National Ambulance

Patient Resuscitation Policy and Procedure

CGP111

LINK TO POLICY

LINK TO PROCEDURES & FORMS

1. POLICY INTRODUCTION

National Ambulance (NA) strives to deliver safe and quality services in accordance with international evidence based best practices, with the appropriate sections in Clinical Practice guidelines in use by National Ambulance, and other clinical policies, procedures and protocols approved and/or published by National Ambulance. The Patient Resuscitation Policy and Procedure has been developed to ensure (and maintain) safe, quality care and transportation for National Ambulance patients in accordance to these internationally recognized guidelines and procedures.

National ambulance clinical staff must act in the best interests of the patient, any relatives or guardians accompanying the patients and within their specified scope of practice and must use relevant qualifications, training, skills and experience to provide optimal clinical care. National Ambulance clinical staff must also be fully aware of the special consent considerations required for this patient group.

The Procedures outlined will state definition/s and all steps required to manage and transport patients in this patient group. This policy is related to the management components of Leadership and Commitment, and Continuous Improvement.

2. SCOPE

Care and management of patients who require assessment and resuscitation is only to be performed by all National Ambulance Clinical personnel as within their scope of practice and in accordance with their qualifications, skills, experience and training.

This policy and procedure includes all elements of patient assessment and management for this patient group within the Emergency medical services environment to ensure best possible outcomes; it also includes requirements for documentation to ensure comprehensive and accurate recording of all patient related activity takes place.

3. ROLES AND RESPONSIBILITIES

The Medical Director is responsible for development of this Policy and Procedure, review and revision and any Performance Indicators and should be available for advice and support to the Duty Manager. The CMA is also responsible for developing training to support this Policy and Procedure.
The Chief Operations Officer is responsible for the implementation and monitoring of this Policy and Procedure.
All Directors, Managers and Supervisors are responsible for ensuring that staff have induction in alignment with this Policy and Procedure, for monitoring the applicability and ongoing implementation as well as raising any issues with the CMA and reporting any incidents or near misses through the QHSE system. Reporting of

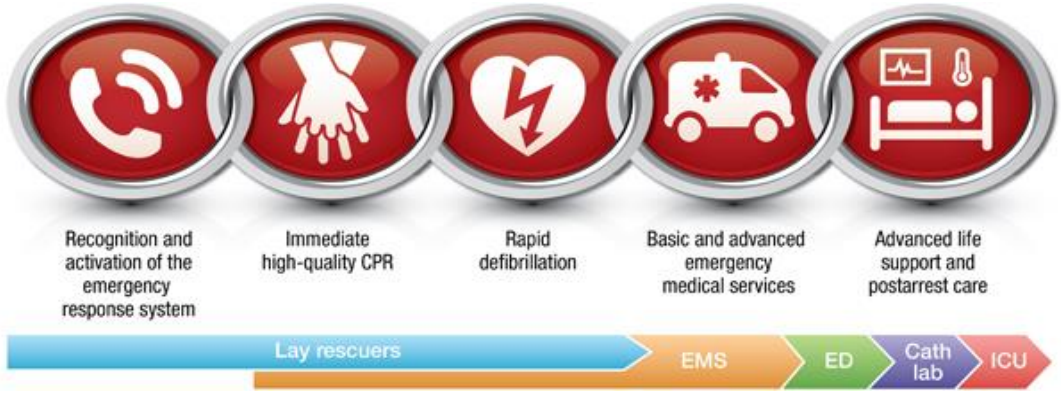
the suspected or confirmed communicable disease must be completed in accordance with the HAAD regulations and in accordance with the steps that are included in the policy and procedure.

All staff that provide care for patients are responsible for acting according to this policy and procedure in accordance with their scope of practice. They are also responsible for ensuring that they attend or pursue any relevant, required training (i.e. eLearning and face to face training).

4. POLICY

Patient resuscitation plays a major role in pre-hospital emergency care and is an essential component for a functional emergency medical service. In the setting of heart attack, Time is critical, the faster you initiate lifesaving care, the chances of a positive patient outcome increase.

It is therefore essential that clinical staff keep up to date with the latest CPR guidelines, and that they attend all resuscitation training sessions that National Ambulance offers, to ensure the best quality patient inputs and outcomes. In addition to this, staff must also ensure they read and follow the published information contained within National Ambulance Clinical Practice Guidelines and Patient Care Protocols.



As EMS Personnel dispatched to a resuscitation case you will be a key part of the ***Chain of Survival*** that brings advanced care that can be lifesaving.

This Policy and Procedure has been designed to support clinician's decision-making process during the resuscitation of patients, thereby providing staff with a platform to learn and develop. Reading and understanding this document and following the stepwise approach is a 'must' to acquire knowledge required to assess and re-assess all patients.

This policy is written to support existing best practice guidelines. However it should be noted that it is not possible to provide specific guidance for every condition which clinicians may encounter; and as such these guidelines are not intended to substitute good clinical judgment.

