ರಾಜೀವ್‌ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
Rajiv Gandhi University of Health Sciences, Karnataka
4th "T" Block, Jayanagar, Bangalore – 560041
Ph.No. 080-29601937

ACA/DCD/MISS/22/JRT/ECLS/2022-23 **Date: 21/11/2022**

CIRCULAR

Sub: Mandating RGUHS-JeevaRaksha Trust's 1-day Basic Care and Life Support (BCLS) training for all Dental, AYUSH, Physiotherapy, Pharmacy, Allied Health Sciences final year graduate students and postgraduate students affiliated with RGUHS.

Ref: (1) Proceedings of 143rd Syndicate meeting held on 17/07/2019.
(2) Minutes of the RGUHS-JeevaRaksha Trust Meeting held on 04/08/2022, Chaired by Hon'ble Vice-Chancellor.

-**-

Preamble: JeevaRaksha Project was initiated in 2014 by Rajiv Gandhi University of Health Sciences (RGUHS) in collaboration with Swami Vivekananda Youth Movement, Mysuru, India with University of Utah, USA as technical partner. RGHUS-JeevaRaksha Trust was created as a special purpose vehicle to roll out certified skill courses in Emergency Care with a vision to save lives by providing the highest quality of emergency care in the "Golden hour" of emergency.

The BCLS course trains candidates to provide effective emergency skills (Cardiac compression, relieving choking, controlling life threatening haemorrhage) and leadership skills. The course also addresses common emergencies like stroke, snake bites, seizures, heart attack, etc. Basic management of COVID in communities has been included since April 2020. This course will transform our students to become life savers at their workplaces as well as in the community.

The maximum fee collectable per student has been capped at Rs. 5000. 30% of the course fee of Rs 1500 (Rs 500 as RGUHS certification fee and Rs. 1000 as JeevaRaksha training support and quality control expenses) should be deposited in the RGUHS JeevaRaksha account as certification and training support expenses. The institutions can utilise the 70% (Rs 3500) for local expenses and maintenance of skills lab, instructor honourarium, etc.

Institutions with adequate Simulation Facilities should apply for accreditation to RGUHS – JeevaRaksha Trust. Once accredited, Simulation Labs can collect up to a maximum of Rs.7,500 (Rupees Seven thousand five hundred only) per Candidate if simulation equipment is used for the programme, subject to the sharing of revenue as stated above.

The RGUHS- JeevaRaksha BCLS certification is valid for a period of five years from the date of completion. The certification is renewable by completing a refresher course after 5 years.

The college faculty conducting the program in other institutions as instructors/observers shall be on RGUHS official duty. Their expenses will be covered by the host institution.

The establishment of training facilities according to the RGUHS-JeevaRaksha 2020 guidelines (attached with this circular) for mandatory courses shall be incorporated in to the LIC Inspection criteria.

In exercise of the powers vested under Section 35(2) of RGUHS Act, 1994, in pursuance of the decision of Syndicate it is notified as below.

"Basic Care and Life Support (BCLS) I-day course is made mandatory for the Dental, AYUSH, Physiotherapy, Pharmacy, Allied Health Sciences final year graduate students and postgraduate students affiliated with RGUHS and a prerequisite for completion of graduation and post-graduation in RGUHS affiliated institutions. The degree certificates will only be issued on submitting RGUHS-JeevaRaksha BCLS completion certificate to the University"

By Order

REGISTRAR Copy to:

1. The Principal Secretary to Governor, Raj bhavan, Bengaluru — 560001
2. Secretary Medical Education, M S Building, B R Ambedkar Veedhi, Bengaluru — 01
3. The Principal Secretary, Health and Family Welfare Department, Arogya Soudha, Bengaluru.
4. The Heads of all affiliated colleges of RGUHS, Bengaluru.
5. PA to Vice Chancellor/ PA to Registrar/ Registrar evaluation (Eva.)/ Finance Officer, Rajiv Gandhi University of Health sciences, Bangalore (Eva.)/ Finance Officer, Rajiv Gandhi University Health sciences, Bengaluru
6. All officials of University Examination Branch/ Academic Section.
7. CEO, RGUHS-JeevaRaksha Trust
8. Guard File/ Office copy

ರಾಜೀವ್‌ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
Rajiv Gandhi University of Health Sciences, Karnataka
4th "T" Block, Jayanagar, Bangalore – 560041
Ph.No. 080-29601937

ACA/DCD/MISS/22/JRT/ECLS/2022-23 **Date: 21/11/2022**

CIRCULAR

Sub: Mandating RGUHS-JeevaRaksha Trust's 4-day comprehensive course in Emergency Care and Life Support (c-ECLS) training for medical interns' final year MBBS Students.

Ref: (1) Proceedings of 143rd Syndicate meeting held on 17/07/2019.
(2) Minutes of the RGUHS-JeevaRaksha Trust Meeting held on 04/08/2022, Chaired by Hon'ble Vice-Chancellor.

-**-

Preamble: JeevaRaksha Project was initiated in 2014 by Rajiv Gandhi University of Health Sciences (RGUHS) in collaboration with Swami Vivekananda Youth Movement, Mysuru, India with University of Utah, USA as technical partner. RGHUS-JeevaRaksha Trust was created as a special purpose vehicle to roll out certified skill courses in Emergency Care with a vision to save lives by providing the highest quality of emergency care in the "Golden hour" of emergency.

The c-ECLS course deals with the challenges faced by doctors while caring for emergency patients in the Indian setting. The course addresses common emergencies like cardiac, respiratory, obstetric, paediatric, neonatal, trauma, burns, poisoning, bites and stings.

The maximum fee collectable per student has been capped at Rs. 10,000. 30% of the course fee i.e. Rs.3,000 (Rs 1000 as RGUHS certification fee and Rs. 2,000 as JeevaRaksha training support and quality control expenses) should be deposited in the RGUHS-JeevaRaksha account as certification and training support expenses. The institutions can utilise the 70% (Rs. 7,000) for local expenses and maintenance of skills lab, instructor honorarium, etc.

Institutions with adequate Simulation Facilities should apply for accreditation to RGUHS – JeevaRaksha Trust. Once accredited, accredited Simulation Labs can collect up to a maximum of Rs.15,000 (Rupees fifteen thousand only) per Candidate if simulation equipment is used for the programme, subject to the sharing of revenue as stated above.

The RGUHS- JeevaRaksha c-ECLS certification is valid for a period of five years from the date of successful completion. The certification is renewable by completing a refresher course after 5 years.

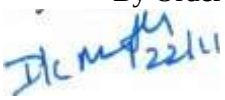
The college faculty conducting the program in other institutions as instructors/observers shall be on RGUHS official duty. Their expenses will be covered by the host institution.

The establishment of training facilities according to the RGUHS-JeevaRaksha 2020 guidelines (attached with this circular) for mandatory courses shall be incorporated in to the LIC Inspection criteria.

In exercise of the powers vested under Section 35(2) of RGUHS Act, 1994, in pursuance of the decision of Syndicate it is notified as below.

"Comprehensive Emergency Care and Life Support (c-ECLS) 4 days course is made mandatory for medical interns of medical colleges affiliated to RGUHS and a prerequisite for completion of graduation in RGUHS affiliated institutions. The degree certificates will only be issued on submitting RGUHS-JeevaRaksha c-ECLS completion certificate to the University".

By Order



REGISTRAR

Copy to:

1. The Principal Secretary to Governor, Raj bhavan, Bengaluru — 560001
2. Secretary Medical Education, M S Building, B R Ambedkar Veedhi, Bengaluru — 01
3. The Principal Secretary, Health and Family Welfare Department, Arogya Soudha, Bengaluru.
4. The Heads of all affiliated Medical Colleges of RGUHS, Bengaluru.
5. PA to Vice Chancellor/ PA to Registrar/ Registrar evaluation (Eva.)/ Finance Officer, Rajiv Gandhi University of Health sciences, Bangalore (Eva.)/ Finance Officer, Rajiv Gandhi University Health sciences, Bengaluru
6. All officials of University Examination Branch/ Academic Section.
7. CEO, RGUHS-JeevaRaksha Trust
8. Guard File/ Office copy

ರಾಜೀವ್‌ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
Rajiv Gandhi University of Health Sciences, Karnataka
4th "T" Block, Jayanagar, Bangalore – 560041
Ph.No. 080-29601937

ACA/DCD/MISS/22/JRT/ECLS/2022-23 **Date: 21/11/2022**

CIRCULAR

Sub: Mandating RGUHS-JeevaRaksha Trust's 4-day comprehensive course in Emergency Care and Life Support (c-ECLS) training for Medical Postgraduate.

Ref: (1) Proceedings of 143rd Syndicate meeting held on 17/07/2019.
(2) Minutes of the RGUHS-JeevaRaksha Trust Meeting held on 04/08/2022, Chaired by Hon'ble Vice-Chancellor.

-**-

Preamble: JeevaRaksha Project was initiated in 2014 by Rajiv Gandhi University of Health Sciences (RGUHS) in collaboration with Swami Vivekananda Youth Movement, Mysuru, India with University of Utah, USA as technical partner. RGHUS-JeevaRaksha Trust was created as a special purpose vehicle to roll out certified skill courses in Emergency Care with a vision to save lives by providing the highest quality of emergency care in the "Golden hour" of emergency.

The c-ECLS course deals with the challenges faced by doctors while caring for emergency patients attending the hospitals. The course addresses common emergencies like cardiac, respiratory, obstetric, paediatric, neonatal, trauma, burns, poisoning, bites and stings.

The maximum fee collectable per student has been capped at Rs. 10000. 30% of the course fee i.e. Rs.3000 (Rs 1000 as RGUHS certification fee and Rs. 2000 as JeevaRaksha training support and quality control expenses) should be deposited in the RGUHS-JeevaRaksha account as certification and training support expenses. The institutions can utilise the 70% (Rs. 7000) for local expenses and maintenance of skills lab, instructor honorarium, etc.

Institutions with adequate Simulation Facilities should apply for accreditation to RGUHS – JeevaRaksha Trust. Once accredited, Simulation Labs can collect up to a maximum of Rs.15,000 (Rupees fifteen thousand only) per Candidate if simulation equipment is used for the programme, subject to the sharing of revenue as stated above.

The RGUHS- JeevaRaksha c-ECLS certification is valid for a period of five years from the date of completion. The certification is renewable by completing a refresher course after 5 years.

The college faculty conducting the program in other institutions as instructors/observers shall be on RGUHS official duty. Their expenses will be covered by the host institution.

The establishment of training facilities according to the RGUHS-JeevaRaksha 2020 guidelines (attached with this circular) for mandatory courses shall be incorporated in to the LIC Inspection criteria.

In exercise of the powers vested under Section 35(2) of RGUHS Act, 1994, in pursuance of the decision of Syndicate it is notified as below.

"Comprehensive Emergency Care and Life Support (c-ECLS) 4 days course is made mandatory for postgraduate students of medical colleges affiliated to RGUHS and a prerequisite for completion of post-graduation in RGUHS affiliated institutions and is considered equivalent to the ACLS and BLS like courses as proposed by NMC. The post-graduate degree certificates will only be issued on submitting RGUHSJeevaRaksha c-ECLS completion certificate to the university"

By Order

REGISTRAR

Copy to:

1. The Principal Secretary to Governor, Raj Bhavan, Bengaluru — 560001
2. The Secretary Medical Education, M S Building, B R Ambedkar Veedhi, Bengaluru The Principal Secretary, Health and Family Welfare Department, Arogya Soudha, Bengaluru
3. The Heads of all affiliated Medical colleges of RGUHS, Bengaluru
4. PA to Vice Chancellor/ PA to Registrar/ Registrar evaluation (Eva.)/ Finance Officer, Rajiv Gandhi University of Health sciences, Bengaluru
5. All officials of University Examination Branch/ Academic Section.
6. CEO, RGUHS-JeevaRaksha Trust
7. Guard File/ Office copy

ರಾಜೀವ್‌ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
Rajiv Gandhi University of Health Sciences, Karnataka
4th "T" Block, Jayanagar, Bangalore – 560041
Ph.No. 080-29601937

ACA/DCD/MISS/22/JRT/ECLS/2022-23 **Date: 21/11/2022**

CIRCULAR

Sub: Mandating RGUHS-JeevaRaksha Trust's 3-day Emergency Nursing and Life Support (ENLS) training for all nursing interns and post graduate students affiliated with RGUHS.

Ref: (1) Proceedings of 143rd Syndicate meeting held on 17/07/2019.
(2) Minutes of the RGUHS-JeevaRaksha Trust Meeting held on 04/08/2022, Chaired by Hon'ble Vice-Chancellor.

-**-

Preamble: JeevaRaksha Project was initiated in 2014 by Rajiv Gandhi University of Health Sciences (RGUHS) in collaboration with Swami Vivekananda Youth Movement, Mysuru, India with University of Utah, USA as technical partner. RGHUS-JeevaRaksha Trust was created as a special purpose vehicle to roll out certified skill courses in Emergency Care with a vision to save lives by providing the highest quality of emergency care in the "Golden hour" of emergency.

The ENLS course trains candidates to provide effective emergency nursing skills like Cardiac compression, relieving choking, psychiatric emergencies, communication skills, controlling life threatening haemorrhage and leadership skills. This course will transform the students to become life savers at their workplaces as well as in the community.

The maximum fee collectable per student has been capped at Rs. 7500. 30% of the course fee of Rs 2250 (Rs 750 as RGUHS certification fee and Rs. 1500 as JeevaRaksha training support and quality control expenses) should be deposited in the RGUHS JeevaRaksha account as certification and training support fees. The institutions can utilise the 70% (Rs. 5,250) for local expenses and maintenance of skills lab, instructor honorarium fees, etc.

Institutions with adequate Simulation Facilities should apply for accreditation to RGUHS – JeevaRaksha Trust. Once accredited, Simulation Labs can collect up to a maximum of Rs.10,000 (Rupees Ten thousand only) per Candidate if simulation equipment is used for the programme, **subject to the sharing of revenue as stated above.**

The RGUHS- JeevaRaksha ENLS certification is valid for a period of five years from the date of completion. The certification is renewable by completing a refresher course after 5 years.

The college faculty conducting the program in other institutions as instructors/observers shall be on RGUHS official duty. Their expenses will be covered by the host institution.

The establishment of training facilities according to the RGUHS-JeevaRaksha 2020 guidelines (attached with this circular) for mandatory courses shall be incorporated in to the LIC Inspection criteria.

In exercise of the powers vested under Section 35(2) of RGUHS Act, 1994, in pursuance of the decision of Syndicate it is notified as below.

"Emergency Nursing and Life Support (ENLS) 3-day course is made mandatory for the Nursing students, interns and postgraduates of colleges affiliated to RGUHS and a prerequisite for completion of graduation in RGUHS affiliated institutions. The degree certificates will only be issued on submitting RGUHS-JeevaRaksha ENLS completion certificate to the University"

By Order

REGISTRAR

Copy to:

1. The Principal Secretary to Governor, Raj bhavan, Bengaluru — 560001
2. The Principal Secretary Medical Education, Health and Family Welfare Department, M S Building, B R Ambedkar Veedhi, Bengaluru — 01
3. The Heads of all affiliated Nursing colleges of RGUHS, Bengaluru
4. PA to Vice Chancellor/ PA to Registrar/ Registrar evaluation (Eva.)/ Finance Officer, Rajiv Gandhi University of Health sciences, Bengaluru
5. All officials of University Examination Branch/ Academic Section.
6. CEO, RGUHS-JeevaRaksha Trust
7. Guard File/ Office copy

RGUHS SVYM

JeevaRaksha

JeevaRaksha

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES

REVISED OPERATIONAL GUIDELINES

2020 - 21

TABLE OF CONTENTS

INTRODUCTION 12

INSTRUCTOR COURSES 12

C-ECLS COMPREHENSIVE EMERGENCY CARE LIFE SUPPORT COURSE 13

CERTIFICATION C-ECLS INSTRUCTOR & ACCREDITATION OF C-ECLS TRAINING CENTRES 13

1. ..... C-ECLS INSTRUCTOR CERTIFICATION: involves 2 steps 13

INSTRUCTOR COURSE STEP-1: 13

INSTRUCTOR COURSE STEP-2: 13

MAINTAINING C-ECLS INSTRUCTOR STATUS 14

SELECTION OF C-ECLS SENIOR INSTRUCTORS 14

2. ..... C-ECLS training CentRE - ACCREDITATION 15

I. REQUIREMENTS: 15

1.1 PLACE (INFRASTRUCTURE) 15

1.2 PERSONNEL: 15

1.3 PROCESSES: 16

II. CENTRE INSPECTION & CERTIFICATION 16

MAINTAINING C-ECLS CERTIFIED CENTRE STATUS 16

REGIONAL TRAINING CENTRES 16

C-ECLS COURSE ROLL OUT- 4DAYS 17

THEORY MODULE 17

MODEL - 1: CANDIDATE DRIVEN MODEL 18

MODEL - 2: CENTRALLY SUPPORTED - FACE TO FACE 19

MODEL - 3: LOCALLY MANAGED – FACE TO FACE 19

Theory Evaluation: 20

SUMMARY of the Models: 20

PRACTICAL MODULE 21

Practical Evaluation 22

JR MONITORING- C-ECLS 23

Feedback: 23

Instructor expenses 23

Summary flow chart of the new C-ECLS training model 24

Summary of Evaluation & Certification – C-ECLS 24

ENLS - EMERGENCY NURSING LIFE SUPPORT COURSE 26

ENLS COURSE ROLL OUT– 3DAYS 26

THEORY MODULES 26

Theory Evaluation: 27

PRACTICAL MODULE 28

Practical Evaluation 30

JR MONITORING- ENLS..... 23
Feedback: 23
Instructor expenses 23
Summary flow chart of the enls training model 23
Summary of Evaluation & Certification - ENLS 24
BCLS BASIC CARE LIFE SUPPORT COURSE 25
BCLS COURSE ROLL OUT- 1DAY 25
THEORY MODULES 25
MODEL - 1: CANDIDATE DRIVEN MODEL 26
MODEL - 2: LOCALLY MANAGED – FACE TO FACE 26
Theory Evaluation: 26
PRACTICAL MODULE 27
Practical Evaluation 28
JR MONITORING- BCLS 28
Feedback: 29
Instructor expenses 29
Summary flow chart of the NEW BCLS training model 29
Summary of Evaluation & Certification - BCLS 29
ANNEXURE 31
ANNEXURE 1: Sample Practical Time Table – C-ECLS 31
ANNEXURE 2: Sample Practical Examination Schedule – C-ECLS 27
ANNEXURE 3: C-ECLS Skill Lab- Space and Equipment List 28
ANNEXURE 4: Sample Practical Time Table – ENLS 36
ANNEXURE 5: Sample Practical Examination Schedule - ENLS 37
ANNEXURE 6: ENLS Skill Lab- Space and Equipment List 43
ANNEXURE 7: Sample Practical Time Table – BCLS 49
ANNEXURE 8: Sample Practical Examination Schedule – BCLS 49
ANNEXURE 9: Equipment List and Space for JeevaRaksha BCLS Lab 50
ANNEXURE 10: REGIONAL TRAINING CENTRE CRITERIA (THEY SHOULD RUN ALL JR COURSES TO ALL OTHER NEARBY INSTITUTIONS 51
ANNEXURE 11: INFECTION CONTROL GUIDELINES FOR TRAINING PROGRAMS 51
ANNEXURE 12: Format for SITE Inspection of Training Centres for Accreditation 53
ANNEXURE 13: Format for SITE Inspection of Training Centres for Accreditation 55
ANNEXURE 14: Format for SITE Inspection of Training Centres for Accreditation 57

ANNEXURE 15: Covering Letter TO RGUHS FOR Training Centres Accreditation 59
ANNEXURE 16: Breakdown of Honorarium for all courses.....61

JEEVARAKSHA TRAINING – 2020

INTRODUCTION

Since the advent of Covid-19 pandemic, the whole world has evolved strategies to cope with the unprecedented challenges including travel and physical distancing restrictions. This epidemic has no precedent in the past century. The healthcare systems are overstretched and healthcare staff stressed, especially where the pandemic has spread fast and has challenged the system in all its dimensions. Never before has emergency healthcare been pushed into the limelight with additional stresses and unknown risks piled on it on a daily basis. A large number of healthcare workers across the globe have made the ultimate sacrifice, while trying to look after the unwell. The physical, psychological and professional stresses have pushed some over the brink too.

