

CARDIOPULMONARY RESUSCITATION (CPR) POLICY (for Adult, Maternity and Paediatric patients)

		POLICY
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	X	
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Target Audience	<p>All staff employed within Sherwood Forest Hospitals NHS Foundation Trust (the Trust) have a duty to respond and provide help appropriate to their role, level of responsibility and training on discovery of an individual who is suspected of/ has suffered a cardiopulmonary arrest.</p> <p>All staff identified in the Mandatory Training Policy will receive resuscitation training to a level and frequency appropriate to their role.</p>	
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1.0 INTRODUCTION

This policy outlines the systems, processes and structure in place throughout the organisation to provide safe and effective care during resuscitation events to all persons attending Sherwood Hospitals Foundation Trust. This policy should be viewed interactively in context with other organisational policies regarding the management of deteriorating patients or clinical emergencies.

The quality and monitoring of resuscitation provision has been directly influenced by the [Resuscitation Council \(UK\) Quality Standards for Cardiopulmonary Resuscitation Practice and Training in the Acute Care Setting¹](#).

2.0 POLICY STATEMENT

In an attempt to reduce the amount of cardiopulmonary arrest events, this policy interfaces with [The Observations and Escalation Policy for Adult In-Patients](#) and [The Observation Policy for Newborns, Neonates, Infants, Children and Young People](#) to provide multi-professional teams with guidance regarding safe, effective patient assessment both on admission and throughout an episode of care². The policy provides direction for staff regarding their roles, responsibilities and actions in order to provide care and summon assistance in clinical emergency situations.

Scope of Policy:

a. **Staff Groups:**

All staff employed within Sherwood Forest Hospitals NHS Foundation Trust (the Trust) have a duty to respond and provide help appropriate to their role, level of responsibility and training on discovery of an individual who is suspected of/ has sustained a cardiopulmonary arrest.

All staff identified in the [Mandatory Training Policy](#) will receive resuscitation training to a level and frequency appropriate to their role.

b. **Clinical Areas:**

This policy applies to all areas of all sites of SFHFT.

c. **Patient Group:**

All patients under the care of the Trust, visitors or staff that require resuscitation will be managed in accordance with the specifications outlined in this policy. The information reflects the current national standards of the [Resuscitation Council \(U.K\)](#) (The standards include guidance from The Royal College of Anaesthetists, Physicians and the Intensive Care Society).

d. **Exceptions:**

- Patients with a **current valid and applicable** Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) clearly documented in their medical notes in accordance with the Trust's [ReSPECT Policy](#).

¹ Resuscitation Council (UK) Quality standards for cardiopulmonary resuscitation and training – acute care (May 2017)

² [NICE Clinical Guideline 50 \(July 2007\) Recognition of Acutely Ill Patients in Hospital](#)

- Children with a current valid and applicable Personal Resuscitation Plan which identifies that CPR would be inappropriate.

3.0 DEFINITIONS/ ABBREVIATIONS

The Trust/SFHFT	Sherwood Forest Hospitals NHS Foundation Trust.
Cardiopulmonary arrest	Cessation of cardiopulmonary function. The patient will be unresponsive, not breathing adequately and have no other signs of life.
Cardiopulmonary Resuscitation (CPR)	Chest compressions combined with artificial ventilation.
Defibrillator	Medical device designed to reset the electrical activity of the heart when in an abnormal rhythm using a short burst electrical current.
AED	Automated External Defibrillator; as defibrillator but with limited function. AEDs will guide and advise a rescuer through the process and make decisions about whether a shock is needed for the casualty. A shock can only be delivered if deemed appropriate by the device.
EAU	Emergency Admissions Unit at King's Mill Hospital site
ED	Emergency Department at King's Mill Hospital Site
UCC	Urgent Care Centre at Newark Hospital site
EMAS	East Midlands Ambulance Service
Resuscitation Advisory Group (RAG)	On behalf of the Trust Patient Quality and Safety Board have delegated responsibility to oversee, develop and implement Trust policies, procedures and guidelines, identify and manage risk associated with resuscitation events.
Resuscitation Dept.	On behalf of the organisation have responsibility to provide specialist support, advice, training, audit and governance-related activity.
Resuscitation Officer (RO)	Clinical staff member working within the Resuscitation Department and employed by the trust to support the development and maintenance of the trusts ability to deliver safe and effective resuscitation services.
Resuscitation Champion	Designated staff members within a clinical area who have received appropriate training and support to act as a resource to monitor equipment checks and provide resuscitation related information, advice and training for staff working within their own clinical environment
ReSPECT Form	Recommended Summary Plan for Emergency Care & Treatment - The UK national summary document; written by a senior medical practitioner in conjunction with patients and families. Summarises key points with regard to ceilings of treatment and DNACPR decisions.
HOOHP	Hospital Out of Hours Practitioner
CCOT	Critical Care Outreach Team
Staff	All employees of the trust, including those managed by a third party organisation on behalf of the trust.
MEMD	Medical Equipment Management Department.
Do Not Attempt Cardiopulmonary	A treatment directive to identify that it would be clinically appropriate for the patient <i>not</i> to receive cardiopulmonary

