# 



**Resuscitation Policy**

|  |  |  |  |
| --- | --- | --- | --- |
| Document No. | *EDRMS000064C* | Version No. | *7.0* |
| Approved by | *Policy Governance Group* | Date approved | *31/07/2015* |
| Ratified by | *Resuscitation Committee* | Date ratified | *15/06/2015* |
| Date Implemented | *20/06/2016* | Next Review Date | *15/06/2018* |
| Status | | *Approved* | |
| Target Audience (who does the document apply to and who should be using it) | | All wards and departments within the Trust (Community & Acute sites)  All Trust employed medical /nursing and Allied Health Professionals (AHPs) | |
| Accountable Director | | Director for Workforce and Education | |
| Policy Author/Originator - **Any comments on this document should, in the first instance be addressed to the author.** | | Resuscitation Manager | |
| Implementation Lead | | Resuscitation Manager | |
| If developed in partnership with another agency, ratification details of the relevant agency | | Resuscitation Committee | |

**Equ**

**Equality Impact**

Great Western Hospitals NHS Foundation Trust strives to ensure equality of opportunity for all service users, local people and the workforce. As an employer and a provider of health care, the Trust aims to ensure that none are placed at a disadvantage as a result of its policies and procedures. This document has therefore been equality impact assessed in line with current legislation to ensure fairness and consistency for all those covered by it regardless of their individuality. This means all our services are accessible, appropriate and sensitive to the needs of the individual.

**Special Cases**

* All patients are for active cardio-pulmonary resuscitation
* Exceptions: Patients whose notes contain a valid “Not for Resuscitation” decision.

****

Contents

[1 Document Definition 4](#_Toc454192552)

[1.1 Introduction and Purpose of the Document 4](#_Toc454192553)

[1.2 Glossary/Definitions 4](#_Toc454192554)

[2 Main Policy Content Details 7](#_Toc454192555)

[2.1 Criteria for Calling for Emergency Help/ Emergency Teams within Great Western Hospital (GWH) Site 7](#_Toc454192556)

[2.2 Calling the Medical Emergency Team - GWH Site Only 7](#_Toc454192557)

[2.3 Calling the Paediatric Emergency Team - GWH Site Only 7](#_Toc454192558)

[2.4 Calling the Newborn Emergency Team (NET) - (GWH Site Only) 8](#_Toc454192559)

[2.5 Calling the Obstetric Emergency Team (OET) - (GWH Site Only) 8](#_Toc454192560)

[2.6 Criteria for Resuscitation outside GWH building but within the Grounds of the Hospital Site 8](#_Toc454192561)

[2.7 Anaphylaxis 9](#_Toc454192562)

[2.8 List of Emergency Teams Covered by this Policy 9](#_Toc454192563)

[2.9 Resuscitation within the Theatre Suite (GWH Site Only) 9](#_Toc454192564)

[2.9.1 Area 1 9](#_Toc454192565)

[2.9.2 Area 2 9](#_Toc454192566)

[2.10 Resuscitation Criteria for Community Hospitals/Healthcare Facilities throughout Wiltshire 10](#_Toc454192567)

[2.11 Relatives Witnessing Resuscitation 10](#_Toc454192568)

[2.12 Resuscitation Equipment 10](#_Toc454192569)

[2.12.1 Resuscitation Equipment at the GWH Site 10](#_Toc454192570)

[2.13 Community Hospitals/ Healthcare Facilities throughout Wiltshire 11](#_Toc454192571)

[2.14 Patient Transfers and Post-Resuscitation Care 12](#_Toc454192572)

[2.14.1 Transfer within and from the GWH Site 12](#_Toc454192573)

[2.14.2 Patient Transfer from to Acute Hospitals 13](#_Toc454192574)

[2.15 Care after Death 13](#_Toc454192575)

[2.16 Manual Handling 14](#_Toc454192576)

[2.17 Do Not Attempt Cardio-Pulmonary Resuscitation Guidelines, Treatment Escalation Planning and Allow a Natural Death Documentation 14](#_Toc454192577)

[2.18 Standards, Audit and Training 14](#_Toc454192578)

[3 Duties and Responsibilities of Individuals and Groups 14](#_Toc454192579)

[3.1 The Resuscitation Department 14](#_Toc454192580)

[3.2 Academy Responsibilities 15](#_Toc454192581)

[3.3 Service Managers 15](#_Toc454192582)

[Service Managers 15](#_Toc454192583)

[3.4 The Team Leader of the Emergency Team 15](#_Toc454192584)

[3.5 The Senior Clinician 15](#_Toc454192585)

[3.6 All Employees 15](#_Toc454192586)

[3.7 All Members of the Medical Emergency Team 15](#_Toc454192587)

[3.8 All Members of the Paediatric Emergency Team 16](#_Toc454192588)

[All members of the Paediatric Emergency Team 16](#_Toc454192589)

[3.9 All Members of the Newborn Emergency Team 16](#_Toc454192590)

[3.10 All Members of the Obstetric Emergency Team 16](#_Toc454192591)

[3.11 The Most Senior Appropriately Trained Doctor/Nurse 16](#_Toc454192592)

[The most senior appropriately trained doctor/nurse 16](#_Toc454192593)

[3.12 The Team Leader 16](#_Toc454192594)

[3.13 Resuscitation Training Matrix (All training provided by the Resuscitation Department) 17](#_Toc454192595)

[3.14 Compliance for Adult, Paediatric and Newborn BLS Training and Provision 22](#_Toc454192596)

[3.15 Automated External Defibrillation (AED) 22](#_Toc454192597)

[3.16 Supraglottic Airway Insertion at a Cardiac Arrest 23](#_Toc454192598)

[4 Monitoring Compliance and Effectiveness of Implementation 23](#_Toc454192599)

[5 Review Date and Arrangements 25](#_Toc454192600)

[5.1 Regulatory Position 25](#_Toc454192601)

[5.2 Consultation Process 25](#_Toc454192602)

[5.3 References, Further Reading and Links to Other Policies 26](#_Toc454192603)

[Appendix A – Equality Impact Assessment 28](#_Toc454192604)

[Appendix B - Quality Impact Assessment Tool 29](#_Toc454192605)

[Appendix C - Procedure for becoming a Resuscitation Link Trainer 30](#_Toc454192606)

[Appendix D - Emergency Call Audit Form to be completed for all Medical, Paediatric, and Newborn Emergency (2222) Calls. 31](#_Toc454192607)

# Document Definition

## Introduction and Purpose of the Document

This policy outlines the training requirements as recommended by the joint statement from the British Medical Association, The Resuscitation Council UK, and The Royal College of Nursing. Oct 2007 (Ref 2).

All “Healthcare institutions have an obligation to provide an effective resuscitation service to ensure that their staff will receive training and regular updates for maintaining a level of competence appropriate to each individual employee’s role”.

It is also a recommendation of all healthcare institutions to have available emergency equipment, an emergency calling criteria and if necessary additional employees when a patient’s condition deteriorates.

The purpose of this document is to provide recommendations and guidance on the standards for clinical practice and training required by employees of Great Western Hospitals NHS Foundation Trust (the Trust) providing:

* A clear definition of terms.
* A protocol for the supplying and management of emergency equipment, within the Trust.
* Guidance with regards to emergency calls in respect of a deteriorating individual within the Trust this includes patients, employees and visitors.

For more information regarding the decision making process and documentation regarding ‘Do Not Attempt Cardio Pulmonary Resuscitation’ please refer to the Treatment Escalation Plan (TEP) and Resuscitation Decision Policy (Ref 9).