Documentation and reporting

Patient Care records are legal documents and must be fully completed to show a full record of assessment, care, decisions and transportation in accordance with the NA Policy and Procedures for Patient Care Record and Documentation CGP 119, Patient Transport CGP 115 or Transportation of Special Patient Groups CGP 116.

Pan Asian Resuscitation Outcomes Study (PAROS) also known as Out of hospital cardiac arrest registry (OOHCA)

- This registry is used to continually assess the efficiency of system wide resuscitative interventions. Its aim is to improve quality of care and increase survival rates.
- Data captured by this registry has shown that there is an increase in ROSC if CPR is started by bystanders. Data is also used to determine where the shortfalls are and to provide continuing education to pre-hospital providers as well as the general public.
- This registry is reliant on a full and accurate completion of Patient Care Record (electronic or hard copy), follow up will be carried out by NA head office staff at least 24 hours after the patient has been transported to a tertiary care provider.

5. Resuscitation Procedure for National Ambulance Clinicians

General

- Resuscitation should be initiated by the clinician for every patient who has the following criteria base on AHA, BLS algorithm:
  - Unconscious patient.
  - No pulse.
  - Absent Breathing.
- Each clinician should ensure that a high quality of CPR has been provided to the patient for not less than 20 minutes, clinician other than physician should continue CPR until handover the patient to the hospital.
- In some circumstances, when there is difficulty to transport the patient with continue CPR to the ambulance and there is no physician available in the scene, EMT should contact ACC team leader who will contact Medical Director (MD)/delegate through a recorded call to get approval to cease /discontinue CPR.
- National Ambulance CGP 134 Patient Care Protocols must be followed when performing resuscitative care.
- Clinician should consider withholding resuscitation in the presence of conditions unequivocally associated with death and ACC team leader should be informed. Conditions as following:
  - Massive cranial and cerebral destruction.

- Hemi-corporectomy of similar massive injury.
- Decomposition/Putrefaction.
- Incineration.
- Hypostasis with established Rigor Mortis.
- Submersion >1.5 Hours.

- When working on contracts or events led by National Ambulance the NA Protocols will apply unless otherwise stated.
- Clinician's must communicate their findings, care given and the outcomes, to other health professionals' involved in the patient treatment / other parties involved (where appropriate, such as patient, relative or consent giver).
- All findings and relevant information, must be documented comprehensively and accurately on all the Patient Care Record (PCR) and any other required supplementary documents such as PAROS forms.
- Clinician's must act in the best interest of the patient and perform within their scope of practice.
- Consistent standards of care must be provided to the patient and staff must work as a team to provide this.
- The individual with the highest level of privileging is the individual with responsibility and leadership for the resuscitation in the field.
- In cases where clinicians are in doubt they must consult the person who has the highest level of privileging and is available via contact with NA Ambulance Communications Centre (ACC).
- DNARs, Living Wills and Advance Directives are not legally recognized in the UAE therefore staff must deliver patient care accordingly.
- Patient Care Protocols (CGP 134) & Patient Resuscitation Policy & Guidelines (CGP 111) is available on the NA e-Library System.
- All patient care delivered by National Ambulance staff may be subject to review as part of the Quality Assurance process.
- Clinician must clinically triage and treat all patients regardless of insurance, residency, nationality or ability to pay. NA must provide all the necessary medical treatment to avoid loss of life or occurrence of damage to limb, body function or long-term health.
- Clinician must be comply with patient consent and ensure patients and their families are informed of their rights and responsibilities if applicable.
- Comply with the requirement to safeguard and preserve patient rights through treatment with dignity and respect, and on the basis of clinical need, assuring professionalism and confidentiality during the course of providing healthcare services to the patient.

Appendix

KEY POINTS

- **When caring for a patient in need of resuscitation, the CGP 134 National Ambulance Patient Care Protocols must be utilized.**
- **Recognition of life extinct must follow the National Ambulance CGP 134 Patient Care Protocols.**
- **Cessation / Termination of resuscitation efforts must follow the National Ambulance CGP 134 Patient Care Protocols.**
- **DNARs, Living Wills and Advance Directives are not legally recognized in the UAE.**
- **Documentation of resuscitation attempts must be full and comprehensive, abiding by all NA policies and procedures.**

DOCUMENT CONFIGURATIONS CONTROL DATE of Changes Release Approval

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

CHIEF MEDICAL ADVISOR

Change Brief

Version No.	Date	Changes
1	08 December 2013	First Draft
2	11 June 2014	Change of format to Policy & Procedure, ensure clarity of information and language and reference to international best practice algorithms
3	25 May 2016	Change in AHA guidance incorporated. Reference to National Ambulance Clinical Practice Guidelines and Patient Care Protocols included. Removal of recognition of DNARs, living wills and advanced orders as reasons to cease resuscitation efforts.
4	11 September 2018	Add initiation and termination of resuscitation Delete the section related to EPS Add last two points in the "Resuscitation Procedure for National Ambulance Clinicians" section. "Medical Director" terminology

Review & Approval: _____ Date: _____

Dr. Ayman Ahmad – Medical Director