Cardiopulmonary Resuscitation Policy UHL, CSI Alliance & LPT

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Trust Leads:	Nurse Consultant – Advanced Practice - LPT Head of Nursing – CSI Alliance Resuscitation Lead - UHL
Board Director Lead	Medical Director – Medical Director
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Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **2** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

Review dates and details of Changes made during the review (July 2023)

- The "LLR Alliance" as stated in the policy title and within the policy will now be referred to as "CSI Alliance" to reflect that the "LLR Alliance" has been incorporated within the CSI CMG.

- Included Ashton at UHL as a new offsite area under UHL's responsibility that calls (9)999

- Section 5.11 a) additional text added to sentence "and reporting any issues to switchboard / duty manager immediately"

- Section 6.1 (c) Inclusion of section for the activation of Paediatric Cardiac Arrest Team LRI.

- Section 6.1 (c) Updated Text for activating emergency response for paediatric patients at LGH and removed table 1.

- Section 6.1 (E) Minimum number of "core members" of cardiac arrest team updated to reflect changes made at LGH

- Section 6.1 (L) details of the locations of Paediatric emergency Grab bags at LRI updated.

- Section 6.1 (M) b) reference to Appendix 6 deleted

- Section 6.2 (a) reference to Appendix 6 deleted

- Appendix 6 Emergency response SLA LPT – UHL removed from policy as documents changes annually and will be managed by Resuscitation committee

- Appendix 8 Provision of Paediatric Resuscitation response by cardiac Arrest Team at LGH removed, as details change frequently and therefore will be managed by Children CMG and resuscitation committee in a separate SOP.

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, Respect

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015
Page **3** of **43**
Next Review: September 2026
NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

1   Introduction

1.1   This policy sets out LPT and UHL (including CSI 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 CSI 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	
Site	**Emergency Contact Number**
Leicester Royal Infirmary – all buildings	**2222**
Leicester General Hospital – all buildings run by UHL	**2222**
Glenfield Hospital –all buildings run by UHL see exception below, the Bradgate Unit and Bennion Centre and mobile Screening Vans.	**2222**
Glenfield Hospital –outlying buildings the "Firs" and the "laurels",	**(9) 999**
Ashton at UHL (Hinckley)	**(9) 999**

Renal Satellite Units or Off Site Services Provided by UHL	
Left intentionally blank for local completion	

Leicestershire Partnership Trust	
Site	**Emergency Contact Number**
Coalville Community Hospital -Wd 1 2 and 3	**9999**
Fielding Palmer Hospital, Lutterworth ward area	**9999**
Hinckley Hospital North and East ward	**9999**
Loughborough Hospital – Swithland and Out Patient Units / clinics	**9999**
Evington Centre –Clarendon / Beachwood / Gwendolin / Coleman	**9999**
Melton Mowbray Hospital- Dalgelsh ward	**9999**
St Lukes, Market Harborough – Wd 1 and 3	**9999**
Rutland Memorial Hospital – Ward area	**9999**
Granage	**9999**
Gillivers	**9999**
Agnes Unit	**9999**
Rubicon Close – Mountsorrell	**9999**
Herschel Prins/ Stewart House/Mill Lodge	**9999**
The Willows	**9999**
Prison Health Care Services	**9999**
Glenfield Hospital site -including Bradgate Unit and Bennion Centre, including adults within PSAU (detailed in Appendix 6 SLA)	**2222 + 9999**

CSI Alliance sites	
Site	**Emergency Contact Number**
Coalville Community Hospital	**9999**
Fielding Palmer Hospital, Lutterworth	**9999**
Hinckley and District Hospital	**9999**
Loughborough Hospital	**9999**
Market Harborough and District Hospital	**9999**

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)   Page **4** of **43**
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015   Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

CSI Alliance sites	
Site	**Emergency Contact Number**
Melton Mowbray Hospital	**9999**
St Lukes, Market Harborough	**9999**
Rutland Memorial Hospital	**9999**

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, In which case a ReSPECT form must be completed ensuring Section 4 is fully completed and Signed.

c)   All patients without a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order / ReSPECT form indicating the patient is not for Cardio-pulmonary Resuscitation, 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 CSI 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 / ReSPECT information. UHL and CSI Alliance Staff – please refer to the UHL