## Glossary/Definitions

The following terms and acronyms are used within the document:

|  |  |
| --- | --- |
| **ABLS** | Adult Basic Life Support – See Basic Life Support information below |
| **AED** | Automated External Defibrillators – AED use software to analyse cardiac rhythms and a voice prompt advises the user if defibrillation is required. |
| **AHP** | Allied Health Professional**.** The term Allied Health Professional is applied to non-medical, nursing & midwifery staff, who hold a registration e.g. Radiographers, Physiotherapists, Occupational Therapists, Operating Department Practitioners, Cardiac Technicians, Pharmacists etc. |
| **AHP** | Allied Health Professionals |
| **ALS** | Advanced Life Support – describes additional measures aimed at restoring ventilation and a perfusing cardiac rhythm. ALS includes identification of: ventricular fibrillation / pulseless ventricular tachycardia (VF/VT), which require defibrillation and other rhythms (Non VF/VT) which do not. Subsequent actions, including chest compressions, airway management and ventilation, venous access, the administration of adrenaline (epinephrine), and the identification and correction of reversible causes, are common to both groups |
| **ALSG** | Advanced Life Support Group |
| **AMU** | Acute Medical Unit |
| **APLS** | Advanced Paediatric Life Support – the APLS provider course is similar to the EPLS but is run by the Advanced Life Support Group (ALSG). |
| **AVPU** | Alert, Voice, Pain, Unresponsive – Neurological assessment criteria |
| **BASIC LIFE SUPPORT WITH AIRWAY ADJUNCTS** | Basic life support implies that no equipment is employed; where a simple oro/nasal pharyngeal airway or facemask /pocket mask for mouth-to-pocket mask ventilation is used, this is defined as “basic life support with airway adjunct”. |
| **BLS** | Basic Life Support –the purpose of BLS is to maintain adequate oxygenation to the vital organs through maintenance of ventilation and circulation. It is a “holding measure” until defibrillation and/or advanced life support is available. Failure of the circulation for three to four minutes will lead to irreversible cerebral damage. Delay, even within that time, will lessen the eventual chances of a successful outcome. Emphasis must therefore be placed on early access to help and rapid institution of good quality BLS. |
| **BLS & AED** | Basic Life Support and Automated External Defibrillation  Recent developments in AEDs have enabled increasing numbers of individuals to perform defibrillation safely and effectively. Such individuals (first responders) include medical employees, nurses, cardiac technicians, doctor’s assistants and AHPs. This is normally achieved by attending a Resuscitation council (UK) (RC (UK)) Advanced Life Support (ALS), Immediate Life Support (ILS) course or an in-house BLS & AED training course. There are some individuals who have received AED training from other organisations. This role can only be undertaken once they have provided sufficient evidence of competence from their training organisation and have demonstrated their competence with the resuscitation officers. |
| **BP** | Blood Pressure |
| **CARDIAC ARREST** | Cardiac arrest is the sudden cessation of mechanical cardiac activity, confirmed by the absence of a detectable pulse, unresponsiveness, and apnoea or agonal, gasping respiration.  Note – The patient may still have agonal gasping but this does not exclude a cardiac arrest. |
| **CPR** | Cardiopulmonary Resuscitation – is a combination of artificial ventilation, chest compressions, drug therapy and defibrillation. |
| **CT** | Computer Tomography |
| **DNACPR** | Do not attempt cardiorespiratory resuscitation |
| **DNAR** | Do not attempt resuscitation |
| **ED** | Emergency Department |
| **EDRMS** | Electronic Document Records Management System |
| **EPLS** | European Paediatric Life Support. The EPLS provider course is similar to APLS but is run by the Resuscitation Council UK. It is intended to provide training for multi-disciplinary healthcare professionals in the early recognition of the child in respiratory or circulatory failure and the development of the knowledge and core skills required to intervene to prevent further deterioration towards respiratory or cardiac arrest. This also includes trauma. |
| **ESR** | Electronic Staff Record |
| **F1 / F2** | Foundation year 1 Foundation Year 2 – Doctor grading |
| **GWH** | GWH refers to the Great Western Hospital site only. |
| **ILS** | Immediate Life Support –ILS is a Resuscitation Council (UK) accredited course, which bridges the gap between basic and advanced life support. It is initially a 1 day course but half day recertification courses are available thereafter. |
| **IR1** | Incident Reporting Form |
| **MEOWS** | Modified Early Obstetric Warning System – tools to help employees identify the sicker / deteriorating patient early and acts as an additional trigger to secure appropriate interventions before cardiac arrest occurs. |
| **MET** | Medical Emergency Team |
| **MIU** | Minor Injury Unit |
| **MRI** | Magnetic Resonance Imaging |
| **NBLS** | Neonatal Basic Life Support |
| **NCAA** | National Cardiac Arrest Audit |
| **NCEPOD** | National Confidential Enquiry into patient Outcome & Death |
| **NET** | Newborn Emergency Team |
| **NEWS** | National Early Warning Score – tools to help employees identify the sicker / deteriorating patient early and acts as an additional trigger to secure appropriate interventions before cardiac arrest occurs. |
| **NHS** | National Health Service |
| **NICU** | Neonatal Intensive Care Unit |
| **NLS** | Newborn Life Support – is Resuscitation Council (UK) accredited course, which provides training for multi-disciplinary healthcare professionals to provide resuscitation at birth. |
| **NNP** | Night Nurse Practitioner |
| **ODA** | Operating Department Assistant |
| **ODP** | Operating Department Practitioner |
| **OET** | Obstetric Emergency Team |
| **OT** | Occupational Therapists |
| **PET** | Paediatric Emergency Team |
| **PEWS** | Paediatric Early Warning Score – tools to help employees identify the sicker / deteriorating patient early and acts as an additional trigger to secure appropriate interventions before cardiac arrest occurs. |
| **PILS** | Paediatric Immediate Life Support – paediatric version of the ILS course. |
| **PLS** | Paediatric Life Support – similar to the PILS course but is an Advanced Life Support Group (ALSG) accredited course. |
| **RC (UK)** | Resuscitation Council (UK) ltd |
| **ROC** | Resuscitation and Outreach Connections (Link nurses for the trust) |
| **SCBU** | Special Care Baby Unit |
| **SHO** | Senior House Officer |
| **SpR** | Specialist Registrar Post – Doctor Grading |
| **ST’s** | Specialist Training Doctor – Doctor Grading |
| **TEP** | Treatment Escalation Plan – Document used to identify resuscitation decisions and treatment levels for patients |
| **TNA** | Training Needs Analysis |

# Main Policy Content Details

## Criteria for Calling for Emergency Help/ Emergency Teams within Great Western Hospital (GWH) Site

**Dial 2222 for Medical Emergency - if 1 or more of the following are evident or displayed**

**Airway** Is threatened.

**Breathing** Respiratory rate less than 5.

Respiratory rate greater than 40.

**Circulation** Pulse rate less than 35.

Pulse rate greater than 180.

Systolic blood pressure less than 70mmhg.

**Disability** Sudden decrease in level of consciousness.

Neurological best patient response assessment (patient is alert (A), response to voice (V), pain (P) or unresponsive (U) (AVPU) = if the patients response levels have deteriorated to either P or U.

Repeated or prolonged seizures.

**Other** Any patient who does not fit the above criteria but who you are seriously worried about and help is required rapidly.

## Calling the Medical Emergency Team - GWH Site Only

The Medical Emergency Team (MET) should be called on 2222 when encountering an adult who:

1. Has a suspected cardiac arrest.
2. Has a suspected respiratory arrest.
3. Is deteriorating and where cardio respiratory arrest may be imminent and help is required rapidly.
4. Has deteriorated in line with the Trust’s Recognising the Deteriorating Patient, including the Recognition of the Adult Deteriorating Patient Policy (Ref 5).

The switchboard operator will answer immediately when employees dial 2222.

Callers must state clearly “Medical Emergency Team” followed by the location of the sick adult e.g. “Medical Emergency Team Acute Cardiac Unit level 1”. Please avoid abbreviations. The operator will repeat the message back to ensure the correct information has been given. The caller should confirm the details, as repeated, are correct then terminate the phone call. The Medical Emergency Team will then be called and sent to the appropriate location.

## Calling the Paediatric Emergency Team - GWH Site Only

The Paediatric Emergency Team (PET) should be called on 2222 when encountering a child who:

1. Has a suspected cardiac arrest.
2. Has a suspected respiratory arrest.
3. Is deteriorating and where cardio respiratory arrest may be imminent and help is required rapidly.
4. Has deteriorated in line with the Trusts Paediatric Early Warning Policy - Children's Unit Only (Ref 6)

The switchboard operator will answer immediately when employees dial 2222.

