Western Health and Social Care Trust

RESUSCITATION POLICY

May 2022

Western Health and Social Care Trust

Policy Title:	Resuscitation Policy		
Author:	Mr Colin Robinson, Resuscitation Officer Mrs Kathy Mackey, Lead Resuscitation Officer Contact via Resuscitation Services Department Ext:213901		
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Western Health and Social Care Trust

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1.0 INTRODUCTION

This policy details the Western Health and Social Care Trust's (WHSCT) requirements in relation to the practice of resuscitation. The contents of the policy reflect guidance contained within the following documents:

- Quality Standards for Resuscitation Practice and Training: The Resuscitation Council UK Published November 2013; updated June 2020.
- Cardiopulmonary Resuscitation Standards For Clinical Practice And Training: A Joint Statement from, The Royal College of Anaesthetists, The Royal College of Physicians of London, The Intensive Care Society, and The Resuscitation Council (UK) (2008).
- Cardiopulmonary Resuscitation: Guidance for Clinical Practice and Training in Primary Care (Resuscitation Council (UK) 2001).
- Guidance for safer handling during cardiopulmonary resuscitation in healthcare settings Resuscitation Council (UK) 2015, updated June 2020.
- Moving and handling Policy 2019.
- Policy for the Management of Medical devices 2016.
- Medicines & Healthcare Products Regulatory Agency (MRHA) Managing Medical Devices Guidance for healthcare and social services organizations 2021.
- Infection Prevention and Control Standard Precautions Policy 2019.
- *Raising the Standards: RCoA quality improvement compendium.* The Royal College of Anaesthetists 2020.

1.1 PURPOSE

The Western Health and Social Care Trust (WHSCT) has an obligation to provide an effective Resuscitation Service. This includes ensuring that staff receive training and regular updates. Training must be to a level appropriate for the individual's expected clinical responsibilities. This will encompass equipment for resuscitation, training in resuscitation, specialist advice, risk management and monitoring the success of resuscitation attempts; as well as audit of all of the above.

This policy should be read and considered, with the Quality Standards for Cardiopulmonary Resuscitation and Training document 2020, current Resuscitation Council UK Guidelines and the WHSCT Do Not Attempt Cardiopulmonary Resuscitation policy.

As the outcome from cardiorespiratory arrest remains poor, an important aspect of resuscitation planning is prevention. This includes the timely recognition, and escalation of effective patient care and treatment to make it less likely that critically ill patients will deteriorate to the point of cardiac arrest.

Latest available data from the National Cardiac Arrest Audit (NCAA) indicates an overall survival to discharge rate of 23.9% for in-hospital cardiac arrest. (NCAA 2019/20).

The WHSCT Resuscitation Service will provide training in the recognition and treatment of the sick/deteriorating patient at risk of cardiac arrest.

All resuscitation attempts will be managed in accordance with current Resuscitation Council UK guidelines. This policy represents the minimum acceptable standard in relation to resuscitation practice within the WHSCT. This policy document has been endorsed and accepted as an organizational wide policy by the WHSCT Resuscitation Committee and the Corporate Management Team (CMT).

The Resuscitation Service will provide certification of attendance at their resuscitation training courses. All staff members have a responsibility to act within their own sphere of competence or scope of practice and within the remit of their professional bodies.

2.0 SCOPE OF THE POLICY

The WHSCT must ensure that staff are trained in resuscitation to a level appropriate for the individual's expected clinical responsibilities, and to maintain patient safety.

3.0 ROLES/RESPONSIBILITIES

It is the responsibility of individual staff members to ensure they maintain their professional competence in resuscitation procedures. Staff performing resuscitation need to adhere to the latest guidance for safer handling during resuscitation in healthcare settings and as per WHSCT Moving and Handling Policy 2019.

Directors must ensure systems are developed to support checking and verifying that all their staff have attended relevant resuscitation training recommended by professional bodies.

Locum/agency and staff employed through employment agencies or staff employed through the WHSCT bank system must produce certificates of resuscitation training to confirm that they are appropriately trained to meet their expected clinical responsibilities. As part of the employment process temporary/permanent or agency, staff will be expected to provide evidence that they have had appropriate training to a level appropriate for the individual's expected clinical responsibilities.

If for any reason a member of staff is unable to fulfil their role in resuscitation, either for a temporary or permanent period, they must advise their line manager and seek support from the Trust's Occupational Health Department.

4.0 KEY PRINCIPLES

4.1 RESUSCITATION TRAINING

All staff must have access to resuscitation training to a level appropriate for their expected clinical responsibilities and as recommended by the Resuscitation Committee and approved by Directors. The resuscitation team following national recommendations and, in consultation with Professional/Clinical Leads will provide a training matrix for each directorate outlining what courses staff must attend in a calendar year (Appendix I-V).

All training programmes provided will be based on current Resuscitation Council UK guidelines. As new guidelines are issued, these will be adopted for use by the Resuscitation Service within the Trust. Resuscitation Services will maintain a database of all staff that have had training facilitated by the Resuscitation Service and/or HSC Clinical Education Centre (CEC). However, each ward/department must also hold accurate records. Ward/department managers must also verify and record the details of staff that successfully complete internal and external resuscitation training programmes and must advise the resuscitation team. The resuscitation team will be responsible for the development of a training matrix for wards and departments outlining the range of courses and the number of staff that must attend on a yearly basis.

Medical, Nursing, Midwifery and Allied Healthcare Professional (AHP) staff must be trained in the recognition and treatment of the acutely ill patient, appropriate to their level of experience to meet

their expected clinical responsibilities. It is the department manager/lead's responsibility to ensure that unregistered staff are provided with the appropriate level of resuscitation training to meet their expected duties.

4.2 SPECIALIST AREAS

All Medical, Nursing and allied healthcare staff achieving Advance Life Support (ALS), Advanced Paediatric Life Support (APLS) or European Paediatric Life Support (EPLS) certification, are not required to attend an Immediate Life Support (ILS) or Paediatric Life Support (PILS) course in that same calendar year. The Resuscitation Service will direct staff to the appropriate course for their level of experience and expected clinical responsibilities.