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **5** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

Recommended Summary Plan for Emergency Care and Treatment (E1/2020) LPT staff – refer to local current guidance

3.4 UHL, LPT and CSI 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):** Cardiopulmonary Resuscitation includes all the procedures, from basic first aid to advanced medical interventions, that can be used to try to restore the circulation and breathing in someone whose heart and breathing have stopped. The initial procedures usually include repeated, vigorous compression of the chest, and blowing air or oxygen into the lungs to try to achieve some circulation and breathing until an attempt can be made to restart the heart with an electric shock (defibrillation) or other intervention.

4.3 **Do Not Attempt Cardiopulmonary Resuscitation (DNACPR):** Do Not Attempt Cardiopulmonary Resuscitation decisions have also been called DNR, DNAR or 'Not for Resuscitation' (NFR) decisions or 'orders'. They refer to decisions made and recorded to recommend that CPR is not attempted on a person should they suffer cardiac arrest or die. The purpose of a DNACPR decision is to provide immediate guidance to health or care professionals that CPR would not be wanted by the person, or would not work or be of overall benefit to that person. This tries to ensure that a person who does not want CPR or would not benefit from it is not subjected to CPR and deprived of a dignified death or, worse still harmed by it.

4.4 **Advanced Decision to Refuse Treatment (ADRT) :** A legally binding means through which a person who has capacity to do so, may ensure that they will not receive certain treatments when they lack mental capacity to decide for themselves providing that certain criteria are met. Please refer to the Mental Capacity Act 2005, and local policy, for further information.

4.5 **ReSPECT :** Recommended Summary Plan for Emergency Care and Treatment is the first nationwide approach to discussing and agreeing care and treatment recommendations to guide decision-making in the event of an emergency in which the person has lost capacity to make or express choices. This process can be used by patients and people of all ages.

4.6 **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.

4.7 **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

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **6** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

Responsible for Trust compliance with Trust Policy and Procedures.

5.2 Medical Director / UHL Executive Lead

Is the UHL executive lead for this policy and 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) To have due regard as a decision making body to the guidance issued by the Resuscitation Council UK https://www.resus.org.uk/ as well as the guidance of other national governmental and professional bodies for the development and implementation of Trust 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 CSI 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 designated trainers, 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

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)   Page **7** of **43**
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015   Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

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

d) To establish the frequency of cardiac arrest trolley equipment checking within the CMG by individual clinical area and by senior nurse/ manager

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

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

g) 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.

h) 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.

i) 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 / CSI 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 according to local policy :

   o Compliance with daily checks of defibrillators, suction and equipment
   o 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 as per Trust policy

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **8** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

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/CSI 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 role. 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 locally recognised equivalent as agreed with the Senior Resuscitation Officer or 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 and reporting any issues to switchboard / duty manager immediately

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/CSI 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   Policy Statements

6.1   UHL Resuscitation / Medical Emergency Response Processes and Procedures

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **9** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

University Hospitals of Leicester (UHL)	
A)	**<u>Cardiopulmonary Arrest Prevention</u>** **Identifying the deteriorating patient** Early recognition of the deteriorating hospital patient allows prompt and effective treatment. The use of an Early Warning Score (NEWS2) system of clinical triggers is used to identify patients who deteriorating or acutely unwell and at an increased risk of cardiopulmonary arrest. **NEWS Escalation pathway** The referral pathway attached to the scoring system directs nursing and medical response. The use of structured communication tool SBARD (Situation/ Background/ Assessment/ Recommendation / Decision) 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 **<u>MUST</u>** be used to summon urgent assistance in these circumstances. Staff required in addition to the emergency team can be contacted urgently through switchboard.
C)	**<u>Activating the UHL Resuscitation/Medical Emergency Team</u>** **All 2222 calls will now be considered as <u>Cardiac Arrest calls by Switchboard.</u>** 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

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Page **10** of **43**
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015
Next Review: September 2026
NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

University Hospitals of Leicester (UHL)

