
Resuscitation and Deteriorating Patient Policy

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Purpose of Agreement	This policy describes the actions staff should take when providing emergency care during a medical emergency. The purpose of the policy is ensure that staff understand and are able to provide appropriate treatment in the event of a sudden deterioration of a patient or need for resuscitation
Document Type	<input checked="" type="checkbox"/> Policy
Reference Number	Solent NHST/Policy/ CLS19
Version	1
Name of Approving Committees/Groups	Deterioration and Resuscitation Steering group/ Policy Steering Group/Trust Management Team Meeting
Operational Date	November 2019
Document Review Date	November 2022
Document Sponsor (Job Title)	Chief Nurse
Document Manager (Job Title)	Clinical Education Lead / Resuscitation Trainers
Document developed in consultation with	Deterioration and Resuscitation steering group, Norfolk Community Health and Care NHS Trust, Service Leads, Learning and Development, Quality and Risk Team and the Chief Pharmacist
Intranet Location	Business Zone / Policies / Clinical policies
Website Location	Publication Scheme
Keywords (for website/intranet uploading)	Policy, Cardiopulmonary; resuscitation; CPR; defibrillation; AED; cardiac arrest; automated external defibrillator; anaphylaxis; adrenaline; collapse; medical emergency; ambulance; emergency; NEWS2; PEWS; Deteriorating patient, sepsis, Policy, CLS19

Amendments Summary:

Amend No	Issued	Page	Subject	Action Date
1	November 2019		Policy Rewrite	

Review Log:

Version Number	Review Date	Lead Name	Ratification Process	Notes

SUMMARY OF POLICY

This policy describes the actions staff should take when providing emergency care during a medical emergency. The purpose of the policy is ensure that staff understand and are able to provide appropriate treatment in the event of a sudden deterioration of a patient and/ or resuscitation.

The policy identifies:

- Training that Trust staff should undertake
- Resuscitation equipment in use within the Solent NHS Trust
- Core Standards relating to resuscitation and deterioration
- Roles and responsibilities of all staff
- Actions and algorithms to be used in a medical emergency.

The key points identified in the policy are:

- All staff will attend resuscitation and management of deterioration training that is appropriate for their role. This will include, basic life support, defibrillation, immediate care, communication skills and documentation and may include if appropriate, assessment of the deteriorating patient, medical emergencies, and post resuscitation care -see Appendix A for the training needs analysis for resuscitation training
- Staff should follow the core standards for resuscitation as detailed in Appendix B.
- Staff should follow the core standards for managing deterioration as detailed in Appendix C.
- Any persons suffering a cardiac or respiratory arrest on Trust premises, or whilst being attended to by a Trust employed healthcare professional, should be considered for Cardiopulmonary Resuscitation (CPR) unless an end of life decision has been formally made and recorded or death has occurred in the community setting more than 15 minutes prior to the attendance by Trust staff, see Appendix D Action flowchart for unexpected death.
- If there is any doubt about the CPR status of an individual, resuscitation should be commenced.
- During a medical emergency all patients vital signs must be recorded using the national early warning score version 2 observation chart (NEWS2 chart) or a Paediatric Early warning score observation chart (PEWS chart) according to patient speciality and used as a basis for escalation to an appropriately skilled healthcare professional.
- All patients having a Medical Emergency must be managed following the Solent Adult / Paediatric Medical Emergency and Cardiac Arrest Algorithms (Appendix E and F).
- All Resuscitation Bags have equipment within them that must be checked as per the agreed frequency protocol decided by service and tagged with a tamper proof seal. All replacement equipment must be reordered immediately post use by a nominated individual under the direction of the senior healthcare professional in attendance. If the seal has been found to be broken, a full bag check must be completed. Resuscitation equipment lists by service are listed in Appendix G.
- To enable the monitoring of compliance to this policy all medical emergency and cardiac arrest will be recorded on a Medical Emergency and Cardiac Arrest Form (Appendix H).

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Resuscitation and Deteriorating Patient Policy

1. INTRODUCTION & PURPOSE

- 1.1 As an operating and 'best practice' standard for resuscitation and managing deterioration procedures, this policy represents the collective requirements of current national best practice and guidance documents.
- 1.2 Solent NHS Trust recognises that it has a duty to deliver an effective and safe service, and also provide services and documentation which enable early interventions to manage critical illness and help prevent deterioration and subsequent possible cardiac arrest taking place, e.g. National Early Warning Score observation chart version 2.
- 1.3 As a minimum standard, Solent NHS Trust expects their clinical staff to be competent to carry out basic cardiopulmonary resuscitation in accordance with current Resuscitation Council (UK) guidelines and be able to recognise and manage deterioration in children and adults according to The National Institute for Health and Care Excellence (NICE) guidelines.
- 1.4 In addition to the above, some staff identified by Training Needs Analysis (TNA) are expected to have the knowledge and skills required to use specialist equipment during a resuscitation attempt and be able to instigate specialist care in the management of deterioration. Such staff will have access to specialist training available to book via Solent NHS Trusts' learning platform in order to be able to use equipment that is contained in an emergency bag or trolley.
- 1.5 This policy should be used in conjunction with Solent NHS Trust's DNACPR Policy.

2. SCOPE & DEFINITIONS

- 2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.
- 2.3 **Definitions**
 - 2.3.1 **Adult**- in relation to resuscitation algorithms- means a person who has reached puberty or who looks of mature stature.
 - 2.3.2 **Anaphylaxis**- is an acute life-threatening hypersensitivity reaction and should be considered when there is an acute onset, life threatening airway and/or breathing and/or circulation problems and/or mucosal/ skin changes.
 - 2.3.3 **Automated External Defibrillators (AED)**- The device that analyses the cardiac rhythm, and advises whether a defibrillation is indicated or not to restore cardiac rhythm (spontaneous circulation).

- 2.3.4 **Basic life support (BLS)** is a holistic term involving the first 2 links in the 'chain of survival' – Early Recognition and Call For Help, and Early CPR. Link 1 involves scene safety, patient assessment and initiating the 999 call for emergency assistance. Link 2 involves the application of Cardiopulmonary Resuscitation to the patient. BLS also implies that little, if any equipment is used, except perhaps a basic airway device e.g. a resuscitation face shield or pocket mask (Resuscitation Council 2015).
- 2.3.5 **Cardiorespiratory arrest** is a sudden cessation of the pumping function of the heart with disappearance of arterial blood pressure. This is characterised by profound unconsciousness and absence of normal breathing function in both the adult and paediatric patient.
- 2.3.6 **Cardiopulmonary Resuscitation (CPR)**- Cardiopulmonary Resuscitation is a combination of artificial ventilation, chest compressions, drug therapy and defibrillation.
- 2.3.7 **Child** - in relation to resuscitation algorithms means a person who has not yet reached puberty and is small in stature.
- 2.3.8 **Compression only BLS**- is the application of chest compressions only during BLS. This may be appropriate when a basic airway device is not available and there is a perceived risk of cross infection between rescuer and patient.
- 2.3.9 **Deteriorating patient**- A deteriorating patient can be defined as a patient whose physiological state is becoming progressively worse. Although there may be many different causes for acute deterioration; recognising and responding to the early signs and symptoms of deterioration can have a significant impact on the outcome for the patient.
- 2.3.10 **Deterioration and Resuscitation Training (DART)** – Solent NHS Trust's short course in intermediate resuscitation skills training, enabling staff to respond to a medical emergency or cardiac arrest.
- 2.3.11 **Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)** - A DNACPR official written order indicating that in the event of a cardiac arrest, CPR will not be initiated.
- 2.3.12 **IM** - Intramuscular injection
- 2.3.13 **IV** - Intravenous Injection
- 2.3.14 **National Early Warning Score 2 (NEWS 2)**-The Royal College of Physicians (2017) have developed a national early warning score system to facilitate a standardised and national unified approach across the NHS to alerting clinical staff to any untoward clinical deterioration. This tool is applicable to patient care within Solent NHS Trust. The tool has been designed to detect deterioration in the fit and well adult, this does not take into account any underlying medical condition which may ordinarily cause abnormal vital signs therefore, it is imperative that each care provider obtains a baseline set of observations for each individual and further observations can be measured against the person's norm. Any amendments to NEWS2 parameters and escalation process must only be made by a medical practitioner after careful consideration of a patient's baseline observations.
- 2.3.15 **Observations**- This refers to the measurement of vital signs, taken by healthcare staff in order to assess fundamental physiological functions. These are:
- Pulse
 - temperature
 - blood pressure
 - respiratory rate

- level of consciousness or new confusion
- oxygen saturation
- capillary refill time
- blood glucose

2.3.16 **Paediatric-** Relating to the medical care of children

2.3.17 **Paediatric Early Warning Score (PEWS)-** A standard approach to recording, scoring and responding to paediatric physical observations.

2.3.18 **Paediatric AED defibrillation pads-** Adhesive external pads used with an automated external defibrillator which can analyse cardiac rhythms and through which electrical energy is discharged, in the event of a cardiac arrest with an accompanying shockable rhythm. These pads are designed to reduce the energy from an AED to a more appropriate level for paediatric patients and should be used for patients under 25kg (see manufacturers' recommendations)

2.3.19 **Paediatric Resuscitation Guidelines-** The paediatric resuscitation BLS guidelines are related to size and used for the management of an infant, a baby under one year, and for a child between one year and puberty.

2.3.20 **Respiratory Arrest** - Respiratory arrest is the cessation of spontaneous breathing.

2.3.21 **Return of Spontaneous Circulation (ROSC)** is the resumption of a normal heart rhythm following cardiorespiratory arrest. This would be indicated by a palpable pulse and/or a return of normal breathing pattern and/or a return of response to stimulus.

2.3.22 **SBAR** - SBAR is an acronym for Situation, Background, Assessment, Recommendation; a technique that can be used to facilitate and prompt appropriate communication.

2.3.23 **Sepsis** - Sepsis is a life threatening condition that arises when the body's response to an infection injures its own tissues and organs. Sepsis can lead to shock, multiple organ failure and death especially if not recognised early and treated promptly.
<http://sepsistrust.org/public/what-is-sepsis/>

2.3.24 **Soft Signs** - a simple and cost-effective system developed to recognise signs of deterioration in people being cared for at home without the need for equipment using touch and observation techniques.

2.3.25 **2222** – is a Trust internal phone number that will activate a response that facilitates support in the event of medical emergencies and/or cardiac arrest within hospital buildings This does not replace the need to phone (9)999.

3. PROCESS/REQUIREMENTS

3.1 Core Standards for Resuscitation

3.1.2 It is critical that any person suffering cardiopulmonary arrest receives the most appropriate emergency care available at the scene, before the arrival of an emergency ambulance. To facilitate this, there are four main areas of focus – clinical risk assessment of the patient on initial assessment or admission, staff training and competency in recognising and responding to a deteriorating patient, and equipment availability to support assessment and resuscitation procedures. Expected core standards that the Trust should adopt in relation to resuscitation have been detailed in Appendix B.

3.2 Core Standards for Managing Clinical Deterioration

- 3.2.1 Solent NHS Trust's core standards for responding appropriately to patients in deterioration have been developed from the findings of the National Patient Safety Agency (2007), The UK Sepsis Trust (2016) and research and guidelines from The National Institute for Health and Care Excellence (NICE) guidance (2016) and Royal College of Physicians (RCP) guidelines (2017). Expected core standards the trust should adopt in relation to clinical deterioration have been detailed in Appendix C.

3.3 Medical Emergency & Resuscitation Equipment including Drugs

- 3.3.1 The equipment for medical emergencies and resuscitation are contained across the Trust within red resuscitation bags/trolleys or grab bags according to each services requirement
- 3.3.2 All cardiac arrest equipment must be maintained in a state of readiness at all times and be readily available. Resuscitation equipment bags/trolleys must be checked on a frequency that has been agreed by the service and completed via MyKitCheck.co.uk, by the person(s) identified as most appropriate to undertake this responsibility.
- 3.3.3 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 and accessible in the event of a medical emergency or cardiac arrest.
- 3.3.4 For community based staff who are administering parenteral medication with an associated risk of anaphylaxis. These staff should have immediate access to adrenaline 1:1000 / Auto injector (Emerade/ prefilled pens).
- 3.3.5 The resuscitation equipment bags must be stocked in accordance with lists issued by the resuscitation steering group (Appendix G).
- 3.3.6 The process for replacing used or expired equipment must be followed using the MyKitCheck platform. Any equipment used must be reordered immediately, using the Post Emergency Check on MyKitCheck.
- 3.3.7 If the emergency drugs are used or have expired, they must be ordered immediately using the appropriate designated pharmacy supplier and when received, recorded via MyKitCheck.
- 3.3.8 For registered non prescriber nursing and certain allied health professional staff: medication that can be administered in an emergency situation are determined by Trust policy or national guidance. Healthcare professionals must use make decisions related to administration of medication, based on their level of training, knowledge of the particular drug and its intended effect, and an assessment of competence. All registered professionals are required to work within their professional bodies' scope of practice and this should influence their decision making when deciding to administer drugs
- 3.3.9 For non-registered staff: With the exception of Emerade (adrenaline) non registered staff are not able to administer medications under a Patient group directive PGD.

3.4 AED's and Defibrillation

- 3.4.1 All defibrillators used within the Trust will be biphasic, hands free and of type approved by the trust. Where defibrillators are provided, they should be stored and accessible within an area where the Resuscitation Council (UK) guidance of a maximum of three minutes delay between collapse to first shock can be met.

3.4.2 All resuscitation equipment purchasing is subject to the organisation's resuscitation strategy. The Deterioration and Resuscitation Steering Group in association with the Resuscitation trainers and after consultation with service leads will produce recommendations in relation to the type, specification and location of resuscitation equipment as required.

3.4.3 Where an Automated External Defibrillator (AED) has been used, the Resuscitation trainer will review the incident for staff training purposes and Trust audit.

3.4.4 The trust provides resuscitation and AED training via specific resuscitation courses and this training is detailed within Appendix A. The trust also acknowledges the following statement:

The Resuscitation Council (UK) 2015 advises that

“NHS Trusts should ensure that no restrictions are placed on the use of an AED by an untrained NHS employee when confronted with a patient in cardiac arrest, this may apply when no trained staff /individuals are present. Furthermore, the administration of a defibrillatory shock should not be delayed waiting for more highly trained personnel to arrive. The same principles should apply to individuals whose period of qualification has expired.”

Resuscitation Council's statement on the training required to use an AED (2009)

3.4.4 A troubleshooting guide to the AED's used within the Trust is available in Appendix I.

4. ROLES & RESPONSIBILITIES

4.1.1 The Chief Executive Officer (CEO):

The CEO has ultimate accountability for the strategic and operational management of the organisation, including ensuring all policies are adhered to.

4.1.2 Chief Medical Officer and the Chief Nurse

The Chief Medical Officer and the Chief Nurse have a duty to ensure that this policy is appropriately implemented and periodically updated. Additionally, they should ensure appropriate standards of medical care through the revalidation process and medical leadership. They also should work with other Director colleagues to ensure appropriate structure and processes are in place to provide safe and effective patient care that provides a positive experience for patients.

4.1.3 The Clinical Directors and Head of Quality and Professions:

The Clinical Directors and Head of Quality and Professions Governance are accountable for ensuring that the policy is implemented within respective services.

4.1.4 Service Managers are responsible for:

- Ensuring the checks are completed on the Resuscitation Grab Bag/Trolley according to service agreed determined frequency , to ensure it is a state of readiness at all times
- Taking any unresolved queries to the link champion or the Resuscitation service who will take it to the appropriate forum for discussion and resolution.
- Releasing and ensuring staff attend the appropriate level of resuscitation training on the required basis.
- Ensuring that a trust incident form is completed on Ulysses for any medical emergency and cardiac arrest that occurs in their area and any other relevant documentation relating to the incident.
- Ensure that post incident support is available to staff following a medical emergency or cardiac arrest
- Ensure that the Resuscitation trainers are informed of the event through Ulysses and the generic resuscitation email address.
- Ensure that bank or agency staff are in date with the relevant level of resuscitation training, before providing clinical cover.

4.1.5 **Matrons/ Ward Managers and Team Leaders**

- Matrons / Ward Managers and Team Leaders who are required to provide care to patients must ensure that:
- Staff are aware of this policy and the processes and procedures within it.
- The policy is effectively implemented (including ensuring staff have access to appropriate equipment).
- Clinical handovers include patient status reports, are relevant, relate to the prevention and management of clinical deterioration of patients and their resuscitation status both internally within/or across teams and externally if transferring patients to another hospital or care setting and are documented on the appropriate platforms.
- Staff record keeping is maintained in line with the standards within this policy and Solent NHS Trust clinical record keeping standards.
- Services have clinical procedures for the safe management of clinical interventions that are known to potentially put patients at risk of deterioration.
- Processes are in place to ensure regular checks that practitioners have participated in appropriate training and updates and are competent to deliver care.
- Staff engage with audits of the standards within the guidance as appropriate and that audit findings are acted upon and learning is shared.
- They respond appropriately to unmet needs identified through the risk management process
- Staff adhere to the resuscitation policy and documenting the decision making process;
- Supervision and support are made available to staff as required;
- Areas where specialist resuscitation equipment is in situ (e.g. ward, sexual health, dental clinic, cardiac rehabilitation clinic), that there is always at least 1 member of staff (employed or bank) trained in the use of such equipment on duty at all times.

4.1.6 **Resuscitation Team/Trainers**

The Resuscitation team/trainers are responsible for:

- The management of resuscitation training and resuscitation related issues within the trust.
- Attending and contributing to the deteriorating and resuscitation steering group meetings
- Ensuring the resuscitation and deteriorating patient policy and other relevant operational documents are up-to-date and compliant with all relevant local and national guidance/standards.
- Identification of risks in relation to resuscitation issues and escalation of unmanaged risks to management and strategic levels.
- Audit of resuscitation services and regular assurance reporting to both management and strategic levels.
- Liaison with relevant managers at all levels to ensure staff training in resuscitation is appropriate to their role and ensuring identified training needs are achieved within specified timeframes.
- Evaluation of incident reports where resuscitation and or deterioration has taken place/been identified and providing feedback and support to both the originator and handler; if needed.
- Providing post resuscitation attempt support to all members of staff and volunteers who have been involved in a resuscitation attempt (Critical Incident Debrief).

4.1.7 **All Clinical Staff:**

All clinical staff are responsible for ensuring that they:

- Attend the relevant level of resuscitation/prevention of deterioration training in line with the Trusts training requirements and professional body expectations, where applicable.
- Communicate clearly during clinical handovers internally within/or across teams and externally if transferring patients to another hospital or care setting; the patients

resuscitation status, and any relevant information that relates to the prevention and management of clinical deterioration of the patient.

- Use appropriate assessment tools required to record and communicate a patient's observations and needs appropriately using an SBAR approach.
- Raise any unmet training needs with their line manager and/or the resuscitation team/trainers.
- Read the policy and be familiar with the procedure for initiation of resuscitation or emergency treatment and the location of relevant equipment, including drugs within their working area.
- Ensure reporting and recording of medical emergencies and cardiac arrests are documented on Ulysses and on any other required documentation in accordance with the Trust policy.
- To be responsible for cascading information to other appropriate staff if they are aware of any end of life decisions that have been made regarding their patient.

