

Resuscitation Policy

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Contents

Paragraph		Page
1	Policy Statement	3
2	Scope	3
3	Framework	3
3.5	The emergency and cardiac arrest teams	3
3.6	Resuscitation training	4
3.7	Treatment Escalation and Limitation and decisions about Cardiopulmonary Resuscitation	5
3.8	Witnessed Resuscitation	6
3.9	Emergency equipment, replenishment and cleaning	6
4	Duties	7
4.5	Resuscitation Link workers	8
4.6	Emergency and cardiac arrest team members	9
4.7	The Ward and Department Managers responsibilities	10
4.8	Critical Care Outreach team (CCOT)	11
4.9	Switchboard supervisor	11
5	Implementation and Monitoring	12
6	References	12
7	Associated Policy and Procedural documentation	13
Appendices		
Appendix A	Monitoring Matrix	14
Appendix 1	24/7 Emergency Response access via 2222	16

Version Control

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4.0	Resuscitation Policy	31/01/2012
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7.1	Resuscitation Policy	29/04/2024

1. Policy Statement

The Resuscitation Policy and its associated procedures will ensure that University Hospitals Birmingham NHS Foundation Trust (the 'Trust') provides the best care to people at risk of or who sustain cardio-respiratory arrest in line with the person's wishes and the current Resuscitation Council UK Guidelines.

2. Scope

This policy applies to all areas and activities of the Trust and to all staff including permanent and temporary staff, contractors, volunteers, students, locum, bank and agency staff and staff on honorary contracts.

3. Framework

- 3.1 This section describes the broad framework for the management of resuscitation throughout the Trust. Detailed operational instructions for the resuscitation services are provided in the Resuscitation Procedural documents.
- 3.2 The Clinical Service Lead/Chairs of the Resuscitation Committee shall, under the Chief Medical Officer's delegated authority, approve all procedural documents associated with this policy, and any amendments to such documents, and is responsible for ensuring that such documents are compliant with this policy.
- 3.3 The Resuscitation Service shall facilitate the interpretation of national and international resuscitation guidelines into clinical practice within the Trust, under the direction of the Resuscitation Committee Chairs and be key stakeholders in the facilitation and quality management of all life support training, practice, audit and outcomes within the Trust.
- 3.4 The Trust has adopted and implemented an agreed nationally recognised Early Warning System, into clinical practice, to aid the prevention of cardio-respiratory arrest and the recognition of the critically ill and/or deteriorating patient.
- 3.5 The Emergency and cardiac arrest teams
 - 3.5.1 The Trust will provide dedicated emergency/cardiac arrest teams to attend all clinical emergencies (2222 calls) that occur on Trust sites, as designated in Appendix 1.
 - 3.5.2 Community-based sites must access emergency assistance via 999 or (9) 999 and be familiar with their local processes.
 - 3.5.3 The on-site emergency/cardiac arrest teams will only consist of appropriately trained members of staff, who will

be managerially and clinically responsible to their own consultant, clinical lead/line manager and to the Clinical Service Lead for the Resuscitation Service across all areas of the Trust.

- 3.5.4 The composition of each team is set out in Appendix 1 below. A minimum of 2 members of the team must hold a current advanced resuscitation qualification.
- 3.5.5 The composition of Heartlands and Good Hope paediatric emergency response teams are set out in Appendix 1 below. A minimum of 2 members of the team must hold a current advanced paediatric resuscitation qualification.
- 3.5.6 Foundation Year Doctors will not lead emergencies/cardiac arrests without appropriate training, supervision and support.
- 3.5.7 Heartlands Hospital and Good Hope Hospital will also have access to obstetric, and neonatal emergency team which are overseen by clinical leads in those specialities. In the event of a maternal cardiac arrest the adult cardiac arrest team and obstetric emergency team will be summoned.
- 3.5.8 Queen Elizabeth Hospital and Heartlands Hospital will also have access to a Major Trauma team, which are overseen by clinical leads in this speciality. Appendix 1 details the type and composition of each team for each hospital site.

