

* [4**th June - Do all ICU nurses require ALS? #baccnals**](https://www.baccn.org/static/uploads/resources/BACCNalstwitterchat040619.docx)

Question

1. To what level should Critical Care Nurses be educated to?

Comments:

The attendees to the Twitter chat didn’t answer this question directly, however some answers are as below:

* Sound training regarding the deteriorating patient, peri- arrest and cardiac arrest is also beneficial?
* There should definitely be a minimum standard. In addition who can provide this training. I.e must if be resus council ALS? Or an in house course? ALS or ILS?
* We have done bespoke resus/sim training this year as a trial 1/2 day for all band 6 /7 staff in the unit (55 staff over 4 sessions)our resus team asked me what did we want to achieve from ILS, I said confidence in arrest situations, human factors etc and this was born

Question

1. Should all Critical Care shift leaders have ALS? or is the ILS sufficient?

Comments

Comments:

* Our trust teach all clinical staff ILS as a baseline
* I would say ALS would be too much to take on educationally & financially as a unit & as a resus provider. If our dr is not visible we encourage ICU staff to use 2222.But as there is usually an anesthetist present our staff to make up the rest of the resus team so ILS?

Question

1. Who should pay for shift leaders/nurses to do the ALS

Comments:

* All the answers where that the relevant trusts should pay for nurses to undertake the ALS.
* Unless you have a very large charitable funds pot the bill it's going to the trust who more than likely are expected to foot the bill. I do know a couple of nurses who have paid for themselves.
* The trust/local budget

Question

1. Should it be a national standard as to what level we are trained to, or should the decision be made at a local level?

Comments:

* National would be great but is there a difference between units as to what medical support etc is available e.g. out of hours.
* National, we should all do the same thing.
* I would say national for similar reasons/benefits as the Step 1/2/3/4 framework.
* I would like to see a national standard so if you change trusts etc we are all singing on the same sheet so to say
* I think national standard - there may be local particulars which require extra training, but for baseline I think standardisation would really help
* National would be great but that might require standardised role definition/pay banding which would be very difficult to achieve given diversity amongst critical care units
* Being devils advocate there are so many variables that having a national standard (apart from resus council) would be difficult

Conclusion

 The Twitter chat was very insightful and created good debate throughout on the questions asked.