In the context of a changed world, we at JeevaRaksha (JR) being cognizant of the imperative to continue to provide effective training in emergency care to a large number of healthcare workers have re visited the operational guidelines. To this end, these new guidelines are aimed to ensure that training programmes continue to inspire and transform healthcare professionals and citizens alike so that they are able to provide the highest quality of emergency care. Once put in to practice, regular updates to tackle evolving challenges will be regularly conveyed to the centre directors and displayed on the JeevaRaksha website.

INSTRUCTOR COURSES

It is vital that we build a family of motivated and dedicated Instructors to be able to provide the highest quality of emergency skills training in an effort to improve emergency care in the developing world. To ensure quality and cohesive team building, the training the Instructor programmes will continue unchanged and be face to face, as before. The theory module will be taught face to face, using the new Learning Management System (LMS) instead of the power point slides. The instructors and candidates will have to login to the LMS and provide live feedback.

Before instructing in the new model, all certified instructors are requested to complete the theory modules and learning resources online on the LMS. This will familiarise the instructors of the candidates' expectations and challenges with the hybrid model.

Instructor Courses for	Duration
Comprehensive Emergency Care Life Support (c-ECLS)	5 days
Emergency Nursing Life Support (ENLS)	4 days
Basic Care Life Support (BCLS)	2 days

C-ECLS COMPREHENSIVE EMERGENCY CARE LIFE SUPPORT COURSE

CERTIFICATION C-ECLS INSTRUCTOR & ACCREDITATION OF C-ECLS TRAINING CENTRES

1. C-ECLS INSTRUCTOR CERTIFICATION: INVOLVES 2 STEPS

INSTRUCTOR COURSE STEP-1:

- This will be conducted by Senior JeevaRaksha Instructors
- This is for 5-days (4 days C-ECLS workshop) and one day dedicated to principles of adult learning followed by teaching practice sessions.
- Only those who score 90% in theory and pass all stations in practical exam will receive completion certificate (Note: our pass rates are almost 100%). Others will receive C-ECLS provider certificates only.
- Candidates successfully completing Step-1 are eligible for Step-2 Instructor course and are called 'Instructor Candidates'

INSTRUCTOR COURSE STEP-2:

- Instructor candidates who have completed Step-1 will plan, organize, conduct and teach the 4-day ECLS course jointly with previously certified JeevaRaksha Instructors ○ Instructor candidates must be supervised by Senior JeevaRaksha Instructors in Step-2.
- A minimum of 5-days participation from 8:30 am – 05:30 pm is mandatory (includes preparatory day), and includes participation in end of day debriefing sessions. If the gap between step-1 and Step-2 is more than 2 years, then such candidates will have to attend Step-2 courses on two occasions (each time 4-days and must include participation in preparatory day and exam day).

- Mere attendance for 5-days does not automatically entitle the candidates to be designated as "Certified Instructor". The candidates will have to successfully demonstrate abilities to prepare and teach theory and skills sessions. They should also work as an active team member to plan and execute all the activities of the workshop.

- Upon successful completion of Step-2, candidates will be designated as "Certified C-ECLS Instructor." They can teach at JeevaRaksha authorized C-ECLS workshops and are eligible to receive TA, DA and honorarium as per JeevaRaksha norms.

MAINTAINING C-ECLS INSTRUCTOR STATUS

- To maintain active status of their certification, they shall teach at least
- 4-theory and
- 4 skills sessions in a two-year period. Including being an examiner in the skills exam
- be consistently rated as good by the participants

  failing which the status will become inactive.

- If not, the status shall change to "Inactive' and to reactivate, the individual shall teach C-ECLS course under supervision of a Senior Instructor for 2- days as described above.

- If the status is 'inactive' for more than 2 years (i.e., 4 years from the date of last Instructor certification date) then their instructor status will lapse. Such candidates must complete step-2 Instructor course as described above once again.
- If a candidate is in inactive instructor status for more than 5 years, they will have to restart the process from step-1 as mentioned above.

- Feedback will be obtained from the students about Instructors in all the courses. This will be made available to the respective instructors and used to monitor consistency and quality.

SELECTION OF C-ECLS SENIOR INSTRUCTORS

- Instructors identified to consistently perform well in all aspects may be identified as Senior Instructors by JeevaRaksha Trust. The eligibility criteria are as below

- Instructor who has successfully taught in 8 courses
- Performed the role as Course Directors in at least 2 courses with at least one of which, conducted in a non-home training institution
- Should be consistently rated 80% or above by candidates, co-instructors and mentors
- As Privileges a Senior Instructor shall be eligible for:

- Be JeevaRaksha nominated Observers for Provider courses
- Be the Master Trainers for Instructor courses
- Be part of the inspection team for Accrediting Training Institutions ○ Will be considered preferentially for JeevaRaksha Research Projects and Research

Grants ○ Be involved in JeevaRaksha Publications like Journals, Course Manuals and Newsletter ○ Be representative of JeevaRaksha in National and International Meetings and

Conferences ○ Eligible to be nominated as member for District Disaster Management Authority

2. C-ECLS TRAINING CENTRE - ACCREDITATION

I. REQUIREMENTS:

1.1 PLACE (INFRASTRUCTURE)

- Space: If single hall: 300 sqm, if separate, then skills labs: 200 sqm and lecture hall: 120 sqm (to seat 25 participants in semicircle in chairs and room for AV set and screen with adequate ventilation and A/C and toilet facilities nearby); *Lecture hall:* good lighting, acoustics, AV Equipment and power backup for projector and such other accessories as needed for smooth conduct of workshop.
- Computer/laptop with slide mover, pointer, extension cords, appropriate accessories and stationery Internet connection to access LMS (course content, participant contact information, test scores, feedback etc) ○ Skills lab equipment (see attached list: ANNEXURE 3)

1.2 PERSONNEL:

- The Centre should have minimum of TEN certified instructors affiliated to it.
- One Skills Lab Director: Preferably, certified C-ECLS Instructor.
- Overall in-charge of the Skill Lab ○ Be the bridge between Management and the JeevaRaksha Training programs ○ Ensure Annual JeevaRaksha training calendar for all relevant certified courses ○ Ensure honorarium, entitlements and logistical support to Instructors
- Facilitate partnership with other JeevaRaksha accredited centres in promoting academic and community outreach programs
- Facilitate refresher training of Instructors and also deputation of Instructors to other institutions for training, observation and/or evaluation
- Submit Annual summary report of the training undertaken to RGUHS-JeevaRaksha ○ Coordinate Institution's outreach for Disaster Management by appropriate involvement of JeevaRaksha Certified Instructors and Providers
- One C-ECLS Training coordinator: A faculty who is also a certified C-ECLS Instructor.

- will manage the training calendar, logistics, paper work, documentation, communication and day to day arrangement during the training.
- Both the Director and C-ECLS Training coordinator are encouraged to periodically take on roles of course director (or co-directors)
- One full time administrative staff with necessary computer skills and inducted in JeevaRaksha database
- One fulltime helper to maintain skills lab and mannequins

1.3 PROCESSES:

- The Centre should have conducted **two** supervised C-ECLS training workshops successfully to the satisfaction of Senior JeevaRaksha Instructors. These workshops must ensure a student instructor ratio of 5:1, and follow all standard operating procedure (SOP) of course delivery and evaluation, including timely completion of all workshop related documentation - registration, pre and post-test, student feedback with cumulative average above 80% and paying honorarium to certified instructors as per set criteria. A standard workshop evaluation checklist shall be used to assess and evaluating these criteria
- Centre should have at least two certified Instructors who have performed the role of full-time Course Directors of c-ECLS workshop.

II. CENTRE INSPECTION & CERTIFICATION

- An independent assessment of the Centre would be conducted by JeevaRaksha Senior Instructors as per format in Annexure 10 & 11. Centres fulfilling all the above criteria would be certified as RGUHS-JeevaRaksha Accredited Training Centre.

MAINTAINING C-ECLS CERTIFIED CENTRE STATUS

- The Centre shall conduct at least “four” C-ECLS training workshops in a year, failing which the status will become inactive
- To reactivate accreditation status, the institution shall conduct one C-ECLS under supervision of JeevaRaksha Senior Instructors.
- If the Centre is in “inactive status” for more than 2 years (i.e., 2 years from the date of last Centre certification date) then the certification status will “lapse”
- Such Centres will have to go through the entire process of accreditation as elucidated in 2 above.

REGIONAL TRAINING CENTRES

Rajiv Gandhi University of Health Sciences is establishing Regional Training Centres at Gulbarga, Belgaum, Davengere, Mangaluru, Hubli and possibly Mysore. All these shall be accredited training centres for JeevaRaksha Courses too.

Even JeevaRaksha accredited training centres fulfilling criteria as per Annexure shall be eligible to designated as Regional Training Centres. On application by the concerned institution seeking Regional Training Centre status, an independent team of assessors nominated by RGUHS-JeevaRaksha shall inspect the institution and recommend qualifying institutions to be accredited by Rajiv Gandhi University of Health Sciences as RGUHS-JeevaRaksha Regional Training Centres.

The Regional Training Centres shall be conducting Instructors Courses apart from being a Training Centre for other institutions lacking necessary training infrastructure. They will also be in the forefront in Research, organising conferences, all related to Emergency Care and Training. They shall also be running quarterly Disaster Management Training Modules for all concerned.

C-ECLS COURSE ROLL OUT- 4DAYS

Course roll out means training the end beneficiaries viz interns, or any other eligible healthcare provider.

The workshop dates shall be scheduled in mutual concurrence between the Training centre and JeevaRaksha Trust (JR). The following sequence shall be adopted.

Step 1: 2 weeks before scheduled course date,

- Course Director of the certified C-ECLS centre (Medical college) to finalise trainee list (maximum 30) in the required format and request JR Bengaluru office for approval.
- Transfer candidate fee of Rs 1,500 per candidate to JR Bank account.

Step 2: JR team will

- verify trainee list, receipt of fees and then send email registration links (www.JeevaRaksha.org) to confirmed trainees to register as candidates for the ECLS provider course

The roll out of C-ECLS for candidates will be delivered through a hybrid model with online Theory Modules and onsite Skill Station practice.

THEORY MODULE

This is aimed at:

- *revising the essential emergency care concepts - introducing emergency management protocols*
- *updating on latest evidence in emergency medicine*

This lays a strong foundation for the candidate on the important concepts like *golden hour, early recognition of critical illness, prompt stabilisation and safe transport*. This will enable them to be better prepared for the skill module where they will learn lifesaving skills, team leadership skills & communication skills for effectively managing medical emergencies.

Theory module will cover the following topics.

1. Introduction and ABCs of Emergency Care 2. Management of Airway and Choking 3. Emergency Trauma Care 4. Emergency Burns Care 5. Toxicology	6. Obstetric Emergencies 7. Paediatric Emergencies 8. Neonatal Resuscitation Protocol 9. Cardiac Emergencies 10. Neurological Emergencies 11. Communication Skills

Three options to deliver theory module are proposed with the following considerations

- Assured physical distancing as per COVID norms
- Ensuring consistency across different sites
- Diversity in resources and capacities of Training Centres

The following are the three options:

1. Candidate driven
2. Centrally supported- face to face
3. Locally managed – face to face

MODEL - 1: CANDIDATE DRIVEN MODEL

A. Learning
   - Candidates to complete theory module on the Learning Management System (LMS) within a specified 10-day period (will have designated start and end date). In this interval students shall review the content online. This can be done at their convenience.

B. Mentoring
   - A group of 10 candidates will be supported by 1 mentor (a certified instructor) ○ The mentors will meet with the 10 assigned candidates at least four times either face to face or online. These sessions will be facilitated through a dedicated mentoring page in the LMS for each group. Mentor should post the case scenarios in LMS at least 24 hours prior to the session start time. The candidates can post their doubts and questions on the LMS, up to 4 hours prior to the session start time. This will give the mentor ample time to consolidate the questions and formulate a teaching plan. Each of these sessions will be for minimum 60 minutes. It will be structured with dedicated time (20 minutes) up front, for clarifying doubts from the completed theory modules and then followed by CBDs.

All RGUHS affiliated medical colleges can opt for this model if there is:

a. Designated skills lab co-ordinator (appointed by the institute)
b. A certified ECLS instructor appointed as C-ECLS Training coordinator

MODEL - 2: CENTRALLY SUPPORTED - FACE TO FACE

A. Learning
   - This is facilitated by bringing the batch (maximum 30 candidates) to a convenient classroom with Audio-Visual facilities ensuring physical distancing norms. A local coordinator (faculty of the college/institution) oversees the arrangements. Instructors would be centrally assigned by JR with appropriate monitoring. At interval students can review the content online at their convenience.

   - The module should be completed within 2 working days.

B. Mentoring
   - Same as in model 1

Minimum requirements to opt for this model:

1. RGUHS affiliated medical college with 5–9 ECLS instructors
2. Designated skills lab co-ordinator (appointed by the institute)
3. A certified ECLS instructor appointed as C-ECLS Training coordinator
4. One course director

MODEL - 3: LOCALLY MANAGED – FACE TO FACE

A. Learning
   - Bring the batch (maximum 30) to a convenient classroom and traditional teaching and learning ensured by Certified JR Instructors while running the LMS modules on screen.
   - The module should be completed within 2 working days.

B. Mentoring:
   - Same as model 1 or ongoing mentoring during the face to face theory sessions. LMS based CBDs should be completed before starting the practical module.

Minimum requirements to opt for this model:

1. RGUHS affiliated medical college which is certified as c-CECLS training centers and hence shall have
   a. At least 10 ECLS instructors
   b. Two or more course directors and an accredited skills lab.

THEORY EVALUATION:

- **Module Tests:**
  - At the end of each module the candidate will need to take the online test relevant to that module. They can progress to the next session only after passing the test of studied module.
  - If unsuccessful in clearing the test for a particular module, the candidate will have to start learning the module again. In face to face model the Instructor shall facilitate the module retest.
  - Once all modules are completed within the stipulated time, the candidates will be eligible to take the final theory exam online (with a unique link)

- **Final Theory Exam:**
  - ✓ Exam will be centrally administered for the whole batch at a designated time & location.
  - ✓ Exam will be conducted after completion of all Theory modules in the presence of independent
    JR observer, nominated by JR Trust, either on-site or video on-line
  - ✓ It is on the
    - 11th day morning (or next working day) morning in case of Model 1: Candidate driven model and
    - The end of theory classes in case of Model 2 and Model 3.
  - ✓ The test will be conducted in the evaluation centre with JR monitoring. The results will be available on the LMS soon after the test.
  - ✓ Candidates need to score 70% marks to pass this Theory Exam.
  - ✓ If unable to clear on first attempt, candidates will be allowed one more attempt after a minimum 1-hour revision break, on the same day.
  - ✓ Failing which the candidate has to start from the beginning of the Theory Learning Module on the LMS before being allowed to re-attempt the Final Theory Module exam.
    - JR will allow free access to theory module for 2 more attempts.
  - ✓ If still unsuccessful (i.e., after four attempts) they will incur a fee of Rs 250/ per attempt to redo the theory module and complete the exam.
  - ✓ **Student will be allowed into practical module only after successful completion of theory examination.**

SUMMARY OF THE MODELS:

	Candidate Driven	**Central Supported Face to Face**	**Local Managed: Face to Face**
Criteria	No of Resource persons: **< 5** Accredited Skill lab: **No** Course directors: **0**	No of Resource persons: **5-9** Skill lab: **Yes** Course directors: **1**	No of Resource persons: **10 or above** Accredited Skill lab: **Yes** Course directors: **>1**

Learning	• Candidates to complete theory module within a specified 10-day period. • The students will move from one module to the next after completing the test for each of the module (see below)	• This is facilitated by bringing the batch (maximum 30) to a convenient classroom with AudioVisual facilities ensuring physical distancing norms. • A JR observer would be centrally assigned who will monitor the learning. A local JR instructor will facilitate the learning in the class room using the LMS. • At interval students can review the content online at their convenience. The module should be completed within 2 working days.	• A batch (maximum 30) is brought to a classroom and traditional teaching and learning ensured by Certified JR Instructors with the help of LMS modules on screen. • A local JR instructor will facilitate the learning in the class room using the LMS. • Students can also review the content online at their convenience. The module should be completed within 2 working days.
Mentoring	• A group of 10 candidates will be supported by 1 mentor (a certified instructor) • The mentors will meet with the assigned candidates at least four times; either face to face or online. Each of these sessions will be 60 minutes.	• A group of 10 candidates will be supported by 1 mentor (a certified instructor) • The mentors will meet with the candidates assigned to them at least four times either face to face or online.	• A group of 10 candidates will be supported by 1 mentor (a certified instructor) • The mentors will meet with the candidates onsite and ensure doubts are cleared and CBDs completed on LMS.