3.6 Training

Appropriate levels of resuscitation training will be available for staff in the management of patients to prevent, be prepared for, and deal with deteriorating patients and cardiac arrest situations when they occur. All staff will be required to attend appropriate training in line with role specific requirements and the training needs matrix set out in the resuscitation procedure, and be aware of their individual roles as follows:

- a) **Clinical staff:** - All doctors, registered nurses, nursing associate, midwives, allied health professionals and health care assistants, must attend training in the recognition and management of the deteriorating patient and cardiopulmonary resuscitation on an annual basis.
- b) **Non-Clinical staff with direct patient care contact:** – Non-clinical staff with direct patient care contact, e.g. Porters, will be able to access level one resuscitation training, to recognise cardiorespiratory arrest; summon

help; and initiate basic life support with manual external chest compressions.

3.7 Treatment Escalation and Limitation plans and decisions about Cardiopulmonary Resuscitation

3.7.1 Emergency treatment and resuscitation recommendations must be considered and recorded as appropriate and documented as set out in the associated procedure document.

3.7.2 Emergency treatment plans (including resuscitation) must be appropriately considered for all acute admissions. A conversation about treatment limitation and escalation options and resuscitation recommendations must be completed for all those at risk of deterioration or cardiac arrest or who want to have their wishes documented.

3.7.3 The default position within the Trust is always to initiate cardiopulmonary resuscitation, i.e.: chest compressions, defibrillation and ventilations, in the absence of any valid DNACPR/ReSPECT documentation being present and/or where the staff in immediate attendance, are uncertain as to the resuscitation status of any given arrested patient/person.

IF IN DOUBT: - RESUSCITATE

3.7.4 Cardiopulmonary Resuscitation is not always appropriate in all cases of Cardiac Arrest. For all patients over the age of 18 years within the Trust, and the formal decision NOT to resuscitate any such individuals must be based strictly on the following principles:

Patients with Capacity

- The patient with mental capacity (or welfare attorney) refuses 'Cardiopulmonary Resuscitation' i.e.: it is the patient's wishes.
- Resuscitation will not be successful. The clinical team has good reason to believe that a person is dying as an inevitable result of advanced, irreversible disease or a catastrophic event and that CPR will not restart the heart and breathing for a sustained period.

Patients who lack Capacity

- An assessment of the balance of benefits and burdens made by the lead clinician present, must

be informed through discussion with the patient (unless they refuse such discussion) or those close to patient who lacks capacity. Please see the Mental Capacity and Best Interests Policy.

- 3.7.5 For DNACPR guidance on patients under 18 years of age, please refer to the Trust's Paediatric Resuscitation Procedure.
- 3.7.6 Adherence to the Mental Capacity Act (2005) which came into force on the 1st April 2007 is a legal requirement and must always be referred to when considering emergency treatment and resuscitation plans. Clinical teams are reminded of their legal responsibility to inform the patient (or those close to the patient if the patient lacks capacity) as soon as is practical, of a decision to withhold CPR, unless to do so would cause the patient physical or psychological harm.

3.8 Witnessing Resuscitation

The needs of the arrested patient are paramount and if a relative being present during resuscitation compromises this, healthcare workers must refuse admission or request that they leave at any point. The ultimate decision as to whether or not they are permitted to witness resuscitation lies with the emergency/cardiac arrest team leader; however, staff should ask if a relative wishes to be present.

3.9 Emergency Equipment, Replenishment & Cleaning

- 3.9.1 All clinical areas must hold Trust standard resuscitation equipment as outlined by the Resuscitation Service checklists and procedures which are available on the resuscitation service SharePoint site. [Checklists \(sharepoint.com\)](#)
- 3.9.2 The resuscitation equipment must be checked after use and routinely on a daily basis, ('daily' being the frequency with which the department is open – therefore a department that is open Monday to Friday would be expected to check the Trolley on a Monday to Friday basis) remain in a state of readiness at all times, and all areas within the previously specified sites must have access to an emergency resuscitation response and key equipment within 3 minutes.
- 3.9.3 All walled/piped oxygen and suction outlets must be checked on a daily basis (daily as specified above) and after use and be ready for use in an emergency. This should be monitored by the departmental manager.