Resuscitation (DNACPR)	resuscitation should their heart and breathing stop. All other agreed treatment interventions will be provided.
Resuscitation Trolley	Sealed trolley system stocked with emergency equipment and drugs. Designed to support staff in managing patients safely and effectively at the point of care during a clinical emergency.
PREM Trolley	<u>P</u> aediatric <u>R</u> esuscitation <u>E</u> mergency <u>M</u> anagement system to ensure a comprehensive selection of emergency equipment is readily available. Uses the same sealed system as the resuscitation trolley.
Personal Resuscitation Plan	A document specific to children and young people; written by a paediatric consultant in conjunction with families (and the young person where appropriate). This document details any specific actions and amendments to resuscitative care relevant to the child/young person's specific clinical situation.
Newborn Resuscitation Trolley	Sealed trolley system for the management of resuscitation and support of premature and newborn babies at delivery.
Paediatric/children	Young people from the age of 28 days to the age of 16.
Neonate	Children from birth to 28 days
Obstetric	Care of pregnant mothers

4.0 ROLES AND RESPONSIBILITIES

All trust staff

- There is a responsibility on all trust staff to immediately escalate to their line manager any concerns about potential or actual barriers to the trusts ability to comply with the standards outlined within this policy.

Resuscitation Advisory Group

- Implementation of the CPR Policy recommending that all staff comply with this policy.
- Implementation of and adherence to the Cardiac Arrest Governance Framework.
- Work in partnership with the Resuscitation Department to facilitate adherence to this framework.
- Report provision to the Deteriorating Patient Group (DPG), and through them to the Quality Assurance and Safety Cabinet and the Mortality Surveillance Group (MSG) regarding all aspects of the resuscitation service.

Resuscitation Department

- Provision of specialist advice, support and training across the organisation.
- Provide specialist advice and guidance to the organisation regarding resuscitation services, ensuring adherence to national guidelines.
- Provision of national and local governance-related auditing and reporting for cardiac arrest & related resuscitation services.
- Work collaboratively with colleagues from MEMD to ensure provision and maintenance of resuscitation equipment to maintain a safe environment.

Divisional General Managers, Clinical Directors, Heads of Nursing

- Have an awareness of the operational requirements of this policy.
- Ensure that resources and support systems are in place to enable staff to implement the care outlined within the policy.

Ward/Department Leaders/ Line Managers

- Ensure staff perform daily resuscitation equipment checks and record activity on the appropriate [emergency equipment daily check logs](#)
- Monitor audit data for their area located on the current nursing metrics system and respond promptly to any evidence of poor compliance to this activity (further reference to this can be found in section 5.6 e) & f))
- Ensure that the policy and attached procedures are adhered to.
- Ensure all cardiopulmonary arrests and other related incidents are reported appropriately using the Datix system in accordance with the Cardiac Arrest Governance Framework.
- Support staff to maintain their skills and knowledge to a level appropriate to their expected clinical responsibilities by facilitating attendance on resuscitation training courses.

Resuscitation Champions

- No person will undertake this role unless they have their manager's support and have attended a Resuscitation Champion training session provided by a Trust Resuscitation Officer.
- Demonstrate and reinforce effective resuscitation techniques at all times in accordance with the Resuscitation Council (UK) Guidelines both in the delivery of training and at resuscitation events.
- Maintain own competence, knowledge and skills in CPR by attending review days and Link staff meetings.
- Resuscitation Champions will assist the Resuscitation Officers to cascade any relevant information or training to clinical staff that impacts on resuscitation techniques, equipment or adherence to governance related activity.
- Report any concerns relating to resuscitation issues to their line manager and the Resuscitation Officers relating to the delivery of training, equipment and actual clinical events.
- Support the provision of basic life support training and approved assessment to all clinical staff within their area, and provide a register of all training completed to the Resuscitation Department.
- Support the provision of basic life support training as part of the trust annual mandatory update.

All Employees

- Must not expose him/herself or any other person to any risk of injury during the provision of emergency medical assistance. Staff should refer to guidance in the [Moving & Handling Policy](#) and the [Sharps & Needlestick Policy](#).
- Ensure awareness and effective daily communication of the resuscitation status of all patients in their care, inclusive of those patients who have a ReSPECT for, DNACPR decision or Personal Resuscitation Plan in place and follow these accordingly.
- Professional accountability for attendance at identified mandatory training events within specified time scales.
- Are personally responsible for ensuring their knowledge, skills and familiarity with the medical emergency team activation system and the location of resuscitation equipment within their clinical environment are all kept up to date.
- Ensure **all** cardiopulmonary arrest events are reported using the Datix risk management reporting system, irrespective of whether a 2222 cardiopulmonary arrest call has been instigated or not.

- Ensure all resuscitation equipment is available, checked daily and replaced immediately after use.
- Report any defective resuscitation equipment to their line manager and the MEMD Department immediately, whilst ensuring a contingency plan is instigated to access alternative equipment in the interim period.
- Staff must inform their line manager as soon as possible, if they have a physical condition that would prevent them from performing effective CPR, should they be required to do so while on duty.

5.0 APPROVAL

Following consultation, this policy has been approved by the trust's Resuscitation Advisory Group.

