Management of Resuscitation Policy

Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.

<table>
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<tr>
<th>Purpose of Agreement</th>
<th>This policy sets out the standards for the safe management of resuscitation including the recognition and management of anaphylaxis.</th>
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Review Log

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Executive Summary

This revised Policy sets out the principles by which patients who have suffered to cardiac arrest whilst under the care of Solent NHS Trust are managed in accordance with current European and UK Resuscitation Council guidelines. This policy is fully in accordance with the recommendations for clinical practice and training in cardiopulmonary resuscitation published by the Resuscitation Council (UK 2015) and has been constructed to promote compliance with regulatory requirements and best practice.

The policy applies to adult and paediatric cardiopulmonary resuscitation within Solent HNS Trust. All clinical and public areas where a cardiac arrest may occur must have adequate resources available and clearly visible. All cardiac arrest equipment must be checked on a daily basis and also after each use, this being documented in order to ensure continual availability of emergency equipment in those areas.

All staff must be familiar with the resuscitation equipment located in their workplace or know where the nearest resuscitation equipment is located.

All clinical staff must attend adult basic life support training and those working in an area which routinely deals with children, must also be trained in paediatric basic life support. This training must be attended annually.

The Trust will support the resuscitation training it delivers by ensuring adequate resources are available to provide relevant levels of training to staff members specific to their role and speciality in managing a cardiac arrest. This will include having an experienced Resuscitation Officer, designated training areas and appropriate resuscitation equipment.
# Management of Resuscitation Policy

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1. INTRODUCTION & PURPOSE

1.1 The Management of Resuscitation Policy is based on the recommendations for clinical practice and training in cardiopulmonary resuscitation and management of anaphylaxis published by the Resuscitation Council UK (2015). This policy has been developed to describe the process for managing and mitigating risks associated with resuscitation as detailed in the NHSLA Risk Management Standards within Solent NHS Trust.

1.2 Solent NHS Trust (the Organisation) must provide a resuscitation service for patients, visitors and staff on all of its sites. The aim is that all relevant staff with direct patient contact within the Organisation must be able to provide cardiopulmonary resuscitation at a level appropriate to their role and healthcare environment in which they are working, a minimum of which is Basic Life Support. However, some staff may require additional training to provide elements of Advanced Life Support, such as defibrillation. This will be defined by their job role and where they actively see patients. Defibrillation is now considered part of basic life support and all resuscitations are expected to have a defibrillator if available.

1.3 The purpose of this Policy is to:

- Ensure that safe, early and appropriate management of a medical emergency, including cardiopulmonary resuscitation occurs on Solent NHS Trust services or while being attended by a Trust employed health care professional in other settings.
- Detail the duties and training requirements for all staff in Solent NHS Trust relating to the management of a medical emergency including cardiopulmonary resuscitation.
- Detail the process and tools in the recognition, identification and response to patients/clients at risk from cardiac arrest within Solent NHS Trust services.
- Standardise the management of medical emergencies and cardiac arrests within Solent NHS Trust services in accordance with the current Resuscitation Council UK guidelines.

1.4 This Policy is to be read in conjunction with the current Solent NHS Trust Policies, Standard Operating Procedures and Department of Health Papers on:

- CLS03 Unified Do Not Attempt Resuscitation Adult Policy
- RK03 Reporting Adverse Incidents Policy
- RK07 Medical Devices Policy
- HS04 Moving and Handling Policy
- PGD SH046 Adrenaline 1:1000
- PGD SH043 Oxygen Gas
- LD02 Induction and Essential Training Policy
- MMT003 Medicines Policy
- IPC07 Infection Prevention and Control Standard Precautions Policy
- CF01 Child and Young Persons Advance Care Plan Policy
- CLS02 Deprivation of Liberty Safeguards Mental Capacity Act Policy
- Verification of expected death
2. SCOPE & DEFINITIONS

2.1 SCOPE

2.1.1 This policy applies to all directly and indirectly employed staff including and other persons working within the Trust in line with Solent NHS Trust’s Equal Opportunities Policy. This document is also recommended to Independent Contractors as good practice.

2.1.2 This policy identifies:

- Accountabilities, responsibilities and duties of staff
- Mandatory training requirements
- Procedure in relation to the initiation of an emergency response including obtaining medical assistance
- Storage, replenishment, maintenance and cleaning of resuscitation equipment
- Post incident reporting, recording, reviewing and support procedures in relation to resuscitation attempts
- Process for monitoring compliance with the policy

2.1.3 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We strive towards demonstrating fairness and Equal opportunities for users of services, carers, the wider community and Trust staff.

2.1.4 For the purpose of this policy, Document Sponsor is the Executive Lead who has overarching accountability for the policy. The Document Manager is the person who is responsible for the management of the policy including the reviewing and revising.

2.2 DEFINITIONS

2.2.1 Advanced Life Support (ALS)
The term ALS describes temporary measures aimed at restoring ventilation and a perfusing cardiac rhythm; this is necessary to improve the chance of long term survival.

2.2.2 Agonal Breathing
Occasional gasps, slow, laboured or noisy breathing associated with the early stages of cardiac arrest and are evident in up to 40% of cardiac arrest victims. This is not a sign of life and resuscitation should be commenced unless resuscitation is not appropriate i.e. current and valid DNAPCR decision in place.

2.2.3 Ambulance
Emergency ambulance following (9)999 call

2.2.4 Anaphylaxis
An acute, life threatening hypersensitivity reaction which should be considered when there is an acute onset of life threatening airway and/or breathing and/or circulation problems, especially if skin/ mucosal changes are present.

2.2.5 Automated External Defibrillator (AED)
The AED analyses cardiac rhythms and advises whether a shock is indicated or not. It has pre set energy levels according to the Resuscitation Council (UK) guidelines. AED’s allow appropriately trained staff to defibrillate a person in cardiac arrest prior to the arrival of more expert help. All those attempting resuscitation will be expected to use a defibrillator if one is available locally including in the community. AEDs can be used on paediatric patients ideally with the use of attenuated pads that reduce the energy delivered to
children weighing less than 25kgs. In the event these pads are not available, adult pads should be used. It is not recommended to use AEDs on the under one year old age group due to potential problems with rhythm recognition.

2.2.6 Basic Life Support (BLS)
BLS is maintenance of airway patency and supporting breathing and the circulation without the use of equipment other than a protective device. This is carried out by artificial ventilations using a pocket mask or bag valve mask (not a face shield) with/ without supplemental oxygen and the provision of chest compressions.

2.2.7 Cardiac Arrest
The sudden cessation of mechanical cardiac activity, confirmed by the absence of any obvious sign of life (or pulse for those appropriately trained to carry out pulse checks), unresponsiveness and agonal/ complete cessation of normal breathing.

2.2.8 Cardiopulmonary Resuscitation (CPR)
A combination of airway management, artificial ventilation, chest compressions, defibrillation and drug therapy.