4.1.8 Non-Clinical Staff:

All non-clinical staff are responsible for ensuring that they:

- Complete the appropriate resuscitation/deterioration training in line with the Trusts requirements.
- Immediately raise the appropriate response in an event of a medical emergency or cardiac arrest.
- Read the policy and be familiar with the procedure for initiating resuscitation or emergency treatment and have knowledge of the location of relevant equipment within their working area.
- Identify unmet needs through the risk management process.

4.1.9 Medical Emergency Response Team / 2222 Responders (St James Hospital, St Marys Hospital & Western Hospital) in addition to their clinical/non clinical responsibilities:

- Must attend any 2222 calls to assist with a medical emergency and/or cardiac arrest
- Must attend appropriate resuscitation training relevant for this role.
- Be familiar with the procedure for initiating resuscitation and/or emergency treatment and the location of relevant equipment, including drugs within the locality they are required to cover a response to.
- Practice within the Resuscitation Council UK guidelines and their own Code of Professional Conduct if a registered professional.
- Ensure the reporting and recording of medical emergency and cardiac arrest are documented on Ulysses and any other relevant documentation in accordance with the trust policy.

4.1.10 Medicines Management Committee

This committee will provide expertise guidance on the prescription, supply and storage of medications needed to manage patients' treatment in regards to deterioration and cardiac arrest.

4.1.11 Deterioration and Resuscitation Steering group

This committee oversees the trust's approach to resuscitation through oversight of:

- Implementation and adherence to national resuscitation guidelines and standards;
- Ensuring that resuscitation equipment for clinical use and training is appropriate and available and ready for use.
- Adequate provision of training in resuscitation;
- Development of policies relating to resuscitation (this may include managing anaphylaxis, recognising patients who are deteriorating, etc.)
- Quality improvement, supporting the Resuscitation team/trainers and Quality Assurance Managers to implement quality improvement initiatives.
- Review of incidents and inadequately controlled risks in relation to resuscitation to ensure learning and action.

5. Training

- 5.1 Solent NHS Trust has worked with Norfolk Community Health & Care Trust (NCH&C) who are a similar community NHS Trust. As a result Solent NHS Trust has adopted and amended NCH&C's training matrix to produce a training needs analysis (TNA). Solent NHS Trust's TNA has identified the exact level of resuscitation training needed for individual staff roles within different settings and these have been agreed by the service leads. The full TNA is available within Appendix A.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

- 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 M for the full impact assessment.

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 7.1 Compliance with the Deterioration and Resuscitation Policy will be reviewed by carrying out audits that are conducted both internally and externally. These will encompass the reviewing incidents that relate the policy, monitoring staff compliance to attending training and reviewing feedback of this training to ensure that the needs of staff are met.

- 7.2 Implementation of the policy will be reviewed depending on the area that will be scrutinised. Training will be monitored on a monthly basis, post incident occurrences as they occur, standards will be reviewed annually and additionally on an adhoc basis.

- Audits and reviews will be conducted by the resuscitation trainers, ward leaders, Learning and Development and the Quality and Risk team as required.
- Implementation will be formally reviewed internally and externally in 6-8 months following ratification of this policy and thereafter, as detailed above.
- Results of audits will be presented at the Deterioration and Resuscitation meeting (DART) and if required to the Medical Director and service Governance Leads
- Actions will be monitored through the DART Group, Learning and Development, the resuscitation team/ trainers and the Quality and Risk team.

- 7.3 Non-compliance will be monitored and reported to the DART meeting group and an action plan implemented by this group.

8. REVIEW

- 8.1 This document may be reviewed at any time at the request of staff 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. REFERENCES

- 9.1 below contains a list of research used to write this Policy

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Resuscitation Council (UK): Community Hospitals Care 2016 – Equipment and drugs lists.

Resuscitation Council (UK): Guidance for safer handling during cardiopulmonary resuscitation in healthcare settings.

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Resuscitation Council (UK) Immediate Life Support course manual 4th Edition, January 2016.

Resuscitation Council (UK): Guidance for relative witnessing resuscitation attempts. 'Should Relatives Witness Resuscitation?'

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The UK Sepsis Trust. (2016) Information for Professionals. [Online] Available at <https://sepsistrust.org/professional-resources/>

9.2 Links to other documents:

- NHS Resolution
- CLS03 Unified Do Not Attempt Resuscitation Adult Policy
- RK03 Reporting Adverse Incidents Policy
- RK03 Medical Devices Policy
- HS04 Moving and Handling Policy
- LD02 Induction and Essential Training Policy
- MMT03 Medicines Policy
- IPC07 Infection Prevention and Control Standard Precaution Policy
- CF01 Child and Young Person Advance Care Plan
- CLS02 Deprivation of Liberty Safeguards Mental Capacity Act Policy
- Resuscitation Council UK Quality Standard
- CLS10 Verification of Death Policy
- MMT009 Policy for the Safe Management and Administration of Intravenous Medicines

Training Needs Analysis (TNA)

Resuscitation



Based on Norfolk Community Health and Care NHS

Trust Resuscitation TNA

Summary of expected trust training standards

- Solent NHS Trust has worked with Norfolk Community Health & Care Trust (NCH&C) who are a similar community NHS Trust. As a result Solent NHS Trust has adopted and amended NCH&C's training matrix to produce a training needs analysis (TNA). Solent NHS Trust's TNA has identified the exact level of resuscitation training needed for individual staff roles within different settings and these have been agreed by the service leads.
- Solent NHS Trust learning and development department will coordinate and provide in association with the resuscitation team, sufficient and appropriate level of resuscitation and identification of deterioration training for all staff. Staff members in turn have a responsibility to ensure that they have received the appropriate level of training identified against their setting, role and in accordance with their code of conduct with their professional body (NMC, HCPC, GDC and GMC) and the Trust's statutory and mandatory training matrix.
- Additional training on observation skills may be provided by the learning and development team and/or the resuscitation team/trainers on request.
- Additional training is available through E-learning packages on sepsis awareness, via the training platform and at www.e-lfh.org.uk/programmes/sepsis
- Training on NEWS2 scoring is available through <https://tfinews.ocbmedia.com/> or via the resuscitation page on SOLNET and is additionally embedded into face to face training on deterioration provided by the resuscitation trainers. Managers are responsible for ensuring that their staff team members who conduct observations whether in an inpatient or community setting are familiar and competent to use the NEWS2 tool.
- Local managers are responsible for ensuring that their staff training is in line with the Resuscitation TNA and monitor attendance and compliance. Clinical staff have the responsibility for ensuring that they are compliant with their statutory and mandatory identifying their training needs in a timely manner to ensure they do not go out of date.
- Within Solent NHS Trust, simulation training by the resuscitation trainers and/or resuscitation links will occur in elected clinical/ non-clinical areas. This will enhance, embed and increase the confidence of staff when dealing with deterioration, medical emergencies and cardiac arrest.
- Staff are encouraged to use scenario based training and share learning from cases within teams to support student / peer learning
- Resuscitation training will be evaluated and audited on a quarterly basis and if required presented to the Resuscitation Steering Group.
- All DNA's (Did not attend) to resuscitation face to face training will be followed up by the resuscitation trainers and the staff member's manager will be informed of their non-attendance.

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Solent NHS Trusts Training Strategy based on NCH&C NHS Trust Strategy

Resuscitation levels and associated learning outcomes are compliant with those defined within the Core Skills Training Framework (CSTF) published by Skills for Health

Solent NHS Trust Level	Description	Target Audience	Training Environment	Training delivered By	Training frequency	Equivalent CSTF
1a	Basic Life support and AED	Non clinical staff	E-learning	Learning Platform	12 months	1
1b	Basic Life support & AED (Adult)	All staff with direct adult Patient care responsibilities in all settings and roles	Classroom (Mandatory Training)	Learning and development and Resuscitation Team/Trainers	12 months	1 & 2
1c	Basic life support (paediatric)	All staff with direct paediatric patient care responsibilities in all settings and roles	Classroom (Mandatory Training)	Learning and development and Resuscitation Team/Trainers	12 months	1 & 2
2a	Specialist training in the management of deterioration and resuscitation training (Adult)	In – patient clinical staff In-patient therapy staff (as identified by local TNA) Adult disabilities respite staff Specialist Outpatient staff Dental Services Staff Educators in Practice	Training room with Practical skills stations	Resuscitation Team/Trainers	12 months	N/A
2b	Specialist training in the management of deterioration and resuscitation training (paediatric)	Dental Services staff (Child) Children’s respite staff Children’s outreach services	Training room with Practical skills stations	Resuscitation Team/Trainers	12 months	N/A
3a	Immediate Life support Adult/Peadatric Or equivalent alternative courses with equivalent content which are adapted to the needs of dental practice.	Dental services staff who perform moderate sedation techniques on Adult patients Resuscitation Team	Training room with Practical skills stations	Resuscitation Council (UK) accredited provider or through the Resuscitation team/trainers	12 months	3

Staff group identification indicating role and minimum resuscitation training level requirements

Adult Inpatient

Staff Group	Level						Notes
	1a	1b	1c	2a	2b	3a	
Doctors (all grades)				Yes			
Registered Nurse (all bands)				Yes			
Nurse Associate				Yes			
Health care assistant				Yes			
Assistant Practitioner		Yes		Yes*			*Based on local TNA
Physiotherapist		Yes		Yes*			*Based on local TNA
Occupational Therapist		Yes		Yes*			*Based on local TNA
Speech and language therapist		Yes		Yes*			*Based on local TNA
Therapy Assistant		Yes					*Based on local TNA
Clinical Psychologist		Yes					
Assistant Clinical Psychologist		Yes					

Adult Community

Staff Group	Level						Notes
	1a	1b	1c	2a	2b	3a	
Registered Nurse (all bands)		Yes					
Nurse Associate		Yes					
Health care assistant		Yes					
Assistant Practitioner		Yes					
Physiotherapist		Yes					
Occupational Therapist		Yes					
Speech and language therapist		Yes					
Therapy Assistant		Yes					
Clinical Psychologist		Yes					
Assistant Clinical Psychologist		Yes					
Phlebotomist		Yes					
Podiatrist		Yes					
Podiatry Assistant		Yes					

Adult Learning Disabilities

Staff Group	Level						Notes
	1a	1b	1c	2a	2b	3a	
Registered Nurse (all bands)				Yes			
Consultant				Yes			
Nurse Associate				Yes			
Health care assistant				Yes			
Assistant Practitioner		Yes					
Physiotherapist		Yes					
Occupational Therapist		Yes					
Speech and language therapist		Yes					
Therapy Assistant		Yes					
Clinical Psychologist		Yes					
Assistant Clinical Psychologist		Yes					

Sexual Health

Staff Group	Level						Notes
	1a	1b	1c	2a	2b	3a	
Doctors (all grades)				Yes			
Registered Nurse (all bands)				Yes			
Nurse Associate		Yes					
Health care assistant		Yes					
Social Worker							
Assistant Practitioner		Yes					
Physiotherapist		Yes					
Occupational Therapist		Yes					
Speech and language therapist		Yes					
Therapy Assistant		Yes					
Clinical Psychologist		Yes					
Assistant Clinical Psychologist		Yes					

Child and Families

Staff Group	Level						Notes
	1a	1b	1c	2a	2b	3a	
Doctors (all grades)					Yes		Or equivalent in date qualification
Registered Nurse (all bands)					Yes		
Nurse Associate					Yes		
Health care assistant					Yes		
Social Worker			Yes				
Assistant Practitioner			Yes				
Nursery Nurse			Yes				
Physiotherapist			Yes				
Psychotherapist			Yes				
Multi Therapist			Yes				
Occupational Therapist			Yes				
Speech and language therapist			Yes				
Therapy Assistant			Yes				
Clinical Psychologist			Yes				
Assistant Clinical Psychologist			Yes				

Dental Services

Staff Group	Level						Notes
	1a	1b	1c	2a	2b	3a	
Dental Officer (all grades)						Yes	
Registered Dental Nurse (all grades)						Yes	
Dental Therapist (all grades)						Yes	
Decontamination Technician		Yes	Yes				
Dental Receptionist		Yes	Yes				

Adult Mental Health

Staff Group	Level						Notes
	1a	1b	1c	2a	2b	3a	
Doctors (all grades)				Yes			
Registered Nurse (all bands)				Yes			
Nurse Associate				Yes			
Health care assistant				Yes			
Social Worker		Yes					
Assistant Practitioner		Yes					
Physiotherapist		Yes					
Occupational Therapist		Yes					
Speech and language therapist		Yes					
Therapy Assistant		Yes					
Clinical Psychologist		Yes					
Assistant Clinical Psychologist		Yes					

Corporate Clinical Staff

Staff Group	Level						Notes
	1a	1b	1c	2a	2b	3a	
Educators in Practice				Yes			
Resuscitation Team				Yes			
Registered Nurses				Yes			
Pharmacists		Yes					
Pharmacy assistants		Yes					

Primary Care

Staff Group	Level						Notes
	1a	1b	1c	2a	2b	3a	
Doctors (all grades)				Yes			
Registered Nurse (all bands)				Yes			
Nurse Associate				Yes			
Health care assistant				Yes			
Social Worker		Yes					
Assistant Practitioner		Yes					
Physiotherapist		Yes					
Occupational Therapist		Yes					
Speech and language therapist		Yes					
Therapy Assistant		Yes					
Clinical Psychologist		Yes					
Assistant Clinical Psychologist		Yes					

Non Clinical Staff

Staff Group	Level						Notes
	1a	1b	1c	2a	2b	3a	
Chief Executive	Yes						
Directors	Yes						
Officers	Yes						
Senior Mangers	Yes						
Analysts	Yes						
Porter		Yes					
Security Staff		Yes					
Non patient facing Administration Staff	Yes						
Patient facing Administration staff		Yes					
Chef	Yes						
Housekeeper	Yes						
Electricians		Yes					
Interpreter	Yes						
Technicians	Yes						
Volunteers	Yes						
Support workers	Yes						
Domestic Team leaders		Yes					

Resuscitation learning Outcomes

Level 1a	Adult Basic Life Support & Automated External Defibrillation E-learning
Learning outcome	Equivalent CSTF level
Understands the importance of Resuscitation when a patient has a cardiac arrest .	L1 a
Know how to recognise when a patient is having a cardiac arrest	L1 a
Knows how and whom to call for help	L1 b
Understands how effective chest compressions can save lives in accordance with current Resuscitation Council (UK) guidelines.	L2 d
Understands how to open and maintain the basic airway management technique of Head Tilt / Chin Lift.	L2 e
Understands what an AED is and how it can be used	L2 g
Has an understanding of how to manage a choking patient	L2 c
Understand their individual role and responsibilities in responding to persons in emergency situations.	L2 h
Understand the importance of undertaking any resuscitation interventions within the limits of their personal capabilities and context of any previous training received.	L2 j

Level 1b	Adult Basic Life Support & Automated External Defibrillation face to face :
Learning outcome	Equivalent CSTF level
Demonstrate an awareness of current legislation and local Resuscitation policies and procedures.	L2 a
Know how to recognise and respond to patients with clinical deterioration, escalating care in accordance with local policy.	L2 b
Demonstrate an appropriate emergency response to cardiorespiratory arrest in accordance with current Resuscitation Council (UK) guidelines.	L2 c
Initiate and maintain effective chest compressions in accordance with current Resuscitation Council (UK) guidelines.	L2 d
Demonstrate the basic airway management technique of Head Tilt / Chin Lift.	L2 e
Initiate and maintain effective lung ventilations in accordance with current Resuscitation Council (UK) guidelines.	L2 f
Demonstrate the safe and appropriate use of an Automated External Defibrillator (AED).	L2 g
Understand their individual role and responsibilities in responding to persons in emergency situations.	L2 h
Understand their individual responsibilities in reporting and recording details of an emergency event accurately.	L2 i
Understand the importance of undertaking any resuscitation interventions within the limits of their personal capabilities and context of any previous training received.	L2 j
Know how they should apply the local Do Not Attempt Cardiopulmonary Resuscitation Policy within clinical context.	L2 k
Know how they should apply the Unexpected flow chart within their clinical setting	L2 k

Level 1c	Paediatric Basic Life Support & Automated External Defibrillation (infant 0-1 year and child 1-8 years face to face:
Learning outcome	Equivalent CSTF level
Demonstrate an awareness of current legislation and local Resuscitation policies and procedures.	L2 a
Know how to recognise and respond to patients with clinical deterioration, escalating care in accordance with local policy.	L2 b
Demonstrate an appropriate emergency response to cardiorespiratory arrest in accordance with current Resuscitation Council (UK) guidelines.	L2 c
Initiate and maintain effective chest compressions in accordance with current Resuscitation Council (UK) guidelines.	L2 f
Demonstrate the basic airway management technique of Head Tilt / Chin Lift.	L2 e/d
Initiate and maintain effective lung ventilations in accordance with current Resuscitation Council (UK) guidelines.	L2 e
Demonstrate the safe and appropriate use of an Automated External Defibrillator (AED).	L2 g
Understand their individual role and responsibilities in responding to persons in emergency situations.	L2 j/e
Understand their individual responsibilities in reporting and recording details of an emergency event accurately.	L2 i
Understand the importance of undertaking any resuscitation interventions within the limits of their personal capabilities and context of any previous training received.	L2 j
Know how they should apply the local Do Not Attempt Cardiopulmonary Resuscitation Policy within clinical context.	L2 k
Know what to do should they encounter an unexpected death	L2 a/k

Level 2a	Specialist training in the management of deterioration and resuscitation training (Adult) known as DART
Learning outcome	Equivalent CSTF level
Demonstrate an awareness of current legislation and local Resuscitation policies and procedures.	L2 a
Know how to recognise and respond to patients with clinical deterioration, escalating care in accordance with local policy and National Guidelines	L3 b
Understands and demonstrates an effective A – E clinical assessment and can implement effective management strategies	L3b
Can perform NEWS 2 assessment using equipment and soft signs if required.	N/A
Demonstrates effective communication skills using SBAR if required	N/A
Demonstrate an appropriate emergency response to cardiorespiratory arrest in accordance with current Resuscitation Council (UK) guidelines.	L2 c
Initiate and maintain effective chest compressions in accordance with current Resuscitation Council (UK) guidelines.	L2 a
Demonstrate the advanced airway management techniques using adjuncts	L3 a
Initiate and maintain effective lung ventilations in accordance with current Resuscitation Council (UK) guidelines.	L2 f
Demonstrate the safe and appropriate use of an Automated External Defibrillator (AED).	L2 g
Understand their individual role and responsibilities in responding to persons in emergency situations.	L2 i
Understand their individual responsibilities in reporting and recording details of an emergency event accurately including on Ulysses	L2 i
Understand the importance of undertaking any resuscitation interventions within the limits of their personal capabilities and within the context of any previous training received.	L2 j
Know how they should apply the local Do Not Attempt Cardiopulmonary Resuscitation Policy within clinical context.	L2 k
Know what to do should they encounter an unexpected death	L2 k