6.0 DOCUMENT REQUIREMENTS (POLICY NARRATIVE)

6.1 PROCEDURE FOR CARDIAC ARREST

- ***This policy should be read and aligned appropriately with the [ReSPECT Policy](#) to provide timely decision making with regard to the appropriateness of CPR for each of our patients on an individual basis.***
- For those adult patients with a short duration admission period who are deemed to be in the dying phase, and a DNACPR order is not yet in place, it is the responsibility of the most senior clinician present to determine if CPR is appropriate, or promptly declare and document CPR is inappropriate and complete a ReSPECT form.
- **Action to be taken where CPR has been deemed clinically appropriate:**
When a cardiac arrest has been clinically confirmed, a member of staff will; summon help and commence CPR whilst observing appropriate personal safety precautions. Additional staff will take the appropriate resuscitation trolley, defibrillator, oxygen and suction equipment (if portable) to the patient for immediate deployment and telephone switchboard using the number **2222** to summon appropriate expert help.
- **The Activation System to Summon Help**
 - i. All emergency response team members are issued with a **bleep** that incorporates a speech facility.
 - ii. Upon receipt of a 2222 call, the switchboard operator will activate the requested team members' bleeps.
 - iii. A rapid high intermittent tone will be heard followed by the speech facility providing notification of the location of the emergency/arrest.
 - iv. A test of emergency bleep function for all response teams will be carried out by the switchboard team every 12 hours.
 - v. Bleep holders must respond to emergency bleep tests on the number stated to support the trust's ability to ensure safe and effective operation of our emergency response functions.
 - vi. A second request for response will be issued individually to non-responders as necessary.

- vii. If the bleep is malfunctioning or the holder suspects a malfunction it should be returned immediately to the switchboard for testing and a replacement will be issued if deemed necessary.
 - viii. When a baton bleep is held, members of the resuscitation team must personally hand over the bleep to the appropriate relief staff.
 - ix. Records of staff responses to bleep tests will be provided to service leads to monitor compliance with the expectation that non-response will be addressed and managed.
 - x. The 3000 number may also be used in an emergency to summon urgent role specific medical assistance in preference to 0.
 - xi. If 2222 is dialled in error, staff must inform switchboard of the error **before** replacing the receiver.
- When dialling **2222**, inform the switchboard operator by stating clearly the **exact location** of the patient, the specific team(s) required and their name ([see Appendix Ia / Appendix Ib](#)).
 - It is the responsibility of the staff member placing the call to ensure correct, specific information is given to the switchboard operator.
 - If the call is regarding a neonate, this **must** be referred to as a **Neonatal emergency**.
 - If it is regarding a child, this **must** be referred to as a **Paediatric emergency**.
 - In situations where an adult patient is not in arrest but staff require rapid clinical support to maintain patient safety due to the severity of the patient's condition then a **2222** call should be made asking for the **Cardiac Arrest team**
 - If insufficient members of the arrest team arrive, or there appears to be an inappropriate delay in response, repeat the **2222** call. Create a Datix system alert if this occurs & results in suboptimal patient care
 - If the victim location is on a Trust site but external to a building, e.g. a car park, ensure a **2222** call is placed using the nearest internal telephone to summon the cardiac arrest team, stating the exact location. If transport will be required to transfer the patient to the Emergency Department, **additionally** call **999** to request an ambulance.
 - If the doctor in charge identifies that a sufficient number of skilled clinicians are already present, e.g. Theatres, Intensive Critical Care Unit (ICCU), Emergency Department (ED), Coronary Care, specific members of the cardiac arrest team may be fast-bleeped via switchboard by dialling **3000** or **2222**. Alternatively the Vocera system may be used to summon an individual clinician urgently.
 - Once CPR has been initiated, it will be the decision of the cardiac arrest team leader when to terminate the resuscitation attempt. (It is advised that standard practice for the team leader is to evoke a consensus of opinion from all team members on this issue.)
 - At a paediatric arrest, the on-call Paediatric Consultant will decide when to terminate the resuscitation attempt.

- If the cardiac arrest is witnessed (this is more frequent in paediatric situations), the team leader must ensure a member of staff has been assigned to support the witness(es) throughout the event
- **All cardiac arrests must be reported using the Datix incident reporting system.**
- Cardiac arrest team members should ensure they are familiar with the Trust's ReSPECT Policy.

6.2 THE EMERGENCY RESPONSE TEAMS

With the exception of the Acute Response Team (see [The Observations and Escalation Policy for Adult In-Patients](#)) and at Mansfield Community Hospital emergency response calls are activated by dialing **2222**.

For Newark Hospital variances please refer to Appendix VIII

For Mansfield Community Hospital variances please refer to Appendix IX

King's Mill Site (including the Renal Unit & PC24)

- **Acute Response Team (ART)** (response in SFHFT inpatient areas only)
 - Critical Care Outreach Nurse (07:45-00:00).
 - Hospital Out of Hours Practitioner (**HOOHP**) (00:00-07:45).
 - Medical Registrar on-call.
 - Anaesthetic Registrar on-call.
- **Adult Cardiac Arrests/Adult Medical Emergencies**
 - Medical Registrar on-call.
 - Junior Doctor on-call.
 - Anaesthetics 1st on-call.
 - Duty Nurse Manager.
 - CCOT practitioner
 - Hospital Out of Hours Practitioner (**HOOHP**) (20:00-08:00).
 - The Resuscitation Officer (09:00-17:00, Mon-Fri).

Additional clinical staffing roles receive cardiac arrest calls and are expected to attend any incident within the location of their professional responsibility to enhance cardiac arrest management skills.

