

## High-Functioning Cardiac Arrest EMS Agency Requirement Checklist

### Primary Sudden Cardiac Arrest Statewide ALS Protocol

#### **System Requirements:**

- EMS agency medical director must approve participation and oversee education and QI of primary cardiac arrest care.

EMS Agency Medical Director Signature \_\_\_\_\_

- At least 80% of the EMS agency's personnel must have initial pit crew model CPR continuing education. Training should include teamwork simulations integrating QRS, BLS, and ALS crew members who regularly work together. Attach roster of EMS Agency Providers identifying those who have completed BOTH of the following PA EMS CE courses:

High-functioning CPR Agency: Science of CPR (1.5 hrs.)

High-functioning CPR Agency: Pit Crew Resuscitation Simulations (1.5 hrs.)

- EMS agency must have a plan for regular ("shift change") pit crew CPR practice with simulation (low fidelity acceptable) available to crews at least monthly. Training should include teamwork simulations integrating QRS, BLS, and ALS crew members who regularly work together.
- The EMS agency, overseen by the agency medical director, must perform a QI review of care and outcome for every patient that receives CPR.
  - QI must be coordinated with local receiving hospitals to identify and document percentage of patients that are discharged from hospital with good neurologic function. Participation in CARES (Cardiac Arrest Registry to Enhance Survival) may be used to document these outcomes.
  - The QI must be coordinated with local PSAP/dispatch centers to review opportunities to assure optimal recognition of possible cardiac arrest cases and provision of dispatch-assisted CPR (including hands-only CPR when appropriate). The QI process must identify and document the percentage of cardiac arrest cases that are categorized as possible cardiac arrest at time of dispatch and the percentage of patients that receive bystander CPR. This information must be shared with the PSAP. Ideally, the QI process also documents the percentage of patients that receive dispatcher-assisted CPR, and works with the PSAP to improve the percentage of dispatch-assisted CPR in the community.

High-functioning CPR EMS agency programs must be approved by the agency's local EMS regional council, and each agency must participate in the regional QI committee including submission of quarterly cardiac arrest QI summaries with information required by the Bureau of EMS.

EMS Agency Manager approval: \_\_\_\_\_ Date: \_\_\_\_\_

EMS Agency Medical Director approval: \_\_\_\_\_ Date: \_\_\_\_\_

Regional EMS Council approval: \_\_\_\_\_ Date: \_\_\_\_\_

## **High-Functioning CPR Pit Crew Team On-the-Fly (“Shift Change”) Refresher Checklist**

Run drills on a regular basis (e.g. once weekly per shift)

### **Strongly Encouraged (Low Fidelity Equipment):**

- CPR Torso/Head Manikin
- Oropharyngeal/Nasopharyngeal airways
- Bag-valve-mask
- Portable oxygen tank
- AED Trainer (should match the agency’s AED)
- Stop watch
- Evaluation forms

### **Additional Equipment to Consider (When agency owns or has access to higher-fidelity equipment):**

- ALS Manikin (with advanced airway and cardiac rhythm generator) or High-Fidelity Simulation Manikin
- Wave-form capnograph
- King LT/Combitube
- Impedance threshold device
- ALS manual monitor/defibrillator
- Heart rhythm generator
- IO simulation leg
- IV needles and tubing/IO needles and insertion device
- Expired medications