Directors, Assistant Directors, heads of departments, professional and service leads must ensure they attend an appropriate level of resuscitation training that meets the needs of their expected duties and in accordance with the expectations of their professional body.

Any member of staff, who holds a Resuscitation Instructor qualification, must be allocated the minimum time to teach on internal and external resuscitation courses in order to maintain instructor status. Staff who maintain their instructor status are not be required to attend annual updates but must be up to date with internal and external current guidelines, policies, equipment and procedures.

All new Medical, Nursing, Midwifery and AHP staff who have direct patient contact must attend the required resuscitation course(s) to meet their individual clinical responsibilities. This must occur within one month of their start date. The manager/department lead is responsible for ensuring this occurs.

4.3 RESUSCITATION/CRASH TEAMS

In the event of an adult resuscitation, the most experienced clinician currently certified as an Advanced Life Support (ALS) provider must lead the Adult Resuscitation/Crash Team. This must be agreed at the start of the resuscitation process.

In the event of a paediatric resuscitation on either the Altnagelvin or the South West Acute Hospital sites the Paediatric Resuscitation/Crash Team must be led by the most experienced

clinician currently certified as an Advanced Paediatric Life Support (APLS) provider.

In the event of a neonatal resuscitation on either Altnagelvin or the South West Acute Hospital sites, the Neonatal Resuscitation/Crash Team must be led by the most experienced clinician currently certified as a Newborn Life Support (NLS) provider.

It is the Resuscitation/Crash Team Leader's responsibility to ensure that current Resuscitation Council (UK) guidelines are adhered to during the resuscitation. The Resuscitation/Crash Team leader is responsible for ending the resuscitation attempt when appropriate.

The Resuscitation/Crash Team leader is responsible for ensuring that initial post resuscitation care is provided for the patient and for ensuring that the patient is transferred to the appropriate unit for further post resuscitation care when appropriate, and if required.

The Resuscitation/Crash Team leader is responsible for documentation of events in the patient's notes following a resuscitation attempt, regardless of outcome, and for completion of an Arrest Report form (Appendix IX).

Staff must ensure that where a ward/department is locked, a member of staff is tasked to ensure that others coming to help can gain entry.

At the beginning of each shift, or when there is a staff changeover the Adult Resuscitation/Crash Team Medical staff, must contact the Coronary Care Unit (CCU) staff to identify themselves and their team role. CCU staff should record this information.

4.4 ACTIVATING THE RESUSCITATION/CRASH TEAMS

All Trust staff both clinical and non-clinical must be familiar with how to call the relevant Resuscitation/Crash Team.

NOTE While the process for calling the Resuscitation/Crash Team is very similar on each hospital site there are some local variations and these are detailed in the site-specific protocols (Appendices VI, VII and VIII). Staff must familiarise themselves with these site-specific protocols as appropriate.

The two emergency numbers used throughout Altnagelvin and

South West Acute Hospital are **Ext: 6666 & Ext: 6000.** The emergency number in Omagh Hospital & Primary Care Centre is **Ext: 6666**.

Emergency help for Patients and Clients outside the Acute Hospital facilities.

In all other Trust facilities including the Tyrone and Fermanagh hospital and the hospitals on Gransha park site) staff must call an emergency ambulance on **999/112**.

Staff need to be familiar with their local process for dialling **999/112**. You may need to dial **9** for an outside line before dialling **999/112**. Staff working on the Mental Health wards in the Tyrone and Fermanagh and Gransha park site hospitals must also fast bleep the on-call psychiatry SHO/equivalent through **Ext: 6000**.

Staff attending patients in their own homes, day care/ residential facilities and GP practices must call for help on **999/112**.
Staff must continue to provide resuscitation as appropriate to the level, to which they have been trained, until patient care can be transferred to a Northern Ireland Ambulance Service (NIAS).

The Resuscitation/Crash Team number must be displayed on all telephones. All new staff must be informed of this, on their first day in the department/ward. The Resuscitation/Crash Team **will only be activated by calling Ext: 6666** and not by use of ward based buzzer systems.

The Resuscitation/Crash Team must be called as soon as possible after confirming cardiac arrest, or in the event of pending cardiac arrest.

Upon receiving the call for a Resuscitation/Crash Team, the switchboard operator will activate the team pagers. The switchboard operator will verbally announce the location of the call twice. If any Team member is unable to understand the location of the call, they must contact the switchboard on **Ext: 6666** to find out the location. (See site-specific protocols for further recommendations in Appendices VI, VII and VIII).

When the Resuscitation/Crash Team pagers are activated, all members of the team must proceed immediately to the location of the resuscitation. The exception to this would be in the case of a call to an area away from the main hospital building. (See site-specific protocols Appendices VI, VII and VIII)

Resuscitation/Crash Team members are responsible for ensuring that they carry their team pager while on duty and that their pager is in full working order.

In the event of a Resuscitation/Crash Team call to the MRI scanner, team members **must not enter the magnet room** until they are advised it is safe to do so. The patient will be moved to the MRI lobby by radiology staff. The first Resuscitation/Crash Team member must press the intercom for access and will be allowed into the lobby room by staff **WHEN IT IS SAFE TO ENTER.**

The Resuscitation/Crash Team will attend calls outside the main hospital building within the grounds of Altnagelvin, South West Acute Hospital and Omagh Hospital & Primary Care Centre sites. Where a staff member finds an individual within hospital grounds or staff accommodation in cardiac arrest they call switchboard to request the Resuscitation/Crash Team. If required, an emergency ambulance must be contacted in order to transfer the patient from the hospital grounds to the closest appropriate Emergency Department (ED). In the event of a patient requiring resuscitation within a community facility/setting, staff must commence resuscitation immediately as appropriate and call **999/112** to summon Northern Ireland Ambulance Service (NIAS) to their location and continue resuscitation in accordance with current guidelines.