2.2.9 Clinical Staff
A member of Trust staff whose job description includes direct patient care.

2.2.10 Defibrillation
This is the definitive treatment for shockable cardiac arrest rhythms i.e. ventricular fibrillation and ventricular tachycardia. It involves the delivery of a DC electric shock to the myocardium, the energy level of which is recommended by the Resuscitation Council (UK).

2.2.11 Do Not Attempt Cardiopulmonary Resuscitation (DNAPCR)
A DNACPR order indicates that in the event of cardiac arrest, CPR will not be initiated. It is emphasised that a DNACPR decision does not prevent other forms of treatment being provided including other types of emergency such as anaphylaxis or choking.

2.2.12 Immediate Life Support (ILS)
Resuscitation Council UK accredited medical emergency and resuscitation course

2.2.13 National Early Warning Scoring System (NEWS)
A standardised track and trigger system for acute illness in patients presenting to, or within inpatient areas also used in the community. Based on a simple scoring system in which a score is allocated to physiological measurements that have been taken including respiratory rate, pulse rate, blood pressure, oxygen saturation level, temperature and conscious level (using AVPU). Alert, Voice, Pain/pressure, Unresponsive. An appropriate response is triggered according to the resulting score.

2.2.14 Non-Clinical Staff
A member of Trust staff whose job description does not include direct patient care.

2.2.15 Patient Group Direction (PGD)
Document which makes it legal for medicines to be given to groups of patients without individual prescriptions having to be written for each patient. They can also be used to allow staff other than doctors and other prescribers, to legally give the medicine in question.
2.2.16 **Seizure**
When the oxygen level to the brain drops following a cardiac arrest, the casualty may have a seizure like episode. Anyone suffering a seizure should be suspected of being in cardiac arrest and breathing carefully assessed.

2.2.17 **Situation, Background, Assessment, Recommendation (SBAR)**
Communication tool to facilitate the comprehensive handover of patient information in a structured format i.e. shift handover, nurse to doctor over the telephone etc.

3. **PROCESS/REQUIREMENTS**

3.1 **Main Policy Context**

3.1.1 The Trust is a complex Organisation offering services to individuals (both adults and children) with a wide range of need on many different sites including health centres, hospital inpatient and outpatient services, schools, community services and patients own homes. As a result of this, it is not possible for the Trust to offer the same medical emergency or resuscitation response across all of its services.

3.1.2 This policy seeks to establish the principles and standards by which more site specific procedures will operate.

3.1.3 Where care is being provided by Solent NHS Trust employed staff on non-Solent NHS Trust sites, the resuscitation/emergency procedure for that setting should be followed. It is the responsibility of staff to ensure they are familiar with the local emergency procedures. However, in all situations basic life support will be started without delay.

3.2 **Recognition of the Deteriorating Patient**

3.2.1 The recognition of the deteriorating patient is essential in the chain of survival and for the prevention of cardiac arrest.

3.2.2 The assessment of the deteriorating patient will be dependent on the knowledge and skills of the rescuer as well as equipment available to them.

3.2.3 All resuscitation courses will have an element of recognition of the deteriorating patient at a level appropriate to the course.

3.2.4 Deteriorating patient will be taught using the ABCDE approach as recommended by the Resuscitation Council and applied to common medical emergencies.

3.2.5 The Trust uses a National Early Warning Scoring (NEWS) system for the recognition of patients at risk and, as such, the prevention of cardiac arrest, in primarily inpatient areas. During an adult inpatient acute episode, the patient’s observations are recorded and scored as per NEWS. Also used in some community teams e.g. Urgent Response Team.

3.2.6 To ensure the appropriate action is taken as a result of a calculated NEWS score, the process is supported by an escalation procedure.

3.2.7 Other Organisations may use alternative systems to recognise the deteriorating patient i.e. Medical Early Warning Scoring System (MEWS).
3.3 Emergency Response to a Medical Emergency

3.3.1 All staff should have the means to obtain immediate local assistance. This will be dependant of the site but may include activating the internal emergency call system or shouting for help. If you are alone and there is no local help, assess the patient and ring 999 for an emergency ambulance or as per local site procedure.

3.3.2 Begin appropriate initial treatment according to patient needs and skill level of the rescuer and continue until directed by the responding the emergency medical team or responding ambulance crew.

3.3.3 Once local help has arrived, send someone to summons the site response team on the appropriate hospital sites and/or the ambulance service in other Trust locations, giving the exact location and brief details of the incident.

3.3.4 Ensure the available emergency resuscitation equipment is brought to the victim. If there is no defibrillator on site, for example in the community, the emergency call handler may direct staff to the nearest defibrillator.

3.3.5 Co-operate and assist the site response team/ ambulance crew, with the resuscitation attempt using the current Resuscitation Council (UK) guidelines according to the responding staff’s level of ability.

3.3.6 Take into account “Do Not Attempt Cardio Pulmonary Resuscitation” (DNACPR) orders, however if there is any doubt as to the patient having a valid DNACPR order, resuscitation should continue until one is located and verified.

3.3.7 Support relatives, other patients, visitors and staff who are involved or witness a resuscitation attempt

3.3.8 Ensure appropriate documentation is completed (e.g. Adverse Event Report, audit form, medical notes, nursing notes)

3.3.9 In the event of a sudden unexpected death, local procedures should be followed.

3.3.10 In the event of a death, an appropriate member of staff should inform the deceased next of kin as soon as practicable.

3.4 Royal South Hants Hospital (Solent NHS Trust Clinical Areas)

3.4.1 The response on this site is BLS, AED and ambulance. BLS and AED response will be carried out by the appropriately trained members of staff as a minimum. Immediate Life Support or Advanced Life Support may be provided by staff with additional training and availability of appropriate equipment where available.

3.4.2 The request for an ambulance for Solent NHS Trust clinical areas is via the dedicated healthcare professional number 0300 100 0024.

3.4.3 Security will also need to be informed by dialling ext. 5913 who will assist and direct the ambulance crew on their arrival.

3.5 St. James Hospital and St. Marys Community Healthcare Campus (Solent NHS Trust Clinical Areas)
3.5.1 The response on these sites is BLS, AED and ambulance. These hospital sites have a switchboard system enabling the use of 2222 for the request for additional site help and the ambulance service. This enables switchboard to activate the medical emergency response bleeps and then call the ambulance service.

3.5.2 The response on this site is BLS, AED and ambulance. BLS and AED response will be carried out by the appropriately trained members of staff as a minimum. Immediate Life Support or Advanced Life Support may be provided by staff with additional training and availability of appropriate equipment where available.

3.5.3 All medical emergency response bleeps are alerted simultaneously by switchboard operator via a speech test carried out through the internet. Each member of the site response team must respond at the earliest opportunity if it is safe to leave their area. The speech test is carried out on a daily basis by Front Hall-SJH and Main reception - SMH to ensure that the system (Provided by Page One) and individual bleeps are in working order – all bleep holders must respond to this test call.

3.6 Western Community Hospital (Solent NHS Trust Clinical Areas)

3.6.1 The response on this site is BLS, AED and ambulance. BLS and AED response will be carried out by the appropriately trained members of staff as a minimum. Immediate Life Support or Advanced Life Support may be provided by staff with additional training and availability of appropriate equipment where available.

