1) Ensuring that every VA medical facility, (including medical centers, CBOCs, domiciliary, and administrative units) have a plan and the resources in place to rapidly initiate the appropriate emergency response, regardless of location or time of day, that is inclusive of patients, visitors, and employees who may suffer a cardiac arrest while in and around the VA medical facility in collaboration with the VISN Director; and

(2) Reviewing any concerns or quality issues as reported by the VISN Quality Management Officer and following up with the facility on issues that arise from applicable accreditation/regulatory organization or other entities.

i. **Veterans Integrated Service Network Quality Management Officer.** The VISN Quality Management Officer is responsible for:

(1) Providing follow-up support to each VA medical facility, Cardiovascular Resuscitative Committee (CRC), or equivalent committee related to cardiopulmonary events in meeting standards from applicable accreditation/regulatory organization or other entities conducting survey of compliance.

(2) Reporting any concerns or quality issues through appropriate channels to the VISN Director and VISN Chief Medical Officer.

(3) Reporting any concerns or quality issues through appropriate channels to the VHA National Program Director of REdI.

j. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Implementing this national directive locally.

(2) Ensuring easy access to public Automated Electronic 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) Ensuring development of 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 through the REdI coordinator or equivalent.

(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 credentialed staff have the required BLS or ACLS certification prior to assuming clinical duties.

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

(8) Ensuring that the training for the BLS and ACLS includes components approved by REdI.

(9) Ensuring that only certification approved by REdI or the DoD for BLS and ACLS are accepted for staff renewing their certification. Those sites that share personnel with the DoD can accept DoD approved certification. In-house certification is required for existing full-time permanent staff renewing their certification, however certification obtained through an affiliate is allowed if deemed of sufficient quality and approved by the VA medical facility Director or Chief of Staff. All external certifications must be validated to ensure validity of training prior to documenting compliance in TMS or for renewal of any clinical credentialed provider privileges. This can be done by contacting the affiliate or other institution or by entering the external certification unique eCard identifier on the vendor website.

(10) Transitioning the VA medical facility training profile from the reliance of instructor led classes to use of electronic courseware followed by a skills assessment using a Voice Assisted Manikin (VAM) program.

(11) Ensuring appropriate action is taken against any employee who fails to comply with this directive. Any disciplinary action must 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 may require written agreements covering emergency responses on VA medical facilities, as well as transportation within, into, and out of VA medical facilities.

(13) Ensuring a protocol is in place to ensure that CPR is not attempted with patients who sustain a cardiopulmonary arrest and have a DNAR/DNR (do-not-attempt-resuscitation / do-not-resuscitate) documented in the electronic health record (EHR) or valid state-authorized portable order (SAPO) for DNAR/DNR (see VHA Handbook 1004.03, Life Sustaining Treatment Decisions: Eliciting, Documenting and Honoring Patients' Values, Goals and Preferences, dated January 11, 2017, and VHA Handbook 1004.04, State - Authorized Portable Orders (SAPO), dated October 25, 2012.

(14) Approving permanent waivers for permanent disabilities.

k. **VA Medical Facility Chief of Staff and Chief Nurse.** The Chief of Staff and the Chief Nurse are responsible for completing the following responsibilities for VA medical

facility staff under their purview. The VA medical facility COS and Chief Nurse are responsible for:

(1) Determining who, under their purview, receives what level of training and where.

(2) Providing training for all clinical staff during their assigned working hours. All clinically active or credentialed 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) Reviewing extension requests of waivers past 60 days. Written waivers of up to 60 days for individuals whose certifications have expired can be granted by their immediate supervisor to accomplish recertification if it is in the best interest of Veteran care and access to care. Any extension of the waiver past 60 days must be granted through the COS or Chief Nurse.

(5) Reviewing written waivers for temporary disability for an extension of up to one year. However, these staff members are required to complete the didactic component of the respective courses as it relates to clinical credentials.

(6) Concurring on permanent waivers for permanent disabilities. ***NOTE:*** *Granting a permanent waiver for permanent disability must be approved by the VA medical facility Director with concurrence by the Chief of Staff and or Chief Nurse. These staff members are required to complete the didactic component of the respective courses as it relates to clinical credentials. Anyone assigned a permanent waiver for BLS will complete The Advisor: BLS program which focuses on their abilities to communicate and advise another person on how to perform the skills of CPR while waiting for emergency responders to arrive*.

l. **VA Medical Facility Based Resuscitation Education Support Initiative Program Coordinator.** The VA medical facility based REdI Program Coordinator is the liaison between the VA medical facility and the VHA National REdI training program and is responsible for:

(1) Ensuring compliance with REdI national program 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.

m. **VA Medical Facility Cardiopulmonary Resuscitative Committee (CRC) or Facility CRC Director.** The Director of the CRC is responsible for ensuring the review of each resuscitative episode of care under the VA medical facility's responsibility is in accordance with applicable accreditation/regulatory organization standards.

n. **VA Medical Facility Quality Manager.** The VA medical facility Quality Manager, or designee, serves as a member of the CRC. At the direction of the CRC Chair is responsible, with the committee, 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 VA medical facility. Following up on any quality improvement measures identified through the analysis of:

(a) Real code events.