- 3.9.4 Routine daily trolley checks should occur during daytime hours in case of any faults or equipment failures that need to be escalated and rectified.
- 3.9.5 Any faults or equipment failures with medical devices (e.g. portable or walled suction, defibrillators) noted out of hours must be reported immediately to the on-call Medical Engineer and Senior Nurse.

4. Duties

4.1 Chief Medical Officer

The Chief Medical Officer has delegated responsibility for the implementation and monitoring of the policy and the approval of all associated procedural documents to the Clinical Service Leads for Resuscitation.

4.2 Chairs of Resuscitation Committee

Chairs of the Resuscitation Committee will ensure that:

- 4.2.1 This policy adheres to the current National (Resuscitation Council UK guidelines) and International Guidance, and ensure appropriate procedural documents required to implement this policy are developed.
- 4.2.2 In line with National Patient Safety Agency, best practice recommendations, the emergency response process for adults and paediatric teams at each site will be monitored and tested through 'live' simulation audits. The frequency will be determined by the Resuscitation committee as defined by clinical need. This process will aim to provide continued assurances of safe systems for emergency response teams and patient safety.
- 4.2.3 Clinical leadership and advice on the implementation of the above guidance is provided; and
- 4.2.4 The Chairs of the Resuscitation Committee will ensure that any material concerns or non-compliance regarding the implementation of this policy and the operation of the Trust's resuscitation services are brought to the attention of the Board of Directors via the agreed reporting structures to the Chief Medical Officer.

4.3 Site Medical Directors

Site Medical Directors will ensure that:

- 4.3.1 All reported concerns relating to compliance with this policy are escalated via the Resuscitation Committee, Joint Clinical Quality Assurance Group (JCQAG) and/or the Executive Team (ET).
- 4.3.2 There is an agreed process in place to ensure all staff are aware of how to summon the emergency help/cardiac arrest teams. This is measured through trust induction and training compliance data.
- 4.3.3 The Trust's emergency/cardiac arrest teams are staffed appropriately in line with this policy via the medical management structures and relevant staff sickness within these teams is communicated and covered appropriately.

4.4 **Lead Resuscitation Officer**

The Lead Resuscitation Officer will ensure that:

- 4.4.1 Adequate training provision is maintained to allow staff to fulfil their training requirements according to the current training needs matrix.
- 4.4.2 A Resuscitation officer will attend and or lead medical emergencies and cardiac arrest calls whenever practicable, and as a formal member where commissioned to do so. This is to provide clinical and educational support and roles and a governance oversight.
- 4.4.3 Compliance with the daily checking and availability of the resuscitation equipment in all areas is logged and monitored, annually as a minimum requirement. This may be more frequent as determined by operational safety needs.

4.5 **Resuscitation Link Workers**

The Resuscitation Link Workers will ensure that:

- 4.5.1 They adhere to the UHB resuscitation link worker process, including being quality assured by the resuscitation service in order to carry out their role safely. The resuscitation service will monitor the adherence to this process.
- 4.5.2 They must keep up to date with the Resuscitation Policy, procedures, guidelines and processes.
- 4.5.3 They must attend annual resuscitation service updates to maintain their knowledge, skills and confidence in order to

carry out their role safely and in line with national standards. If this is not maintained, they will be withdrawn from the resuscitation link worker role.

4.5.4 Training within their own clinical areas with support from the resuscitation service is maintained to the Trust's mandatory training standards; and

4.5.5 Areas of concern within their own clinical areas relevant to resuscitation training and practice are reported to the resuscitation service at the earliest opportunity. The resuscitation service will review the concern, put an appropriate action plan in place and escalate as per 4.3.1 if required.

4.6 **Emergency/cardiac arrest team members**

The emergency/cardiac arrest team members will ensure they adhere to the related resuscitation procedures and ensure that they:

4.6.1 Are familiar with all site area locations in order to respond in a timely manner.

4.6.2 Are aware that paediatric emergency/cardiac arrest teams are only present on the Heartlands and Good Hope Hospital sites and in the event a paediatric emergency occurring at Solihull or the Queen Elizabeth Hospitals, the adult emergency/cardiac arrest team must respond. If the team members are not trained in paediatric resuscitation, adult guidelines should be adopted until more advanced paediatric trained staff attend.