Level 2b	Specialist training in the management of deterioration and resuscitation training (Paediatric) known as DART
Learning outcome	Equivalent CSTF level
Demonstrate an awareness of current legislation and local Resuscitation policies and procedures.	L2 a
Know how to recognise and respond to patients with clinical deterioration, escalating care in accordance with local policy and National Guidelines	L2 b
Understands and demonstrates an effective A – E clinical assessment and can implement effective management strategies	L3 b
Can perform NEWS 2 assessment using equipment and soft signs if required.	N/A
Demonstrates effective communication skills using SBAR if required	N/A
Demonstrate an appropriate emergency response to cardiorespiratory arrest in accordance with current Resuscitation Council (UK) guidelines.	L2 b
Initiate and maintain effective chest compressions in accordance with current Resuscitation Council (UK) guidelines.	L2 f
Demonstrate the advanced airway management techniques using adjuncts	L3 a
Initiate and maintain effective lung ventilations in accordance with current Resuscitation Council (UK) guidelines.	L3 a
Demonstrate the safe and appropriate use of an Automated External Defibrillator (AED).	L2 g
Understand their individual responsibilities in reporting and recording details of an emergency event accurately including on Ulysses	L2 h
Understand the importance of undertaking any resuscitation interventions within the limits of their personal capabilities and within the context of any previous training received.	L2 j
Know how they should apply the local Do Not Attempt Cardiopulmonary Resuscitation Policy within clinical context.	L2 k
Know what to do should they encounter an unexpected death	L2 k

Level 3a	Dental Immediate Life Support (DILS)
Learning outcome	Equivalent CSTF level
Demonstrate an awareness of current legislation and local Resuscitation policies and procedures.	L2 a
Know how to recognise and respond to patients with clinical deterioration, escalating care in accordance with local policy and National Guidelines	L3 a
Understands and demonstrates an effective A – E clinical assessment and can implement effective management strategies	L3 b
Can perform NEWS 2 assessment using equipment and soft signs if required.	N/A
Demonstrates effective communication skills using SBAR if required	N/A
Demonstrate an appropriate emergency response to cardiorespiratory arrest in accordance with current Resuscitation Council (UK) guidelines.	L2 c
know how to manage and co-ordinate roles and responsibilities within the team in responding to emergency situations until the arrival of a resuscitation team or more experienced assistance	L3 c
Initiate and maintain effective chest compressions in accordance with current Resuscitation Council (UK) guidelines.	L2 d
Demonstrate the advanced airway management techniques using adjuncts	L3 a
Initiate and maintain effective lung ventilations in accordance with current Resuscitation Council (UK) guidelines.	L2 f
Demonstrate the safe and appropriate use of an Automated External Defibrillator (AED).	L2 g
Understand their individual role and responsibilities in responding to persons in emergency situations.	L3 a
Understand their individual responsibilities in reporting and recording details of an emergency event accurately including on Ulysses	L2 i
Understand the importance of undertaking any resuscitation interventions within the limits of their personal capabilities and within the context of any previous training received.	L3 j
be able to provide initial post resuscitation care until the arrival more experienced assistance.	L3 e
Know how they should apply the local Do Not Attempt Cardiopulmonary Resuscitation Policy within clinical context.	L3 k
Know what to do should they encounter an unexpected death	L3 k

Appendix B: Core Standards for Resuscitation

Below are detailed the core standards for resuscitation that should be expected within Solent NHS Trust

- If no explicit decision has been made in advance about Cardiopulmonary Resuscitation (CPR) and the express wishes of a person are unknown and cannot be ascertained, there should be an initial presumption that healthcare professionals will make all reasonable efforts to resuscitate the person in the event of cardiac or respiratory arrest. In such emergencies there will rarely be time to make a comprehensive assessment of the person's condition and the likely outcome of CPR. In these circumstances initiating CPR will usually be appropriate, whilst all possible efforts are made to obtain more information that may guide further decision-making. The trust and healthcare professionals working within the trust should support anyone initiating and delivering CPR in such circumstances.
- Any issues that could affect a resuscitation attempt such as the presence of an internal defibrillator or pace maker should be clearly documented in the patient's clinical documentation. This information should be disseminated to all clinical staff involved with the patient's care (e.g. on handover) to ensure they are familiar with its details and recommendations.
- All staff within the trust have an absolute responsibility to know which patients within their care have a Do Not Resuscitate Cardiopulmonary Resuscitation (DNACPR) order or an Advanced Directive (AD) in place, which specifically documents their wishes not to be resuscitated. Staff also have an absolute responsibility to uphold the DNACPR order or AD in accordance with DNACPR policy. If there is any doubt about a patient's resuscitation status, then CPR should be commenced.
- There will be some people for whom attempting CPR is clearly inappropriate; for example, a person in the advanced stages of a terminal illness where death is imminent and unavoidable and CPR would not be successful, but for whom no formal DNACPR decision has been made. In such circumstances, any healthcare professional who makes a carefully considered decision not to start CPR should be supported by their senior colleagues, employers and professional bodies.
- In the case of unexpected death in the community - On rare occasions, there will be cases where Trust employed community staff discover patients with features that clearly indicate the patient has been dead for some time and CPR would not be appropriate e.g. on home visits. In such circumstances, Trust staff should follow the Action Flowchart for Unexpected Death – Patient's Home (Appendix D). Staff who have followed this procedure should be supported by their senior colleagues, employers and professional bodies.
- In situations where a collapsed patient is on the floor, in a chair or in a restricted/confined space, the organisational guidelines for the movement of the patient must be followed to minimise the risk of manual handling and related injuries to both staff and the patient. Please also refer to the Resuscitation Council UK advice on manual handling during resuscitation in hospitals (Appendix J). The techniques for managing these situations are taught within the Trust's Level 2 manual handling training.
- The emergency record document must be followed and completed during a resuscitation attempt. This record can aid the initial assessment process and can be used to document relevant interventions that would be needed to communicate to the paramedic crew on arrival. The information contained within the assessment tool, will be of use when completing Ulysses documentation (Appendix H)

The Presence of Relatives at a Resuscitation Attempt

- It is rare, but on occasion relatives of the patient may be at the scene when cardiopulmonary arrest occurs. In summary, there are both positive and negative factors to consider before making the decision to exclude/allow a witness.
- It is important to remember that every situation is unique and every person different, therefore the decision to allow a relative to witness a resuscitation attempt on Solent NHS Trust premises, must be made at the time and based on local and/or dynamic risk assessments.
- Senior health care professionals within in-patient settings will have responsibility for making the decision whether relatives who are present at a resuscitation attempt should remain in the area or moved and supported elsewhere.
- Within the community setting, for example in a patients home, when a clinician is a lone worker it is difficult to exclude relatives and friends from the immediate area. However, at the discretion of the healthcare professional, the relative/friend may be utilised as help in calling for the emergency services or collecting a nearby Public Access Defibrillator, if one is known to be nearby.
- It is recommended that all such staff have read the following document published by the RC (UK) for guidance on this decision making process. 'Should Relatives Witness Resuscitation?' A report from the Project Team of the Resuscitation Council (UK).

Post Resuscitation Actions

- In the community setting, trust staff should continue all attempts at resuscitation until the emergency ambulance staff arrive on scene and take over care of the patient.
- If however during the resuscitation attempt, the patient should show signs of a return of spontaneous circulation (ROSC) the senior Solent NHS Trust staff member present should ensure the patient's airway remains clear and place them in the recovery position. The staff member should continue monitoring the patient's condition until arrival of the emergency ambulance.
- The member of staff should inform their line manager at the earliest possible opportunity following a resuscitation attempt in the community. They must also carefully consider their physical and emotional state immediately following the incident before driving or carrying out any further clinical duties. Line managers should confirm with the member of staff that they are in a fit state to continue their work allocations or if other remedial actions are necessary.
- In settings where specialist resuscitation equipment is provided, staff should continue all attempts at resuscitation until the emergency ambulance staff arrive on scene and take over the care of the patient.
- Staff involved in the resuscitation attempt should immediately ensure that any items used from the emergency trolley or grab bag are replenished and complete an equipment check online.
- It is the responsibility of the senior staff member present to ensure that the patient is safely transferred appropriately to secondary care.
- When transferring care to the emergency ambulance crew, Solent NHS Trust Staff should use the SBAR communication tool format to ensure clarity and facilitate prompt and appropriate clear communication (Appendix K)

- Immediately following the incident, staff must; ensure that the incident is fully documented via Ulysses in accordance with the Reporting Adverse Incidents Policy and document the incident in the patient's health record.
- The senior member of staff present should ensure, if appropriate to the circumstance, that the next of kin are informed of the event in a sympathetic manner and the appropriate support and advice must be offered to them
- Local managers must ensure that; staff present at the resuscitation attempt receive the post-incident support and debrief they require. The Resuscitation team/trainers can assist with post resuscitation event debriefing and assistance if requested.
- Managers will also ensure that any learning from the incident is shared at appropriate forums.

Infection Control

Whilst the risk of infection transmission from patient to rescuer during direct mouth to mouth resuscitation is extremely rare, isolated cases have been reported.

- In cases where a basic airway device (e.g. face shield or pocket mask) is not immediately available, staff should not attempt direct mouth-to-mouth contact with the patient. In such cases, compression only CPR should be performed until an alternative and safe method of artificial ventilation can be performed.
- Staff members who have concerns that there has been a risk of infection transmission during a resuscitation attempt should contact the Occupational Health Department for advice and support.
- In regard to infection control measures related to equipment, any equipment used within a resuscitation situation will be marked as single patient/single use on the packaging or marked with the following logo:

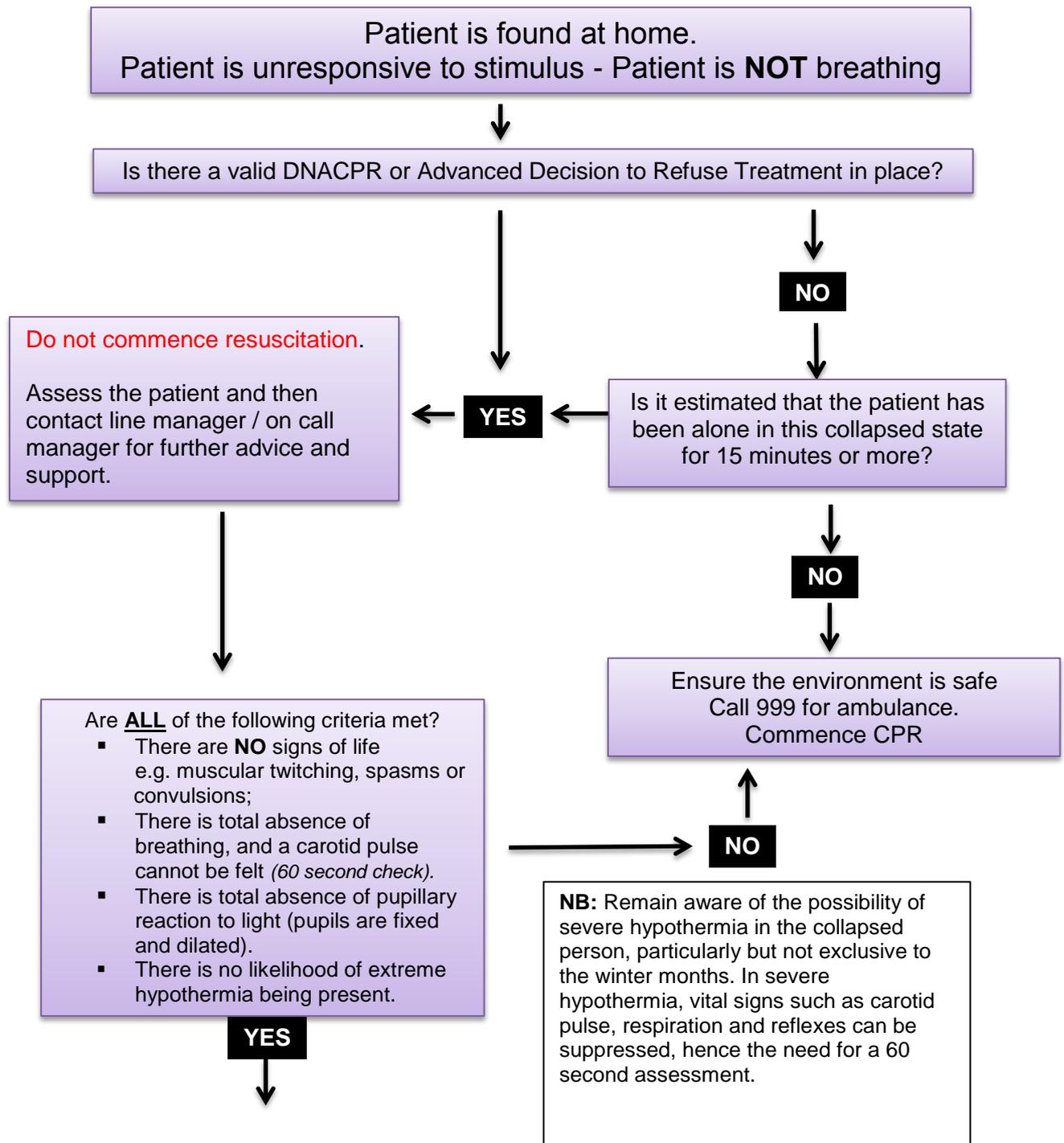

- Trolleys that are in use on inpatient wards should have their surfaces cleaned weekly with detergent and dried. If the trolley has been contaminated with blood/ bodily fluids then the cleaning preparation used should be Actichlor plus.

Appendix C: Core Standards for Managing Clinical Deterioration

Solent NHS Trust's core standards for responding appropriately to patients in deterioration have been developed from the findings of the National Patient Safety Agency (2007), The UK Sepsis Trust (2016) and research and guidelines from The National Institute for Health and Care Excellence (NICE) guidance (2016) and Royal College of Physicians (RCP) guidelines (2017).

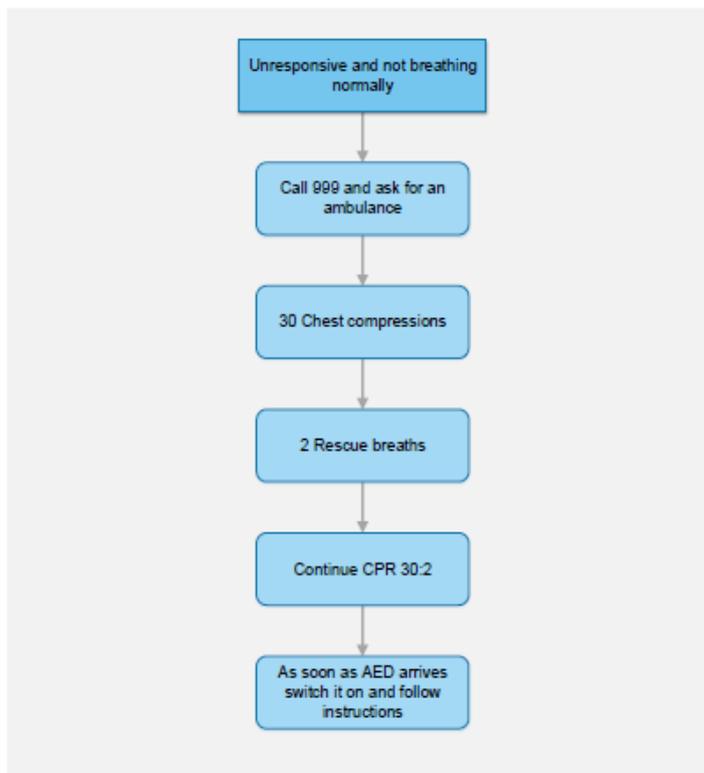
- It should be noted that where a patient has a DNACPR order in place, this does not mean do not respond to medical deterioration, as the deterioration could be due to a reversible and treatable cause.
- Solent NHS Trust staff should be able to identify the signs of sepsis and actively seek to promote awareness of sepsis with their patients. Patients who are considered high risk are those who:
 - Have an infection
 - Are showing signs that they may have an infection;
 - Are at risk of infection – such as patients with pressure / leg ulcers or chronic wounds, patients who are diabetic, have an indwelling device such as a catheter or are immuno-compromised for example those who have had recent chemotherapy.
 - More information and advice is available here: <https://sepsistrust.org/professional-resources/clinical/>
- If a concern is raised or noted, then all clinical staff (who are competent and have the relevant monitoring equipment available) are expected to undertake physiological observations in line with individualised care plans and calculate a NEWS2 score.
- Within inpatient settings; staff must calculate, record and act upon early warning scores using the NEWS2 screening tool, in order to ensure appropriate action is taken.
- Respond with appropriate urgency on receipt of communication that a patient has been identified as deteriorating.
- A medical emergency record form is available to staff to use and follows an A-E assessment process, if the cause of the medical emergency is unclear it can act as a reminder as the correct process of assessment (Appendix H).
- Where an inpatient's medical condition has deteriorated and they have been transferred from community inpatient to acute setting, staff will follow the process for reporting this on Ulysses.
- Where a clinician has considered and discounted a diagnosis of sepsis for a hospital in-patient, that patient should be closely monitored for signs of later deterioration, with a clear plan for review and action if deterioration should occur.
- Will use SBAR to effectively communicate any / all concerns to other healthcare professionals and when calling the South Central Ambulance Service Healthcare Professional Line: 0300 123 9806. However, if using the 999 service, the staff member will not use SBAR and will answer questions guided by the call handler (see Appendix L for further guidance)

ACTION FLOWCHART FOR UNEXPECTED ADULT DEATH – PATIENT’S HOME



- No intervention indicated (DNACPR)
- If relatives are present on scene inform them of your need to contact the police and protect the scene.
- Leave the house immediately/or as soon as possible without causing disruption to the scene e.g. do not move furniture or touch anything unnecessarily
- Make a mental note of the exact position in which you found the patient. This maybe important information if further investigation is thought necessary.
- Call 999 and ask for the **Police**. Inform them that you are a community healthcare worker and you are calling to report an unexpected death in a patient’s home.
- Inform line manager or out of hours contact
- Inform patient’s GP (if contact details known).
- Stay on scene (but not in the house) and await arrival of Police.
- Complete thorough notes in patient’s medical records.
- Report the incident through Ulysses before the end of shift if possible, but always within 24 hours.

