



## CORE Immediate - Adult and Child

CORE Immediate - Adult and Child is for rescuers who might be expected to manage the early stages of cardiac arrest. CORE Immediate – Adult and Child includes adult and child collapse management.

[CORE Immediate – Adult and Child course information](#)

## How is CORE Immediate - Adult and Child obtained?

Certification requires the learner to demonstrate a given standard of simulated practical skills, facilitated by self-directed learning, face-to-face training, and formal assessment.

<a href="#"><u>Self-directed learning</u></a>	One week (min.)
<a href="#"><u>Face-to-face training</u></a>	6 hours (approx.)
<a href="#"><u>Assessment</u></a>	Skills

After the learner has successfully completed all assessments, they will receive their CORE certificate and be invited to provide feedback on their experience.

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## 1. Self-directed Learning

A learner will contact a CORE provider to organise their face-to-face training. Before attending face-to-face training, there is a minimum period during which the learner will be expected to acquire the necessary theory with pre-reading.

CORE Immediate learners should have access to *Resuscitation – A Guide for Health Professionals* at least one week before their face-to-face training. This manual contains the theory and knowledge directly applicable to the course and is available from our [shop](#).

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## 2. Face-to-face Training

Face-to-face training is delivered by one or more CORE instructors who have been certified by the New Zealand Resuscitation Council.

Face-to-face training focuses on two areas:

1. The practical skills of resuscitation
2. Scenarios for the management of collapse and medical emergencies.

The training should also provide the learner with ample opportunity for discussion.

Face-to-face training is designed to enable a mix of health professionals to work in teams, just as they might in real life. Although the final learner mix will be tailored as required, the New Zealand Resuscitation Council advocates for multi-disciplinary courses wherever feasible.

### **Flexibility of delivery**

Face-to-face training should be completed within one day.

### **Content**

Face-to-face training will be delivered as a series of modules covering the essential practical skills of resuscitation. Four skill stations are based around four key management guidelines, while four sets of scenarios focus on adult collapse, child collapse, and injury.

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## Skill stations on CORE Immediate - Adult and Child

### **Adult collapse management plan**

Following this skill station the learner will be able to demonstrate a DRS ABCD management plan for adult collapse, both as a lone responder and in a team of two.

Skills will include:

- Following an adult collapse algorithm sequence

- Manually opening the airway using head extension and chin lift
- Assessing breathing and circulation
- Expired air ventilation
- Chest compression.

## **Child and infant collapse management plan**

Following this skill station the learner will be able to demonstrate a DRS ABCD management plan for child collapse and infant collapse, both as a lone responder and in a team of two.

Skills will include:

- Following a child and infant collapse algorithm sequence
- Manually opening the airway using head extension and chin lift
- Assessing breathing and circulation
- Ventilating children using mouth-to-mouth ventilation in children
- Ventilating infants using mouth-to-nose-and-mouth and mouth-to-nose
- Chest compression (hand, finger and encircling grip).

All learners will learn all components of the child collapse management plan.

## **AED defibrillation**

Following this skill station the learner will be able to demonstrate the use of an automated external defibrillator (AED) on a collapsed person.

## **Management of airway obstruction and breathing**

Following this skill station the learner will be able to demonstrate the effective management of airway obstruction and breathing in the person with apnoea. Skills will include:

- Assess airway obstruction, apnoea and ineffective breathing
- Position the head and neck optimally for airway control
- Apply manual manoeuvres, including jaw thrust to maintain an open airway
- Perform oropharyngeal suction of the upper airway using a portable suction unit
- Perform mouth-to-mask ventilation
- Correctly apply a facemask, and deliver single and dual operator-assisted bag-to-mask controlled ventilation to an adult
- Determine the need for, and apply, manually-assisted ventilation using a bag-to-mask device

- Deliver oxygen from an oxygen cylinder, and connect this supply to a manual inflation bag
- Correctly size and insert oropharyngeal and nasopharyngeal airways
- Correctly size and insert a laryngeal mask airway.

As part of this skill station, learners will be exposed to the principles of endotracheal intubation.

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## Scenario sets on CORE Immediate - Adult and Child

### **Adult collapse**

After this scenario set the learner will be able to:

- Demonstrate a DRS ABCD approach when responding to a collapsed adult
- Prioritise the integration of interventions, in particular to focus on early defibrillation
- Establish team behavior and understand its importance
- Manage common adult cardiac arrest scenarios.

### **Child and infant collapse**

After this scenario set, the learner will be able to:

- Demonstrate a DRS ABCD approach when responding to a collapsed child or infant
- Prioritise the integration of interventions
- Establish team behavior and understand its importance
- Manage common child and infant collapse scenarios.