(b) Rapid response calls.

(c) Near misses, and mock codes, or other analyses. Assisting the CRC Committee in the collection, aggregation and analysis of data from code blue, rapid response, and other critical events. See paragraph 5.

(2) Storing information for presentation to applicable accreditation/regulatory organization, the VA medical facility Chief of Staff, and the VISN Quality Management Officer.

o. **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. Only VA sponsored trainees are eligible to receive VA sponsored resuscitation training. These records are maintained by the sponsoring educational institution.

## 5. PERFORMANCE MEASUREMENT

The VA medical facility Quality Manager must aggregate and analyze the data and compare internally over time and externally with published studies, when available (benchmarking), and use the data 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 and is strongly recommended for sites struggling with outcomes. ***NOTE:*** *This is an internal VA website that is not available to the public.*

## 6. TRAINING REQUIREMENTS

a. **Advanced Cardiac Life Support Certification.** ACLS certification is required for:

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

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

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

(a) Intensive Care Units (medical, surgical, and Coronary Care Units)

(b) Step-down and Telemetry Units.

(c) Registered nurses and anesthesiologists monitoring patients who have received sedation or anesthesia in post-operative recovery areas, same day surgery suites recovery areas or 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.”

b. **Basic Life Support Certification.** BLS certification is required for:

(1) 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. ***NOTE:*** *Emergency Departments; Current Board-Certified Emergency Medical Physicians are strongly encouraged, but not required, to have current BLS and ACLS certification.* Clinically-credentialed staff includes all individuals that have the potential to provide direct clinical care to patients.

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

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

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

c. **Layperson Training.**

(1) Laypersons with the VA medical facilities are often called upon to initiate a code response or participate in the initial intervention (such as VA Police). Additionally, VHA is part of the larger community and can 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 documentation according to the level of training completed.

## 7. 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.

## 8. REFERENCES

a. 38 U.S.C. § 7301(b).

b. VA Handbook 5021, Employee-Management Relations, dated December 28, 2017.

c. The Inpatient Evaluation Center (IPEC): http://ipec.vssc.med.va.gov/Pages/default.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

d. Neumar RW, Shuster M, Callaway CW, Gent LM, Atkins DL, Bhanji F, Brooks SC, de Caen AR, Donnino MW, Ferrer JM, Kleinman ME, Kronick SL, Lavonas EJ, Link MS, Mancini ME, Morrison LJ, O'Connor RE, Samson RA, Schexnayder SM, Singletary EM, Sinz EH, Travers AH, Wyckoff MH, Hazinski MF. 2015 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Circulation. 2015 Nov 3;132(18 Suppl 2): S315-67, parts 1 to14. https://www.ncbi.nlm.nih.gov/pubmed/26472989.

e. Strategies to Improve Cardiac Arrest Survival: A Time to Act. Consensus Report. Robert Graham, Margaret A. McCoy, and Andrea M. Schultz, Editors https://www.nap.edu/read/21723/chapter/1. ***NOTE:*** *This is an internal VA website that is not available to the public.*

f. Robert W. Neumar, Brian Eigel, Clifton W. Callaway, N.A. Mark Estes, James G. Jollis, Monica E. Kleinman, Laurie Morrison, Mary Ann Peberdy, Alejandro Rabinstein, Thomas D. Rea, Sue Sendelbach, American Heart Association. The American Heart Association Response to the 2015 Institute of Medicine Report on Strategies to Improve Cardiac Arrest Survival Circulation, 2015 Sep 15;132(11):1049-1070 10.1161/CIR.0- 0233. https://www.ncbi.nlm.nih.gov/books/NBK321497/.

## DOCUMENTATION AND TRACKING OF TRAINING AND CERTIFICATION AND RESUSCITATION EDUCATION INITIATIVE TRAINING

**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 ACLS and BLS.

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

c. Forward Email reminders out of system for expiring certifications.

d. Waiver certification with appropriate upload of documentation.

**2.** Resuscitation Education Initiative (REdI) provides critical train-the-trainer clinical training support to the field's efforts to provide training and 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.

(1) Mock Code Training Program

(2) Resuscitation Instructor and Provider Courses