



Australian Government

Assessment Requirements for HLTANA003 Assist with airway management

Release: 1

Assessment Requirements for HLTANA003 Assist with airway management

Modification History

Release	Comments
Release 1	This version was released in <i>HLT Health Training Package release 2.0</i> and meets the requirements of the 2012 Standards for Training Packages. Significant changes to the elements and performance criteria. New evidence requirements for assessment, including volume and frequency requirements. Significant change to knowledge evidence- incorporates content from multiple units, including HLTAN403D/HLTAN404D.

Performance Evidence

The candidate must show evidence of the ability to complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the job role. There must be evidence that the candidate has:

- followed established airway management processes and techniques including performing or assisting with at least 10 of each of the following:
 - pre-oxygenation
 - bag or mask ventilation
 - Supraglottic Airway Device (SAD) insertion
 - oral insertion of endotracheal tubes
 - airway management during emergence
- followed established airway management processes and techniques including performing or assisting with at least 3 of each of the following:
 - endobronchial tube insertion
 - nasal insertion of endotracheal tubes
 - laser tubes
 - rapid sequence induction
 - predicted difficult airway
 - attaching clients to ventilators
 - tracheostomy tube
- performed or assisted with airway management on different client types of varied ages, both conscious and unconscious

- responded and adapted to airway management problems:
 - routine
 - unpredictable

Knowledge Evidence

The candidate must be able to demonstrate essential knowledge required to effectively complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the work role. This includes knowledge of:

- legal and ethical considerations (national, state/territory) for airway management, and how these are applied in organisations:
 - codes of practice
 - duty of care
 - infection prevention and control
 - informed consent
 - mandatory reporting
 - privacy, confidentiality and disclosure
 - records management
 - rights and responsibilities of workers, employers and clients
 - work role boundaries – responsibilities and limitations
 - work health and safety (WHS)
- considerations for airway management in different types of surgery, including:
 - general/regional/local anaesthetic and sedation
 - remote site - radiology, electroconvulsive therapy (ECT) & endoscopy
 - general/gastro-intestinal surgery
 - ear, nose and throat surgery
 - gynaecological surgery
 - obstetric surgery
 - orthopaedic surgery
 - vascular surgery
 - urological surgery
 - oral/dental/maxillofacial surgery
 - cardiothoracic surgery
 - neurosurgery
 - plastic surgery
 - trauma/emergency surgery
 - ophthalmic surgery
 - paediatric
- airway equipment, including function and operating guidelines, use, indications and limitations, and criteria for withdrawal for:
 - laryngoscopes blades

- fibreoptic bronchoscopes
- videoscopes
- cricothyrotomy kits
- oral and nasal airways
- oral endotracheal tubes
- laser tubes
- nasal endotracheal tubes
- tracheostomy tubes
- endobronchial tubes
- supraglottic airway devices
- jet insufflations
- intubation adjuncts – bougie, stylet, Magill's forceps
- types of suction equipment, its indication for use and hazards associated with usage
- airway management procedures, common issues and scope of technician role in:
 - bag or mask ventilation
 - Supraglottic airway device insertion
 - insertion of endotracheal tube, orally or nasally and endobronchial tubes
 - rapid sequence induction
 - predicted difficult airway
 - airway management during emergence
 - emergency airway algorithms
 - gas induction
- client considerations for airway management:
 - relationship between client positioning techniques and optimal airway management
 - pre-medications and their effects on respiration
 - causes, signs and symptoms of loss of airway
 - remedial actions to address loss of airway
 - type of surgery, including shared airway
- anatomy, physiology and pathophysiology factors that impact airway management for different client groups
- medical terminology specific to airway management
- roles and responsibilities of those participating in the anaesthetic procedure
- Australian and New Zealand College of Anaesthetists (ANZCA) *Policy guidelines* and *Difficult airway society guidelines*

Assessment Conditions

The following aspects of the performance evidence must have been demonstrated in the workplace with the addition of simulations and scenarios where the full range of contexts and situations have not been provided in the workplace:

- followed established airway management processes and techniques including performing or assisting with at least 10 of each of the following:
 - pre-oxygenation
 - bag or mask ventilation
 - SAD insertion
 - oral insertion of endotracheal tubes
 - airway management during emergence

The following aspects of the performance evidence must have been demonstrated in the workplace or in a simulated environment that reflects workplace conditions:

- followed established airway management processes and techniques including performing or assisting with at least 3 of each of the following:
 - laser tubes
 - rapid sequence induction
 - predicted difficult airway
 - attaching clients to ventilators
 - nasal insertion of endotracheal tubes
 - endobronchial tube insertion
 - gas induction
 - tracheostomy tube
 - failed airway scenarios

The following conditions must be met for this unit:

- use of suitable facilities, equipment and resources, including:
 - airway management equipment:
 - nasal and oral endotracheal tubes
 - tracheostomy tubes
 - laryngoscopes, including video, conventional, McCoy and fiberoptic
 - video or fiberoptic bronchoscopes
 - endobronchial tubes/endobronchial blockers
 - other difficult intubation equipment
 - emergency airway equipment
 - intubation aids (e.g. stylet, bougie, exchange catheter)
 - oropharyngeal/nasopharyngeal airways
 - Supraglottic airways
 - anaesthetic circuits
 - self inflating bag resuscitator
 - face masks
 - connectors
 - filters

- Magill's forceps
- general medical equipment:
 - suction equipment for oesophageal and tracheal suction
 - throat packs
 - lubricant
 - scissors
 - syringes
- monitoring equipment:
 - electrocardiography (ECG)
 - stethoscope
 - oxygen and gas analyser, spirometer, airway pressure and carbon dioxide monitor
 - cuff pressure gauge
 - pulse oximetry
 - neuromuscular transmission monitor
 - arterial blood gas measurement
- personal protective equipment
- paediatric & adult mannequins for initial simulated assessment
- modelling of industry operating conditions, including presence of situations requiring problem solving in non-routine situations

Assessors must satisfy the Standards for Registered Training Organisations (RTOs) 2015/AQTF mandatory competency requirements for assessors.

Links

Companion Volume implementation guides are found in VETNet -

<https://vetnet.gov.au/Pages/TrainingDocs.aspx?q=ced1390f-48d9-4ab0-bd50-b015e5485705>