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Related Trust Policies (to be read in conjunction with)	05102 Do Not Attempt Resuscitation Policy 08092 Mandatory Training Policy (Training Needs Analysis) 09062 Maternity Mandatory Training 04301 Do Not Attempt Resuscitation Policy for Children 07074 Guideline For Neonatal Resuscitation 08070 Supporting staff involved in an adverse event policy
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1. Purpose

- 1.1 This document outlines the requirements for resuscitation training for medical, nursing & other staff employed by MEHT. It also states the expected standards of resuscitation performance within the Trust.

2. Aims of the Service

- 2.1 The aim of the service is to ensure that all appropriate staff within the Trust has the skills to manage the patient in either the cardiac arrest or peri-arrest situation.
- 2.2 To ensure that all patients coming into the Trust, if necessary, are offered optimum cardiac arrest and peri-arrest management whilst adhering to Resuscitation Councils (UK) guidelines.
- 2.3 In the event of a cardiac arrest, patients have a right to expect:
- Consideration to be given to their privacy and dignity, with respect for them as individuals at all times.
 - For the clinical staff on duty, who are responsible for the patient, to be aware of their resuscitation status.
 - Immediate recognition of cardiac arrest on assessment of airway, breathing and circulation.
 - Immediate effective basic life support.
 - Prompt access to appropriate resuscitation equipment that is in full working order and which has been checked against the standardized MEHT checklist.
 - Unless a Do Not Resuscitate (DNR) statement has been made, a patient in cardiopulmonary arrest should receive cardiopulmonary resuscitation (CPR).
 - Accurate written records of the event are mandatory and are the responsibility of the senior doctor & nurse present.

3. Scope of Service

- 3.1 Resuscitation training is available to all appropriate grades of staff within the Trust.
- 3.2 Cardiac arrest and peri-arrest management is available to all patients coming into the Trust.
- 3.3 The Resuscitation Service operates 24 hours a day, 7 days a week.

4. Workflows

- 4.1 This policy relates to medical and nursing cover on the Broomfield Hospital site.
- 4.2 Membership of the Trauma Team is managed by the Accident & Emergency service.
- 4.3 Due to the complexity of the Do Not Resuscitate decisions that need to be made, there is a separate Do Not Resuscitate Policy (DNR).
- 4.4 Team Leaders must hold appropriate qualifications to undertake the role of team lead. The minimum should be a current ALS provider certificate.
- 4.5 At MEHT an early warning system for the recognition of the deteriorating patient (NEWS2) is in place. This system facilitates timely intervention by appropriate staff.
- 4.6 Nursing staff are responsible for recording patients' vital signs on Vital Pac. Any patient with a NEWS score of 9 or above, or who is at risk of imminent cardiac arrest, should have a cardiac arrest call put out for them. For scores below this there is a graded medical response to assist ward staff in the escalation process unless documented otherwise by medical staff.
- 4.7 Clinical staff receive NEWS training in accordance with the Trust Mandatory Training Policy, Training Needs Analysis: the training includes recognition, initiating treatment and the calling criteria for escalation to senior staff.
- 4.8 The NEWS system is subject to regular audit as detailed in section 15.

5. Key Relationships

5.1 Key Operational Requirements

- 5.1.1 Appropriate access to training for all staff and an appropriate facility to provide said training.
- 5.1.2 Appropriate environment to provide cardiac arrest and peri-arrest management.
- 5.1.3 Appropriate equipment to manage the cardiac arrest and peri-arrest patient.
- 5.1.3 Facility to transfer patients to higher levels of care, i.e. Intensive Care.
- 5.1.4 Availability of a cardiac arrest team 24/7.

5.2 Key Relationships with other Departments

- All Wards
- All Departments

5.3 Key Requirements for Facilities Management (F.M.)

5.3.1 This service is reliant on Hospital Facilities Management service within which cleaning is agreed by each Ward/Department/Sister/Senior Midwife. Service Level Agreements in place to clean the resuscitation training room and resuscitation offices.

5.3.2 Transporting of Equipment

This is carried out by the resuscitation department staff using either their own transport or transport rented from the local van hire firm.

5.4 Environmental Requirements

5.4.1 A training room with the ability to train a maximum of 12 candidates plus the facility to store all resuscitation training equipment.

5.4.2 An office to facilitate four resuscitation officers. This requires the use of computer workstations to co-ordinate resuscitation services and to organize resuscitation training courses.

