# Cardiopulmonary Resuscitation Policy

## Approved By:
UHL – Policy & Guideline Committee

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## Supersedes:
All previous Cardiopulmonary Resuscitation Policy documents

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## Name of Responsible Committee/Individual:
Resuscitation Committee at each Trust

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**Review dates and details of Changes made during the review**

**November 2015** - This document is a complete revision of the previous due to the creation of a dedicated Combined Do Not Attempt Cardiopulmonary Resuscitation Policy for Leicester Partnership Trust (LPT) and the University Hospitals of Leicester (UHL) NHS Trust which includes the Leicester Leicestershire Rutland Alliance (LLR Alliance).

**November 2016** – Review and changes made to:
- Section 1 – Clarification around scope of policy on the 3 sites
- Section 6.1 B – reference to bleeping of specialty medical staff outside of the cardiac arrest team
- Section 7.3 – Cascade Instructor Training requirements
- Resuscitation Committee Terms of Reference – extended to include Anaphylaxis

This document replaces the following Policies:
- UHL Cardiopulmonary Resuscitation Policy, Trust ref A14/2001
- LPT Resuscitation Policy 2014

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**Key Words**

Advanced Directive to Refuse Treatment (ADRT), Cardiac Arrest, Cardiopulmonary Arrest, Cardiopulmonary Resuscitation (CPR), Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), Medical Emergency, Respiratory Arrest, Resuscitation
1 Introduction

1.1 This policy sets out LPT and UHL (including LLR Alliance) processes for the management and strategic oversight of the provision of resuscitation services, training and the effective management of Cardiac Arrests and Medical emergencies in accordance with Resuscitation Council UK guidelines.

1.2 For the purpose of this policy unless specified the term ‘the Trust’ will cover all the sites for UHL, LPT and the LLR Alliance. Where there is requirement to provide specific site related details this will be clearly explained.

1.3 All the sites covered by this policy and the number to dial in a cardiac arrest or medical emergency situation are:

### University Hospitals of Leicester

<table>
<thead>
<tr>
<th>Site</th>
<th>Emergency Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leicester Royal Infirmary – all buildings</td>
<td>2222</td>
</tr>
<tr>
<td>Leicester General Hospital – all buildings run by UHL</td>
<td>2222</td>
</tr>
<tr>
<td>Glenfield Hospital – all buildings run by UHL, the Bradgate Unit and Bennion Centre and mobile Screening Vans.</td>
<td>2222</td>
</tr>
</tbody>
</table>

### Renal Satellite Units or Off Site Services Provided by UHL

Left intentionally blank for local completion.

### Leicestershire Partnership Trust

<table>
<thead>
<tr>
<th>Site</th>
<th>Emergency Contact Number</th>
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</thead>
<tbody>
<tr>
<td>Coalville Community Hospital -Wd 1 2 and 3</td>
<td>9999</td>
</tr>
<tr>
<td>Fielding Palmer Hospital, Lutterworth ward area</td>
<td>9999</td>
</tr>
<tr>
<td>Hinckley Hospital North and East ward</td>
<td>9999</td>
</tr>
<tr>
<td>Loughborough Hospital – Swithland and Out Patient Units / clinics</td>
<td>9999</td>
</tr>
<tr>
<td>Evington Centre –Clarendon / Beachwood / Gwendolin / Coleman</td>
<td>9999</td>
</tr>
<tr>
<td>Melton Mowbray Hospital- Dalgelsh ward</td>
<td>9999</td>
</tr>
<tr>
<td>St Lukes, Market Harborough – Wd 1 and 3</td>
<td>9999</td>
</tr>
<tr>
<td>Rutland Memorial Hospital – Ward area</td>
<td>9999</td>
</tr>
<tr>
<td>Grange</td>
<td>9999</td>
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<tr>
<td>Gillivers</td>
<td>9999</td>
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<tr>
<td>Agnes Unit</td>
<td>9999</td>
</tr>
<tr>
<td>Rubicon Close – Mountsorrell</td>
<td>9999</td>
</tr>
<tr>
<td>Herschel Prins/ Stewart House/Mill Lodge</td>
<td>9999</td>
</tr>
<tr>
<td>The Willows</td>
<td>9999</td>
</tr>
<tr>
<td>Prison Health Care Services</td>
<td>9999</td>
</tr>
<tr>
<td>Glenfield Hospital site -including Bradgate Unit and Bennion Centre,</td>
<td>2222 + 9999</td>
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</tbody>
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### LLR Alliance sites

<table>
<thead>
<tr>
<th>Site</th>
<th>Emergency Contact Number</th>
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<tbody>
<tr>
<td>Coalville Community Hospital</td>
<td>9999</td>
</tr>
<tr>
<td>Fielding Palmer Hospital, Lutterworth</td>
<td>9999</td>
</tr>
<tr>
<td>Hinckley and District Hospital</td>
<td>9999</td>
</tr>
<tr>
<td>Loughborough Hospital</td>
<td>9999</td>
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<tr>
<td>Market Harborough and District Hospital</td>
<td>9999</td>
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<tr>
<td>Melton Mowbray Hospital</td>
<td>9999</td>
</tr>
<tr>
<td>St Lukes, Market Harborough</td>
<td>9999</td>
</tr>
<tr>
<td>Rutland Memorial Hospital</td>
<td>9999</td>
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2 Policy Aims

2.1 The aim of this policy is to provide an efficient and effective resuscitation service by ensuring that:

a) All clinical interventions are based upon the latest guidelines produced by the Resuscitation Council (UK)

b) All patients are presumed to be for Cardiopulmonary Resuscitation (CPR) unless a valid Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision has been made and documented or an Advanced Directive to Refuse Treatment (ADRT) prohibits CPR.

c) All patients without a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order, who suffer a cardio-pulmonary arrest, whilst under the care of the Trust, receive basic life support at point of recognition of cardiac arrest and defibrillation at the earliest opportunity if appropriate.

d) A Resuscitation/Medical Emergency team (where relevant) which is appropriately trained in resuscitation techniques and is used to support the management of actual or potential cardiopulmonary arrests.

e) Appropriate information, resuscitation skills training and regular updates / supervision for maintaining a level of competence are appropriate to each individual's job role.

3 Policy Scope

3.1 This policy applies to all employees (including medical staff) who work for LPT and UHL (Including LLR Alliance, Renal Satellite Units and Off Site Services provided by UHL), including those on the Staff Bank, Agency or honorary contracts.

3.2 This policy applies to all adult and paediatric patients

3.3 This policy does not provide details on Do Not Attempt Cardiopulmonary Resuscitation information. UHL and LLR Alliance Staff – please refer to the UHL Do Not Attempt Cardiopulmonary Resuscitation policy (Trust ref. B25/2014) LPT staff – refer to current guidance.

3.4 UHL, LPT and LLR Alliance are learning environments and provide placements for pre-registration training for students such as Medicine, Nursing, Midwifery, Paramedic, Radiography and Pharmacy. This policy applies to these students whilst on placement and directed by a mentor / supervisor.

