RESUSCITATION POLICY (for Adult, Maternity and Paediatric patients)

	POLICY
Reference	CPG-TW-RESUS
Approving Body	Resuscitation Advisory Group
Date Approved	December 2023
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public

	YES	NO	N/A
	X		

Issue Date	29th December 2023
Version	1.0

Summary of Changes from Previous Version	V1.0
	• Change of title from Cardiopulmonary resuscitation (CPR) policy to Resuscitation Policy
	• General terminology updates eg Resuscitation Department to Resuscitation Services
	• Section 4.7, information added regarding Resus Back-Up Points
	• Section 6.1, information added regarding:
	    ○ grades lower than ST3 promptly information senior grades of a DNACPR decision
	    ○ use of cardiac arrest form located in resus trollies
	    ○ tracheostomy emergencies
	    ○ information added regarding having a debrief
	• Section 8, monitoring matrix updated to reflect current arrangements
	• Equality Impact Assessment – updated

Supersedes	• Cardiopulmonary Resuscitation (CPR) Policy (for Adult, Maternity and Paediatric patients), v2.1, Issued 14th December 2022 to Review Date January 2024 (ext[1])
Document Category	• Clinical
Consultation Undertaken	V1.0 • Resuscitation Advisory Group • Deteriorating Patient Group
Date of Completion of Equality Impact Assessment	01/12/2023
Date of Environmental Impact Assessment (if applicable)	Not Applicable
Legal and/or Accreditation Implications	Support Adherence to Resuscitation Council (UK) latest Guidelines and agreed local Mandatory Training Dictates inclusive of National Core Skills for Health
Target Audience	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. All staff identified in the Mandatory Training Policy will receive resuscitation training to a level and frequency appropriate to their role.
Review Date	December 2026

Sponsor (Position)	Medical Director
Author (Position & Name)	Resuscitation Services Manager, Christine Miles
Lead Division/ Directorate	Corporate
Lead Specialty/ Service/ Department	Corporate Nursing/ Resuscitation
Position of Person able to provide Further Guidance/Information	Resuscitation Services Manager and other staff in the Resuscitation Team

Associated Documents/ Information	Date Associated Documents/ Information was reviewed
Not Applicable	Not Applicable
Template control	June 2020

CONTENTS

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 Setting[1].

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 care[2]. The policy provides direction for staff regarding their roles, responsibilities and actions 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.
   - Children with a current valid and applicable Personal Resuscitation Plan which identifies that CPR would be inappropriate.

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[1] Resuscitation Council (UK) Quality standards for cardiopulmonary resuscitation and training – acute care (Updated July 2023)

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

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 Services 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 regarding 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 Resuscitation (DNACPR)	A treatment directive to identify that it would be clinically appropriate for the patient *not* to receive cardiopulmonary 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

4.1 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.

4.2 Resuscitation Advisory Group
- Implementation of the Resuscitation Policy recommending that all staff comply with this policy.
- Implementation of and adherence to the Cardiac Arrest Governance Process.
- 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.

4.3 Resuscitation Services Department
- Provision of specialist advice, support and training across the organisation.
- Provision of specialist advice and guidance to the organisation regarding resuscitation services, ensuring adherence to national guidelines.
- Provision of national and local governance activity: 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.

4.4 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.

4.5 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
- 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 Process.
- Support staff to maintain their skills and knowledge to a level appropriate to their expected clinical responsibilities by facilitating attendance on resuscitation training courses.

4.6 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
- 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 for clinical staff.

4.7 All Employees

- Must not expose themselves 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 , Sharps & Needlestick Policy & Personal Protective Equipment 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 form, 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 (Resuscitation Back-Up Points provide spare equipment, particularly if needed out of hours)
- 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. Clinicians below the level of ST3 are required to promptly inform the appropriate senior clinician of a DNACPR decision either verbally or electronically and document this action.

- **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 advised 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 expert help.

- It is recommended that the [cardiac arrest proforma](#) located in the top drawer of every adult resuscitation trolley is used to support accuracy of documentation of the cardiac arrest event.

- **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 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. This includes battery replacement.

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 if compliance is low, with the expectation that non-response will be addressed and managed.

x. If 2222 is dialled in error, staff must inform switchboard of the error **before** replacing the receiver.

- When dialling **2222**, state clearly the **exact location** of the patient, the specific team(s) required and caller name

- It is the responsibility of the caller 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 an infant or a child, this **must** be referred to as a *Paediatric emergency.*

- In situations where an adult patient is not in cardiac 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 a tracheostomy emergency exists, ask the switchboard operator to additionally summon the tracheostomy emergency team in order to provide specialist emergency management [(Tracheostomy Policy)](Tracheostomy Policy)

- If a difficult airway situation exists, the anaesthetist present may activate the Difficult Airway Protocol.

