Resuscitation Policy

Department / Service:	Resuscitation Department	
Originator:	Chris Doughty Dr Nick Fitton	Senior Resuscitation Officer Trust Lead for Resuscitation
Accountable Director:	Chief Medical Officer	
Approved by:	RDPC / DREAMS Clinical Governance Group	
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Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All departments	
Target staff categories	All staff	

Purpose of this document:

The purpose of the policy is to provide direction and guidance for the organisation, training and delivery of an effective resuscitation service on all sites of the Worcestershire Acute Hospitals NHS Trust.

Key amendments to this Document:

Date	Amendment	By:
Sept 2009	Revision of committees following organisation restructure	C. Doughty
28.05.10	Minor formatting changes and appendices re-labelled	C. Doughty
June 2011	Revisions to reflect new clinical guidelines & practice and revision of training objectives. Formalisation of reporting process	C. Doughty
Sept 2012	Addition of Appendices A4, A5 and E	C. Doughty
May 2013	Review of entire policy and revision of appendices.	C. Doughty
May 2015	Review of entire policy and revision of appendices.	C. Doughty

May 2018	Review of entire policy and revision of appendices.	C. Doughty
October 2018	Inclusion of reference to 'Traumatic cardiac Arrest' standard operating procedure	C. Doughty
October 2020	Review of entire policy and revision of appendices.	C. Doughty
June 2021	Updated following publication of 'Guidelines 2021'	C. Doughty
October 2023	Review of entire policy and revision of appendices – Resuscitation Policy version 2	C. Doughty N. Fitton
July 2024	Removal of Appendices A5 and A7 and updated to A4	C Doughty

References:

"Guidance for Safer handling During Resuscitation in Healthcare Settings" Resuscitation Council UK, July 2015, Updated June 2020	Guidance for safer handling 2021 (1).pdf
"Resuscitation Quality Standards : Acute Care" Resuscitation Council UK, November 2013, updated May 2020, updated July 2023	Quality Standards_ Acute Care.pdf
"Resuscitation Guidelines 2021" Resuscitation Council UK, May 2021 https://www.resus.org.uk/library/2021-resuscitation-guidelines	
"Acutely Ill Patients in Hospital – Recognition of and response to acute illness in hospital" National Institute for Health and Clinical Excellence, NHS, CG50, July 2007	NICE 2007 Acutely ill adults in hospital (rec
"Recognising and responding Appropriately to early Signs of Deterioration in Hospitalised Patients" National Patient Safety Agency, NHS, Ref : 0683, November 2007	NPSA 2007 Recognising and resp
WAHT-KD-022 Recognising and Responding to Early Signs of Deterioration in Hospital Patients, September 2022	Recognising and Responding to Early S
WAHT-TP - 108 Worcestershire NHS Unified ReSPECT policy	ReSPECT policy V1.pdf

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1. Introduction

This policy is based on the quality standards for acute care in clinical practice and training in cardiopulmonary resuscitation, published by the Resuscitation Council UK, May 2020 (updated July 2023).

2. Scope of the Policy

This policy provides direction and guidance for all clinical staff in the organisational response to cardiac arrest and sudden collapse. The policy details training and equipment specifications as well as systems for ensuring the rapid summoning and arrival of expert help.

This policy identifies management responsibilities and monitoring arrangements to ensure compliance.

Process for the identification and management of the deteriorating patient is provided in policy WAHT-KD-022, Recognising and Responding to Early Signs of Deterioration in Hospital Patients

Details for the management of 'advanced decisions' including 'do not attempt CPR' decisions, are specified in the Worcestershire NHS 'ReSPECT' Policy (based on the national initiative for a 'Recommended Summary Plan for Emergency Care and Treatment')

3. Definitions

Cardio-respiratory arrest – cessation of effective respiratory and cardiac function.

CPR - cardiopulmonary resuscitation, medical techniques applied to support respiratory and or cardiac function.

RDPC – Resuscitation & Deteriorating Patient Committee

DREAMS - Deterioration, Resuscitation, End-of-Life and Mortality Studies Group

Do Not Attempt CPR – An advanced decision to withhold cardiopulmonary resuscitation from and individual in cardio respiratory arrest.

ReSPECT – Recommended Summary Plan for Emergency Care and Treatment. The national programme for documenting patient preference and clinical recommendations for care in the situation of acute deterioration.

2222 – the internal emergency number called to summon urgent assistance (often used to identify an emergency situation).

4. Responsibility and Duties

Healthcare organisations have 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.