3.6.2 The request for an ambulance for Solent NHS Trust clinical areas is via the dedicated healthcare professional number 0300 100 0024.

3.7 Other Community Sites including GP Surgeries, Health Centres, Patients Homes etc.

3.7.1 The response on these sites are BLS (and AED where available) which will be carried out by appropriately trained staff. An ambulance service response is initiated by calling 999 (or 9-999 where 9 is required for an outside line). Advanced Life Support will be provided by the ambulance service.

3.8 Shared Public Areas within Main Buildings i.e. corridors, restaurants etc.

3.8.1 In most instances, the nearest member of staff to the incident should summon local help and ambulance service assistance as per site response.

3.8.2 If there is a nearby clinical area then they could be contacted to provide clinical expertise and equipment to patients, visitors and staff suffering a medical emergency.

3.8.3 Some non-clinical areas/ departments will have a designated person responsible for first aid who should be summoned.

3.9 Other Areas Outside Main Buildings e.g. grounds, car parks

3.9.1 If the victim has become unwell outside the main building, the staff who has found the victim should summons help as per site response.

3.9.2 If access to an internal phone is not possible such as in the event the victim is in an isolated place, then staff should call for an ambulance as they would in a public setting i.e. 999 from mobile phone.
3.10 Medical Emergency & Resuscitation Equipment

3.10.1 Resuscitation equipment must be stocked in accordance with guidance given by the Resuscitation Council, advice from the trust Resuscitation Officer and local risk assessment carried out by the manager.

3.10.2 The minimum equipment for areas where Basic Life Support (BLS) has been identified as a minimum, essential equipment is:

- Pocket mask
- First aid kit

3.10.3 For areas where Immediate Life Support (ILS) has been identified as essential training, the following resuscitation equipment must be available within three minutes:

- Automated External Defibrillator
- Bag Valve Mask
- Oxygen (CD cylinder)
- Portable motorised/hand held suction

3.10.4 Additional resuscitation equipment and emergency drugs will be available depending on local risk assessment, Resuscitation Council UK guidelines and professional body guidance.

3.10.5 It is accepted that in certain clinical areas (mental health, in particular) it will be appropriate to keep the resuscitation equipment in a secure location although equipment will need to be readily available in the event of a resuscitation incident.

3.10.6 Staff should be trained to use the available equipment according to their expected roles and must be familiar with the location of all equipment. The precise availability of equipment should be determined locally.

3.11 Defibrillation

3.11.1 All healthcare professionals should consider the use of an Automated External Defibrillator (AED) to be an integral part of Basic Life Support. AEDs should be available throughout all of Solent NHS Trusts GP Practices, Dental Practices, and any inpatient wards/units.

3.11.2 An adequate number of staff should be trained so that a shock can be delivered, if appropriate, within 3 minutes of the patient/client having being found and confirmed to be in a cardiac arrest.

3.11.3 Adult AEDs can be used safely on children over 8 years old. Some machines have paediatric pads or a mode that adjusts them to make them more suitable for use in children between 1 and 8 years of age. This type of AED should be considered, especially for practices that treat children. In cardiorespiratory arrest situations when paediatric pads or an adjustable AED is not available, a standard adult AED may be used in a child over 1 year old.

3.11.4 All Solent NHS Trust AEDs should be placed in an appropriate area and all staff knows of its location and how to access it. New staff should be informed of this information on local induction. Agency and bank staff should also be informed on the location and access to AEDs and other resuscitation equipment.

3.11.5 Public access to an AED should be made available throughout Solent NHS Trust when a member of the public states they require one.
3.11.6 A sign displaying the location of the nearest area with an AED should be displayed
www.resus.org.uk/pages/AEDsign.htm

3.12 Medical Emergency & Resuscitation Drugs

3.12.1 The provision of medical emergency drugs will be dependent on the location, service
provision, professional guidelines including the Resuscitation Council UK and staff
availability.

3.12.2 The administration of emergency drugs should be compliant with Solent NHS Trust
Medicines Policy.

3.12.3 All emergency drugs should be stored together and be easily identifiable i.e. on the
resuscitation trolley

3.12.4 Each clinical area must carry out a risk assessment to determine the location for the
storage resuscitation equipment including resuscitation and other medical emergency
drugs where appropriate.

3.12.5 Oxygen cylinders should be of sufficient size to be easily portable but also allow for
adequate flow rates e.g. 15 litres per minute, until the arrival of an ambulance or the
patient fully recovers. A full “CD” 460 litres of oxygen and should allow a flow rate of 15
litres per minute for approximately 30 minutes. Two such cylinders may be necessary to
ensure the supply of oxygen does not fail when it is used in a medical emergency.

3.12.6 Recently published guidance from the British Thoracic Society on the use of high flow
oxygen has caused some concern and confusion regarding its safety. It is emphatically clear
that in any critically ill patient the initial administration of high flow oxygen (15 litres per
minute) is the correct course of action. When oxygen saturation levels can be accurately
measured then the given amount of oxygen can be titrated accordingly.

3.12.7 The team manager of each area will delegate a registered nurse or mental health
practitioner to be responsible for checking the emergency drugs on a regular daily basis
and following every resuscitation incident. Lone workers will be responsible for checking
any emergency drugs they carry in the community i.e. adrenaline 1:1000 for the
anaphylaxis

3.12.8 The delegated registered nurse or mental health practitioner is responsible for replacing
emergency drugs as appropriate in accordance with the Trust’s Medicines Policy.

3.13 Procurement, Storage, Replenishment, Maintenance and Cleaning of Resuscitation
Equipment

3.13.1 All resuscitation and related equipment must be maintained in a state of readiness at all
times and must be checked by an appropriate member of staff every day there is clinical
activity and immediately following a medical emergency where equipment has been used.

3.13.2 Resuscitation equipment should be for single-patient use and latex-free whenever this is
feasible (e.g. bag-mask devices, oxygen masks and tubing). Disposable items must be
replenished

3.13.3 The procurement, storage, replenishment, maintenance and cleaning of resuscitation
equipment must be in accordance with the Trust’s Medical Devices Policy.
3.13.4 All resuscitation equipment must be maintained in a state of readiness at all times and allow speedy access.

3.13.5 Responsibility for checking resuscitation equipment rests with the staff at the site where the equipment is held. This process should be designated to named individuals, with reliable arrangements for cover in case of absence.

3.13.6 Equipment checklists must be kept within the clinical area for audit purposes for at least 12 months. They must be readily available on request by the Trust Resuscitation Officer.

3.13.7 The manufacturer’s instructions must be followed regarding the use, storage, servicing and expiry of equipment. Electrical equipment, including the Automated External Defibrillator must be checked in accordance with the manufacturer’s guidelines. Defibrillator faults should be reported to the Trust Resuscitation Officer.

3.13.8 A planned replacement programme should be in place for disposable equipment items that have been used or that reach their expiry date.

3.13.9 If any resuscitation equipment fails or is faulty during the daily operational check or when being used, replace the faulty equipment as soon as reasonable possible and arrange for appropriate cover in the meantime i.e. inform the nearest other available area.

