



Resuscitation Policy

This procedural document supersedes: PAT/EC 1 v9 - Resuscitation Policy



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Author/reviewer: (this version)	Nicola Vickers – Clinical Education Manager
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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 10	March 2023	<ul style="list-style-type: none"> • Changes to some job titles • Updated to the May 2021 Resuscitation Council UK (RCUK) Guidelines / References • National Early Warning Score guidance • Addition of reference to Locality ReSPECT Policy • Updated Monitoring & Compliance 	Nicola Vickers Michelle Thomas
Version 9	10 November 2017	<ul style="list-style-type: none"> • References updated • Appendix 1 Terms of reference for Patient Safety Review Group (PSRG) added • Monitoring compliance updated • Equipment Grab Bags information added • Appendix 2 Resuscitation Teams updated • Appendix 3 Equality Impact Assessment added 	Nicola Vickers Jonathan Allen
Version 8	March 2014	<ul style="list-style-type: none"> • References updated • Terms of reference updated • Test bleep procedure added • Procedure for calling for an ambulance in an emergency at MMH/Retford hospital OR outside of the main hospital complex • Monitoring compliance updated • Appendix 3 PAWS charts included • Appendix 4 Resuscitation Teams updated 	Lisette Caygill Jonathan Allen
Version 7	November 2010	<ul style="list-style-type: none"> • Major changes throughout - PLEASE READ IN FULL. 	Lisette Caygill
Version 6	August 2007	<ul style="list-style-type: none"> • Page 4 – Objectives • Pages 5, item 1 – Immediate Action • Pages 5/6, item 2 – Members of the Cardiac Arrest Team • Page 6/7, item 3 – Resuscitation Equipment • Pages 7-10, item 4 – Training • Page 10, item 6 – Audit • Pages 11-14, items 7/8 – Specialist Areas • Page 17, Appendix 2 • Pages 19-34, Appendix 4 – Algorithms • Page 35, Appendix 5 – Resuscitation Event Record • Page 36/37, Appendix 6 – Medical Equipment Training & Fault Reporting • Page 38, Appendix 7 – Cardiac arrest occurring in an area where a defibrillator is not currently available 	Lisette Caygill

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1. INTRODUCTION

This resuscitation policy fully supports the Quality Standards for Cardiopulmonary Resuscitation Practice and Training in Acute Care published by the Resuscitation Council UK (RCUK) and updated in May 2020.

2. PURPOSE

The purpose of the policy is to provide direction and guidance for the planning and implementation of a high-quality and robust resuscitation service at Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (here after referred to as the Trust). The strategy for resuscitation incorporates the current Resuscitation Council UK's Guidelines 2021. The process used to produce these guidelines is accredited by the National Institute for Health and Care Excellence (NICE).

3. DUTIES AND RESPONSIBILITIES

The Trust has an obligation to provide an effective resuscitation service to their patients and appropriate training to their staff. A suitable infrastructure is required to establish and continue support for these activities.

3.1 Patient Safety Review Group (PSRG)

- It is the responsibility of the **Patient Safety Review Group** to approve the policy.

3.2 Resuscitation Services & Clinical Education Manager

- It is the responsibility of **Resuscitation Services** under the guidance of the **Clinical Education Manager** and the **Patient Safety Review Group** to review and update the policy and ensure implementation and compliance throughout the organisation.

3.3 Policy Co-ordinator

- It is the responsibility of the **Policy Co-ordinator** to ensure policy distribution across the organisation.

3.4 Managers & Matrons

- It is the responsibility of the **Managers and Matrons** in the Clinical Divisions to ensure that staff are provided with the opportunity to complete training appropriate to their role. It is the responsibility of **individual staff members** to complete the training appropriate to their roles.

4. PROCEDURE

4.1 National Early Warning System (NEWS)

The Trust has an education programme for all ward staff and responding clinical personnel that is focused on the prevention of patient deterioration. It is recommended that staff achieve the competencies identified in the Department of Health document 'Competencies for Recognising and Responding to Acutely Ill Patients in Hospital' (2009), and the National Outreach Forum document 'Operational Standards and Competencies for Critical Care Outreach Services'.

The Trust has a clear policy for the monitoring of patients' vital signs, based on the guidance in the National Institute for Health and Clinical Excellence clinical guideline 50 [Acutely ill patients in hospital: recognition of and response to acute illness in adults in hospital (2007)] and the Royal College of Physicians National Early Warning Score (NEWS) (2012).

An early warning scoring system must be in place to identify patients who are critically ill and therefore at risk of cardiorespiratory arrest. The use of the National Early Warning Score (NEWS), or a paediatric early warning score for children is utilised.

For further detailed information please refer to the trusts early warning and escalation policies and procedures.