- **Trauma Team**
 - ED consultant.
 - ED Middle Grade.
 - Radiographer.
 - Anaesthetics 2nd on-call.
 - Orthopaedic registrar on-call.
 - Surgical Registrar on-call.
 - Resuscitation Officer (09:00-17:00, Mon-Fri).
 - Hospital Out of Hours Practitioner (**HOOHP**) (20:00-08:00).
 - For Paediatric Trauma also call **3000** and fast bleep the Paediatric registrar on-call.

- **Neonatal Emergencies**
 - Paediatrics Registrar on-call.
 - Paediatrics Junior Doctor on-call.
 - Sherwood Birthing Unit Coordinator
 - On-call Paediatric Consultant via mobile - at the discretion of the Paediatric Registrar
- **Paediatric Emergencies**
 - Paediatrics Registrar on-call.
 - Paediatrics Junior Doctor on-call.
 - Anaesthetics 2nd on-call.
 - Ward 25 Nurse Coordinator.
 - Resuscitation Officer (09:00-17:00, Mon-Fri).

If further medical assistance is required, contact via switchboard by dialling **3000** or **2222** and request a fast-bleep of the specific person/role.

- **Obstetric Emergencies**
 - Obstetric Registrar on-call.
 - Sherwood Birthing Unit Coordinator.
 - Obstetric Junior Doctor on-call.
 - Obstetric Consultant on-call (on site 08:30-18:30, mobile via switchboard out of hours)

In the event of an obstetric cardiac arrest, the obstetric emergency procedure must be instigated using the **2222** number and **additionally ask for the Adult Cardiac Arrest team**.

In either event, if delivery of baby is likely to be necessary then the **Neonatal Emergency Team** should also be requested.

6.3 CLINICAL EMERGENCIES IN OTHER AREAS

The King's Treatment Centre (KTC) Protocol for Summoning Emergency Assistance

Please refer to Appendix XI. KTC staff have a dual option to summon assistance in accordance with the persons' need:

- Dial 2222 if the person is unable to speak.
- Dial 3000 and request a fast bleep of the KTC Nurse Leader (Site Co-ordinator out of office hours) if the person is able to speak.

Procedure for Managing an Emergency on Site but External to Buildings

- Summon assistance from clinically trained staff/first aider in the nearest department to the event.
- Dial 2222 via switchboard and request the cardiac arrest team if life is threatened **and** dial 999 for EMAS ambulance support to transfer the casualty.
- Collect the nearest Outdoor First Responder Bag (located on KTC Main reception & EAU at KMH, utilise UCC resources at Newark & EMAS at MCH) and AED.

- Provide emergency medical aid to the victim using the equipment in the bag. If cardiac arrest evident follow appropriate personal safety precautions to deploy the AED and commence CPR if required.
- **Management of this situation should reflect a pre-hospital rather than in-hospital situation.** Stabilisation of the casualty as much as the situation permits and rapid transfer to an in-hospital emergency care environment (usually the Emergency Dept.) is the priority, as opposed to attempting to instigate full emergency management in a potentially challenging environment with limited resources.

6.4 EQUIPMENT

- a. More detailed information relating to resuscitation equipment can be found by accessing the [Resuscitation Equipment Guide](#). This is located in the folder with every resuscitation trolley or via the Resuscitation Dept section of the intranet.
- b. All Clinical staff will be familiar with the location and operative use of available resuscitation equipment within their working environment. The importance of this is emphasised in those areas where equipment is shared (e.g. the King's Treatment Centre).
- c. Both of the defibrillator models at SFHFT run diagnostic self-checks overnight, they must be checked by clinical staff each morning to ensure the test has been successful and they are ready for use.
- d. For Zoll R-series devices, ensure pads are pre-connected to the defibrillator and in date.
- e. Areas that have a Lifepak 1000 model AED should ensure pads are not kept with the device; the correct pads for this model are stored in the top drawer of the sealed resuscitation trolley.
- f. Areas that do not access the MEMD resuscitation trolley schemes are responsible for ensuring the availability of resuscitation equipment and that it is checked daily and in full working order.
- g. All resuscitation equipment will be situated in a central, clearly visible location to facilitate rapid unimpeded access (resuscitation bays in most areas).
- h. A Healthcare Professional working in each area must perform checking of the equipment daily. This check must be recorded on the appropriate emergency equipment daily check log. Areas not in use on certain days will not be expected to check during these times but the log must show the reason why checks are not performed at these times.
- i. The operational readiness of equipment and its maintenance is the responsibility of the Registered Nurse/Professional Lead on each shift on the ward/department in which the equipment is sited. The Ward/Department manager and MEMD should be notified immediately if a fault is detected.
- j. If a fault will impede resuscitation attempts, it is the responsibility of the Ward/Department Lead in the interim period to ensure access to replacement equipment is established. (If an immediate replacement is not available, contingency arrangements will need to be identified and robustly communicated to all affected staff).

RESUSCITATION BACKUP POINTS

- a. These are the central points for exchange of sealed emergency equipment systems at each of our three hospital sites and in some cases for central storage of additional emergency equipment.