Activating Emergency Response with "The Firs or The Laurels" building

Glenfield site

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

For Example:-

"Adult Cardiac Arrest, The Fir's, Glenfield Hospital site,

The Caller must 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

Activating Paediatric Cardiac Arrest Team at Leicester Royal Infirmary

In August 2021 the paediatric element of the EMCHC was relocated to the Kensington building at LRI, as phase one of the Leicester Children's Hospital project (in phase 2 the entire LCH will relocate into the Kensington Building). This move required adjustment of the current paediatric cardiac arrest team provision

This required some alterations to names and team members of paediatric cardiac arrest calls within LRI. As CICU/ED and existing LCH footprint within the LRI remained unchanged, there was no change to the calls to those areas

For relocated EMCHC services (PICU/Cardiac ward/Cardiac theatres/Cath lab and Cardiac outpatients), in order to maintain ECPR provision to these patients staff state they require the:

"Paediatric Cardiac Arrest Red Team" and then the precise location of the patient (PICU/ Ward 1/Children's Cardiac Outpatients Kensington, MRI Balmoral, CT scan ED etc).

This recognises that there may be EMCHC patients in other areas of the hospital (CT/MRI) that are not in the Kensington building and avoids ambiguity. Also makes the calls easier for switchboard team to hear and say

All Paediatric Cardiac Arrest Red Team calls will activate the ECMO and theatre teams, regardless of location

For Full detail refer to UHL Paediatric Cardiac Arrest Call SOP "UHL SOP for paediatric cardiac arrest team calls in LRI, following relocation of EMCHC into Kensington Building, LRI" **V2.3 March 2023**

Activating Emergency Response for Paediatric Patients at Leicester General or **Glenfield**

At the Leicester General Hospital or Glenfield Hospital there is no longer a dedicated paediatric cardiac arrest or Medical Emergency Team.

In the event of a paediatric patient requiring a 2222 response staff **MUST** call the ADULT cardiac ARREST TEAM - to avoid confusion they **must not say** paediatrics.

A simultaneous 999 ambulance MUST be called to provide additional support and to enable immediate transfer of the paediatric patient to the Leicester Royal Infirmary

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **11** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

ensuring that it is communicated clearly to EMAS control centre that the patient is **"not in a place of safety"**.

Paediatric Basic Life support to continue until paramedic crew arrive to takeover care of patient.

D.A.R.T nurses will undertake
Paediatric Basic Life support training as part of their essential to job role training.

The D.A.R.T. nurses will be supported by the other members of the Adult Cardiac Arrest

Activating the emergency response team for Neonatal patients

- In the event of a 2222 call being placed at the Leicester General Hospital requiring a Neonatal Cardiac Arrest Team (e.g. neonatal cardiac arrests in Maternity) all staff MUST clearly state that they require a "Neonatal cardiac arrest team".

How to place a 999 call to the emergency services operator from within UHL

- To connect to a 999 emergency services operator from a UHL landline telephone (LRI, LGH, GGH only) , the call will be automatically directed to UHLs' switchboard, the switchboard operator will then connect the call to the 999 emergency services operator.

-
- For ease any of the following numbers can be used in the above circumstance
- 9999
- 999
- 2222

UHL SwitchBoard Operators

- UHL Switchboard operators must be aware that the LGH and GGH is not classed as a place of safety for children, and must therefore to call an ambulance if a child went into cardiac arrest at that site;

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **12** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

D) **Actions of the Resuscitation/Medical Emergency Team Leader**

a) Actively direct and coordinate the resuscitation attempt, according to 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 centre 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 centre.

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

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)   Page **13** of **43**
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015   Next Review: September 2026
NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

University Hospitals of Leicester (UHL)		
E)	**Actions of the Resuscitation/Medical Emergency Team** The Team should consist of a minimum of 4 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: • Anaesthetic cover (minimum Core Trainee) • 1 or 2 junior Doctors • 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 Five)** 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 or UHL equivalent (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 or equivalent. • Bespoke training approved by the Clinical Skills Unit.	
H)	**Automated External Defibrillation (AED's)** The Resuscitation Council (UK) has recommended that the use of AEDs should become a standard training requirement for all clinically registered staff not listed above. This training is provided by attending one of the following courses. • Basic Life Support and AED • ILS or UHL equivalent 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	

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **14** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

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 all oxygen delivery methods, portable suction, wall 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 by the senior ward / clinical area manager, 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 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) Heads of Nursing have the delegated authority to propose the frequency of checking of the resuscitation equipment within their CMG subject to the minimum requirement of :

I. The Cardiac Arrest Trolley **MUST** be opened a **MINIMUM** of once per week. The weekly check **MUST** be a full check of all of the equipment in the trolley including the checking of all expiry dates ensuring no item of equipment will expire prior to the next check.