4.6.3 Attend handover and allocates tasks and roles accordingly, in preparation for the emergency/cardiac arrest calls.

4.6.4 Respond to all emergency/cardiac arrest calls at the safest possible speed.

4.6.5 Are up to date with current Resuscitation Council UK Guidelines, competencies and training required within the role.

<https://www.resus.org.uk/library/2021-resuscitation-guidelines>
<https://www.resus.org.uk/professional-resources>

4.6.6 Carry the designated baton bleep (or equivalent) with its allocated access all areas swipe card during their period of duty with the designated team. They must hand both of these over appropriately in line with the resuscitation

procedures, to their replacement or arrange appropriate cover and report to switchboard if they are unable to carry the emergency baton bleep (or equivalent) at any time.

- 4.6.7 Report to their senior and the resuscitation service if they notice the access all areas swipe card is missing.
- 4.6.8 Failure of the next designated member to come on duty must be reported to the duty consultant or senior nurse for the relevant discipline. These baton bleeps and access all areas swipe cards must not be left unattended or for 'someone' to just pick up later. Failure to correctly follow this policy and associated procedures has potentially serious consequences and will be considered a disciplinary offence.
- 4.6.9 Individual sites will be responsible for ensuring there are robust systems in place for appropriately staffing the emergency response teams, covering absences and ensuring the effective handover of baton bleeps between teams.
- 4.6.10 Answer all test calls made by switchboard when on duty for the emergency/cardiac arrest teams and/or liaise with switchboard relating to any baton bleep concerns or failures.

4.7 Ward/Departmental Managers responsibilities

Ward/Departmental Managers will ensure that:

- 4.7.1 All new staff are made aware of the Resuscitation Policy and related Procedures on local induction to the Ward/Department and support appropriate staff training.
- 4.7.2 Essential emergency equipment is always available and operational and is replenished immediately after use.
- 4.7.3 All resuscitation equipment is checked daily (weekly in some community settings) and after each use in accordance with the Resuscitation Procedures.
- 4.7.4 All equipment faults/problems are acted upon immediately and replaced/reported through the appropriate departments, including completion of an incident form where necessary, and in conjunction with the Medical Engineering Department; planned preventative maintenance is carried out routinely via the 24/7 medical engineering services available within the Trust.

4.7.5 The nominated resuscitation link worker for their local area is given appropriate protected time away from clinical duties to carry out the role.

4.8 **Critical Care Outreach Teams**

Critical Care Outreach (CCOT) teams will ensure that they:

4.8.1 Respond to all emergency/cardiac arrest calls at the safest possible speed.

4.8.2 Call an Emergency Ambulance, where appropriate, when requested by the appropriate Team Leader in line with the resuscitation procedure document.

4.8.3 In the event of a bleep system failure out of hours, assist switchboard and the resuscitation service with initiating the bleep back up system in order to ensure site safety.

4.8.4 In absence of a Resuscitation Officer ensure that emergency grab bags and running packs used have been replenished, checked and returned to their storage location after use.

4.8.5 Provide switchboard with the patient information following the emergency in order to adhere with the National Cardiac Arrest Audit (NCAA) and UHB emergency/cardiac arrest call follow up and reporting process.

4.9 **Switchboard Supervisor**

The Switchboard Supervisor will ensure that:

4.9.1 All switchboard staff are aware of the procedure for dealing with emergency/cardiac arrest calls and follow the agreed process when the baton bleep system is unavailable.

4.9.2 Contact the outreach nurse or department following an emergency/cardiac arrest call to obtain the patient details in order to adhere to audit processes.

4.9.3 Test calls are made to all emergency/cardiac arrest team members at the pre-arranged times and those team members who do not respond are baton bleeped a second time and this is documented.