- b. They are located:
- **King's Mill Hospital:** level 0 near the main public lift lobby directly behind the Faith Centre.
 - **Newark Hospital:** Clean equipment storage area within Sconce ward.
 - **Mansfield Community Hospital:** Lindhurst ward store room.
- c. They contain:
- **King's Mill Hospital:** Adult, PREM and newborn trollies, sepsis and paediatrics boxes, resuscitation trolley support bags and outdoor first responder bags. Back up AEDs, manual defibrillators and portable suction units. Emergency lifting equipment. LUCAS device.
 - **Newark Hospital:** Adult and PREM trollies (sepsis boxes on UCC).
 - **Mansfield Community Hospital:** Adult trollies and sepsis boxes.

d. Replacement of used sealed emergency equipment systems in the MEMD scheme

It is the responsibility of ward/dept staff to ensure the following actions are completed:

- i. A used trolley/box/bag is immediately replaced by collecting a replacement from the relevant back-up point location.
- ii. Any used disposable items are disposed of via the appropriate waste stream (DO NOT RETURN INDIVIDUAL USED ITEMS TO THE TROLLEY/BOX/BAG).
- iii. Once the replacement is on the Ward/Dept, the used equipment must be sealed using the large red tag provided and immediately taken to the back-up point.
- iv. Staff must immediately inform MEMD of the used equipment by telephoning ext. 3219.
- v. Report your clinical area, date, time and used and new trolley/box/bag numbers.
- vi. The same procedure also applies to used paediatric and sepsis boxes; reseal the boxes with the red used tag located inside the box prior to returning to the back-up point.
- vii. KMH back up point room arrangement provides segregated new and used areas to guide staff and avoid cross contamination of clean, unused equipment; **GREEN** for new **RED** for used.
- viii. Ensure equipment is placed in the appropriate area.

EMERGENCY RESUSCITATION TROLLEYS

- a. Every adult ward/clinical area will be equipped with a sealed emergency resuscitation trolley containing essential equipment to commence and sustain CPR. All clinical areas with a duty of care to children will additionally have either a PREM trolley or a blue paediatric emergency box (please see appendices list for details of contents and locations of equipment or access via the [Resuscitation Dept intranet site](#)). Maternity areas will have the addition of a Newborn resuscitation trolley.
- b. MEMD are responsible for the maintenance and tracking of equipment used in the resuscitation trolley, paediatric box and emergency bag schemes.
- c. The Resuscitation Advisory Group is responsible for reviewing and updating all aspects relating to this area of care. Further information can be found in the [Advisory Group Terms of Reference](#) located on the Resuscitation Dept. intranet site.
- d. In the event of a cardiac arrest, paediatric or neonatal emergency; the appropriate emergency trolley or box will be opened immediately and CPR commenced.
- e. If additional equipment is needed, this can be located in the following areas:
 - **Adult:** Back up point sited on level 0 near the main public lift lobby directly behind the Faith Centre.

- **Paediatric:** Emergency Dept, Ward 25, Theatres recovery.
- **Neonates:** Sherwood Birthing Unit/Ward 14, NICU.
- **Newark Site:** Urgent Care Centre, Adult & Paediatric

f. **Resuscitation Equipment Checking Procedure:**

- a. All resuscitation trolleys must be checked daily. For those in the MEMD replacement scheme this entails checking the green seal tag is intact & expiry date has not been reached. Other trolleys will require full contents and expiry date checks by staff.
- b. Defibrillators readiness must be checked daily.
- c. Suction Equipment must be checked daily for the presence of consumable items & receive a function test weekly.
- d. Free standing oxygen cylinders in clinical areas must be accompanied by a non-rebreathe oxygen mask.

g. **Procedure following use:**

- Decontamination of the trolley and contents initially by ward staff in accordance with the protocol outlined in the [Resuscitation Equipment Guide](#).
- Exchange of the trolley via the MEMD
- Notify the MEMD Department a trolley has been opened on extension 3219 (24 hour answering service).

EXISTING RESUSCITATION TROLLEYS IN USE NOT COVERED BY THE MEMD REPLACEMENT SCHEME

- a. Areas that implement the use of their own ward/dept resuscitation trolley are **individually responsible** for its maintenance (ref sections 14.d and 14.e below).
- b. A log will be maintained by the ward/dept recording daily maintenance checks.
- c. All trolleys will be stocked with the appropriate essential resuscitation equipment at all times.
- d. For a list of neonatal resuscitation equipment see relevant appendix of the [Neonatal Resuscitation Guideline](#).
- e. The Resuscitation Officer (RO) as representative of the Resuscitation Advisory Group will be responsible for updating the list as appropriate.

6.5 CARDIOPULMONARY ARREST IN SPECIAL CIRCUMSTANCES

- a. **Obstetric cardiac arrest:** Staff will use the medical emergency telephone number 2222 to summon the obstetric emergency team in addition to the adult cardiac arrest team. The midwifery unit will be responsible for ensuring any additional equipment required to manage the situation is readily available and maternal CPR training is attended by staff.
- b. **Difficult Airway Situation:** (Appendix X) **Management of patients that are neck breathers³:** Staff must ensure specialist airway equipment is readily available for all patients with tracheostomy and/or laryngectomy associated conditions. Specialist support and additional equipment can be accessed via the Critical Care Outreach Team (CCOT), the ENT Nurse Specialist using vocera, or the cardiopulmonary arrest team via the 2222 number. As an interim measure, in an emergency prior to arrival of the cardiopulmonary arrest team, an infant face mask is provided in the adult resuscitation box for the initial management of a patient that does not have a tracheostomy tube in situ and is unable to breathe through the mouth or nose.