- 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 location of the person affected 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.

- A [Fast Bleep Protocol](#) **via 2222** should be used to summon a specific clinician(s) to a medical emergency in such circumstances where the whole team is not required

  The [Urgent Medical Assistance Protocol for Non-Clinical Areas](#) identifies support for staff in more unexpected locations

- 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 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(s) 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.

- A structured debrief for staff involved in such events is recommended in support of staff health and wellbeing. Resuscitation Services can be contacted for support and guidance if required.

6.2 THE KEY 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 dialling **2222**.

[Newark Hospital Variances](#) information outlines the protocol for this site

[Mansfield Community Hospital Variances](#) outlines the protocol for this site

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

- **Acute Response Team (ART)** (response in SFHFT inpatient areas only)
  - Critical Care Outreach Nurse (24 hrs).
  - Hospital Out of Hours Practitioner **(HOOHP)** (17:00 onwards Mon-Fri & 24hrs weekends & Public Holidays)
  - Medical Registrar on-call.
  - Anaesthetic/ICCU 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)**
- Resuscitation Officer (08:00-16:00, 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.

- **Neonatal Emergencies**
  - Paediatric Registrar on-call.
  - Paediatric Junior Doctor on-call.
  - Sherwood Birthing Unit Coordinator
  - On-call Paediatric Consultant via mobile - at the discretion of the Paediatric Registrar

- **Paediatric Emergencies**
  - Paediatric Registrar on-call.
  - Paediatric Junior Doctor on-call.
  - Anaesthetic 2nd on-call Doctor
  - Ward 25 Nurse Coordinator.
  - Resuscitation Officer (08:00-16:00, Mon-Fri).

If further medical assistance is required, contact via switchboard by dialling **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.

Newark Site

One multi-disciplinary team provides an emergency response for both adult and paediatric patients:
- On duty designated medical staff grade
- On duty designated UTC Doctor (in hours and if available to respond)
- On duty designated UTC Nurse (in hours)
- On duty senior Sconce Ward senior nurse
- On duty Anaesthetist/ODP if available to attend (Theatre hours)
- Porter

Note: Urgent Care Centre and out-patient services opening hours are limited.
The latest Trust [Newark Hospital Standard Operational Procedures](#) (SOP's) provide guidance for situations outside of normal service.

6.3 CLINICAL EMERGENCIES IN OTHER AREAS

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

- [Urgent Medical Assistance Protocol for Main Entrance & KTC Areas](#) 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 2222 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

- [Urgent Medical Assistance Protocol for Non-Clinical Areas](#) (Also displayed in non-clinical areas across the Trust)
- 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 defibrillator models used 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 adult 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 operating a 7-day service will not be expected to check when closed, but the log design should reflect this.

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 from the resuscitation back-up point, contingency arrangements will need to be identified and robustly communicated to all affected staff. Inform the Duty Nurse Manager).

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 on Sconce Ward *(Check current operational protocol; can be subject to change)*
- **Mansfield Community Hospital:** Lindhurst ward storeroom.

(Note: if it is necessary to move the location temporarily, this will be agreed in partnership with MEMD/Resuscitation Services and globally communicated across the affected site).

c. They contain:
- **King's Mill Hospital:** Adult, PREM and Newborn trollies, paediatric boxes, resuscitation trolley support bags and outdoor first responder bags. Back up AEDs, manual defibrillators and portable suction units. Emergency lifting equipment and a LUCAS device.
- **Newark Hospital:** Adult trolley, PREM trolley liners & paediatric emergency box
- **Mansfield Community Hospital:** Adult trolley

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. If there is a concern that an item is faulty/missing, **secure the item and all packaging** and inform MEMD who will quarantine and inspect.
   iv. 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.
   v. Staff must immediately inform MEMD of the used equipment by telephoning ext. 3219 (24 hr voicemail system)
   vi. Report your clinical area, date, time and used and new trolley/box/bag numbers.

   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 ready **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]

b. Maternity areas and the Emergency Department will have the addition of a neonatal resuscitation trolley (Contents and location information is held within Women & Children's Services).

c. MEMD are responsible for the maintenance and tracking of equipment used in the resuscitation trolley, paediatric box, emergency bag schemes, defibrillators and portable suction devices.

d. The Resuscitation Services team, in consultation with 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 [RAG Terms of Reference] located on the Resuscitation Services Dept. intranet site.

e. In the event of a cardiac arrest, paediatric or neonatal emergency; the appropriate emergency trolley or box will be opened immediately and CPR commenced.

f. If additional equipment is needed, this is 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, & NICU
   - **Newark Site:** Urgent Care Centre (Adult & Paediatric)

g. **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. Any other trolleys held 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 rapid access to a non-rebreathe oxygen mask.