Duties within the organisation

- The Resuscitation Officers (led by the Senior Resuscitation Officer), provide four key services; operational support (clinical guidance, equipment, skills and process), training, audit and the administration of policy. The Resuscitation Officers report to the Trust Lead for Resuscitation & ReSPECT.
- The Trust Lead for Resuscitation & ReSPECT is responsible to the Chief Medical Officer for all aspects of resuscitation medicine and ReSPECT. They chair the Resuscitation & Deteriorating Patient Committee, which is part of the Deterioration, Resuscitation, End-of-Life and Mortality Studies Group (DREAMs)
- The Deterioration, Resuscitation, End-of-Life and Mortality Studies Group (DREAMs) reports to the Clinical Governance Group
- The Clinical Governance Group is responsible to the Trust Board for the overall delivery of a safe, effective resuscitation service.

5. Equality requirements

With the exclusion of advanced decisions taken in relation to the ‘ReSPECT policy’, this policy is applicable to all persons without exception.

6 .Policy Detail

The Emergency Team response

Worcestershire Acute Hospitals NHS Trust operates the ‘National Early Warning Score (NEWS2)’ and ‘Paediatric Early Warning Score (PEWS) scoring system. The aim is to prevent avoidable deterioration and cardiopulmonary arrest.

Critically ill and deteriorating patients will receive appropriate escalation in care as detailed in the Recognising and Responding to Early Signs of Deterioration in Hospital Patients policy using NEWS/PEWS (WAHT-CRI-016).

A ‘medical emergency team’ is available at all Trust sites and can be summoned whenever their assistance has been thought necessary using the NHS standard emergency number ‘2222’. **If in any doubt, help should be summoned immediately – a low threshold for activating a 2222 call is encouraged**. The caller must communicate the location and type of the emergency to the switchboard operator.

Specialist emergency teams are available where such in-patient services are maintained (ie; paediatrics and obstetrics at Worcestershire Royal Hospital).

Where specialist in-patients are not accommodated, a generic emergency team will respond whenever called.

Emergency team responders will be alerted via a switchboard activated bleep. All designated bleeps will be alerted simultaneously by the switchboard operator via a speech channel. Each member of the relevant emergency team must respond as urgently as possible whilst maintaining patient safety. The speech channel will be tested at each site as detailed in the site response protocols (appendix A).

Composition of the Medical Emergency Team

The composition of the respective medical emergency teams for each site is detailed within Appendix A.

Post-resuscitation care

Following any emergency call appropriate post-resuscitation care must be provided. The nature of this care will be either :

- The patient remains in their current location with the necessary observation and level of care deemed appropriate for their clinical condition and prognosis.
- The patient requires urgent transfer to an on-site high care facility (ie : ICCU, CCU, HDU , A&E).
- The patient requires urgent transfer to an off-site facility (ie : WRH from Kidderminster site or PICU via the regional KIDS transfer protocol).
- The patient has died.

In each situation communication with relevant staff will be necessary. All patients admitted to on-site high care facilities must be formally referred to the appropriate specialist team. A full and complete handover of care must occur before a patient is left in the care of any new parent specialist team.

On-site transfers of critically sick patients must be organised and efficient. Consideration of appropriate transfer equipment including monitors and treatment equipment (e.g. oxygen cylinders) must be made by the team leader. The patient should be accompanied by appropriately skilled staff relevant to the patient's condition.

Emergencies during on-site transfer :

Should a patient collapse mid-transfer, safe and appropriate care will be provided. Three scenarios may present :

- Scenario 1 : A person / patient collapses and cannot be moved (ie ; they are in a wheelchair and have collapsed on to the floor) – a 2222 call should be made to that location. The site emergency grab bag & AED will be deployed (see appendix A).
- Scenario 2 : A patient collapses on a trolley / bed – the patient is moved urgently to the planned destination if possible (as they are expecting the patient)… if the original home location is much nearer, they should return back there.
- Scenario 3 : Patient collapses on a trolley / bed and needs immediate resuscitation (cardiac arrest) and option 2 (above) is not suitable – patient should be moved to the nearest safe location (nearest clinical area) and activate 2222.

Ultimately the decision rests with the most senior clinical staff member conducting the transfer.

Off-site transfer :

Where a transfer off-site is required, direct liaison with the ambulance service will be necessary to ensure all staff (including paramedics) are aware of the patient's requirements. It is vital that direct contact is made with the receiving hospital to ensure the patient is expected and that the transferring team know where they are going.

For patients being transferred from Kidderminster site to Worcester site refer to the specific emergency transfer guidelines.

Staff must endeavour to keep the patient's relatives aware of transfers.