5.5 Way Finding

5.5.1 Clear directions to the Resuscitation Training Department.

5.5.2 All correspondence must bear the Trust Logo and be clearly marked with the departments address.

5.6 Security Requirements

5.6.1 There must be safe and secure working environment for staff.

5.6.2 The Lone Worker policy applies.

5.6.3 Enable Data Protection, Confidentiality and Appropriate Use of IT Policies to be complied with.

5.6.4 Resuscitation training equipment must be locked in resuscitation training department at all times when not in use. Access to the office is available to resuscitation staff and Domestic Services. Access to resuscitation training equipment only to be available to the resuscitation staff.

5.6.5 All staff must be screened through HR for DBS check.

5.6.6 All staff must wear name badges and carry Trust ID.

5.7 Manual Handling

5.7.1 The service will be delivered in accordance with and compliance to the Trust's Manual Handling Policy.

5.7.2 All staff to receive mandatory training.

5.8 Fire Safety

5.8.1 The service will be compliant with the Trust's Fire Safety Policy, Fire Evacuation Policy and other local fire plans and procedures.

(The detail of these items will then be developed as part of the separate Fire Safety Work Programme, as led by the Trust's Fire Officer.)

5.8.2 All staff to receive mandatory training.

5.9 ICT Requirements

5.9.1 Access to MEHT and Community computers with connection to email (Microsoft Office Outlook), Microsoft Office programmes (Word, Excel, PowerPoint) Internet and Intranet.

5.9.2 Access to Trust Laptops for the training of resuscitation both internally and externally.

5.9.3 Resuscitation Training will only use safe methods of data transfer or data downloading.

5.10 Medical Records

5.10.1 Do Not Attempt Resuscitation Forms (DNAR) should be filed at the front of the notes so that they can be easily accessible in the event of a cardiac arrest.

6. Staffing and Management Responsibilities

6.1 Resuscitation Services Matron

6.1.2 The Resuscitation Services Matron is accountable in the first instance, to the Clinical Lead for Resuscitation, and ultimately to the Trust's Executive Board for delivery of Resuscitation Services against the service specification. This will include attending local and regional meetings insofar as they relate to issues surrounding Resuscitation, in order to keep up to date with national/local policy and likely future requirements for service development.

6.1.3 The Resuscitation Services Matron is responsible for the management, quality assurance and clinical governance of all aspects of resuscitation Trust wide.

6.1.4 It is their responsibility to establish and maintain appropriate professional links to resuscitation services in other Trusts to ensure the delivery of a high quality service to the local population.

6.1.5 The Resuscitation Services Matron is responsible for appraisals and any monitoring of sickness/absence.

6.2 Resuscitation Officers

6.2.1 The resuscitation officers will have the responsibility for ensuring that the Resuscitation Council (UK) policies and procedures are adhered to through training and education, in line with the service standards.

6.3 Training and Education

6.3.1 All resuscitation staff will be expected to be compliant with the Trust's Mandatory Training programme.

6.3.2 Resuscitation Officers will be expected to attend nationally recognised resuscitation courses as instructors on a regular basis to enable them to maintain their knowledge, skills and credibility.

6.3.3 The Resuscitation Department is responsible for the provision of resuscitation and NEWS training within the Trust in accordance with the Trust's Training Needs Analysis (Mandatory Training Policy).

6.3.4 All medical staff are expected to attend Life Support Courses that are relevant to their areas of work. A training matrix is available to guide these staff.

6.3.5 Individual departments may wish to ask for additional training for their staff.

6.3.6 Nursing staff will be expected to attend the ILS courses that are run within the Trust. If necessitated by the MEHT resuscitation training matrix, otherwise BLS & AED will need to be completed. Both these courses are valid for one year.

6.3.7 There is a requirement for all clinical Trust staff, both in the hospital and community setting, to achieve a level of competence in cardiopulmonary resuscitation (CPR) appropriate to their role within the organisation. Training will be carried out in accordance with the current Resuscitation Council (UK) guidelines.

6.3.8 Training and Development will record attendance at all training sessions and be aware of training update requirements.

6.3.9 The Resuscitation Department will organise external resuscitation courses as required.

7.0 Other Responsibilities

7.1 Managing Director

The Managing Director has overall responsibility for ensuring that the Trust provides an effective resuscitation service.

7.2 **The Director of Patient Safety**

The Director of Patient Safety is responsible for ensuring that resources and mechanisms are in place for the implementation, monitoring and review of this policy.

7.3 **Deteriorating Patient Group (DPG)**

The Trust's DPG is responsible for all resuscitation issues within the hospital including monitoring the implementation and effectiveness of this policy and should ensure:

- That current Resuscitation Council (UK) and other relevant national guidance is taken into account during the annual review of the Resuscitation policy.
- The availability of training and equipment for resuscitation is monitored.
- Regular review of the NEWS system and cardiac arrest audit findings.
- An appropriate response to lessons learnt following the review of incidents.
- A report is submitted quarterly to the Patient Safety and Quality committee.