4 Definitions

4.1 Cardiac Arrest (CA): is the sudden cessation of mechanical cardiac activity, confirmed by the absence of a detectable pulse, unresponsiveness, apnoea or agonal respirations. In simple terms, cardiac arrest is the point of death.

4.2 Cardiopulmonary Resuscitation (CPR): interventions delivered with the intention of restarting the heart and breathing. These will include: chest compressions and ventilations; and may include defibrillation and the administration of drugs.

4.3 Do Not Attempt Cardiopulmonary Resuscitation (DNACPR): refers to not making efforts to restart breathing and/or the heart in cases of respiratory/cardiac arrest. It
does not refer to any other interventions/treatment/care such as analgesia, fluid replacement, feeding, antibiotics and essential care.

4.4 **Medical Emergency:** an injury or illness that is acute and poses an immediate risk to an individual’s life or health. These emergencies may require assistance from another person who should be suitably qualified to do so.

4.5 **Resuscitation/Medical Emergency Team Leader:** a suitably qualified and identified member of staff designated as the responsible individual to lead the management of a cardiac arrest / medical emergency.

4.6 **The Trust:** is used to define all sites and organisations this policy applies to.

5 **Roles and Responsibilities**

5.1 **Chief Executive**

   Responsible for Trust compliance with Trust Policy and Procedures.

5.2 **Medical Director**

   Responsible for ensuring that the Trust has policies and procedures in place for the provision of an effective and efficient resuscitation service and will feedback progress, concerns and issues to the Executive Team.

5.3 **Resuscitation Committees**

   a) Act in accordance with Resuscitation Council UK Guidelines [https://www.resus.org.uk/](https://www.resus.org.uk/) as a decision making body for the development and implementation of operational policies governing cardiopulmonary resuscitation (management and prevention), practice and training.

   b) Determine the composition of the Resuscitation/Medical Emergency Team, taking advice from specialist areas as appropriate

   c) Meet as a minimum on a quarterly basis, however, may meet more frequently as required and agreed by the committee.

   Full terms of reference for Resuscitation Committees can be found in Appendix One and Two.

5.4 **Senior Resuscitation Officer for UHL and LLR Alliance / Resuscitation Officer for LPT**

   With the support of the Chair of the Resuscitation Committee will review, support and implement policies and procedures in place for the provision of an effective and efficient resuscitation service. They will feedback progress, concerns and issues to their Organisations Resuscitation Committee.

5.5 **UHL Resuscitation Officers and Clinical Skills Facilitators, LPT Designated Trainer have** delegated authority and responsibility to:

   a) Deliver Resuscitation training to all Trust staff employees

   b) Train and support Cascade Trainers (where relevant)

   c) Support the Resuscitation Training service

5.6 **Chief Pharmacist**

   Has the responsibility to ensure that sufficient Cardiac Arrest Drug boxes are available to all areas requiring them within their Trust.
5.7 **Clinical Directors/Leads and Heads of Nursing**

Have responsibility to:

a) ensure that they provide an appropriately staffed Resuscitation/Medical Emergency team as detailed in section 6.1E) (UHL Only)

b) Ensure that all their staff are aware of the policy

c) Ensure that staff groups and individuals are given appropriate training as detailed in Section 7

d) Monitor compliance of emergency equipment readiness checks on a monthly basis

e) Ensure that appropriate support is given to staff involved in any resuscitation incident

f) Manage the effectiveness of this policy through an effective system of reporting, investigating and recording incidents and report any concerns/issues to the Resuscitation Committee.

g) Where auditing has identified deficiencies there must be evidence that recommendations and action plans have been developed and changes implemented as per existing escalation processes.

h) Clinical Director Leads have an obligation to ensure the purchase of replacement emergency medical equipment and this is given immediate financial authorisation.

5.8 **Department/ Ward Managers/Team Leaders of all Services in UHL / LPT / LLR Alliance**

Have responsibility to:

a) Ensure all staff, including temporary staff and students are made aware of the location, function, and use of emergency equipment, the location of the ward / department phone and the emergency number and how to summon help.

b) Ensure that the emergency number is clearly displayed near all phones within their clinical area

c) Ensure the resuscitation and emergency equipment is available and in working order

d) Ensure local processes are in place for the checking of emergency medical equipment, to include processes to ensure defective / missing equipment is reported and replaced expediently

e) Monitoring compliance with Trolley checks should include as a minimum:
   - Compliance with daily checks of defibrillators, suction and equipment
   - A full check of the trolley ascertaining whether:
     - there are any missing or out of date items of equipment
     - There are any unnecessary or added items

f) Maintain accurate records of staff deemed competent to undertake checking of resuscitation equipment.

g) Ensure that appropriate support is given to staff involved in any resuscitation incident

h) Develop and implement action plans in response to the findings of local audit and submit these to the nursing leads. Records should provide clear audit trails in terms of compliance.

i) Ensure Emergency equipment checks list are retained for 8 years.
5.9 All Employees
Have responsibility for:
   a) Being aware of and complying with policy, guidelines, procedures and 
      processes in relation to resuscitation.
   b) Initiating the resuscitation attempt when finding a patient in a cardiac arrest 
      situation and managing the situation until support arrives such as the 
      Resuscitation/Medical Emergency Team (UHL) or Paramedics (LPT/LLR 
      Alliance – also see 5.12)
   c) Clinical areas must as much as practicably possible help direct and facilitate 
      access to the Resuscitation/Medical Emergency team to their areas.
   d) Support the Resuscitation/Medical Emergency team as required.
   e) All Staff must undertake training in resuscitation skills appropriate to their area 
      of employment. See section 7 for further details.

5.10 Resuscitation/Medical Emergency Team Leader (for UHL only)
Have responsibility for:
   a) Managing the arrest situation in line with resuscitation council guidelines and as 
      detailed in section 6.1
   b) Ensuring that they are suitably qualified to lead the management of a cardiac 
      arrest / medical emergency by completing either Advanced Life Support course 
      in within the last 4 years or equivalent as agreed with the Senior Resuscitation 
      Officer and evidence of annual update at resuscitation training

5.11 The Resuscitation/Medical Emergency Team Members (for UHL only)
Have responsibility for:
   a) Responding to the 2222 emergency bleep and twice daily 2222 emergency 
      bleep test
   b) Maintaining professional responsibility to ensure that their knowledge and skills 
      in relation to resuscitation training is in date and valid
   c) Supporting the Resuscitation/Medical Emergency Team Leader
   d) Making themselves aware of the layout of the hospital site(s) in which they work