³ NPSA Protecting Patients who are Neck Breathers 2005

- c. **Trauma Patients:** Activation of the trauma team via switchboard using the 2222 emergency number ensures immediate attendance of all relevant personnel to manage a trauma situation in accordance with the Regional Trauma Protocol
- d. **Paediatric Patients:** Staff will use the medical emergency telephone number 2222 clearly stating they need the paediatric emergency team. Paediatric resuscitation equipment is situated in all areas that routinely provide treatment and care to children.

6.6 POST RESUSCITATION CARE

- a. The post resuscitation care guidelines incorporated in the [Advanced Life Support Course](#) or [European Paediatric Advanced Life Support Course](#) programme should be applied for those patients who survive a cardiopulmonary arrest.
- b. Unstable critically ill patients will require provision of appropriate invasive monitoring of oxygenation, capnography for intubated patients, blood pressure, perfusion and urine output with reassessment of blood tests (e.g. full blood count, urea and electrolytes, blood glucose, cardiac enzymes, cross-matching, coagulation screening, calcium and magnesium level), chest radiography and twelve-lead electrocardiography, with continuous electrocardiograph monitoring and be considered for ongoing care in a critical care area (e.g. ICCU, CCU). Contact with the ICCU registrar will be required.
- c. Once the patient is stabilised, transfer to the identified most appropriate specialised care area must be promptly instigated, with a continuance of non-invasive monitoring, as documented in the patient's care management plan.
- d. ***If the patient is not stable, do not transfer.*** This is of high importance for those patients requiring inter-hospital relocation.
- e. The attending Specialist trainee Registrar in Medicine has the following responsibilities:
 - Ensure safe and prompt patient transfer.
 - Ensure a post resuscitation management plan of care is clearly documented in the patient's medical records.
 - Ensure effective communication relating to the plan of care is established at a multi-disciplinary level.
 - Document the patient's future resuscitation status and ensure this is communicated to the senior nurse on duty.
- f. For those patients who are not transferred, ensure a written management plan identifies acceptable clinical observation parameters as outlined in the [National Early Warning Scoring \(NEWS\) system](#)⁴, with instruction for attending staff to trigger alert protocols as per [The Observations and Escalation Policy for Adult In-Patients](#).
- g. In the absence of an attending Specialist Trainee Registrar in Medicine, these responsibilities will rest with the most senior medical staff member in attendance at the time.

⁴ National Early Warning Score, the Royal College of Physicians 2012

6.7 PATIENT TRANSFER

To facilitate safe transfer of a patient, it is necessary to ensure the following recommendations are adhered to:

- a. Suitable transport has been arranged
- b. The receiving area has been fully consulted.
- c. The patient's relatives are informed.
- d. All necessary equipment required is available and in good working order.
- e. Sufficient quantities of any required medications are included.
- f. Appropriately trained personnel will escort the patient (paediatric retrieval team may be warranted).
- g. Medical notes, x rays, scan results etc are fully up to date and transferred.
 - (A police escort may be required in some emergency situations)
 - This aspect of the policy interfaces with the trust's [Escort Policy](#) and the [Paediatric Transfer Policy](#).

6.8 THE RESUSCITATION ADVISORY GROUP

Terms of Reference

The Resuscitation Advisory Group's actions are governed by adherence to national [Resuscitation Council \(UK\) Guidelines](#).

The [Resuscitation Advisory Group Terms of Reference](#) are accessible via the hospital intranet

Members:

A list of current [Resuscitation Advisory Group Members](#) is accessible via the Trust intranet site.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Yearly completion of mandatory Basic Life Support training for all clinical staff groups.	Line Manager	OLM/ESR compliance matrix.	Yearly as part of the appraisal process.	Trust board (monthly mandatory training compliance reports).
Compliance to mandatory training requirements (section 7.2, pages 18-20) for emergency response team members	Service specific: Resuscitation Training Manager - Adult & Paediatric Emergency Teams CCOT - ART Team ED ANP Trauma Lead - Trauma Team Practice Development Midwife - Neonatal & Obstetric Teams	Resuscitation training manager monitoring 2222 call triggers via switchboard and auditing attendees re.training compliance. Any highlighted issues with training compliance and immediately escalated to the service lines responsible individual for management.	Ongoing as 2222 calls occur.	Deteriorating Patient Group (dashboard).
Local protocol in place to ensure departments where 2222 calls are not routinely generated to manage events have staff compliant to the relevant mandated emergency response team qualification.	Department managers/ service leads – Emergency department, Cardiac Catheter Suite, Theatres, Intensive Critical Care Unit.	OLM/ESR compliance matrix comparison against training needs identified.	Ongoing.	Department managers/ Service Leads.

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
All Cardiac Arrests will be audited by the Resuscitation Department as outlined in the Cardiac Arrest Governance Framework.	Resuscitation Officers.	Local audit of case notes, submission of relevant data to the National Cardiac Arrest Audit database and local information capture.	Ongoing audit, monthly reporting.	Deteriorating Patient Group, Quality Assurance and Safety Cabinet, Harms Free Operational Group.
Daily checking of resuscitation equipment in all wards and department when in use.	Department manager responsible for surety, checks can be performed by any member of clinical staff.	Nursing metrics.	Monthly.	Deteriorating Patient Group.

8.0 TRAINING AND IMPLEMENTATION

This information identifies resuscitation training standards for all Trust employees working clinically in accordance with their role, speciality and department.