II. The Cardiac Arrest Trolley **MUST** be sealed at all times with a Numbered Snappable security tag. This security tag **MUST** be checked and documented daily that it remains intact.

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **15** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

III. The Cardiac Arrest Trolley **MUST** be fully checked if the seal is broken and / or after each use.

IV. The Defibrillator**,** Portable Suction, Oxygen Cylinder, Wall suction, Wall Oxygen **MUST** be checked daily and after every use.

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b) A cardiac arrest equipment check lists (Adult, Adult / Paediatric combined) and equipment picture books can be accessed via INSITE

c) 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

UHL Adult 'Grab bag' is located

- GGH main reception only.

The Adult grab bag is intended to provide basic equipment in an emergency only. The Adult grab bag contains

- 1x Lifepak 1000 (AED)
- 1X BVM Adult
- 1X BVM Child
- 1X portable Suction Unit
- 1X Oxygen (CD) cylinder
-

The checking and restocking of the grab bag is the responsibility of the Clinical skills unit / resuscitation team.

Note The Adult Grab Bag is not available at the LGH or LRI sites

UHL Paediatric 'Grab Bags' are located

- **cPICU** Level 5 Kensington Building at the LRI. to be taken to all Paediatric Red Team calls for EMCHC patients.
- **CICU** Level 4 balmoral building at the LRI for all paediatric calls other than Paediatric red team.

The Paediatric grab bags contain equipment that compliments the Combined Adult & Paediatric trolley and MUST be taken to all Paediatric 2222 calls by a member of the Paediatric cardiac arrest team from either CICU or PICU.

M)

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

a) The provision of resuscitation services between UHL and LPT are specified in the "Resuscitation services" (Adult) service level agreement is reviewed annually by

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)   Page **16** of **43**
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015   Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

the resuscitation committee.

University Hospitals of Leicester (UHL)	
N)	**COVID – 19 Resuscitation guidelines and resources.** a) Specific COVID-19 guidance and link to resources can be found following the link below http://insite.xuhl-tr.nhs.uk/homepage/clinical/clinical-skills-unit/uhl-resuscitation/uhl-adult-advanced-life-support-covid-19
O)	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.

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **17** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

6.2 LPT Resuscitation / Medical Emergency Response Processes and Procedures

<table>
<tr><td colspan="2">Leicester Partnership Trust (LPT)</td><td></td></tr>
<tr>
<td>A)</td>
<td>

<u>Activating Emergency Response within LPT</u>

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

<u>Activating Emergency Response from UHL 2222 team within LPT</u>

UHL will respond to 2222 call made by LPT as specified in the Service Level agreement between UHL & LPT

All 2222 calls received by UHL Switchboard will be considered as <u>Cardiac Arrest calls.</u>

This means that Switchboard will automatically refer to 2222 medical emergency calls as a Cardiac Arrest, when putting out a message over the Emergency Bleep system.

Callers 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, Belvoir Ward, Bradgate Unit, LPT buildings, Glenfield hospital Site"

</td>
<td></td>
</tr>
<tr>
<td>B)</td>
<td>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</td>
<td></td>
</tr>
</table>

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **18** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

Leicester Partnership Trust (LPT)		
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. • 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.	

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **19** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

Leicester Partnership Trust (LPT)		
	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) A cardiac arrest equipment check lists (Adult, Paediatric and Grab Bag) and equipment picture book can be accessed via the following links: http://www.leicspart.nhs.uk/Library/ResustrolleycontentsApr15.pdf ANDhttp://www.leicspart.nhs.uk/Library/ResustrolleyitemsApril2015.doc	
F)	**Out of Clinical Area Emergency** LPT Grab Bags are located at Market Harborough District Hospital, Melton and Oakham Outpatient Departments.	