PRACTICAL MODULE

The practical module can be attempted by a candidate only after successfully completing the theory module. The practical module is designed to teach students lifesaving emergency skills to recognize critical illness and quickly stabilize the patient in a primary care setting. They are also taught communication, critical thinking, problem solving and team leadership skills. The practical module has to be completed within 2 weeks after successful completion of the theory module (within day 25 from the start of the first theory module). The module has to be conducted in a JR accredited skills centre only. Colleges without accredited skills centres should take their candidates to the neighbouring JR accredited institutions to complete this module within in the stipulated deadline. Each 'skills station' will be facilitated by a Certified C-ECLS Instructor. Prior to teaching the skills session, the instructors have to sign in to the LMS and become familiar with how to facilitate learning of the respective skills.

The following 10 competencies are included in the practical module:

1. Airway Management Adjuncts
2. Airway Management Intubation
3. Cardiac Emergency Scenarios
4. Obstetric Emergency Scenarios
5. Neonatal Resuscitation Scenarios
6. Choking + Surgical Airway
7. Trauma Care Interventions
8. Trauma Care Procedures
9. Trauma + Burns Care Scenarios

10. Medical Case Scenarios

Each competency will be taught by implementing the following Five-stage approach:

1. Conceptualisation (under 10 minutes) – The instructor shall introduce the skills station verbally along with the LMS video demonstration. This is to ensure that the candidates understand why it's done, when it's done, when it's not done, and the precautions involved.

2. Visualisation (under 5 minutes) – The Instructor will demonstrate silently the entire process of the competency. This is to ensure that the candidate observes the model of the performance expected.

3. Verbalisation: listening phase (under 10 minutes) – The instructor will narrate the steps of the competency while demonstrating to the candidates. This second iteration reinforces the observed elements in the candidate's mind.

4. Verbalisation: narration phase – Every candidate has to narrate correctly the steps of the skill before demonstrating. This will ensure that the candidate will correctly perform the skill.

5. Practice – Every candidate having seen the skill, heard a narration, and repeated the narration, now performs the skill.

Candidate 1 narrates the steps first and then performs the skills under the supervision of the instructor. Candidate 2 will be the time keeper,

Then the candidates will rotate around assuming the respective roles and instructor will be a facilitator correcting the errors immediately and providing positive comments to cement correct performance. The instructor then signs off the logbooks/LMS form for successful candidates. The skills lab will be set up for 4 competencies each day.

1. Competencies 1-4 will be taught on the first day,
2. 5-8 on second day and competency
3. 9 and 10 will be covered on 3rd day morning session.

The candidates will be divided in to 4 groups (max 8 per group) for the 4 competencies. For each competency, there should be at least 2 skill stations. In short there will be a maximum of 4 candidates per skill station.

Each skill station will be for 60 minutes (competencies 9 and 10 on day 3 will be for 80 minutes each). The instructor shall assess the performance of the candidate during the training and award the marks for Concurrent assessment (20% weightage of the practical examination total score).

PRACTICAL EVALUATION

- This will be conducted over 2 hours in the afternoon session ON EACH DAY after the four competencies for the day are completed.
- There will be a minimum of 6 exam stations with one instructor per station.
- The evaluation of practical skills will be LMS practical score sheet.

- The final practical examination will be for 80% marks and Concurrent assessment will make up the other 20% marks.

    - Candidates need to score 70% in the Total Practical Assessment (80% weightage for Final Practical Examination + 20% weightage of Concurrent Assessment) to be declared successful in practical examination.

JR MONITORING- C-ECLS

All evaluations i.e. both Theory and Practical would be centrally monitored by a JR representative- **Observer**. This monitoring could be in person or via live video link. Thus, JR shall provide the following for C-ECLS:

Theory:

1. JR Observer for option 2 and 3 for Theory Module.
2. JR Staff for the Theory Exam & Re-exam through live video and recording of the proceedings.
3. JR Observer during the Practical Exam and Re-exam

JR Observer will liaise with candidates and local Instructors after the course regarding quality and rating of the course, instructors and the training centre. This will be logged in to the LMS and will be used for critiquing, quality improvement and accreditation purposes.

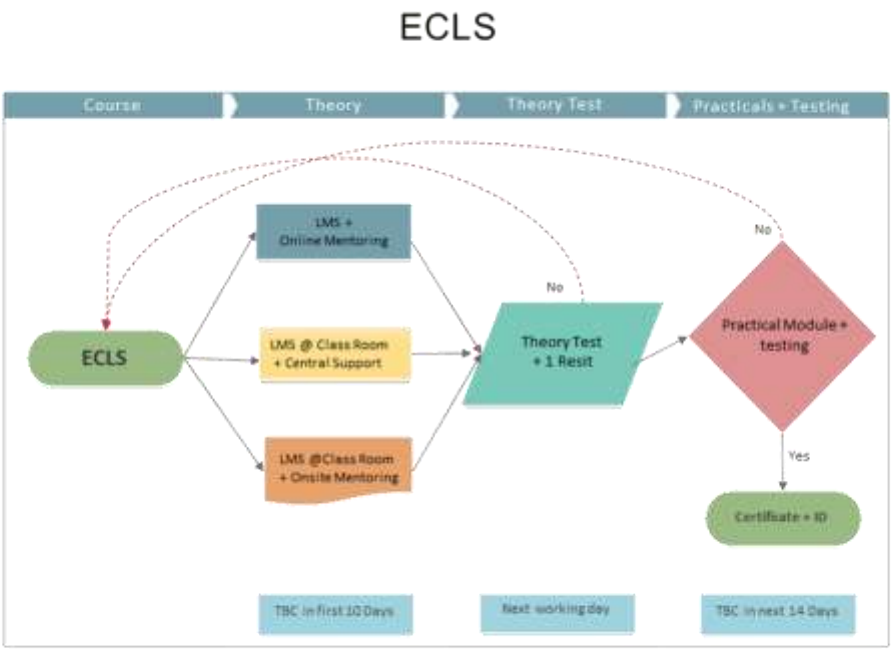
FEEDBACK

The candidates shall provide feedback after each theory module and practical module. The feedback shall be on the module, Instructors and mentors - all on LMS. The Instructor/mentor feedback will be collated against the profile of respective Instructor in the database and will be used for evaluation, mentoring and progression.

INSTRUCTOR EXPENSES

The honorarium for observer will be borne by JR Trust and will be paid based on sessions. TA, food and accommodation expenses if incurred, shall be borne by the host/training institution. Monitoring if done through video link will be enabled via the LMS and all the login information and video recording will be stored for quality control.

SUMMARY FLOW CHART OF THE NEW C-ECLS TRAINING MODEL



TBC: To Be Completed; LMS: Learning Management System

SUMMARY OF EVALUATION & CERTIFICATION – C-ECLS

To be eligible to appear for Theory Examination: Candidate should have successfully completed all theory modules and module test

To be eligible to appear for Practical Examination: Candidate should have successfully completed the Theory Examination with minimum of 70% and have undergone and be assigned internal assessment for all skill stations.

Examination components and distribution of marks

	Particulars	Marks
A	**THEORY**	
1	Theory – 1 paper	100
	Total Theory	***100***
B	**PRACTICAL**	
1	Concurrent Assessment	20
2	Practical Examination	80
	Total Practical	***100***
	GRAND TOTAL	**200**

For declaration of 'PASS' in the Course, a candidate shall pass both Theory and Practical Examinations components separately as stipulated below

For a pass in the Theory, a candidate shall secure not less than 70%

For a pass in Practical examination, a candidate shall secure not less than 70% in aggregate, i.e., marks obtained in Practical Examination and Concurrent assessment added together.

A candidate not securing 70% marks in aggregate in Theory or Practical examination shall be allowed to reappear for Theory (as detailed above) and/or Practical examination any number of times till he/she is able to perform optimally and pass on his/her own.

Based on the recommendations made by the Examiners successful candidates shall be awarded the 'CECLS PROVIDER' CERTIFICATE by Rajiv Gandhi University of Health Sciences through JeevaRaksha Trust.

ENLS - EMERGENCY NURSING LIFE SUPPORT COURSE

ENLS COURSE ROLL OUT– 3DAYS

The workshop dates shall be scheduled in mutual concurrence between the Training centre and JeevaRaksha Trust (JR), the following sequence shall be adopted.

Step 1: 2 weeks before scheduled course date, ○ Course Director of the certified ENLS centre (Medical/Nursing college) to finalise trainee list (maximum 40) in the required format and request JR Bengaluru office for approval.

○ Transfer candidate fee of Rs 1,000/ candidate to JR Bank account.

Step 2: JR team will ○ verify trainee list, fee transfer and then send email registration links (www.JeevaRaksha.org) to confirmed trainees to register as candidates for the ENLS provider course

The roll out of ENLS for candidates will be delivered through a hybrid model with Theory Module delivered on-line and Practical Module taught in person (on-site).

THEORY MODULES

This is aimed at:

- *revising the essential emergency care concepts*
- *introducing emergency nursing triage and protocols*
- *updating on latest evidence in emergency medicine*

This lays a strong foundation for the candidate to comprehend the importance of concepts like *golden hour, early recognition of critical illness, prompt stabilisation and safe transport*. This will enable them to appreciate the need for prompt intervention, art of crisp communication during emergencies and prepare them to imbibe the practical skills.

Theory module will cover the following topics.

1. Introduction and ABCs of Emergency Care 2. Emergency Triage 3. Management of Airway and Choking 4. Emergency Trauma and Burns Care 5. Cardiac Emergencies	6. Obstetric Emergencies 7. Paediatric and Neonatal Emergencies 8. Emergency Psychiatry and Toxicology 9. Communication and Team Work 10. Safe Transport

The course delivery is proposed with the following considerations

- Assured physical distancing as per COVID norms
- Ensuring consistency across different sites
- Diversity in resources and capacities of Training Centres

CANDIDATE DRIVEN THEORY MODEL

A. Learning

- Candidates to complete theory module on the LMS (online) within a specified 10-day period (will have designated start and end date). In this interval students must review the content online.
  This can be done at their convenience.

B. Mentoring

- A group of 10 candidates will be supported by 1 mentor (a certified instructor)
- The mentors will meet with the 10 candidates assigned to them at least four times in the 10-day period ○ This can be either face to face or online.
  - ○ These sessions will be facilitated through a dedicated mentoring page in the LMS for each group. Mentor should post the case scenarios in LMS at least 24 hours prior to the session start time. The candidates can post their doubts and questions on the LMS, up to 4 hours prior to the session start time. This will give the mentor ample time to consolidate the questions and formulate a teaching plan. Each of these sessions will be for minimum 60 minutes. It will be structured with dedicated time (20 minutes) up front, for clarifying doubts from the completed theory modules and then followed by CBDs.

THEORY EVALUATION

- **Module Tests:**
  - At the end of each theory module the candidate will need to take the online test relevant to that module. They can progress to the next session only after passing the test of studied module.
  - If unsuccessful in clearing the test for a particular module, the candidate will have to start learning again the module. In face to face model the Instructor shall facilitate the module retest.
  - Once all modules are completed within the stipulated 10 days, the candidates will be eligible to take the final theory exam online (with a unique link)

- **Final Theory Exam:**
  - ✓ The exam will be centrally administered for the whole batch at a designated place (nearest evaluation centre) and time.
  - ✓ The exam will be conducted after completion of all Theory modules in the presence of independent JR observer nominated by JR Trust either on-site or video on-line
  - ✓ It is on the 11th day morning
  - ✓ The test will be conducted in the evaluation centre with JR monitoring. The results will be available on the LMS soon after the exam.

- ✓ All candidates need to score 70% marks to pass this test.
- ✓ If unable to clear on first attempt, candidates will be allowed one more attempt after a minimum 1-hour revision break, on the same day. Failing which the candidate has to go through the entire theory learning process again.
- ✓ For candidates failing the Theory re-exam, JR will allow free access to theory module for 2 more attempts. If still unsuccessful they will incur a fee of Rs 150/ per attempt to redo the module and complete the exam.
- ✓ **Student will be allowed into practical module only after successful completion of theory examination.**

PRACTICAL MODULE

The practical module can be attempted by a candidate only after successfully completing the theory module.

The practical module is designed to enable the candidate to practice skills required to save a life in a quick and efficient manner. They are also taught communication, critical thinking, problem solving and team leadership skills. This can be attempted by a candidate who has successfully completed the theory exam. They have to complete the practical module within 2 weeks after finishing the theory exam (within day 25 from the date of first theory module). Practical Module can be conducted in a JR accredited skills centre. Each skills station will be manned by a JR Instructor. Prior to teaching the skills session, the instructors have to sign in to the LMS and become familiar with how to facilitate learning of the respective skills.

The following 9 competencies are included in the practical module:

1. Triage Scenarios
2. Airway Management + Choking Stations
3. Cardiac Emergency Scenario Stations
4. Obstetric Emergency Scenario Stations
5. Psychiatric Emergency Scenarios
6. Neonatal Resuscitation Protocol Stations
7. Communication Scenarios
8. Trauma Care Procedures
9. Safe Transport Scenarios

These NINE Competencies will be taught and tested using two types of practical stations. The procedures and clinical interventions (2,3,4,6,8) will be delivered using Skill Stations while the others (1,5,7,9) will be delivered using IMPACT Stations.

A. Skills Stations:

Each skill station (2,3,4,6 and 8) will be taught by implementing the following Five-stage approach:

1. Conceptualisation (under 10 minutes) – The instructor shall introduce the skills station verbally along with the LMS video demonstration. This is to ensure that the candidates understand why it's done, when it's done, when it's not done, and the precautions involved.

2. Visualisation (under 5 minutes) – The Instructor will demonstrate silently the entire process of the competency. This is to ensure that the candidate observes the model of the performance expected.

3. Verbalisation: listening phase (under 10 minutes) – The instructor will narrate the steps of the competency while demonstrating to the candidates. This second iteration reinforces the observed elements in the candidates' mind.

4. Verbalisation: narration phase – Every candidate has to narrate correctly the steps of the skill before demonstrating. This will ensure that the candidate will correctly perform the skill.

5. Practice – Every candidate having seen the skill, heard a narration, and repeated the narration, now performs the skill.

Candidate 1 narrates the steps first and then performs the skills under the supervision of the instructor. Candidate 2 will be the time keeper,

Then the candidates will rotate around assuming the respective roles and instructor will be a facilitator correcting the errors immediately and providing positive comments to cement correct performance. The instructor then signs off the logbooks/LMS form for successful candidates.

B. Imbibe, Mediate, Prepare, Act, Communicate and Transfer (IMPACT) Stations

These stations are scenario based and allow a candidate to practice and demonstrate skills like communication, triage, managing a psychiatric emergency and preparing safe transport. This will be a team activity.

The instructor will present a scenario with basic information about the case. The candidate has to imbibe the information, mediate with team members (assigning roles), prepare the response (equipment, procedures, protocols) and act appropriately taking leadership role. Once the patient/ situation is stabilised, the candidate has to communicate to the receiving team and patient's family and prepare for safe transfer of patient to the appropriate facility.

The skills lab will be set up for 3 competencies each day.

1. Competencies 1-3 will be taught on the first day, 2. 4-6 on second day
3. 7-9 on third day.

The candidates will be divided into 6 groups (max 7 per group) for the 3 competencies. For each competency, there should be at least 2 practical stations. This will ensure a maximum of 7 candidates per station. Each practical station will be for 80 minutes

Only upon satisfying themselves, that the student has learnt the skills properly, **the instructor shall indicate that the student is eligible and ready to appear for the practical exam for that skill**. The instructor shall also award the marks for concurrent assessment (20% weightage of the practical examination total score).

PRACTICAL EVALUATION

- This will be conducted over 2 hours in the afternoon session on each day after the three competencies for the day are taught.
- There will be a minimum of 4 skill exam stations with one instructor each.
- The evaluation of practical skills will be assessed using the LMS practical score sheet.
- Candidates need to score 70% in the Total Practical Assessment to be declared successful in practical examination.
    - 80% weightage for Final Practical Examination + 20% weightage of Concurrent Assessment
- Triage and Psychiatric Emergencies stations will not be examined during the Practical Evaluation. The concurrent assessment marks of these IMPACT stations will be used to assess performance of the candidate. Those who did not achieve 70% will have to redo the IMPACT station scenarios on day 3.

JR MONITORING- ENLS

All evaluations i.e. both Theory and Practical will be centrally monitored by JR representative - Observer. This monitoring could be in person or via live video link. Thus, JR shall provide the following for ENLS:

1. JR Staff for the Theory Exam & Reexam through live video and recording of the proceedings.
2. JR Observer during the practical stations including Practical Exam and Reexam

JR Observer will liaise with candidates and local Instructors after the course regarding quality and rating of the course, instructors and the training centre. This will be logged in to the LMS and will be used for mentoring, quality improvement and accreditation purposes.

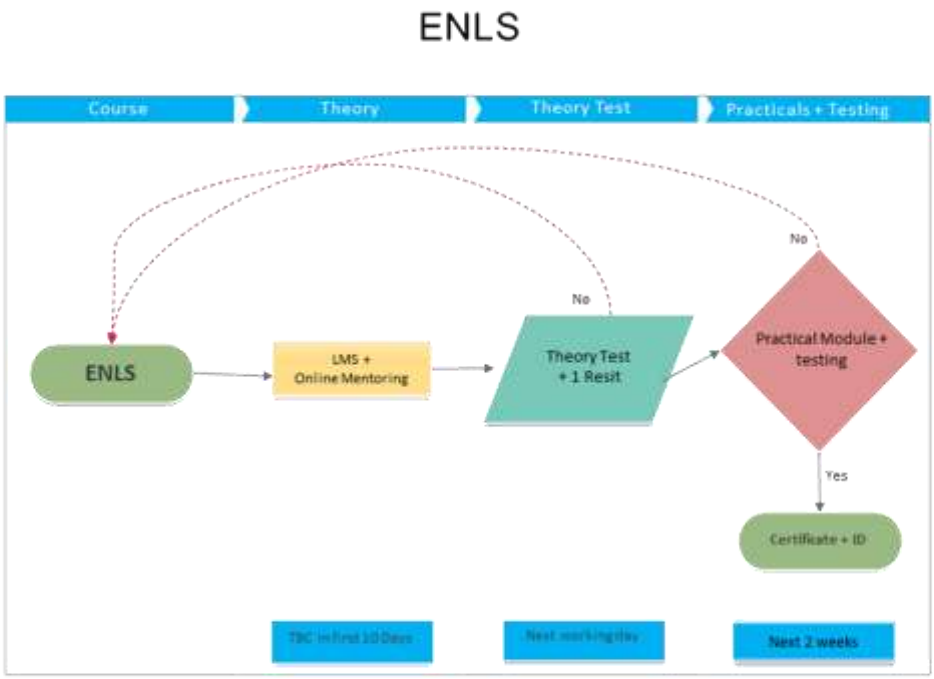
FEEDBACK

The candidates shall provide feedback after each theory module and practical module. The feedback shall be on the module, Instructors and mentors - all on LMS. The Instructor/mentor feedback will be collated against the profile of respective Instructor in the database and will be used for evaluation, mentoring and progression.