Levels of training

Training activity necessary relating to resuscitation should be determined by:

- Ensuring high level compliance to *mandatory* training levels as identified in this section and the [Mandatory Training Policy](#)
- Divisional level responsibility beyond mandatory training & through risk assessment to ensure a safe clinical environment is maintained (reference appendix XII)
- Using this policy in conjunction with the [Adult In-Hospital Escalation Policy](#), [Maternity Escalation Policy](#), [Paediatric Escalation Protocol](#) to equip staff to prevent deterioration/cardiac arrest wherever possible when clinically appropriate to do so (a care & comfort focused end of life care pathway inclusive of a do not resuscitate decision may be in place)

Standard of Training

The standards of training provided by SFHT are in accordance with [RCUK Quality Standards for CPR Training & Practice](#) and in support of the key priorities for managing deteriorating patients as outlined in [NICE Guideline CG50](#).

Resuscitation Training Available & Associated Competency Standards

These can be found in the [TED Training Manual](#) under the Resuscitation Section for each course individually

Training Provision

Access to planned training course information & dates is via the [Resuscitation Dept intranet](#)
The Resuscitation Department provide training opportunities in various ways:

- Provision of nationally accredited courses
- In-house scheduled training courses
- At induction for clinical staff
- Scheduled annual mandatory training sessions ([access & information via the intranet](#))
- Ad hoc group sessions by prior arrangement
- Ward/Dept based CPR simulation by prior arrangement
- E-learning programmes via [Sherwood e-academy website](#)
- Training is also provided by clinical specialists/accredited instructors within their wards & departments with the support of the Resuscitation Dept on request.
- Resuscitation Champions can provide in situ training
- Neonatal & Obstetric Emergency skills training is provided by the Midwifery Educators and via the NLS course facilitated by the Resuscitation Dept.
- Other related speciality specific clinical skills training is additionally provided by educational leads within various acute care areas of the trust.
- Clinical staff who have attended an appropriate nationally recognised course or training in a previous post, within the last 12 months, may be exempt from training, provided documentary evidence is produced.

8.1 MANDATORY TRAINING REQUIREMENTS

All Clinical Staff

All trust staff working in clinical areas as identified in the [Mandatory Training Policy](#) must complete adult basic life support training.

All staff with a duty of care to neonatal or paediatric patients must additionally complete neonatal/paediatric basic life support training.

This training must be updated **annually**.

New Staff

All new Registered Nurses, Associate Nurses, Health Care Support Workers and Allied Health Professionals entering the Trust will receive their mandatory, competency assessed CPR training as part of their induction process.

Non clinical staff will receive basic medical emergency advice on their Orientation Day

Existing Staff

Will access BLS training at their annual mandatory training event. This is booked via the [Training, Education & Development intranet site](#)

Staff who do not achieve this must utilise a Resuscitation Champion or recognised ALS/EPALS/ILS instructor in their area, or attend an alternative training opportunity via the Resuscitation Dept.

Neonatal training is accessed via Midwives, Paediatricians and the NLS Course

Mandatory Medical Curriculum Training Provided for Junior Doctors

Scheduled training activity exists annually to provide:

- 5th year medical students ILS Course
- Foundation Year 1 doctors ILS Recertification Course
- Foundation Year 2 doctors ALS course

8.2 EMERGENCY TEAMS

Adult Medical Emergency/Cardiac Arrest Team (KMH & Newark)

The teams consist of 2 tiers, which when combined create an effective emergency response resource. These are identified as:

- Key roles essential to medical clinical management and/or leadership (bold font)
- Support roles providing bedside clinical skills and/or assistance to the ward/dept environment & other patients while the emergency situation is in progress

Mandatory training levels have been mapped for each tier with acknowledgement of their level of clinical responsibility, using a multidisciplinary approach, and following consultation with team members where necessary to understand what their role most frequently entails.

Adult Medical Emergency/Cardiac Arrest Teams

KMH	Mandatory Training Level	Recommended Training Level	Hours Covered
Medical Registrar ST3-7 on call	ALS		24/7
Medical CT1-2/FY2/Clinical Fellow (CF)	BLS	ALS	24/7
Anaesthetic 1 st on call	Completion of IAC	ALS	24/7
Ward 23 Senior Nurse	ALS		24/7
HOOHP	ALS		2000-0800
Resuscitation Officer	ALS		Mon-Fri 0900-1700 unless teaching commitments do not permit
Duty Nurse Manager	BLS	ILS	24/7

Newark	Mandatory Training Level	Hours Covered
Medical Speciality Doctor on call	ALS	0800-1900 & 22:00-08:00
UCC Doctor	ALS & EPALS	09:00-22:00
UCC Senior Nurse	ILS & PILS	09:00-22:00

Note: Newark emergency events usually involve patients that self-present, occasionally children therefore team members in key roles require adult and paediatric training.