5.12 Nurse / Medic / Allied Healthcare Professional in Charge (for LPT/LLR 
   Alliance)
Have responsibility for:
   a) Initiating the resuscitation attempt and managing the situation until the 
      paramedics arrive on scene
   b) Providing a handover to the Paramedic crew
## 6.1 UHL Resuscitation / Medical Emergency Response Processes and Procedures

| A) | **Cardiopulmonary Arrest Prevention** |
|    | Identifying the deteriorating patient |
|    | Early recognition of the deteriorating hospital patient allows prompt and effective treatment. |
|    | The use of an Early Warning Score (EWS) system of clinical triggers is used to identify patients who are deteriorating or acutely unwell and at an increased risk of cardiopulmonary arrest. |
|    | **EWS Escalation pathway** |
|    | The referral pathway attached to the scoring system directs nursing and medical response. |
|    | The use of structured communication tool SBAR (Situation/ Background/ Assessment/ Recommendation) should be used to assist in the communication of the patient’s condition. |

| B) | **If you have significant concerns regarding the patient's condition and require support and assistance to manage that patient you should not hesitate to summon the Resuscitation / Medical Emergency team for UHL on 2222.** |
|    | The 2222 system **MUST** be used to summon urgent assistance in these circumstances. |
|    | Staff required in addition to the emergency team can be contacted urgently through switchboard. |

| C) | **Activating the UHL Resuscitation/Medical Emergency Team** |
|    | **All 2222 calls will now be considered as Cardiac Arrest calls by Switchboard.** |
|    | This means that Switchboard will automatically refer to 2222 medical emergency calls as Cardiac Arrests when putting out a message over the Emergency Bleep. You should state: |
|    | • Nature of emergency (e.g. Cardiac Arrest or Medical Emergency) |
|    | • Ward / Department |
|    | • The level the ward/ department is on |
|    | • The Building the ward/ department is in |
|    | • The Hospital site the ward/ department is on |
|    | For Example:- |
|    | “Adult Cardiac Arrest, Ward 15, level 5, Balmoral Building, Leicester Royal Infirmary” |
|    | “Paediatric Cardiac Arrest, Ward 12, level 4, Balmoral Building, Leicester Royal Infirmary” |
|    | UHL has many sites and buildings with many departments' especially non-clinical areas less well known to many members of staff or have restricted access. If the team have not arrived within five minutes then the person activating the call must ring 2222 again |
D) **Actions of the Resuscitation/Medical Emergency Team Leader**

a) Actively direct and coordinate the resuscitation attempt, according to Resuscitation Council (UK) Advanced Life Support guidelines.

b) Ensure the precise and detailed documentation of all aspects of this should be on both the cardiac arrest / medical emergency section of the relevant incident reporting system and in the patient’s medical notes.

c) Consult for advice and information, where appropriate and feasible, with:
   i. Fellow members of the Resuscitation/Medical Emergency team (where applicable)
   ii. The patient’s own Consultant led team
   iii. The most senior clinician in charge of the patient’s care

d) Cease the resuscitation attempt after consultation with members of the resuscitation team as appropriate.

e) Ensure that post-resuscitation care and safe transfer to other care facility e.g. ITU, CCU, Theatres etc. is organised or appropriately delegated.

f) If a patient is to be transferred to another center for ongoing treatment, it is the Team Leaders responsibility to ensure that a 999 call has been placed for a paramedic crew and an effective handover has been given, either by themselves or an appropriately delegated resuscitation team member, to the team transferring the patient e.g. the Paramedic crew and the receiving center.

g) Instigate and allow time for ‘debriefing’ after resuscitation attempt.

E) **Actions of the Resuscitation/Medical Emergency Team**

The Team should consist of a minimum of 5 core members, who must be identifiable on a published daily Rota.

The Resuscitation/Medical Emergency Team membership at all three UHL sites should as far as possible include as a minimum:

- Resuscitation Team Leader:
- Anesthetic cover (minimum Core Trainee)
- 2 junior Doctors (minimum of one FY2 /SHO)
- Senior Nurse support

Other members of staff can request to receive 2222 Emergency Bleeps; however, they are considered additions to the team and should not replace core team members.

F) **Escalation pathway (Appendix Seven)**

Sets out an Escalation Pathway to assist team leaders, members and switchboard to resolve issues that arise from Medical Emergency/ Resuscitation Team under establishment, non-response to a 2222 call or Bleep tests within UHL.

G) **Manual Defibrillation**

Available for those members of staff that work in an acute clinical area only such as ITU’s, HDU’s, CCU’s, Admission Units and the Emergency Department. This training is provided by attending one of the following courses.

- Immediate Life Support (Having specifically been assessed and signed as competent at Manual Defibrillation).
- Advanced Life Support.
- Advanced Paediatric Life support.
- Paediatric Life Support.
- Doctors on the cardiac arrest team training.
- Bespoke training approved by the Clinical Skills Unit.
### H) Automated External Defibrillation (AED's)

The Resuscitation Council (UK) has recommended that the use of AED's should become a standard training requirement for all clinically qualified staff not listed above. This training is provided by attending one of the following courses.

- Basic Life Support and AED
- AED standalone course
- ILS where an AED certificate only is deemed appropriate

### I) Defibrillation and Children

Defibrillation of children may only be undertaken by staff who have completed an appropriate Paediatric Life Support Course or who have a documented competency on eUHL. AED's can only be used on children over 8 years old.

### J) Resuscitation / Emergency Medical Equipment

a) These procedures outline the processes the Trust must have in place to ensure emergency medical equipment is available in the right place, at the right time, and in optimal operational order.

b) The term emergency medical equipment refers to oxygen, suction, defibrillator, drug box and resuscitation equipment usually held within a suitably approved resuscitation trolley or a grab bag. This is not an exhaustive list and clinical areas should include any other items deemed to be essential based on the unique clinical needs of the area.

c) Maintenance of emergency medical equipment applies to all clinical areas, both outpatients and inpatients, and any other patient treatment areas requiring the presence of emergency medical equipment.

d) Those persons checking the resuscitation/emergency equipment must be deemed competent to do so prior to carrying out equipment checks and should be undertaken by a professionally registered member of staff.

e) In any clinical areas that do not have registered professional members of staff or if they are unavailable a non-registered member of staff may carry out equipment checks providing that they have been deemed competent to do so.

f) Equipment checks must include, where appropriate, the availability of Emergency medical equipment at every inpatient bed space, operational status and readiness of equipment.

g) A record of all checks must be made using the Daily Emergency Medical Equipment Checking Book listing:

- The individual who made the check.
- Any deficiencies/ omissions and the action put into place to rectify the situation.
- A record of the date and time.

### K) Frequency and level of equipment checks

a) All suction, oxygen and defibrillator, must be checked a minimum of every 24 hours or after each time the equipment is used. This includes portable and wall
b) The resuscitation trolley should be sealed at all times with a snappable tag to prevent inappropriate removal of equipment.

c) In all areas the cardiac arrest equipment must be checked on a daily basis in accordance with the resuscitation trolley Checklist.

d) A cardiac arrest equipment check lists (Adult, Paediatric and Grab Bag) and equipment picture book can be accessed via INSITE by using the search term ‘resuscitation’

e) CMG’s may develop cardiac arrest check list forms locally to meet the unique needs of the area on the proviso that they adhere to the guiding principles of this procedure and provide clear audit trails. Any amended sheet must be submitted to the Resuscitation Committee for consideration and approval prior to use.

L) Out of Clinical Area Emergency

Each hospital must have an Adult and Paediatric emergency equipment bag (where relevant) placed at an accessible point. This is to be used for out of clinical area emergencies where there may be no equipment e.g. car park, corridor, chapel etc.