h. **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 using the trolley/bag exchange protocol
   - 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.
b. A log will be maintained by the ward/dept recording daily maintenance checks.
c. All trolleys will be always stocked with the appropriate essential resuscitation equipment.
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 trolley scheme check 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. Additionally summon the neonatal emergency team if the viable foetus/newborn baby is at risk in any way.

b. **Difficult Airway Situation:** The anaesthetist present can access further assistance if required using the Difficult Airway Protocol

c. **Management of patients that are neck breathers[3]:** Staff must ensure specialist airway equipment is readily available for all patients with tracheostomy and/or laryngectomy associated conditions as per the Tracheostomy Policy. Specialist support and additional equipment can be accessed via the Critical Care Outreach Team (CCOT), the ENT Nurse Specialist or the cardiopulmonary arrest team via the 2222 number.

d. **Tracheostomy Emergency:** Dial 2222 stating *"Tracheostomy emergency in area…" 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. **If they are not breathing or making only occasional gasps or weak attempts at breathing put out a 2222 Cardiac Arrest Call**

e. **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 (usually the emergency department)

f. **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.

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[3] NPSA Protecting Patients who are Neck Breathers 2009

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.

h. The team leader at the event should ensure the cardiac arrest proforma provided has been completed and placed in the patient's notes

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[4] National Early Warning Scoring (NEWS) system (Dec 2017)

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 inclusive of oxygen are present
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 SOP.

6.8 THE RESUSCITATION ADVISORY GROUP (RAG)

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 8.2 pages 21-22) for emergency response team members | Service specific: Line Manager Adult & Paediatric Emergency Teams

CCOT - ART Team

ED ANP Trauma Lead - Trauma Team

Practice Development Midwife - Neonatal & Obstetric Teams | Service Leads/Line Managers responsible for monitoring compliance of individuals on induction and subsequent appraisals OLM/ESR compliance matrix | On induction & annual appraisal process . | Department Managers/ Service Leads. |
| 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. | On induction & annual appraisal process | 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 Services Department as outlined in the Cardiac Arrest Governance Process.	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, Clinical Outcomes & Effective Care Group.
Daily checking of resuscitation equipment in all wards and department when in use.	Ward/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 XIII)
- 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 via the Intranet Training Site 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 BLS mandatory training sessions
- 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 on provision of documented evidence.

Guidance is available for staff regarding appropriate levels of resuscitation training based on role and area of work.

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.
All BLS 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 approach an ALS/EPALS/ILS instructor in their area, or attend an alternative training opportunity via the Resuscitation Services Dept.
Neonatal training is accessed via Midwives, Paediatricians and the NLS Course

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 using a multidisciplinary approach with acknowledgement of their level of clinical responsibility 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 1st on call	**Completion of IAC**	ALS	24/7
Ward 23 Senior Nurse	**ALS**		24/7
HOOHP	**ALS**		2000-0800
Resuscitation Officer	**ALS**		Mon-Fri 0800-1600 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 2nd 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
Additional Team Members		
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
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 2nd on call	**Completion of Core Anaesthetic training**	AIM/ALS	24/7
Critical Care Outreach Nurse (CCOT)	**ALS Multifactorial Critical Care Skills**		24/7
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 Appendix I
- 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 (Updated July 2023)

- NICE Clinical Guideline 50 (July 2007) Recognition of Acutely Ill Patients in Hospital

- NPSA Protecting Patients who are Neck Breathers 2009

- 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
  - Tracheostomy / Laryngectomy ('Neck-Breathers') – Care of Adult Patients Policy
  - Paediatric Box Contents
  - Adult Trolley Contents List
  - Prem Trolley Contents List
  - Additional Equipment List
  - First Responder Bag Contents List
  - Paediatric Equipment Location List
  - Adult Equipment Location List
  - Newark Hospital Variances
  - Mansfield Community Hospital Variances
  - Fast Bleep Protocol
  - Urgent Medical Assistance Protocol for Non-Clinical Areas
  - Urgent Medical Assistance Protocol for Main Entrance & KTC Areas
  - Guide to Appropriate Resuscitation Training for Staff
  - Cardiac Arrest Proforma

11.0 KEYWORDS

Emergency; Defibrillator; 2222; arrest; Trolley; MEMD; DNACPR; ReSPECT; CPR, cardiopulmonary;

12.0 APPENDICES

Appendix I   Equality Impact Assessment Form (attached)

Appendix I – 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: 01/12/2023			
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)			

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:	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.
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	No change is required as there are alternative roles that can be undertaken by affected staff members to support patient care.	Not required.

	cardiac arrest events.		
Gender Reassignment:	None	None	None
Marriage and Civil Partnership:	None	None	None
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:

01/12/2023