3.13.10 Personal protective equipment (e.g. gloves, aprons, eye protection) must be available according to local policy.

3.14 When To Stop A Resuscitation Attempt

3.14.1 Resuscitation should be discontinued when ALL the following exist together and have been ascertained:
   - 15 minutes or more has passed since the onset of cardiac arrest
   - No bystander CPR was given since the onset of cardiac arrest
   - There is no suspicion of drowning, hypothermia, poisoning/overdose or pregnancy
   - Asystole is present for 30 seconds on an ECG screen
   - Or the patient recovers

3.15 When Not To Attempt Resuscitation

3.15.1 Every effort should be made to attempt to resuscitate anyone who is collapsed and requires BLS.

3.15.2 However, resuscitation should not be attempted if there are conditions unequivocally associated with death. These are:
   - Hypostasis: the pooling of blood in congested vessels in the dependent part of the body in the position in which it lies after death
   - Rigor mortis: the stiffness occurring after death from the post mortem breakdown of enzymes in the muscle fibres
   - Massive cranial and cerebral destruction: where injuries are deemed incompatible with life including decapitation (self-evident)
   - Decomposition/putrefaction: where tissue damage indicates that the patient has been dead for some hours or days or longer.
   - Hemicorporectomy or similar massive injury: where the injuries are considered to be incompatible with life
   - Incineration: the presence of full thickness burns with charring to >95% of the body surface
3.15.3 Resuscitation should also not be attempted where there is a valid and current Do Not
Attempt Resuscitation (DNACPR) order or Advance Direction to Refuse Treatment in place.

Do Not Attempt Cardiopulmonary Resuscitation (DNAPCR) Guidelines

3.16 For further information on Do Not Attempt Cardiopulmonary Resuscitation (DNAPCR),
please refer to the CLS03 Unified Do Not Attempt Resuscitation Adult Policy

3.17 Post Resuscitation Care

3.17.1 Staff who are responsible for the patients care must ensure safe continuity of care and
where necessary, safe transfer to the nearest appropriate acute hospital. This may involve
the following steps:

- Referral to a specialist unit i.e. Emergency Department, Acute Medical Admissions Unit etc.
- Full and complete documentation of the patient, including peri arrest information, information about the resuscitation and current post resuscitation care.
- Preparation of patient for transport including that of any additional equipment required.
- Liaison with the ambulance service to ensure the patient is transferred to the appropriate place with the appropriate crew i.e. paramedic crew
- Where safely possible, allowing a member of staff to accompany the patient
- Informing relatives of the events
- Completion of appropriate paperwork such as an Adverse Event Form as per Reporting
  Adverse Incidents Policy and the Cardiac Arrest Audit Form.

3.17 Post Event Procedure Including Debriefing And Support

3.18.1 All resuscitation events will be reported, recorded and reviewed in accordance with the
Trust’s Reporting Adverse Incidents Policy

3.18.2 An Adult Basic Life Support and AED Audit form (Appendix 1) will be completed and sent to
the Trust Resuscitation Officer

3.18.3 The responsible manager will arrange for a debriefing to take place as soon as possible
after the event ensuring that all staff are provided with support. This may include referral
to Occupational Heath Service or the Employee Assistance Programme. An example debrief
should include:

- A room away from the area of the incident
- Enough room for all who attended the incident
- An invite for everyone who was involved to attend the debrief
- The Trust Resuscitation Officer to facilitate and act as an independent observer/advisor

3.18.4 Emergency equipment and drugs used in the resuscitation procedure must be replenished
as soon as practically possible in line with Section 3.13.

3.19 Relatives Present During a Resuscitation Attempt

3.19.1 This policy follows guidance from the Resuscitation Council UK which states, “the presence
of relatives during a resuscitation attempt is a controversial issue. There have been
increasing requests by relatives to be present at a resuscitation of their loved one. This
statement and the guidelines do not supply all the answers, but attempt to enable a
balanced decision to be made.” Unfortunately in the pre-hospital environment this is
occasionally unavoidable. Staff need to be mindful of the needs of the patient as priority but also to consider any relatives that maybe present.

3.20 Manual Handling

3.20.1 In situations where the collapsed patient/client is on the floor, in a chair or in a restricted/confined space, Solent NHS Trusts Moving and Handling Policy for the movement of patients/clients must be followed to minimise the risks of manual handling and related injuries to both staff and patients/clients.

3.20.2 For further information on moving and handling patients/clients during a resuscitation attempt you can also refer to the to the Resuscitation Council UK’s guidance for safer handling during resuscitation in healthcare settings:


3.21 Risks to the Rescuer

3.21.1 Whilst the risks of infection transmission from patient to rescuer during direct mouth-to-mouth resuscitation is extremely rare, isolated cases have been reported. Whenever feasible a suitable barrier device will be used to deliver rescue breaths.

3.21.2 It is therefore advisable that direct mouth to mouth resuscitation is avoided in the following circumstances:

- All individuals who are known to have or suspected of having an infectious disease;
- All undiagnosed individuals who have been admitted to a clinical area
- Other persons where the medical history is unknown

3.21.3 All clinical areas should have immediate access to airway devices (e.g. a pocket mask) that conforms to current recommendations to minimise the need for mouth-to-mouth ventilation.

3.21.4 Where airway protective devices are immediately available, start chest compressions combining with rescue breaths in the ratio currently recommended by the Resuscitation Council (UK).

3.21.5 Should the rescuer be unable or unwilling to undertake rescue breathing without a barrier device and one is not immediately available chest compression alone should be commenced and continued without interruption while awaiting the arrival of a barrier device.

3.21.6 The minimal level of personal protection for community based staff is the pocket mask. If staff do not have a pocket mask readily available chest compression should be started immediately rather than searching for a pocket mask.

3.22 Anaphylaxis

3.22.1 The management of suspected anaphylaxis should be conducted in accordance with the current Resuscitation Council UK guidelines for the management of anaphylaxis. The current guidelines are documented at:

http://www.resus.org.uk/pages/reaction.pdf
3.22.2 All health care professionals administering medication must attend face to face mandatory basic life support and anaphylaxis training annually as a minimum standard.

3.22.3 For governance purposes, non-prescribing health care professionals should use the Solent NHS Trust Patient Group Direction for Adrenaline 1mg in 1ml. Adult and Paediatric guidelines are shown in Annex 4.

4. ROLES & RESPONSIBILITIES

4.1 Healthcare organisations have an obligation to provide an effective resuscitation service to their patients/clients and appropriate training to their staff. A suitable infrastructure is required to establish and continue support for these activities.

4.2 Duties within the Organisation

4.2.1 Chief Executive – The Chief Executive has ultimate responsibility for Corporate Governance; including ensuring processes are in place to support good procedural document management including those related to the management of resuscitation.

4.2.2 Trust Board – The Trust Board has overall responsibility for ensuring that through good procedural document management, the Organisation complies with all legal, statutory and good practice requirements, including those related to the management of resuscitation.