6.3

CSI Alliance Resuscitation / Medical Emergency Response Processes and Procedures

CSI Alliance		
A)	**Activating Emergency Response within the CSI 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" 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	

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **20** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

	CSI Alliance	

<table>
<tr><td></td><td colspan="2">presence of emergency medical equipment.</td><td></td></tr>
<tr><td></td><td>d)</td><td>Those persons checking the resuscitation/emergency equipment must be deemed competent to do so by the senior ward / clinical area manager, prior to carrying out equipment checks and should be undertaken by a professionally registered member of staff.</td><td></td></tr>
<tr><td></td><td>e)</td><td>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.</td><td></td></tr>
<tr><td></td><td>f)</td><td>Equipment checks must include, where appropriate, the availability of Emergency medical equipment at every inpatient bed space, operational status and readiness of equipment.</td><td></td></tr>
<tr><td></td><td>g)</td><td>A record of all checks must be made using the 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.</td><td></td></tr>
<tr><td>**E)**</td><td colspan="2">**<u>Frequency and level of equipment checks</u>**

d) Heads of Nursing have the delegated authority to propose the frequency of checking of the resuscitation equipment within their CMG subject to the minimum requirement of :</td><td></td></tr>
<tr><td></td><td>V.</td><td>The Cardiac Arrest Trolley **MUST** be opened a **<u>MINIMUM</u>** of once per week. The weekly check **MUST** be a full check of all of the equipment in the trolley including the checking of all expiry dates ensuring no item of equipment will expire prior to the next check.</td><td></td></tr>
<tr><td></td><td>VI.</td><td>The once weekly Cardiac Arrest Trolley check it is recommended this check should take place on a Wednesday between the hours 08:00- 16:00 to ensure you have access the Cardiac Arrest Equipment Central stores to replace equipment.</td><td></td></tr>
<tr><td></td><td>VII.</td><td>The Cardiac Arrest Trolley **MUST** be sealed at all times with a Numbered Snappable security tag. This security tag **MUST** be checked and documented daily that it remains intact.</td><td></td></tr>
<tr><td></td><td>VIII.</td><td>The Cardiac Arrest Trolley **MUST** be fully checked if the seal is broken and / or after each use.</td><td></td></tr>
<tr><td></td><td>IX.</td><td>The Defibrillator, Portable Suction, Oxygen Cylinder, Wall suction, WallOxygen **MUST** be checked daily and after every use.</td><td></td></tr>
<tr><td></td><td>e)</td><td>A cardiac arrest equipment check lists (Adult, Adult / Paediatric combined) and</td><td></td></tr>
</table>

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **21** of **43**
Next Review: September 2026

CSI Alliance
equipment picture books can be accessed via INSITE CMG's / CSI Alliance 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.

	F)	**Out of Clinical Area Emergency**	
		CSI Alliance Grab Bags are located at Market Harborough District Hospital, Melton and Oakham Outpatient Departments.	

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 see Appendices 3 & 4

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

d) Registered Clinical Staff (Statutory or assured 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

e) Registered Clinical Staff (Statutory or assured 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

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 or equivalent

g) Access to Resuscitation Education and Training for Adult, Paediatric, and Neonatal is via www.uhlhelm.com,

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

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **22** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

a) The training complies with the requirements of the National Core Skills Framework

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 or equivalent

c) Advanced Life Support (ALS) or equivalent

d) Managing Obstetric Emergencies and Trauma (MOET)

e) Advanced Paediatric Life Support (APLS) / European Paediatric Life Support (EPLS) or equivalent

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

g) Newborn Life Support (NLS) or equivalent

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) Staff in a dedicated educational role and other staff approved by the Resuscitation Committee can become Cascade Instructors to maintain knowledge and skills they can:

- Attend the Cascade Instructors Course

  or

- Be observed by a member of the Clinical skills unit at one of their cascade sessions on an annual basis as a competence check

c) Cascade Instructors will be able to incorporate the assessment of Basic Life Support and Automated Defibrillation into their Job Role or ward 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.uhlhelm.com for training quality and audit purposes.

e) All Resuscitation training registers must be entered onto www.uhlhelm.com within 5 days from the date of the course.

