### Document Management

<table>
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<tr>
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<th>PROV 03 Resuscitation Policy</th>
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<td>The purpose of this policy is to ensure that NHS Northamptonshire (Provider Services) has a systematic approach to basic life support and is able to provide a prompt and appropriate response to any resuscitation event.</td>
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<tr>
<td>Author</td>
<td>Siân Roberts</td>
</tr>
<tr>
<td>Department</td>
<td>Professional Practice and Development</td>
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| Related documents     | Do Not Attempt Resuscitation Policy, 2009, Northamptonshire NHS (Provider Services)  
Transfer of Patients into Acute Care, 2007, Northamptonshire Teaching PCT |
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| Contact details (of main contact for this document) | Name: Siân Roberts  
Address: York House, Isebrook Hospital, Wellingborough  
E-mail:sian.roberts@northants.nhs.uk |
Resuscitation Policy

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1 INTRODUCTION

1.1 All Trusts are expected to ensure that appropriate resuscitation policies which respect patients’ rights are in place, understood by all relevant staff, and accessible to those who need them. (HSC2000/028): Resuscitation Policy).

1.2 NHS Northamptonshire (Provider Services) has developed this policy in order to comply with HSC2000/028 and has drawn on the recommendations of the Royal College of Nursing, British Medical Association and the Resuscitation Council.

1.3 The policy will ensure that staff are trained and equipped to offer an appropriate level of resuscitation wherever it is required throughout NHS Northamptonshire (Provider Services).

1.4 The policy will ensure that procedures are in place that respect the individual rights of patients during emergency situations and are understood by any person involved in delivering care to patients.

2 PURPOSE

2.1 The purpose of this policy is to ensure that NHS Northamptonshire (Provider Services) has a systematic approach to basic life support and is able to provide a prompt and appropriate response to any resuscitation event.

3 SCOPE OF POLICY

3.1 The policy applies to all staff employed by the PCT. It is recommended that independent contractors abide by the principles of this policy as good practice.

3.2 Services commissioned by the PCT should adhere to the principles of this policy.

3.3 A Do Not Attempt Resuscitation policy will be implemented alongside this policy.

4 EQUALITY AND DIVERSITY

4.1 NHS Northamptonshire (Provider Services) recognises the diversity of the local community and those in its employment; and aims to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. NHS Northamptonshire (Provider Services) recognises that equality impacts on all aspects of its day-to-day operations and has produced an Impact Assessment Framework for all its policies.

4.2 This policy has been assessed against this framework and the results presented in Appendix 6.

5 RESPONSIBILITIES

5.1 Chief Executive (Designate) and Provider Services Board
The Chief Executive (Designate) and Provider Services Board are accountable for ensuring the implementation of the Resuscitation Policy within NHS
Northamptonshire (Provider Services), this function is delegated to Service Managers and Clinical Leads.

5.2 **Service Managers and Clinical Leads**
Service managers and clinical leads must ensure that all staff are aware and adhere to this policy and are also responsible for ensuring that staff attend basic life support training. They are also responsible for ensuring that any resuscitation event is audited and reported in the correct manner, according to the Incident and Near Miss Policy of the PCT.

5.3 **Staff employed by the NHS Northamptonshire (Provider Services)**
All staff who may be involved in resuscitation decisions or events have a responsibility to understand and implement this policy. Staff must ensure that they attend basic life support training. Any deviations should be reported on an incident form as outlined in the Trust Incident and Near Miss policy.

6 **STANDARDS**

6.1 Cardiopulmonary resuscitation (CPR) will be attempted for all persons requiring expert help due to a medical emergency or cardiac arrest.

6.2 If there is a clear indication that resuscitation is not to be performed, then the ‘Do Not Attempt Resuscitation’ (DNAR) policy should be followed.

6.3 Where there is no time to establish the medical history and/or in the absence of a prior decision not to resuscitate, CPR must be initiated. This is in accordance with both professional responsibilities and legal obligations.

7 **SUMMONING HELP IN AN EMERGENCY**

7.1 **On PCT premises**

7.1.1 If a person is found collapsed, a member of staff should call for immediate assistance from any staff around and an assessment should be carried out.

7.1.2 If there is no sign of cardiac activity and/or breathing, resuscitation attempts should begin.

7.1.3 An ambulance should be called at the earliest opportunity. Within the PCT this emergency number is usually “(9)999”, but individuals should ensure that they know the correct number for their place of work.