4.2.3 Solent NHS Trust Resuscitation Group – Solent NHS Trust Resuscitation Group is to ensure that local standards for both the resuscitation service and resuscitation training are in line with nationally published guidelines.

4.2.4 Chief Medical Officer The Chief Medical Officer is responsible for ensuring that medical staff in Solent NHS Trust have clarity about their professional and statutory obligations to deliver Solent NHS Trust Management of Resuscitation Policy.

4.2.5 Chief Nurse and Deputy Director of Nursing and Allied Healthcare Professionals – The Chief Nurse and Deputy Director of Nursing and Allied Healthcare Professionals are responsible for ensuring that all nursing staff and Allied Health Professionals in Solent NHS Trust have clarity about their professional and statutory obligations to deliver Solent NHS Trust Management of Resuscitation Policy.

4.2.6 Operational and Clinical Directors - The Operational and Clinical Directors are responsible for communicating Solent NHS Trust Management of Resuscitation Policy to all staff in their Service Line Management via Service Managers and Matrons (and their equivalents) and ensuring that staff are compliant with the NHSLA Standards for Resuscitation. Any issues related to compliance are to be raised with the Resuscitation Officer and escalated through the appropriate channels and reported to an appropriate group i.e. Resuscitation Group, Health & Safety Committee etc.

4.2.7 Service Managers and Matrons (and their equivalents) – Service Managers and Matrons (and their equivalents) are responsible for the implementation of Solent NHS Trust Management of Resuscitation Policy and informing staff of any changes. They should ensure training needs are identified and staff access the appropriate agreed training as provided by Learning and Development. With the support and advice of the Resuscitation Officer, they should carry out risk assessment when appropriate to determine the level of resuscitation equipment required within their service. They must also ensure that the appropriate numbers of appropriately trained staff are on duty at any one time. Any areas of concern regarding resuscitation should be taken to the Resuscitation Officer who may
deal with problem locally or take it to the Solent NHS Trust Resuscitation Group where appropriate. Raised via local and service line governance process.

4.2.8 **All Staff** - All staff must ensure compliance with the Management of Resuscitation Policy. This includes ensuring that they attend appropriate training as identified in the Training Needs Analysis and appraisals. All resuscitation training is annual as a minimum. Any issues regarding this policy must be raised with the manager who will liaise with the Trust Resuscitation Officer where appropriate.

4.2.9 **Resuscitation Officer** – The Resuscitation Officer is responsible for developing the Management of Resuscitation Policy and communicating it to staff via the Operational and Clinical Directors. They will liaise with Service Managers and Matrons (and their equivalents) to ensure that the policy is complied with. Support and advice can be provided to the Service Managers and Matrons regarding this policy. Compliance will be assessed by incident debriefs and audit, cardiac arrest simulations and equipment audit. This will be reported to the Resuscitation Group quarterly. Any non-compliance with the policy will be communicated to the Service Managers and Matrons (and their equivalents) and the Operational and Clinical Directors for action.

4.2.10 **Solent NHS Trust Resuscitation Group** – Solent NHS Trust Resuscitation Group will report quarterly to the Health and Safety Committee.

5. **TRAINING**

5.1 **Training Requirements**

5.1.1 The strategy for resuscitation training embodies the statements and guidelines published by the Resuscitation Council UK and the European Resuscitation Council, incorporating the most recent updates to these guidelines. This explicitly incorporates current Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Policy, the identification of patients at risk from cardiac arrest and the implementation of Early Warning Scoring Systems as well as the management of resuscitation.

5.1.2 The Trust will provide sufficient and appropriate training for staff to attend on an annual basis as a minimum. The level of resuscitation training will be directed by an individual’s functional role and responsibilities. This is also determined by an individual’s respective professional body and the guidelines and directives issued where appropriate (e.g. The Nursing and Midwifery Council, Royal College of Nursing).

5.1.3 All Solent NHS Trust resuscitation training is in accordance with the Core Skills Training Framework. The level of training will depend on an individual’s job role and place of work. This will be identified by the Training Needs Analysis found within this policy (Appendix 2), appraisals and personal development plans.

5.2 **Training Delivery**

5.2.1 Training shall be provided by an approved trainer in conjunction with the Trust Resuscitation Officer. Training must be provided in a suitable environment. Training shall be delivered in theoretical and practical sessions in accordance with the most recent updates from the Resuscitation Council UK and in line with Solent NHS Trust Management of Resuscitation Policy.

5.2.2 All Resuscitation Council accredited courses will be directed and taught by an appropriately trained Resuscitation Council Instructor.
5.2.3 Resuscitation training equipment shall be maintained and replaced under the supervision and guidance of the Trust Resuscitation Officer. Training equipment should reflect equipment currently used within Solent NHS Trust.

5.3 Anaphylaxis Training

5.3.1 All healthcare professionals administering medication to patients/clients must complete face to face training in the recognition and management of anaphylaxis on an annual basis, as a minimum.

5.3.2 Anaphylaxis training is available as standard on Adult Basic Life Support, Adult & Paediatric Basic Life Support, Immediate Life Support and Essential Life Support and must be included in any immunisation induction or update training (Minimum standards for immunisation training, HPA 2005).

5.3.3 It is the responsibility of all health care professionals who administer medication to practice within the current Resuscitation Council UK guidelines and their Code of Professional Conduct.

5.4 Simulation Training

5.4.1 Simulation training will be undertaken once a year as a minimum in elected clinical and non-clinical areas throughout the Trust. The training will comprise of a simulated cardiac arrest or medical emergency with observation undertaken by the Trust Resuscitation Officer. Verbal post simulation debrief will be undertaken and a written report sent to the Manager/ Clinical Lead.

5.4.2 Where appropriate, additional training will be carried out if required and a follow up simulation carried out to ensure good practice.

5.4.3 Simulations will be audited and reported to the Resuscitation Group on a quarterly basis.

6. EQUALITY & DIVERSITY AND MENTAL CAPACITY ACT

6.1 An Equality & Human Rights and Mental Capacity Act Impact Assessment has been completed for this policy and no significant Equality & Diversity or Mental Capacity Act issues have been identified. Please refer to Appendix 4 for the full impact assessment.

7. SUCCESS CRITERIA / MONITORING THE EFFECTIVENESS OF THE DOCUMENT

7.1 Audits

7.1.1 All cardiac arrests within Solent NHS Trust must be recorded on the Cardiac Arrest Audit Form (Appendix 1). The form must be completed by an appropriate person and returned to the Trust Resuscitation Officer based within Learning & Development at Trust Headquarters for audit and governance purposes.

7.1.2 The Trust Resuscitation Officer will ensure that as a minimum, an annual audit of resuscitation equipment will be carried out in Solent NHS Trust clinical areas on Royal South Hants, Western Community, St. Marys and St. James sites to ensure the equipment meets current guidelines, is checked on a daily basis, that the check is recorded and that there are named individuals responsible for the upkeep of the equipment.
7.2 Reports

7.2.1 The Trust Resuscitation Officer will ensure the production of quarterly reports to the Resuscitation Group on cardiac arrests and their outcome, simulations and resuscitation related Adverse Incidents/ SIRIs with any action plans.

