# Resuscitation Policy

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<tr>
<th>CATEGORY:</th>
<th>Policy</th>
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<td>CLASSIFICATION:</td>
<td>Clinical</td>
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<tr>
<td>PURPOSE</td>
<td>To ensure that the Trust provides appropriate care to people suffering from cardio-respiratory arrest</td>
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<td>Approved By:</td>
<td>Chief Executive</td>
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<td>On:</td>
<td>October 2014</td>
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<td>Review Date:</td>
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**Distribution:**
- **Essential Reading for:** All Trust Clinical Staff
- **Information for:** All Staff
1. **Policy Statement**

The Policy and its associated procedures will ensure that the Trust provides appropriate care to people suffering from cardio-respiratory arrest in line with the person’s wishes and the current Resuscitation Council UK Guidelines.

2. **Scope**

This policy applies to all operational areas and activities of the Trust and to all individuals employed by the Trust including contractors, volunteers, students, locum and agency staff and staff employed 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 service are provided in the Resuscitation Procedure.

3.2 The Chair of the Resuscitation Committee shall 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 & International resuscitation guidelines into clinical practice within the Trust, under the direction of the Resuscitation Committee Chair and be key stakeholders in the facilitation and quality of life support training, practice, audit and outcomes within the Trust.

3.4 The Trust shall adopt and implement an agreed ‘Standardised 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. This shall be approved by the Medical Director.

3.5 **The Cardiac Arrest Response Team**

3.5.1 The Trust will provide a dedicated cardiac arrest response to attend all emergencies (2222 calls) that occur on the following Trust sites:

- Queen Elizabeth Hospital Birmingham (New); and
- Queen Elizabeth Hospital (Old), with the inclusion of Nuffield house, PET Centre, Morris House and the Post graduate Medical centre.
3.5.2 This response will only consist of appropriately trained members of staff, who will be managerially and clinically responsible to their own consultant or clinical lead / line manager.

3.5.3 A minimum of 2 members of a Cardiac Arrest Response Team will be Advanced Life Support (ALS) providers and at least 2 of them will be medically qualified.

3.6 Training/Guidance

Training will be provided for staff in the management of patients to prevent, be prepared for and deal with an arrest situation when it occurs and all staff will be required to attend appropriate training in line with the Training Catalogue.

3.7 Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)

3.7.1 The Default position regarding DNACPR within the Trust is to initiate cardiopulmonary resuscitation, i.e: Chest compressions and Ventilations, in the absence of formal valid DNACPR documentation being present and/or where the staff in immediate attendance are uncertain as to the resuscitation status of any given arrested patient/person.

3.7.2 Cardiopulmonary Resuscitation is not always appropriate in all cases of Cardiac Arrest, therefore this policy relates to all (Adult) 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:

- The ‘Adult’ has the informed mental capacity to refuse ‘Cardiopulmonary Resuscitation’ ie:patients wishes, and this must be clearly and appropriately documented; and
- The informed clinical decision of the lead clinician in charge of the patient’s care, where the expected benefits are outweighed by the burden of implementing the procedure.

3.7.3 For DNACPR guidance on patients under 18 years of age, please refer to the Trust’s Paediatric Resuscitation procedure.

3.8 Witnessing Resuscitation

The needs of the arrested patient are paramount and if a relative being present during resuscitation compromises this, healthcare workers should 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 cardiac arrest team leader, however, staff should ask if a relative wishes to be present and staff are reminded of this during Trust mandatory training.

3.9 Emergency Equipment

All clinical areas must hold and maintain a Trust standard resuscitation trolley as outlined in the Resuscitation Procedure document, and all areas within the previously specified sites must have access to emergency resuscitation response and equipment within a 3 minutes radius.

4. Duties

4.1 Resuscitation Committee

Members of the Resuscitation Committee will ensure that:

4.1.1 The 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;

4.1.2 Clinical leadership and advice on the implementation of the above guidance is provided; and

4.1.3 The Chair 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 service are brought to the attention of the Board of Directors via the Trust’s Patient Safety Group (PSG).

4.2 Divisional Directors

Divisional Directors will ensure that:

4.2.1 All reported concerns relating to compliance with this policy are dealt with in accordance with current Trust procedures;

4.2.2 There is an agreed process in place to ensure all staff are aware of how to summon the cardiac arrest team; and

4.2.3 The Trust’s Cardiac Arrest response is staffed appropriately in line with this policy via the medical management structures and relevant staff sickness within this response is communicated and covered appropriately.
4.3 **Resuscitation Service Manager**

The Resuscitation Service Manager will ensure that:

4.3.1 Adequate training provision is maintained to allow staff to fulfil their training requirements according to the training needs analysis;

4.3.2 A member of the Resuscitation Service Team attends Cardiac arrest calls whenever practicable; and

4.3.3 Compliance with the daily checking and availability of the resuscitation trolleys in all areas is logged and monitored.

4.4 **Core Resuscitation Training Workers**

The Core Resuscitation Training Workers will ensure that:

4.4.1 Training within their own clinical areas with support from the Resuscitation Service is maintained to the Trust's mandatory training standards; and

4.4.2 Areas of concern within their own clinical areas relevant to resuscitation training and practice are reported to the Resuscitation service department at the earliest opportunity.