INSTRUCTOR EXPENSES

The honorarium for observer will be borne by JR Trust and will be paid based on sessions. TA, food and accommodation expenses if incurred, shall be borne by the host/training institution. Monitoring if done through video link will be enabled via the LMS and all the login information and video recording will be stored for quality control.

SUMMARY FLOW CHART OF THE ENLS TRAINING MODEL



TBC: To Be Completed; LMS: Learning Management System

SUMMARY OF EVALUATION & CERTIFICATION - ENLS

To be eligible to appear for Theory Examination: Candidate should have successfully completed all theory modules and module tests

To be eligible to appear for Practical Examination: Candidate should have successfully completed the Theory Examination with minimum of 70%

Examination components and distribution of marks

	Particulars	Marks
A	**THEORY**	
1	Theory – 1 paper	100
	Total Theory	***100***
B	**PRACTICAL**	
1	Concurrent Assessment	20
2	Practical Examination	80
	Total Practical	***100***
	GRAND TOTAL	**200**

For declaration of 'PASS' in the Course, a candidate shall pass both Theory and Practical Examinations components separately as stipulated below

For a pass in the Theory, a candidate shall secure not less than 70%

For a pass in Practical examination, a candidate shall secure not less than 70% in aggregate, i.e., marks obtained in Practical Examination and Concurrent assessment added together.

A candidate not securing 70% marks in aggregate in Theory or Practical examination shall be allowed to

reappear for Theory (as detailed above) and/or Practical examination any number of times till he/she is able to perform optimally and pass on his/her own.

Based on the recommendations made by the Examiners successful candidates shall be awarded the 'ENLS PROVIDER' CERTIFICATE by Rajiv Gandhi University of Health Sciences through JeevaRaksha Trust.

BCLS BASIC CARE LIFE SUPPORT COURSE

BCLS COURSE ROLL OUT- 1DAY

The workshop dates shall be scheduled on mutual concurrence of the Training centre and JeevaRaksha Trust (JR) team. The following sequence is adhered to.

Step 1: 2 weeks before scheduled course date,

- Course Director of the certified BCLS centre to finalise trainee list (maximum 40) in the required format and request JR Bengaluru office for approval
- Transfer candidate fee of Rs 300/ candidate to JR Bank account.

Step 2: JR team will

verify trainee list, fee transfer and then send email registration links (www.JeevaRaksha.org) to confirmed trainees to register as candidates for the BCLS provider course

The roll out of BCLS for candidates will be delivered through a hybrid (on-line and on-site) model, with 2 components Theory and Practical.

THEORY MODULES

This is aimed at:

- *understanding the essential emergency care concepts*
- *introducing haemorrhage control, cardiac arrest and defibrillator protocols*
- *updating on management of common emergencies*

This lays a strong foundation for the candidate to comprehend the importance of concepts like *scene safety, critical thinking, problem solving, team leadership, effective communication and safe transport.* This will enable them to be better prepared for the skill module where they will learn lifesaving skills, team leadership skills & communication skills for effectively managing medical emergencies.

Theory module will cover the following topics.

1. Introduction and ABCs of BCLS 2. Common Emergencies 3. Scene Safety + Primary Assessment 4. Cardiac Arrest	5. Automated External Defibrillator 6. Paediatric and Neonatal Emergencies 7. Choking 8. Communication and Team Work 9. Haemorrhage control

The course delivery is proposed with the following considerations

- Assured physical distancing as per COVID norms
- Ensuring consistency across different sites
- Diversity in resources and capacities of Training Centres

The following are the TWO options:

1. Candidate driven
2. Locally managed – face to face

MODEL - 1: CANDIDATE DRIVEN MODEL

A. Learning
   - Candidates to complete theory module on the Online LMS within a specified 5-day period (will have designated start and end date). In this interval students must review the content online. This can be done at their convenience.

B. Mentoring
   - A group of 10 candidates will be supported by 1 mentor (a certified instructor) ▪ The mentors will meet with the 10 assigned candidates at least three times.
   - This can be either face to face or online.
   - Each of these sessions will be 60 minutes' duration and will include case based discussions (in the prescribed format) apart from clarification of candidates' doubts

MODEL - 2: LOCALLY MANAGED – FACE TO FACE

A. Learning
   - Bring the batch (maximum 40) to a convenient classroom and traditional teaching and learning ensured by Certified JR Instructors while running the LMS modules on screen.
   - The module should be completed within 2 working days.

B. Mentoring:
   - A group of 10 candidates will be supported by 1 mentor (a certified instructor) ▪ The mentors will meet with the 10 assigned candidates at least **two** times.
     - This can be either face to face or online.
     - These sessions will be facilitated through a dedicated mentoring page in the LMS for each group. Mentor should post the case scenarios in LMS at least 24 hours prior to the session start time. The candidates can post their doubts and questions on the LMS, up to 4 hours prior to the session start time. This will give the mentor ample time to consolidate the questions and formulate a teaching plan. Each of these sessions will be for minimum 60 minutes. It will be structured with dedicated time (20 minutes) up front, for clarifying doubts from the completed theory modules and then followed by CBDs.

THEORY EVALUATION

- **Module Tests:**
  - At the end of each module the candidate will need to take the online test relevant to that module. They can progress to the next session only after passing the test of studied module.
  - If unsuccessful in clearing the test for a particular module, the candidate will have to start learning the module on the LMS again. In face to face model the Instructor shall facilitate the module retest.
  - Once all modules are completed within the stipulated 5 days, the candidates will be eligible to take the final theory exam online (with a unique link)

- **Final Theory Exam:**
  - ✓ It is on the 6th day morning OR on the same day after completion of theory modules in the locally managed option.
  - ✓ The passing score is 70%.
  - ✓ If unable to clear on first attempt, candidates will be allowed one more attempt after a minimum 1-hour revision break, on the same day.
  - ✓ Failing which the candidate has to start from the beginning of the Theory Learning Module on the LMS before being allowed to re-attempt the Final Theory Module exam.
    - JR will allow free access to theory module for 2 more attempts. ✓ If still unsuccessful (i.e., after four attempts) they will incur a fee of Rs 100/ per attempt to redo the theory module and complete the exam.
  - ✓ **Student will be allowed into practical class only after successful completion of theory examination.**

PRACTICAL MODULE

The practical module is designed to enable the candidate to practice skills required to save a life in a quick and efficient manner. They are also taught communication, critical thinking, problem solving and team leadership skills. This can be attempted by a candidate who has successfully completed the theory test. They have to complete the practical module the day after finishing the theory test (day 7). Practical Module is conducted in a JR accredited skills centre. Each skills station will be manned by a JR Instructor.

The following 4 competencies are included in the practical module:

1. Cardiac Compression Technique
2. Choking Management
3. Cardiac Emergency Scenario Stations

4. Tourniquet Technique to Control Severe Bleeding

These four Competencies will be taught and tested using two types of practical stations. The procedures and clinical interventions will be delivered using Skill Stations.

Skills Stations:

Each competency will be taught by implementing the following Five-stage approach:

1. Conceptualisation (under 10 minutes) – The instructor shall introduce the skills station verbally along with the LMS video demonstration. This is to ensure that the candidates understand why it's done, when it's done, when it's not done, and the precautions involved.

2. Visualisation (under 5 minutes) – The Instructor will demonstrate silently the entire process of the competency. This is to ensure that the candidate observes the model of the performance expected.

3. Verbalisation: listening phase (under 10 minutes) – The instructor will narrate the steps of the competency while demonstrating to the candidates. This second iteration reinforces the observed elements in the candidates mind.

4. Verbalisation: narration phase – Every candidate has to narrate correctly the steps of the skill before demonstrating. This will ensure that the candidate will correctly perform the skill.

5. Practice – Every candidate having seen the skill, heard a narration, and repeated the narration, now performs the skill.

Candidate 1 narrates the steps first and then performs the skills under the supervision of the instructor. Candidate 2 will be the time keeper,

Then the candidates will rotate around assuming the respective roles and instructor will be a facilitator correcting the errors immediately and providing positive comments to cement correct performance. The instructor then signs off the logbooks/LMS form for successful candidates.

The skills lab will be set up for 4 competencies for the practical day. The candidates will be divided in to 6 groups (max 7 per group) for the 4 competencies.

For each competency, there should be at least 2 practical stations. In short there will be a maximum of 7 candidates per station.

Each practical station will be for 60 minutes. They will spend 60 minutes being taught each competency and then move on to the next one.

Only upon satisfying themselves, that the student has learnt the skills properly, the instructor shall indicate that the student is eligible and ready to appear for the practical exam for that skill. The

instructor shall assess the performance of the candidate during the training and award the marks for Concurrent Assessment (20% weightage of the practical examination total score).

PRACTICAL EVALUATION

- This will be conducted over 2 hours in the afternoon session on each day after the four competencies for the day are completed.
- There will be a minimum of 4 exam stations with one instructor each.
- The evaluation of practical skills will be assessed using the LMS practical score sheet.
- Candidates need to score 70% in the Total Practical Assessment) to be declared successful in practical examination.
    - 80% weightage for Final Practical Examination + 20% weightage of Concurrent Assessment

JR MONITORING- BCLS

All evaluations i.e. both Theory and Practical would be centrally monitored by JR representative Observer. This monitoring could be in person or via live video link. Thus, JR shall provide the following for BCLS:

1. JR Staff for the Theory Exam & Re exam through live video and recording of the proceedings.
2. JR Observer during the practical stations including Practical Exam and Re exam

JR Observer will liaise with candidates and local Instructors after the course regarding quality and rating of the course, instructors and the training centre. This will be logged in to the LMS and will be used for critiquing, quality improvement and accreditation purposes.

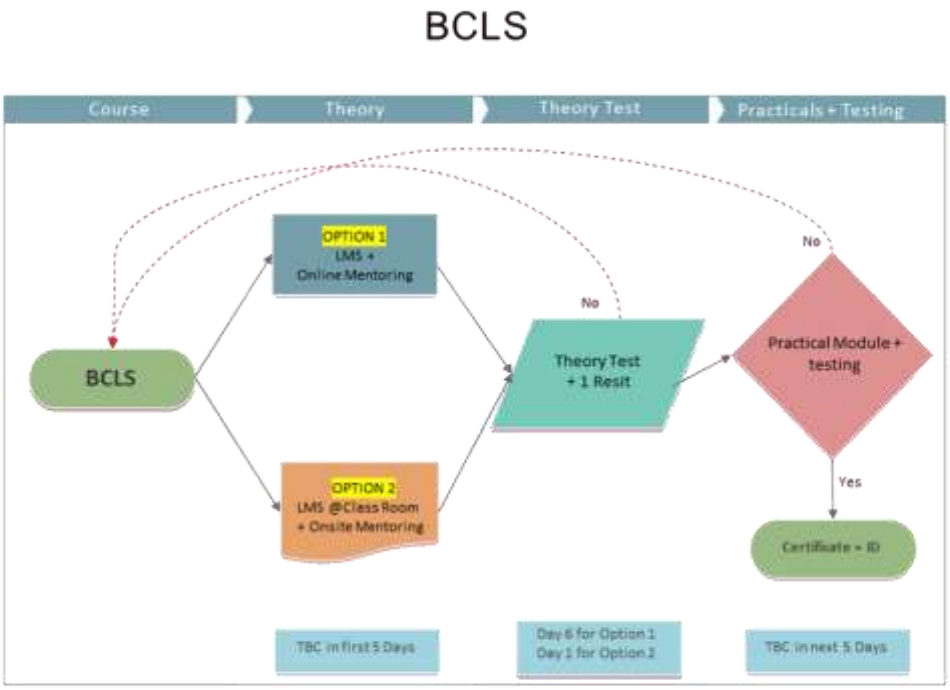
FEEDBACK

The candidates shall provide feedback after each theory module and practical module. The feedback shall be on the module, Instructors and mentors - all on LMS. The Instructor/mentor feedback will be collated against the profile of respective Instructor in the database and will be used for evaluation, mentoring and progression.

INSTRUCTOR EXPENSES

The honorarium for observer will be borne by JR Trust and will be paid based on sessions. TA, food and accommodation expenses if incurred, shall be borne by the host/training institution. Monitoring if done through video link will be enabled via the LMS and all the login information and video recording will be stored for quality control.

SUMMARY FLOW CHART OF THE NEW BCLS TRAINING MODEL



TBC: To Be Completed; LMS: Learning Management System

SUMMARY OF EVALUATION & CERTIFICATION - BCLS

To be eligible to appear for Theory Examination: Candidate should have successfully completed all theory modules and module test

To be eligible to appear for Practical Examination: Candidate should have successfully completed the Theory Examination with minimum of 70%

Examination components and distribution of marks

	Particulars	Marks
A	**THEORY**	
1	Theory – 1 paper	100
	Total Theory	***100***
B	**PRACTICAL**	
1	Concurrent Assessment	20
2	Practical Examination	80
	Total Practical	***100***
	GRAND TOTAL	**200**

For declaration of 'PASS' in the Course, a candidate shall pass both Theory and Practical Examinations components separately as stipulated below

For a pass in the Theory, a candidate shall secure not less than 70%

For a pass in Practical examination, a candidate shall secure not less than 70% in aggregate, i.e., marks obtained in Practical Examination and Concurrent assessment added together.

A candidate not securing 70% marks in aggregate in Theory or Practical examination shall be allowed to

reappear for Theory and/or Practical examination any number of times till he/she is able to perform optimally and pass on his/her own.

Based on the recommendations made by the Examiners successful candidates shall be awarded the 'BCLS PROVIDER' CERTIFICATE by Rajiv Gandhi University of Health Sciences through JeevaRaksha Trust.

ANNEXURE

ANNEXURE 1: SAMPLE PRACTICAL TIME TABLE – C-ECLS

Day 1					
Start	Duration	Adjunct	Intubation	Cardiac	Obstetric
09 00	60	Group 1	Group 2	Group 3	Group 4
10 00	60	Group 2	Group 3	Group 4	Group 1
11 00	20	Tea Break			
11 20	60	Group 3	Group 4	Group 1	Group 2
12 20	60	Group 4	Group 1	Group 2	Group 3
01 20	40	Lunch Break			
02 00	60	Practice Sessions			
03 00	2hrs Exam	6 exam stations to test all the candidates			

Day 2					
Start	Duration	Neonatal Resuscitation	Choking + Surgical Airway	Trauma Care Interventions	Trauma Care Procedures
09 00	60	Group 1	Group 2	Group 3	Group 4
10 00	60	Group 2	Group 3	Group 4	Group 1
11 00	20	Tea Break			
11 20	60	Group 3	Group 4	Group 1	Group 2
12 20	60	Group 4	Group 1	Group 2	Group 3
01 20	40	Lunch Break			
02 00	60	Practice Sessions			
03 00	2 hrs Exam	6 exam stations to test all the candidates			

Day 3					
Start	Duration	Trauma + Burns Scenarios	Trauma + Burns Scenarios	Medical Case Scenarios	Medical Case Scenarios
09 00	80	Group 1	Group 2	Group 3	Group 4
10 20	20	Tea Break			
10 40	80	Group 3	Group 4	Group 1	Group 2
12 00	40	Lunch Break			
12 40	60	Practice Sessions			
01 40	Exam	4 exam stations to test all the candidates			
03 40	Closing	Feedback, Observer Meeting and Valedictory Function			

ANNEXURE 2: SAMPLE PRACTICAL EXAMINATION SCHEDULE – C-ECLS

Exam Day 1	**Adjunct**	**Intubation**	**Cardiac**	**Cardiac**	**Obstetric**	**Obstetric**
	A	B	C	D	E	F
Exam Day 2	**NRP**	**Choking**	**Surgical Airway**	**Spotters**	**Log Roll**	**Cardiac**
	A	B	C	D	E	F
Exam Day 3	**Trauma Scenarios**		**Medical Scenarios**		**Trauma Scenarios**	
	A	B	C	D	E	F

ANNEXURE 3: C-ECLS SKILL LAB- SPACE AND EQUIPMENT LIST

I. SPACE:

a. If single hall: 300 sqm
b. If two halls, then:
    i. Lecture: 120 sqm
    ii. Skills labs: 200 sqm

The lecture hall should have space

1. To seat 25 participants in semicircle in chairs and room for AV set and screen with adequate ventilation and A/C and toilet facilities nearby
2. Lecture hall: good lighting, acoustics, AV Equipment and power backup for projector
3. Computer/laptop with slide mover, pointer, extension cords, appropriate accessories, and stationery
4. Internet connection to access JeevaRaksha database and to enter workshop data (participant contact information, test scores and feedback)

The ECLS Skills labs should have

1. ECLS mannequin / equipment list
2. ECLS skills labs durables (will last for 10-15 workshops)
3. Disposables (will last one workshop only)
4. 6' x 3' tables to place mannequin at skills stations (x15)
5. 4 cadavers ○ During the workshop the training centre should make available 4 cadavers in anatomy department to practice Chest tube (Intercostal tube placement), Cricothyroidotomy and Intraosseous needle insertion. If cadavers are not available, will need mannequin as alternative (these mannequins are included in the list below)

II. EQUIPMENT LIST

Mannequins/Models for JeevaRaksha 4-day C-ECLS workshop Skill Lab (Equipment List with requirements and technical specifications)