Appendix E: Adult and Paediatric Basic Life Support Resuscitation Algorithms

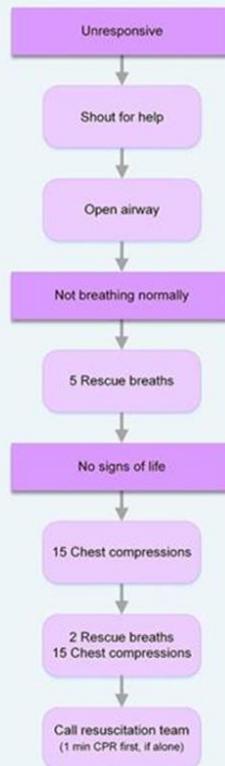
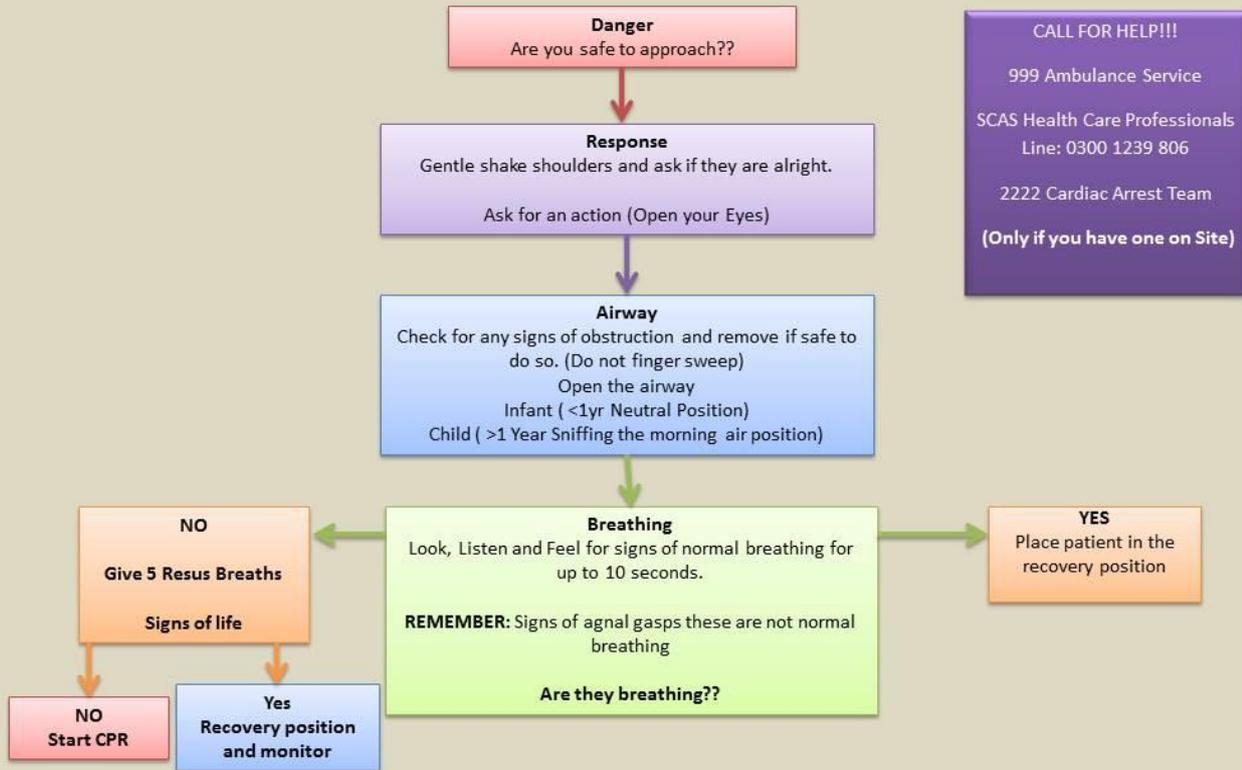




PAEDIATRIC MEDICAL EMERGENCIES AND RESUSCITATION JUNE 2019

Contents

- 1.1 – Unresponsive Child
- 1.2 – Resuscitation Council Paediatric Basic Life Support (PBLS)
- 1.3 – Post Event Consideration
- 1.4 – Chest Pain
- 1.5 – Asthma
- 1.6 – Anaphylaxis
- 1.7 – Resuscitation Council Anaphylaxis Algorithm
- 1.8 – Hypoglycaemia
- 1.9 – Seizures
- 2.0 – Syncope/Faint
- 2.1 – Choking
- 2.2 – Seizures (Dental)



- Complete a Ulysses Form
- Contact Distinctive medical to restock bag
- Contact Pharmacy to restock drugs
- Do you or your team need a DEBRIEF? (Contact resuscitation team for advice and support if required).

Symptoms of a Chest Pain

Sudden onset that can occur at rest, usually lasting >30mins

Squashing chest pain can be described as dull with a feeling of tightness or pressure.

Pain in arm, neck, jaw, back, shoulders or stomach

Pulse can become irregular, missing beats.

Pale, grey colour to skin, may sweat profusely.

Shortness of breath, feeling light headed, nauseous, vomiting.

Assess the patient using the A, B, C, D, E Approach Use Medical Emergency Form/PEWS

Consider ECG

Oxygen Available: Deliver 15litres via non rebreath mask if oxygen saturation <94% or oxygen saturations probe is unavailable

Monitor the patient's condition and document physical observations on a PEWS (If patient loses consciousness go to 1.1 unresponsive Paediatric)

Await ambulance

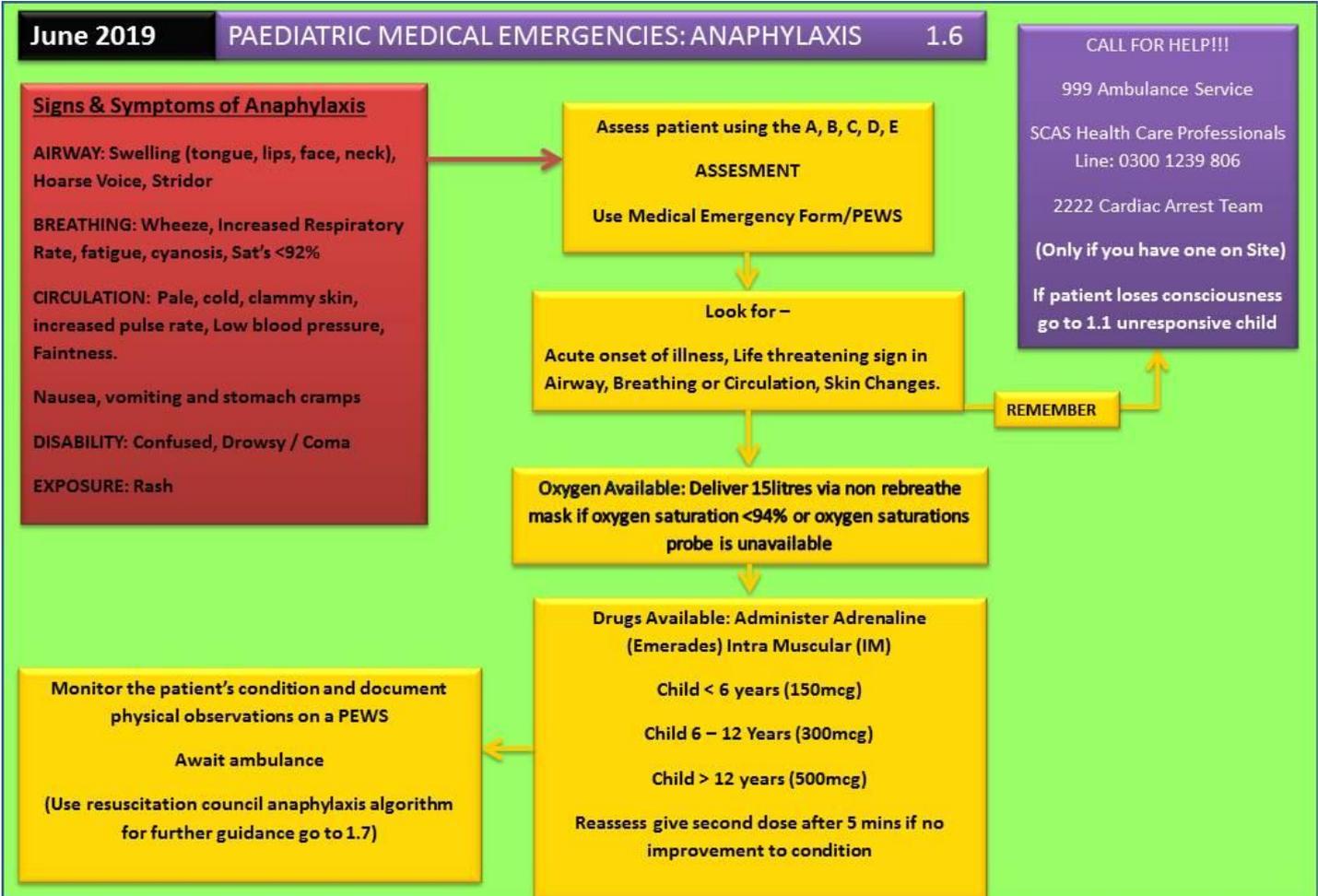
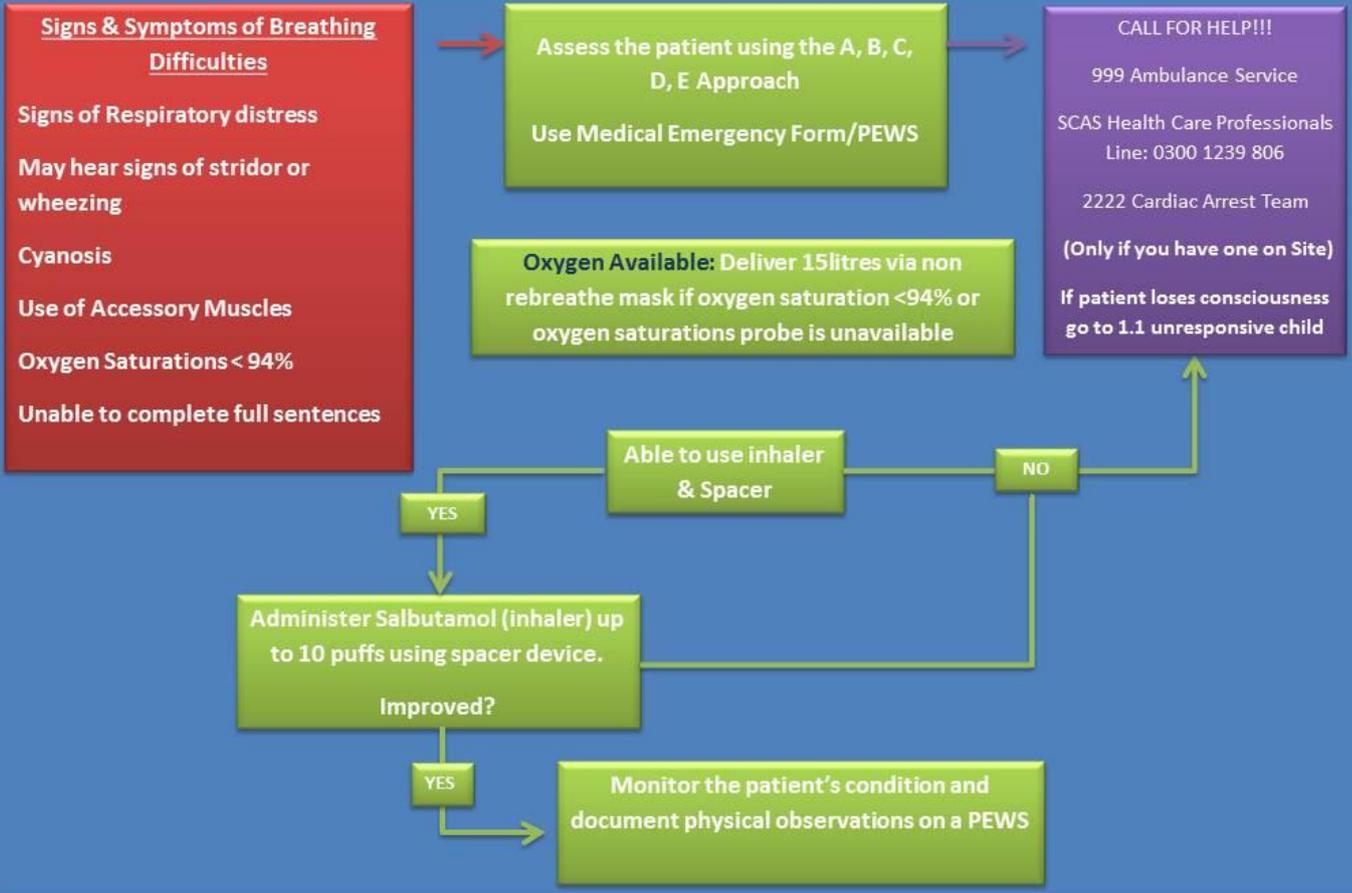
CALL FOR HELP!!!

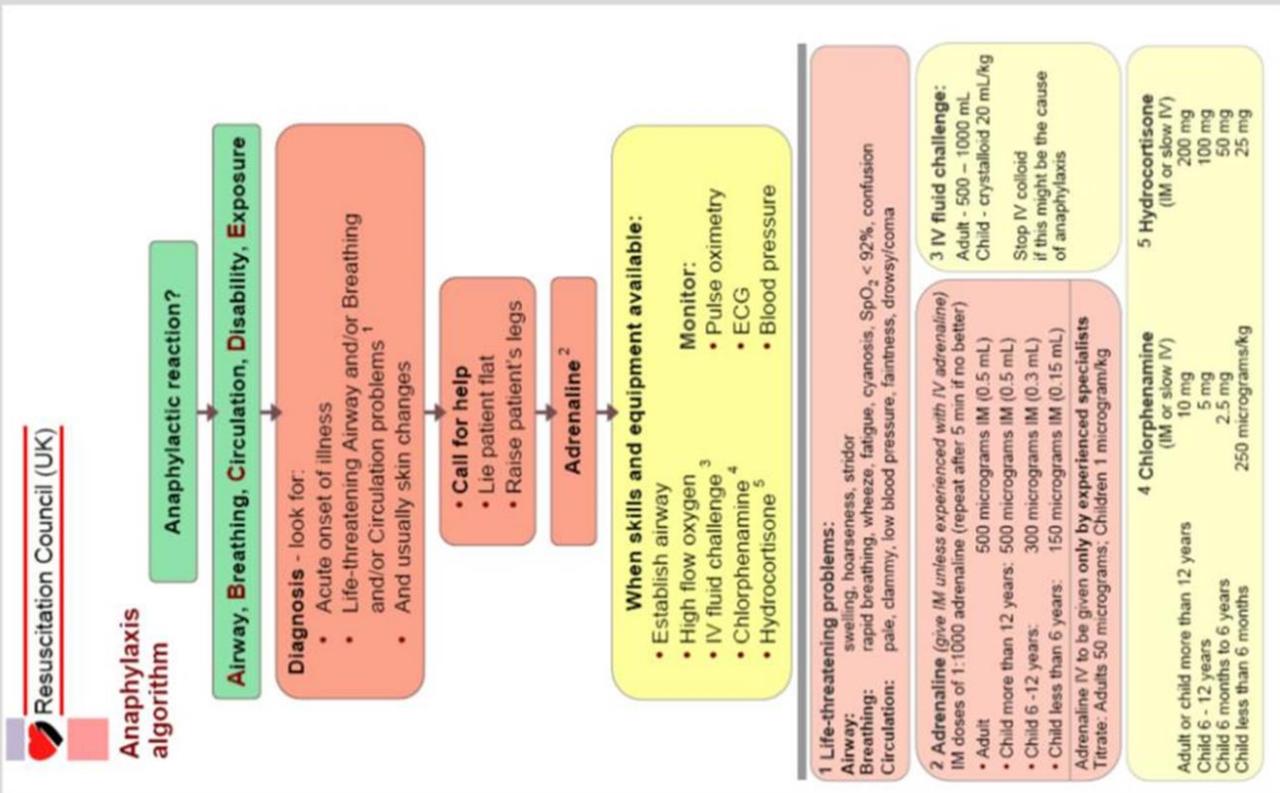
999 Ambulance Service

SCAS Health Care Professionals
Line: 0300 1239 806

2222 Cardiac Arrest Team

(Only if you have one on Site)





CALL FOR HELP!!!

999 Ambulance Service
SCAS Health Care Professionals Line: 0300 1239 806
2222 Cardiac Arrest Team
(Only if you have one on Site)
If patient loses consciousness go to 1.1 unresponsive child



Recognition of a generalised seizure

Aura: Patient may have a strange feeling or sensation before a seizure starts.

Tonic: Body muscles become rigid, patient may let out a cry.

Clonic: Limbs make sudden, rhythmical jerking movements, rolling eyes, clenched teeth. Patient may have snoring breathing and can lose control of bladder and bowels.

Recovery: Body relaxes, patient may be unresponsive this will improve.

Move dangerous objects away and protect the head.

Note time seizure started

Wait for seizure to stop

Seizure lasts > 5 mins

CALL FOR HELP!!!

999 Ambulance Service

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2222 Cardiac Arrest Team

(Only if you have one on Site)

Assess patient using the A, B, C, D, E

ASSESSMENT

REMEMBER: Unconscious and Breathing (Recovery position)

Unconscious not breathing (5 Rescue Breaths, no signs of life (START CPR)

Use Medical Emergency Form/NEWS2

Does the patient have a seizure management plan?

NO

Yes

Follow care plan

Check blood glucose if <4mmol/l

Go to hypoglycaemia 1.8

Monitor the patient's condition and document physical observations on a PEWS (If patient loses consciousness go to 1.1 care of unresponsive child)

Signs & Symptoms Syncope/Faint

Patient feels dizzy/ faint

Slow pulse rate

Low blood pressure

Pallor & Sweaty

Nausea and vomiting

Loss of consciousness

Assess patient using the A, B, C, D, E

ASSESSMENT

Use Medical Emergency Form/PEWS

Lay the patient flat as soon as possible

Raise their legs

Loosen any tight clothing

Offer patient a cool compress for their forehead

Provide reassurance

Monitor the patient's condition and document physical observations on a PEWS (If patient loses consciousness go to 1.1 unresponsive child)

Postural hypotension when rising, patient should take their time.

Treatment is the same as for a faint.

Medical review

Consider diagnosis of positional low blood pressure or hyperventilation

Hyperventilation may have given rise to the feeling of light headedness or faintness, but does not usually result in syncope.

Signs & Symptoms of Choking

Often occurs when a person is eating or drinking.

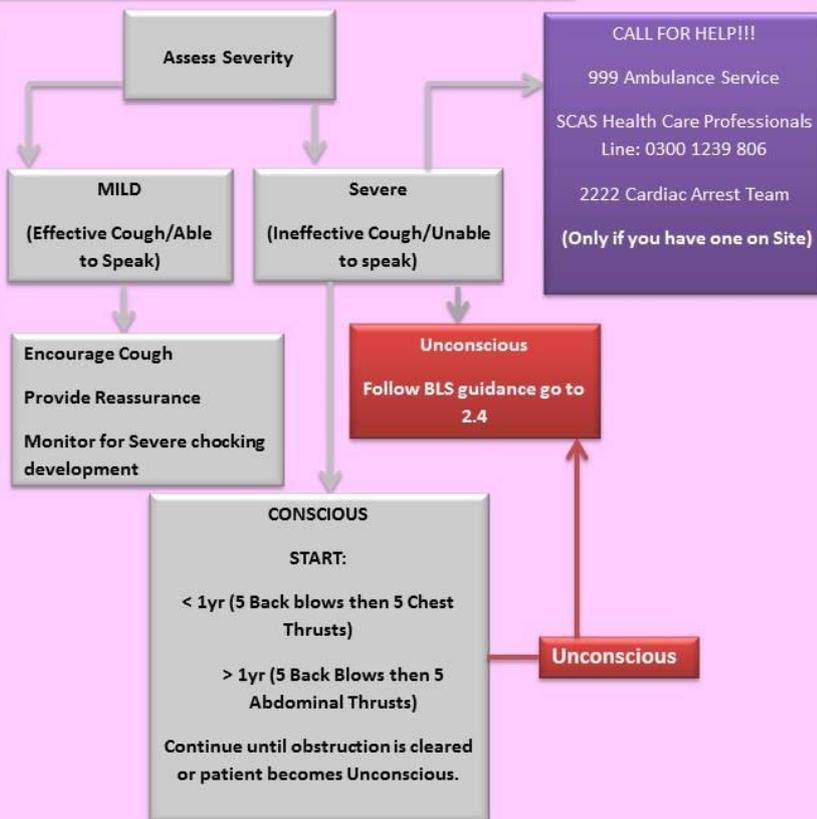
Ask them "Are you Choking"

Mild: Person will speak to you

Severe: Unable to speak

Struggling or unable to breath

Will look distressed, and if left untreated will lose consciousness.