7.1.4 All PCT premises should display an emergency callout protocol detailing how and when to call for emergency medical help and clearly identified access points and removal routes. The templates contained within this policy (Appendix 1 and 2) should be adapted to local knowledge and displayed in all PCT premises.
7.2 In the community/patients home

7.2.1 If a person is found collapsed at home, the health practitioner should summon help from the paramedic service by dialling 999. If a valid DNAR order is not in place, the health practitioner should attempt resuscitation until help arrives.

7.2.2 Cardiopulmonary resuscitation, once commenced, can only be stopped on the advice of a senior doctor or emergency service personnel. However the person providing CPR does need to protect their own health needs, and if unable to continue CPR they must stop.

8 RESUSCITATION TRAINING STANDARDS

8.1 All training will be carried out in accordance with and conform to the Resuscitation Council Guidelines 2005.

8.2 The NHS Northamptonshire (Provider Services) Education & Training Team will co-ordinate the provision of Basic Life Support Training (BLS).

8.3 An appropriately qualified instructor will carry out the resuscitation training. (Minimum requirements and course details are listed in Appendix 3.)

8.4 Staff will be assessed on their competence to administer BLS and issues around anaphylaxis will be part of the session. Training will include familiarisation with the use of automated external defibrillators (AED).

8.5 Managers must make the time available for all staff to attend the appropriate training session.

8.6 It remains the responsibility of managers and the Education and Training Team to keep adequate training records.

8.7 All clinical staff and other staff who have contact with the public (eg frontline receptionists) will be required to attend BLS as part of their mandatory training on an annual basis.

8.8 It is the responsibility of the line manager to ensure that all identified staff attend training at the appropriate time. However, all staff have individual responsibility to ensure that they are adequately trained to perform BLS.

9 ADVANCED RESUSCITATION TRAINING

9.1 Advanced resuscitation training in not delivered by the PCT training department. However it is recognised that it may be appropriate for some staff with direct patient contact to undertake more advanced resuscitation as part of their role.

9.2 Resuscitation training requirements above those which are delivered by the training department must be discussed with line managers as part of the
Performance Development Review (PDR) process and identified training clearly indicated within the Personal Development Plan (PDP) so as to inform service and PCT training plans

10 RESUSCITATION EQUIPMENT

10.1 Basic equipment required for BLS should be available in all health care settings where staff carry out clinical procedures. It is the responsibility of the individual carrying out a clinical procedure to assure that resuscitation equipment is accessible and fit for purpose and recorded as such.

10.2 Each area should have a nominated person(s) responsible for checking and recording the state of readiness of all resuscitation drugs if applicable (expiry date) and equipment once a week as a minimum. However all staff have a responsibility to familiarise themselves with the emergency equipment within their clinical environment. (A standardised list of equipment and drugs is listed in Appendix 4 (this may not be applicable to all areas).)

10.3 Where an Automated External Defibrillator (AED) is situated within PCT premises there should always be someone capable of using the equipment. Staff using AED should have their competence reassessed annually as a minimum. Staff should access training sooner should they no longer feel confident with the procedure.

11 CROSS INFECTION

11.1 Whilst the risk of infection transmission from patient to rescuer during direct mouth-to-mouth resuscitation is extremely rare, isolated cases have been reported and because of this the Resuscitation Council advise that direct mouth-to-mouth resuscitation should be avoided.

11.2 All clinical areas should have immediate access to airway devices (e.g. a pocket mask or equivalent) to minimise the need for mouth-to-mouth ventilation. However, in situations where airway protective devices are not immediately available, start chest compressions whilst awaiting an airway device.

12 STAFF WELFARE

12.1 Staff involved in situations that require resuscitation are likely to find it extremely stressful and may need additional support. Managers need to be aware of this and consider the use of debriefing as well as checking out how individual staff are coping.

12.2 All staff involved in resuscitation attempts have access to the PCT counselling service.

13 POST RESUSCITATION CARE

13.1 The organisation must make provisions for safe continuity of care and where necessary, safe transfer following resuscitation of the patient. This should follow the PCT Policy for the Transfer of a Patient into Acute Care.
14 NHS NORTHAMPTONSHIRE (PROVIDER SERVICES) REVIEW AND MONITORING

14.1 When a resuscitation/medical emergency event occurs, and whether the person survives or not, it should be reported as a serious incident and the procedure outlined in the Trust Incident and Near Miss policy must be followed.

14.2 Each event will be recorded using the resuscitation/medical emergency event record, which is based on the Utsein template (see Appendix 5). A copy of the completed record must be sent to the Clinical Risk Advisor with the completed incident form.

14.3 Accurate records of all events should be kept for audit, training and medico-legal reasons. Performance of CPR and record keeping will be subject to audit.