Sl No	Product	Specifications	QTY

1.	AED Trainer	**Technical –** • Should be portable and light weight • Should be able to connect to feedback devices wirelesses. • The AED Trainer must be pre-programmed with 3 or more scenarios • The AED Trainer must contain a status display window that can be manually changed. • The AED Trainer must contain an LED display indicating selection of volume level and scenario chosen	6
2.	Adult CPR Mannequins	**The mannequin should fulfil following standards –** • Should provide mechanical feedback key points of CPR that is depth and chest recoil. • The AED Trainer must resemble a realistic automated external defibrillator (AED). **Anatomy:** • Should be a half body mannequin with accurate anatomical landmark resembling an adult. • Should have nose, eyes, articulating mandible to teach the students C-E technique for mask holding. • Should have nipples, sternal notch, belly button and ribs to teach hand placement for chest compression. **Hygiene -** • Should have removable face skin and one additional face skin to be provided.	6
3.	Junior QCPR	**The mannequin should fulfill following standards** **Teaching Goals –** • Should provide feedback on all key points of CPR that is depth and chest recoil. • Anatomy - Should be a full body mannequin with accurate anatomical landmark resembling an infant. • Should have nose, eyes, articulating mandible to teach the students C-E technique for mask holding. • Should have naturally obstructed and the airway to be cleared only when head/tilt or jaw thrust is performed. • Should have collar bones to identify shoulder allowing to teach tap and shout. • Should have nipples, sternal notch, belly button and ribs to teach hand placement for chest compression. **Hygiene -** • Should have removable face skin and one additional face skin to be provided. **Technical –** • Should be portable and light weight	1

4.	Adult Airway Management	**Teaching Goals** – Airways, intubation, ventilation & suction techniques, learning procedures • **Intubation Procedures** Tracheal (oral) • The mannequin must be able to provide realistic and complete training in all intubation procedures and the use of the Laryngeal Mask Airway. **Anatomy –** • The mannequin must provide realistic anatomy, nostrils. Lips, teeth, tongue, pharynx-oral and nasal, larynx with glottis opening, vallecula, arytenoids, vocal cords, sub glottis cricoid ring, trachea, including carina lungs, oesophagus and stomach. • The mannequin must provide realistic head positioning. Neck flexion, extension and rotation, head lift and jaw mobility. • The mannequin must provide realistic complications e.g. with excessive laryngoscope pressure on teeth will produce and audio signal. • The mannequin must provide realistic checking for proper tube placement with visual inspection of lung expansion during ventilation. A separate model for demonstration airway anatomy shall be provided. • The mannequin must establish and maintain an open airway by head tilt, chin lift, neck lift and jaw thrust. • The mannequin should permit realistic practice in lung ventilation, also with the use of non-invasive equipment.	4
5.	Obstetric Mannequin	**General Features:** • The system shall consist of a Birthing Pelvis, Birthing Baby, Placenta, Lubricant, Soft Carry Case and Directions for use • The simulator shall be a pelvis with articulating thighs, baby, placenta, vagina and umbilical cord • The simulator shall allow for multiple delivery presentations and complications including (but not limited to) ▪ Normal delivery ▪ Breech delivery ▪ Delivery of the placenta • The simulator shall have an anatomically accurate perineum • The simulator shall have a realistic bony pelvis	2
6.	Paediatric Airway Management Trainer	**Paediatric Intubation trainer** • The trainer should be anatomically accurate reproduction of a paediatric torso designed for teaching the differences in paediatric and adult anatomy for airway management procedures • Anatomically accurate airway must allow sizing and insertion of various airway adjuncts • Should be able to perform Oropharyngeal and nasopharyngeal airway insertion • Endotracheal tube insertion and securing must be possible • Bag-valve-mask ventilation must be performed	1

7.	Infant CPR	**Product Specs:** • learning infant CPR • Realistic chest compressions and chest rise to learn proper techniques • easy to transport, inexpensive and easy to maintain • Durable construction **Product features:** • Oral and nasal passages allow realistic nose pinch required for mouth-tonose ventilation • Natural obstruction of the airway allows students to learn the important technique of opening the airway • Airway closes during flection and extension of the neck • Head tilt/chin lift and jaw thrust allow students to practice correctly all maneuvers necessary when resuscitating a real patient • Realistic chest compliance means students can experience the proper technique required for chest compressions on infants • Foreign-body airway obstruction feature allows the release of a foreignbody obstruction to be practiced through back blows and chest-thrust techniques • Removable and reusable faces for convenient and affordable maintenance	4
8.	Choking Adult	• Should be a lifelike adult torso/wearable apron designed specifically for training students in the performance of the Heimlich Abdominal Thrust Maneuver. • Should be supplied with simulated food boluses. • Should be able to perform the maneuver as in a real life situation and on proper technique the bolus should come out.	1
9.	Cardiac Rhythm Simulator	Simulator is Battery/Mains Powered designed to provide basic and modified adult rhythm as well as paediatric rhythms. • Have a wide range of ECG rhythm. • Simulator has 'ignore shock' and variable pulse strength features. • It has can be connected to external displays	2
Item 9, 10 and 11 **If cadavers not available** to practice the following skills Chest tube (Intercostal tube placement), Cricothyrotomy and Intraosseous needle insertion **then need the following mannequin**			

10.	Chest Tube (ICD) Placement	**Teaching Goals** – Chest tube placement, also called Inter costal drainage (ICD) Tube placement and drainage **ICD Procedures** • The mannequin must be able to provide realistic and complete training Chest tube insertion • Surgical incision in the 5th, 6th & 7th intercostal spaces • Blunt dissection of chest wall • Pleural perforation and finger sweep • Chest tube suture fixation ***Note**: should have adequate supplies of replaceable skins, soft tissue, etc and any other parts for repeated performance of the procedure* **Anatomy –** • The mannequin must provide realistic anatomy chest wall, ribs, intercostal spaces, pleural space.	2
11.	Cricothyroidotomy	**Teaching Goals** – Cricothyrotomy tube placement when intubation is difficulty/impossible **Cricothyrotomy Procedures** • The mannequin must be able to provide realistic and complete training cricothyrotomy tube insertion • Surgical incision followed by blunt dissection • Perforation of cricothyroid membrane with little finger and, • Tube insertion ***Note**: should have adequate supplies of replaceable skins, soft tissue, etc and any other parts for repeated performance of the procedure*	2
12.	Intraosseous (IO) Needle insertion for access	**Teaching Goals** – Intraosseous (IO) Needle insertion to provide access to obtain blood samples, administer fluids, medications and blood (when unable to obtain intra venous access) **IO placement Procedures** • The model must be able to provide realistic and complete training in IO placement • Should have model of **both Humerus and femur (one set)** ***Note**: should have adequate supplies of replaceable bony portions, skins, soft tissues etc and any other parts for repeated performance of the procedure* **Anatomy –** • The mannequin must provide realistic anatomy, feel and consistency of bone with true reflection of adjacent anatomical landmarks	2 sets

Durables for JeevaRaksha 4-day C-ECLS workshop

Sl.No.	Material	Qty
1	Tourniquet	5
2	Pelvic binder	3
3	C Spine neck blocks	6

4	Head immobilizer	3
5	Hardboard - wood or plastic (for spine injury)	2
6	Hard cervical collars- hard collar different sizes	4
7	Wood or Plastic Backboards (for spinal immobilization)	2
8	Velcro Spinal Immobilization Straps	2
9	cervical collars- Philadelphia size adjustable	5
10	Improvised tourniquets	5
11	Sand bags improvised (for stabilizing neck in injuries)	6
12	Empty oxygen tanks (or look alike) with tubing	2
13	Pulse oximeter	2
14	Suction set with vacuum pump	1
15	Nasal Cannula- different sizes (neonate, paeds, more of adult)	8
16	Simple Face Mask-different sizes (neonate, paeds, more of adult)	8
17	Non Rebreather mask-different sizes (neonate, paeds, more of adult)	8
18	Adult Oral airways- all sizes- Sets	5
19	Adult Nasal Airway - all sizes- Set	5
20	Paediatric and Neonatal Oral airways- all sizes- Sets	5
21	Paediatric and Neonatal Nasal Airway - all sizes- Set	5
22	LMA-different sizes	10
23	BVM AMBU bag (with different sized masks for each set)	5
24	Paediatric AMBU Bag (with different sized masks for each set)	3
25	Neonate AMBU Bag (with different sized masks for each set)	5
26	Endotracheal tubes (10 of each size: 3.0, 4.0, 6.0, 7.0, 8.0)	30
27	Cricothyrotomy Tube	5
28	Bougies	5
29	Guide Wire (stylet)	10
30	#5 French Feeding Tubes	8
31	#36 French Thoracostomy tubes	20
32	Jamshedi needle- different sizes (manual IO)	20
33	Ezi IO needles different sizes	0
34	Sponge holder forceps	5
35	McGills Forceps (different sizes)	15
36	Incision Blade handles	15
37	Needle holder	15
38	Scissors	10
39	14 gauge 3 inch IV Catheters (for needle thoracostomy)	10
40	Standard 18g IV catheters	10

41	Standard 22g IV catheters	10
42	IV Cannula- different sizes	10
43	2 mL syringe	10
44	10 mL syringes	10
45	Green oxygen tubing 5m	1
46	Bed sheets to covers skill station tables	20
47	Towels and sheets to wrap neonate during resuscitation	10

Disposable for JeevaRaksha 4-day C-ECLS workshop

Sl.No.	Material	Qty
1	Plastic gown one box	2
2	Glove box	2
3	Batteries for laryngoscopes	12
4	Batteries for AED	6
5	batteries for other electronic equipment	As needed
6	Size 0 Silk Sutures (without needles, for tying chest tubes and umbilical catheters in place)	100
7	Ventilator tubing 2 meters	1
8	Dynacrap crepe bandage skin colour	1
9	Surgical Blades	50

Examination components and distribution of marks

	Particulars	Marks
A	**THEORY**	
1	Theory – 1 paper	100
	Total Theory	***100***
B	**PRACTICAL**	
1	Concurrent Assessment	20
2	Practical Examination	80
	Total Practical	***100***
	GRAND TOTAL	**200**

For declaration of 'PASS' in the Course, a candidate shall pass both Theory and Practical Examinations components separately as stipulated below

For a pass in the Theory, a candidate shall secure not less than 70%

For a pass in Practical examination, a candidate shall secure not less than 70% in aggregate, i.e., marks obtained in Practical Examination and Concurrent assessment added together.

A candidate not securing 70% marks in aggregate in Theory or Practical examination shall be allowed to reappear for Theory (as detailed above) and/or Practical examination any number of times till he/she is able to perform optimally and pass on his/her own.

Based on the recommendations made by the Examiners successful candidates shall be awarded the 'CECLS PROVIDER' CERTIFICATE by Rajiv Gandhi University of Health Sciences through JeevaRaksha Trust.

ENLS - EMERGENCY NURSING LIFE SUPPORT COURSE

ENLS COURSE ROLL OUT– 3DAYS

The workshop dates shall be scheduled in mutual concurrence between the Training centre and JeevaRaksha Trust (JR), the following sequence shall be adopted.

Step 1: 2 weeks before scheduled course date, ○ Course Director of the certified ENLS centre (Medical/Nursing college) to finalise trainee list (maximum 40) in the required format and request JR Bengaluru office for approval.

○ Transfer candidate fee of Rs 1,000/ candidate to JR Bank account.

Step 2: JR team will ○ verify trainee list, fee transfer and then send email registration links (www.JeevaRaksha.org) to confirmed trainees to register as candidates for the ENLS provider course

The roll out of ENLS for candidates will be delivered through a hybrid model with Theory Module delivered on-line and Practical Module taught in person (on-site).

THEORY MODULES

This is aimed at:

- *revising the essential emergency care concepts*
- *introducing emergency nursing triage and protocols*
- *updating on latest evidence in emergency medicine*

This lays a strong foundation for the candidate to comprehend the importance of concepts like *golden hour, early recognition of critical illness, prompt stabilisation and safe transport*. This will enable them to appreciate the need for prompt intervention, art of crisp communication during emergencies and prepare them to imbibe the practical skills.

Theory module will cover the following topics.

6. Introduction and ABCs of Emergency Care 7. Emergency Triage 8. Management of Airway and Choking 9. Emergency Trauma and Burns Care 10. Cardiac Emergencies	11. Obstetric Emergencies 12. Paediatric and Neonatal Emergencies 13. Emergency Psychiatry and Toxicology 14. Communication and Team Work 15. Safe Transport

The course delivery is proposed with the following considerations

- Assured physical distancing as per COVID norms
- Ensuring consistency across different sites
- Diversity in resources and capacities of Training Centres

CANDIDATE DRIVEN THEORY MODEL

C. Learning

- Candidates to complete theory module on the LMS (online) within a specified 10-day period (will have designated start and end date). In this interval students must review the content online.
  This can be done at their convenience.

D. Mentoring

- A group of 10 candidates will be supported by 1 mentor (a certified instructor)
- The mentors will meet with the 10 candidates assigned to them at least four times in the 10-day period ○ This can be either face to face or online.
  - ○ These sessions will be facilitated through a dedicated mentoring page in the LMS for each group. Mentor should post the case scenarios in LMS at least 24 hours prior to the session start time. The candidates can post their doubts and questions on the LMS, up to 4 hours prior to the session start time. This will give the mentor ample time to consolidate the questions and formulate a teaching plan. Each of these sessions will be for minimum 60 minutes. It will be structured with dedicated time (20 minutes) up front, for clarifying doubts from the completed theory modules and then followed by CBDs.

THEORY EVALUATION

- **Module Tests:**
  - At the end of each theory module the candidate will need to take the online test relevant to that module. They can progress to the next session only after passing the test of studied module.
  - If unsuccessful in clearing the test for a particular module, the candidate will have to start learning again the module. In face to face model the Instructor shall facilitate the module retest.
  - Once all modules are completed within the stipulated 10 days, the candidates will be eligible to take the final theory exam online (with a unique link)

- **Final Theory Exam:**
  - ✓ The exam will be centrally administered for the whole batch at a designated place (nearest evaluation centre) and time.
  - ✓ The exam will be conducted after completion of all Theory modules in the presence of independent JR observer nominated by JR Trust either on-site or video on-line
  - ✓ It is on the 11th day morning
  - ✓ The test will be conducted in the evaluation centre with JR monitoring. The results will be available on the LMS soon after the exam.

- ✓ All candidates need to score 70% marks to pass this test.
- ✓ If unable to clear on first attempt, candidates will be allowed one more attempt after a minimum 1-hour revision break, on the same day. Failing which the candidate has to go through the entire theory learning process again.
- ✓ For candidates failing the Theory re-exam, JR will allow free access to theory module for 2 more attempts. If still unsuccessful they will incur a fee of Rs 150/ per attempt to redo the module and complete the exam.
- ✓ **Student will be allowed into practical module only after successful completion of theory examination.**

PRACTICAL MODULE

The practical module can be attempted by a candidate only after successfully completing the theory module.

The practical module is designed to enable the candidate to practice skills required to save a life in a quick and efficient manner. They are also taught communication, critical thinking, problem solving and team leadership skills. This can be attempted by a candidate who has successfully completed the theory exam. They have to complete the practical module within 2 weeks after finishing the theory exam (within day 25 from the date of first theory module). Practical Module can be conducted in a JR accredited skills centre. Each skills station will be manned by a JR Instructor. Prior to teaching the skills session, the instructors have to sign in to the LMS and become familiar with how to facilitate learning of the respective skills.

The following 9 competencies are included in the practical module:

10. Triage Scenarios
11. Airway Management + Choking Stations
12. Cardiac Emergency Scenario Stations
13. Obstetric Emergency Scenario Stations
14. Psychiatric Emergency Scenarios
15. Neonatal Resuscitation Protocol Stations
16. Communication Scenarios
17. Trauma Care Procedures
18. Safe Transport Scenarios

These NINE Competencies will be taught and tested using two types of practical stations. The procedures and clinical interventions (2,3,4,6,8) will be delivered using Skill Stations while the others (1,5,7,9) will be delivered using IMPACT Stations.

C. Skills Stations:

Each skill station (2,3,4,6 and 8) will be taught by implementing the following Five-stage approach:

1. Conceptualisation (under 10 minutes) – The instructor shall introduce the skills station verbally along with the LMS video demonstration. This is to ensure that the candidates understand why it's done, when it's done, when it's not done, and the precautions involved.

2. Visualisation (under 5 minutes) – The Instructor will demonstrate silently the entire process of the competency. This is to ensure that the candidate observes the model of the performance expected.

3. Verbalisation: listening phase (under 10 minutes) – The instructor will narrate the steps of the competency while demonstrating to the candidates. This second iteration reinforces the observed elements in the candidates' mind.

4. Verbalisation: narration phase – Every candidate has to narrate correctly the steps of the skill before demonstrating. This will ensure that the candidate will correctly perform the skill.

5. Practice – Every candidate having seen the skill, heard a narration, and repeated the narration, now performs the skill.

Candidate 1 narrates the steps first and then performs the skills under the supervision of the instructor. Candidate 2 will be the time keeper,

Then the candidates will rotate around assuming the respective roles and instructor will be a facilitator correcting the errors immediately and providing positive comments to cement correct performance. The instructor then signs off the logbooks/LMS form for successful candidates.

D. Imbibe, Mediate, Prepare, Act, Communicate and Transfer (IMPACT) Stations

These stations are scenario based and allow a candidate to practice and demonstrate skills like communication, triage, managing a psychiatric emergency and preparing safe transport. This will be a team activity.

The instructor will present a scenario with basic information about the case. The candidate has to imbibe the information, mediate with team members (assigning roles), prepare the response (equipment, procedures, protocols) and act appropriately taking leadership role. Once the patient/ situation is stabilised, the candidate has to communicate to the receiving team and patient's family and prepare for safe transfer of patient to the appropriate facility.

The skills lab will be set up for 3 competencies each day.

1. Competencies 1-3 will be taught on the first day, 2. 4-6 on second day
3. 7-9 on third day.

The candidates will be divided into 6 groups (max 7 per group) for the 3 competencies. For each competency, there should be at least 2 practical stations. This will ensure a maximum of 7 candidates per station. Each practical station will be for 80 minutes

Only upon satisfying themselves, that the student has learnt the skills properly, **the instructor shall indicate that the student is eligible and ready to appear for the practical exam for that skill**. The instructor shall also award the marks for concurrent assessment (20% weightage of the practical examination total score).