UHL Adult ‘Grab bags’ are located

- Glenfield Hospital Main Reception
- Leicester General Hospital Ward 15
- Leicester Royal Infirmary Outreach Office, Level 2 Balmoral

UHL Paediatric ‘Grab Bags’ are located

- Glenfield Hospital Paediatric Intensive Care Unit, Level 1
- Leicester Royal Infirmary Children’s Intensive Care Unit, Level 4 Balmoral

Staff in these areas must be responsible for the defined frequency check and maintenance of equipment.

M) Cardiopulmonary Arrest / Medical Emergency call to Leicester Partnership Trust Buildings – Bradgate Unit or Bennion Centre

a) UHL has a responsibility to provide Resuscitation/Medical Emergency cover to Leicester Partnership Trust patients (LPT) at the Glenfield located within the Bradgate Unit. This responsibility requires UHL’s Resuscitation team to access secure buildings.

b) It is the responsibility of LPT as documented in the Service Level Agreement between UHL & LPT to ensure access of UHL’s Resuscitation/ Medical Emergency Team into their buildings.

c) To facilitate UHL Resuscitation/Medical Emergency team access to these buildings, LPT management have agreed to ensure that the primary method of access will be that a member of LPT staff will in the event of 2222 call being made from their buildings be sent to the access door between UHL and LPT and remain insitu for 20 minutes or until the Resuscitation Team Leader states that they have all the necessary team members required and at that point they will secure the door.

d) As per the Service Level Agreement following a 2222 call being placed to UHL, it is
LPT staffs responsibility to immediately call 999 for a paramedic crew to attend the emergency. This will ensure a safe and timely transfer of the patient to an appropriate place of care.

e) LPT patients that are stabilised following a 2222 call will if appropriate continue to be cared for by the LPT service without further involvement with UHL services.

f) LPT patients that require further emergency treatment following a 2222 call will be transferred to the appropriate emergency service for ongoing care.

g) LPT patients that do not survive the incident will follow LPT’s normal operating protocols.

N) Renal Satellite Units or Off Site Services Provided by UHL
In the event of a Cardiac arrest or Medical emergency at a renal satellite unit or any off site service provided by UHL staff they should follow their locally agreed protocol.
### A) Activating Emergency Response within LPT

Summon assistance via 9999 and state:
- Nature of emergency (e.g. Cardiac Arrest or Medical Emergency)
- Hospital Name, Location and Ward

For Example:-
“Adult Cardiac Arrest, Hinckley and Bosworth Community Hospital East Ward”

Ensure that the person on the end of the line knows that the hospital is not place of safety and that this is an emergency

### B) All staff MUST know the telephone number to summon help in their clinical environment. Dialing 9 will get an outside line and then 999 will get the emergency services

### C) Actions of the Nurse / Medic / Allied Healthcare Professional in Charge

a) Activate the emergency response and commence resuscitation attempt according to Resuscitation Council (UK) Advanced Life Support guidelines.
b) On arrival of paramedic crew handover the incident
c) Ensure the incident is documented using the incident reporting system and in the patient’s medical notes.
d) Provide support to the Paramedic crew as requested
e) Instigate and allow time for ‘debriefing’ after resuscitation attempt.

### D) Resuscitation / Emergency Medical Equipment

a) These procedures outline the processes the Trust must have in place to ensure emergency medical equipment is available in the right place, at the right time, and in optimal operational order.
b) The term emergency medical equipment refers to oxygen, suction, defibrillator, drug box and resuscitation equipment usually held within a suitably approved resuscitation trolley or a grab bag. This is not an exhaustive list and clinical areas should include any other items deemed to be essential based on the unique clinical needs of the area.
c) Maintenance of emergency medical equipment applies to all clinical areas excluding outpatient facilities, and any other patient treatment areas requiring the presence of emergency medical equipment.
d) Those persons checking the resuscitation/emergency equipment must be deemed competent to do so prior to carrying out equipment checks and should be undertaken by a professionally registered member of staff.
e) In any clinical areas that do not have registered professional members of staff or if they are unavailable a non-registered member of staff may carry out equipment checks providing that they have been deemed competent to do so.
f) Equipment checks must include, where appropriate, the availability of Emergency medical equipment at every inpatient bed space, operational status and readiness of equipment.
g) A record of all checks must be made using the Daily Emergency Medical Equipment Checking Book listing:
- The individual who made the check.
- Any deficiencies/omissions and the action put into place to rectify the situation.
Leicester Partnership Trust (LPT)

- A record of the date and time.

E) **Frequency and level of equipment checks**

a) All suction, oxygen and defibrillator, must be checked a minimum of every 24 hours or after each time the equipment is used. This includes portable and wall mounted equipment.

b) Within LPT community in-patient ward areas the resuscitation trolley is not sealed.

c) Within LPT acute Mental health, Mental Health Services for Older People (MHSOP) and Children and Adolescent Mental Health Services (CAMHS) wards the resuscitation trolley is kept within a locked room.

d) In all areas the cardiac arrest equipment must be checked on a daily basis in accordance with the Locally Agreed Trolley / Emergency Checklist.

e) The daily Trolley checklist for Non Acute/Acute areas for wards as well as Prison, pictures of the trolley contents and other trolley related checklist - can be accessed through E-Source. Please refer to the LPT Guideline - Resuscitation Equipment Folder.

F) **Out of Clinical Area Emergency**

LPT Grab Bags are located at Market Harborough District Hospital, Melton and Oakham Outpatient Departments.
### A) Activating Emergency Response within the LLR Alliance

Summon assistance via 9999 and state:
- Nature of emergency (e.g. Cardiac Arrest or Medical Emergency)
- Hospital Name, Location and Ward

For Example:-
“Adult Cardiac Arrest, Hinckley and Bosworth Community Hospital East Ward”
Ensure that the person on the end of the line knows that the hospital is not place of safety and that this is an emergency

### B) All staff MUST know the telephone number to summon help in their clinical environment. Dialing 9 will get an outside line and then 999 will get the emergency services

### C) Actions of the Nurse / Medic / Allied Healthcare Professional in Charge

a) Activate the emergency response and commence resuscitation attempt according to Resuscitation Council (UK) Advanced Life Support guidelines.
b) On arrival of paramedic crew handover the incident
c) Ensure the incident is documented using the incident reporting system and in the patient’s medical notes.
d) Provide support to the Paramedic crew as requested
e) Instigate and allow time for ‘debriefing’ after resuscitation attempt.