14.4 All incidents of CPR will be monitored by the Clinical Governance Committee.

14.5 The Clinical Risk Advisor will collate data on all attempted CPR and produce an annual report that will be discussed at the Clinical Governance Committee and any recommendation will be reported to the Governance Committee.

14.6 A review of the contents of this policy will take place two years from the date of approval. An earlier review may be warranted if one or more of the following occurs:

- as a result of regulatory/statutory changes or developments
- due to the results/effects of incidents
- or any other relevant or compelling reason

15 REFERENCES

Mental Capacity Act 2005 Department of Health
National Health Service Litigation Authority 2007 NHSLA Risk Management Standards for Acute Trusts
Department of Health
Resuscitation Council (UK) 2001 Decisions Relating to Cardiopulmonary Resuscitation. A Joint Statement from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing.
http://www.resus.org.uk/pages/dnar.htm
http://www.resus.org.uk/pages/guide.htm [online]
Resuscitation Council (UK) May 2008, Medical Emergencies and Resuscitation- Standards for Clinical Practice and Training for Dental Practitioners and Dental Care Professionals in General Dental Practice.
RCN/BMA Joint Statement 2001 CPR www.bma.org.uk London:
Joint Working Party between the National Council for Hospice and Specialist Palliative Care Services and the Ethics Committee of the Association for Palliative Medicine of Great Britain and Ireland. Ethical decision-making in palliative care: cardiopulmonary resuscitation (CPR) for people who are terminally ill. London: National Council for Hospice and Palliative Care Services, August 1997 (available at the Council’s website: www.hospitce-spc-council.org.uk
NHS Northamptonshire (Provider Services), October 2007, Gov 07 Incident and Near Miss Policy
NHS Northamptonshire (Provider Services), October 2007, Prov 08 Policy for the Transfer to Patients into Acute Care
### Appendix One

**Medical Emergency Callout Template (Adults)**

<table>
<thead>
<tr>
<th>Details</th>
<th>Instructions</th>
</tr>
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</table>
| **Location** | Give your exact location and include any office numbers. You will be asked to repeat this.  
*Please insert the location address here…….* |
| **Telephone number** | Give the telephone number you are calling from. This may be a mobile number. You will be asked to repeat this. |
| **What has happened** | You will be asked to tell the call taker exactly what has happened. If you don’t know say so. |
| **Access Point** | Give this information to the call taker to pass onto the ambulance crew. You will be asked to get someone to look out for the ambulance. Make sure the entrance door is unlocked.  
*Please insert the nearest access point here…….* |
| **Removal Route** | The ambulance crew will require this information  
*Please insert the nearest removal route here…..* |

### Adult Basic Life Support

**PERSON UNRESPONSIVE?**

1. Check for Danger
2. Shout for help
3. Open airway

**NOT BREATHING NORMALLY?**

1. Call 9 999
2. 30 chest compressions
3. 2 rescue breaths
4. 30 compressions

Use defibrillator if available
In the event of a medical emergency please call 9 999 and give the following details to the Ambulance Service call taker

**Location** (Give your exact location and include any office numbers. You will be asked to repeat this)

*Please insert the location address here*…….

**Telephone number**

Give the telephone number you are calling from. This may be a mobile number. You will be asked to repeat this.

**What has happened**

You will be asked to tell the call taker exactly what has happened. If you don’t know say so.

**Access Point** (Give this information to the call taker to pass onto the ambulance crew. You will be asked to get someone to look out for the ambulance. Make sure the entrance door is unlocked.)

*Please insert the nearest access point here*…….

**Removal Route** (The ambulance crew will require this information)

*Please insert the nearest removal route here*…..

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**Paediatric Basic Life Support**

**PERSON UNRESPONSIVE?**

- Check for Danger
- Shout for help
- Open airway

**NOT BREATHING NORMALLY?**

- Call 9 999
- 5 rescue breaths
- Still unresponsive? (no signs of circulation)
- 30 chest compressions
- 2 rescue breaths

*If alone, perform CPR for 1 minute before going for help*
Training recommendations for medical, nursing, midwifery, allied health professionals and non-clinical staff

Instructor qualifications

The minimum acceptable qualifications for such an instructor are either a:
  a) Current Provider or Instructor certification with the Resuscitation Council (UK) or Advanced Life Support Group.
  b) Current Cascade Trainer whose instruction was carried out by the above.