PRACTICAL EVALUATION

- This will be conducted over 2 hours in the afternoon session on each day after the three competencies for the day are taught.
- There will be a minimum of 4 skill exam stations with one instructor each.
- The evaluation of practical skills will be assessed using the LMS practical score sheet.
- Candidates need to score 70% in the Total Practical Assessment to be declared successful in practical examination.
    - 80% weightage for Final Practical Examination + 20% weightage of Concurrent Assessment
- Triage and Psychiatric Emergencies stations will not be examined during the Practical Evaluation. The concurrent assessment marks of these IMPACT stations will be used to assess performance of the candidate. Those who did not achieve 70% will have to redo the IMPACT station scenarios on day 3.

JR MONITORING- ENLS

All evaluations i.e. both Theory and Practical will be centrally monitored by JR representative - Observer. This monitoring could be in person or via live video link. Thus, JR shall provide the following for ENLS:

3. JR Staff for the Theory Exam & Reexam through live video and recording of the proceedings.
4. JR Observer during the practical stations including Practical Exam and Reexam

JR Observer will liaise with candidates and local Instructors after the course regarding quality and rating of the course, instructors and the training centre. This will be logged in to the LMS and will be used for mentoring, quality improvement and accreditation purposes.

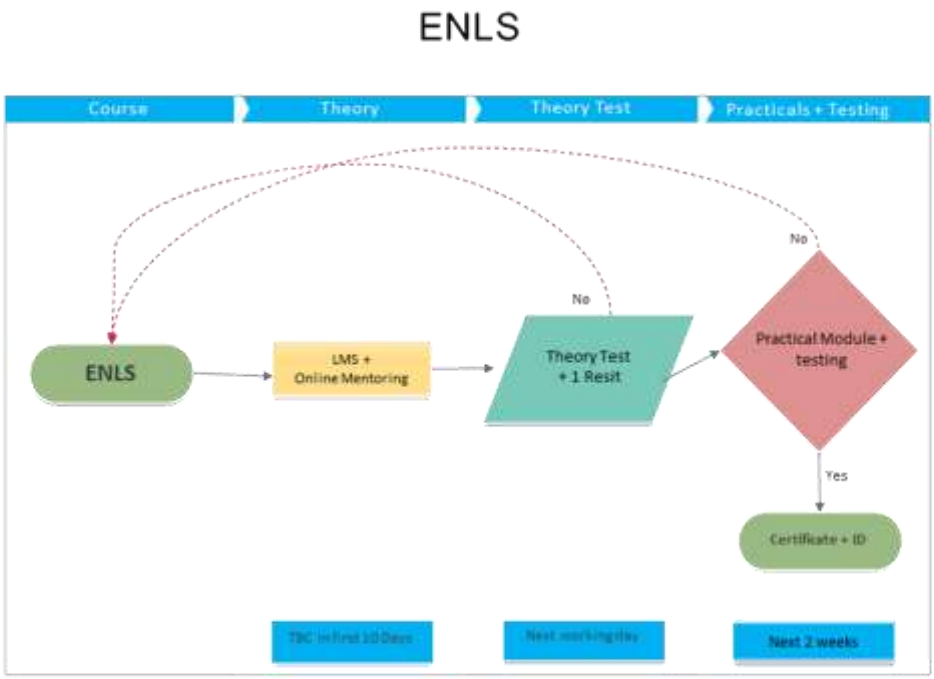
FEEDBACK

The candidates shall provide feedback after each theory module and practical module. The feedback shall be on the module, Instructors and mentors - all on LMS. The Instructor/mentor feedback will be collated against the profile of respective Instructor in the database and will be used for evaluation, mentoring and progression.

INSTRUCTOR EXPENSES

The honorarium for observer will be borne by JR Trust and will be paid based on sessions. TA, food and accommodation expenses if incurred, shall be borne by the host/training institution. Monitoring if done through video link will be enabled via the LMS and all the login information and video recording will be stored for quality control.

SUMMARY FLOW CHART OF THE ENLS TRAINING MODEL



TBC: To Be Completed; LMS: Learning Management System

SUMMARY OF EVALUATION & CERTIFICATION - ENLS

To be eligible to appear for Theory Examination: Candidate should have successfully completed all theory modules and module tests

To be eligible to appear for Practical Examination: Candidate should have successfully completed the Theory Examination with minimum of 70%

Examination components and distribution of marks

	Particulars	Marks
A	**THEORY**	
1	Theory – 1 paper	100
	Total Theory	***100***
B	**PRACTICAL**	
1	Concurrent Assessment	20
2	Practical Examination	80
	Total Practical	***100***
	GRAND TOTAL	**200**

For declaration of 'PASS' in the Course, a candidate shall pass both Theory and Practical Examinations components separately as stipulated below

For a pass in the Theory, a candidate shall secure not less than 70%

For a pass in Practical examination, a candidate shall secure not less than 70% in aggregate, i.e., marks obtained in Practical Examination and Concurrent assessment added together.

A candidate not securing 70% marks in aggregate in Theory or Practical examination shall be allowed to

reappear for Theory (as detailed above) and/or Practical examination any number of times till he/she is able to perform optimally and pass on his/her own.

Based on the recommendations made by the Examiners successful candidates shall be awarded the 'ENLS PROVIDER' CERTIFICATE by Rajiv Gandhi University of Health Sciences through JeevaRaksha Trust.

BCLS BASIC CARE LIFE SUPPORT COURSE

BCLS COURSE ROLL OUT- 1DAY

The workshop dates shall be scheduled on mutual concurrence of the Training centre and JeevaRaksha Trust (JR) team. The following sequence is adhered to.

Step 1: 2 weeks before scheduled course date,

- Course Director of the certified BCLS centre to finalise trainee list (maximum 40) in the required format and request JR Bengaluru office for approval
- Transfer candidate fee of Rs 300/ candidate to JR Bank account.

Step 2: JR team will

verify trainee list, fee transfer and then send email registration links (www.JeevaRaksha.org) to confirmed trainees to register as candidates for the BCLS provider course

The roll out of BCLS for candidates will be delivered through a hybrid (on-line and on-site) model, with 2 components Theory and Practical.

THEORY MODULES

This is aimed at:

- *understanding the essential emergency care concepts*
- *introducing haemorrhage control, cardiac arrest and defibrillator protocols*
- *updating on management of common emergencies*

This lays a strong foundation for the candidate to comprehend the importance of concepts like *scene safety, critical thinking, problem solving, team leadership, effective communication and safe transport.* This will enable them to be better prepared for the skill module where they will learn lifesaving skills, team leadership skills & communication skills for effectively managing medical emergencies.

Theory module will cover the following topics.

5. Introduction and ABCs of BCLS 6. Common Emergencies 7. Scene Safety + Primary Assessment 8. Cardiac Arrest	10. Automated External Defibrillator 11. Paediatric and Neonatal Emergencies 12. Choking 13. Communication and Team Work 14. Haemorrhage control

The course delivery is proposed with the following considerations

- Assured physical distancing as per COVID norms
- Ensuring consistency across different sites
- Diversity in resources and capacities of Training Centres

The following are the TWO options:

1. Candidate driven
2. Locally managed – face to face

MODEL - 1: CANDIDATE DRIVEN MODEL

C. Learning
   - Candidates to complete theory module on the Online LMS within a specified 5-day period (will have designated start and end date). In this interval students must review the content online. This can be done at their convenience.

D. Mentoring
   - A group of 10 candidates will be supported by 1 mentor (a certified instructor) ▪ The mentors will meet with the 10 assigned candidates at least three times.
   - This can be either face to face or online.
   - Each of these sessions will be 60 minutes' duration and will include case based discussions (in the prescribed format) apart from clarification of candidates' doubts

MODEL - 2: LOCALLY MANAGED – FACE TO FACE

C. Learning
   - Bring the batch (maximum 40) to a convenient classroom and traditional teaching and learning ensured by Certified JR Instructors while running the LMS modules on screen.
   - The module should be completed within 2 working days.

D. Mentoring:
   - A group of 10 candidates will be supported by 1 mentor (a certified instructor) ▪ The mentors will meet with the 10 assigned candidates at least **two** times.
     - This can be either face to face or online.
     - These sessions will be facilitated through a dedicated mentoring page in the LMS for each group. Mentor should post the case scenarios in LMS at least 24 hours prior to the session start time. The candidates can post their doubts and questions on the LMS, up to 4 hours prior to the session start time. This will give the mentor ample time to consolidate the questions and formulate a teaching plan. Each of these sessions will be for minimum 60 minutes. It will be structured with dedicated time (20 minutes) up front, for clarifying doubts from the completed theory modules and then followed by CBDs.

THEORY EVALUATION

- **Module Tests:**
  - At the end of each module the candidate will need to take the online test relevant to that module. They can progress to the next session only after passing the test of studied module.
  - If unsuccessful in clearing the test for a particular module, the candidate will have to start learning the module on the LMS again. In face to face model the Instructor shall facilitate the module retest.
  - Once all modules are completed within the stipulated 5 days, the candidates will be eligible to take the final theory exam online (with a unique link)

- **Final Theory Exam:**
  - ✓ It is on the 6th day morning OR on the same day after completion of theory modules in the locally managed option.
  - ✓ The passing score is 70%.
  - ✓ If unable to clear on first attempt, candidates will be allowed one more attempt after a minimum 1-hour revision break, on the same day.
  - ✓ Failing which the candidate has to start from the beginning of the Theory Learning Module on the LMS before being allowed to re-attempt the Final Theory Module exam.
    - JR will allow free access to theory module for 2 more attempts. ✓ If still unsuccessful (i.e., after four attempts) they will incur a fee of Rs 100/ per attempt to redo the theory module and complete the exam.
  - ✓ **Student will be allowed into practical class only after successful completion of theory examination.**

PRACTICAL MODULE

The practical module is designed to enable the candidate to practice skills required to save a life in a quick and efficient manner. They are also taught communication, critical thinking, problem solving and team leadership skills. This can be attempted by a candidate who has successfully completed the theory test. They have to complete the practical module the day after finishing the theory test (day 7). Practical Module is conducted in a JR accredited skills centre. Each skills station will be manned by a JR Instructor.

The following 4 competencies are included in the practical module:

5. Cardiac Compression Technique
6. Choking Management
7. Cardiac Emergency Scenario Stations

8. Tourniquet Technique to Control Severe Bleeding

These four Competencies will be taught and tested using two types of practical stations. The procedures and clinical interventions will be delivered using Skill Stations.

Skills Stations:

Each competency will be taught by implementing the following Five-stage approach:

6. Conceptualisation (under 10 minutes) – The instructor shall introduce the skills station verbally along with the LMS video demonstration. This is to ensure that the candidates understand why it's done, when it's done, when it's not done, and the precautions involved.

7. Visualisation (under 5 minutes) – The Instructor will demonstrate silently the entire process of the competency. This is to ensure that the candidate observes the model of the performance expected.

8. Verbalisation: listening phase (under 10 minutes) – The instructor will narrate the steps of the competency while demonstrating to the candidates. This second iteration reinforces the observed elements in the candidates mind.

9. Verbalisation: narration phase – Every candidate has to narrate correctly the steps of the skill before demonstrating. This will ensure that the candidate will correctly perform the skill.

10. Practice – Every candidate having seen the skill, heard a narration, and repeated the narration, now performs the skill.

Candidate 1 narrates the steps first and then performs the skills under the supervision of the instructor. Candidate 2 will be the time keeper,

Then the candidates will rotate around assuming the respective roles and instructor will be a facilitator correcting the errors immediately and providing positive comments to cement correct performance. The instructor then signs off the logbooks/LMS form for successful candidates.

The skills lab will be set up for 4 competencies for the practical day. The candidates will be divided in to 6 groups (max 7 per group) for the 4 competencies.

For each competency, there should be at least 2 practical stations. In short there will be a maximum of 7 candidates per station.

Each practical station will be for 60 minutes. They will spend 60 minutes being taught each competency and then move on to the next one.

Only upon satisfying themselves, that the student has learnt the skills properly, the instructor shall indicate that the student is eligible and ready to appear for the practical exam for that skill. The

instructor shall assess the performance of the candidate during the training and award the marks for Concurrent Assessment (20% weightage of the practical examination total score).

PRACTICAL EVALUATION

- This will be conducted over 2 hours in the afternoon session on each day after the four competencies for the day are completed.
- There will be a minimum of 4 exam stations with one instructor each.
- The evaluation of practical skills will be assessed using the LMS practical score sheet.
- Candidates need to score 70% in the Total Practical Assessment) to be declared successful in practical examination.
    - 80% weightage for Final Practical Examination + 20% weightage of Concurrent Assessment

JR MONITORING- BCLS

All evaluations i.e. both Theory and Practical would be centrally monitored by JR representative Observer. This monitoring could be in person or via live video link. Thus, JR shall provide the following for BCLS:

1. JR Staff for the Theory Exam & Re exam through live video and recording of the proceedings.
2. JR Observer during the practical stations including Practical Exam and Re exam

JR Observer will liaise with candidates and local Instructors after the course regarding quality and rating of the course, instructors and the training centre. This will be logged in to the LMS and will be used for critiquing, quality improvement and accreditation purposes.

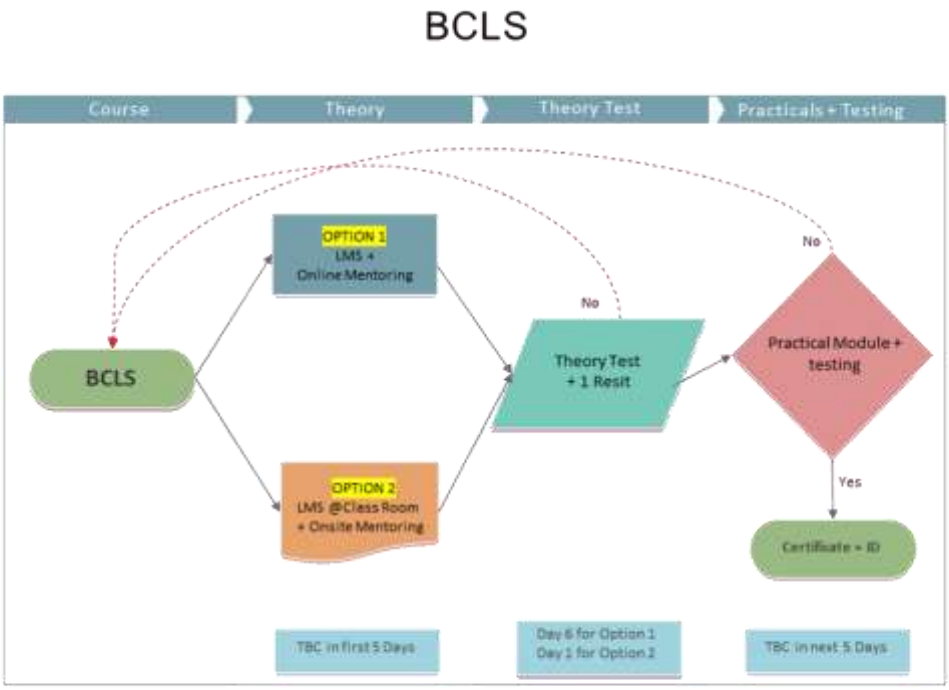
FEEDBACK

The candidates shall provide feedback after each theory module and practical module. The feedback shall be on the module, Instructors and mentors - all on LMS. The Instructor/mentor feedback will be collated against the profile of respective Instructor in the database and will be used for evaluation, mentoring and progression.

INSTRUCTOR EXPENSES

The honorarium for observer will be borne by JR Trust and will be paid based on sessions. TA, food and accommodation expenses if incurred, shall be borne by the host/training institution. Monitoring if done through video link will be enabled via the LMS and all the login information and video recording will be stored for quality control.

SUMMARY FLOW CHART OF THE NEW BCLS TRAINING MODEL



TBC: To Be Completed; LMS: Learning Management System

SUMMARY OF EVALUATION & CERTIFICATION - BCLS

To be eligible to appear for Theory Examination: Candidate should have successfully completed all theory modules and module test

To be eligible to appear for Practical Examination: Candidate should have successfully completed the Theory Examination with minimum of 70%

Examination components and distribution of marks

	Particulars	Marks
A	**THEORY**	
1	Theory – 1 paper	100
	Total Theory	***100***
B	**PRACTICAL**	
1	Concurrent Assessment	20
2	Practical Examination	80
	Total Practical	***100***
	GRAND TOTAL	**200**

For declaration of 'PASS' in the Course, a candidate shall pass both Theory and Practical Examinations components separately as stipulated below

For a pass in the Theory, a candidate shall secure not less than 70%

For a pass in Practical examination, a candidate shall secure not less than 70% in aggregate, i.e., marks obtained in Practical Examination and Concurrent assessment added together.

A candidate not securing 70% marks in aggregate in Theory or Practical examination shall be allowed to

reappear for Theory and/or Practical examination any number of times till he/she is able to perform optimally and pass on his/her own.

Based on the recommendations made by the Examiners successful candidates shall be awarded the 'BCLS PROVIDER' CERTIFICATE by Rajiv Gandhi University of Health Sciences through JeevaRaksha Trust.