### D) Resuscitation / Emergency Medical Equipment

a) These procedures outline the processes the Trust must have in place to ensure emergency medical equipment is available in the right place, at the right time, and in optimal operational order.
b) The term emergency medical equipment refers to oxygen, suction, defibrillator, drug box and resuscitation equipment usually held within a suitably approved resuscitation trolley or a grab bag. This is not an exhaustive list and clinical areas should include any other items deemed to be essential based on the unique clinical needs of the area.
c) Maintenance of emergency medical equipment applies to all clinical areas, both outpatients and inpatients, and any other patient treatment areas requiring the presence of emergency medical equipment.
d) Those persons checking the resuscitation/emergency equipment must be deemed competent to do so prior to carrying out equipment checks and should be undertaken by a professionally registered member of staff.
e) In any clinical areas that do not have registered professional members of staff or if they are unavailable a non-registered member of staff may carry out equipment checks providing that they have been deemed competent to do so.
f) Equipment checks must include, where appropriate, the availability of Emergency medical equipment at every inpatient bed space, operational status and readiness of equipment.
g) A record of all checks must be made using the Daily Emergency Medical Equipment Checking Book listing:
- The individual who made the check.
- Any deficiencies/omissions and the action put into place to rectify the situation.
- A record of the date and time.
<table>
<thead>
<tr>
<th>E)</th>
<th><strong>Frequency and level of equipment checks</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>All suction, oxygen and defibrillator, must be checked a minimum of every 24 hours or after each time the equipment is used. This includes portable and wall mounted equipment.</td>
</tr>
<tr>
<td>b)</td>
<td>Within the LLR Alliance the resuscitation trolley is not sealed.</td>
</tr>
<tr>
<td>c)</td>
<td>In all areas the cardiac arrest equipment must be checked on a daily basis in accordance with the Locally Agreed Trolley / Emergency Checklist</td>
</tr>
<tr>
<td>d)</td>
<td>A cardiac arrest equipment check lists (Adult, Paediatric and Grab Bag) and equipment picture book can be accessed via the following links</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F)</th>
<th><strong>Out of Clinical Area Emergency</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LLR Alliance Grab Bags are located at Market Harborough District Hospital, Melton and Oakham Outpatient Departments.</td>
</tr>
</tbody>
</table>
7 Education and Training

7.1 General Requirements:

a) Staff must undertake the Resuscitation training relevant to the patient group(s) in their workplace, i.e. Adult, Paediatric and/or Neonate. This may involve all three. This initial training should ideally take place during the staff member’s induction period (Appendices 3 - 6 for further details).

b) Non-Clinical staff should be trained as a minimum to recognise a cardiopulmonary arrest, summon help and initiate chest compressions.

c) Non-Registered Clinical Staff who are ‘patient facing’ should be trained as a minimum to recognise patients at risk of cardiopulmonary arrest and to use a systematic approach to assess and recognise the need to summon appropriate help early and make appropriate interventions (Appendices 3 – 6 for further details).

d) Registered Clinical Staff (including Medical Staff) who are ‘NON patient facing’ should be trained as a minimum to recognise patients at risk of cardiopulmonary arrest and to use a systematic approach to assess and recognise the need to summon appropriate help early and make appropriate interventions (Appendices 3 – 6 for further details).

e) Registered Clinical Staff (including Medical Staff) who are ‘patient facing’ should be trained as a minimum to recognise patients at risk of cardiopulmonary arrest and to use a systematic approach to assess and recognise the need to summon appropriate help early and use the defibrillator in manual or automated mode if appropriate (Appendices 3 – 6 for further details).

f) Medical Staff should be trained as a minimum as above. However trainees will have specific requirements as specified by the Foundation Programme, General Medical Council or Royal College. I.e. Foundation Year One – Immediate Life Support; Foundation Year Two – Advanced Life Support.

g) Access to Resuscitation Education and Training for Adult, Paediatric, and Neonatal is via www.euhl.nhs.uk, The Academy, through Educational Leads or Departmental Resuscitation Cascade Instructors.

h) LPT and UHL (including LLR Alliance) will recognise the Basic Life Support and Automated External Defibrillator Resuscitation training provided by the resuscitation trainers with assurance that:

   a) The training complies with Resuscitation Council (UK) Guidelines
   b) Includes a theoretical component
   c) Includes an appropriate assessment of ability
   d) The above does not negate the requirement to attend Trust specific additional training or an annual update

7.2 For staff who are accredited instructors, facilitation on one of the courses listed below is deemed your annual update in that component. Evidence of training delivery must be provided to the relevant training department within their Organisation before the training record is updated

   a) Basic Life Support
   b) Immediate Life Support (ILS) - Full day or Update
   c) Advanced Life Support (ALS)
   d) Managing Obstetric Emergencies and Trauma (MOET)
e) Advanced Paediatric Life Support (APLS) / European Paediatric Life Support (EPLS)

f) Paediatric Life Support (PLS) / Paediatric Immediate Life Support (PILS)

g) Newborn Life Support (NLS)

### 7.3 Resuscitation Cascade Instructor Training (UHL ONLY)

a) Resuscitation Cascade Instructors have a delegated role from the Clinical Skills Unit, to teach Basic Life Support and Automated Defibrillation to members of staff.

b) Only Members of CMG Educational Teams can become Cascade Instructors and must:
   - Attend the Cascade Instructors Course
   - Be observed by a member of the Resuscitation Team at one of their cascade sessions on an annual basis as a competence check

c) Cascade Instructors will be able to incorporate Basic Life Support and Automated Defibrillation into Local Essential to Job Role training days

d) Instructors will have autonomy to manage their own training in liaison with the Clinical Skills Unit administration team. All electronic training data will be kept centrally via the [www.euhl.nhs.uk](http://www.euhl.nhs.uk) for training quality and audit purposes.

e) All Resuscitation training registers must be entered onto [www.euhl.nhs.uk](http://www.euhl.nhs.uk) within 5 days from the date of the course.

f) It is the Cascade Instructor's responsibility to ensure that training is accurately entered onto [www.euhl.nhs.uk](http://www.euhl.nhs.uk)

g) Cascade Instructors must provide a minimum of six sessions a year, any less than this will invalidate their instructor status.

### 8 Process for Monitoring Compliance

This list is not exhaustive and may be added to as other audits are identified.

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Method</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uptake of training compliance</td>
<td>Education Leads</td>
<td>eUHL or LPT ULEARN System</td>
<td>Monthly at the Resuscitation Committee</td>
<td>A report will be reviewed at each meeting of training compliance across the Services and staff group</td>
</tr>
<tr>
<td>Cardiac Arrests - National Cardiac Arrest Audit (NCAA)</td>
<td>Trust Resuscitation Lead</td>
<td>Datix National Cardiac Arrest Audit</td>
<td>Monthly Quarterly (Nationally)</td>
<td>Reported at each Resuscitation Committee Meeting</td>
</tr>
<tr>
<td>Do Not Attempt Cardiopulmonary Resuscitation</td>
<td>Trust Resuscitation Lead</td>
<td>Random review of completeness</td>
<td>Monthly</td>
<td>Reported at each Resuscitation Committee Meeting</td>
</tr>
<tr>
<td>Resuscitation Equipment</td>
<td>Nursing Leads</td>
<td>Nursing Metrics</td>
<td>Monthly</td>
<td>Reported at each Resuscitation Committee Meeting</td>
</tr>
</tbody>
</table>
9 Equality Impact Assessment

9.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

9.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

10 Legal Liability

The Trust will generally assume vicarious liability for the acts of its staff, including those on honorary contract. However, it is incumbent on staff to ensure that they:

- Have undergone any suitable training identified as necessary under the terms of this policy or otherwise.
- Have been fully authorised by their line manager and their CBU to undertake the activity.
- Fully comply with the terms of any relevant Trust policies and/or procedures at all times.
- Only depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible clinician it is fully appropriate and justifiable - such decision to be fully recorded in the patient’s notes.