Resuscitation Equipment, Replenishment and Cleaning

All resuscitation trolleys must be maintained in a state of immediate readiness. Trolleys must be checked every 24 hours and immediately after use. This daily test must be recorded on the emergency trolley daily check list (adult WR0947 / paediatric WR4915) and via the on-line resusAPP.

Resuscitation trolleys should be stocked in accordance with the standard equipment list as issued by the Resuscitation Department (Appendix B). Missing or out-of-date items must be replaced. Contingency stock supplies can be obtained from the hospital emergency supply cupboard at each site.

Specialist areas will require unique emergency equipment arrangements (Emergency Department resuscitation rooms, Intensive Care and Coronary Care / Cardiac Catheter labs and Pacing units). Where 'non-standard' arrangements are made, departments will identify bespoke solutions which meet national guidelines where applicable (e.g. Royal College standards). These bespoke arrangements must be endorsed by the Resuscitation & Deteriorating Patient Committee.

All defibrillators have an automatic testing procedure. Ward / department-based defibrillators must be checked daily in accordance with the defibrillator testing procedure (detailed on checklist PF WR0947. This daily test must be recorded on the emergency trolley daily check list (PF WR0947)

Resuscitation in Special Circumstances

In some situations, modified clinical procedures are required to the standard RCUK guidelines. In many cases specialist clinical protocols exist and should be followed (e.g. traumatic cardiac arrest in ED, cardiac arrest in the cardiac catheter lab, obstetric cardiac arrest). Clinical experts in these areas will direct the emergency team as appropriate.

Manual handling

In situations where the collapsed patient is on the floor, in a chair or in a restricted / confined space great care must be taken to protect the welfare of all present. Recommendations and advice on the manual handling of patients in emergency situations are detailed in the trust manual handling guidelines.
Further guidance can be found from the Resuscitation Council (UK).

Cross Infection

In all cases, rescuer safety is paramount. Appropriate personal protective equipment must be worn even in emergency situations (available locally, in emergency bags and on emergency trolleys).

Anaphylaxis

The management of suspected anaphylaxis and acute severe reactions should be conducted in accordance with the Trust guideline for the management of anaphylaxis (based on the Resuscitation Council (UK) Guidelines for the management of anaphylaxis).

Use of resuscitation equipment

Resuscitation equipment should only be used by those trained in its use and application. Training is available from the resuscitation department and may be included in established training courses (ILS, PILS etc).

Some specialist equipment (ie the EZ-IO device) requires specific training which should be accessed via the resuscitation department unless previous recognised training can be evidenced.

Defibrillators should only be used by staff trained and confident in their use. However, all trust defibrillators have an 'Automated External Defibrillator' (AED) function making their use simple and unchallenging. With such technology widely available and the certain life saving benefits of their speedy use, the Resuscitation Council UK issued the following advice :

"While it is highly desirable that those who may be called upon to use an AED should be trained in their use, and keep their skills up to date, circumstances can dictate that no trained operator (or a trained operator whose certificate of training has expired) is present at the site of an emergency. Under these circumstances no inhibitions should be placed on any person willing to use an AED.

It is the view of the Resuscitation Council (UK) that the use of AEDs should NOT be restricted to trained personnel. Furthermore, the Resuscitation Council (UK) considers that it is inappropriate to display notices to the effect that only trained personnel should use the devices, or to restrict their use in other ways. Such restrictions are against the interests of victims of cardiac arrest, and discourage the greater use of AEDs by members of the public who may be able to preserve life and assist victims of cardiac arrest. This confirms similar advice from the British Heart Foundation.

The principles contained in this statement are aimed primarily at lay persons, first aiders and those who do not work as health care professionals. In health care environments where an AED is available, it is important that all staff who may be called on to use it are trained and that their qualifications are kept up to date. The status of training is a subject that should be reviewed during the annual appraisal process.

The Resuscitation Council (UK) advises that NHS Trusts should ensure that no restriction is placed on the use of an AED by an untrained NHS employee confronted with a patient in cardiac arrest when no more highly trained individual is

present. The administration of a defibrillatory shock should not be delayed waiting for more highly trained personnel to arrive. The same principle should apply to individuals whose period of qualification has expired."

Resuscitation Council UK
Statement on the training required to use an automated external defibrillator
November 2009

Accordingly, all trained and untrained clinical staff will receive basic instruction in the use of an AED through the trust mandatory training programme. It is the individual staff member's responsibility to access appropriate mandatory training. If confronted with a situation of cardiac arrest (in a patient or any other individual), and no more highly trained individual is present, staff are encouraged to use any available AED so long as they are confident in their abilities. Staff should not use an AED if they feel it would be unsafe to do so.