7.2.2 Any action plans as a result of cardiac arrests and their outcome, simulations and resuscitation related Adverse Incidents/ SIRIs will be shared with the Resuscitation Group and cascaded to staff via Operations and Clinical Directors.

7.2.3 Learning & Development will inform the appropriate line manager in the event a member of their staff does not attend booked resuscitation training.

8. REVIEW

8.1 This document may be reviewed at any time at the request of either at staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

9. LINKS TO OTHER DOCUMENTS

9.1 Links to related documents:
- NHSLA Risk Management Standards
- CLS03 Unified Do Not Attempt Resuscitation Adult Policy
- RK03 Reporting Adverse Incidents Policy
- RK07 Medical Devices Policy
- HS04 Moving and Handling Policy
- PGD SH046 Adrenaline 1:1000
- PGD SH043 Oxygen Gas
- LD02 Induction and Essential Training Policy
- MMT003 Medicines Policy
- IPC07 Infection Prevention and Control Standard Precautions Policy
- CF01 Child and Young Persons Advance Care Plan
- CLS02 Deprivation of Liberty Safeguards Mental Capacity Act Policy

10. REFERENCES

# APPENDIX 1

## CARDIAC ARREST AUDIT FORM

### PATIENT IDENTIFICATION DETAILS
1. Name: ..........................................................
2. Date of Birth:……/……/……
3. Sex: Male / Female
4. Location: .............................................
5. Reason for Admission: ........................................................................................................

### CARDIAC ARREST INTERVENTIONS PRESENT

Please tick all that apply:

- Manual airway management only □
- OP/NP airways □
- Ventilations □
- Pocket mask/ Bag valve mask □
- 1 person CPR □
- 2 person CPR □
- Oxygen □
- Automated External Defibrillator □
- Recovery Position □

### NUMBER OF STAFF

Please state numbers:

- Trained nurses =
- HCSW =
- Doctor =
- AHP =
- Non-clinical =
- Other (Specify) =

### CARDIAC ARREST MANAGEMENT

22. Date of collapse: ……/……/……
23. Time of collapse (24hr clock): ..............
24. Time of cardiac arrest (if different from above): ..............
25. Time CPR started: ..............
26. Time ambulance called: ..............
27. Time ambulance arrived: ..............
28. Time ambulance departed: ..............
29. Was the patient found:
   - Unconscious Yes □ No □
   - Not breathing Yes □ No □
   - No signs of life Yes □ No □
### SUMMARY

30. Please give brief description of events:

31. Was resuscitation attempt successful?  Yes □  No □

32. Destination of patient:

**IF AED USED, P.T.O **

**IF AN AED USED PLEASE COMPLETE**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Name of staff using AED:</th>
<th>Designation:</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Clinical Area:</th>
<th>Site/Hospital:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Time of collapse (use 24hr clock):</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Time AED arrived:</th>
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<table>
<thead>
<tr>
<th>Time of 1st analyse:</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Shock indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes / No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total number of shocks given (if known):</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Number of cycles of CPR (if known):</th>
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</table>

Any comments (positive or negative):

<table>
<thead>
<tr>
<th>Any comments (positive or negative):</th>
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</tbody>
</table>
Please return completed forms to:
Resuscitation Officer
Learning & Development
Solent NHS Trust Headquarters
Highpoint Venue
Bursledon Road
Southampton

SO19 8BR
el: (023) 80608863
APPENDIX 2: Training Needs Analysis for Resuscitation

The Resuscitation TNA is for guidance based on Resuscitation Council guidelines, professional bodies, services and patient type. Local risk assessment may determine training outside this matrix and maybe discussed with the Trust Resuscitation Officer.

E-Learning Level 1 Resuscitation Awareness

<table>
<thead>
<tr>
<th>Training Programme</th>
<th>Frequency</th>
<th>Course Length</th>
<th>Delivery Method</th>
<th>Trainer(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resuscitation Awareness</td>
<td>Annual</td>
<td>Approx 20 minutes</td>
<td>E-Learning</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Division</th>
<th>TARGET AUDIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Services</td>
<td>All</td>
<td>Corporate/ Managerial and Administrative non-clinical roles:</td>
</tr>
<tr>
<td>All other Directorates Services</td>
<td>All</td>
<td>Face to face resuscitation training not required as only need to know how to call for help unless a local risk assessment determines otherwise. A first aider would be sufficient to cover these areas.</td>
</tr>
</tbody>
</table>

ADULT BASIC LIFE SUPPORT

<table>
<thead>
<tr>
<th>Training Programme</th>
<th>Frequency</th>
<th>Course Length</th>
<th>Delivery Method</th>
<th>Trainer(s)</th>
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</thead>
<tbody>
<tr>
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<td>Annual</td>
<td>2.5 hours</td>
<td>Face to face training as part of:</td>
<td>Resuscitation Officer/ Trainer</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>- Group induction</td>
<td></td>
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<tr>
<td></td>
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<td>- Bespoke sessions</td>
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<td></td>
<td>- Bookable sessions advertised on the intranet</td>
<td></td>
</tr>
<tr>
<td>Directorate</td>
<td>Division</td>
<td>TARGET AUDIENCE</td>
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</tbody>
</table>
| Adult Mental Health & Substance Misuse | Eating Disorders  
HOMER  
Criminal Justice Teams  
Community Development Workers  
Recovery Teams          | All staff with patient contact                                          |
| Adult & Older Persons Services    | Community Care Teams  
Palliative Care: Community  
Admiral & Falls  
Podiatry  
Community Emergency Department Teams  
Rapid Response  
Hospital Discharge Team  
Rheumatology  
Single Point of Access  
Diabetes  
COPD  
Leg Ulcer Service  
Dermatology  
Homeless Healthcare  
TB Services  
Speech & Language Therapy  
Stroke Service  
Criminal Justice Team  
Continence  
Snowden at Home | All staff with patient contact who do not have access to an Automated External Defibrillator (AED) or work in the Emergency Department |
### Sexual Health Services

**Sexual Health Services**

Any medical, nursing and healthcare support staff not working at a clinic where there is access to an Automated External Defibrillator (AED)

### Quality

**Infection Prevention & Control**

All nursing and healthcare support staff who attend patient areas

### ESSENTIAL LIFE SUPPORT

<table>
<thead>
<tr>
<th>Training Programme</th>
<th>Frequency</th>
<th>Course Length</th>
<th>Delivery Method</th>
<th>Trainer(s)</th>
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<td>Essential Life Support</td>
<td>Annual</td>
<td>3.5 hrs</td>
<td>Face to face training as part of:</td>
<td>Resuscitation Officer/ Trainer</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Group induction</td>
<td></td>
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<td></td>
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<td>- Bespoke sessions</td>
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<td></td>
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<td>- Bookable sessions advertised on the intranet</td>
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### Directorate