A test of the Resuscitation/Crash Team pager system will be carried out each day**,** including weekends and public holidays. (See site-specific protocols Appendices VI, VII and VIII). It is the pager holder's responsibility to ensure that they check/listen to pager message to ensure they do not miss an actual Resuscitation/Crash Team call, which occurs at the usual test call time.

If a pager fails to go off at a test call time, or other faults are identified, it is the individual team member's responsibility to go to the switchboard immediately and have their pager either replaced, repaired or the batteries changed.

The switchboard is responsible for ensuring that they have an adequate number of spare Resuscitation/Crash Team pagers available for team members in the event of a failure that cannot be repaired immediately. For pager test times on the individual sites, see site-specific protocols Appendices VI, VII, VIII.

In the event of a complete pager system or telephone system failure, the switchboard manager must have a contingency plan in place to deal with any such incident to ensure that Resuscitation/Crash Teams can be activated and respond to emergencies.

Where the Resuscitation/Crash Team pagers are baton bleeps. The bleep holder is responsible for handing it over to their colleague taking over their role at the end of their shift.

4.5 RESUSCITATION EQUIPMENT

All staff involved in patient care must be aware of the location of the closest Resuscitation/Crash Trolley/ Grab Bag or equipment within their work area.

Each in-patient facility must have access to a fully stocked adult and/or paediatric resuscitation trolley/ Grab Bag with contents as outlined in appropriate standard list.

Resuscitation trolleys/ Grab Bags must be maintained as per the current standard list, which can be obtained from the Resuscitation Services Department's SharePoint site accessible at on the Trust's intranet site Please click to access. The Resuscitation Service will notify relevant staff and wards/departments of any changes/updates to standard lists.

It is the responsibility of each ward/department manager to ensure that all resuscitation equipment is maintained and checked, as detailed in manufacturer's instruction manuals and as per MHRA Managing Medical Devices: Guidance for healthcare and social services organizations 2021.

Current Trust Infection Control guidelines must be adhered to in respect of resuscitation equipment.

Resuscitation/Crash trolleys/ Grab bags must be opened, the contents checked monthly and replaced if required. These trolleys/bags must be sealed with a tamper evident seal.

Daily resuscitation trolley/bags checks must be recorded on the daily checklist. Checklists must be kept at ward level, for seven years, for review if required by the Resuscitation Service.

Items on the top and sides of trolley including suction units and defibrillators must be checked daily. The inside of the trolley, to

include drugs and all expiry dates must be checked monthly and post use. The resuscitation trolley/bag must be sealed after checks with a tamper evident seal. The tamper evident seal must remain in place at all times except when a trolley is in use and the number recorded for checking on a daily basis.

Faulty equipment must be removed from service immediately. Normal Trust guidance as outlined in the Policy for the Management of Medical Devices (2016) for reporting faulty equipment must be followed. The Resuscitation Service must also be advised.

Each adult resuscitation trolley and adult drug box will contain the standard list of equipment as directed by the Resuscitation Service. No changes to the contents or the layout of the resuscitation trolley are permitted.

Amendments to resuscitation trolley contents will be issued to Assistant Directors for dissemination and implementation.

No additional equipment is allowed to be stored on/in the trolley without the prior consent of the Resuscitation Service in writing.

A defibrillator must be available in the event of collapse within any hospital setting and in every Trust Health Centre to ensure that if required the patient would be defibrillated within 3 minutes. Staff must receive the required training to competently use the defibrillator.

Each ward/department must have access to suction units (portable and fixed) and sufficient oxygen supplies (portable and fixed) to allow for prolonged resuscitation attempts. Portable suction units must be able to work with or without mains power. Portable suction units must be fully charged and ready for use at all times.

Defibrillators in the following areas must be equipped with facilities for external cardiac pacing; Coronary Care Unit, Cardiac Assessment Unit, Cardiac Investigations, Emergency Department, Urgent Care and Treatment Centre and Intensive Care Unit / High Dependency Unit. In addition, in areas where diathermy/electrocautery is carried out, the defibrillators must be equipped with facilities for external cardiac pacing. Multifunction defibrillation pads capable of pacing must be available for these areas.

The Resuscitation Service must be contacted regarding the purchase of and/or replacement of resuscitation equipment. They must also be involved in the procurement process to ensure standardisation of equipment to maintain patient safety.

4.6 DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION ORDERS (DNACPR)

It is the ward/department manager's responsibility to ensure that all staff involved in patient care are familiar with the current DNACPR Policy. Please click here to access

4.7 RESUSCITATION SERVICES DEPARTMENT AUDIT

An audit must be carried out after every resuscitation event. It is the responsibility of team leader at the arrest and the Coronary Care Unit/Cardiac Assessment Unit or ward/department nurse. For adult resuscitation events, a copy of the completed report form must be kept in a folder in the Coronary Care Unit/Cardiac Assessment Unit. The Resuscitation Service will arrange for their collection. For Paediatric and Neonatal resuscitation events, these forms must be sent directly to the Resuscitation Service.

A member of the Resuscitation Service will investigate the resuscitation event where possible within 72 hours of the event.

The Resuscitation Service will provide reports on resuscitation performance to the Resuscitation Committee, Directors, Assistant Director of Nursing, Governance and Performance and the Trust Governance Committee.

4.8 RESUSCITATION EQUIPMENT AUDIT

Resuscitation/Crash trolleys/Grab bags must be audited on an annual basis by Directorates to confirm that equipment is readily available. The resuscitation team will audit a sample of resuscitation trolleys in each Directorate against the standard equipment list on an annual basis. Each ward/department manager will be provided with a copy of the audit results for their area.

4.9 RESUSCITATION EVENT DEBRIEF

Resuscitation events are often sudden, unexpected events, which can present staff with a wide range of scenarios to deal with. They may not only be involved with the immediate treatment of the patient but also with the support of relatives and other patients both during and after resuscitation.

It may also be necessary to offer support to staff involved either helping them to deal with the situation or using the event as a learning exercise.