It is recommended that staff have Professional Indemnity Insurance cover in place for their own protection in respect of those circumstances where the Trust does not automatically assume vicarious liability and where Trust support is not generally available. Such circumstances will include Samaritan acts and criminal investigations against the staff member concerned.

Suitable Professional Indemnity Insurance Cover is generally available from the various Royal Colleges and Professional Institutions and Bodies. For further advice contact: UHL Head of Legal Services on 0116 258 8960 or LPT Head of Legal Services

11. Supporting References, Evidence Base and Related Policies

British Medical Association (2014) Decisions relating to cardiopulmonary resuscitation. Joint Statement from the British Medical Association, the Resuscitation Council UK and the Royal College of Nursing


Resuscitation Council (UK). (November 2013a) Quality standards for cardiopulmonary resuscitation practice and training Acute Care. RC (UK), London


Resuscitation Council (UK). (November 2013b) Minimum equipment and drug lists for cardiopulmonary resuscitation Acute Care. RC (UK), London

12. **Process for Version Control, Document Archiving and Review**

12.1 This document will be uploaded onto SharePoint and available for access by Staff through INsite/e-source. It will be stored and archived through the Organisations local systems.

12.2 This document will be reviewed every three years or in response to changes in national guidance or issues identified through incidents.
## Appendix One: UHL Resuscitation Committee Terms of Reference

<table>
<thead>
<tr>
<th>Title</th>
<th>Resuscitation Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Membership:</strong></td>
<td></td>
</tr>
<tr>
<td>Chair, appointed by the Medical Director</td>
<td></td>
</tr>
<tr>
<td>Senior Clinical Skills Facilitator (Resuscitation Lead)</td>
<td></td>
</tr>
<tr>
<td>Nominee of the Chief Nurse</td>
<td></td>
</tr>
<tr>
<td>Nominee from the UHL Outreach team</td>
<td></td>
</tr>
<tr>
<td>Clinical Member with expertise in Adult resuscitation.</td>
<td></td>
</tr>
<tr>
<td>Clinical Member with expertise in Paediatric resuscitation.</td>
<td></td>
</tr>
<tr>
<td>Member with expertise in Palliative Care.</td>
<td></td>
</tr>
<tr>
<td>Director of Clinical Quality</td>
<td></td>
</tr>
<tr>
<td>Nominee of Outcome and Effectiveness</td>
<td></td>
</tr>
<tr>
<td>Lay Member (JB has approached Karl Mayes with regard to this)</td>
<td></td>
</tr>
<tr>
<td>Other members of staff may be co-opted to the Resuscitation Committee or task and finish groups as required</td>
<td></td>
</tr>
<tr>
<td>Administrative support will be provided from the Administration Manager, Clinical Skills Unit, or the Resuscitation Data Officer, Clinical Skills Unit.</td>
<td></td>
</tr>
<tr>
<td><strong>Purpose:</strong></td>
<td></td>
</tr>
<tr>
<td>To act as an Decision making body for development and implementation and advise on operational policies governing cardio-pulmonary resuscitation and Anaphylaxis (monitoring, management and prevention), and the practice and training of cardiopulmonary resuscitation within the University Hospitals of Leicester NHS Trust (UHL), NCESM and Alliance.</td>
<td></td>
</tr>
<tr>
<td>To make recommendations to the Executive Quality Board regarding all areas of cardiopulmonary resuscitation;</td>
<td></td>
</tr>
<tr>
<td>To monitor the implementation and adherence to national resuscitation guidelines and standards and make recommendations for action where necessary.</td>
<td></td>
</tr>
<tr>
<td>To define the role and composition of the resuscitation team.</td>
<td></td>
</tr>
<tr>
<td>To monitor resuscitation equipment for clinical use is available and ready for use. To advise on standardisation and suitability of such equipment.</td>
<td></td>
</tr>
<tr>
<td>To monitor that appropriate resuscitation drugs (including those for peri-arrest situations) are available and ready for use. To advise on standardisation of such drugs, and to monitor usage.</td>
<td></td>
</tr>
<tr>
<td>To advise on the level of resuscitation training required by staff members with reference to national guidance. To plan adequate provision of training in resuscitation and monitor resuscitation training delivery and uptake.</td>
<td></td>
</tr>
<tr>
<td>To prepare and implement policies relating to resuscitation and treatment</td>
<td></td>
</tr>
<tr>
<td>To review and revise the overseeing, preparation and implement a policy on resuscitation decisions and outcomes, (e.g. DNACPR decisions), and advanced care planning (in collaboration with palliative care).</td>
<td></td>
</tr>
<tr>
<td>Quality improvement – to review plans based on audits, e.g. review of audit data using National Cardiac Arrest Audit data for benchmarking and to make recommendations/propose actions where necessary.</td>
<td></td>
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<tr>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>To review resuscitation incident data relating to patient safety, identifying trends and themes and to make recommendations where necessary.</td>
<td></td>
</tr>
<tr>
<td>To prepare an annual report for presentation to the Executive Quality Board.</td>
<td></td>
</tr>
<tr>
<td>To review UHL position at four monthly intervals in relation to cardiac arrest incident, type of arrests and hospital outcome through audit data to inform future policy and practice development.</td>
<td></td>
</tr>
<tr>
<td>To keep informed of trends and developments in Resuscitation matters from relevant national bodies e.g. CQC, NCEPOD, and to ensure UHL is responding appropriately to such developments.</td>
<td></td>
</tr>
<tr>
<td>To act as an advisory body for all other issues relating to resuscitation practice.</td>
<td></td>
</tr>
</tbody>
</table>
| **Attendance:** | The members of the committee listed above are required to attend at least three quarters of the meetings held annually.  
It shall be permissible for deputies to attend by exception.                                                                                       |
| **Quorum:** | A quorum shall be 4 members, including the Chair and Senior Clinical Skills Facilitator/Resuscitation Lead (or, in their absence, their deputies), and at least one clinical member with expertise in resuscitation. |
| **Frequency of meetings:** | The committee will meet monthly or more often if required                                                                                     |
| **Minutes and Reporting:** | The minutes of all meetings shall be formally recorded  
The committee will report to the Executive Quality Board via an annual report                                                                 |
| **Sub-Committees:** | The committee has no formal subcommittees  
‘Task and finish’ groups may be established by the committee as required. Such groups will report to the Resuscitation Committee. Membership, Aims and timelines for such groups will be defined by the Committee. |
| **Review:** | The terms of reference of the committee shall be reviewed at regular intervals, but at least every year. |

**NB:** Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents
Appendix Two: LPT Resuscitation Committee Terms of Reference

References to “the Committee” shall mean the Resuscitation Committee

1.0 Purpose of Committee
1.1 The purpose of the Group is to lead on the development, delivery, and assurance regarding resuscitation to the Patient safety group within the remit of this Group.

2.0 Clinical Focus and Engagement
2.1 The Trust considers clinical engagement and involvement in Board decisions to be an essential element of its governance arrangements and as such the Trust’s integrated governance approach aims to mainstream clinical governance into all planning, decision-making and monitoring activity undertaken by the Board.