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **23** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

f) It is the Cascade Instructor's responsibility to ensure that training is accurately entered onto www.uhlhelm.com

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.

Element to be monitored	Lead	Method	Frequency	Reporting arrangements
Uptake of training compliance	Trust Resuscitation Lead	HELM or LPT ULEARN System	quarterly at the Resuscitation Committee	A report will be reviewed at each meeting of training compliance across the Services and staff group
Cardiac Arrests - National Cardiac Arrest Audit (NCAA) or local equivalent	Trust Resuscitation Lead	Datix National Cardiac Arrest Audit	Quarterly (Nationally)	Reported quarterly to Resuscitation Committee Meeting
Number of Cardiac arrest / medical emergencies by site	Trust Resuscitation Lead	Datix Switchboard call logs.	Monthly	Reported monthly to Resuscitation Committee Meeting
ReSPECT	Trust Resuscitation Lead	Random review of completeness	Annually	Reported at Resuscitation Committee Meeting
Resuscitation Equipment spot audits	Trust Resuscitation Lead	spot audit 20% of each CMG trollies	bi annual	Reported at Resuscitation Committee Meeting
Resuscitation Equipment	CMG Nursing Leads	Nursing Metrics or local processes	Monthly	Reported to the monthly CMG Performance Review Meetings

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

11. Supporting References, Evidence Base and Related Policies

British Medical Association (2016, 3rd Edition 1st revision) Decisions relating to cardiopulmonary resuscitation. Joint Statement from the British Medical Association, the Resuscitation Council UK and the Royal College of Nursing

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **24** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

https://www.resus.org.uk/dnacpr/decisions-relating-to-cpr/

Resuscitation Council (UK). (2015) Resuscitation Guidelines. RC (UK), London
https://www.resus.org.uk/resuscitation-guidelines/adult-advanced-life-support/

Resuscitation Council (UK). (May 2017) Quality standards for cardiopulmonary resuscitation practice and training. Introduction and Overview. RC (UK), London
https://www.resus.org.uk/quality-standards/acute-care-quality-standards-for-cpr/

Resuscitation Council (UK). (May 2017) Quality standards for cardiopulmonary resuscitation practice and training Acute Care. RC (UK), London
http://www.resus.org.uk/pages/QSCPR_Acute.pdf

Resuscitation Council (UK). (March 2018) Minimum equipment and drug lists for cardiopulmonary resuscitation Acute Care. RC (UK), London
http://www.resus.org.uk/pages/QSCPR_Acute_EquipList.pdf

Skills for Health. (2013) UK Core Skills Training Framework Subject Guide. Skills for Health, Bristol.
http://www.skillsforhealth.org.uk/developing-your-organisations-talent/uk-wide-core-skills-training--framework/

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.

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)   Page **25** of **43**
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015   Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

Appendix One: UHL Resuscitation Committee Terms of Reference

Title :	Resuscitation Committee
Membership :	Chair, appointed by the Medical Director Nominee of the Chief Nurse Senior Clinical Skills Facilitator (Resuscitation Lead) Nominee from the UHL DART team Clinical Member with expertise in Adult resuscitation. Clinical Member with expertise in Paediatric resuscitation. Member with expertise in Palliative Care. Director of Clinical Quality Nominee of Outcome and Effectiveness
	Other members of staff may be co-opted to the Resuscitation Committee or task and finish groups as required
	Administrative support will be provided from the Clinical Skills Unit Administration team
Purpose:	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.
	To make recommendations to the Executive Quality Board regarding all areas of cardiopulmonary resuscitation;
	To monitor the implementation and adherence to national resuscitation guidelines and standards and make recommendations for action where necessary.
	To define the role and composition of the resuscitation team.
	To monitor resuscitation equipment for clinical use is available and ready for use. To advise on standardisation and suitability of such equipment.
	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.
	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.
	To prepare and implement policies relating to resuscitation and treatment
	To review and revise the overseeing, preparation and implement a policy on resuscitation decisions and outcomes, (e.g. DNACPR / ReSPECT decisions),

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **26** of **43**
Next Review: September 2026

	and advanced care planning (in collaboration with palliative care).
	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.;
	To review resuscitation incident data relating to patient safety, identifying trends and themes and to make recommendations where necessary.
	To prepare an annual report for presentation to the ?
	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.
	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.
	To act as an advisory body for all other issues relating to resuscitation practice.
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 a quarterly 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.