The caller must state clearly “Paediatric Emergency Team” followed by the location of the sick child e.g. “Paediatric Emergency Team, Children’s Unit level 2”. Please avoid abbreviations. The operator will repeat the message back to ensure the correct information has been given. The caller should confirm the details, as repeated, are correct then terminate the phone call. The Paediatric Emergency Team will then be called and sent to the appropriate location.

## Calling the Newborn Emergency Team (NET) - (GWH Site Only)

The Newborn Emergency Team should be called on 2222 for any baby, who is still an inpatient in the maternity areas (Delivery Suite, Hazel Ward, White Horse Birthing Centre and Special Care Baby Unit (SCBU)) and who requires life-saving resuscitation.

The switchboard operator will answer immediately when employees dial 2222.

The caller must state clearly “Newborn Emergency Team” followed by the location of the sick newborn e.g. “Newborn Emergency Team Hazel Ward level 2”. Please avoid abbreviations. The operator will repeat the message back to ensure the correct information has been given. The caller should confirm the details, as repeated, are correct then terminate the phone call. The Newborn Emergency Team will then be called and sent to the appropriate location.

## Calling the Obstetric Emergency Team (OET) - (GWH Site Only)

The Obstetric Emergency Team should be called on 2222 when encountering a pregnant woman who requires ***urgent emergency obstetric treatment*** from the Obstetrician.

The switchboard operator will answer immediately when employees dial 2222.

The caller must state clearly “Obstetric Emergency Team” followed by the location of the pregnant woman e.g. “Obstetric Emergency Team, Delivery Suite, level 2”. Please avoid abbreviations. The operator will repeat the message back to ensure the correct information has been given. The caller should confirm the details, as repeated, are correct then terminate the phone call. The Obstetric Emergency Team will then be called and sent to the appropriate location

Please note, if a pregnant woman meets the following criteria the MET & PET teams should be requested in addition to Obstetric Emergency Team:

1. In cardiac arrest.
2. In respiratory arrest.
3. Is deteriorating and cardio respiratory arrest may be imminent and help is required rapidly.
4. Has deteriorated in line with the Trusts Recognition of the Adult Deteriorating Patient Policy (Ref 5 )

***In non-urgent cases*** Obstetric/Midwifery referral can be made via Maternity Bleep Holder - Bleep 1465 / Obstetric Senior House Officer (SHO) on 1854 or telephone Delivery Suite on 01793 604575.

## Criteria for Resuscitation outside GWH building but within the Grounds of the Hospital Site

For some areas, away from the acute hospital building e.g. Commonhead, Downsview house, car parks and the Cooperative Nursery, a MET (2222) call will result in the ambulance service being called and a limited MET response.

If there is a collapse outside of the main hospital building a MET call must be made (2222). The MET will be asked to assemble either in the GWH atrium or at the entrance to the Brunel Treatment Centre, where a member of portering will meet them. A minimum of two members will be escorted to the scene with high visibility clothing, medical bag containing oxygen, simple airway adjuncts and an Automated External Defibrillators (AED). Switchboard will also call an ambulance to the scene.

## Anaphylaxis

The management of suspected anaphylaxis / anaphylactic reactions should be conducted in accordance with the Resuscitation Council (UK) Guidelines for the management of anaphylaxis. (Ref 1) Training in management of anaphylaxis is available as an e-learning package on the Trust’s Trainer Tracker system. Community nursing employees or those working on satellite sites (e.g. Mobile Chemotherapy Unit), who may need to administer 1:1000 Adrenaline, must be signed up to the Adrenaline Patient Group Directive (Ref 12) unless they hold a non-medical prescribing qualification. Acute hospital nursing employees should only administer 1:1000 Adrenaline under the supervision of a doctor or non-medical prescriber.

## List of Emergency Teams Covered by this Policy

* Medical Emergency Team (GWH Site only).
* Medical Emergency Support Team (GWH Site only) (to be activated if there is another MET call within 15 minutes of the first call or if additional help is required.
* Paediatric Emergency Team (GWH Site only).
* Obstetric Emergency Team (GWH Site only).

* Newborn Emergency Team (GWH Site only).

A current list of team members and bleep numbers can be found on the Resuscitation Departments page on the Trust’s intranet site or is available from a member of the Resuscitation Department in the Academy.

## Resuscitation within the Theatre Suite (GWH Site Only)

The Theatre Suite can, for the purpose of the cardiac arrest, be divided into two areas:

* Area 1. The Operating Theatre Room and immediately adjacent rooms.
* Area 2. Outside the operating theatre room. i.e. recovery, corridors and offices.

### Area 1

If a patient suffers a cardiac arrest within the Operating Theatre Room the decision to call the appropriate hospital emergency team will rest with the most senior clinician present if the Theatre Room team are in agreement with this decision.

When an arrest occurs, an employee shall raise the alarm through the intercom with another employee collecting the nearest resuscitation trolley.

The management of the cardiac arrest shall adhere to the current Resuscitation Guidelines (Ref 1).

### Area 2

If a patient suffers a cardiac arrest anywhere outside of area 1, a 2222 call shall be made to summon the appropriate hospital emergency team.

When an arrest occurs, an employee shall collect the resuscitation trolley from the nearest recovery.

The management of the cardiac arrest shall adhere to the current Resuscitation Guidelines (Ref 1).

## Resuscitation Criteria for Community Hospitals/Healthcare Facilities throughout Wiltshire

Immediately ***call 999 for an ambulance*** in the event of encountering a patient who:

1. Has the patient had a suspected cardiac arrest?
2. Has the patient has a suspected respiratory arrest.
3. Is deteriorating and where cardio respiratory arrest may be imminent and help is required rapidly.
4. Has deteriorated in line with the Recognising the Deteriorating Patient, including the Recognition of the Adult Deteriorating Patient Policy (Ref 5)

Clearly state to the Emergency Services Operator which service is required, the location and the patient’s condition. Employees are to commence resuscitation in line with current Resuscitation Council (UK) guidelines whilst awaiting the Emergency Services. (Ref 1).

## Relatives Witnessing Resuscitation

If a patient’s relative requests to witness a resuscitation attempt it is the decision of the team leader and others present as to whether this is safe and appropriate.

Under no circumstances should a relative be left unsupported or unsupervised in this situation.

It is essential that they are given the correct support and allowed the opportunity to leave or return when they feel it necessary.

Under no circumstances should relatives be coerced or encouraged into witnessing the resuscitation if they have requested not to.

## Resuscitation Equipment

It is the responsibility of Ward/Departmental Managers to ensure that all equipment on the resuscitation trolley is checked by an appropriate employee who is familiar with its content. *If anyone is unsure of any of the equipment or procedures or experience any problems, they should contact the Resuscitation Department (01793 604535).*

### Resuscitation Equipment at the GWH Site

* All in-patient, out-patient and non-clinical areas must have access to a resuscitation trolley or grab-bag and an AED. All emergency resuscitation equipment provision should reflect the patient groups in all clinical areas. e.g. Adult, Paediatric or Newborn.
* AEDs/defibrillators with power cables must be plugged in when not in use to ensure the battery is charging.
* It is the responsibility of the Ward/Departmental Manager to ensure that the trolley and/or grab bag contents are intact and fit for use and stocked as per the equipment list, provided by the Resuscitation Department.
* The shift co-ordinator or clinician in charge needs to delegate the checking of the resuscitation equipment to an appropriately trained employee. Resuscitation Officers are responsible for the checking of resuscitation equipment located in non-clinical areas.
* The person checking the equipment needs to sign the check record sheet provided, to confirm that the correct numbers of items needed for the Adult or Paediatric trolley/grab bag/resuscitaire are present, that the quantities are correct, in their original sealed packaging and have not passed the use by date printed on the packaging.
* The asset numbers from the resuscitation trolley, AED, suction unit or resuscitaire must be written on the check record sheet so that it is clearly identifiable as to which trolley, grab bag or resuscitaire the documentation corresponds to and are correctly stocked. If the contents are not as per the equipment list, they need to be replaced/removed immediately.
* Guidance and forms can be found within the resource folder located on the resuscitation trolley or within the grab bag. When a new check record sheet is required or a replacement guidance document is needed, this can be found on the Resuscitation Department’s section of the Academy’s intranet page or by or by contacting the Resuscitation Officers on 01793 604535
* The completed check record sheets are to be kept within the red resource folder which is audited by the Resuscitation Department at least annually.
* The resuscitation resource folders contain full information on equipment required and the procedure for rapid replacement.
* All resuscitation trolley tops, defibrillators, portable suction and oxygen cylinders (on the trolley or associated with resuscitation trolleys/grab bags) are to be **checked daily and after use**. Please note a full contents check is to be completed minimum once every seven days for sealed resuscitation trolleys but daily for non-sealed resuscitation trolleys and resuscitaires. Resuscitation grab bags should be checked **a minimum of once weekly and after use.**
* No additional equipment should be added to the resuscitation trolleys, resuscitaires or grab bags without the consent of the Resuscitation Officers and Resuscitation Committee.
* Resuscitation trolleys, resuscitaires and grab bags must be kept clean and dust free.
* A resuscitation trolley/grab bag top up system is located on level 1 / Wiltshire Cardiac Centre. The Resuscitation Officers are responsible for maintaining this restocking facility. For a list of items available from this area, please refer to the equipment list in the resuscitation resource folder, found on the resuscitation trolley or in the grab bag.