**Adult Mental Health & Substance Misuse**

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Division</th>
<th>Target Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRHT, The Orchards</td>
<td>Acute Inpatient Care: Hawthorns &amp; Maples Oakdene</td>
<td>FOR INPATIENT AREAS UNREGISTERED STAFF ONLY (except Jubilee House) I.E. HEALTHCARE SUPPORT WORKERS</td>
</tr>
<tr>
<td>MSK/ Pain Physiotherapy</td>
<td>Inpatient: Fanshawe, Lower Brambles &amp; Spinnaker Wards</td>
<td>NB: Inpatient registered staff (except Jubilee House) must access Immediate Life Support i.e. medics and nursing staff</td>
</tr>
<tr>
<td>Neurological Rehabilitation:</td>
<td>KITE unit and Snowden Ward</td>
<td></td>
</tr>
<tr>
<td>Service Category</td>
<td>Services Provided</td>
<td>Training Details</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Adult &amp; Older Peoples Services</td>
<td>Older Peoples Mental Health: The Limes, Older Peoples Mental Health: Lowry Treatment Centre, Jubilee House (qualified and unqualified staff)</td>
<td>All medical, nursing and support workers working in clinics with access to an Automated External Defibrillator (AED)</td>
</tr>
<tr>
<td>Sexual Health Services</td>
<td>Sexual health services</td>
<td>All medical, nursing and support workers working in clinics with access to an Automated External Defibrillator (AED)</td>
</tr>
<tr>
<td>Special Care Dental Services</td>
<td>Special Care Dental services</td>
<td>Dental Care Professionals and receptionist not involved in sedation or GA (to be arranged direct with the Resuscitation Officer as bespoke session)</td>
</tr>
<tr>
<td>Human Resources &amp; Organisational Development</td>
<td>Occupational Health</td>
<td>All nursing and healthcare support staff</td>
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## IMMEDIATE LIFE SUPPORT

<table>
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<th>Training Programme</th>
<th>Frequency</th>
<th>Course Length</th>
<th>Delivery Method</th>
<th>Trainer(s)</th>
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</thead>
<tbody>
<tr>
<td>Immediate Life Support (Resuscitation Council UK Accredited)</td>
<td>Annual</td>
<td>1 day</td>
<td>Face to face training as part of: - Bespoke sessions - Bookable sessions advertised on the intranet</td>
<td>Resuscitation Officer/ RCUK Instructor</td>
</tr>
</tbody>
</table>

### Directorate | Division | Target Audience

| **Adult Mental Health & Substance Misuse** | CRHT, The Orchards Acute Inpatient Care: Hawthorns & Maples Oakdene | Registered staff only i.e. nursing, medical and AHP where appropriate |
| **Adult & Older Peoples Services** | Walk In Centre/ Minor Injuries Unit Inpatient: Fanshawe, Lower Brambles & Spinnaker Wards Neuro Rehab: KITE and Snowden Wards Older Peoples Mental Health: The Limes | |
| **Special Care Dental Services** | Special Care Dental services – GA and Sedation | Dental Care Professionals involved in sedation or GA (to be arranged direct with the Resuscitation Officer as bespoke session) |
## IMMEDIATE LIFE SUPPORT REFRESHER

<table>
<thead>
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<th>Training Programme</th>
<th>Frequency</th>
<th>Course Length</th>
<th>Delivery Method</th>
<th>Trainer(s)</th>
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<tr>
<td>Immediate Life Support (Resuscitation Council UK Accredited)</td>
<td>Annual</td>
<td>3.5 HRS</td>
<td>Face to face training as part of:</td>
<td>Resuscitation Officer/ RCUK Instructor</td>
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<td></td>
<td>- Bespoke sessions</td>
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<td>- Bookable sessions advertised on the intranet</td>
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<table>
<thead>
<tr>
<th>Directorate</th>
<th>Division</th>
<th>Target Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult Mental Health &amp; Substance Misuse</strong></td>
<td>CRHT, The Orchards</td>
<td>Registered staff only i.e. nursing, medical and AHP where appropriate who have previously attended the full one ILS course</td>
</tr>
<tr>
<td></td>
<td>Acute Inpatient Care: Hawthorns &amp; Maples Oakdene</td>
<td></td>
</tr>
<tr>
<td><strong>Adult &amp; Older Peoples Services</strong></td>
<td>Inpatient: Fanshawe, Lower Brambles &amp; Spinnaker Wards</td>
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<tr>
<td></td>
<td>Neuro Rehab: KITE and Snowden Wards</td>
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<tr>
<td></td>
<td>Older Peoples Mental Health: The Limes</td>
<td></td>
</tr>
<tr>
<td><strong>Special Care Dental Services</strong></td>
<td>Special Care Dental services – GA and Sedation</td>
<td>Dental Care Professionals involved in sedation or GA (to be arranged direct with the Resuscitation Officer as bespoke session)</td>
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### Adult & Paediatric Basic Life Support

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<th>Course Length</th>
<th>Delivery Method</th>
<th>Trainer(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult &amp; Paediatric Basic Life Support</td>
<td>Annual</td>
<td>3 hrs</td>
<td>Face to face training as part of:</td>
<td>Resuscitation Officer/ Trainer</td>
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<td></td>
<td></td>
<td>- Group induction</td>
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<td>- Bespoke sessions</td>
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<td>- Bookable sessions advertised on the intranet</td>
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### Directorate and Division

<table>
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<tr>
<th>Directorate</th>
<th>Division</th>
<th>Target Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children &amp; Families</td>
<td>CAMHS, Psychology, Health Visiting, School Nursing, Occupational Therapy, Physiotherapy, Speech &amp; Language Therapies, Paediatricians, Community Childrens Nursing</td>
<td>All staff with patient contact</td>
</tr>
<tr>
<td>Special Care Dental Services</td>
<td>Special Care Dental services</td>
<td>Dental Care Professionals NOT involved in paediatric sedation or GA (to be arranged direct with the Resuscitation Officer as bespoke session)</td>
</tr>
</tbody>
</table>
### PAEDIATRIC IMMEDIATE LIFE SUPPORT

<table>
<thead>
<tr>
<th>Training Programme</th>
<th>Frequency</th>
<th>Course Length</th>
<th>Delivery Method</th>
<th>Trainer(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatric Immediate Life Support (Resuscitation Council Accredited)</td>
<td>Annual</td>
<td>1 day</td>
<td>Delivered by UHS Resuscitation Team</td>
<td>RCUK Instructor</td>
</tr>
<tr>
<td>Special Care Dental Services</td>
<td></td>
<td></td>
<td>Dental Care Professionals involved in paediatric sedation or GA</td>
<td></td>
</tr>
</tbody>
</table>

**Training Programme**: Paediatric Immediate Life Support (Resuscitation Council Accredited) and Special Care Dental Services.
**APPENDIX 3**