4.5 **Cardiac Arrest Response Team Members**

The Cardiac Arrest Response Team Members will ensure that they:

4.5.1 Respond to all cardiac arrest calls within the National Target of 3 minutes;

4.5.2 Are up to date with current Resuscitation Council UK Guidelines and competencies required within the role. www.resus.org.uk/pages/guide.htm;

4.5.3 Carry the designated arrest bleep during their period of duty with the cardiac arrest team and hand it over appropriately in line with the Cardiac arrest team guidance protocol, to their replacement or arrange appropriate cover and report to switchboard if they are unable to carry the cardiac arrest bleep at any time; and

4.5.4 Answer all test calls made by switchboard within 5 minutes of the call being made when on duty for the cardiac arrest team or liaise with switchboard relating to any cardiac arrest bleep concerns or failures.
4.6 **Ward/Department Manager**

The Ward/Department Managers will ensure that:

4.6.1 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;

4.6.2 Essential equipment is always available and operational and that stocks are replenished immediately after use;

4.6.3 all resuscitation equipment is checked daily and after each use in accordance with the Resuscitation Procedure;

4.6.4 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 Medical Engineering planned preventative maintenance is carried out routinely; and

4.6.5 The ‘nominated core worker’ for their local area is given appropriate protected time away from clinical duties to perform their role of facilitating life support training locally.

4.7 **Senior nurse on-call**

The Senior Nurse on-call will ensure that:

4.7.1 They respond to the cardiac arrest bleep at ‘best possible speed’;

4.7.2 Call an Emergency Ambulance, when requested by the Cardiac arrest team Leader.

4.8 **Switchboard Supervisor**

The Switchboard Supervisor will ensure that:

4.8.1 all switchboard staff are aware of the procedure for dealing with emergency calls and follow the agreed process when the bleep system is unavailable;

4.8.2 test calls are made to all cardiac arrest team members at the pre-arranged times and those team members who do not respond within 5 minutes are bleeped a second time and this is documented; and

4.8.3 if a member of the cardiac arrest team does not respond following a second test call, switchboard staff will inform the following
Department/Staff, in order of availability, so this may be investigated and rectified.

- Resuscitation Service
- Senior Nurse –on-call for the hospital site
- Medical/Anaesthetic consultant on call

4.9 All staff

All staff will ensure that:

4.9.1 they attend appropriate training in resuscitation relevant to their role, in accordance with current training matrix for Resuscitation; and

4.9.2 they 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 divisional management and internal team structures within the Trust.

5.1.2 All staff are informed about the Resuscitation Policy and its associated procedures during staff induction training.

5.2 Monitoring

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

6. References

Health Service Circular 2000/028

National Confidential Enquiry into Patient Outcomes and Deaths

National Institute for Clinical Excellence
www.guidance.nice.org.uk/CG50#documents
7. **Associated Policy and Procedural Documentation**

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Procedure

Paediatric Resuscitation Procedure

Procedure for Escalation Management of Acutely Ill Adult Patients Using the Standardised Early Warning Score

Resuscitation Procedure

Training Catalogue (Training Needs Analysis)
### Appendix A: Monitoring Matrix

<table>
<thead>
<tr>
<th>MONITORING OF IMPLEMENTATION</th>
<th>MONITORING LEAD</th>
<th>REPORTED TO PERSON/GROUP</th>
<th>MONITORING PROCESS</th>
<th>MONITORING FREQUENCY</th>
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<tbody>
<tr>
<td>Attendance at mandatory resuscitation training</td>
<td>Resuscitation Services Manager</td>
<td>Resuscitation Committee Chair &amp; Governance Lead</td>
<td>Mandatory resuscitation training reports from training admin</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Non – attendance at mandatory resuscitation training</td>
<td>Resuscitation Services Manager</td>
<td>Resuscitation Committee Chair &amp; Governance Lead</td>
<td>Mandatory resuscitation training (did not attend) reports from training admin</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Availability of emergency resuscitation equipment</td>
<td>Resuscitation Services Manager</td>
<td>Resuscitation Committee Chair &amp; Governance Lead</td>
<td>Quarterly resuscitation service inspection of resuscitation trolleys in all areas</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Response to cardiac arrest team – test calls</td>
<td>Resuscitation Services Manager</td>
<td>Resuscitation Committee Chair &amp; Governance Lead</td>
<td>Daily retrieval of documented test call responses from switchboard</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Response and outcome of 2222 emergency calls</td>
<td>Resuscitation Services Manager</td>
<td>Resuscitation Committee Chair &amp; Governance Lead</td>
<td>Mandatory completion of 2222 audit forms (all calls)</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Failure to attend cardiac arrests (Clinical incidents or near miss)</td>
<td>Resuscitation Services Manager</td>
<td>Resuscitation Committee Chair &amp; Governance Lead</td>
<td>Monthly report from risk department on clinical incidents and resus officer attendance or review of all cardiac arrests.</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>
| Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Audit | Resuscitation Services Manager | Resuscitation Committee Chair / DNACPR sub group chair & Governance Lead | Monthly report from resuscitation service department on:  
- 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. | Monthly Audit |