All other items can be located from ward stocks.

## Community Hospitals/ Healthcare Facilities throughout Wiltshire

* **All inpatient and outpatient department areas** must have access to a resuscitation grab bag and automated external defibrillator.
* The **AED** battery mustbe checked on a ***daily*** basis (or every day the department is open) with a ***weekly*** defibrillator and grab bag contents check by an employee who is competent to do so.
* The defibrillator checking procedure includes ensuring defibrillator pads (two sets of pads) are present and it is clean and dust free.
* If technical difficulties are experienced, employees must inform Cardiac Services (contact number on machine). Alternatively they should contact the Resuscitation Department on 01793 604535 for further advice.
* Areas within the community hospitals responsible for children must have access to paediatric equipment within the resuscitation grab bag.
* It is the responsibility of the Ward/Departmental Manager to ensure that the grab bag and contents are intact and stocked as per resuscitation equipment checklist. The shift co-ordinator must delegate the checking of the equipment to an appropriately trained checker who will be signing to say that all the equipment is present, also that the quantities are correct and in their original sealed packaging and have not passed the use by date printed on the packaging.

Two lists are available from the Resuscitation Department for *Outpatients/Minor Injury Units* and *Inpatient Wards.* Full information on equipment required and the procedure for rapid replacement is listed on the checklists. Copies of all these documents can be obtained on the Resuscitation Department’s section of the Academy’s intranet page.

* All grab bags/ oxygen/ pocket mask/ portable suction are to be checked minimum once weekly or after use and recorded on the checklist. This should be kept on the ward for a minimum of four months and be available for the Ward/Department Manager and Resuscitation Officer to audit.
* No additional equipment should be added to the resuscitation grab bag without the consent of the Resuscitation Officers and Resuscitation Committee.
* It is advised that all community employees working in clinical areas should have access to a pocket mask to minimise infection risks when performing ventilation. However it is for the line managers of community employees working in non-clinical settings e.g. schools, patient’s homes, where likelihood of sudden cardiac arrest is minimal, to decide whether this is necessary and cost effective. Resuscitation Council UK guidelines (Ref 1) for adults allow for compression only CPR if no equipment is available and the rescuer is unwilling or unable to perform mouth to mouth resuscitation.
* All resuscitation equipment purchasing is subject to the Trust’s Equipment Purchasing Procedure Policy (Ref 11). Re-ordering of agreed resuscitation equipment (instructions within grab bags) must be carried out locally by Department/Ward. All other resuscitation equipment must be sanctioned by the Resuscitation Manager/ Resuscitation Committee prior to ordering.

## Patient Transfers and Post-Resuscitation Care

### Transfer within and from the GWH Site

Immediately after successful resuscitation, most patients are clinically unstable and likely to require admission to a high dependency care bed; this will depend on factors such as previous health, severity of illness and underlying diagnosis. Facilities for continuing care may not be available where the cardiopulmonary arrest occurred and transfer of the patient may be necessary. The most senior clinician in charge will ensure that the airway is secured and the patient is breathing sufficiently, whether by self-ventilation or artificial ventilation, and that the circulation is sufficiently supported to maintain adequate cardiac output and cerebral perfusion pressure until those systems can be more closely monitored.

Continuity of care during this period is vital. Senior employees should be involved prior to transfer. When appropriate, referral to specialities (e.g. cardiology or intensive care) should be made. It is the responsibility of the MET leader to ensure that the transfer of care from one group of clinicians to another is safe and efficient. The MET leader should not leave the patient until this has occurred unless they have delegated care to an appropriate colleague.

The patient’s condition should be stabilised as far as possible before transfer, but this should not delay definitive treatment.

Employees must ensure that appropriate equipment; drugs and portable monitoring devices are readily available for the safe transfer of the patient from the scene of the cardiopulmonary arrest to another facility, if required.

The team leader must ensure that all post resuscitation observations, monitoring and treatment are completed and recorded according to Resuscitation Council (UK) guidelines (Ref 1).

Transport between hospitals requires proper planning and liaison with the ambulance service.

Where transport of the patient requires road, air or sea routes, the Trust must ensure that its employees are insured against personal injury and this risk assessment will be carried out by the lead clinician in charge of the patients transfer.

A patient being transferred should be accompanied by an appropriately trained clinical employee (Advance life Support provider or Doctor) to facilitate the safe transfer.

Relatives should be informed about the transfer of a patient, but should not expect to travel with the patient.

### Patient Transfer from to Acute Hospitals

Most patients that require a transfer to another health care facility will depending on the condition of the patient be led by the Ambulance Service. Newborns will be sent / transferred to Special Care Baby Unit/ Neonatal Intensive Care Unit (SCBU/NICU) with a Midwife or Specialist Doctor in Peadiatrics escort. It is the responsibility of the Midwife/Senior Doctor or Nurse in charge to ensure continuity of care and safe transfer. This may include the following:

* Referral to a specialist/ receiving hospital.
* Full and complete hand over of care.
* Preparation of equipment, oxygen, drugs and monitoring.
* Documentation.
* Intra or Inter-hospital transfers.
* Liaison with Ambulance Service staff.
* Liaison with relatives (Next of Kin).

## Care after Death

After the patient’s death the Trust’s Care after Death Policy and Procedure (Ref 8) should be used to ensure continuation of high quality care and provide appropriate support and information to family, friends and carers of the deceased patient.

All beliefs of the patient or family must be respected in this process.

Confirmation of death and Certification of death should be carried out as per the Care of the Dying and Deceased Policy (Ref 14).

In the unlikely event that an in - patient dies whilst being transported to or from any assessment or a diagnostic area i.e. Computer Tomography (CT) – Magnetic Resonance Imaging (MRI) or X-Ray, the deceased patient must be returned to the sending ward, where appropriate care after death can be given, including last rights and confirmation of death. A dignity sheet can be obtained from the mortuary, or by contacting the porters if the death occurs out of hours. This will afford the patient dignity and reduce the stress that may be felt by other hospital users whilst the patient is being transferred back to the sending ward. Ward employees must be informed of the death prior to the transfer so that the patients’ family, friends and carers can be informed, and an appropriate bed area is found to receive the patient, and employees are made available to receive the patient.

Any person, who is not an in-patient, but who dies in the hospital will need to be transferred to the Emergency Department using the dignity sheet and the mortuary trolley. This will allow the relevant admission paperwork to be produced and will facilitate the family, friends and carers viewing of the patient before transfer to the Mortuary by the portering staff. There must be communication with the Coordinator in the Emergency Department prior to transfer to ensure that the viewing room is available and that Emergency Department employees are available to support the relatives and complete care after death procedures as necessary.

If persons are found outside the GWH building but within the grounds of the hospital the ambulance service should be called and the crew will make the appropriate decision as to where the patient should be taken.

