

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	
Date of approval:	3 rd October 2023	
Review date	3 rd October 2026	
	This is the most current document and is to be used until a revised version is available:	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All departments	
Target staff categories	All staff	

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.