7.4 **Clinical Lead for Resuscitation**

- Will work in conjunction with the Matron for Trigger Response & Resuscitation Training to ensure the service meeting the needs of the trust and national guidelines.
- Will chair the DPG and Resuscitation Group and take responsibility for implementation all recommendations.
- Will liaise with the Director of Patient Safety to ensure that all aspects of resuscitation practice match national standards.

7.5 **All clinical staff**

All clinical staff have the responsibility:

- To read this policy and understand their role in resuscitation procedures.
- Where appropriate to ensure they are familiar with the resuscitation equipment on the ward/unit.
- To inform their manager of any constraints regarding their ability to perform resuscitation procedures.
- Attend the mandatory resuscitation training and updates in accordance with the training needs analysis.

8. Specific Staff Training Responsibilities

8.1 Consultants

- Consultants will be expected to arrange resuscitation updates on a regular basis relevant to their area of practice. This should be identified during their appraisal.

8.2 All Registrars/ Trust Grades must:

- Registrars/Trust Grades will be expected to arrange resuscitation updates on a regular basis relevant to their area of practice. This should be identified during their appraisal.

8.3 All Foundation Year 2 Doctors must:

- All Foundation Year 2 Doctors will be expected to have ALS certification.

8.4 All Foundation Year 1 Doctors must:

- All Foundation Year 1 Doctors will be expected to achieve ALS certification by the end of their placement at MEHT.

8.5 Paediatric Staff

Adult resuscitation training will be given to paediatric staff is necessitated by their line manager.

8.6 Nursing and Allied Health Care Professionals (AHCP)

8.6.1 Certain Allied Health Professionals, Registered Nurses and Registered Midwives will be expected to attend both adult and paediatric resuscitation training on a regular basis relevant to their area of practice. This will be identified at appraisal.

8.6.2 All Registered Midwives will be expected to attend both adult and newborn resuscitation training on a regular basis relevant to their area of practice. This will be identified at appraisal.

8.7 Paediatrics & Maternity Services

8.7.1 All departments involved in the resuscitation of pregnant mothers and children should attend both adult and paediatric resuscitation training on a regular basis relevant to their area of practice. This should include neonatal resuscitation training. This will be identified at appraisal.

9. Responsibilities of Team Leaders

9.1 The Team Leader is responsible for ensuring the smooth running of the arrest and for holding debriefing sessions if deemed appropriate.

- 9.2 Following CPR attempts, debriefing may be a useful way for staff to discuss matters of concern and offer support. Further support is available for staff in accordance with the Supporting staff involved in an adverse event policy.

10. Responsibility for Training – Nursing Staff

- 10.1 The responsibility for ensuring that nursing staff attend resuscitation training lies with the appropriate Ward Manager as well as the individual nurse. The need to update resuscitation training should be identified and documented through the appraisal process.
- 10.2 The responsibility for the provision of training lies with the Trust's Resuscitation Officers.
- 10.3 A record of attendance will be kept by the Training and Development department, the individual's line manager as well as the individual nurse.
- 10.4 The identification of staff requiring updates will be the responsibility of the Training and Development department.

11. Responsibilities of the Resuscitation Team

- 11.1 A team leader will be identified at all resuscitation attempts. The team leader will direct the team in accordance with National Guidelines and is generally the most senior member of medical staff in possession of an Advanced Life Support Course.
- 11.2 Any nurse/practitioner who is a member of a cardiac arrest team, and who is in possession of a current relevant Advanced Life Support certificate, may assume the role of the team leader until the team leader arrives.
- 11.3 The Resuscitation Officer is permitted to act as Team leader and administer drugs used in a cardiac arrest, in accordance with National Guidelines, until medical staff arrives.
- 11.4 Resuscitation will be carried out to the standards of The Resuscitation Council (UK). Staff in possession of a current ALS or ILS certificate should be encouraged to perform all aspects of resuscitation. This includes CPR, defibrillation, drug administration and basic airway skills (including use of a supraglottic airway insertion).
- 11.5 After each resuscitation attempt, the team leader is responsible for ensuring the arrest is accurately documented in the patient's notes.
- 11.6 If the resuscitation attempt is successful, the team leader is responsible for contacting the consultant-on-call for Intensive Care to identify optimal post resuscitation care including patient destination, treatment plan and communication with relevant clinicians.

12. Staff in Attendance at an Arrest Call

- 12.1 The medical staff expected to attend include, as a minimum grade, the anaesthetic SHO, ICU junior, & Medical SHO.
- 12.2 Other attending medical staff should not impede the resuscitation attempt and may be asked to leave.
- 12.3 Other staff to attend includes Resuscitation Officer/TaRT, ODP and porter.

13. Staff in Attendance on the Broomfield Site (externally)

- 13.1 As above.