ANNEXURE

ANNEXURE 1: SAMPLE PRACTICAL TIME TABLE – C-ECLS

Day 1					
Start	Duration	Adjunct	Intubation	Cardiac	Obstetric
09 00	60	Group 1	Group 2	Group 3	Group 4
10 00	60	Group 2	Group 3	Group 4	Group 1
11 00	20	Tea Break			
11 20	60	Group 3	Group 4	Group 1	Group 2
12 20	60	Group 4	Group 1	Group 2	Group 3
01 20	40	Lunch Break			
02 00	60	Practice Sessions			
03 00	2hrs Exam	6 exam stations to test all the candidates			

Day 2					
Start	Duration	Neonatal Resuscitation	Choking + Surgical Airway	Trauma Care Interventions	Trauma Care Procedures
09 00	60	Group 1	Group 2	Group 3	Group 4
10 00	60	Group 2	Group 3	Group 4	Group 1
11 00	20	Tea Break			
11 20	60	Group 3	Group 4	Group 1	Group 2
12 20	60	Group 4	Group 1	Group 2	Group 3
01 20	40	Lunch Break			
02 00	60	Practice Sessions			
03 00	2 hrs Exam	6 exam stations to test all the candidates			

Day 3					
Start	Duration	Trauma + Burns Scenarios	Trauma + Burns Scenarios	Medical Case Scenarios	Medical Case Scenarios
09 00	80	Group 1	Group 2	Group 3	Group 4
10 20	20	Tea Break			
10 40	80	Group 3	Group 4	Group 1	Group 2
12 00	40	Lunch Break			
12 40	60	Practice Sessions			
01 40	Exam	4 exam stations to test all the candidates			
03 40	Closing	Feedback, Observer Meeting and Valedictory Function			

ANNEXURE 2: SAMPLE PRACTICAL EXAMINATION SCHEDULE – C-ECLS

Exam Day 1	**Adjunct**	**Intubation**	**Cardiac**	**Cardiac**	**Obstetric**	**Obstetric**
	A	B	C	D	E	F
Exam Day 2	**NRP**	**Choking**	**Surgical Airway**	**Spotters**	**Log Roll**	**Cardiac**
	A	B	C	D	E	F
Exam Day 3	**Trauma Scenarios**		**Medical Scenarios**		**Trauma Scenarios**	
	A	B	C	D	E	F

ANNEXURE 3: C-ECLS SKILL LAB- SPACE AND EQUIPMENT LIST

III. SPACE:

a. If single hall: 300 sqm
b. If two halls, then:
    i. Lecture: 120 sqm
    ii. Skills labs: 200 sqm

The lecture hall should have space

5. To seat 25 participants in semicircle in chairs and room for AV set and screen with adequate ventilation and A/C and toilet facilities nearby
6. Lecture hall: good lighting, acoustics, AV Equipment and power backup for projector
7. Computer/laptop with slide mover, pointer, extension cords, appropriate accessories, and stationery
8. Internet connection to access JeevaRaksha database and to enter workshop data (participant contact information, test scores and feedback)

The ECLS Skills labs should have

6. ECLS mannequin / equipment list
7. ECLS skills labs durables (will last for 10-15 workshops)
8. Disposables (will last one workshop only)
9. 6' x 3' tables to place mannequin at skills stations (x15)
10. 4 cadavers ○ During the workshop the training centre should make available 4 cadavers in anatomy department to practice Chest tube (Intercostal tube placement), Cricothyroidotomy and Intraosseous needle insertion. If cadavers are not available, will need mannequin as alternative (these mannequins are included in the list below)

IV. EQUIPMENT LIST

Mannequins/Models for JeevaRaksha 4-day C-ECLS workshop Skill Lab (Equipment List with requirements and technical specifications)

Sl No	Product	Specifications	QTY

1.	AED Trainer	**Technical –** • Should be portable and light weight • Should be able to connect to feedback devices wirelesses. • The AED Trainer must be pre-programmed with 3 or more scenarios • The AED Trainer must contain a status display window that can be manually changed. • The AED Trainer must contain an LED display indicating selection of volume level and scenario chosen	6
2.	Adult CPR Mannequins	**The mannequin should fulfil following standards –** • Should provide mechanical feedback key points of CPR that is depth and chest recoil. • The AED Trainer must resemble a realistic automated external defibrillator (AED). **Anatomy:** • Should be a half body mannequin with accurate anatomical landmark resembling an adult. • Should have nose, eyes, articulating mandible to teach the students C-E technique for mask holding. • Should have nipples, sternal notch, belly button and ribs to teach hand placement for chest compression. **Hygiene -** • Should have removable face skin and one additional face skin to be provided.	6
3.	Junior QCPR	**The mannequin should fulfill following standards** **Teaching Goals –** • Should provide feedback on all key points of CPR that is depth and chest recoil. • Anatomy - Should be a full body mannequin with accurate anatomical landmark resembling an infant. • Should have nose, eyes, articulating mandible to teach the students C-E technique for mask holding. • Should have naturally obstructed and the airway to be cleared only when head/tilt or jaw thrust is performed. • Should have collar bones to identify shoulder allowing to teach tap and shout. • Should have nipples, sternal notch, belly button and ribs to teach hand placement for chest compression. **Hygiene -** • Should have removable face skin and one additional face skin to be provided. **Technical –** • Should be portable and light weight	1

4.	Adult Airway Management	**Teaching Goals** – Airways, intubation, ventilation & suction techniques, learning procedures • **Intubation Procedures** Tracheal (oral) • The mannequin must be able to provide realistic and complete training in all intubation procedures and the use of the Laryngeal Mask Airway. **Anatomy –** • The mannequin must provide realistic anatomy, nostrils. Lips, teeth, tongue, pharynx-oral and nasal, larynx with glottis opening, vallecula, arytenoids, vocal cords, sub glottis cricoid ring, trachea, including carina lungs, oesophagus and stomach. • The mannequin must provide realistic head positioning. Neck flexion, extension and rotation, head lift and jaw mobility. • The mannequin must provide realistic complications e.g. with excessive laryngoscope pressure on teeth will produce and audio signal. • The mannequin must provide realistic checking for proper tube placement with visual inspection of lung expansion during ventilation. A separate model for demonstration airway anatomy shall be provided. • The mannequin must establish and maintain an open airway by head tilt, chin lift, neck lift and jaw thrust. • The mannequin should permit realistic practice in lung ventilation, also with the use of non-invasive equipment.	4
5.	Obstetric Mannequin	**General Features:** • The system shall consist of a Birthing Pelvis, Birthing Baby, Placenta, Lubricant, Soft Carry Case and Directions for use • The simulator shall be a pelvis with articulating thighs, baby, placenta, vagina and umbilical cord • The simulator shall allow for multiple delivery presentations and complications including (but not limited to) ▪ Normal delivery ▪ Breech delivery ▪ Delivery of the placenta • The simulator shall have an anatomically accurate perineum • The simulator shall have a realistic bony pelvis	2
6.	Paediatric Airway Management Trainer	**Paediatric Intubation trainer** • The trainer should be anatomically accurate reproduction of a paediatric torso designed for teaching the differences in paediatric and adult anatomy for airway management procedures • Anatomically accurate airway must allow sizing and insertion of various airway adjuncts • Should be able to perform Oropharyngeal and nasopharyngeal airway insertion • Endotracheal tube insertion and securing must be possible • Bag-valve-mask ventilation must be performed	1

7.	Infant CPR	**Product Specs:** • learning infant CPR • Realistic chest compressions and chest rise to learn proper techniques • easy to transport, inexpensive and easy to maintain • Durable construction **Product features:** • Oral and nasal passages allow realistic nose pinch required for mouth-tonose ventilation • Natural obstruction of the airway allows students to learn the important technique of opening the airway • Airway closes during flection and extension of the neck • Head tilt/chin lift and jaw thrust allow students to practice correctly all maneuvers necessary when resuscitating a real patient • Realistic chest compliance means students can experience the proper technique required for chest compressions on infants • Foreign-body airway obstruction feature allows the release of a foreignbody obstruction to be practiced through back blows and chest-thrust techniques • Removable and reusable faces for convenient and affordable maintenance	4
8.	Choking Adult	• Should be a lifelike adult torso/wearable apron designed specifically for training students in the performance of the Heimlich Abdominal Thrust Maneuver. • Should be supplied with simulated food boluses. • Should be able to perform the maneuver as in a real life situation and on proper technique the bolus should come out.	1
9.	Cardiac Rhythm Simulator	Simulator is Battery/Mains Powered designed to provide basic and modified adult rhythm as well as paediatric rhythms. • Have a wide range of ECG rhythm. • Simulator has 'ignore shock' and variable pulse strength features. • It has can be connected to external displays	2
Item 9, 10 and 11 **If cadavers not available** to practice the following skills Chest tube (Intercostal tube placement), Cricothyrotomy and Intraosseous needle insertion **then need the following mannequin**			

10.	Chest Tube (ICD) Placement	**Teaching Goals** – Chest tube placement, also called Inter costal drainage (ICD) Tube placement and drainage **ICD Procedures** • The mannequin must be able to provide realistic and complete training Chest tube insertion • Surgical incision in the 5th, 6th & 7th intercostal spaces • Blunt dissection of chest wall • Pleural perforation and finger sweep • Chest tube suture fixation ***Note**: should have adequate supplies of replaceable skins, soft tissue, etc and any other parts for repeated performance of the procedure* **Anatomy –** • The mannequin must provide realistic anatomy chest wall, ribs, intercostal spaces, pleural space.	2
11.	Cricothyroidotomy	**Teaching Goals** – Cricothyrotomy tube placement when intubation is difficulty/impossible **Cricothyrotomy Procedures** • The mannequin must be able to provide realistic and complete training cricothyrotomy tube insertion • Surgical incision followed by blunt dissection • Perforation of cricothyroid membrane with little finger and, • Tube insertion ***Note**: should have adequate supplies of replaceable skins, soft tissue, etc and any other parts for repeated performance of the procedure*	2
12.	Intraosseous (IO) Needle insertion for access	**Teaching Goals** – Intraosseous (IO) Needle insertion to provide access to obtain blood samples, administer fluids, medications and blood (when unable to obtain intra venous access) **IO placement Procedures** • The model must be able to provide realistic and complete training in IO placement • Should have model of **both Humerus and femur (one set)** ***Note**: should have adequate supplies of replaceable bony portions, skins, soft tissues etc and any other parts for repeated performance of the procedure* **Anatomy –** • The mannequin must provide realistic anatomy, feel and consistency of bone with true reflection of adjacent anatomical landmarks	2 sets

Durables for JeevaRaksha 4-day C-ECLS workshop

Sl.No.	Material	Qty
1	Tourniquet	5
2	Pelvic binder	3
3	C Spine neck blocks	6

4	Head immobilizer	3
5	Hardboard - wood or plastic (for spine injury)	2
6	Hard cervical collars- hard collar different sizes	4
7	Wood or Plastic Backboards (for spinal immobilization)	2
8	Velcro Spinal Immobilization Straps	2
9	cervical collars- Philadelphia size adjustable	5
10	Improvised tourniquets	5
11	Sand bags improvised (for stabilizing neck in injuries)	6
12	Empty oxygen tanks (or look alike) with tubing	2
13	Pulse oximeter	2
14	Suction set with vacuum pump	1
15	Nasal Cannula- different sizes (neonate, paeds, more of adult)	8
16	Simple Face Mask-different sizes (neonate, paeds, more of adult)	8
17	Non Rebreather mask-different sizes (neonate, paeds, more of adult)	8
18	Adult Oral airways- all sizes- Sets	5
19	Adult Nasal Airway - all sizes- Set	5
20	Paediatric and Neonatal Oral airways- all sizes- Sets	5
21	Paediatric and Neonatal Nasal Airway - all sizes- Set	5
22	LMA-different sizes	10
23	BVM AMBU bag (with different sized masks for each set)	5
24	Paediatric AMBU Bag (with different sized masks for each set)	3
25	Neonate AMBU Bag (with different sized masks for each set)	5
26	Endotracheal tubes (10 of each size: 3.0, 4.0, 6.0, 7.0, 8.0)	30
27	Cricothyrotomy Tube	5
28	Bougies	5
29	Guide Wire (stylet)	10
30	#5 French Feeding Tubes	8
31	#36 French Thoracostomy tubes	20
32	Jamshedi needle- different sizes (manual IO)	20
33	Ezi IO needles different sizes	0
34	Sponge holder forceps	5
35	McGills Forceps (different sizes)	15
36	Incision Blade handles	15
37	Needle holder	15
38	Scissors	10
39	14 gauge 3 inch IV Catheters (for needle thoracostomy)	10
40	Standard 18g IV catheters	10

41	Standard 22g IV catheters	10
42	IV Cannula- different sizes	10
43	2 mL syringe	10
44	10 mL syringes	10
45	Green oxygen tubing 5m	1
46	Bed sheets to covers skill station tables	20
47	Towels and sheets to wrap neonate during resuscitation	10

Disposable for JeevaRaksha 4-day C-ECLS workshop

Sl.No.	Material	Qty
1	Plastic gown one box	2
2	Glove box	2
3	Batteries for laryngoscopes	12
4	Batteries for AED	6
5	batteries for other electronic equipment	As needed
6	Size 0 Silk Sutures (without needles, for tying chest tubes and umbilical catheters in place)	100
7	Ventilator tubing 2 meters	1
8	Dynacrap crepe bandage skin colour	1
9	Surgical Blades	50

ANNEXURE 4: SAMPLE PRACTICAL TIME TABLE – ENLS

DAY 1				
Start	Duration	Triage Scenarios	Airway + Choking	Cardiac Scenarios
09 00	80	Group 1	Group 2	Group 3
10 20	20	Tea Break		
10 40	80	Group 2	Group 3	Group 1
12 00	80	Group 3	Group 1	Group 2
01 20	40	Lunch Break		
02 00	60	Practice Sessions		
02 40	20	Tea Break		
03 00	2hrs Exam	6 exam stations to test all the candidates		
Day 2				
Start	Duration	Obstetric Scenarios	Psychiatric Scenarios	Neonatal Resuscitation
09 00	80	Group 1	Group 2	Group 3
10 20	20	Tea Break		
10 40	80	Group 2	Group 3	Group 1
12 00	80	Group 2	Group 3	Group 1
01 20	40	Lunch Break		
02 00	40	Practice Sessions		

02 40	20	Tea Break		
03 00	2hrs Exam	6 exam stations to test all the candidates		
Day 3				
Start	Duration	Trauma Scenarios	Communication Stations	Safe Transport Scenarios
09 00	80	Group 1	Group 2	Group 3
10 20	20	Tea Break		
10 40	80	Group 2	Group 3	Group 1
12 00	80	Group 3	Group 1	Group 2
01 20	40	Lunch Break		
02 00	40	Practice Sessions		
02 40	20	Tea Break		
03 00	2hrs Exam	6 exam stations to test all the candidates		
05 00	Closing	Feedback, Observer Meeting and Valedictory Function		

ANNEXURE 5: SAMPLE PRACTICAL EXAMINATION SCHEDULE - ENLS

Day 1	Airway	Airway	Choking	Cardiac	Cardiac	Cardiac
	A	B	C	D	E	F

Day 2	NRP	Obstetrics	Log Roll	Spotters	NRP	Obstetrics
	A	B	C	D	E	F
Day 3	Trauma Scenarios		Safe Transport	Communication	Trauma Scenarios	
	A	B	C	D	E	F

ANNEXURE 6: ENLS SKILL LAB- SPACE AND EQUIPMENT LIST

I. SPACE:

c. If single hall: 300 sqm
d. If two halls, then:
   i. Lecture: 120 sqm
   ii. Skills labs: 200 sqm

The lecture hall should have space

1. To seat 40 participants in semicircle in chairs and room for AV set and screen with adequate ventilation and A/C and toilet facilities nearby
2. Lecture hall: good lighting, acoustics, AV Equipment and power backup for projector
3. Computer/laptop with slide mover, pointer, extension cords, appropriate accessories, and stationery
4. Internet connection to access JeevaRaksha database and to enter workshop data (participant contact information, test scores and feedback)

The ENLS Skills labs should have

1. ENLS Mannequin / equipment list
2. ENLS skills labs durables (will last for 10-15 workshops)
3. Disposables (will last one workshop only)
4. 6' x 3' tables to place mannequin at skills stations (x15)
5. 4 cadavers ○ During the workshop the training centre should make available 4 cadavers in anatomy department to practice Chest tube (Intercostal tube placement), Cricothyroidotomy and Intraosseous needle insertion. If cadavers are not available, will need mannequin as alternative (these mannequins are included in the list below)

II. EQUIPMENT LIST

Mannequins/Models for JeevaRaksha 3-day ENLS workshop Skill Lab (Equipment List with requirements and technical specifications)

Sl No	Product	Specifications	QTY
1.	AED Trainer	**Technical –** • Should be portable and light weight • Should be able to connect to feedback devices wirelesses. • The AED Trainer must be pre-programmed with 3 or more scenarios • The AED Trainer must contain a status display window that can be manually changed. • The AED Trainer must contain an LED display indicating selection of volume level and scenario chosen	6

2.	Adult CPR Mannequins	**The mannequin should fulfil following standards –** • Should provide mechanical feedback key points of CPR that is depth and chest recoil. • The AED Trainer must resemble a realistic automated external defibrillator (AED). **Anatomy:** • Should be a half body mannequin with accurate anatomical landmark resembling an adult. • Should have nose, eyes, articulating mandible to teach the students C-E technique for mask holding. • Should have nipples, sternal notch, belly button and ribs to teach hand placement for chest compression. **Hygiene -** • Should have removable face skin and one additional face skin to be provided.	6
3	Adult Airway Management	**Teaching Goals** – Airways, intubation, ventilation & suction techniques, learning procedures • **Intubation Procedures** Tracheal (oral) • The mannequin must be able to provide realistic and complete training in all intubation procedures and the use of the Laryngeal Mask Airway. **Anatomy –** • The mannequin must provide realistic anatomy, nostrils. Lips, teeth, tongue, pharynx-oral and nasal, larynx with glottis opening, vallecula, arytenoids, vocal cords, sub glottis cricoid ring, trachea, including carina lungs, oesophagus and stomach. • The mannequin must provide realistic head positioning. Neck flexion, extension and rotation, head lift and jaw mobility. • The mannequin must provide realistic complications e.g. with excessive laryngoscope pressure on teeth will produce and audio signal. • The mannequin must provide realistic checking for proper tube placement with visual inspection of lung expansion during	2

		ventilation. A separate model for demonstration airway anatomy shall be provided. • The mannequin must establish and maintain an open airway by head tilt, chin lift, neck lift and jaw thrust. • The mannequin should permit realistic practice in lung ventilation, also with the use of non-invasive equipment.	