Paediatric Emergency Team

KMH	Mandatory Training Level	Hours Covered
Paediatric Registrar on call	EPALS or APLS	24/7
Paediatric FY2/ST1-3/GPSTR	PILS	24/7
Anaesthetic 2 nd on call	Completion of Core Anaesthetic training or equivalent	24/7
Ward 25 Nurse Coordinator	EPALS or APLS	24/7
Resuscitation Officer	EPALS or APLS	Mon-Fri 0900-1700 unless teaching commitments do not permit

Neonatal Emergency Team

KMH	Mandatory Training Level	Hours Covered
Paediatric Registrar ST3-7	NLS	24/7
Paediatric F2/ST1-3/GPSTR	NLS	24/7
SBU Coordinator	NLS	24/7

Obstetric Emergency Team

KMH	Mandatory Training Level	Hours Covered
O&G Consultant	Emergency Skills in Obstetrics Course	0830-1830 on site then on call
O&G Registrar ST3-7	Emergency Skills in Obstetrics Course	24/7
Obstetric CT 1-2/FY2/ST1-3	Emergency Skills in Obstetrics Course	24/7
SBU Coordinator	NLS & Emergency Skills in Obstetrics Course	24/7
Anaesthetist on call for Obstetrics	Completion of IAC	24/7

Note: NICU Nurse additionally attends if NICU workload permits

Trauma Team

KMH	Mandatory Training Level	Hours Covered
Consultant	ATLS/ETC Course	0800-2200
Emergency Care Middle Grade Doctor with designated team leader responsibilities	ATLS/ETC Course	24/7
<i>Additional Team Members</i>		
Radiographer		24/7
2nd on-call Anaesthetist	Completion of Core Anaesthetic training	24/7
Orthopaedic CT 1-2/FY2/ST1-3 on call		24/7
Surgical CT 1-2/FY2/ST1-3 on call		24/7
Resuscitation Officers	ATLS Course Observed	0900-1700 Monday-Friday unless teaching commitments do not permit
HOOHP	ATLS Course Observed	2000-0800

Acute Response Team (ART)

KMH	Mandatory Training Level	Recommended Training Level	Hours Covered
Medical Registrar ST3-7 on call	ALS		24/7
Anaesthetic 2 nd on call	Completion of Core Anaesthetic training	AIM/ALS	24/7
Critical Care Outreach Nurse (CCOT)	Multifactorial Critical Care Skills		0745-2330
HOOHP	ALS (as required for role on adult CA Team)		2330-0745

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix XIII](#)
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- [Resuscitation Council \(UK\) Quality standards for cardiopulmonary resuscitation and training – acute care \(May 2017\)](#)
- [NICE Clinical Guideline 50 \(July 2007\) Recognition of Acutely Ill Patients in Hospital](#)
- [NPSA Protecting Patients who are Neck Breathers 2005](#)
- [National Early Warning Score \(NEWS\), Standardising the assessment of acute-illness severity in the NHS. The Royal College of Physicians 2017](#)

Related SFHFT Documents:

- [Allergy & Anaphylaxis Identification Policy](#)
- [ReSPECT Policy](#)
- [The Observations and Escalation Policy for Adult In-Patients](#)
- [ICCU Guideline – Post Cardiac Arrest Management](#)
- [Maternity Early Warning Scores \(MEWS\)](#)
- [Paediatric Emergency Guidelines](#)
- [Paediatric Early Warning Score \(PEWS\)](#)
- [Paediatric Transfer Policy](#)
- [Guideline for Neonatal Resuscitation](#)
- [Moving & Handling Policy](#)
- [Mandatory Training Policy](#)
- [Sharps & Needlestick Policy](#)
- [Escort and Transfer Policy for Adult Patients](#)
- [Medical Equipment User Training Policy](#)

11.0 KEYWORDS

Emergency; Defibrillator; 2222; arrest; Trolley; MEMD; DNACPR; ReSPECT

12.0 APPENDICES

<ul style="list-style-type: none"> • Appendix Ia Emergency Response Teams KMH • Appendix Ib Emergency Response Teams Newark Hospital • Appendix II Emergency/ Resuscitation Box Contents – Paediatric • Appendix III Resuscitation Trolley Contents List – Adult • Appendix IV PREM Trolley Contents • Appendix V Additional Equipment List • Appendix Va Outdoor First Responder Bag Contents List • Appendix 5b Trolley & Bag contents List • Appendix VI Number & Location of Paediatric Emergency Equipment • Appendix VII Number & Location of Cardiac Arrest Trolleys • Appendix VIII Newark Hospital Policy Variances • Appendix IX Mansfield Community Hospital Policy Variances • Appendix X Difficult Airway Algorithm • Appendix XI KTC Emergency Assistance Protocol • Appendix XII Guide to Staff Resuscitation Training 	<p>These Appendices can all be accessed via this intranet link</p>
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[Appendix XIII](#) Equality Impact Assessment Form (attached)

Appendix XIII – Equality Impact Assessment Form

Name of service/policy/procedure being reviewed: Resuscitation Service; CPR policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 30/12/2020			
<i>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</i>			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assess			
Race and Ethnicity:	None	None	None
Gender:	None	None	None
Age:	None	None	None
Religion:	None	None	None
Disability:	None	None	None
Sexuality:	None	None	None
Pregnancy and Maternity:	Pregnant staff members will require assessment of the potential risks or impacts regarding the provision of chest compressions and an agreement reached between the affected staff member and their line manager as to their role in cardiac arrest events.	No change is required as there are alternative roles that can be undertaken by affected staff members to support patient care.	Not required.
Gender Reassignment:	None	None	None
Marriage and Civil	None	None	None

Partnership:			
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation):	None	None	None

What consultation with protected characteristic groups including patient groups have you carried out?

- No consultation undertaken.

What data or information did you use in support of this EqIA?

-

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

- No.

Level of impact

From the information provided above and following EqIA guidance document ([click here](#)), please indicate the perceived level of impact:

Low Level of Impact.

For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

Name of Responsible Person undertaking this assessment:

Christine Miles

Signature:

Date:

30/01/2021