14. Attendance at the Resuscitation Attempt by Patients Close Relative or Friend

- 14.1 Individuals with a close affinity to the patient may, where appropriate, attend the resuscitation attempt if:
 - There is a nurse dedicated to supporting them;
 - They understand that they must not interfere in the process of resuscitation, including the decision to discontinue resuscitation.

15. Audit

- 15.1 Audit of the availability of resuscitation equipment will be undertaken on an annual basis. The Resuscitation Department will audit the resuscitation trolleys in all areas to identify whether required equipment is available in accordance with the resuscitation trolley checklist. The audit findings will be reported to the DPG for review and action.
- 15.2 Audit of NEWS occurs on a quarterly basis. This is submitted to the DPG and fed on to the patient safety and quality committee via the regular Thursday clinical governance meetings for review and action.
- 15.3 Audit of resuscitation status and the quality of DNAR documentation will be undertaken as described in the DNR policy.
- 15.4 To evaluate outcome, all cardiac arrests are entered into the National Cardiac Arrest Audit (NCAA) database by the resuscitation department and a quarterly report received as a result which is reviewed and actioned at the DPG.

- 15.5 The DPG will analyze clinical incidents report forms relating to resuscitation issues to identify any deficiencies in the implementation of the policy and identify any required action.
- 15.6 Clinical outcomes will be reported in MEHT's annual clinical governance report.

16. Facilities

- 16.1 The Resuscitation department require an office and a training room to enable them to continue to offer a reliable resuscitation service.

17. Equipment Requirements

- 17.1 All clinical areas will have adult, and where appropriate, paediatric resuscitation trolleys that are stocked according to a standardized MEHT checklist. A portable suction unit and portable oxygen cylinder will also be available.
- 17.2 All clinical areas will have immediate access to an appropriate type defibrillator.
- 17.3 The equipment to be kept on each cardiac arrest trolley will be advised by the Resuscitation Officers, decided by the Resuscitation Committee and reviewed each year. Provision of equipment should be to the Resuscitation Council (UK) guidelines. Provision of Paediatric equipment will follow regional guidelines.
- 17.4 Each cardiac arrest trolley, defibrillator, suction unit and portable oxygen cylinder will be checked each day when the ward or department is in use by an individual who has been trained and is competent to do so. This individual will record that the equipment has been checked together with any action taken. A daily check only requires these to be checked along with confirmation that the seal hasn't been broken and the trolley used in the last 24 hours. A comprehensive check of all items and their expiry dates on the trolley needs to be performed on a weekly basis or if the seal has been broken for any reason on the trolley.
- 17.5 All single use items should be stored in original packaging in accordance with infection control guidelines.
- 17.6 Wall mounted oxygen and suction units will be checked each day when the ward or department is in use and a record of this check made.
- 17.7 The person in charge of an area will be responsible for ensuring that an appropriately trained member of staff is assigned the above duties and that they have been carried out.
- 17.8 Resuscitation training and audio-visual equipment will be kept securely in a lockable training room with enough space to store said equipment and train at least 12 candidates in both practical and theoretical resuscitation skills at any one time.

18. Infection Prevention

- 18.1 The service will be delivered in accordance with and compliance to the Trust's Infection Prevention Policies.
- 18.2 Universal Precautions will be followed.
- 18.3 All single use items must be used in accordance with the supplier's recommendations.
- 18.4 All training equipment will be cleaned after use, following the manufacturer's instructions to do so.
- 18.5 Throughout the arrest infection prevention precautions must be followed to minimise the risk of cross infection and to protect the staff undertaking the resuscitation. This will involve the use of a gown, mask, gloves and goggles.

19. Equality Impact Assessment

- 19.1 Mid Essex Hospital Services NHS Trust is committed to a service that is fair, accessible and meets the needs of all individuals.
(Refer to Appendix A)

20. References

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Appendix 1: Preliminary Equality Analysis

This assessment relates to: 10029 Resuscitation & Resuscitation Training COP

A change in a service to patients		A change to an existing policy	X	A change to the way staff work	
A new policy		Something else (please give details)			
Questions		Answers			
1. What are you proposing to change?		3 yearly review			
2. Why are you making this change? (What will the change achieve?)		N/A			
3. Who benefits from this change and how?		Clinicians & patients			
4. Is anyone likely to suffer any negative impact as a result of this change? If no, please record reasons here and sign and date this assessment. If yes, please complete a full EIA.		no			
5. a) Will you be undertaking any consultation as part of this change? b) If so, with whom?		Yes Refer to pages 1 & 2			

Preliminary analysis completed by:

Name	Ian Edwards	Job Title	Matron Resuscitation Training/ Trigger Response	Date	15 – 11 - 2018
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