At no time should any person who suffers a sudden cardiac arrest be transferred to the mortuary directly from the scene of the arrest. All deceased persons must have appropriate admission documentation and receive care after death procedures prior to transfer to the care of Mortuary and Bereavement Services Team.

## Manual Handling

In situations where the collapsed patient is on the floor, in a chair or in a restricted / confined space the Manual Handling Policy (Ref 13) for the movement of the patient must be followed to minimise the risks of manual handling related injuries to both Trust employees and the patient. Please also refer to the Resuscitation Council (UK) statement on safe handling during resuscitation. (Ref. 1)

## Do Not Attempt Cardio-Pulmonary Resuscitation Guidelines, Treatment Escalation Planning and Allow a Natural Death Documentation

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) guidelines are now covered in a separate policy entitled Treatment Escalation Planning (TEP) and Resuscitation Decisions. (Ref 9).

## Standards, Audit and Training

Cardio Pulmonary Resuscitation (CPR) should be performed competently and in accordance with current national and international guidelines (Ref 1). Performance of CPR and experience with DNACPR decisions is the subject of clinical audit.

# Duties and Responsibilities of Individuals and Groups

It is the duty of the Resuscitation Officers, Senior Managers and the Resuscitation Committee to support the implementation of this policy throughout the Trust.

## The Resuscitation Department

The Resuscitation Department will coordinate and provide resuscitation training for all clinical employees. The department’s Resuscitation Officers will provide support and guidance to service managers on resuscitation issues and emergency resuscitation equipment provision.

## Academy Responsibilities

A register of all employees that have been trained and assessed on all courses identified in this policy will be maintained by the Academy.

## Service Managers

Service Managers are required to ensure that clinical employees access resuscitation training at Trust Induction and remain compliant with updates as per the agreed Training Need Analysis (TNA).

Service Managers must ensure that their clinical employees attend annual life support training (as per training matrix).

Service Managers are responsible for ensuring that an audit of all resuscitation attempts is completed. Ward & Departmental managers are responsible for ensuring that emergency equipment and medicine supplies are properly maintained.

## The Team Leader of the Emergency Team

In situations where patients cannot confirm their own identity, the Leader of the Emergency Team should stipulate to a team member to give three patient identifiers from the medical notes / records. The lead should then confirm the three points from the patient identification bracelet as per the Trust’s Patient Identification Policy (16).

The Leader of the Emergency Team is to ensure audit documentation (emergency call audit forms)

is completed following an emergency call; this task can be delegated to an appropriate member of the team. The original document must be filed in the patient’s notes and the carbon copy should be sent to the Resuscitation Department in the Academy at GWH. This will allow the Resuscitation Officers to supply cardiac arrest data to National Cardiac Arrest Audit (NCAA) (Ref 10) as well as for use within the Trust audit department.

**Duties at Community Hospital / Healthcare facilities throughout Wiltshire**

## The Senior Clinician

In situations where patients cannot confirm their own identity, the Senior Clinician on duty should stipulate to a team member to give three patient identifiers from the medical notes / records. The lead should then confirm the three points from the patient identification bracelet as per the Trust’s Patient Identification Policy (16).

The Senior Clinician on duty when a cardiac arrest occurs will ensure that a suitable handover is

given to ambulance staff/paramedics when the patient is transferred on to an Emergency Department (ED). They should ensure that an Emergency Call Audit Form (Appendix D) is completed; the original copy to be filed in the patient’s notes and the carbon copy to be sent to the

Resuscitation Team.

## All Employees

All employees will use the incident reporting system (IR1) to report any adverse incident that occurs during a resuscitation attempt.

**Duties at GWH Hospital Swindon**

## All Members of the Medical Emergency Team

All members of the Medical Emergency Team (excluding portering staff) must hold a current (ALS) provider certificate or a minimum of an (ILS) provider certificate.

## All Members of the Paediatric Emergency Team

All members of the Paediatric Emergency Team (excluding portering staff) must hold a current European Paediatric Life Support (EPLS) / Advanced Paediatric Life Support (APLS) / Paediatric Life Support (PLS)/ Paediatric Immediate Life Support (PILS) certificate, or have completed combination of ALS / ILS and Paediatric Basic Life Support (PBLS). The On Call Paediatric Specialist Registrar post (SpR) should hold a current EPLS / APLS certificate.

## All Members of the Newborn Emergency Team

All members of the Newborn Emergency Team (Excluding portering staff) must hold a current Neonatal Life Support (NLS) provider certificate or a minimum of an EPLS/APLS provider certificate.

## All Members of the Obstetric Emergency Team

All Members of the Obstetric Emergency Team (Excluding portering staff) must hold a current (ALS) provider certificate

Under no circumstances should emergency team members be leading the management of these patients without these skills. If members of any of these teams require further training to fulfil their roles they should contact the Resuscitation Department in the Academy to arrange the appropriate training.

## **The Most Senior Appropriately Trained Doctor/Nurse**

The most senior appropriately trained doctor/nurse attending the cardiac arrest must assume the role of team leader. The team leader is responsible for ensuring that resuscitation follows the current guidelines from the Resuscitation Council (UK) (Ref 1) delegating roles to the team and ensuring safety for patient and the team. The team leader must be clearly nominated before resuscitation commences, but may be passed on if appropriate to a more suitable clinician during an on-going resuscitation attempt.

## **The Team Leader**

The Team Leader is responsible for ensuring that the correct documentation has been completed following the activation, via 2222, of any of the emergency teams listed above. An Emergency Call Audit Form should be completed after every activation of an emergency team, even if the team is not required to intervene with the patient. This form can be found in all of the resuscitation trolleys and grab bags across the Trust. This is the medical record of the event and must be completed. The original copy is secured in the patient records and the carbon copy is forwarded to the Resuscitation Officers for audit/ training purposes. Where compliance for completion is low the Associate Medical Director will be informed.

Wherever possible it is recommended that post arrest, **all employees present** are given the opportunity to discuss the event with the team leader. If a more formal debrief is required then the Resuscitation Officers should be contacted who will help facilitate further discussions. If there are any issues raised in relation to equipment employee or employee competence this must be recorded in line with the Incident Reporting Policy (Ref 15) and the Resuscitation Officers contacted.

## Resuscitation Training Matrix (All training provided by the Resuscitation Department)

|  |  |  |  |
| --- | --- | --- | --- |
| **Adult Basic Life Support**  **(ABLS)** | **Essential** | **Highest Priority** | **Exceptions** |
| This 1.5 Hour session covers assessment of the deteriorating adult and CPR skills.  The session uses the Resuscitation Council (UK) In-Hospital Resuscitation Guidelines; Including assessment of airway  breathing and circulation  The skills required for performing CPR including artificial ventilation using a pocket mask or Bag-Valve-Mask and chest compressions. Information Is also given on the /resuscitation trolleys/recovery position/choking procedure/ Principles of Early Warning Scores as per current policy, early recognition & early call for help. Included in this is the correct method and numbers to call for help),  Training in AED may be offered to clinical employees as part of ABLS training, which will extend the course by up to 30 minutes. | **Annually** for All Medical/Nursing & Allied Health Professionals (AHP).   * All Nurses * Operating Department Assistants (ODA) /Operating Department Practitioners (ODP) * Midwives * Health Visitors * All Doctors * F1 / F2 * ST’s * Employee grades * Trust Doctors * Clinical fellows * STs * Consultants * Hospital linked GPs * Technicians * Audiologists * Lung function Physiologists * Cardiac * Optometrists * Nuclear medicine * Wards/clincs (AMU/max. fax) * Theatres * Health psychologists cardiac rehab only * Physios + assistants * Radiographers * Occupational Therapists OTs + assistants * Dieticians * Speech therapists * Phlebotomists | **Annually** for all members of the Adult Medical Emergency Team including  Medical /Surgical Foundation grade Doctors (F1or F2) Specialist training Doctors (ST’s) Senior House Officers (SHO) / Critical care residents  Anaesthetic ST  Night Nurse Practitioners (NNP)s  Coronary Care / Emergency Department ED and Acute Medical Unit (AMU) nurses  **On Trust Induction**  All Medical/Nursing and AHPs to receive ABLS training on Trust induction. | Employees who have attended and passed an ILS or ALS course within the preceding year.  All active ALS Instructors |