Debriefing following resuscitation attempts is important. However, not all resuscitation attempts will require debriefing. Debriefing will occur where a team or individual expresses the need or where the resuscitation officer in attendance identifies issues that must be addressed.

There is also a confidential Staff Counselling Service available to staff who may wish to avail of it. This can be accessed by telephoning **0808 800 0002**.

5.0 IMPLEMENTATION

All clinical staff within the WHSCT must have access to, and be fully aware of this policy.

The policy will be available on the Trust Intranet under Primary Care and Older Person Directorate. It will also be available via the Resuscitation Service SharePoint site.

A Trust Communication will be issued to highlight that the policy has been updated and managers are asked to print off a copy and **ensure** all staff sign to confirm that they have read and understood.

6.0 MONITORING AND REVIEW.

This policy will be subject to review every 4 years.
Compliance with this policy shall be monitored at Directorate level.

7.0 EVIDENCE BASE / REFERENCES.

1. Medical Healthcare Products Regulatory Authority. (2021). *Managing Medical Devices: Guidance for healthcare and social services organizations*. London Medical Healthcare Products Regulatory Authority (MRHA)

2. Medical Healthcare Products Regulatory Authority. (2006). *Guidelines for the Perioperative Management of Patients with Implantable Pace Makers or Implantable Cardioverter Defibrillators, Where the Use of Surgical Diathermy/Electrocautery is anticipated*. London Medical Healthcare Products Regulatory Authority (MRHA).

3. Resuscitation Council UK. (2021). *Resuscitation Guidelines 2021* London. Resuscitation Council UK.

4. Resuscitation Council UK. (2016). *Advanced Life Support 7th Edition*. London. Resuscitation Council. (UK).

5. Resuscitation Council UK. (Published 2013 Updated 2020). *Quality Standards for Resuscitation Practice and Training*. London. Resuscitation Council UK.

6. Resuscitation Council (UK). 2015. *Guidance for Safer handling During Cardiopulmonary Resuscitation in Health Care Settings.*

7. Spearpoint K G, Gruber. P.C, Brett S.J.2009 - Impact of the Immediate life Support course on the incidence and outcome of in – hospital cardiac arrest calls: An observational study over 6 years. Resuscitation.2009; 80 (6):638-643.

8. The Royal College of Anaesthetists. (2020). *Raising the Standards: RCoA quality improvement compendium.* London. The Royal College of Anaesthetists.

8.0 CONSULTATION PROCESS.

Resuscitation Committee
Medical Staff
Clinical and Professional leads.

9.0 EQUALITY STATEMENT.

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, the WHSCT has carried out an initial screening exercise to ascertain if this policy should be subject to a full impact assessment.

Screening completed No action required.	X	Full impact assessment to be carried out.	☐

Signature: _____

Mr. Neil Guckian,
Chief Executive
Western Health & Social Care Trust

Date: _____

Signature: _____

Dr. Adesh Ramsewak
Chair Resuscitation Committee
Western Health & Social Care Trust

Date: _____

10.0 APPENDICES/ATTACHMENTS.

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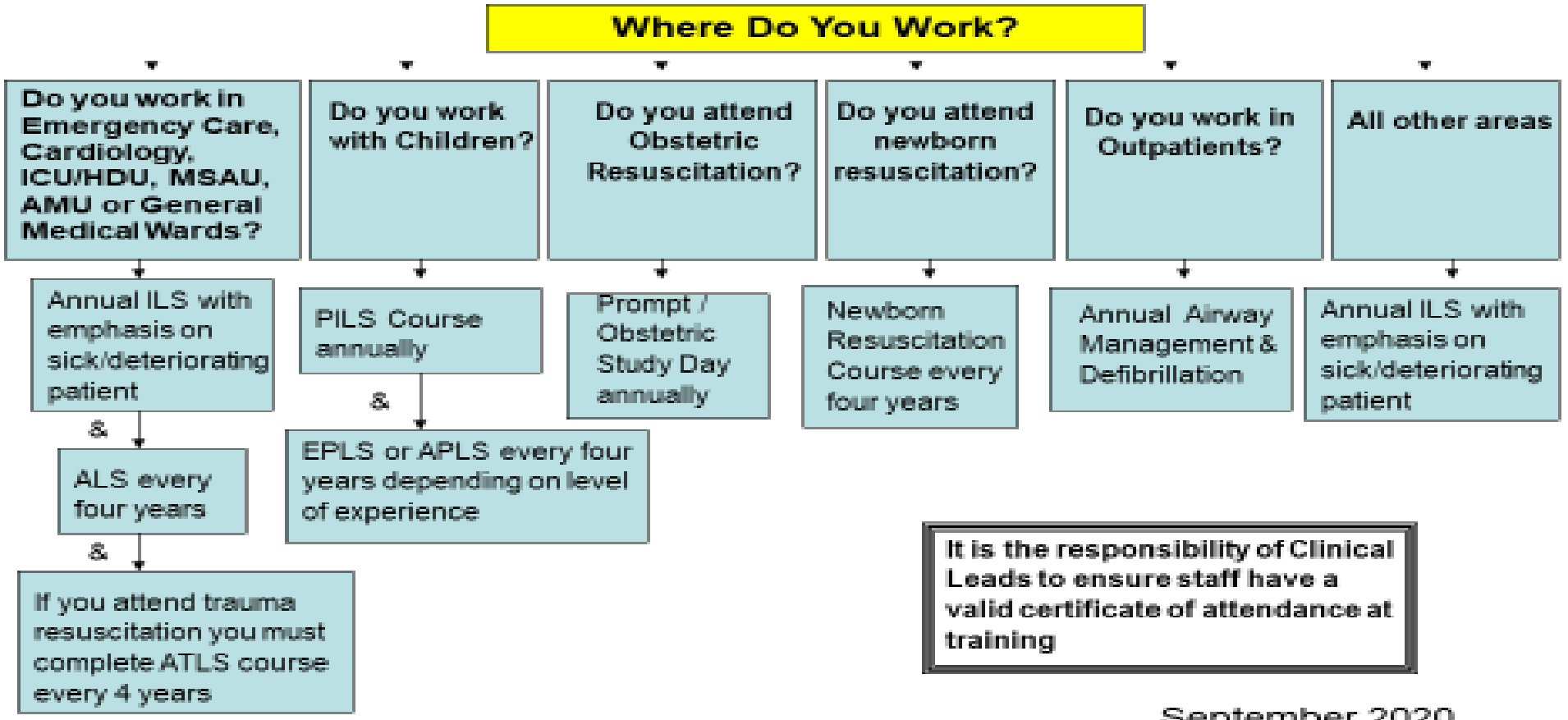
Western Health and Social Care Trust