4.2 Composition of Cardiac Arrest Teams

The minimum composition of the respective emergency teams (Adult / Paediatric / Obstetric) are in accordance with the Resuscitation Council 2021 guidelines and include additional team members based on local risk assessment.

4.3 Cardiac Arrest Calls

All Trust and temporary staff must familiarise themselves with the layout of the hospital to enable a rapid response in emergency situations.

In the event of a cardiac arrest / medical / obstetric or neonatal emergency the appropriate emergency team must be alerted immediately.

The emergency telephone number is **2222**. This number should be used in the following circumstances:

- Cardiac arrest / Medical Emergency (if expert assistance is required)
- Paediatric cardiac arrest
- Neonatal emergency team

- Obstetric emergency team
- Maternal cardiac arrest – call cardiac arrest team and obstetric emergency team
- Fast bleep (name specific individual required)
- Trauma team
- Fire
- Security

The precise location and site of the patient must be communicated promptly and clearly to the switchboard operator (**do not use old names/locations**). The switchboard operator will activate all emergency bleeps simultaneously via a speech channel. Each member of the appropriate emergency team must respond at their earliest opportunity to this call. All emergency calls are logged by switchboard.

4.3.1 Response to 2222 calls

Cardiac arrest/medical emergency calls take precedence over all other activities unless the cardiac arrest bleep holder is already involved in another life-threatening situation.

If a team member becomes indisposed, they must inform switchboard immediately and arrange for a member of staff of at least equal ability to carry their cardiac arrest bleep. Switchboard should be notified as soon as the situation returns to normal.

4.3.2 Cancelling 2222 calls

If the cardiac arrest team is no longer required, staff should dial 2222 and request the call (state location) be cancelled. This will then be sent via the speech channel to all emergency bleeps.

4.3.3 Test Bleeps

The Trust must ensure the resuscitation team is activated within 30 seconds of the call for help. This system must be tested daily by switchboard. Responses to test calls will be monitored by Resuscitation Services and where there is a failure to respond this will be followed up.

4.3.4 Cardiac Arrests occurring at Mexborough Montagu/Retford OR outside Main Buildings across the Trust

If a cardiac arrest or medical emergency occurs in any location at MMH/Retford Hospital or outside of the main hospital complex across the Trust, a (9) 999 call should be made to request a paramedic ambulance. Any member of staff attending a casualty should provide first aid/ resuscitation according to their skills and ability in conjunction with any available equipment.

4.4 Resuscitation Equipment

It is the responsibility of the ward/department manager to ensure that all resuscitation equipment and supplies are checked and documented on the Trust standard check sheet at least once every 24 hours, and following the use of equipment, to replenish supplies.

The expiry dates on all accessible items should be checked and documented, including drugs and disposable items.

4.4.1 Cardiac Arrest Trolleys

Standardised sealed adult and paediatric cardiac arrest trolleys are in place at DRI, BDGH and MMH sites.

Following the use of a cardiac arrest trolley, replacement equipment should be sought immediately. At DRI, BDGH and MMH sites a trolley exchange system is in place via main theatres. It is also the responsibility of ward/department staff to ensure that trolleys approaching expiry are exchanged and ideally this should be done two weeks before the expiry date.

All other Trust sites are responsible for the replenishment of used/expired equipment to always ensure the immediate availability of an equivalent cardiac arrest trolley.

4.4.2 Defibrillators

Defibrillators are serviced regularly by Medical Technical Services. If a defibrillator malfunctions, it should be reported immediately to Medical Technical Services (MTS), removed from service, and temporarily replaced with a spare defibrillator obtained via MTS equipment library. If no replacement defibrillator is available, clinical areas should share defibrillators until the problem is resolved.

It is the responsibility of the nurse/person in charge to inform all relevant staff of the situation and ensure that they know the location of the defibrillator to be used in the event of cardiac arrest.

Training Defibrillators should not be removed from the resuscitation training unit to replace malfunctioning machines.

Defibrillators are only suitable for cardiac monitoring in the peri-arrest situation and should not be used for routine monitoring. If prolonged cardiac monitoring is necessary,

the patient should be transferred to a suitable area, where they can be observed by appropriately trained staff.

4.4.3 Drugs

The contents of the cardiac arrest drug packs are in accordance with current Resuscitation Council (RCUK) guidelines for the treatment of cardiorespiratory arrest.

4.4.4 Grab Bags

Some specialised resuscitation equipment is not held in every clinical area so will be brought to all cardiac arrest calls in a grab bag by the Operating Department Practitioner who is carrying the cardiac arrest bleep. The contents of the grab bags will include portable waveform capnography and intraosseous access devices in line with current Resuscitation Council (RCUK) guidelines for the treatment of cardiorespiratory arrest.

4.5 Post Resuscitation Care

After initial resuscitation, the patient may require further specific treatment. The resuscitation team leader and the patient's medical team should dictate subsequent management. This may involve transfer to another area e.g. DCC/CCU.