3.0 Authority
3.1 The Committee is authorised by Patient Safety Group to conduct its activities in accordance with its terms of reference.
3.2 The Committee is authorised by Patient Safety Group to seek any information it requires from any employee of the Trust in order to perform its duties.

4.0 Membership
4.1 The membership of the Committee will include representatives from all specialities within LPT
4.2 Only members of the Committee have the right to attend Committee meetings. However, other individuals and officers of the Trust may be invited to attend for all or part of any meeting as deemed appropriate.
4.3 Membership of the Committee will be reviewed and agreed annually with the Patient Safety Group.
4.4 Chairmanship of this Committee will be the designated medical Lead. In the event of the Chair not being available, the deputy Chair will deputise. In the absence of both, the remaining members present shall elect one of themselves to chair the meeting.
4.5 Other staff of the Trust will be invited to attend for all or part of the meeting.

5.0 Secretary
5.1 The designated secretary of the Committee will takes minutes and organise agendas.

6.0 Quorum
6.1 The quorum necessary for the transaction of business shall be 5. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

7.0 Frequency of Meetings
7.1 The Committee shall normally meet monthly but not less than 8 times a year and at such other times as the Chairman of the Committee shall require at the exigency of the business.
7.2 Members will be expected to attend at least three-quarters (75%) of all meetings.

8.0 Agenda/Notice of Meetings
8.1 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee, and any other person required to attend, no later than 5 working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.

9.0 Minutes of Meetings
9.1 The secretary shall minute the proceedings and resolutions of all Committee meetings, including the names of those present and in attendance.
9.2 Minutes of Committee meetings shall be circulated promptly to all members of the Committee and, once agreed, to the secretary of the Patient Safety Group. The Committee’s minutes will be open to scrutiny by the Trust’s auditors.

10.0 Duties
The Committee shall:
10.1 Devise, approve, agree implement and monitor policies within the remit of the Group, overseeing the NHSLA compliance reports
10.3 provide assurance to the Patient safety group of the Trust compliance with and implementation of all policies identified as the responsibility of the Group.
10.8 Communicate exceptions and risks to the Patient safety group in a monthly highlight report.

11.0 Reporting Responsibilities:
11.1 The Committee shall make whatever recommendations to the Patient safety group it deems appropriate on any area within its remit where action or improvement is needed.
11.2 The Committee shall produce for the Patient safety Group an annual report on the work it has undertaken during the course of the year.

12.0 Annual Review
12.1 The Committee shall, at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Patient safety group for approval.

13.0 Risk Responsibility
13.1 The risk areas the Committee has special responsibility for will be those that fall within the remit of this Committee.
Access to Adult Resuscitation Training

1) All clinical staff who have patient contact as part of their clinical duties must have access to training in resuscitation skills appropriate to their area of employment.

2) Training is available from Clinical Skills Facilitators and Cascade instructors at each site and initial training on induction must only be delivered by a Clinical Skills Facilitator or appropriately trained Cascade Trainer. Competency must be demonstrated as per statutory and mandatory training policy and observed for competency by a Clinical Skills Facilitator, Cascade Trainer, or Resuscitation Council (UK) Advanced Life Support instructor. The level of skill which should be assessed will be dependent on the area in which the individual is employed and the scope of their employment. Individual managers should make an assessment of the skill required in consultation with a Clinical Skills Facilitator.

3) All qualified medical staff with patient contact must demonstrate competency in the management of a compromised, critically ill, and arrested patient. All qualified medical staff with patient contact should be familiar with the location, and use, of emergency equipment. They should demonstrate competency in the use of the defibrillator deployed in their area.

4) All qualified medical staff who act as part of the resuscitation team should demonstrate competency in being a team leader following the resuscitation council advanced life support guidelines. They should also demonstrate the ability to manage the peri arrest situation with specific regard to broad and narrow complex tachycardia, and bradycardia.

5) After the initial induction period no staff member should be allowed to act as part of the resuscitation team until competency has been demonstrated.

Doctors must have annual training/assessment of resuscitation skills. This may be via ILS courses, Advanced Life Support courses, or in-house doctor training/assessment.

Delivery of adult training

A Clinical Skills Facilitator or Cascade Instructor will deliver training during the induction period. Managers should aim not to deploy staff until training has been delivered and competency shown.

A Clinical Skills Facilitator or Resuscitation Council (UK) accredited Advanced Life Support instructor must carry out annual competency assessment for doctors.

Certificates of competency will be issued centrally for all staff and will be recognised across the Trust.

All training can be accessed through the Clinical Skills Unit website: www.euhl.nhs.uk
Appendix Four: UHL Education and Training – Paediatric

Access to Paediatric Resuscitation Training

1) All clinical staff who have patient contact as part of their clinical duties must have access to training in resuscitation skills appropriate to their area of employment.

2) Training is available from the Clinical Skills Unit and Cascade Trainer at each site. Initial training on induction must only be delivered by a Clinical Skills Facilitator, Cascade Trainer, European Paediatric Life Support (EPLS) or Advanced Paediatric Life Support (APLS) Instructor. Competency must be assessed on an annual basis and this assessment may be performed by a Clinical Skills Facilitator, Cascade Trainer, EPLS or APLS instructor. The level of skill which should be assessed will be dependent on the area in which the individual is employed and the scope of their employment. Individual managers should make an assessment of the skill required in consultation with a Clinical Skills Facilitator.

3) Paediatric Qualified Medical Staff
   • All qualified medical staff with paediatric patient contact must demonstrate competency in the management of a compromised, critically ill, and arrested child. They should be familiar with the location, and use, of emergency equipment. They should be familiar with the defibrillator deployed in their area.
   • All qualified medical staff who act as part of the resuscitation team should demonstrate competency in being a team leader following the appropriate paediatric advanced life support guidelines. They should also demonstrate the ability to manage the peri-arrest situation.
   • After the initial induction period no staff member should be allowed to act as part of the resuscitation team until competency has been demonstrated
   • Doctors must have annual training/assessment of resuscitation skills.

Delivery of paediatric training

A Clinical Skills Facilitator or Cascade instructor will deliver initial training during the induction period. Managers should aim not to deploy staff until training has been delivered and competency shown. This includes the use of bank, agency and locum staff. A Clinical Skills Facilitator, Resuscitation Council (UK) accredited European Paediatric Life Support (EPLS) instructor or Advanced Paediatric Life Support (APLS) Instructor, must carry out a competency assessment for doctors as per statutory and mandatory training policy.

Certificates of competency will be issued centrally for all staff and will be recognised across the Trust.

All training can be accessed through the Clinical Skills Unit website: www.euhl.nhs.uk
Access to Neonatal Resuscitation Training

1) All clinical staff who have patient contact as part of their clinical duties must have access to training in resuscitation skills appropriate to their area of employment.

2) Training is available from Neonatal and Midwifery Practice Development Nurses, Neonatal Life Support (NLS) instructors, or a member of staff approved by a Consultant in Neonatal Medicine. Competency must be assessed on an annual basis by one of these individuals. The level of skill which should be assessed will be dependent on the area in which the individual is employed and the scope of their employment.