In-Hospital Resuscitation Training for Medical Staff Based in Altnagelvin, SWAH & OH&PCC



September 2020

Western Health and Social Care Trust

In-Hospital Resuscitation Training for Nursing Staff Based in Altnagelvin, South West Acute & OHPCC

- All Staff Registered and unregistered to be trained in Basic Life Support, by ward-based cascade trainers. And Registered staff to attend course as detailed below.
- ALERT Course to be completed by all new registered staff within first year in post.

Where Do You Work?

Emergency Care, Cardiology, ICU/HDU, MSAU, AMU.
Includes nurse specialists in these areas

↓

Annual ILS with emphasis on sick/deteriorating patient

&

ALS every four years (25% of staff annually).

Nb: Staff who attend ALS are not required to attend ILS in the same calendar year.

Do you work with Children?

YES

↓

PILS course annually

&

EPLS or APLS every four years depending on level of experience

Band 5 in Outpatients/ Dermatology/ Rehab OHPCC / NNICU and Specialist nurses
Annual Airway Management/Defibrillation & Anaphylaxis e-learning

↓

Band 6 and above in Outpatients/ Dermatology/ Rehab OHPCC attend ILS annually.

All Other In-Hospital Areas including Gynae but excluding Midwifery & Paediatrics

↓

ILS with emphasis on sick/deteriorating patient – every other year*

&

Initial assessment and defibrillation every other year *

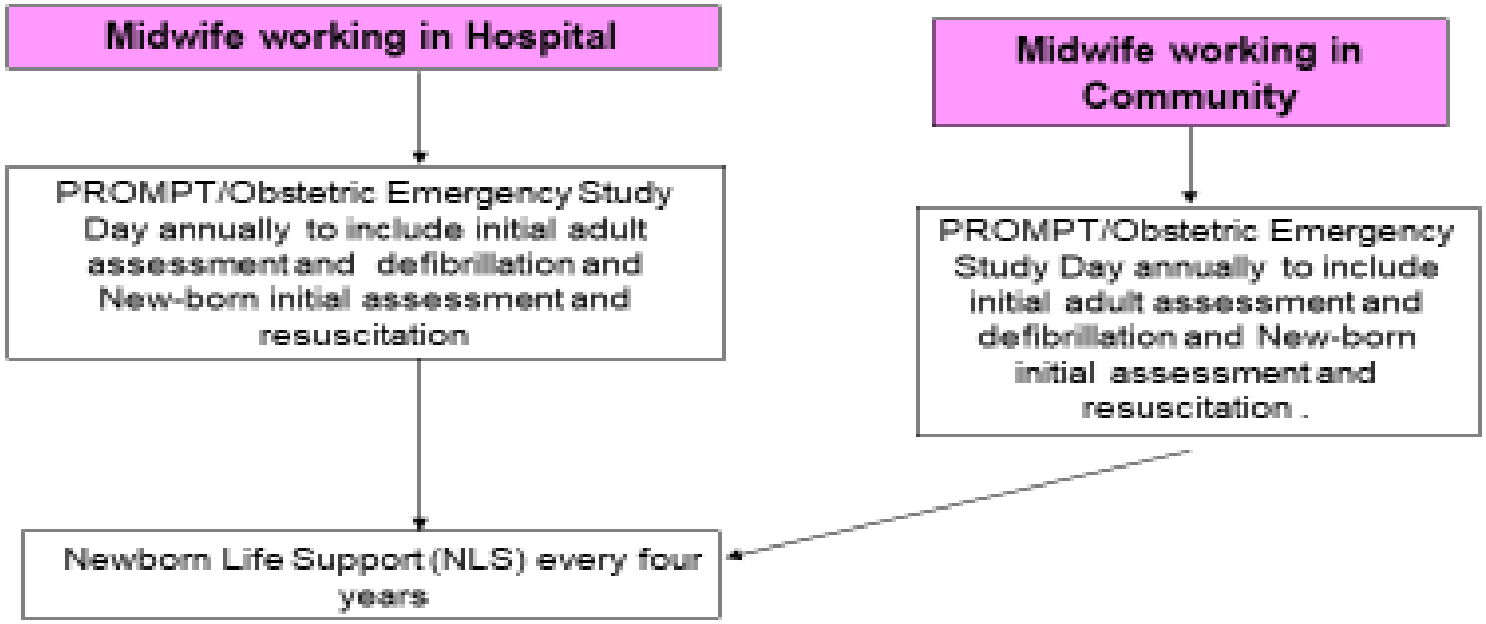
&

**Ward/Department Managers to ensure that 50% qualified staff have current (annually) ILS with emphasis on sick/deteriorating patient. Attend ILS with emphasis on sick patient on alternate years*

NNICU staff need annual neonatal BLS update

September 2020

Resuscitation Training for Midwifery Staff in WHSCT



June 2021

Resuscitation Training for Mental Health & Learning Disability Staff

All unqualified and qualified staff to be trained in Emergency Life Support (ELS)+/-AED annually.
ELS includes: Recovery position, treatment of choking, basic life support, use of an Advisory External Defibrillator (AED) , dealing with severe bleeding and dealing with a suspected heart attack.

ELS training is delivered by department-based Cascade Trainers.