4.9.4 If a member of the emergency/cardiac arrest team does not respond following a second test call, switchboard staff will inform the following department/senior staff/manager, in

order of availability, so this may be investigated and rectified immediately:

- Resuscitation Service
- Medical/Anaesthetic consultant on call/senior nurse

4.10 All staff

All staff will ensure that they:

- 4.10.1 Attend the appropriate level of training in resuscitation relevant to their role, in accordance with current training needs matrix for Resuscitation. [Courses \(sharepoint.com\)](#)
- 4.10.2 Are fully aware of the resuscitation policies, procedures and operating guidance in place within the Trust.

5. Implementation and Monitoring

5.1 Implementation

- 5.1.1 This policy and its associated procedures are available on the Trust intranet and disseminated to staff through the site management and internal team structures within the Trust.
- 5.1.2 All staff are informed about the Resuscitation Policy and its associated procedures during all corporate and local induction processes.

5.2 Monitoring

Appendix A provides full details of how this policy will be monitored by the Trust.

6. References

Care Quality Commission, Review of Do Not Attempt Cardiopulmonary Resuscitation decisions during the COVID-19 pandemic: interim report, February 2021 [accessible at] <https://www.cqc.org.uk/publications/themed-work/review-do-not-attempt-cardiopulmonary-resuscitation-decisions-during-covid>

Decisions about Cardiopulmonary Resuscitation (DNACPR) <https://www.resus.org.uk/dnacpr/decisions-relating-to-cpr/>

Mental Capacity Act (2005) <https://www.legislation.gov.uk/ukpga/2005/9/contents>

National Cardiac Arrest Audit. <https://ncaa.icnarc.org>

NHS Executive. Health Services Circular 2000/028 - Resuscitation Policy.

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4004244

Resuscitation Council United Kingdom, Quality Standards for cardiopulmonary resuscitation and training, [accessible at]

<https://www.resus.org.uk/quality-standards/>

Resuscitation Council United Kingdom, Resuscitation Guidelines, 2021, [accessible at] www.resus.org.uk/pages/guide.htm

7. Associated Policy and Procedural Documentation

Adult Resuscitation Procedure

Paediatric Resuscitation Procedure

Resuscitation in neonates – clinical guideline

Maternal collapse – clinical guidelines

Intraosseous access procedure

Decisions about cardiopulmonary resuscitation procedure

Blood Transfusion; Major Haemorrhage Procedure (MHP) and Urgent and Massive Transfusion

Appendix A – Monitoring matrix

Monitoring of implementation	Monitoring Lead	Reported to Person/Group	Monitoring process	Monitoring Frequency
Attendance & non- attendance at mandatory resuscitation training	Lead Resuscitation Officer	Resuscitation Committee Chairs	Mandatory resuscitation training reports from training administration	Quarterly
Availability and checking of emergency resuscitation equipment	Lead Resuscitation Officer	Resuscitation Committee Chairs	Biannual inspection of resuscitation trolleys in all areas	Quarterly
Response to emergency/cardiac arrest team – test calls	Lead Resuscitation Officer	Resuscitation Committee Chairs	Retrieval of documented test call responses from switchboard Datix system	Quarterly
Outcome of cardiac arrests	Lead Resuscitation Officer	Resuscitation Committee Chairs	Mandatory completion of documentation of emergency calls Participation in the National Cardiac Arrest Audit (NCCA)	Quarterly

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Audit	Lead Resuscitation Officer	Resuscitation Committee Chairs/End of Life Care Strategy group	Audit from resuscitation service department on: <ul style="list-style-type: none"> • Number of DNACPR decisions made in the Trust. • Compliance with the agreed DNACPR documentation process and practice • Implementation & Progress of action plans for non-compliance issues. 	Quarterly
All Cardiac Arrests are led by appropriate Team Leaders who are current Advanced Level Life Support Providers & appropriate grades.	Lead Resuscitation Officer	Resuscitation Committee Chairs	Resuscitation Council UK Quality Standards Quarterly report from the online pager response system	Quarterly
Critical Incidents during or leading to medical emergencies or cardiac arrest reported through the Datix system will be reviewed by the Resuscitation Service.	Lead Resuscitation Officer	Resuscitation Committee Chairs	Resuscitation Council UK Quality Standards Datix system	Quarterly
Compliance with this policy	Resuscitation Committee Chairs	Board of Directors	An exception report is presented detailing any material concerns or non-compliance regarding the implementation and/or operation of resuscitation service.	Annual

Appendix 1
Emergency Teams Composition

The Trust will provide a dedicated 24/7 emergency team response to attend all emergencies (2222 calls) that occur on Trust sites.