The use of any defibrillator in 'manual' mode remains an 'advanced skill' requiring training approved by the Resuscitation Department.

Procurement

All resuscitation equipment purchasing is subject to the organisation's standardisation strategy; therefore all resuscitation equipment purchased must be agreed by the Resuscitation Department prior to ordering.

Advanced decisions and Do Not Attempt CPR (DNACPR) orders

All advanced decisions involving emergency care (including CPR) are to be made in conjunction with the Worcestershire NHS Unified ReSPECT policy (WAHT-TP-108).

Paediatric DNACPR decisions (patients under 18 years) are addressed as part of the paediatric advanced care planning process for each individual circumstance.

7. Financial risk assessment

See Appendix 4 - Financial risk assessment

8. Consultation

This policy has been developed by the Resuscitation & Deteriorating Patient Committee whose membership includes multidisciplinary senior healthcare professionals with extensive emergency care experience and senior trust managers (see appendix C).

The 'ReSPECT' policy is a shared document across the Herefordshire and Worcestershire Integrated Care Board and has been developed following extensive consultation.

9. Implementation arrangements

The guidance and direction identified in this policy will be implemented throughout the organisation through training delivered by the resuscitation department. Dissemination of key points will be included in mandatory training as well as through appropriate generic and targeted formal distribution (email system, trust intranet, hard copy).

10. Dissemination process

See Appendix 3 – Plan for the dissemination of key documents

11. Training and awareness

Training Strategy

The strategy for resuscitation training shall embody the statements and guidelines published by the Resuscitation Council UK and the European Resuscitation Council, incorporating the most recent updates to these guidelines. This explicitly incorporates the identification of patients at risk from cardiac arrest and a strategic approach to implement preventative measures such as the News Early Warning Systems.
This organisation will provide sufficient and appropriate resuscitation training for each of the main staff groups. Profession specific resuscitation training will be directed by respective functional role and the guidelines and directives issued by professional bodies (e.g. The Royal College of Anaesthetists).

General Training recommendations

Training requirements are detailed within the Trust Mandatory Training Policy (Mandatory and Statutory Training matrix [MaST]) with individual requirements recorded on the Electronic Staff Record (ESR) system. Minimum training standards are agreed in-line with the NHS national Core Skills Training Framework (CSTF).

Clinical staff

The Resuscitation Council UK ‘Quality Standards for CPR & Practice & Training - Acute’ identify that clinical staff undertake training at least annually. ‘Hands on’ training will be delivered on induction and through the trusts mandatory training programme although alternative training options are valid (eg : approved bespoke training sessions, alternative courses which include CPR, verified external training events and teaching resuscitation as a registered instructor in national life support courses).

Additional and advanced training is determined by respective professional bodies (e.g. General Medical Council) and / or the duties that those staff would be expected to undertake when in attendance at a cardiac arrest / medical / obstetric / neonatal emergency. This training will be provided or verified by the resuscitation department.

Non-clinical staff

All hospital staff should be made aware of appropriate emergency action as part of their local induction. This will include calling help (via 2222) and where appropriate, the provision of chest compressions.

Local managers may utilise 'hard copy' training material provided by the resuscitation department, on-line eLearning through ESR (Resuscitation Level One), or the LifeSaver training app (available on-line through the resuscitation intranet pages http://whitsweb/KeyDocs/KeyDocs/Sub_Webpage/1272?persist=False)

New staff
All staff will receive resuscitation or emergency action training appropriate to their role & duties as part of their induction programme (clinical staff) or local induction (non-clinical staff).

12. Monitoring and compliance

Process for monitoring compliance with, and the effectiveness of this Policy

The Resuscitation Department will co-ordinate the Trust Resuscitation Audit. All situations which trigger a '2222' call for the medical emergency team will be reported via the '2222 Emergency Call Report Form' (PF WR2525) and evaluated. Events triggering a 'DATIX incident' will be dealt with as per the trust clinical incident procedure.

Worcestershire Acute Hospitals NHS Trust participates in the National Cardiac Arrest Audit (NCAA) – relevant data collected through the Trust Resuscitation Audit will be submitted into the NCAA system.

A summary of resuscitation data, NCAA reports and incidents will be presented by the Resuscitation Department to the Resuscitation & Deteriorating Patient Committee.

Additional audits will be conducted by the Resuscitation department in :

- Emergency equipment preparedness (ongoing)
- Attendance at training (by examination of the training database)

All reports will be presented to the Resuscitation & Deteriorating Patient Committee.

13. Development of the Policy

This policy will be reviewed after 3 years.