|  |  |  |  |
| --- | --- | --- | --- |
| **Automated External Defibrillation (AED)** | **Essential** | **Highest Priority** | **Exceptions** |
| **Normally an addition to the ABLS sessions taking approx. 30mins. This covers the safe use of trust defibrillators in AED mode** | **Annually** for All Medical/Nursing & AHPs This will be included in the Annual ABLS sessions and is also included on all ILS, ALS course | **Annually** for all members of the Adult Medical Emergency Team including  Medical /Surgical F1 /F2/ST1/ST2 /SHOs/Medical ST  Critical care residents  Anaesthetic ST, NNPs  Coronary Care / ED and AMU nurses | Employees who have attended and passed an ILS or ALS course within the preceding year.  All active ALS Instructors |

|  |  |  |  |
| --- | --- | --- | --- |
| **Paediatric Basic Life Support (PBLS)** | **Essential** | **Highest Priority** | **Exceptions** |
| This 1.5 Hour session covers assessment of the deteriorating infant /child , including assessment of airway  breathing and circulation,  and age appropriate CPR skills.  The skills required for performing CPR including artificial ventilation using a Bag-Valve-Mask and chest compressions. Information is also given on the use of simple airway adjuncts/resuscitation trolley/ and choking procedure/ Paediatric Early Warning Score | **Annually** for All Medical/Nursing & AHPs that have direct paediatric patient contact  **Nurses**   * Emergency Department * Theatres * Paediatric Wards * SCBU * Anaesthetics * Recovery * ITU * OPD * Minor Injury Units (MIU) * Health Visitors * School Nurses * Community Children’s Nurses   **Doctors**   * Paediatrics * SHOs/Trust Doctors/SpRs/Consultants * Anaesthetists * SHOs/SpRs/Consultants   Emergency Dept. – SpRs/Consultants | **Annually** for all members of the Paediatric Emergency Team including:  Paed SHO  Paed SpR  Critical Care residents (NNP)s  Anaesthetic SHOs/STs | Employees who have attended and passed an APLS or EPLS or PILS or PLS course within the preceding year  All active APLS/EPLS or PILS/ PLS instructors |

|  |  |  |  |
| --- | --- | --- | --- |
| **Newborn Basic Life Support**  **(NBLS)** | **Essential** | **Highest Priority** | **Exceptions** |
| This 1.5 Hour session covers the assessment of the newborn at birth. Including assessment of airway, breathing and circulation and the skills required to provide effective resuscitation using simple airway adjuncts and the use of the resuscitaire. | **Annually** for all midwives, and nurses on Special Care and any other employees involved with the resuscitation of babies at birth   * SCBU nurses * Midwives   Paediatricians  ***N.B*** *Please note NBLS is included in the mandatory skills & drills sessions for midwives (organised by Maternity Education Lead) and specialist training for SCBU staff (organised by SCBU education lead).* | **Annually** for all midwives, and nurses on Special Care.   * SCBU nurses * Midwives * Paediatricians * Paediatric Medical employees | Employees who have attended and passed a Resuscitation Council (UK) NLS course  within the preceding year.  All active NLS instructors. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Newborn Life Support**  **(NLS)** | | **Essential** | | **Highest Priority** | | **Exceptions** |
| This course will prepare members of a multi-disciplinary team to manage the resuscitation of a newborn.  This course is designed for healthcare professionals who would be expected to apply the skills taught as part of their clinical duties, on a regular basis | | **4 yearly** for members of the newborn emergency team and those regularly attending emergencies at birth.  Including   * Senior SCBU nurses * Senior Midwives * Paediatricians * Resus Officers | | **4 yearly** for members of the newborn emergency team and those regularly attending emergencies at birth.  Including   * Senior SCBU nurses * Senior Midwives * Paediatricians * Resus Officers | | Employees who hold a current and valid NLS provider certificate.  Current active NLS instructors |
| **Immediate Life Support**  **(ILS)** | **Essential** | | **Highest Priority** | | **Exceptions** | |
| This 1 day course will train healthcare professionals in recognition and early treatment of the deteriorating patient, ABLS, simple airway management and safe defibrillation (manual and/or AED), enabling them to manage patients in cardiac arrest until arrival of a cardiac arrest team and to participate as members of that team. | **Annually** for all members of the Adult medical emergency team including  Medical /Surgical F1s /F2s/SHOs/ST1/ST2  Critical care residents  Anaesthetic CTs/STs  Night Nurse Practitioners  Coronary Care /ED and AAU Nurses, ODPs, Resuscitation Officers. | | **Annually** for all members of the Adult medical emergency team including  Medical /Surgical F1s/F2s /SHOS/ST1/ST2  Critical care residents  Anaesthetic STs  Med STs  Night Nurse Practitioners  Coronary Care / ED and AAU Nurses, ODPs, Resuscitation Officers. | | Employees who have attended and passed an ALS course within the preceding year.  All active ALS Instructors  **N.B** Employees who have already attended an ILS course can attend a half day ILS recertification course if their certificate is less than 2 years old. | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Paediatric Immediate Life Support (PILS)** | **Essential** | **Highest Priority** | **Exceptions** |
| This 1 day course will train healthcare professionals in the recognition and early treatment of the deteriorating child, PBLS with simple airway adjuncts to enable them to provide treatment for the child in cardiac arrest while waiting for the Paediatric Emergency Team to arrive and /or prepare them to be  members of this team. | **Annually**  for all members of the Paediatric Emergency Team including:  Paed SHO  Paed SPR  Anaesthetic ST  ED & Children’s Ward Nurses, ODPs, Resuscitation Officers.  NNP *(If attending Paediatric emergencies*) | **Annually**  for all members of the Paediatric Emergency Team including:  Paed SHO  Paed SPR  Anaesthetic ST  ED & Children’s Ward Nurses, ODPs, Resuscitation Officers.  NNP *(If attending Paediatric emergencies)* | Employees who have attended and passed an EPLS or APLS course in the preceding year.  All active EPLS/APLS Instructors  **N.B** Employees who have already attended a PILS course can attend a half day PILS recertification course if their certificate is less than 2 years old.  See resuscitation policy 3.2 Roles and Responsibilities regarding combination of ALS / ILS and PBLS. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Advanced Life Support**  **(ALS)** | **Essential** | **Highest Priority** | **Exceptions** |
| This course will prepare senior members of a multi-disciplinary team to manage peri-arrest situations and to treat the patient until transfer to a critical care area. The complexity and management of cardiac arrest situations, including decision-making and effective communication with the team and the patient's relatives, is included.  This course is designed for healthcare professionals who would be expected to apply the skills taught as part of their clinical duties, on a regular basis | 4 yearly for all members of the Medical Emergency Team including  Medical /Surgical F1s/F2s /SHOs/ST1/ST2  Critical care residents  Anaesthetic SHOs/STs  Night Nurse Practitioners, Senior  Coronary Care/ED Nurses, Resuscitation Officers.  All employees should hold a current clinical appointment and professional healthcare qualification | 4 yearly for all members of the Medical Emergency Team including  Medical /Surgical F1s/F2s /SHOs/ST1/ST2  Critical care residents  Anaesthetic SHOs/ST  Med ST  Night Nurse Practitioners  Senior Coronary Care / ED Nurses.  Resuscitation Officers. | All active ALS Instructors  NB: All ALS providers are still required to complete annual resuscitation updates by attending an ABLS & AED or an ILS recertification course. |

|  |  |  |  |
| --- | --- | --- | --- |
| **European Paediatric Life Support**  **(EPLS)** | **Essential** | **Highest Priority** | **Exceptions** |
| This course is intended to provide training for multi-disciplinary healthcare professionals in the early recognition of the child in respiratory or circulatory failure and the development of the knowledge and core skills required to intervene to prevent further deterioration towards respiratory or cardiac arrest. It also provides training in the appropriate management of the child in cardiac arrest | 4 yearly for all members of the Paediatric Emergency Team including:  Paed SHO  Paed SpR  Critical Care residents  Anaesthetic SHOs/STs  Senior Children’s Ward / ED Nurses  Resuscitation Officers  NNP  *(If attending Paediatric emergencies)* | 4 yearly for all members of the Paediatric Emergency Team including:  Paed SHO  Paed SpR  Critical Care residents  Anaesthetic SHOs/STs  NNP  *(If attending Paediatric emergencies*) | Employees who have a current and valid Advanced Paediatric Life Support (APLS) provider qualification.  All EPLS/APLS Instructors  NB: All EPLS/APLS providers are still required to complete annual resuscitation updates by attending a PBLS or PILS recertification course.  See resuscitation policy 3.2 Roles and Responsibilities regarding members of the paediatric emergency team. |