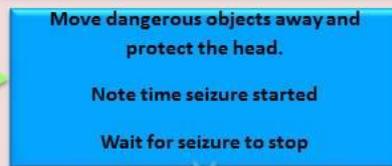
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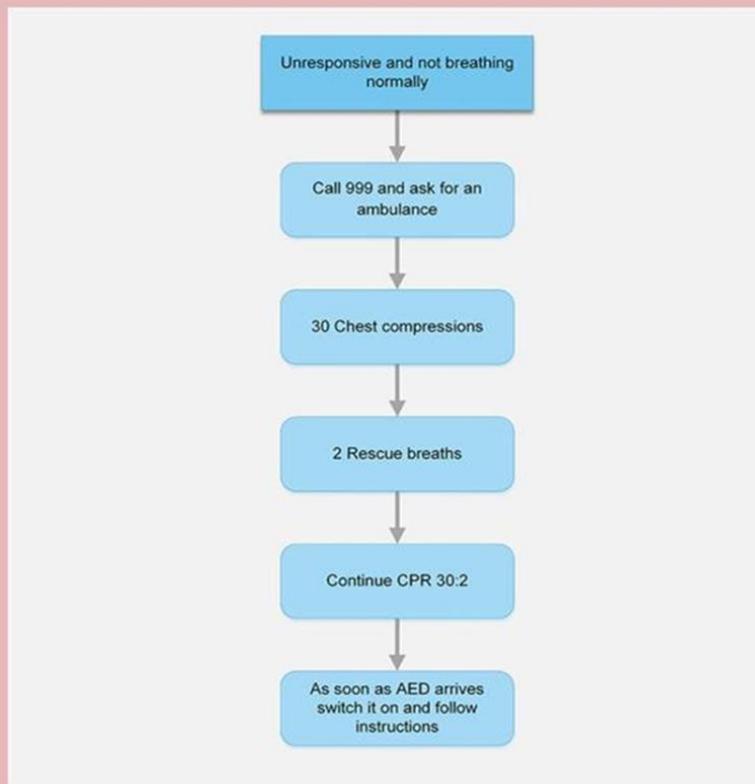
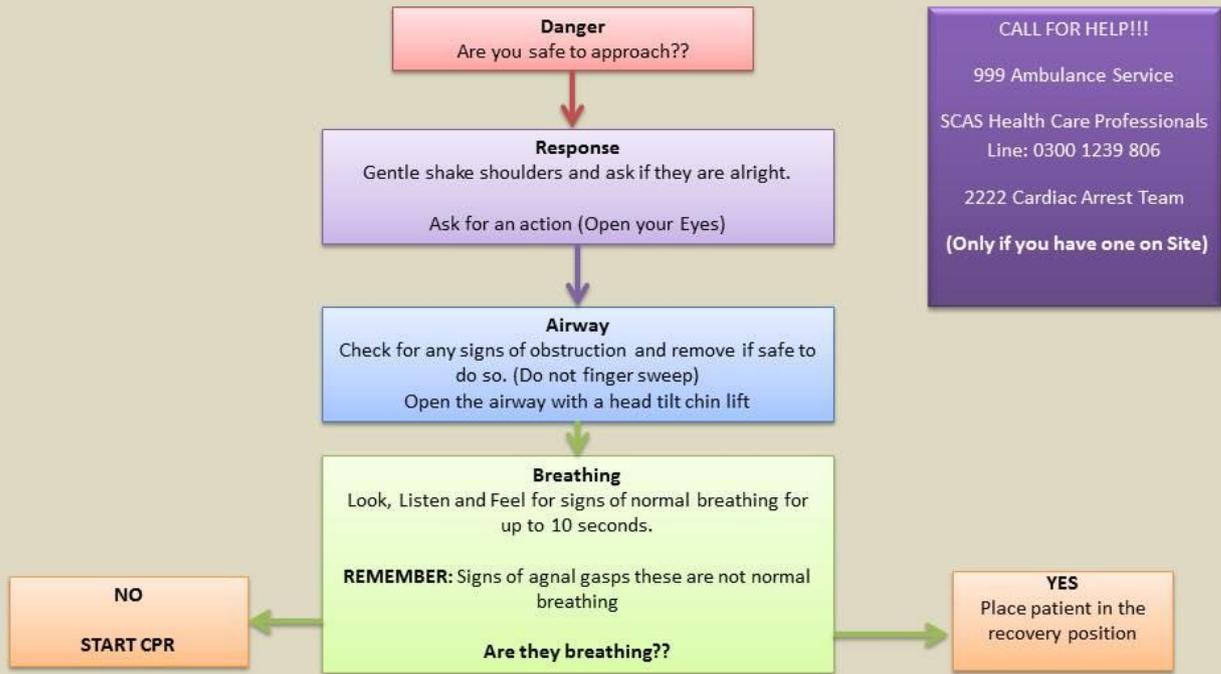


ADULT MEDICAL EMERGENCIES AND RESUSCITATION

JUNE 2019

Contents

- **1.1 – Unresponsive Adult**
- **1.2 – Resuscitation Council Basic Life Support (BLS)**
- **1.3 – Post Event Consideration**
- **1.4 – Chest Pain**
- **1.5 – Asthma**
- **1.6 – Anaphylaxis**
- **1.7 – Resuscitation Council Anaphylaxis Algorithm**
- **1.8 – Hypoglycaemia**
- **1.9 – Seizures**
- **2.0 – Syncope/Faint**
- **2.1 – Benzodiazepine Overdose**
- **2.2 – Opioid Overdose**
- **2.3 – Choking**
- **2.4 – Seizures (Dental Services)**



- Complete a Ulysses Form
- Contact Distinctive medical to restock bag
- Contact Pharmacy to restock drugs
- Do you or your team need a DEBRIEF? (Contact resuscitation team for advice and support if required).

Symptoms of a Heart Attack

Sudden onset that can occur at rest, usually lasting >30mins

Squashing chest pain can be described as dull with a feeling of tightness or pressure.

Pain in arm, neck, jaw, back, shoulders or stomach

Pulse can become irregular, missing beats.

Pale, grey colour to skin, may sweat profusely.

Shortness of breath, feeling light headed, nauseous, vomiting.

Assess the patient using the A, B, C, D, E Approach Use Medical Emergency Form/NEWS2

Consider ECG

CALL FOR HELP!!!

999 Ambulance Service

SCAS Health Care Professionals Line: 0300 1239 806

2222 Cardiac Arrest Team

(Only if you have one on Site)

Oxygen Available: Deliver 15litres via non rebreathe mask if oxygen saturation <94% or oxygen saturations probe is unavailable

Drugs Available: Administer

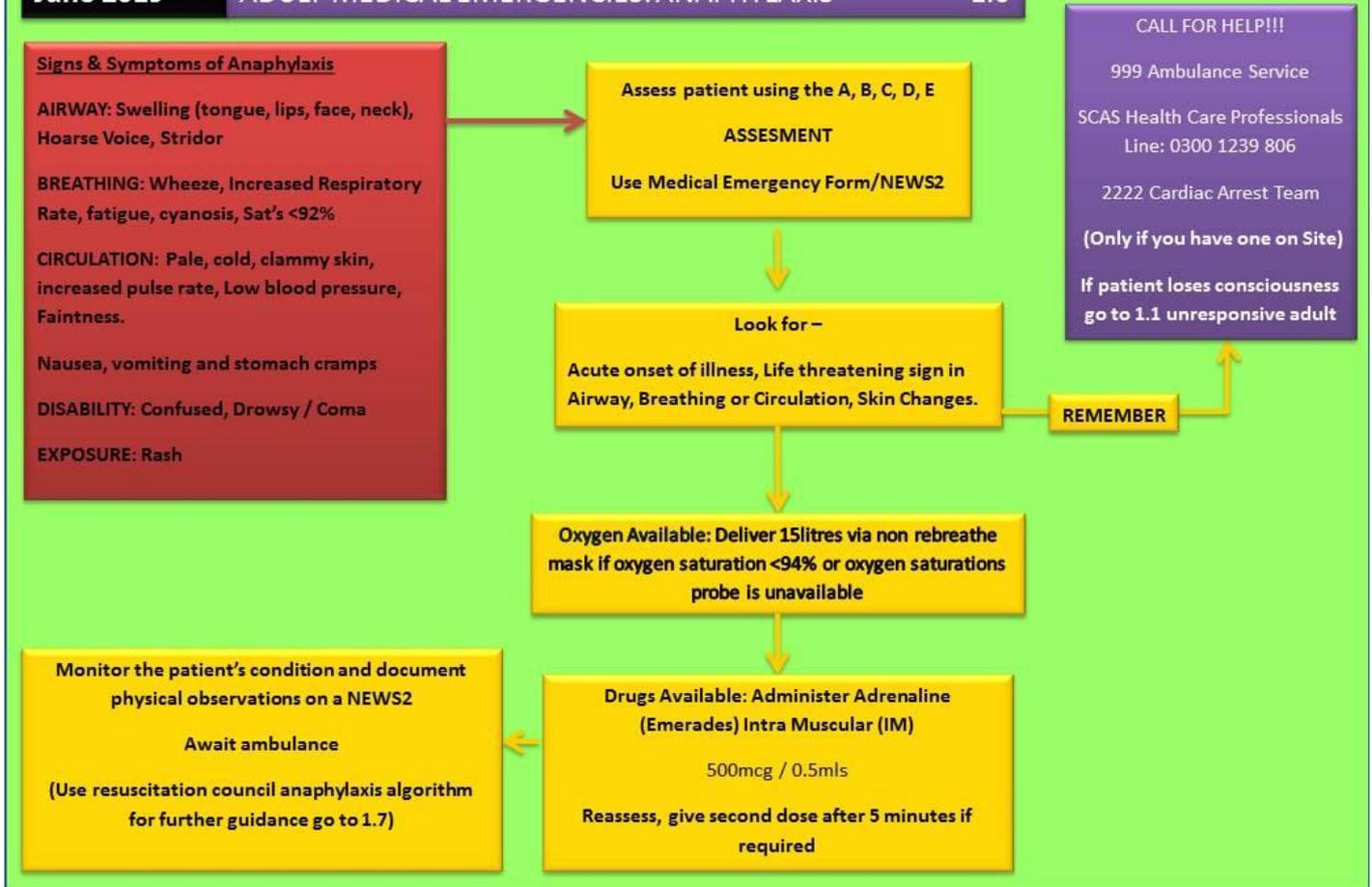
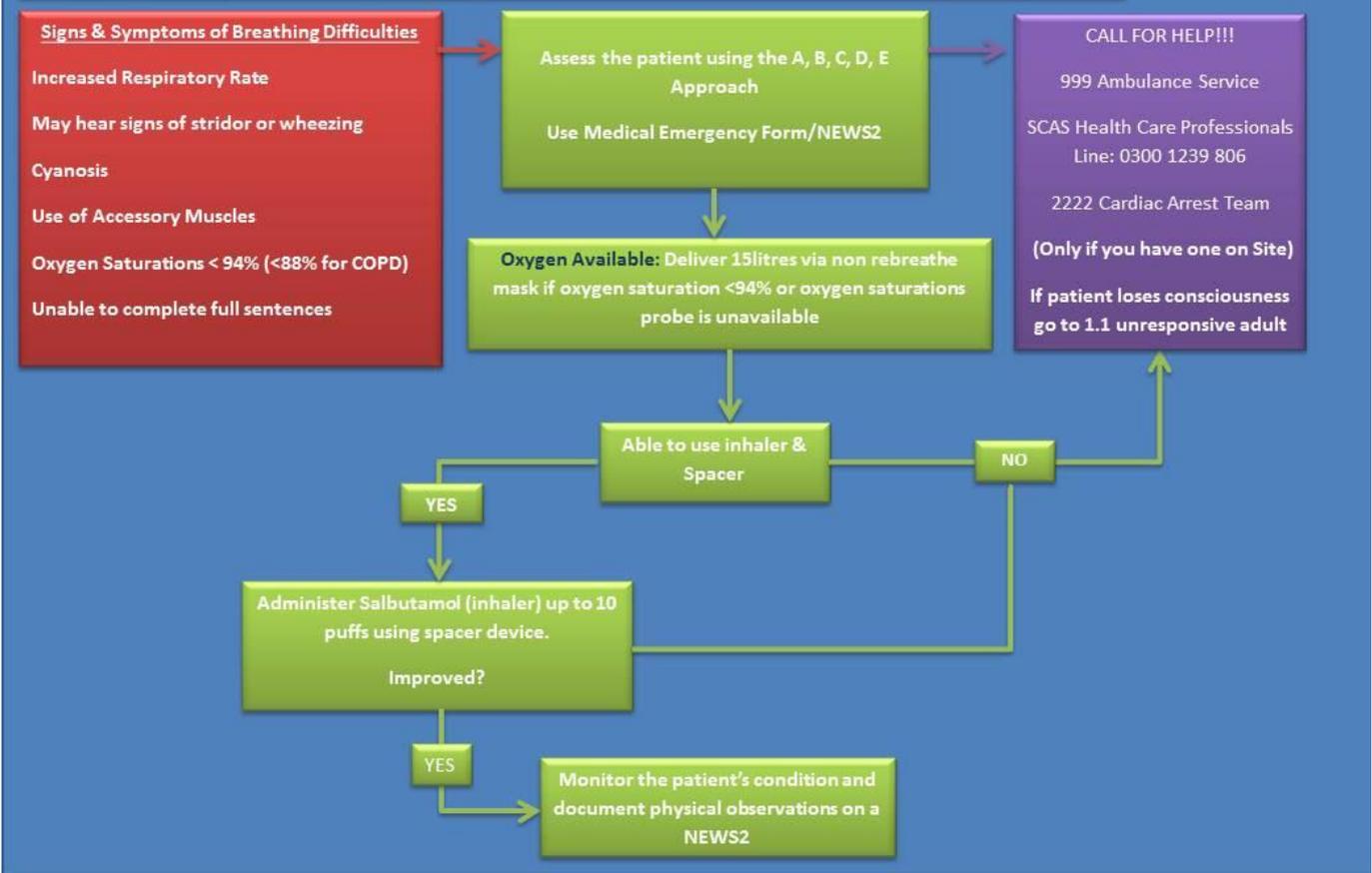
GTN Spray, one/two puffs under the tongue

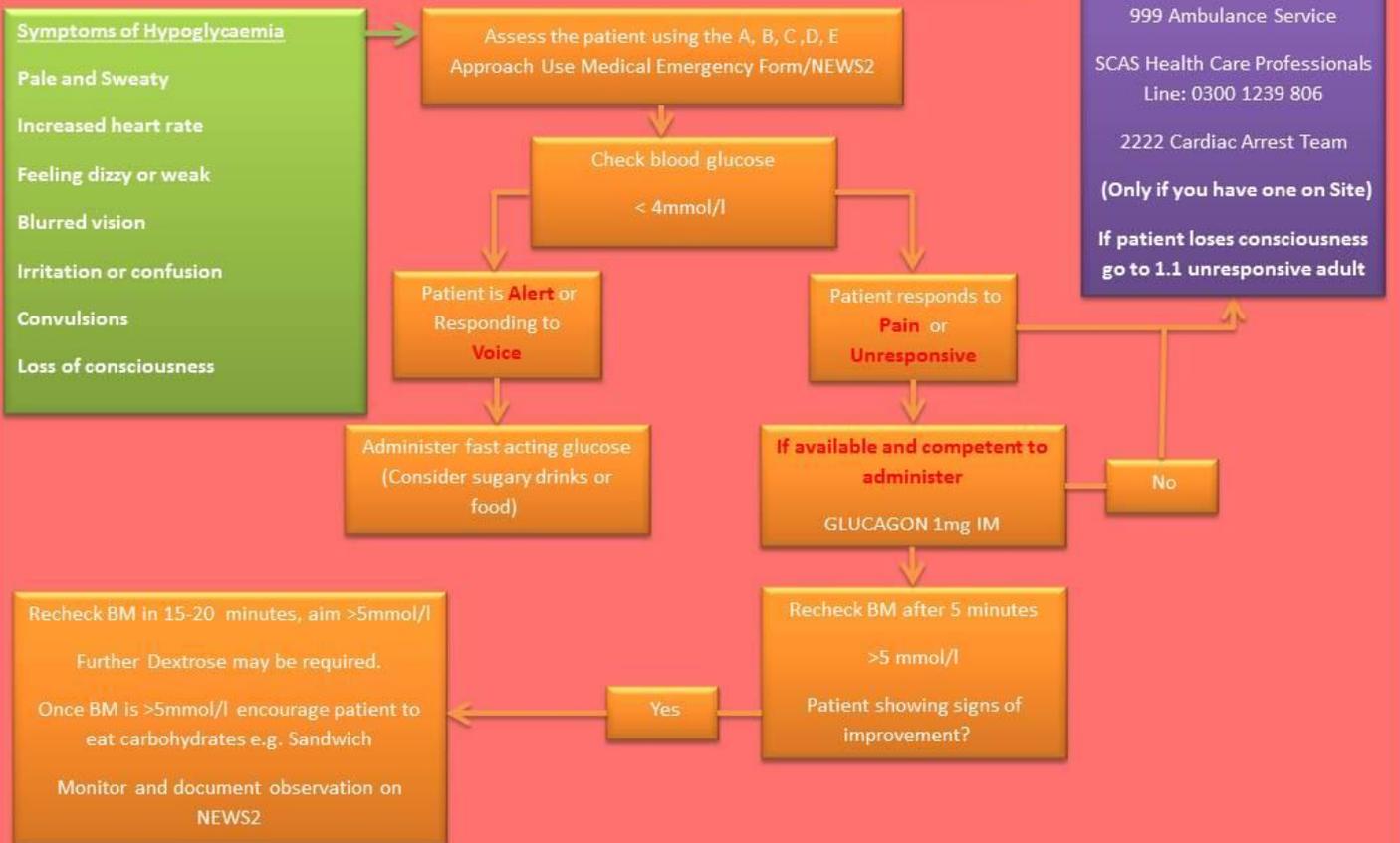
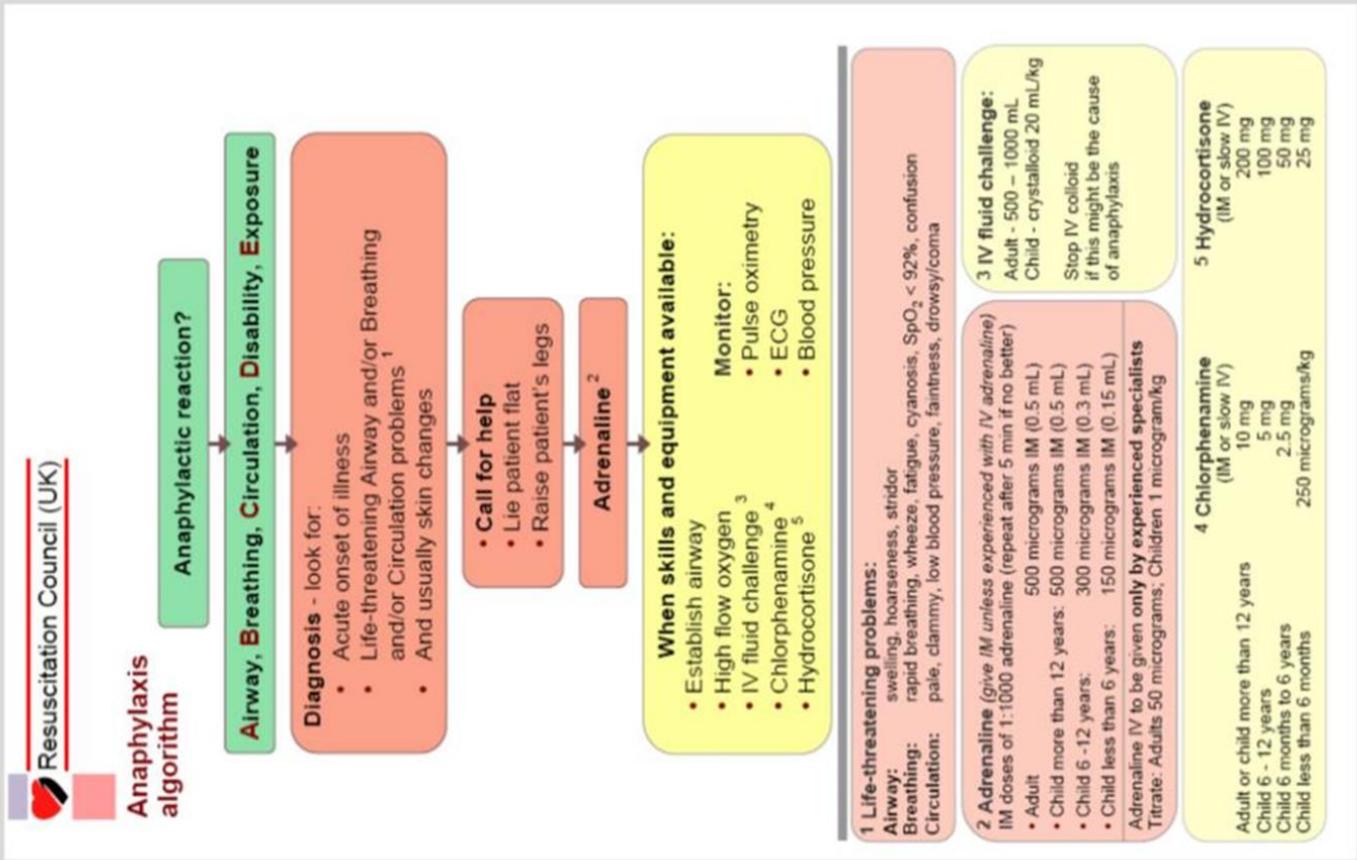
Aspirin 300mg tablet (CHEWED)