EQUALITY & HUMAN RIGHTS AND MENTAL CAPACITY ACT IMPACT ASSESSMENT

<table>
<thead>
<tr>
<th>Step 1 – Scoping; identify the policies aims</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What are the main aims and objectives of the document?</td>
<td>To ensure that all individuals who access Solent NHS Trust services, whether as a patient, client, visitor or staff member, will receive care informed by national agreed guidance.</td>
</tr>
<tr>
<td>2. Who will be affected by it?</td>
<td>All individuals accessing services as detailed above.</td>
</tr>
<tr>
<td>3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?</td>
<td>This will replace the previous Management of Resuscitation Policy and will improve the process for implementing all national guidance. The NHSLA Standards for Resuscitation are monitored through audit, complaints and other feedback, incident reporting and incident debriefs.</td>
</tr>
<tr>
<td>4. What information do you already have on the equality impact of this document?</td>
<td>Cardiopulmonary resuscitation guidance is compiled by an international working group through which national and local guidelines reflect. All resuscitation guidance is aimed at all individuals irrespective of age, colour, religion, gender, disability or sexuality. Where resuscitation is deemed not appropriate for an individual, then a decision would be made in compliance with NHS England which gives direction and guidance on the decision making process, including for those who do not have capacity to make a decision or be involved in such discussions.</td>
</tr>
<tr>
<td>5. Are there demographic changes or trends locally to be considered?</td>
<td>No</td>
</tr>
<tr>
<td>6. What other information do you need?</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2 - Assessing the Impact; consider the data and research</th>
<th>Yes</th>
<th>No</th>
<th>Answer (Evidence)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Could the document unlawfully against any group?</td>
<td>√</td>
<td></td>
<td>This document complies with national guidance around resuscitation and decisions relating to resuscitation</td>
</tr>
<tr>
<td>2. Can any group benefit or be excluded?</td>
<td>√</td>
<td></td>
<td>This document is aimed at all patients, carers, staff and visitors</td>
</tr>
<tr>
<td>3. Can any group be denied fair &amp; equal access to or treatment as a result of this document?</td>
<td>√</td>
<td></td>
<td>No group could be denied fair and equal access to any treatment/ procedure relating to this document if the document is complied with (in association with the Unified Do Not Attempt Cardiopulmonary Resuscitation Policy).</td>
</tr>
</tbody>
</table>
4. Can this actively promote good relations with and between different groups? √

Being open around decision making can promote good relations between Solent NHS Trust staff and patients and their families/careers.

5. Have you carried out any consultation internally/externally with relevant individual groups? √

Solent NHS Trust Resuscitation Group
Solent NHS Trust Medicines Management
NHSLA Policy Steering Group
Clinical and Operational Directors
Service Managers
Service Matrons
Learning & Development
Risk Management

6. Have you used a variety of different methods of consultation/involvement √

Face to face
Email
Telephone

Mental Capacity Act implications

7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information) √

Some patients may have a decision made about their resuscitation status for their best interest i.e. it is certain they would not survive a resuscitation attempt/ the risks far outweigh the benefits of any resuscitation attempt. Decisions are made in accordance with the Unified Do Not Attempt Resuscitation (DNACPR) Policy. This Policy relates to, and is based on the Mental Capacity Act 2005 and Human Rights Act 1998.

If there is no negative impact – end the Impact Assessment here.

<table>
<thead>
<tr>
<th>Step 3 - Recommendations and Action Plans</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the impact low, medium or high?</td>
<td></td>
</tr>
<tr>
<td>2. What action/modification needs to be taken to minimise or eliminate the negative impact?</td>
<td></td>
</tr>
<tr>
<td>3. Are there likely to be different outcomes with any modifications? Explain these?</td>
<td></td>
</tr>
</tbody>
</table>
### Step 4 - Implementation, Monitoring and Review

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What are the implementation and monitoring arrangements, including timescales?</td>
<td></td>
</tr>
<tr>
<td>2. Who within the Department/Team will be responsible for monitoring and regular review of the document?</td>
<td></td>
</tr>
</tbody>
</table>

### Step 5 - Publishing the Results

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).</td>
<td></td>
</tr>
</tbody>
</table>

**Retain a copy and also include as an appendix to the document**
APPENDIX 4

Diagnosis – Look for:
- Acute onset of illness
- Life-threatening Airway and/or Breathing and/or circulation problems
- And usually skin changes

- Call for help
- Lie patient flat
- Raise patient’s legs

Adrenaline

When skills and equipment available:
- Establish airway
- High flow oxygen
- IV fluid challenge
- Chlorphenamine
- Hydrocortisone
- Monitor:
  - Pulse oximetry
  - ECG
  - Blood pressure

1. Life-threatening problems:
Airway: Swelling, hoarseness, stridor
Breathing: rapid breathing, wheeze, fatigue, cyanosis, $\text{SpO}_2 < 92\%$, confusion
Circulation: pale, clammy, low blood pressure, faintness, drowsy/coma

2. Adrenaline (give IM unless experienced with IV adrenaline) IM doses of 1:1000 adrenaline (repeat after 5 min if no better)
- Adult: 500 micrograms IM (0.5 mL)
- Child more than 12 years: 500 micrograms IM (0.5 mL)
- Child 6-12 years: 300 micrograms IM (0.3 mL)
- Child less than 6 years: 150 micrograms IM (0.15 mL)

Adrenaline IV to be given only by experienced specialists
Titrate: Adults 50 micrograms; Children 1 microgram/kg

3. IV fluid challenge:
Adult – 500 – 1000 mL
Child – crystalloid 20 mL/kg

Stop IV colloid if this might be the cause of anaphylaxis

4 Chlorphenamine
(IM or slow IV)
- Adult or child more than 12 years: 10 mg
- Child 6 – 12 years: 5 mg
- Child 6 months to 6 years: 2.5 mg
- Child less than 6 months: 250 micrograms/kg

5 Hydrocortisone
(IM or slow IV)
- Adult: 200 mg
- Child: 100 mg
- Child: 50 mg
- Child: 25 mg
### Appendix 5

#### Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSLA</td>
<td>National Health Service Litigation Authorities</td>
</tr>
<tr>
<td>ALS</td>
<td>Advanced Life Support</td>
</tr>
<tr>
<td>AED</td>
<td>Automated Electronic Defibrillator</td>
</tr>
<tr>
<td>BLS</td>
<td>Basic Life Support</td>
</tr>
<tr>
<td>CPR</td>
<td>Cardiopulmonary Resuscitation</td>
</tr>
<tr>
<td>DNACPR</td>
<td>Do Not Attempt Cardiopulmonary Resuscitation</td>
</tr>
<tr>
<td>ILS</td>
<td>Immediate Life Support</td>
</tr>
<tr>
<td>NEWS</td>
<td>National Early Warning Scoring System</td>
</tr>
<tr>
<td>PGD</td>
<td>Patient Group Direction</td>
</tr>
<tr>
<td>SBAR</td>
<td>Situation, Background, Assessment, Recommendation</td>
</tr>
<tr>
<td>MEWS</td>
<td>Medical Early Warning Scoring System</td>
</tr>
<tr>
<td>ABCDE</td>
<td>Airway, Breathing, Circulation, Disability, Exposure</td>
</tr>
<tr>
<td>AVPU</td>
<td>Alert, Voice, Pain, Unresponsive</td>
</tr>
</tbody>
</table>