Where do you work?

Qualified Nursing and Medical Staff In the Following Areas:

Inpatient Unit where rapid tranquillisation, physical restraint or seclusion may be used

Annual ELS update

&

Annual Immediate Life Support (ILS) Course

All Other Areas

All staff including Nursing, Medical and Healthcare Staff

Annual ELS update

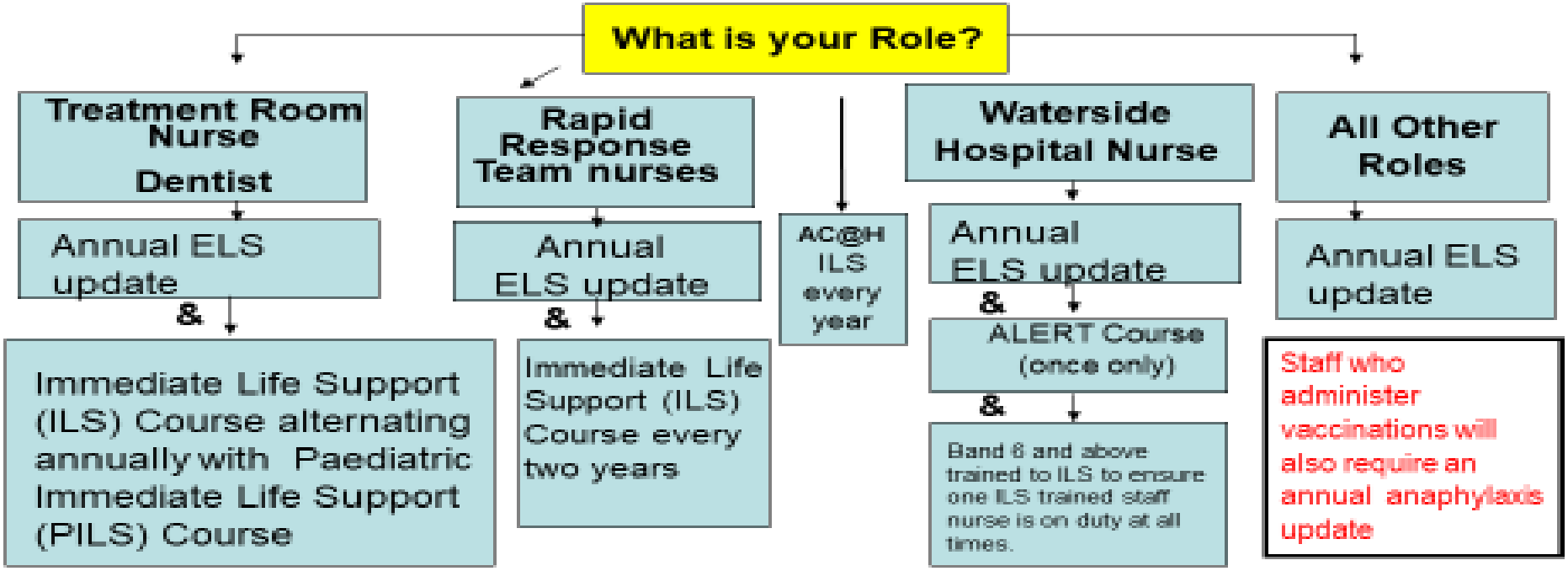
Staff who administer vaccinations will also require an annual anaphylaxis update

It is the responsibility of individual staff members to ensure they maintain their professional competence in resuscitation procedures. Accurate records of attendance at resuscitation training should be held by each department manager. If you are unsure what training your staff require please discuss with your line manager in the first instance.

September 2020

Resuscitation Training for Community Staff and Waterside Hospital

All unqualified and qualified staff to be trained in Emergency Life Support (ELS)+/- Initial Defibrillation. ELS includes adult and child according to your clinical responsibilities. This training is delivered by department-based Cascade Trainers.



It is the responsibility of individual staff members to ensure they maintain their professional competence in resuscitation procedures. Accurate records of attendance at resuscitation training should be held by each Ward/department manager. If you are unsure what training your staff require please discuss with your line manager in the first instance.

September 2020

Site-Specific Protocols: Altnagelvin Hospital (ALT)

Activating the Resuscitation/Crash Team

Adult Patients

To activate the Adult Resuscitation/Crash Team, call **Ext: 6666** stating clearly the ward/department and room specific location.

When the Resuscitation/Crash Team Pagers are activated, all members of the team must proceed immediately to the location of the arrest except the porter, who will proceed to coronary care to take the resuscitation trolley to the location of the resuscitation.

If there is a call to an area outside of the main hospital building, the Resuscitation/Crash team doctor carrying the Arrest Team **Pager 1002** and the Coronary Care nurse must meet in front of the porter's desk in the front hall and proceed from there. The Coronary Care nurse will carry the Automated External Defibrillator (AED), emergency blue bag and drugs box.

Paediatric Patients

In the event of a paediatric resuscitation or where the child's condition warrants emergency treatment, call Ext: 6000 and request the Paediatric Resuscitation/Crash team stating clearly the ward/department and room specific location. This team will consist of the Paediatric Registrar/equivalent, Anaesthetist on call and Paediatric SHO/equivalent. The Paediatric Registrar/equivalent will call the Paediatric Consultant on call if further assistance/expert help is required.

In areas where children are cared for outside children's departments, labour ward or Neo Natal Intensive Care Unit, the patient's specialty Registrar/equivalent must also be summoned by calling **Ext: 6000**.

Neonatal/New-born Babies

When a new-born/neonatal baby requires resuscitation, the Paediatric SHO/equivalent must be fast bleeped on **Ext: 6000.**

The health care professional initially assessing the baby must begin resuscitation and continue to the level to which they have been trained, until medical help arrives.

Obstetric Patients

In the event of a maternal/pending maternal cardiac arrest **Ext: 6666** must be called to activate the Adult Arrest Team and then **Ext: 6000** to bleep the relevant Obstetric Team, Obstetric Anaesthetist, and Paediatrics if required.