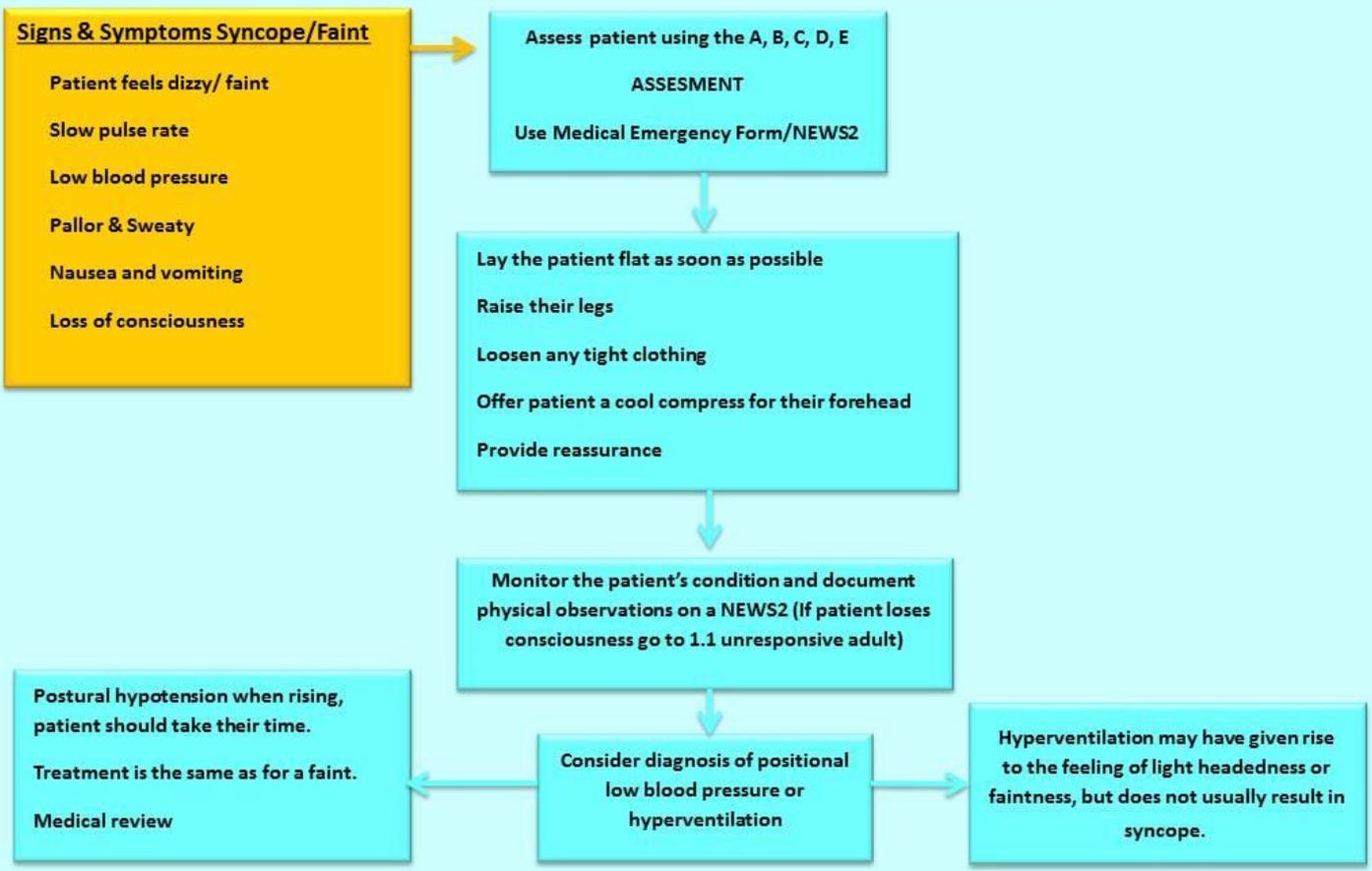
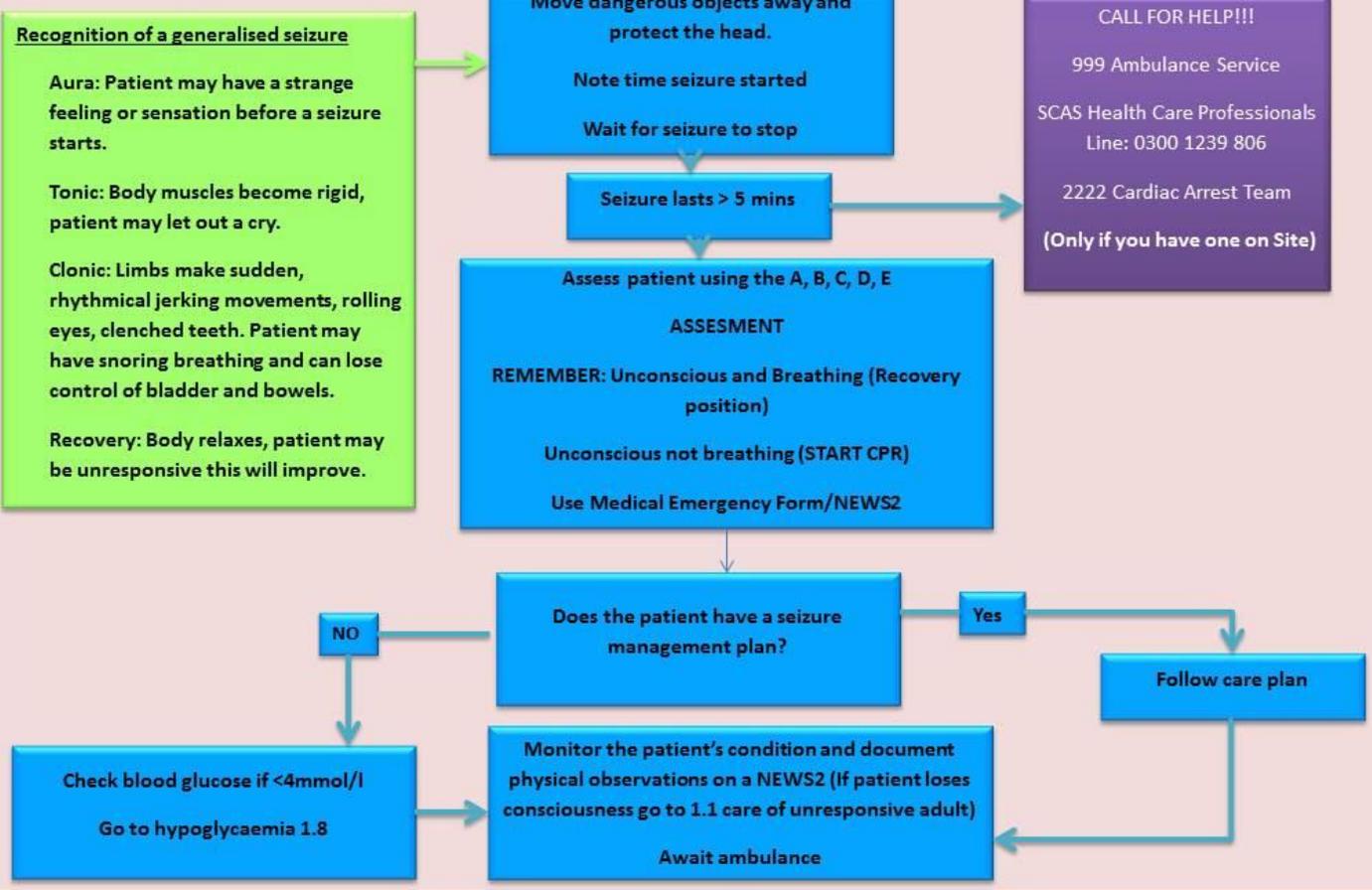
Monitor the patient's condition and document physical observations on a NEWS2 (If patient loses consciousness go to 1.1 unresponsive adult)

Await ambulance

Further dose of GTN may be required







Signs & Symptoms Benzodiazepine Overdose

- Drowsiness
- Loss of Consciousness
- Respiratory Rate <10 min
- Dilated pupils (>5mm diameter)

Assess patient using the A, B, C, D, E
ASSESSMENT
Use Medical Emergency Form/NEWS2

CALL FOR HELP!!!
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2222 Cardiac Arrest Team
(Only if you have one on Site)

Deliver oxygen 15 litres via non-breathe mask if oxygen saturation <94% or no saturation probe available
Consider Airway Management if required

If benzodiazepine overdose is suspected & staff are trained (competent) in IV administration administer 200 mcg of FLUMAZENIL over 15 seconds IV
Is there improvement after 60 seconds?

Remember: Patient can go into respiratory arrest. Consider supporting airway management and ventilation

Yes
Monitor the patient's condition and document physical observations on a NEWS2 (If patient loses consciousness go to 1.1 unresponsive adult)
Await ambulance

NO
Administer further 100mcg of FLUMAZENIL IV if no response after 60 seconds, give further 100mcg.
Repeat every 60 seconds up to a total of 1mg
Monitor physical observations on a NEWS2 Chart & await Ambulance

Signs & Symptoms of Opioid Overdose

- Respiratory rate < 8 Per Minute
- Drowsiness/irritability
- Loss of Consciousness
- Pinpoint Pupils < 3mm Diameter

Assess patient using the A, B, C, D, E
ASSESSMENT
Use Medical Emergency Form/NEWS2
Unconscious and breathing place in the recovery position.

CALL FOR HELP!!!
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SCAS Health Care Professionals
Line: 0300 1239 806
2222 Cardiac Arrest Team
(Only if you have one on Site)

Oxygen Available: Deliver 15litres via non rebreath mask if oxygen saturation <94% or oxygen saturations probe is unavailable

Suspect Opioid Overdose
If you are competent to administer
Naloxone 400mcg IM
Has respiratory rate/conscious level improved?

Remember: Patient can go into respiratory arrest. Consider supporting airway management and ventilation

Yes
Monitor the patient's condition and document physical observations on a NEWS2 (If patient loses consciousness go to 1.1 care of unresponsive adult)
REMEMBER: Duration of Naloxone is 30 to 90 minutes, repeat as needed

No
Continue supporting ventilation
Titrate dose by 0.2 to 0.4 mg increments according to response, maximum 10 mg/total dose.
REMEMBER: Duration of Naloxone is 30 to 90 minutes, repeat as needed.

Signs & Symptoms of Choking

Often occurs when a person is eating or drinking.

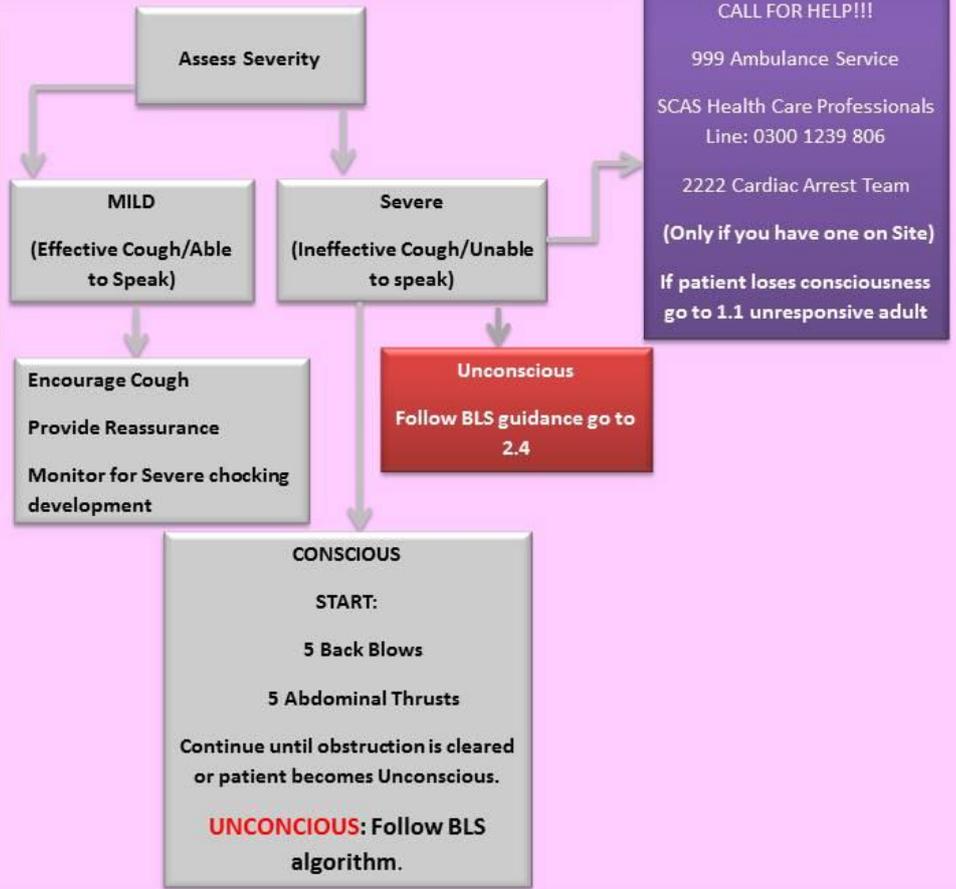
Ask them "Are you Choking?"

Mild: Person will speak to you

Severe: Unable to speak

Struggling or unable to breath

Will look distressed, and if left untreated will lose consciousness.



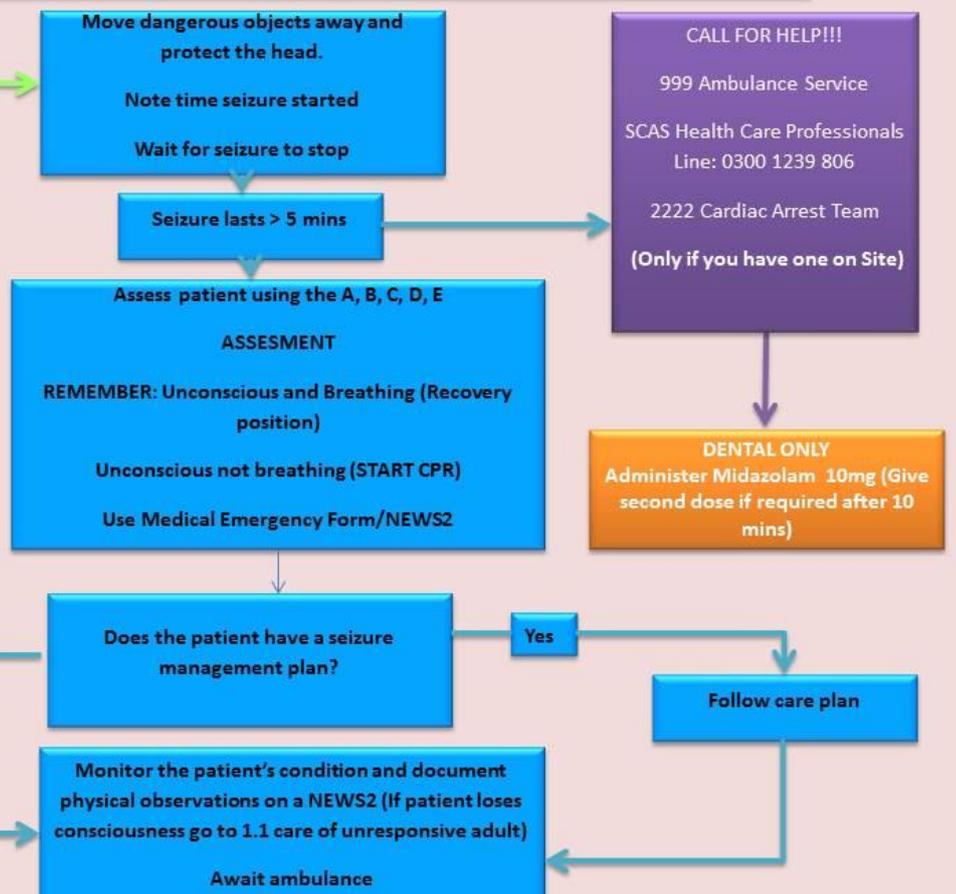
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Recovery: Body relaxes, patient may be unresponsive this will improve.