Emergency (2222) teams will attend emergencies at:

Queen Elizabeth Hospital Birmingham

All buildings on the site, (including the Wolfson building and the new Harborne Hospital) and the hospital grounds and car parks.

Heartlands, Solihull and Good Hope Hospitals

All buildings on the site and the hospital grounds and car parks.

Composition of emergency teams must include:

Heartlands Hospital – Adult team	Heartlands Hospital Paediatric team
Medical Registrar	Paediatric Registrar
ITU SHO or CCP	ITU Registrar
Medical SHO	Paediatric SHO
Critical Care Outreach Nurse (CCOT)	Paediatric HDU Nurse
First on/Site team	Critical Care Outreach Nurse (CCOT)
Porter	Porter

Heartlands Hospital – Neonatal team	Heartlands Hospital – Obstetric team
Neonatal Registrar	Obstetric Registrar
Neonatal FY2	Obstetric Anaesthetist
Neonatal Nurse	Obstetric Recovery ODP
Porter	Obstetric ODP
	Obstetric Scrub ODP
	Obstetric SHO
	Labour Ward Registrar
	Senior Midwife
	Porter

Heartlands Major Trauma team	Heartlands Major Haemorrhage team
ED Registrar	Refer to Major Haemorrhage policy, procedures and clinical guidelines
Surgical Registrar	
T&O Registrar	

ITU Registrar	
T&O SHO	

Good Hope Hospital Adult emergency team	Good Hope Paediatric team	Good Hope Obstetric team	Good Hope Neonatal team	Good Hope Major Haemorrhage team
Medical registrar	Paediatric Registrar	Obstetric registrar	Neonatal Registrar	Refer to Major Haemorrhage policy, procedures and clinical guidelines
ITU Registrar	ITU Registrar	Midwife	Neonatal FY2	
Medical SHO	Paediatric FY2	Obstetric SHO	Neonatal Nurse	
Critical Care Outreach Nurse (CCOT)	Critical Care Outreach Nurse (CCOT)	Neonatal Nurse	Porter	
First on/site team	Porter	Obstetric anaesthetist		
Porter		Obstetric scrub ODP		
		Obstetric recovery ODP		
		Obstetric scrub ODP		
		Midwife		
		Porter		

Solihull Adult emergency team	Solihull Major Haemorrhage team
Anaesthetic Registrar	Refer to Major Haemorrhage policy, procedures and clinical guidelines
Surgical SHO	
Medical SHO	
Surgical FY1	
Critical Care Outreach Nurse (CCOT)	
First on/site team	
Porter	

QE Major Trauma	QE Cardiac Arrest Team A	QE Cardiac Arrest Team B	Burns Team	QE Major Haemorrhage team
Trauma Registrar	1 st on Medical Registrar	2 nd on Medical Registrar	Burns Registrar	Refer to Major Haemorrhage policy, procedures and clinical guidelines
Trauma HO	Medical RMO	5 th Floor Medical Doctor (FY1/FY2/CMT)	Burns and plastics Doctor	
Trauma SHO	Medical JSD (Heritage)	Additional 5 th Floor medical Doctor 730pm – 8am and on BH and 24/7 at weekends		
	Resuscitation Officer (8am – 730pm Mon – Fri except BH)	Resuscitation Officer (8am – 730pm Mon – Fri except BH)		
	Critical Care Outreach Nurse (CCOT)	Critical Care Outreach Nurse (CCOT)		

The term “Registrar” is used to describe a medically qualified doctor who has a grade of at least ST3 or equivalent.