The following training courses will be made available:

Basic Life Support Training

All clinical staff and other staff who have contact with the public (eg frontline receptionists) should be trained to this minimum level. The training is to adhere to the following:
  • Minimum of an hour’s duration.
  • To include adult resuscitation, with familiarisation of locally available emergency equipment.
  • One trainer per 12 students.
  • Clinical staff should be updated every 12 months.

Paediatric Basic Life Support

All qualified staff involved in care of children should be trained to this minimum level. The training will adhere to the following:
  • Minimum of one hour’s duration.
  • To include infant and child resuscitation techniques, dealing with choking and familiarisation of hospital emergency equipment.
  • One trainer per 12 students.
  • Staff should be updated every 12 months.

Anaphylaxis

It is important for any member of Trust staff administering medication to patients to be aware of the signs and immediate treatment for anaphylactic shock. The management of anaphylaxis is added to the appropriate BLS training session and be attended on an annual basis.

Automatic External Defibrillator

In all clinical areas where a defibrillator is used the service manager must ensure, in co-ordination with the Education & Training team, that relevant staff are fully trained and that each shift contains a trained member of staff.
Appendix Four

Equipment and Drug list for resuscitation trolleys

Please note: The full list of equipment and drugs may not be appropriate for all areas within the PCT. Please refer to local protocols.

Equipment list;

1. Defibrillators or AED’s as supplied along with the necessary equipment for using these e.g. pads and cables.
2. Oxygen and suction, either piped or portable, with clean masks and suckers available, which should be kept covered at all times.
3. Choice of airways in sizes to reflect patient/client group
4. Fluid for administration and an appropriate selection of cannulae, along with the necessary equipment for insertion and securing of these.
5. Stethoscopes, blood pressure measuring device, and appropriate syringes for the administration of drugs, along with a selection of needles in appropriate sizes.
7. Audit and data collection sheets should be kept with the trolley.
8. Plastic gloves – both latex and latex free for staff to use.
9. Pocket mask

Responsibility for checking resuscitation equipment rests with the department where the equipment is held and checking should be audited regularly. The frequency of checking will depend upon local circumstances but should be once a week as a minimum and ideally should be daily. A planned replacement programme should be in place for equipment and drugs with funding allocated for this purpose.

Drug list

8 x adrenaline 1:10,000
3 x atropine sulphate 1mg
1 x atropine sulphate 3mg/10ml
1 x calcium chloride 10% 10ml
1 x sodium bicarbonate 8.4% 50ml
1 x amiodarone 300mg/10ml (1st dose)
1 x amiodarone 150mg/3ml 1 ampoule (2nd dose)

Anaphylaxis drugs

adrenaline 1:1,000 x 10 amps
chlorphenamine 10mg/ml x 10 amps
hydrocortisone 100mg/ml x 5 amps
Resuscitation/Medical Emergency Event Record (Based on Utstein Template)

1. Date of arrest  (dd.mm.yy)  
   Time (24 hour clock)   

2. Patient identifier
   Age  Years (estimated)  
   DOB (dd,mm,yyyy if known)  
   Sex  Male  Female  

3. Cardiac arrest witnessed?  Yes  No  
   If yes please indicate who by
   Who  Yes  No  
   Layperson/bystander  
   Healthcare personnel  

4. Was cardiopulmonary resuscitation (CPR) attempted?  Yes  No  

5. Was a DNAR order in place?  Yes  No  N/K  

6. What was the location of the cardiac arrest? (please tick which applies)
   Home  
   GP practice  
   PCT premises  
   Other  
   If other please specify  

7. What interventions were attempted?
   Intervention  Yes  No  
   Defibrillation  
   Chest compressions  
   Ventilation  
   Cardiac Drugs  

8. If using a defibrillator what was the first monitored rhythm? (please tick which applies)
   Shock now  
   No shock advised  
   Unknown  

9. Patient outcome?
   Outcome  Yes  No  Unknown  
   Return of spontaneous circulation (ROSC)  
   Survived event  

A copy of this form should be attached to the completed incident form and sent to the Clinical Risk Advisor.
### Policy Impact Assessment – Screening Tool

**Name of Directorate:** Provider Services  
**Date of Assessment:** 13 March 2009  
**Policy being assessed:** Resuscitation Policy  
**Assessment Carried out by:** Siân Roberts

<table>
<thead>
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<th>Policy Title</th>
<th>Who is affected</th>
<th>Statutory requirements</th>
<th>Full Assessment Needed</th>
<th>Priority</th>
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</table>
| Resuscitation Policy      | All PCT staff, clinical and non clinical All patients | Human Rights Act Standards for Better Health C1a  
NHSLA standard 4  
Resuscitation Council (UK) Guidelines 2005 | No                                                   | Medium                |