Transfer should only take place after discussion with senior members of the admitting team. To ensure safe transfer it is essential to consider the following: stabilisation, continued monitoring, securing of all cannulae, drains, tubes and catheters, and an SBAR handover ensuring clear communication to the receiving team members. The transfer team must be able to respond to other emergencies, including cardiac arrest or subsequent deterioration whilst moving the patient. A full re-assessment MUST take place prior to transfer. Portable suction, oxygen and other essential equipment must accompany the patient and transfer team.

4.6 Manual Handling

When resuscitating a patient who is on the floor, in a chair, or other confined space, the Trust guidelines for patient movement should be followed. The objective of this is to minimise the risks of manual handling and related injuries to all parties.

Staff must ensure they are compliant with their Manual Handling Training appropriate to their role.

4.7 Infection Control

Although the risk of infection transmission from patient to rescuer during direct mouth-to-mouth resuscitation is extremely rare, isolated cases have been reported. It is therefore advisable that direct mouth-to-mouth resuscitation be avoided. All clinical areas should have immediate access to airway devices so that mouth-to-mouth ventilation is not necessary. In situations where airway protective devices are not immediately available, continuous chest compressions should be performed whilst awaiting an airway device.

Staff must always adhere to current Trust IPC Guidance.

4.8 Anaphylaxis

The management of suspected anaphylaxis should be conducted in accordance with Trust policy – Emergency Treatment of Anaphylaxis Policy and Guidelines (PAT/EC 3) and with current Resuscitation Council (RCUK) 2021 Guidelines.

4.9 Procurement

All resuscitation equipment purchasing is subject to the organisation's standardisation strategy and Resuscitation Service must sanction all resuscitation equipment prior to ordering. During the planning phase of any future development of services/building redesign/relocation, early advice should be sought from Resuscitation Services regarding procurement of additional/new resuscitation equipment.

4.10 Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)

The Trust's PAT/EC 8 Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) Policy complies with the guidance issued by the BMA / RCN / Resuscitation Council, on 'Treatment and care towards the end of life: good practice in decision making' (2010) and the Resuscitation Council (RCUK) Quality standards for cardiopulmonary resuscitation practice and training- acute care (2021).

All staff employed by Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust are expected to comply with this policy.

ReSPECT is an approach to discussing, making, and recording recommendations about future emergency care and treatment, including, but not limited to, cardiopulmonary resuscitation (CPR). ReSPECT focuses on treatments to be considered as well as those that are not wanted or would not work.

It is important to be aware that a patient can have a ReSPECT and not a DNACPR.

Where no explicit decisions about treatment and CPR have been considered and recorded in advance there should be an initial presumption in favour of full escalation and CPR. However, in some circumstances where there is no recorded explicit decision (for example for a person in the advanced stages of a terminal illness where death is imminent and unavoidable, and CPR would not be successful) a carefully considered decision not to start CPR will be appropriate.

Furthermore, some people may wish to make an Advance Decision or statement about treatment stating they would not wish to receive such treatments in some future circumstances. These people should be managed in accordance with their wishes. Making decisions not to use certain treatments and/or attempt CPR that have no realistic prospects of success do not require the consent of the patient or those close to the patient however, any decisions about treatment and/or CPR should always be communicated to the patient, if they have sufficient mental capacity, or relevant others (subject to any confidentiality restrictions). Informing the patient and relevant others of these decisions with a clear explanation will make conflicts of opinion highly unusual situations however should these decisions not be accepted by the patient or they're relevant others then a second opinion should be offered.

4.11 Patients Lacking Capacity

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons best interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the Extranet.

5. TRAINING/ SUPPORT

The strategy for resuscitation training shall embody the statements and guidelines published by the Resuscitation Council (RCUK) and the European Resuscitation Council, incorporating the most recent updates to these guidelines.

Training should explicitly incorporate the identification of patients at risk from cardiac arrest and a strategic approach to implement preventative measures such as National Early Warning Systems (NEWS).

The Trust will provide sufficient and appropriate resuscitation training for each staff group. Levels of training responsibility are detailed on individuals training requirements within the electronic staff record (ESR). Access to these specific levels of resuscitation training are detailed on the Trust Hive under SET.

5.1 Training Recommendations

All newly appointed trust employees must receive training as part of their induction programme. **ALL staff must know how to summon help using the emergency system (2222) and be made aware of the location of emergency equipment.**

5.1.1 Clinical Staff

All doctors, nurses, midwives, and Allied Health Professionals must be adequately and regularly trained in cardiopulmonary resuscitation appropriate to their discipline. The level of that training is determined by their respective professional bodies and / or the duties that those staff would be expected to undertake when in attendance at a cardiac arrest / medical / obstetric / neonatal emergency. It is the responsibility of departmental managers to ensure all clinical and clinical support staff attend training appropriate to their role.