4	Obstetric Mannequin	**General Features:** • The system shall consist of a Birthing Pelvis, Birthing Baby, Placenta, Lubricant, Soft Carry Case and Directions for use • The simulator shall be a pelvis with articulating thighs, baby, placenta, vagina and umbilical cord • The simulator shall allow for multiple delivery presentations and complications including (but not limited to) ▪ Normal delivery ▪ Breech delivery ▪ Delivery of the placenta • The simulator shall have an anatomically accurate perineum • The simulator shall have a realistic bony pelvis	2
6	Infant CPR	**Product Specs:** • learning infant CPR • Realistic chest compressions and chest rise to learn proper techniques • easy to transport, inexpensive and easy to maintain • Durable construction **Product features:** • Oral and nasal passages allow realistic nose pinch required for mouth-to-nose ventilation • Natural obstruction of the airway allows students to learn the important technique of opening the airway • Airway closes during flection and extension of the neck • Head tilt/chin lift and jaw thrust allow students to practice correctly all maneuvers necessary when resuscitating a real patient • Realistic chest compliance means students can experience the proper technique required for chest compressions on infants • Foreign-body airway obstruction feature allows the release of a foreign-body obstruction to be practiced through back blows and chest-thrust techniques • Removable and reusable faces for convenient and affordable maintenance	2
7	Choking Adult	• Should be a lifelike adult torso/wearable apron designed specifically for training students in the performance of the Heimlich Abdominal Thrust Maneuver. • Should be supplied with simulated food boluses. • Should be able to perform the maneuver as in a real life situation and on proper technique the bolus should come out.	1
Item 8, and 9 **If cadavers not available** to practice the following skills Chest tube (Intercostal tube placement), Cricothyrotomy and Intraosseous needle insertion **then need the following mannequin**			

8	Cricothyroidotomy	**Teaching Goals** – Cricothyrotomy tube placement when intubation is difficulty/impossible **Cricothyrotomy Procedures** • The mannequin must be able to provide realistic and complete training cricothyrotomy tube insertion • Surgical incision followed by blunt dissection • Perforation of cricothyroid membrane with little finger and, • Tube insertion ***Note**: should have adequate supplies of replaceable skins, soft tissue, etc and any other parts for repeated performance of the procedure*	2
9	Intraosseous (IO) Needle insertion for access	**Teaching Goals** – Intraosseous (IO) Needle insertion to provide access to obtain blood samples, administer fluids, medications and blood (when unable to obtain intra venous access) **IO placement Procedures** • The model must be able to provide realistic and complete training in IO placement • Should have model of **both Humerus and femur (one set)** ***Note**: should have adequate supplies of replaceable bony portions, skins, soft tissues etc and any other parts for repeated performance of the procedure* **Anatomy –** • The mannequin must provide realistic anatomy, feel and consistency of bone with true reflection of adjacent anatomical landmarks	2 sets

Durables for JeevaRaksha 3-day ENLS workshop

Sl.No.	Material	Qty
1	Tourniquet	5
2	Pelvic binder	3
3	C Spine neck blocks	4
4	Head immobilizer	2
5	Hardboard - wood or plastic (for spine injury)	2
6	Hard cervical collars- hard collar different sizes	4
7	Wood or Plastic Backboards (for spinal immobilization)	2
8	Velcro Spinal Immobilization Straps	2
9	Cervical collars- Philadelphia size adjustable	1
10	Improvised tourniquets	5
11	Sand bag improvised (for stabilizing neck in injuries)	6
12	Empty oxygen tanks (or look alike) with tubing	2
13	Pulse oximeter	2
14	Suction set with vacuum pump (non-functional would do)	1
15	Nasal Cannula- different sizes (neonate, paeds, more of adult)	6

16	Simple Face Mask-different sizes (neonate, paeds, more of adult)	6
17	Non Rebreather mask-different sizes (neonate, paeds, more of adult)	6
18	Adult Oral airways- all sizes- Sets	5
19	Adult Nasal Airway - all sizes- Set	5
20	Paediatric and Neonatal Oral airways- all sizes- Sets	5
21	Paediatric and Neonatal Nasal Airway - all sizes- Set	5
22	LMA-different sizes	4
23	Adult Laryngoscopes	4
24	BVM AMBUu bag (with different sized masks for each set)	4
25	Paediatric AMBU Bag (with different sized masks for each set)	2
26	Neonate AMBU Bag (with different sized masks for each set)	2
27	endotracheal tubes (2 of each size: 3.0, 4.0, 6.0, 7.0, 8.0)	10
28	Cricothyrotomy Tube	2
29	Bougies	2
30	Guide Wire (stylet)	2
31	#5 French Feeding Tubes	8
32	#36 French Thoracostomy tubes	2
33	Jamshedi needle- different sizes (manual IO)	10
34	Ezi IO needles different sizes	0
35	Sponge holder forceps	2
36	McGills Forceps (different sizes)	2
37	Incision Blade handles	15
38	Needle holder	2
39	Scissors	2
40	14gauge 3inch IV Catheters (for needle thoracostomy)	10
41	Standard 18g IV catheters	10
42	Standard 22g IV catheters	10
43	IV Cannula- different sizes	10
44	Foleys Catheter 14 F	6
45	2 mL syringe	10
46	10 mL syringes	10
47	Green oxygen tubing 5m	1
48	bed sheets to covers skill station tables	20
49	Towels and sheets to wrap neonate during resuscitation	10

Disposable for JeevaRaksha 3-day ENLS workshop

Sl.No.	Material	Qty
1	Plastic gown one box	2
2	Glove box	2
3	Batteries for laryngoscopes	12
4	Batteries for AED	6
5	batteries for other electronic equipment	As needed
6	Size 0 Silk Sutures (without needles, for tying chest tubes and umbilical catheters in place)	6
7	Ventilator tubing 2 meters	1
8	Dynacrap crepe bandage skin colour	1
9	Surgical Blades	50

ANNEXURE 7: SAMPLE PRACTICAL TIME TABLE – BCLS

BCLS Skills Module					
Start	Duration	Cardiac Compression	Tourniquet	Cardiac Scenarios	Choking
09 00	60	Group 1	Group 2	Group 3	Group 4
10 00	60	Group 2	Group 3	Group 4	Group 1
11 00	20	Tea Break			
11 20	60	Group 3	Group 4	Group 1	Group 2
12 20	60	Group 4	Group 1	Group 2	Group 3
01 20	40	Lunch Break			
02 00	2hrs Exam	6 exam stations to test all the candidates			
04 00	Closing	Feedback, Observer Meeting and Valedictory Function			

ANNEXURE 8: SAMPLE PRACTICAL EXAMINATION SCHEDULE – BCLS

	Cardiac Compression	Cardiac Scenarios	Cardiac Scenarios	Cardiac Compression
	A	B	C	D

ANNEXURE 9: EQUIPMENT LIST AND SPACE FOR JEEVARAKSHA BCLS LAB

Practical Skills	Mannequin (model)	Equipment
Cardiac arrest	Chest Compression Mannequin (with ability to BVM Ventilate (AMBU bag) With mechanical feedback (about quality of compression) **4 pieces**	Bag Valve Mask (BVM): size that fits the mannequin **4 pieces**
Paediatric Cardiac arrest	Chest Compression Mannequin (with ability to BVM Ventilate (AMBU bag) With mechanical feedback (about quality of compression) **2 pieces**	Bag Valve Mask (BVM): that fits the mannequin **2 pieces**
Training AED Set	NA	**4 pieces**
Airway Foreign Body (Adult)	Choking Mannequin/Apron x **1piece** (desirable but not compulsory)	Rubber pellet/foreign body
Airway Foreign Body (Infant)	**1 piece** (desirable but not compulsory)	Rubber pellet/foreign body

The ratio of trainer to student must be 1:5. This list is for a class size of 25. If the number is more ensure proportionately more mannequin and equipment.

2. Minimum space requirement

a. If single hall: 300 sqm
b. If two halls, then:
   i. Lecture: 120 sqm large room for 40 needed
   ii. Skills labs: 200 sqm

The lecture hall should have

1. To seat 40 participants in semicircle in chairs and room for AV set and screen with adequate ventilation and A/C and toilet facilities nearby
2. Lecture hall: good lighting, acoustics, AV Equipment and power backup for projector
3. Computer/laptop with slide mover, pointer, extension cords, appropriate accessories, and stationery
4. Internet connection to access JeevaRaksha database and to enter workshop data (participant contact information, test scores and feedback)

10 REGIONAL TRAINING CENTRE CRITERIA

They should be conducting all types of JR courses for candidates from other institutions too.

In addition to all requirements for Accredited training centre +

- 4 course directors
- ECLS:- 25 trainers
- ENLS:- 15 trainers
- BCLS:- 15 trainers

Common Criteria:

Have conducted minimum 5 independent courses

Commitment to train healthcare staff & citizens in life saving skills

ANNEXURE 11: INFECTION CONTROL GUIDELINES FOR TRAINING PROGRAMS

Instructions for Organisers:

1. Candidate driven theory module via LMS and online mentoring sessions will further reduce the risk of transmission of infection
2. Limit class room attendance to max 30 for C-ECLS and 40 for ENLS and BCLS training programs
3. Temperature check of all attendees before entering the hall and at the end of the day
4. Sanitiser to be provided at the entrance of the hall and at each skill station 5. Seating: Ensure one vacant sear between candidates 6. Mannequin and Skill Stations:
    a. After each group mannequins to be sanitised in the skill station.
7. Food:
    a. Individually packed meals and snacks to be provided
    b. Food to be consumed maintaining 1 metre physical distance
    c. Water bottle refilling option to be provided 8. Wash room:
    a. Wash rooms to be cleaned including all taps, doorknobs and other surfaces prior to candidates' arrival and between all breaks.
    b. Sanitiser to be provided at the entrance/exit

Pre-Training Instructions for attendees:

1. All attendees to carry their personal bottle of sanitiser.
2. Face Masks to be worn at all times
3. Personal water bottles to be used

JeevaRaksha Trust

(Rajiv Gandhi University of Health Sciences and Swami Vivekananda Youth Movement's Initiative)
#570, 12th A cross, 8th Main Road, JP Nagar 2nd Phase, Bengaluru – 560078, Karnataka, India

Form for Inspection of Training Centres for RGUHS- JeevaRaksha Comprehensive Emergency Care Life Support (C-ECLS) Accreditation

Institution Name and Address: **Date**

Skills Lab Director **JR Inspector**

1. Place (Infrastructure)	Y / N	Comments/Suggestions
A. Space: Sk ll Lab		
1. If single hall: 300 sqm, OR If separate, skills labs: 200 sqm & lecture hall: 120 sqm		
B. Space: Lect ıre Hall		
2. Can seat 30 participants in semicircle in chairs and toilet facilities nearby		
3. Lecture hall: good lighting, acoustics, AV Equipment and power backup for projector, internet		
4. Computer/laptop with slide mover, pointer, extension cords, appropriate accessories, and stationery		
5. Internet connection:		
C. Skills lab equipment (as per IR ECLS mannequins list)		
1. ECLS mannequin, durables (will last for 10-15 workshops) and disposables		
2. 6' x 3' tables to place mannequins at skills stations (x10).		
2. Personnel		
1. The centre should have the minimum (10) required number of certified instructors affiliated with it.		
2. Skills Lab Director: a certified instructor		
3. Skills lab Training coordinator (Deputy NO) Certified instructor		
3. Additional Requirements		
1. Conducted 2 C-ECLS workshops successfully under JR supervision		
2. At least two certified Instructors be present full time for all days of training		
3. Adequate instructors to ensure "Instructor / Student" ratio in practical of not less than 1:5		
4. Candidate Feedback above 70% positive?		

ANNEXURE :

5. Points for review during next visit		

Signature Principal/Dean/Director **Signature JR Inspector**

ANNEXURE :

13 FORMAT FOR SITE INSPECTION OF TRAINING CENTRES FOR ACCREDITATION

JeevaRaksha Trust

(Rajiv Gandhi University of Health Sciences and Swami Vivekananda Youth Movement's Initiative)

#570, 12th A cross, 8th Main Road, JP Nagar 2nd Phase, Bengaluru – 560078, Karnataka, India

Form for Inspection of Training Centres for RGUHS- JeevaRaksha Emergency Nursing Life Support (ENLS) Accreditation

Institution Name and Address: **Date**

Skills Lab Director **JR Inspector**

1. Place (Infrastructure)	**Y / N**	**Comments/Suggestions**
A. Space: Skill Lab		
1. If single hall: 300 sqm, OR If separate, skills labs: 200 sqm & lecture hall: 120 sqm		
B. Space: Lecture Hall		
1. Can seat 40 participants in semicircle in chairs and toilet facilities nearby		
2. Lecture hall: good lighting, acoustics, AV Equipment and power backup for projector, internet		
3. Computer/laptop with slide mover, pointer, extension cords, appropriate accessories, and stationery		
4. Internet connection:		
C. Skills lab equipment (as per JR ENLS mannequins list)		
1. ENLS mannequin, durables (will last for 10-15 workshops) and disposables		
2. 6' x 3' tables to place mannequins at skills stations (x10).		
2. Personnel		
1. The centre should have the minimum ( ) required number of certified instructors affiliated with it.		
2. Skills Lab Director: a certified instructor		
3. Skills lab Training coordinator (Deputy NO) Certified instructor		
3. Additional Requirements		
1. Conducted 2 ENLS workshops successfully under JR supervision		
2. At least two certified Instructors be present full time for all days of training		
3. Adequate instructors to ensure "Instructor / Student" ratio in practical of not less than 1:8		
4. Candidate Feedback above 70% positive?		
5. Points for review during next visit		

ANNEXURE :

Signature Principal/Dean/Director **Signature JR Inspector**

ANNEXURE :

14 FORMAT FOR SITE INSPECTION OF TRAINING CENTRES FOR ACCREDITATION

JeevaRaksha Trust

(Rajiv Gandhi University of Health Sciences and Swami Vivekananda Youth Movement's Initiative)

#570, 12th A cross, 8th Main Road, JP Nagar 2nd Phase, Bengaluru – 560078, Karnataka, India

Form for Inspection of Training Centres for RGUHS- JeevaRaksha Basic Care Life Support (BCLS) Accreditation

Institution Name and Address: **Date**

Skills Lab Director **JR Inspector**

1. Place (Infrastructure)	Y / N	Comments/Suggestions
A. Space: Skill Lab		
1.If single hall: 300 sqm, OR If separate, skills labs: 200 sqm & lecture hall: 120 sqm		
B. Space: Lecture Hall		
1.Can seat 40 participants in semicircle in chairs and toilet facilities nearby		
2.Lecture hall: good lighting, acoustics, AV Equipment and power backup for projector, internet		
3.Computer/laptop with slide mover, pointer, extension cords, appropriate accessories, and stationery		
4.Internet connection:		
C. Skills lab equipment (as per JR BCLS mannequins list)		
1.BCLS mannequin, durables (will last for 10-15 workshops) and disposables		
2.6' x 3' tables to place mannequins at skills stations (x8).		
2. Personnel		
1.The centre should have the minimum ( ) required number of certified instructors affiliated with it.		
2.Skills Lab Director: a certified instructor		
3.Skills lab Training coordinator (Deputy NO) Certified instructor		
3. Additional Requirements		
1.Conducted 2 BCLS workshops successfully under JR supervision		
2.At least two certified Instructors be present full time for all days of training		
3.Adequate instructors to ensure "Instructor / Student" ratio in practical of not less than 1:8		
4.Candidate Feedback above 70% positive?		
5.Points for review during next visit		

ANNEXURE :

Signature Principal/Dean/Director **Signature JR Inspector**

JeevaRaksha Trust

(Rajiv Gandhi University of Health Sciences and Swami Vivekananda Youth Movement's Initiative)

#570, 12th A cross, 8th Main Road, JP Nagar 2nd Phase, Bengaluru – 560078, Karnataka, India

To, Date:

Hon. Vice Chancellor

Rajiv Gandhi University of Health Sciences

4th 'T' Block, Jayanagar,
Bengaluru, Karnataka - 560041

Respected Sir,

SUB: *JeevaRaksha Training Centre Accreditation - Inspection Report of*_____
REF: *Inspection visit to the centre on* _____

Greetings from the JeevaRaksha Inspection Team!

I have visited _____ (Institution name) **in** _____(place) on _____ 20_____ and have inspected the institution for the purpose of certifying the site as a JeevaRaksha C-ECLS/ENLS/BCLS* Training Centre.

The institution has met all prescribed criteria and is eligible to be certified as a JeevaRaksha C-ECLS / ENLS / BCLS* Training Centre. Please find attached the Site visit report for your ready reference.

Yours sincerely,

Dr _____

Senior Instructor

JeevaRaksha Trust

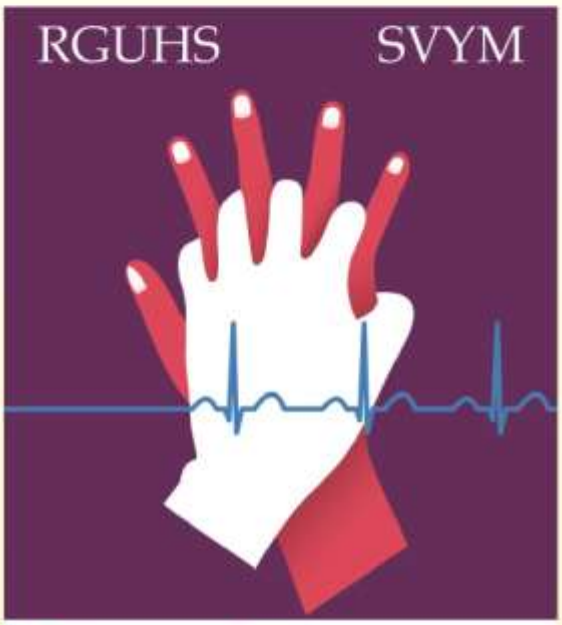
*Strike out whichever is not applicable

ANNEXURE 16: BREAKDOWN OF HONORARIUM FOR ALL COURSES

Breakdown of Courses and fees for Senior Trainer, Observer and External Trainer						
Courses	**ToT 1**	**ToT 2**	**Supported Courses**	**Provider Course**	**Honorarium**	**Comments**
			Requested by a non accredited centre	Accredited Centre	For external trainers	
ECLS	**1 + 5 Days**	**1 + 4 Days**	**1 + 4 Days**	**4 Days**		
Senior Trainer	2	2	1	0	₹ 7,500.00	
Observer	0	0	0	1	₹ 3,000.00	
Ex. Trainers	8 to 12	4	12 minus local trainers	12	1000 to 2500	Level 1- ₹ 1000 Level 2 - ₹ 1800 Level 3 - ₹ 2500
ENLS	**1 + 4 Days**	**1 + 3 Days**	**1 + 3 Days**	**3 Days**		
Senior Trainer	2	2	1	0	₹ 7,500.00	
Observer	0	0	0	1	₹ 1,500.00	
Ex. Trainers	6 to 10	4 to 6	10 minus local trainers	10	₹ 1,000.00	
BCLS	**1 + 2 Days**	**1 + 1 Day**	**1 + 1 Day**	**1 Day**		
Senior Trainer	2	1	1	0	₹ 7,500.00	
Observer	0	0	0	1	₹ 1,200.00	
Ex. Trainers	6 to 8	4	8 minus local trainers	8	₹ 1,000.00	

Notes:

1. Observer fee will be paid by JeevaRaksha Trust.
2. All other instructor (internal and external) honorariums will be paid by the host institution.
3. 1+ for the courses means Day Zero or preparatory day.



JeevaRaksha

© Copyrighted by JeevaRaksha Trust Jan 2021