## Compliance for Adult, Paediatric and Newborn BLS Training and Provision

The Trust will aim to have 100% of medical, nursing, midwifery and AHP staff, undertake Adult Basic Life Support (ABLS) training at least once a year in accordance with Resuscitation Council (UK) guidelines (Ref 1). The Trust will aim to have 100% of Medical, Nursing, Midwifery and AHP staff, who care for children, undertake PBLS and/or Newborn BLS at least once a year in accordance with Resuscitation Council (UK) guidelines. (Ref 1) However, the Trust also accepts that there will be occasions where due to constraints posed by annual leave, sickness and maternity leave, combined with operational priorities 100% compliance will not be achieved. In departments or Divisions where compliance is poor and falling below 80% escalation is as per the Trust’s mandatory training policy escalation process.

The Resuscitation Officers will provide multi-professional training opportunities for ABLS and PBLS. Information on dates and booking, etc., will be available on the Academy/resuscitation training intranet pages. The Clinical Midwifery Manager will provide multi-professional training opportunities for Newborn BLS.

All clinical departments are recommended to appoint a Resuscitation and Outreach Connection (ROC) link member who will represent the ward/ department.

Only RC (UK) accredited ALS/ILS or EPLS instructors or annually assessed link trainers, who have completed the Resuscitation Department’s Train the Trainer programme, can deliver ABLS or PBLS sessions. All ABLS and PBLS sessions must follow a standardised lesson plan, which is available from the resuscitation officers. Please see Appendix D for the procedure to become a Resuscitation Link Trainer. Only RC (UK) accredited NLS instructors or providers can deliver Newborn BLS.

All employees who attend resuscitation courses provided by the Trust will be expected to sign a course register and on successful completion of the course will have their employee electronic staff record (ESR) files updated.

It is the responsibility of employee to arrange their annual resuscitation updates and remain familiar with equipment they may be called upon to use.

Training requirements should be identified at appraisal.

## Automated External Defibrillation (AED)

Healthcare providers with a duty to perform CPR should be trained, equipped and authorised to perform defibrillation.

Early defibrillation capability, which is defined as having appropriate equipment and trained first responders, should be available throughout hospitals and affiliated outpatient facilities.

The goal of early defibrillation by first responders is a collapse to shock interval of <3 minutes in all areas of the hospital and ambulatory care facilities.

**Aim**

For specifically trained Nurses, Cardiac Technicians, medical employees and other relevant AHP staff to deliver a safe and appropriate defibrillation to a patient in cardiac arrest using an automated external defibrillator, according to current Resuscitation Council (UK) Guidelines. (Ref. 1)

**In clinical areas where there is access to an AED it is the responsibility of the ward /departmental Manager to ensure that at least one specifically trained employee per shift has attended AED training or is a current ILS provider and has been assessed as competent to perform defibrillation by a Resuscitation Officer or Resuscitation Link Trainer.**

**Implementation**

* AED Training is included in ABLS training sessions (except during Trust Induction as time constraints do not allow inclusion of AED skills).
* The Resuscitation Officers will hold regular ILS and ALS Courses.
* Training dates will be advertised on the intranet 6-12 months in advance.
* It is the responsibility of the individual concerned to ensure that they are competent and are reassessed on an annual basis.
* Provision should be made by the Departmental / Ward Manager for their employees to attend training.
* **Employees who have successfully completed an ALS course or who have been assessed as competent in manual defibrillation by a Resuscitation Officer are permitted to use the defibrillators manually as per RC (UK) guidelines.**

## Supraglottic Airway Insertion at a Cardiac Arrest

A supraglottic airway is an alternative airway management adjunct, which can be used by trained employees in the event of a cardiac arrest in order to achieve a secure and effective airway in the absence of an anaesthetist or other airway specialist.

It should be noted that while endotracheal intubation is the gold standard in airway management during a cardiac arrest it should only be attempted by those competent and skilled in its use.

# Monitoring Compliance and Effectiveness of Implementation

Following **ALL Emergency Calls** throughout the Trust an **Emergency Call** **Audit Form must be completed (Appendix D).**

Within GWH site it is the responsibility of the MET, PET or Newborn Emergency team leader to complete the Emergency Call Audit Form. The community settings throughout Wiltshire access emergency help by dialling 999. It is the responsibility of the nurse or clinician in charge to complete the Emergency Call Audit Form.

The original top copy forms part of the patient’s notes, and the bottom carbon copy is forwarded to the Resuscitation Department at The Great Western Hospital Academy. The latter becomes an audit form and the Resuscitation Department will monitor standards, analyse the data and produce an annual audit report. Data is also fed into the National Cardiac Arrest Audit (NCAA) where applicable.

In addition an audit of resuscitation equipment will be performed in the Trust annually by the Resuscitation Department. This will ensure that equipment adheres to the current Trust equipment recommendations and is checked appropriately.

The arrangements for monitoring compliance are outlined in the table below: -

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measurable policy objectives** | **Monitoring / audit method** | **Monitoring responsibility** (individual / group /committee) | **Frequency of monitoring** | **Reporting arrangements** (committee / group to which monitoring results are presented) | **What action will be taken if gaps are identified?** |
| 100% Return of Emergency Call Audit documentation post emergency call | Documents to be completed by lead clinician attending the call or appointed other. Documents to be collated by Resuscitation Department | Resuscitation Department | Monthly | Chair of the Resuscitation Committee & Associate Medical Directors s to be informed | Resuscitation Committee or the Associate Medical Directors will issue a plan of action  Switchboard log of relevant 2222 calls will be compared to forms received and clinical leads ward managers and medical /paediatric registrars on call at the time of the event will be chased relating to those forms, which are missing. |
| Process for ensuring the continual availability of resuscitation equipment | Daily check (Ward/ Departmental Based) of resuscitation trolley condition, cleanliness and trolley top equipment. Contents check to be every seven days if trolley is sealed otherwise daily if unsealed.    Grab bags to be checked at least once every seven days across the Trust.  Trolley / Defib check  Defibrillator maintenance/ checks  Annual Resuscitation Equipment  Audit | Ward/Dept. Manager  Resuscitation Department  Biomedical Department  Resus Department | Daily  At least once per year  Annually  Once a year | Resuscitation Committee  Clinical Managers  Medical/ Nursing Director  As above  Trust Equipment Group  Resuscitation Committee, Patient Quality Committee | Immediate replacement of any missing/expired or defective equipment. Review of education and training and action plan written and communicated to relevant employees. Re-audit of non-compliant areas with exceptions reported back to the Resuscitation Committee |
| 100% compliance with the Trusts expectations in relation to employee training, as identified in the training needs analysis unless exceptional circumstances prevent 100% | Electronic Staff Record (ESR)  CQC monitoring | Academy | As per the training Needs analysis (TNA) requirements | As per the TNA requirements | Action plan to be drawn up to improve compliance as a whole or targeted at specific topics, departments or professional groups as per TNA. |
| Annual assessment of ABLS, AED & PBLS Link trainers | Annual review by Resuscitation Manager | Resuscitation Manager | Annually | Academy ESR lead informed each time a trainer is added or removed | Ward Managers approached for volunteers if needed. |

# Review Date and Arrangements

Policy to be reviewed by Resuscitation Manager/ Resuscitation Committee every three years it should be reviewed before this time if any incidents occur where immediate review of policy is required.

## Regulatory Position

Resuscitation Council (UK) Resuscitation Guidelines 2010 (Ref 1).

## Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

| **Job Title / Department.** | **Date Consultee Agreed Document Contents** |
| --- | --- |
| Academy Manager | 12.05.2015 |
| Consultant and Chair of Resuscitation Committee. ICU | 08.06.2015 |
| Divisional Manager | 04.06.2015 |
| Infection Prevention and Control Nurse | 12.07.2015 |
| Mortuary & Bereavement Services | 12.07.2015 |
| Resuscitation Manager | 12.05.2015 |
| Resuscitation Officers | 12.05.2015 |

## References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

| **Ref. No.** | **Document Title** | **Document Location** |
| --- | --- | --- |
| 1 | Resuscitation Council (UK) Resuscitation Council guidelines 2010. | [www.resus.org.uk](http://www.resus.org.uk)  Guidelines for Newborn, Paediatric, Adult resuscitation and special circumstances including pregnancy/ anaphylaxis can be found using this link |
| 2 | Decisions relating to cardiopulmonary resuscitation” A joint statement from the British Medical Association, The Resuscitation Council UK, and The Royal College Of Nursing. Oct 2007 | www.resus.org.uk |
| 3 | Quality standards for cardiopulmonary resuscitation practice and training. Resuscitation Council UK November 2013 | [www.resus.org.uk](http://www.resus.org.uk) |
| 4 | Mental Capacity Act 2005: Code of Practice (2007) | www.justice.gov.uk |
| 5 | Recognition of the Adult Deteriorating Patient Policy | Intranet |
| 6 | Paediatric Early Warning Score (PEWS) Policy | Intranet |
| 7 | NCEPOD Time to intervene (National Confidential Enquiry into patient Outcome & Death) | http://www.ncepod.org.uk |
| 8 | Care after Death Policy and Procedure | Intranet |
| 9 | Treatment Escalation Plan (TE) and Resuscitation Decision Policy | Intranet |
| 10 | National Cardiac Arrest Audit (NCAA) | https://www.icnarc.org |
| 11 | Equipment Purchasing Procedure policy | Intranet |
| 12 | Adrenaline Patient Group Directive | Intranet |
| 13 | Manual Handling Policy | Intranet |
| 14 | Care of the Dying and Deceased Policy | Intranet |
| 15 | Incident Management Policy | Intranet |
| 16 | Patient Identification Policy | Intranet |

# Appendix A – Equality Impact Assessment



**Equality Impact Assessment**

**Our Vision**

Great Western Hospitals NHS Foundation Trust wants its services and opportunities to be as accessible as possible, to as many people as possible, at the first attempt.

**Are we Treating Everyone Equally?**

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

# Appendix B - Quality Impact Assessment Tool

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Purpose**  To assess the impact of individual policies and procedural documents on the quality of care provided to patients by the Trust both in acute settings and in the community. | | | | | | |
| **Process**  The impact assessment is to be completed by the document author. In the case of clinical policies and documents, this should be in consultation with Clinical Leads and other relevant clinician representatives.  Risks identified from the quality impact assessment must be specified on this form and the reasons for acceptance of those risks or mitigation measures explained. | | | | | | |
| **Monitoring the Level of Risk**  The mitigating actions and level of risk should be monitored by the author of the policy or procedural document or such other specified person.  High Risks must be reported to the relevant Executive Lead. | | | | | | |
| **Impact Assessment**  Please explain or describe as applicable. | | | | | | |
| 1. | Consider the impact that your policy or procedural document will have on our ability to deliver high quality care. | | *Policy relates to ensuring the trust provides safe resuscitation provision, education, decision making, documentation & clinical practice.* | | | |
| 2. | The impact might be positive (an improvement) or negative (a risk to our ability to deliver high quality care). | | | | As above | |
| 3. | Consider the overall service - for example: compromise in one area may be mitigated by higher standard of care overall. | | | | N/A | |
| 4. | Where you identify a risk, include in the Risk Register section and identify the mitigating actions you will put in place. Specify who the lead for this risk is. | | | | N/A | |
| **Impact on Clinical Effectiveness & Patient Safety** | | | | | | |
| 5. | Describe the impact of the policy or procedure on clinical effectiveness. Consider issues such as our ability to deliver safe care; our ability to deliver effective care; and our ability to prevent avoidable harm. | With improved resuscitation training clinical effectiveness and productivity should be improved. Maintaining patient, visitor & employee safety with the provision of appropriate resuscitation equipment & policies. Improved employee knowledge, through training, aims to improve early recognition of sick patients, early appropriate intervention and prevention of deterioration. More effective management of cardiac arrest could improve patient outcome. | | | | |
| **Impact on Patient & Carer Experience** | | | | | | |
| 6. | Describe the impact of the policy or procedural document on patient / carer experience. Consider issues such as our ability to treat patients with dignity and respect; our ability to deliver an efficient service; our ability to deliver personalised care; and our ability to care for patients in an appropriate physical environment. | | | Improved efficiency and safety should have overall positive impact on patient experience. | | |
| **Impact on Inequalities** | | | | | | |
| 7. | Describe the impact of the document on inequalities in our community. Consider whether the document will have a differential impact on certain groups of patients (such as those with a hearing impairment or those where English is not their first language). | | | | | N/A |

# Appendix C - Procedure for becoming a Resuscitation Link Trainer

The Resuscitation Department uses link trainers to help deliver training in Adult Basic Life Support (ABLS), Automated External Defibrillation (AED) and Paediatric Basic Life Support (PBLS). Resuscitation Link Trainers are not Resuscitation Council UK accredited instructors therefore they must undergo a period of training and assessment before they can teach independently. The procedure for this is outlined below.

1. Health care professionals with an interest in teaching resuscitation skills may volunteer to become a Resuscitation Link Trainer. This must be discussed with and supported by their line manager in advance.
2. Resuscitation Link Trainers must be current healthcare providers with relevant experience in the care of acutely unwell adults and / or children. A teaching qualification or experience of teaching is also required.
3. Resuscitation Link Trainers in ABLS & AED must hold a current Immediate Life Support (ILS) or Advanced Life Support (ALS) certificate. Resuscitation Link Trainers in PBLS must hold a current Paediatric Immediate Life Support (PILS) or European Paediatric Life Support (EPLS) certificate (or equivalent). SCBU employees planning to teach CPR to parents should hold a current NLS certificate. They must keep this qualification up to date in order to continue teaching resuscitation skills.
4. Prospective Resuscitation Link Trainers must observe at least one ABLS & AED or PBLS session delivered by a Resuscitation Officer to familiarise themselves with the core content of the session and how it is taught. Some Resuscitation Link Trainers may need to observe more than one session. They will be provided with a lesson plan and power point presentation to help them prepare. Employees, who are planning to teach parents, must have attended a Parental CPR study day.
5. Prior to teaching independently, all Resuscitation Link Trainers must undergo an assessment of their teaching skills. The assessment must be carried out by a Resuscitation Officer. The Resuscitation Officer must be satisfied that the link trainers can demonstrate sufficient knowledge and skills before allowing them to teach independently. Some link trainers may require more than one assessment.
6. After successful completion of this process Resuscitation Link Trainers may teach independently. However annual re-assessment of teaching skills by a Resuscitation Officer is required.
7. Resuscitation Link Trainers must not issue certificates on behalf of the Great Western Hospitals NHS Foundation Trust. They must forward the names of any employees trained to the Resuscitation Department’s administrator who will update their electronic training records accordingly.
8. Resuscitation Link Trainers must not use their position to teach individuals who are not employed by Great Western Hospitals NHS Foundation Trust unless this is agreed with the Resuscitation Department in advance.
9. Resuscitation Link Trainers must not accept payment or gratuities for teaching unless they are booked by the Resuscitation Department (through the nurse bank) to deliver training in their own time.
10. The Resuscitation Department reserves the right to revoke the title of Resuscitation Link Trainer, if this procedure is not followed.

NB: Resuscitation Council UK instructors may only teach ABLS, AED and/or PBLS on behalf of the Resuscitation Department if this is agreed in advance. They must use the department’s teaching plan and forward names of those trained to the Resuscitation Administrator.

# Appendix D - Emergency Call Audit Form to be completed for all Medical, Paediatric, and Newborn Emergency (2222) Calls.