Resuscitation/Crash Team Pager Checks

Resuscitation/Crash Team Pagers are activated for testing every morning on the Altnagelvin site at **09:30hrs** to test and a written message will appear on the pager: Coronary Care Sth block.

It is the individual team member's responsibility to inform switchboard staff if their pager does not function so it can be replaced or repaired immediately.

Resuscitation/Crash Team Pagers are also activated for testing at **09:15hrs** on days of exercise testing in the treadmill room and a written message will appear on the pager – Emergency Treadmill Room Sth Block

A written message will always appear on the pager for coronary care or the treadmill rooms. In the event of an arrest occurring in Coronary Care unit or one of the treadmill rooms at the same time as the Crash Team Pagers are being tested, the pager will be activated twice. In the event of an arrest occurring anywhere else at the times testing is carried out, a voice prompt will be received.

It is the responsibility of the Resuscitation/Crash team members to be aware and check that these test bleeps happen and escalate to switch board if they do not.

For all other medical emergencies, call **Ext: 6000** to summon urgent medical help.

Resuscitation/Crash Team baton bleeps must be handed over at the end of the shift to the oncoming team member(s). This is the responsibility of the current bleep holder to ensure they meet up with the oncoming team member before they leave.

Site-Specific Protocols: South West Acute Hospital (SWAH)

Activating the Resuscitation/Crash Teams

Adult Patients

To activate the Adult Resuscitation/Crash Team, call **Ext: 6666** stating clearly that it is the adult team that is required the ward/department and room specific location.

When the Resuscitation/Crash Team Pagers are activated, all members of the team must proceed immediately to location of the resuscitation.

If there is a call to an area outside the main hospital building, the doctor on call carrying 0080 must meet the Coronary Care Nurse in the Coronary Care Unit and proceed from there. The doctor and Coronary Care Nurse will carry the emergency bag with an Automated External Defibrillator (AED) and drugs box to the scene.

Paediatric Patients

In the event of a **paediatric resuscitation or where the child's condition warrants emergency treatment, call Ext: 6666** and request the Paediatric Resuscitation/Crash team stating clearly the ward/department and room specific location. This team will consist of the Paediatric Registrar/equivalent, Anaesthetist on call and Paediatric SHO/equivalent .The Paediatric Registrar/equivalent will call the Paediatric Consultant on call if further assistance/expert help is required.

In areas where children are cared for outside children's departments, labour ward or Neo Natal Intensive Care Unit, the SHO/equivalent for the particular speciality must also be fast bleeped **using Ext: 6000.**

Neonatal/New-born Babies

When a neonatal/new-born baby requires resuscitation, Obstetric Team B must be activated on **Ext: 6000.**

The health care professional initially assessing the baby must begin resuscitation and continue to the level to which they have been trained, until medical help arrives.

Obstetrics

In the event of a maternal/pending maternal arrest **Ext: 6666** must be called to activate the Adult Resuscitation/Crash team and then **Ext: 6000** to bleep Obstetric Team A (which includes Paediatrics) if the baby has not yet been delivered, or Team C if the baby has already been delivered. Team C does not include Paediatrics.

Traumatic Cardiac Arrest

In the event of an arrest call that is trauma-related, the Surgical and Trauma Team must also be **called on Ext: 6000**.

Resuscitation/Crash Team Pager Checks

Resuscitation/Crash Team Pagers are activated for testing every morning on the South West Acute Hospital site at **11:00hrs**.

It is the individual Resuscitation/Crash Team pager holder's responsibility to inform switchboard staff if their pager does not function so it can be replaced, repaired or batteries replaced immediately.

It is the responsibility of the Resuscitation/Crash team members to be aware and check that these test bleeps happen and escalate to switchboard if they do not.

All Resuscitation/Crash Team pager calls on the internal Multitone Pagers will be voice prompted indicating the location of the emergency.

For all other medical emergencies, call **Ext: 6000** to summon urgent medical help.

Resuscitation/Crash Team baton bleeps must be handed over at the end of the shift to the oncoming team member(s). This is the responsibility of the current bleep holder to ensure they meet up with the oncoming team member before they leave.

Site Specific Protocols: Omagh Hospital & Primary Care Centre (OHPCC)

OHPCC Switchboard Operating Hours

Switchboard services at OHPCC only operate Monday to Friday 08:00hrs to 18:00hrs. At all other times, including public holidays, the switchboard services are operated, from the South West Acute Hospital switchboard. It is important that when activating the Resuscitation/Crash Team outside OHPCC switchboard normal operating hours, that staff also identify which site they are calling from as well as ward/department and room number.

Activating the Resuscitation/Crash Team

Adult patients

To activate the Resuscitation/Crash Team, call **Ext: 6666** stating clearly the ward/department and room specific location.

When the Resuscitation/Crash Team Pagers are activated, all members of the team must proceed immediately to location of the resuscitation.

If there is a call to an area outside the main hospital building, the Resuscitation/Crash Team must meet at the Cardiac Assessment Unit (CAU) and proceed from there. The CAU nurse will carry the emergency bag with defibrillator, and drugs box. The OHPCC Resuscitation/Crash Team **Do Not Respond** to calls outside of the OHPCC site.

Paediatric and Obstetric Patients

In the event a Paediatric and/or an Obstetric patient presenting to the OHPCC site in need of resuscitation, staff will activate the Adult Resuscitation/Crash Team in the first instance. **The Northern Ireland Ambulance Service (NIAS) must be contacted immediately** via **999/112 (remember to dial 9 for an outside line)** to order an emergency ambulance for the transfer of the paediatric/obstetric patient to the closest appropriate Emergency Department.

Resuscitation/Crash Team Pager Checks

Resuscitation/Crash Team Pagers are activated every morning on the OHPCC site at **10:00hrs** to test.

It is the individual team member's responsibility to inform switchboard staff if their pager does not function so it can be replaced, repaired or the batteries changed immediately.

