

Resuscitation policy Appendix A3

Site Emergency Response Protocol

Kidderminster Hospital

Accountable Director:	Chief Medical Officer
Approved by:	DREAMS
Date of approval:	14 th October 2025
Expiry date:	14 th October 2028

Statement of function:

The hospital emergency team will respond (when summoned via the “2222” call system) to any emergency where their assistance has been thought necessary. While waiting for the arrival of the team staff should commence basic or advanced life support measures as appropriate.

All attempts at resuscitation will follow the current guidelines issued by the Resuscitation Council UK.

Exclusions:

Attempts at resuscitation will be made on all persons except where a not for attempted resuscitation (DNACPR) instruction has been recorded as per the trust ReSPECT policy.

Hours of operation:

An emergency response team will be available at all times as detailed in this plan.

Area of cover:

The hospital emergency team will provide a response to the whole Kidderminster Hospital and Treatment Centre site.

Workflow:

In the event of collapse in any person (sudden collapse / critical deterioration / cardiorespiratory arrest etc), staff should initiate immediate care or life support as appropriate. Help should be called urgently by dialling “2222” on an internal telephone. The nature of emergency and location (both department and site) should be relayed. The caller must identify that the emergency is at the Kidderminster site. Switchboard (Alexandra Hospital, Redditch) will then activate the appropriate emergency team’s “speech” bleep devices on the Kidderminster site.

Appropriate emergency equipment (including a defibrillator) will be available to all clinical areas. In the event of an adult emergency away from a clinical area (i.e. car park / coffee shop etc) a responder from MIU will take an AED & grab bag. In the event of a paediatric emergency, the porter will collect a paediatric emergency bag from the Children’s Clinic.

A specific paediatric emergency team (the 'Paediatric Day Surgery Emergency Team') will be available whenever paediatric surgical lists occur & such patients remain on site.

The team leader may request the transfer of a collapsed patient from a sub-acute location to MIU for on-going care / monitoring while transfer is arranged, (ie : from non-clinical areas or areas where acute clinical skills are limited such as cardiopulmonary, breast imaging, audiology, radiology, physiotherapy). Such patients will remain under the care of the team leader.

Emergency bleeps:

The site "Medical Emergency" team and "Paediatric Day Surgery Emergency Team" will be informed of an emergency and its location via an emergency "speech" bleep. These will be tested every day by switchboard with the holder required to respond within 5 mins.

Where emergency "speech" bleeps are held at all times the bleep must be passed by hand to the next on-call responder (RMO, Wyre Forrest Community Ward, MIU, Porter). It is the individual bleep holders' responsibility to pass the bleep on. Whoever is in possession of the bleep will form the emergency team.

Additional bleeps forming the "Paediatric Day Surgery Emergency Team" will be held in Theatre and allocated at the start of the day, when paediatric lists occur. They will be tested on every Paediatric surgical list day and held until the team is stood down (after the last child has left the hospital or is fit to do so).

An MET responders meeting ('huddle') will be led by the RMO (emergency team leader) every day at 10:30am; outside Breast Imaging Monday – Friday and in MIU on Saturday - Sunday. Emergency responders should make every effort to attend to identify team rolls and specific issues that day – the meeting will be recorded on The Morning Huddle Template.

Site Emergency Team composition:

A response will always be made by:

Resident Medical Officer (RMO) ¹	Bleep No. 3128
Nurse Responder from 'Wyre Forrest Community Ward'	Bleep No. 3114
Porter	Bleep No. 3253
Minor Injury Unit Nurse ² (08.00 – 22.00 every day)	Bleep No. 3186
Senior Sister on-site ² (09.00 – 17.00, Mon – Fri, except Bank Holidays)	Bleep No. 3150

The following "speech bleeps" will be activated and a response made if possible by:

Resuscitation Officer ²	Bleep No. 3118
Theatres ²	Bleep No. 3160

Additional 'monitor' bleeps will be activated for appropriate support / response:

Ophthalmology Hospital Nurse ²	Bleep No. 3152
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Out Patient Department²
Ward One Nurse
Pre-Operative assessment Service²
Paediatric OPD Nurse²
Endoscopy²

Bleep No. 3638
Bleep No. 3235
Bleep No. 3115
Bleep No. 3110
Bleep No. 3247

Paediatric Day Surgery Emergency Team:

When paediatric day surgery lists occur, a dedicated paediatric emergency team will be available. This team will lead the resuscitation supported by the site team (listed above)

Paediatric anaesthetist / theatres²
Paediatrician²

Bleep No. 3160
Bleep No. 3110

¹ = Team leader

² = No 24 hour site presence

Emergency ambulance requests

If required, an emergency ambulance should be summoned via 2222. The switchboard operator will disconnect the caller extension to dial 999 and then re-call the caller extension to connect with ambulance control. It is vital the caller remains available to receive the call back and speak to ambulance control.

When requesting an emergency ambulance, clear access guidance must be given. In most cases, the porter should attend the specified access door to assist.

**C Doughty / H Price
September 2025**