### **Management of medical emergencies**

After this scenario set, the learner will be able to:

- Recognise and manage a deteriorating patient, including one with anaphylaxis, and initiate and prioritise care
- Communicate effectively and understand the importance of, and establish, team behaviour.

# 3. Assessment

To gain CORE certification there is a formal assessment. For CORE Immediate – Adult and Child this involves assessment of the skills of resuscitation. Learners have to pass all assessments to achieve certification.

Scenarios are not assessed.

## **Skill Module Assessments**

Skill module assessments are assessed using specific criteria for each expected action. The four skill module assessments and their components are:

### **Management of adult collapse**

The learner will demonstrate the management of adult collapse.

### **Management of child or infant collapse**

The learner will demonstrate the management of child or infant collapse.

### **AED defibrillation**

The learner will demonstrate the safe use of an AED.

### **Management of airway obstruction and breathing**

The learner will demonstrate:

- Manual airway opening, with head tilt, chin lift and jaw thrust
- Oropharyngeal airway suctioning
- Insertion of an oropharyngeal airway
- The technique of bag-to-mask ventilation
- The safe delivery of oxygen from an oxygen cylinder.
- Insertion of a laryngeal mask airway.

## **Criteria for a pass**

The instructor will make every effort to support your learning opportunities and, if necessary, provide additional coaching to help you pass the CORE assessment. All assessments are

graded between 1 (low) and 5 (high).

The regulations are as follows:

1. To obtain certification, a learner must pass all assessments within six weeks of the face-to-face training.
2. To pass an assessment, a learner must get a grade of at least 3.
3. No more than three attempts at an assessment can be made in one day.
4. If the learner does not pass an assessment after three attempts, they may re-attempt after 48 hours.
5. If the learner does not pass four or more assessments on the day of face-to-face training, the learner cannot re-attempt assessment. To gain certification, the learner would need to repeat the course.
6. Certification is dated the same as that of the learner's face-to-face training, regardless of the date they pass all assessments.

## **Compassionate consideration**

Compassionate consideration may be granted where circumstances prevent the learner from re-sitting within the required time frame (for example in the case of illness). The procedure for compassionate consideration is that the learner submit a written request explaining the circumstances to their Course Director. This should be supported by a written statement from the Course Director and forwarded to the New Zealand Resuscitation Council. The New Zealand Resuscitation Council will respond within five working days.

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# **Certification and Post-Course Processes**

## **Certification period**

CORE certificates are conferred by the New Zealand Resuscitation Council, and valid for one year from the time of successful completion of the assessment. For their own purposes, employing organisations and accreditation bodies may recognise the certification for longer. Due to fall-off in skill retention, the New Zealand Resuscitation Council would not support any recognition period longer than three years.

## **Clinical implications of certification**

CORE certification indicates successful completion of the assessment for a particular course prescription. Because of the limitations of such courses to clearly indicate clinical competence, the New Zealand Resuscitation Council makes the following statements in relation to its certification:

1. Successful completion of CORE certification does not qualify the learner to perform, or indicate that the learner is competent to perform, the skills of resuscitation in the clinical setting. The application of certification to indicate clinical competence must be decided solely by the clinical institution within which the learner practices.
2. The material taught as part of CORE may not correspond exactly to that which the learner is permitted to practice in his or her own clinical institution. The final clinical application of these skills is solely at the discretion of the clinical institution concerned.

## **Recognition of prior learning**

Learners seeking CORE certification should have the prior skills and theoretical knowledge necessary to complete the course. Because the New Zealand Resuscitation Council considers that all learners should complete the entire course for their skill level, there is no specific recognition of prior learning for CORE courses.

## **Certification and cross-crediting**

CORE Immediate learners shall receive a certificate dated from the date of their face-to-face training. If you lose your certificate, your Course Director should be able to provide this. Please contact them in the first instance. If your Course Director is unable to provide you with a replacement certificate then the New Zealand Resuscitation Council can do this for a fee.

The New Zealand Resuscitation Council and Australian Resuscitation Council recognise the certification provided from each council's course as equivalent for the purposes of professional or workplace credentialing. Although each council's courses teach slightly different material to reflect differences in national resuscitation guidelines, these differences are minor and have no impact on the quality or outcomes of resuscitation in practice.

This arrangement applies only to CORE Provider courses. No other courses are currently recognised for cross-crediting purposes.

## **Quality assurance**

Quality is of paramount importance to the New Zealand Resuscitation Council. For this

reason a key feature of the CORE course is a prescriptive method of delivery, content and assessment.

As part of the quality assurance requirements of Council, learners will be invited to complete an evaluation for courses attended. This feedback allows the New Zealand Resuscitation Council to identify course difficulties, give feedback to instructors, and consider modifications to the course and administrative processes.