It is the responsibility of the arrest team members to be aware and check that these test bleeps happen and escalate to switch board if they do not.

All Resuscitation/Crash Team Pager calls on the internal Multitone Pagers will be voice prompted indicating the location of the emergency.

For all other medical emergencies, call **Ext: 6000** to summon urgent medical help.

Resuscitation/Crash Team baton bleeps must be handed over at the end of the shift to the oncoming team member(s). This is the responsibility of the current bleep holder to ensure they meet up with the oncoming team member before they leave.

Western Health and Social Care Trust

RESUSCITATION EVENT REPORT FORM

Resuscitation Services January 2021

Western Health and Social Care Trust

1a. HCN:

1b. Hospital No:

1c. Non-UK Patient: ☐

2. Date of Birth: ☐☐/☐☐/☐☐☐☐

3. Age Group:
☐ <18 years ☐ 18-39 ☐ 40-60 ☐ 61-74 ☐ +75

4. Gender: ☐ Male ☐ Female

5. Event Date: ☐☐/☐☐/☐☐

6. Admission Date: ☐☐/☐☐/☐☐

7. Location of Collapse/Event:
☐ Out of Hospital ☐ In Hospital
☐ Out & In Hospital

8. Facility Where Event Occured:
☐ ALT ☐ SWAH ☐ OHPCC
☐ Other Facility Specify Below

9. Ward/Dept:

10. Witnessed:
Yes ☐ No ☐

11. Monitored:
Yes ☐ No ☐

12. Event Type:
☐ Cardiopulmonary ☐ Peri-arrest
☐ Respiratory ☐ DNACPR
☐ ROSC pre-hospital ☐ False Call

13. If Patient DNACPR was this (Tick One):
☐ Prior to team arrival
☐ On team arrival
☐ Post Resuscitation

14. Pre Arrest Interventions:
☐ None
☐ Intubated
☐ IV Access
☐ IV Medications
☐ IO Access
☐ Mechanical Ventilation
☐ Other

15. Immediate Cause:
☐ Lethal Arrhythmia
☐ Hypotension
☐ Respiratory Depression
☐ Metabolic
☐ MI or Ischaemia
☐ Unknown
☐ Other

16a. Last time Obs completed: ☐☐:☐☐

16b. Was NEWS Score Recorded
☐ Yes
☐ No
☐ Not Used
☐ N/A

16c. If yes, record score: ☐☐

17. Initial condition on confirmation of arrest:

	Yes	No
Conscious	☐	☐
Breathing	☐	☐
Pulse	☐	☐

18. Initial Rhythm:
☐ VF
☐ VT
☐ Asystole
☐ PEA
☐ Other

19. Secondary Rhythm:
☐ VF
☐ VT
☐ Asystole
☐ PEA
☐ Other

20. Was Resuscitation Attempted?
Yes ☐ No ☐

21. If Yes What Interventions?
☐ Chest Compressions
☐ Defibrillation
☐ Bag Valve/Ventilator
☐ Airway
☐ IV access
☐ i-Gel
☐ Intubated/ET
☐ Precordial Thump
☐ IO
☐ Mechanical CPR

22. If No Why?
☐ Dead
☐ Considered Futile
☐ DNACPR
☐ Non-Arrest
☐ Peri-Arrest

Western Health and Social Care Trust

RESUSCITATION EVENT REPORT FORM

January 2021

Western Health and Social Care Trust

23a. Collapse Onset: ☐☐:☐☐	23b. Crash Team Called: ☐☐:☐☐
23c. Crash Team Arrived: ☐☐:☐☐	23d. Arrest Confirmed: ☐☐:☐☐
23e. 1st shock delivered ☐☐:☐☐	24. Was CPR Started by Ward/Dept. Staff? Yes ☐ No ☐
25a. Defibrillator Asset No. ☐☐☐☐☐☐	25b. Were Defibrillator Pads Applied & Device Activated by Ward/Dept. Staff? Yes ☐ No ☐
26. Was the1st Shock Administered Prior to Crash Team Arrival? Yes ☐ No ☐	27. Total Number of Shocks Given: ☐☐
	28. Basic Airway Achieved at: ☐☐:☐☐
29. Advanced Airway Achieved at: ☐☐:☐☐	30. Was ETCO2 Monitored? Yes ☐ No ☐

31. Administered During Event:

☐ Adrenaline/Epinephrine ☐ Amiodarone

☐ Other ☐ Fluids

32. Resuscitation Stopped at: ☐☐:☐☐	33. Reason ☐ ROSC ☐ No ROSC ☐ DNACPR ☐ Return of Respirations

34. Duration of ROSC:

☐ <20 Minutes
☐ 20 Minutes - 24 Hours
☐ >24 Hours

35. Post Event Transfer/Location:

☐ ICU/HDU ☐ CCU
☐ Remained at Location ☐ Cath Lab
☐ Other Hospital ☐ Other

36. Consultant Review Within 12 Hours of Event: Yes ☐ No ☐

Outcome & Destination Variables

37. Discharge:

☐ Other Hospital
☐ Continuing Care Facility
☐ Home
☐ Other

38. Discharge Date: ☐☐/☐☐/☐☐

39a. In-Hospital Death: Yes ☐ No ☐

39b. In-Hospital Date of Death: ☐☐/☐☐/☐☐

39c. In-Hospital Time of Death: ☐☐:☐☐

39d. Was Time of Death Estimated? Yes ☐ No ☐

40. Cause of Death:

☐ CAD
☐ Cancer
☐ Trauma
☐ Other

Crash Team

Team Leader	
FY1 Doctor	
CCU Nurse	
Anaesthetist (If Present)	

Additional Comments

Other Staff Present

Title	Name	Grade	Dept.

Office Use Only

Reviewed By:_____

Date: ☐☐/☐☐/☐☐

Validation No: ☐☐☐☐☐☐☐☐

Office Use Only

Cerebral Performance Category (CPC) Scale ☐

Office Use Only

Event Logged with NCAA Yes ☐ No ☐