Children's Services Equipment List, Bags: 1, 2, 3, 5, 6, 7, 88

Item Name	Type	Quantity
AED	Item	N/A
Zoll Adult CPR - D-Padz	Consumable	2 Packs
Zoll Paed Pedi-Padz	Consumable	2 Packs
Ambu Bag-Valve Mask Adult	Consumable	1 Each
Ambu Bag-Valve-Mask Child	Consumable	1 Each
Ambu ECG Dots (Gold Pack)	Consumable	1 Item
Surgical Non-Sterile Razor	Consumable	1 Each
Oxygen Cylinder (CD Size)	Drug	1 Each
Pack of 50 Yellow Numbered Seals	Consumable	1 Pack
Lubricating Gel Sachet	Item	2 Each
Guedel Airway Size 0 Grey	Consumable	1 Each
Guedel Airway Size 1 White	Consumable	1 Each
Guedel Airway Size 1.5 Yellow	Consumable	1 Each
Guedel Airway Size 2 Green	Consumable	1 Each
Guedel Airway Size 3 Orange	Consumable	1 Each
Guedel Airway Size 4 Red	Consumable	1 Each
Tongue Depressor	Consumable	5 Each
Purple Nitrile Exam Gloves	Item	4 Pack
Non - Rebreathe Oxygen Mask Adult	Consumable	1 Each
Non - Rebreathe Oxygen Mask Paediatric	Consumable	1 Each
Adrenaline 150mcg, pre-filled pen, auto-injector (Emerade)	Drug	2 Unit
Adrenaline 300mcg, pre-filled pen, auto-injector (Emerade)	Drug	2 Units
Adrenaline 500mcg, pre-filled pen, auto-injector (Emerade)	Drug	2 Units
Tuff Cut Paramedic Shears	Item	1 Each
Avon Fish 2000 Safety Knife Cutter	Consumable	1 Each
0.5 Litre Sharps Container	Consumable	1 Each
Ambu Blue Sensor ECG Electrode Adult (pk3)	Consumable	1 Pack
Handheld Suction Pump	Consumable	1 Each
Stethoscope	Item	1 Each
Glucose 40%, oral gel	Drug	1 Pack
Blood Glucose Meter Kit	Item	1 Kit
Blood Glucose Lancets Only (spares) pack 10	Consumable	1 Pack
Blood Glucose Test Strips pack 50	Consumable	1 Pack
Glucagon 1mg injection (GlucaGen Hypokit)	Drug	1 Unit
Salbutamol 100micrograms/dose, metered dose aerosol inhaler	Drug	1 Unit
Adult Spacer	Item	1 Unit
Paediatric Spacer	Item	1 Unit
Resus Booklet	Item	1 Unit
Fast time Stopwatch	Item	1 Unit

Corporate Equipment List, AED's: 4, 13, 67, 92, 96

Item Name	Type	Quantity
AED	Item	N/A
Zoll Adult CPR - D-Padz	Consumable	2 Packs
Zoll Paed Pedi-Padz	Consumable	2 Packs
CPR Face Mask	Consumable	1 Each
Surgical Non-Sterile Razor	Consumable	1 Each
Purple Nitrile Exam Gloves	Item	4 Pack
Tuff Cut Paramedic Shears	Item	1 Each
Avon Fish 2000 Safety Knife Cutter	Item	1 Each
Res-Q-Hook Rescue Knife	Item	1 Each

Dental Services Equipment List, Bags: 19, 20, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 48, 50, 51, 52, 53, 55, 56, 57, 58, 59, 60, 68, 69, 95, 97

Item Name	Type	Quantity
AED	Item	N/A
Zoll Adult CPR - D-Padz	Consumable	2 Packs
Zoll Paed Pedi-Padz	Consumable	2 Packs
Ambu Bag-Valve Mask Adult	Consumable	1 Each
Ambu Bag-Valve-Mask Child	Consumable	1 Each
Ambu ECG Dots (Gold Pack)	Consumable	1 Item
Surgical Non-Sterile Razor	Consumable	1 Each
Oxygen Cylinder (CD Size)	Drug	1 Each
Pack of 50 Yellow Numbered Seals	Consumable	1 Pack
Lubricating Gel Sachet	Item	2 Each
Purple Nitrile Exam Gloves	Item	4 Pack
Guedel Airway Size 0 Grey	Consumable	1 Each
Guedel Airway Size 1 White	Consumable	1 Each
Guedel Airway Size 1.5 Yellow	Consumable	1 Each
Guedel Airway Size 2 Green	Consumable	1 Each
Guedel Airway Size 3 Orange	Consumable	1 Each
Guedel Airway Size 4 Red	Consumable	1 Each
Tongue Depressor	Consumable	5 Each
6mm Nasopharyngeal Airway	Consumable	1 Each
7mm Orange Nasopharyngeal Airway	Consumable	1 Each
Magills ET Forceps	Item	1 Each
Non - Rebreath Oxygen Mask Adult	Consumable	1 Each
Non - Rebreath Oxygen Mask Paediatric	Consumable	1 Each
Adrenaline 150mcg, pre-filled pen, auto-injector (Emerade)	Drug	2 Units
Adrenaline 300mcg, pre-filled pen, auto-injector (Emerade)	Drug	2 Units
Adrenaline 500mcg, pre-filled pen, auto-injector (Emerade)	Drug	2 Units
Res-Q-Hook Rescue Knife	Item	1 Each
Tuff Cut Paramedic Shears	Item	1 Each
Avon Fish 2000 Safety Knife Cutter	Consumable	1 Each

0.5 Litre Sharps Container	Consumable	1 Each
Handheld Suction Pump	Consumable	1 Each
Glucose 40%, oral gel	Drug	1 Pack
Blood Glucose Meter Kit	Item	1 Kit
Blood Glucose Lancets Only (spares) pack 10	Consumable	1 Pack
Blood Glucose Test Strips pack 50	Consumable	1 Pack
Glucagon 1mg injection (GlucaGen Hypokit)	Drug	1 Unit
Salbutamol 100micrograms/dose, metered dose aerosol inhaler	Drug	1 Unit
Adult Spacer	Item	1 Unit
Paediatric Spacer	Item	1 Unit
Glyceryl trinitrate 400micrograms/dose sublingual spray	Drug	1 Unit
Aspirin tablets 300mg, 1 box	Drug	1 Box
Midazolam 5mg/1ml oromucosal solution, pre-filled oral syringes	Drug	2 Units
Midazolam 7.5mg/1.5ml oromucosal solution, pre-filled oral syringes	Drug	2 Units
Midazolam 10mg/2ml oromucosal solution, pre-filled oral syringes	Drug	2 Units
Resus Booklet	Item	1 Unit
Fast time Stopwatch	Item	1 Unit

Health Centre Equipment List, Bags: 21, 22, 62, 63, 66, 79, 82, 86, 94

Item Name	Type	Quantity
AED	Item	N/A
Zoll Adult CPR - D-Padz	Consumable	2 Pack
Zoll Paed Pedi-Padz	Consumable	2 Pack
Ambu Bag-Valve Mask Adult	Consumable	1 Each
Ambu Bag-Valve-Mask Child	Consumable	1 Each
Ambu ECG Dots (Gold Pack)	Consumable	1 Item
Surgical Non-Sterile Razor	Consumable	1 Each
Oxygen Cylinder (CD Size)	Drug	1 Each
Pack of 50 Yellow Numbered Seals	Consumable	1 Pack
Lubricating Gel Sachet	Item	2 Each
Purple Nitrile Exam Gloves	Item	4 Pack
Guedel Airway Size 0 Grey	Consumable	1 Each
Guedel Airway Size 1 White	Consumable	1 Each
Guedel Airway Size 1.5 Yellow	Consumable	1 Each
Guedel Airway Size 2 Green	Consumable	1 Each
Guedel Airway Size 3 Orange	Consumable	1 Each
Guedel Airway Size 4 Red	Consumable	1 Each
Tongue Depressor	Consumable	5 Each
6mm Nasopharyngeal Airway	Consumable	1 Each
7mm Orange Nasopharyngeal Airway	Consumable	1 Each
iGel O2 Resus pack	Consumable	1 Each
Magills ET Forceps	Item	1 Each
Non - Rebreathe Oxygen Mask Adult	Consumable	1 Each
Non - Rebreathe Oxygen Mask Paediatric	Consumable	1 Each
Adrenaline 150mcg, pre-filled pen, auto-injector	Drug	2 Unit

(Emerade)		
Adrenaline 300mcg, pre-filled pen, auto-injector (Emerade)	Drug	2 Units
Adrenaline 500mcg, pre-filled pen, auto-injector (Emerade)	Drug	2 Units
Adrenaline 1mg/10ml (1 in 10,000) solution for intravenous injection, pre-filled syringe 10ml	Drug	2 Each
Res-Q-Hook Rescue Knife	Item	1 Each
Tuff Cut Paramedic Shears	Item	1 Each
Avon Fish 2000 Safety Knife Cutter	Consumable	1 Each
IV Giving Set	Consumable	1 Set
Veca-C-Cannula Dressing	Consumable	3 Each
Green BD Cannula Pro Safety	Consumable	2 Each
Grey BD Cannula Pro Safety	Consumable	2 Each
2% Chlorhexidine skin Cleansing preparation cloth	Consumable	2 Each
BD Plastipak 2ml	Consumable	3 Each
BD Plastipak 10ml	Consumable	3 Each
Blue BD Eclipse Hypodermic Needle	Consumable	4 Each
Green BD Eclipse Hypodermic Needle	Consumable	4 Each
Filter Needles BD 18g	Consumable	4 Each
Single Use Tourniquets	Consumable	1 Each
0.5 Litre Sharps Container	Consumable	1 Each
Handheld Suction Pump	Consumable	1 Each
Stethoscope	Item	1 Each
Glucose 40%, oral gel	Drug	1 Pack
Blood Glucose Meter Kit	Item	1 Kit
Blood Glucose Lancets Only (spares) pack 10	Consumable	1 Pack
Blood Glucose Test Strips pack 50	Consumable	1 Pack
Glucagon 1mg injection (GlucaGen Hypokit)	Drug	1 Unit
Salbutamol 100micrograms/dose, metered dose aerosol inhaler	Drug	1 Unit
Adult Spacer	Item	1 Unit
Paediatric Spacer	Item	1 Unit
Sodium chloride 0.9% injection, pre-filled syringe 10ml	Drug	3 Each
Sodium chloride 0.9% infusion, 1 litre	Drug	1 Each
Glyceryl trinitrate 400micrograms/dose sublingual spray	Drug	1 Unit
Aspirin tablets 300mg, 1 box	Drug	1 Box
Naloxone 2mg/2ml injection, pre-filled syringe	Drug	2 Units
Flumazenil 100micrograms/ml, 5ml solution for injection, 5 ampoule pack	Drug	1 Box
Resus Booklet	Item	1 Unit
Fast time Stopwatch	Item	1 Unit

Inpatient Ward Equipment List, Bags: 15, 16, 29

Item Name	Type	Quantity
AED	Item	N/A
Zoll Adult CPR - D-Padz	Consumable	2 Packs
Tuf Cut Paramedic Shears	Item	1 Each
Ambu Bag-Valve Mask Adult	Consumable	1 Each
Ambu ECG Dots (Gold Pack)	Consumable	1 Item
Surgical Non-Sterile Razor	Consumable	1 Each
Oxygen Cylinder (CD Size)	Drug	1 Each
Pack of 50 Yellow Numbered Seals	Consumable	1 Pack
Lubricating Gel Sachet	Item	2 Each
Purple Nitrile Exam Gloves	Item	4 Packs
Guedel Airway Size 2 Green	Consumable	1 Each
Guedel Airway Size 3 Orange	Consumable	1 Each
Guedel Airway Size 4 Red	Consumable	1 Each
6mm Nasopharyngeal Airway	Consumable	1 Each
7mm Orange Nasopharyngeal Airway	Consumable	1 Each
iGel Size 4	Consumable	1 Each
Magills ET Forceps	Item	1 Each
Non - Rebreathe Oxygen Mask Adult	Consumable	1 Each
Adrenaline 500mcg, pre-filled pen, auto-injector (Emerade)	Drug	2 Units
Adrenaline 1mg/10ml (1 in 10,000) solution for intravenous injection, pre-filled syringe 10ml	Drug	2 Each
Res-Q-Hook Rescue Knife	Item	1 Each
Avon Fish 2000 Safety Knife Cutter	Consumable	1 Each
IV Giving Set	Consumable	1 Set
Veca-C-Cannula Dressing	Consumable	3 Each
Green BD Cannula Pro Safety	Consumable	2 Each
Grey BD Cannula Pro Safety	Consumable	2 Each
2% Chlorhexidine skin Cleansing preparation cloth	Consumable	2 Each
Single Use Tourniquets	Consumable	1 Each
0.5 Litre Sharps Container	Consumable	1 Each
Handheld Suction Pump	Consumable	1 Each
Stethoscope	Item	1 Each
Glucose 40%, oral gel	Drug	1 Pack
Blood Glucose Meter Kit	Item	1 Kit
Blood Glucose Lancets Only (spares) pack 10	Consumable	1 Pack
Blood Glucose Test Strips pack 50	Consumable	1 Pack
Glucagon 1mg injection (GlucaGen Hypokit)	Drug	1 Unit
Salbutamol 100micrograms/dose, metered dose aerosol inhaler	Drug	1 Unit
Adult Spacer	Item	1 Unit
Paediatric Spacer	Item	1 Unit
Sodium chloride 0.9% injection, pre-filled syringe 10ml	Drug	3 Each
Sodium chloride 0.9% infusion, 1 litre bag	Drug	1 Each
Glyceryl trinitrate 400micrograms/dose sublingual spray	Drug	1 Unit
Aspirin tablets 300mg, 1 box	Drug	1 Box

Naloxone 2mg/2ml injection, pre-filled syringe	Drug	2 Units
Resus Booklet	Item	1 Unit
Fast time Stopwatch	Item	1 Unit

Solent Inpatient Ward Trolley 18, 24, 25, 26, 27, 64, 65, 78, 85

Drawer 1/Shelf: AED

Item Name	Type	Quantity
AED	Item	N/A
Zoll Adult CPR - D-Padz	Consumable	2 Packs
Tuf Cut Paramedic Shears	Item	1 Each
Ambu ECG Dots (Gold Pack)	Consumable	1 Item
Surgical Non-Sterile Razor	Consumable	1 Each

Drawer 2: Airway/Breathing

Item Name	Type	Quantity
Guedel Airway Size 2 Green	Consumable	1 Each
Guedel Airway Size 3 Orange	Consumable	1 Each
Guedel Airway Size 4 Red	Consumable	1 Each
Lubricating Gel Sachet	Item	2 Each
6mm Nasopharyngeal Airway	Consumable	1 Each
7mm Orange Nasopharyngeal Airway	Consumable	1 Each
iGel Size 4	Consumable	1 Each
Non - Rebreath Oxygen Mask Adult	Consumable	1 Each
Ambu Bag-Valve Mask Adult	Consumable	1 Each
Handheld Suction Pump	Consumable	1 Each
Magills ET Forceps	Item	1 Each
Stethoscope	Item	1 Each

Drawer 3: Circulation

Item Name	Type	Quantity
Single Use Tourniquets	Consumable	1 Each
Veca-C-Cannula Dressing	Consumable	3 Each
Green BD Cannula Pro Safety	Consumable	2 Each
Grey BD Cannula Pro Safety	Consumable	2 Each
2% Chlorhexidine skin Cleansing preparation cloth	Consumable	2 Each
IV Giving Set	Consumable	1 Set

Drawer 4: Medications

Item Name	Type	Quantity
Emerades 500mcg	Drug	2 Units
Adrenaline Prefilled 1:10,000	Drug	2 Each
Glucose 40%, oral gel	Drug	1 Pack
Glucagon 1mg injection (Glucagen Hypokit)	Drug	1 Unit
Salbutamol 100micrograms/dose, metered dose aerosol inhaler	Drug	1 Unit
Adult Spacer	Item	1 Unit
Paediatric Spacer	Item	1 Unit
Sodium chloride 0.9% injection, pre-filled syringe 10ml	Drug	3 Each
Sodium chloride 0.9% infusion, 1 litre bag	Drug	1 Each
Glyceryl trinitrate 400micrograms/dose sublingual spray	Drug	1 Unit
Aspirin tablets 300mg, 1 box	Drug	1 Box
Naloxone 2mg/2ml injection, pre-filled syringe	Drug	2 Units

Side of Trolley

Order Code	Item Name	Type	Quantity
N/A	Oxygen Cylinder (CD Size)	Drug	1 Each

Drawer 5: Miscellaneous

Item Name	Type	Quantity
Pack of 50 Yellow Numbered Seals	Consumable	1 Pack
Purple Nitrile Exam Gloves	Item	4 Pack
Purple Nitrile Exam Gloves	Item	50 Pack
Res-Q-Hook Rescue Knife	Item	1 Each
Avon Fish 2000 Safety Knife Cutter	Consumable	1 Each
Blood Glucose Meter Kit	Item	1 Kit
Blood Glucose Lancets Only (spares) pack 10	Consumable	1 Pack
Blood Glucose Test Strips pack 50	Consumable	1 Pack
Resus Booklet	Item	1 Unit
Fastime Stopwatch	Item	1 Unit

Primary Care Equipment List, Bags: 17, 23, 28, 30, 76, 77, 80, 81, 83, 84, 90

Item Name	Type	Quantity
AED	Item	N/A
Zoll Adult CPR - D-Padz	Consumable	2 Packs
Zoll Paed Pedi-Padz	Consumable	2 Packs
Ambu Bag-Valve Mask Adult	Consumable	1 Each
Ambu Bag-Valve-Mask Child	Consumable	1 Each
Ambu ECG Dots (Gold Pack)	Consumable	1 Item
Surgical Non-Sterile Razor	Consumable	1 Each
Oxygen Cylinder (CD Size)	Drug	1 Each
Pack of 50 Yellow Numbered Seals	Consumable	1 Pack
Lubricating Gel Sachet	Item	2 Each
Purple Nitrile Exam Gloves	Item	4 Packs
Guedel Airway Size 0 Grey	Consumable	1 Each
Guedel Airway Size 1 White	Consumable	1 Each
Guedel Airway Size 1.5 Yellow	Consumable	1 Each
Guedel Airway Size 2 Green	Consumable	1 Each
Guedel Airway Size 3 Orange	Consumable	1 Each
Guedel Airway Size 4 Red	Consumable	1 Each
Tongue Depressor	Consumable	5 Each
6mm Nasopharyngeal Airway	Consumable	1 Each
7mm Orange Nasopharyngeal Airway	Consumable	1 Each
Magills ET Forceps	Item	1 Each
Non - Rebreathe Oxygen Mask Adult	Consumable	1 Each
Non - Rebreathe Oxygen Mask Paediatric	Consumable	1 Each
Adrenaline 150mcg, pre-filled pen, auto-injector (Emerade)	Drug	2 Unit
Adrenaline 300mcg, pre-filled pen, auto-injector (Emerade)	Drug	2 Units
Adrenaline 500mcg, pre-filled pen, auto-injector (Emerade)	Drug	2 Units
Tuff Cut Paramedic Shears	Item	1 Each
0.5 Litre Sharps Container	Consumable	1 Each
Glucose 40%, oral gel	Drug	1 Pack
Blood Glucose Meter Kit	Item	1 Kit
Blood Glucose Lancets Only (spares) pack 10	Consumable	1 Pack
Blood Glucose Test Strips pack 50	Consumable	1 Pack
Glucagon 1mg injection (GlucaGen Hypokit)	Drug	1 Unit
Salbutamol 100micrograms/dose, metered dose aerosol inhaler	Drug	1 Unit
Adult Spacer	Item	1 Unit
Paediatric Spacer	Item	1 Unit
Glyceryl trinitrate 400micrograms/dose sublingual spray	Drug	1 Unit
Aspirin tablets 300mg, 1 box	Drug	1 Box
Resus Booklet	Item	1 Unit
Fastime Stopwatch	Item	1 Unit

Sexual Health Equipment List for Hubs and Spoke Coils, Bags: 14, 31, 40, 61, 70, 71, 72, 73, 74, 89, 93

Item Name	Type	Quantity
Zoll Adult CPR - D-Padz	Consumable	2 Packs
Tuff Cut Paramedic Shears	Item	1 Each
Ambu Bag-Valve Mask Adult	Consumable	1 Each
Ambu ECG Dots (Gold Pack)	Consumable	1 Item
Surgical Non-Sterile Razor	Consumable	1 Each
Oxygen Cylinder (CD Size)	Drug	1 Each
Pack of 50 Yellow Numbered Seals	Consumable	1 Pack
Lubricating Gel Sachet	Item	2 Each
Purple Nitrile Exam Gloves	Item	4 Packs
Guedel Airway Size 2 Green	Consumable	1 Each
Guedel Airway Size 3 Orange	Consumable	1 Each
Guedel Airway Size 4 Red	Consumable	1 Each
6mm Nasopharyngeal Airway	Consumable	1 Each
7mm Orange Nasopharyngeal Airway	Consumable	1 Each
Magills ET Forceps	Item	1 Each
Non - Rebreathe Oxygen Mask Adult	Consumable	1 Each
Adrenaline 500mcg, pre-filled pen, auto-injector (Emerade)	Drug	2 Units
Adrenaline 300mcg, pre-filled pen, auto-injector (Emerade)	Drug	2 Units
IV Giving Set	Consumable	1 Set
Veca-C-Cannula Dressing	Consumable	3 Each
Green BD Cannula Pro Safety	Consumable	2 Each
Grey BD Cannula Pro Safety	Consumable	2 Each
2% Chlorhexidine skin Cleansing preparation cloth	Consumable	2 Each
BD Plastipak 2ml	Consumable	3 Each
BD Plastipak 10ml	Consumable	3 Each
Blue BD Eclipse Hypodermic Needle	Consumable	4 Each
Green BD Eclipse Hypodermic Needle	Consumable	4 Each
Filter Needles BD 18g	Consumable	4 Each
Single Use Tourniquets	Consumable	1 Each
Glucose 40%, oral gel	Drug	1 Pack
Blood Glucose Meter Kit	Item	1 Kit
Blood Glucose Lancets Only (spares) pack 10	Consumable	1 Pack
Blood Glucose Test Strips pack 50	Consumable	1 Pack
Glucagon 1mg injection (GlucaGen Hypokit)	Drug	1 Unit
Normal Saline 0.9% Prefilled Syringe 10ml	Drug	3 Each
Sodium chloride 0.9% infusion, 1 litre bag	Drug	1 Each
Atropine 500mcg injection, pre-filled syringe or equivalent ampoules	Drug	2 Units
Resus Booklet	Item	1 Unit
Fast time Stopwatch	Item	1 Unit

Sexual Health Equipment List for Spokes no Coils, Bags: 54, 75, 87

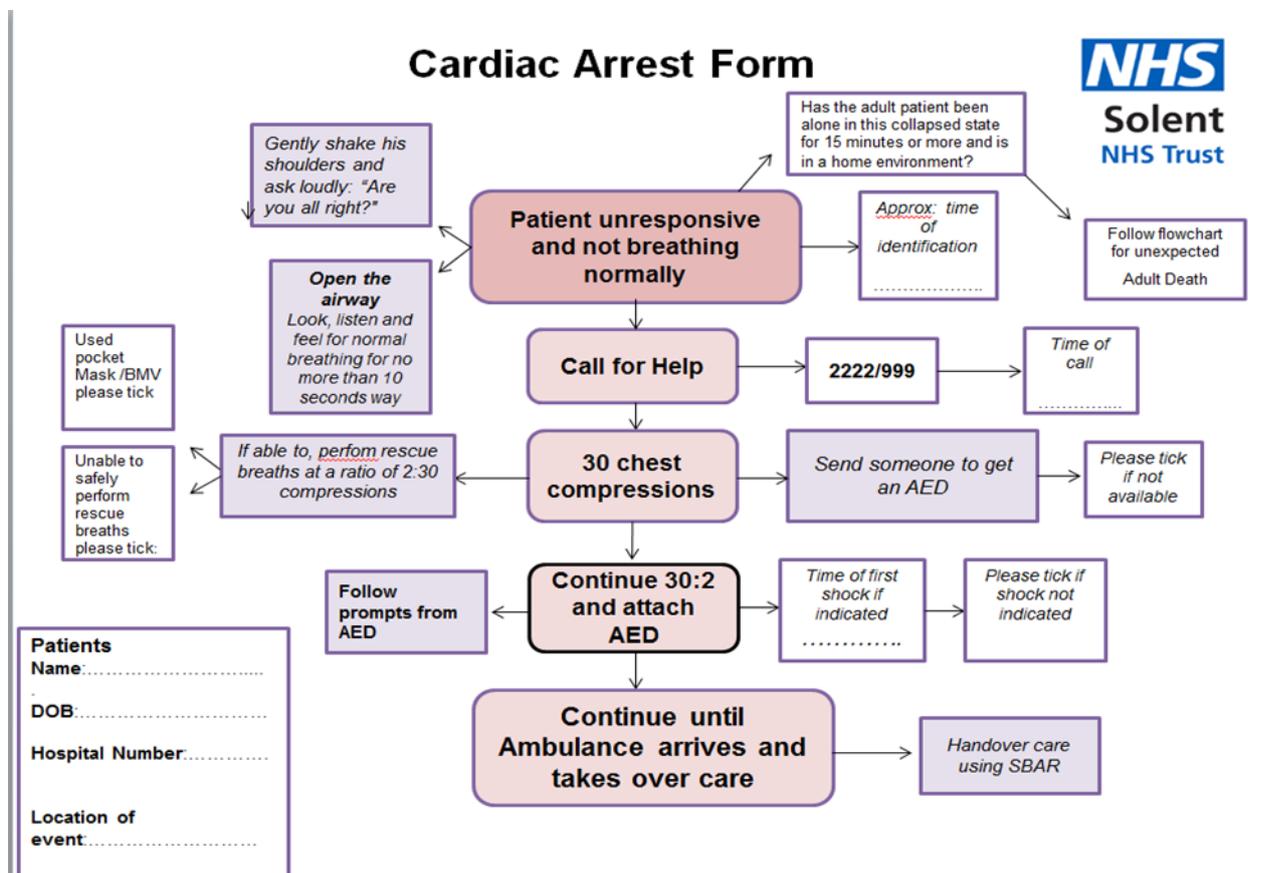
Item Name	Type	Quantity
AED	Item	N/A
Zoll Adult CPR - D-Padz	Consumable	2 Packs
Tuff Cut Paramedic Shears	Item	1 Each
Ambu Bag-Valve Mask Adult	Consumable	1 Each
Ambu ECG Dots (Gold Pack)	Consumable	1 Item
Surgical Non-Sterile Razor	Consumable	1 Each
Oxygen Cylinder (CD Size)	Drug	1 Each
Pack of 50 Yellow Numbered Seals	Consumable	1 Pack
Lubricating Gel Sachet	Item	2 Each
Purple Nitrile Exam Gloves	Item	4 Packs
Guedel Airway Size 2 Green	Consumable	1 Each
Guedel Airway Size 3 Orange	Consumable	1 Each
Guedel Airway Size 4 Red	Consumable	1 Each
6mm Nasopharyngeal Airway	Consumable	1 Each
7mm Orange Nasopharyngeal Airway	Consumable	1 Each
Magills ET Forceps	Item	1 Each
Non - Rebreathe Oxygen Mask Adult	Consumable	1 Each
Adrenaline 500mcg, pre-filled pen, auto-injector (Emerade)	Drug	2 Units
Glucose 40%, oral gel	Drug	1 Pack
Blood Glucose Meter Kit	Item	1 Kit
Blood Glucose Lancets Only (spares) pack 10	Consumable	1 Pack
Blood Glucose Test Strips pack 50	Consumable	1 Pack
Glucagon 1mg injection (GlucaGen Hypokit)	Drug	1 Unit
Resus Booklet	Item	1 Unit
Fast time Stopwatch	Item	1 Unit

Patients
 Name:.....
 DOB:.....
 Hospital Number:.....
 Location of event:.....

Medical Emergency / Deterioration Form



A Airway	Look listen and feel for : <ul style="list-style-type: none"> Can the patient talk Yes/ No Is there snoring Yes/No Signs of obstruction (e.g. foreign body, vomit, blood, oedema) Yes/No 	Do you need to: <ul style="list-style-type: none"> Head tilt chin lift performed Yes/No Can you remove the obstruction safely? Yes/No <u>Naso/oropharyngeal</u> airway inserted Yes/No 	Do I need to call an ambulance or GP?
B Breathing	Look listen and feel for: <ul style="list-style-type: none"> Cyanosis present Yes/No Use of accessory muscles Yes/No Respiratory rate 	Do you need to: <ul style="list-style-type: none"> Give ventilations Yes/No Reposition patient Yes/No Check oxygen saturation Yes/No/not available Give oxygen at 15 litres with a non breath mask Yes/No /Not available 	
C Circulation	Look listen and feel for: <ul style="list-style-type: none"> Cool/warm/dry/sweaty skin Yes/No Pale, red or mottled skin Yes/No Central Capillary refill >2seconds Yes/No Radial pulse present Yes/No 	Do you need to: <ul style="list-style-type: none"> Get an AED Yes/No Complete a NEWS2 observation chart Yes/No /Not available Ask about urine output Yes/No Complete a sepsis screening tool Yes/No 	
D Disability	Look listen and feel for: <ul style="list-style-type: none"> Pupils have changed Yes/No Change in consciousness (AVPCU) Yes/No Pain Present Yes/No Neck Stiffness Yes/No 	Do you need to: <ul style="list-style-type: none"> Place the patient in the recovery position Yes/No Go back to A (airway) Yes/No Check blood glucose Yes/No/Not available 	
E Exposure	Look, Listen and feel: Can you see signs of trauma/ infection Yes/No Can you see any excess stoma/catheter output Yes/No	Do you need to: Take a temperature Yes/No Complete a sepsis screening tool Yes/No	



Appendix I Troubleshooting Guide for Zoll AED

Technical Problem	Recommended Action
Self test failed.	Initiate manual self test by pressing and holding the ON/OFF Button for more than 5 seconds. Attempt to repair the device by replacing the batteries or electrodes. If unit fails test again, remove unit from service and contact ZOLL Technical Service.
<i>CHANGE BATTERIES</i> prompt.	Replace all batteries with new batteries at the same time. Press the Battery Reset Button when prompted.
Red "X" in status indicator window.	Initiate manual self test by pressing and holding the ON/OFF Button for more than 5 seconds. Check to see if cable is attached properly to unit or replace the electrodes. Cycle power on the ZOLL AED Plus unit by turning the unit off, then on again. Replace all batteries at the same time with new batteries. Press the Battery Reset Button when prompted. If unit still does not operate correctly, remove unit from service and contact ZOLL Technical Service.
Beeping noise when unit is off.	Remove unit from service and replace batteries. Replace all batteries at the same time with new batteries. Press the Battery Reset Button when prompted. If beeping continues, contact ZOLL Technical Service.
<i>PLUG IN CABLE</i> prompt.	Check cable connection between electrodes and ZOLL AED Plus unit.
<i>ANALYSIS HALTED. KEEP PATIENT STILL</i> prompt.	Excessive artifact detected during ECG analysis. Patient must be motionless during ECG analysis. Do not touch the patient during analysis. Keep the patient still. If the rescuer is using the device in an emergency vehicle, bring the vehicle to a halt before performing ECG analysis.
<i>RELEASE SHOCK BUTTON</i> prompt.	Release Shock Button, then press and hold Shock Button until discharge occurs. If voice prompt continues, contact ZOLL Technical Service.

<https://www.resus.org.uk/publications/guidance-for-safer-handling-during-cpr-in-healthcare-settings/>



Guidance for safer handling during cardiopulmonary resuscitation in healthcare settings

Working Group of the Resuscitation Council (UK)

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S**Situation:**

I am (name), a nurse on ward (X)
 I am calling about (child X)
 I am calling because I am concerned that...
 (e.g. BP is low/high, pulse is XXX temperature is XX,
 Early Warning Score is XX)

B**Background:**

Child (X) was admitted on (XX date) with
 (e.g. respiratory infection)
 They have had (X operation/procedure/investigation)
 Child (X)'s condition has changed in the last (XX mins)
 Their last set of obs were (XXX)
 The child's normal condition is...
 (e.g. alert/drowsy/confused, pain free)

A**Assessment:**

I think the problem is (XXX)
 and I have...
 (e.g. given O₂/analgesia, stopped the infusion)
 OR
 I am not sure what the problem is but child (X)
 is deteriorating
 OR
 I don't know what's wrong but I am really worried

R**Recommendation:**

I need you to...
 Come to see the child in the next (XX mins)
 AND
 Is there anything I need to do in the meantime?
 (e.g. stop the fluid/repeat the obs)

Ask receiver to repeat key information to ensure understanding

The SBAR tool originated from the US Navy and was adapted for use in healthcare by
 Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA

Appendix L: Guidance on using the Hampshire health professionals' line for the South Central Ambulance Service.

● September 2019



Health Care Professional (HCP) requests for Emergency Ambulances

South Central Ambulance Service NHS Foundation Trust (SCAS) recognises the importance of rapid treatment and transport of patients to hospital. At times of high demand there may be very few ambulances available, and it is therefore vital that the correct transport request is made.

The following guidance has been created to give clinicians an understanding of the response categories for Health Care Professional (HCP) requests.

Who is an 'HCP'?

An HCP is a registered professional, such as a doctor, a midwife, a nurse, a paramedic, a physiotherapist or a pharmacist. Ideally it will always be the HCP that contacts the ambulance control room for Level 1 and 2 transport requests, so that the most accurate clinical information can be shared with our control room staff and frontline ambulance crews.

Level 1 HCP response

This is the ambulance service's highest level of response, and is **reserved only for immediate life threatening cases** such as a cardiac arrest in the surgery, anaphylaxis, and immediate airway problems that require immediate intervention. This category will also include obstetric emergencies where there is a threat to the life of the mother or baby.

The standard response time is within **7 minutes** from the time of your request and this will take precedence over all other levels of response.

You must only use this category for patients with an **immediate threat to life**.

Level 2 HCP response

This is the ambulance service's 2nd highest level of **emergency** response and will include patients with a NEWS2 score ≥ 7 , heart attack, stroke and surgical emergencies.

The standard response time is within **18 minutes** from the time of the call.

Level 3 HCP response

A significant number of HCP admissions will lie in the level 3 response category. This will include patients who require **urgent** assessment in hospital, but who do not require an emergency response.

The standard response time are; within **1 hour**, or **2 hours** based on clinical need.

Level 4 HCP response

Many patients will lie in the level 4 HCP group. This will include patients who are being admitted under specialities at hospital, but do not require an urgent or higher response.

The standard response time is within **4 hours**.



Does your patient need an ambulance?

Call the Hampshire healthcare professional line for inter-hospital transfers and emergency or urgent transport to hospital.



0300 123 9806

(The healthcare professional line is not for use by members of the public).

LEVELS

1

Immediately life-threatening

Cardiac arrest, anaphylaxis, life threatening asthma, obstetric emergency, airway compromise and cardiovascular collapse



2

Emergency admissions or transfers

Sepsis with NEWS2 score ≥ 7 , M.I., CVA, acute abdomen, acute ischaemic limb, acute pancreatitis, major gastrointestinal haemorrhage and overdose requiring immediate treatment.



3

Urgent admissions

Urgent admission to hospital. Examples may be patients who require urgent investigations to inform ongoing care



4

Non-emergency admissions

Admission to hospital by ambulance for ongoing care but do not need to be managed as an emergency



Please note: You will be asked clinical questions about the patient's condition. In a life-threatening situation or an emergency request, the attending clinician must make the call to ensure accurate information is provided. Where delegation is unavoidable, the caller must be able to answer basic triage questions about the patient's condition.

<u>Step 1 – Scoping; identify the policies aims</u>	Answer		
1. What are the main aims and objectives of the document?	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 nationally agreed guidance.		
2. Who will be affected by it?	All individuals and staff accessing services as detailed above and staff working within the Trust.		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	This will replace the previous Deteriorating patient and Resuscitation Policy and will improve the process for implementing all national guidance. The outcomes that will be achieved, will be that the core standards for resuscitation and managing deterioration will be achieved and that these will be monitored through audit, complaints and other feedback, incident reporting and incident debriefs to facilitate improvements if required.		
4. What information do you already have on the equality impact of this document?	Cardiopulmonary resuscitation and managing deterioration guidance is compiled by international working groups through which national and local guidelines are then generated. 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 guidance on the subject. This guidance gives direction and guidance on the decision making process, including for those that do not have capacity to make a decision or be involved in such discussions.		
5. Are there demographic changes or trends locally to be considered?	None		
6. What other information do you need?	None		
<u>Step 2 - Assessing the Impact; consider the data and research</u>	Yes	No	Answer
1. Could the document unlawfully discriminate against any group?		x	This document complies with national guidance around

			resuscitation and decisions relating to resuscitation and managing clinical deterioration.
2. Can any group benefit or be excluded?		x	This document is aimed at all patients, carers, staff and visitors
3. Can any group be denied fair & equal access to or treatment as a result of this document?		x	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).
4. Can this actively promote good relations with and between different groups?		x	Being open around decision making can promote good relations between Solent NHS Trust staff and patients and their families/ carers.
5. Have you carried out any consultation internally/externally with relevant individual groups?		x	Solent NHS Trust Deterioration and resuscitation group NHS Resolutions Chief Pharmacist for Solent NHS Trust Solent NHS Trust Policy Steering Group Clinical and Operational Directors Service Managers Service Matrons Compliance Lead Learning & Development Quality and Risk Team Norfolk Community Health and Care NHS Trust South Coast Ambulance Service
6. Have you used a variety of different methods of consultation/involvement		x	Face to face Skype Email

			Telephone
<u>Mental Capacity Act implications</u>			
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)		x	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.
<u>External considerations</u>			
8. What external factors have been considered in the development of this policy?		x	NHS requirements from National Quality Board
9. Are there any external implications in relation to this policy?		x	Requirement to publish findings in Quality Account.
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?		x	None

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