Training and facilities must ensure that, when cardiorespiratory arrest occurs, as a minimum all clinical staff can:

- Recognise cardiorespiratory arrest
- Summon help
- Start CPR
- Attempt defibrillation, if appropriate, within 3 minutes of collapsing using an automated external defibrillator or manual defibrillator

Clinical staff should have at least annual updates.

5.1.2 Non-clinical Staff

As a minimum, non-clinical staff should be trained to:

- Recognise cardiorespiratory arrest
- Summon help
- Start CPR using chest compressions

5.2 Training Records

Training and Education are responsible for updating individual staff records of attendance at resuscitation training on the Oracle Learning Management (OLM) system which is directly linked to ESR. Individual staff members must inform Training and Education of all certified resuscitation training that has been successfully completed at an external course centre so this can also be recorded.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where reported to
All Cardiac Arrests where a 2222 call is placed	Resuscitation Services	Twice weekly	Participation in the National Cardiac Arrest Audit (NCAA) with annual reports to the Patient Safety Review Group along with the review of all datix entries following these events
Cardiac Arrest reviews of management & escalation	Resuscitation Services will monitor cardiac arrests reported via Datix and assist (as necessary) wards / departments to complete the CA review.	Twice Weekly	Datix Dashboards Patient Safety Team Patient Safety Review Group
Equipment Audit	Resuscitation Services	Annually with re audit for non-compliance	Reported during audit to ward/department managers followed by a formal report annually to the Patient Safety Review Group

7. DEFINITIONS

Advanced Life Support

Use of all basic life support techniques with added intervention of drugs, defibrillation and other mechanical devices acting on the patient's cardiac rhythm and output.

Anaphylaxis

Anaphylaxis is a severe life-threatening, generalised or systemic hypersensitivity reaction. Investigations will show whether the reaction is allergic (immunoglobulin E (IgE) or non IgE mediated) or non-allergic anaphylaxis.

Basic Life Support

External chest compressions and ventilation with the use of airways, face masks, bag-valve-mask systems and oxygen in any combination.

Cardiac Arrest

Cardiac arrest may be defined as the abrupt cessation of cardiac function that is potentially reversible.

Defibrillation

Defibrillation is the passage of electrical current across the myocardium to depolarise a critical mass of the cardiac muscle simultaneously to enable the natural pacemaker to resume control.

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)

A formal decision not to commence cardiopulmonary resuscitation.

8. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 1.

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) PAT/EC 8

Manual Handling Policy - CORP/HSFS 4

Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) - PAT/PA 19

Physiological Observations and prevention of deterioration in the acutely ill adult - PAT/T 33

Physiological Observations for Paediatric Patients (excluding Neonates) - CW01

Early Recognition of the severely ill Antenatal/ Postnatal Woman Using the Modified Obstetric Early Warning Score - MSG166

Emergency Treatment of Anaphylaxis Policy and Guidelines - PAT/EC 3

Privacy and Dignity Policy - PAT/PA 28

Standard Infection Prevention and Control Precautions Policy - PAT/IC 19

Statutory and Essential Training (SET) Policy - CORP/EMP 29

Fair Treatment for All Policy – CORP/EMP 4

Equality Analysis Policy – CORP/EMP 27

10. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

11. REFERENCES

General Medical Council (2010) Treatment and care towards the end of life: good practice in decision making'.

MacKay - Jones, K. and Walker, M. (1998) Pocket Guide to Teaching for Medical Instructors. BMJ Books. London

Mental Capacity Act 2005 Department of Health

Resuscitation Policy. Health Services Circular (HSC) 2000/028. London. Department of Health

Resuscitation Council (UK) (2001) Guidance for Safer Handling during Resuscitation in Hospital

Resuscitation Council (UK) (2016) Decisions Relating to Cardiopulmonary Resuscitation. Guidance from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing.

Resuscitation Council (RCUK) Resuscitation Guidelines (2021) www.resus.org.uk

Resuscitation Council (RCUK) Quality Standards for Cardiopulmonary Resuscitation Practice and Training- Acute Care (2020).

APPENDIX 1 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Resuscitation Policy - PAT/EC 1 v.10	E&R, Resuscitation Services	Michelle Thomas	Existing policy	March 2023
1) Who is responsible for this policy? Education, Resuscitation Services				
2) Describe the purpose of the service / function / policy / project/ strategy? Ensure all aspects of resuscitation are in line with national guidance.				
3) Are there any associated objectives? This policy reflects Resuscitation Council (UK) guidelines relating to cardiopulmonary resuscitation				
4) What factors contribute or detract from achieving intended outcomes?				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact N/A 				
6) Is there any scope for new measures which would promote equality? N/A				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>				
Date for next review: March 2026				
Checked by: Nicola Vickers			Date: March 2023	