3) All staff referred to in paragraph 1 must be assessed as competent in in-hospital/health care professional basic life support techniques. This should be undertaken initially during their induction period in the first 2 weeks of placement.

4) Nursing staff working in higher risk areas are encouraged to attend the Neonatal Life Support Course, or equivalent, which lasts 1 day

Neonatal Qualified Medical Staff

- All qualified medical staff with neonatal patient contact must demonstrate competency in the management of a compromised, critically ill, and arrested neonate. This is usually covered in the undertaking of the Neonatal Life Support Course.
- They should also be familiar with the location, and use, of the emergency equipment in their area.
- All qualified medical staff who act as part of the neonatal resuscitation team should demonstrate competency in being a team leader following appropriate advanced life support guidelines. They should also demonstrate the ability to manage the peri-arrest situation.
- After the initial induction period no staff member should be allowed to act as part of the resuscitation team until competency has been demonstrated.
- Doctors must have annual training/assessment of resuscitation skills.

Delivery of neonatal training

Neonatal and Midwifery Practice Development Nurses, a Neonatal Life Support (NLS) instructor, or a member of staff approved by a Consultant in Neonatal Medicine, will deliver initial training for all staff during the induction period. Managers should aim not to deploy staff until training has been delivered and competency shown.

Certificates of competency will be issued centrally for all staff and will be recognised across the Trust.
Resuscitation training is provided in accordance with the Leicestershire Partnership NHS Trust Mandatory Training Register as follows;

- Clinical staff in Adult Mental Health, Learning Disabilities and Community Health Services (except those who require Adult Immediate Life Support) will attend Adult Basic Life Support Level 2 and will repeat this training annually.
- Clinical staff in the Families, Young People and Children’s services will attend Adult and Paediatric Life Support level 2 and will complete this training annually.
- Qualified nursing staff (where defibrillators available) will attend Adult Immediate Life Support level 3 and will complete this training annually.

Access to Adult Resuscitation Training

1) All clinical staff who have patient contact as part of their clinical duties must have access to training in resuscitation skills appropriate to their area of employment.

2) Training is available from the Resuscitation Service and Trainers. Competency must be demonstrated as per statutory and mandatory training policy and observed for competency. The level of skill which should be assessed will be dependent on the area in which the individual is employed and the scope of their employment. Individual managers where necessary can make an assessment of the skill required in consultation with the academy.

3) All qualified medical staff with patient contact must demonstrate competency in the management of a compromised, critically ill, and arrested patient. All qualified medical staff with patient contact should be familiar with the location, and use, of emergency equipment. They should demonstrate competency in the use of the defibrillator deployed in their area.

4) After the initial induction period no staff member should be allowed to act as part of the resuscitation team until competency has been demonstrated.

Delivery of adult training

Certificates of competency will be issued centrally for all staff and will be recognized across the Trust.

All training can be accessed through ULEARN
Appendix Seven: UHL Escalation pathway

Escalation pathway to resolve Medical Emergency/Resuscitation Team under establishment and non response to a 2222 call or Bleep tests within UHL.

**TEAM LEADER**
If any allocated member of the Cardiac Arrest Team fails to attend a 2222 call

**ALL STAFF**
If at Hand Over the next person allocated to carry the Cardiac Arrest Bleep is absent from shift.

**SWITCH BOARD**
Following Failure to respond to **TWO** Cardiac Arrest Bleep Tests Switch Board

**INFORM DUTY MANAGER**

**DUTY MANAGER**
attempt to resolve issue locally.

**DUTY MANAGER**
If not resolved locally refer to **SILVER COMMAND**.

**GOLD COMMAND**
# Due Regard Screening Template – Appendix 8(a) Section

<table>
<thead>
<tr>
<th>Name of activity/proposal</th>
<th>Cardiopulmonary Resuscitation Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Screening commenced</td>
<td>1/02/2017</td>
</tr>
<tr>
<td>Directorate / Service carrying out the assessment</td>
<td>Resuscitation Committee - LPT</td>
</tr>
<tr>
<td>Name and role of person undertaking this Due Regard (Equality Analysis)</td>
<td>Kate Fitzpatrick- LPT Senior Resuscitation Officer Sarah Causey-Freeman, Senior Resuscitation Officer - UHL and LLR Alliance</td>
</tr>
</tbody>
</table>

**Give an overview of the aims, objectives and purpose of the proposal:**

**AIMS:** The aim of this policy is to provide an efficient and effective resuscitation service by ensuring that all clinical interventions are based upon the latest guidelines produced by the Resuscitation Council (UK).

This policy sets out LPT and UHL (including LLR Alliance) processes for the management and strategic oversight of the provision of resuscitation services, training and the effective management of Cardiac Arrests and Medical emergencies in accordance with Resuscitation Council UK guidelines.

**OBJECTIVES:** This objective of the policy is to set out LPT and UHL (including LLR Alliance) processes for the management and strategic oversight of the provision of resuscitation services, training and the effective management of Cardiac Arrests and Medical emergencies in accordance with Resuscitation Council UK guidelines.

## Section 2

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>If the proposal/s have a positive or negative impact please give brief details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
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<tr>
<td>Disability</td>
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</tr>
<tr>
<td>Gender reassignment</td>
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<tr>
<td>Marriage &amp; Civil Partnership</td>
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<tr>
<td>Pregnancy &amp; Maternity</td>
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<tr>
<td>Race</td>
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<tr>
<td>Religion and Belief</td>
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<tr>
<td>Sex</td>
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<tr>
<td>Sexual Orientation</td>
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<tr>
<td>Other equality groups?</td>
<td></td>
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</tbody>
</table>

There is no impact on the mentioned characteristics.

## Section 3

**Does this activity propose major changes in terms of scale or significance for LPT?** For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.

- Yes
- No  x

High risk: Complete a full EIA starting click [here](#) to proceed to Part B

Low risk: Go to Section 4.

## Section 4
If this proposal is low risk please give evidence or justification for how you reached this decision:
The policy applies to all patients and does not impact on any protected characteristics.

Signed by reviewer/assessor
(Kate Fitzpatrick-LPT)
(Sarah Causey Freeman -UHL)

Date 09/03/2017

Sign off that this proposal is low risk and does not require a full Equality Analysis

Head of Service Signed
(Jo Nicholls-LPT)
(Lee Rowley-UHL)

Date 09/03/2017

The NHS Constitution – Appendix 8(b)
The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

<table>
<thead>
<tr>
<th>Requirement</th>
<th>✔️</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shape its services around the needs and preferences of individual patients, their families and their carers</td>
<td>✔️</td>
</tr>
<tr>
<td>Respond to different needs of different sectors of the population</td>
<td>✔️</td>
</tr>
<tr>
<td>Work continuously to improve quality services and to minimise errors</td>
<td>✔️</td>
</tr>
<tr>
<td>Support and value its staff</td>
<td>✔️</td>
</tr>
<tr>
<td>Work together with others to ensure a seamless service for patients</td>
<td>✔️</td>
</tr>
<tr>
<td>Help keep people healthy and work to reduce health inequalities</td>
<td>✔️</td>
</tr>
<tr>
<td>Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance</td>
<td>✔️</td>
</tr>
</tbody>
</table>