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **27** of **43**
Next Review: September 2026

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 four 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.

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)   Page **28** of **43**
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015   Next Review: September 2026
NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

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.

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **29** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

Appendix Three: UHL Education and Training –

All UHL Staff and patient groups.

1) All clinical staff who have patient contact as part of their clinical duties must have access to either a face to face assessment or eLearning refresher of their resuscitation skills appropriate to their role as specified by the Resuscitation committee.

2) All non clinical Staff will complete approved elearning package and online assessment

3) All staff will undergo a taught session and assessment in BLS and AED at their induction to the trust.

4) All subsequent resuscitation training updates can be obtained utilising the eLearning learning resources supported by face to face "drop in" assessment of practical skills.

5) Those staff requiring Immediate / advanced Life support or UHL accredited equivalent should book on to a taught session or arrange a 1-2-1 assessment with the clinical skills unit.

6) All Assessors must hold an appropriate nationally recognised or locally accredited qualification in resuscitation to be able to undertake staff training.

7) CMG's should make an assessment of the skill required for their staff in consultation with the resuscitation committee .

All training can be accessed through the Clinical Skills Unit website:
www.uhlhelm.com

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **30** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

Appendix Four : LPT Education and Training – Adult and Child

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 recognised across the Trust.

All training can be accessed through ULEARN

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **31** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

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 <u>TWO</u> Cardiac Arrest Bleep Tests Switch Board

INFORM DUTY MANAGER

DUTY MANAGER
attempt to resolve issue locally.

DUTY MANAGER
If not resolved locally refer to
Tactical Command.

Strategic Command

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015

Page **32** of **43**
Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

LPT - Cardiac Arrest Audit Form

Affix Patient ID Label or record
Name:
NHS No:
Hosp. No.
D.O.B.   /   /
Male   ☐   Female ☐   Consultant/Dr

Date…………………..Time……..…………..Ward/Department…………………………
Initial Condition of the patient at the time of 1st healthcare professional

Conscious   Yes ☐ No ☐   Collapse Witnessed   Yes ☐   No ☐

Breathing   Yes ☐ No ☐   Pulse   Yes ☐ No ☐

Time of 999/2222 call ………………….. By whom…………………………………

BVM available   Yes ☐   No   ☐

i-Gel insertion   Yes ☐   No   ☐   By Whom
………………..Time……………………..

AED available   Yes ☐   No   ☐

Time	Rhythm (Shockable/ non-shockable)	CPR (30:2)	Adrenaline	Other drugs

Time of paramedics/crash team at patient side…………………………..

Time Resuscitation discontinued .... (Please state reason)

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)   Page **33** of **43**
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015   Next Review: September 2026
NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

Return of circulation ☐   No response to treatment ☐

Post arrest (please tick all that apply)

Breathing ☐   Pulse ☐   Blood Pressure………/………(please state)
Neuro status: Alert ☐   Verbal response ☐   Response to pain ☐
        Unresponsive ☐

Transferred to GGH ☐   LRI ☐ Other ☐☐(please state)
Time of transfer to other hospital………………

Relatives informed   Yes ☐   No ☐   By Whom………………..... Time…………
Consultant informed   Yes ☐   No ☐   By Whom…………..….… Time…………

EiRF entry completed   Yes ☐   No ☐   By Whom

……………………Time………….…

Form completed by (please print) ....Signature

…………..…………………

Names of staff involved in incident

Name	Job title	Area of work

Please photocopy & place/scan in patient's notes
Additional Information

Adult Cardiopulmonary Resuscitation Policy (UHL/LPT/CSI Alliance)   Page **34** of **43**
Version 5 approved by UHL Policy & Guideline Committee on 3 August 2023 Trust Ref: E4/2015   Next Review: September 2026
NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents