Somerset Partnership NHS
NHS Foundation Trust

RESUSCITATION POLICY

To be read in conjunction with the Policy for Do Not Attempt Resuscitation, Physiological Observations Policy for Inpatients and Minor Injury Units, Infection Prevention and Control Policy and Health and Safety Policy

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DOCUMENT CONTROL

Reference	**Version**	**Status**	**Author**
CM/Sept/12/RP	8	Final	Medical Director
Amendments	Policy revised in line with NHSLA Risk Management Standards 2012-2013. Integrated policy to reflect the acquisition of Somerset Community Health and changes to the Trusts governance structure. 6.1 – with the inclusion of the use of oxygen in an emergency. December 2015 - updated in line with new Resuscitation Guidelines		
Document objectives: This document sets out Somerset Partnership NHS Foundation Trust's guidelines for resuscitation and medical emergencies, patient safety during these events and the expectation of staff to respond to emergency situations, in line with the recommendations of the Resuscitation Council (UK). It covers Defibrillation, Special Circumstances and Paediatric Resuscitation, Manual Handling in Emergency Situations, Infection Control, Equipment Provision, Learning, Development and Competence and Clinical Governance in Resuscitation events.			
Intended recipients: All Clinical Staff including temporary, locum and agency staff.			
Committee/Group Consulted: Resuscitation Group; Clinical Policy Review Group, Clinical Governance Group, Senior Managers Operational Group			
Monitoring arrangements and indicators: The policy will be regularly reviewed and maintained by the Resuscitation Group. The Resuscitation Group is a subgroup of the Clinical Governance Group and reports regularly according to a specified annual timetable. Clinical audit of the procedures in this policy will be incorporated into the Trust Clinical Audit Plan.			
Training/resource implications: Training resource implications are identified in the Trust Staff Training Matrix (Training Needs Analysis) and include specific resuscitation training for particular staff groups.			

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1. INTRODUCTION

1.1 This document sets out the Somerset Partnership NHS Foundation Trust Policy for clinical practice and training in cardiopulmonary resuscitation. The policy is based on the Resuscitation Council (UK) Guidelines (2015) and on guidance from the British Medical Association, Resuscitation Council (UK) and Royal College of Nursing (2015).

1.2 Somerset Partnership NHS Foundation Trust is committed to promoting patient safety at all times. Nursing and medical staff working throughout the Trust will be able to provide a minimum standard of Basic Life Support (BLS) with AED.

1.3 In all Somerset Partnership NHS Foundation Trust sites where patients are treated, there will be access to an Automated External Defibrillator at all times and a member of staff that is competent in its use.

2 PURPOSE AND SCOPE

2.1 This policy is applied to all clinical staff for the management of patients, carers and families, visitors and staff experiencing cardio-pulmonary arrest both in Trust premises and in the community.

2.2 Somerset Partnership NHS Foundation Trust will ensure that every patient will receive the highest standard of care in the event of a medical emergency or cardiopulmonary arrest occurring on its premises and other areas where care is provided by Trust staff. The care will be delivered by staff fully trained to current and clinically evidenced standards for their role, to achieve the optimum outcome for each individual concerned.

2.3 In October 2015, the Resuscitation Council (UK) issued new Resuscitation guidelines, which are reflected in this policy.

3 DUTIES AND RESPONSIBILITIES

3.1 Duties in respect of the requirements of this document are as follows:

3.2 The **Trust Board** has overall responsibility for procedural documents and delegates responsibility as appropriate

3.3 The **Lead Director** with responsibility for resuscitation services is the Medical Director. The Medical Director is the chair of the Resuscitation Group.

3.4 The **Chief Executive** has the responsibility to ensure that the requirements of the Health Service Circular (HSC 2000/028) for Resuscitation Services are met within Somerset Partnership NHS Foundation Trust.

3.5 The **Resuscitation Group** is responsible for:

(a) reviewing and updating this policy,

(b) ensuring there are adequate controls to provide safe resuscitation practice in line with national guidelines,

(c) advising on training requirements for individual staff groups,

(d) reviewing cases where resuscitation techniques have been used,

(e) advising on techniques, medical equipment and medicines required for safe resuscitation practice. All resuscitation equipment must be sanctioned by the Resuscitation Group prior to ordering.

3.6 **Divisional Managers/Heads of Service**. Responsibility for implementing the policy is devolved to Service Managers and Heads of Service.

3.7 **Sisters and Ward / Team Managers** are responsible for ensuring that they have a planned programme of training for staff in their team, and that they have the appropriate emergency equipment for all their staff, which is checked and recorded according to the procedures set out in this policy. They are responsible for ensuring a local implementation of procedures for summoning the emergency services.

3.8 **All Clinical Staff** including bank, agency, locum and students are individually responsible for complying with this policy. This includes:
(a) attending training and updating resuscitation skills as directed by this policy,
(b) reporting concerns to their line manager,
(c) initiating cardiopulmonary resuscitation (CPR) in line with the policy and
(d) completing a DATIX form in line with the Trust's Untoward Event Reporting policy.

3.9 The **Trust Advisor for Resuscitation** is responsible for:
(a) providing advice on equipment/procedures within the Trust and
(b) auditing CPR attempts and
(c) providing support and feedback as appropriate to staff involved in incidents.
Items associated with the maintenance and use of the AED machines will be purchased on the advice of the Trust Advisor and approved by the Resuscitation Group.

4 EXPLANATIONS OF TERMS USED

Respiratory Arrest is the cessation of effective breathing, where signs of circulation are present.

Cardiac/Cardiopulmonary Arrest is a combination of respiratory arrest and loss of effective cardiac function.

Cardiopulmonary Resuscitation (CPR) consists of chest compressions and ideally, assisted breathing. It may also involve defibrillation and airway management, including suction and the use of oxygen.

Do Not Attempt Resuscitation (DNAR) is the term which should be used to denote a decision that use of CPR is inappropriate in a particular case. The

decision should be made, whenever appropriate, with the involvement of patient, families and carers and the health care team. There is a separate Trust Do Not Attempt Resuscitation Policy which sets out procedures for making and recording these decisions.

Basic Life Support (BLS) consists of the following elements; initial assessment, summoning of the emergency services/crash team, airway maintenance, and ideally, assisted breathing and chest compressions, to sustain life until the arrival of the emergency services. BLS implies that minimal equipment is employed in this procedure.

Automated External Defibrillator (AED) is the device which may be used to attempt to reverse cardiac arrest. These devices are available to all inpatient wards and in all Community Health Services Directorate premises.

Barrier devices are used to provide an interface between the patient and the practitioner for mouth to mouth resuscitation e.g. pocket mask

5. STATEMENT OF POLICY AND GUIDANCE

5.1 Resuscitation Status

5.1.1 All service users will be presumed eligible for CPR unless a valid and clearly documented “Do Not Attempt Resuscitation” (DNAR) decision has been made. Race, gender, age, disability, sexuality, religion or perceived quality of life, will not be factors when decisions about CPR are made. Please see the ‘Do Not Attempt Resuscitation Policy’ for more information.

5.1.2 Patients for whom CPR will not prolong life, but merely prolong the dying process, should be identified early. A DNAR decision should be considered when the patient does not wish to have CPR or will be unlikely to survive cardiac arrest even if CPR is attempted. Procedures for making and recording DNAR decisions are set out in the Trust Do Not Attempt to Resuscitation Policy.

5.1.3 Patients being transferred from another hospital who already have a DNAR decision documented require immediate review of resuscitation status as medical responsibility for the patient has changed. This does not necessarily mean that the decision will be changed.

5.1.4 Resuscitation status must be clearly documented in all patients in whom a DNAR decision has been made, in line with the procedures set out in the Do Not Attempt to Resuscitation Policy.

- In inpatient units DNAR decisions are recorded as a RiO Alert in addition to completion of the SWAST DNAR form. In patients in whom no DNAR decision has been made resuscitation status is not routinely recorded and these patients are presumed to be for resuscitation.

- In the Community resuscitation status is routinely recorded for all inpatients on the medicines administration record (MAR Chart) regardless

of whether a DNAR decision has been made, clearly stating ‘For resuscitation’ or ‘Do not attempt resuscitation’ as applicable.

5.1.5 In the event that staff attempt to resuscitate a patient in whom a DNAR decision has been made, the incident should be reported using the DATIX system.

5.2 Prevention of Cardiac Arrest

5.2.1 Prevention of cardiac arrest is the first link in the chain of survival. The Resuscitation Council (UK) Guidelines 2015 stress the importance of preventing cardiac arrest in all age groups.

5.2.2 Rates of survival and complete physical recovery following in-hospital cardiac arrest are poor in all age groups. Prevention of in-hospital cardiac arrest requires staff education, monitoring of patients, recognition of patient deterioration, a system to call for help and an effective response (Smith 2010). Staff must ensure early recognition of the deteriorating patient and of cardiac chest pain and rapid activation of the emergency services is vitally important (Physiological Observations Policy for Inpatients and MIU Policy, Somerset Partnership NHS Foundation Trust, 2015).

5.2.3 An unwitnessed cardiac arrest that occurs in patients in unmonitored ward areas is usually a predictable event not caused by primary cardiac disease. In this group, cardiac arrest usually follows a period of slow and progressive physiological deterioration involving unrecognised or inadequately treated hypoxia and hypotension. Somerset Partnership NHS Foundation Trust staff must ensure they follow the Physiological Observations Policy for Inpatients and MIU Policy.

5.2.4 When patients deteriorate they display common signs that represent failing respiratory, cardiovascular, and nervous systems. This is the basis for monitoring patients’ vital signs. Somerset Partnership NHS Foundation Trust has adopted “National Early Warning” (NEWS) Scoring (Physiological Observations Policy for Inpatients and MIU Policy) to assist in the early detection of critical illness.

5.2.5 The management of suspected anaphylactic reactions should be conducted in accordance with Trust Treatment of Anaphylaxis guidelines.

5.3 Summoning Help in an Emergency Situation

5.3.1 The medical and nursing response to a patient’s physiological deterioration needs to be appropriate and rapid.

5.3.2 Somerset Partnership NHS Foundation Trust does not operate an emergency/cardiac arrest team and it is the responsibility of clinical staff on duty to react initially in a first response role and where able, a basic life support role.

5.3.3 Staff should use a structured communication tool to ensure effective handover of information between staff and emergency services. Somerset Partnership

NHS Foundation Trust advocate the use of the “SBAR” communication tool – Situation – Background – Assessment –Recommendation (Physiological Observations Policy for Inpatients and MIU Policy).

5.3.4 The Ambulance Service must be called using the 999 number, once a clinical emergency has been confirmed. In the majority of clinical settings it is required that 9 (for outside line) then 999 is dialled and staff must state the nature and location of the emergency. If medical staff are available on site they should also be contacted and asked to attend immediately. Staff caring for patients at home will use 999 to summon assistance in a medical emergency. For dental services sited within acute Trust premises, the local crash team must be called using the telephone number 2222.

5.3.5 In the event of the emergency being at night or out of office hours, staff must ensure access for emergency services.

5.3.6 Once CPR has commenced it should almost always continue until the paramedics (or crash team) arrive. There may be rare exceptions where a doctor decides to terminate CPR but this decision must not be taken by non-medical staff. On arrival the ambulance service will take over the care of the patient and will arrange onward transportation to an acute hospital. However, any relevant information must be given to the ambulance technicians / paramedics and also directly to clinical staff at the acute hospital. An urgent transfer form should be completed to accompany the patient (Appendix B).

5.4 Adult Basic Life Support

5.4.1 In Resuscitation Council (UK) Guidelines (2015), the absence of normal breathing continues to be the main sign of cardiac arrest in a non-responsive patient. Once CPR has started, the Guidelines recommend that the rescuer should only stop CPR if the victim shows signs of regaining consciousness, such as coughing, opening their eyes, speaking or moving purposefully, as well as breathing normally. Staff trained in Basic Life Support (BLS) are expected to recognise cardiac arrest, call for help and initiate BLS.

5.4.2 The Guidelines have been revised to reflect the importance placed on chest compressions, particularly good quality compressions, and to attempt to reduce the number and duration of pauses during chest compressions.

5.4.3 In settings such as a patient’s home, where cardiac arrest may not have been witnessed, and the time of arrest is uncertain, CPR must be commenced/continued until the ambulance team arrive.

The exceptions to this would be:

- Where the practitioner has the skills, competence and confidence to assess the patient and use their professional judgement to make a decision not to continue CPR, because death occurred some time ago, and CPR would not be effective.
- If there is a certificate of expected death or a DNAR in place then it would be appropriate not to commence/continue resuscitation.

The decision not to commence/continue resuscitation must be documented in the patient's record.

5.5 Defibrillation Using Automated External Defibrillators

5.5.1 All Somerset Partnership NHS Foundation Trust sites where patients are treated will have access to an Automated External Defibrillator (AED). Staff will be available that are trained to use this at all times when patients are on the premises. In the event of a cardiopulmonary arrest in these settings it is unacceptable for patients requiring defibrillation to wait for the arrival of a paramedic.

5.5.2 It is the aim of Somerset Partnership NHS Foundation Trust, in accordance with Resuscitation Council (UK) Guidelines (2015), that all people in inpatient settings experiencing a cardiopulmonary arrest will have a defibrillator available for them within three minutes of collapse, with staff who are trained and competent to use the AED available at all times patients are present.

5.6 Paediatric Resuscitation and Emergency Care

5.6.1 There is a separate paediatric algorithm for health care professionals who have a duty to respond to paediatric emergencies.

5.6.2 In clinical areas where a defibrillator is available for paediatric use, there must be at least one member of staff competent on duty to provide defibrillation if called upon to do so. This will include areas such as Minor Injuries Units.

5.7 Post Resuscitation Care

5.7.1 Return of Spontaneous Circulation (ROSC) following cardiac arrest, is just the first step toward the goal of complete recovery from cardiac arrest. Patients who undergo resuscitation within Somerset Partnership NHS Foundation Trust hospitals, clinical sites and patients' own homes, are to be transferred to an acute care setting by the emergency services as soon as possible unless otherwise agreed with a medical practitioner.

5.7.2 On rare occasions, there may be circumstances where a medical practitioner may make a clinical decision, along with the patient's relatives, not to transfer the patient to an acute care setting, based on the patient's prognosis. In these circumstances, the doctor must document a clear plan of care agreed with, where appropriate, the patient, relatives and nursing staff.

5.7.3 In the event that a patient dies following unsuccessful CPR, care should be taken to ensure accurate confirmation of death according to the Verification of Death Policy. It is essential that this takes place before news of a patient death is communicated to the family. Subject to patient consent, it is good practice to ensure that there has been regular communication with families and carers about prognosis in advance of cardiac arrest, whenever this can be anticipated in a deteriorating patient, so that breaking of bad news of a patient death is ultimately less traumatic.

5.8 Infection Control in Emergency Situations

5.8.1 The safety of both the rescuer and the patient are paramount during a resuscitation attempt. There have been few incidents of rescuers suffering adverse effects from undertaking CPR, with only isolated reports of infection such as tuberculosis (TB) and severe acute respiratory disease syndrome (SARS). Transmission of HIV during CPR has never been reported (Koster et al, 2010).

5.8.2 All staff must be able to access appropriate equipment for their area of work, in order to help reduce the risk of cross-infection in emergency situations. There is access to barrier devices in all Trust clinical premises (e.g. pocket mask) to minimise the need for mouth-to-mouth ventilation. Staff trained in life support should be aware of the location of these devices. Staff trained in resuscitation working in the community will be provided with a pocket mask to be used in the event of an emergency occurring in patient's homes. In situations where barrier devices are not immediately available, chest compressions should be commenced, whilst awaiting a barrier device and, if there are no contraindications, consider giving mouth-to-mouth ventilations.

5.8.3 For further information please refer to the Trust Infection Prevention and Control Policy documents. For further advice, please contact the Infection Prevention and Control / Decontamination Lead Nurse.

5.9 Equipment

5.9.1 It is the policy of Somerset Partnership NHS Foundation Trust to provide adequately maintained, standardised equipment available for staff to use in the event of a medical emergency. It is essential that each clinical area has designated standardised emergency equipment. This must be sited in an accessible place and Sisters and Ward / Team Managers and their staff must be aware of this and it's contents. Resuscitation equipment and layout of equipment must be standardised for each service. The equipment lists are available on the Trust intranet. Medicines required for resuscitation are accessible in tamper-proof packaging that allows them to be administered as quickly as possible. This will be reviewed on an annual basis and any changes will reflect any new evidence or recommendations from the Resuscitation Council (UK).

5.9.2 Resuscitation equipment must be checked every 24 hours in Community Hospitals, or as the lead/ manager's local risk assessment requires. A Resuscitation Equipment folder will be available in each area and kept alongside the resuscitation trolley. A checklist for the layout of the trolley, cleaning and maintenance will be kept on each resuscitation trolley. The checklists for each resuscitation trolley are to be monitored by the Matron on a monthly basis. This is required for evidence of standards and availability of equipment in clinical areas, and may be utilised for the purpose of audit. Information regarding equipment replacement or maintenance will be obtained via the Lead for Medical Devices/Head of Risk (in line with the Medical Devices Policy).

5.9.3 In Mental Health Inpatient areas resuscitation equipment must be checked weekly by an identified member of staff allocated by the ward manager to ensure that it is in date, in working order and ready for use. A Resuscitation Equipment book will be available in each area and kept alongside the emergency bag. A record will be made of the weekly check. This will be subject to audit at least annually and a report reviewed by the Resuscitation Group.

5.9.4 In all other clinical areas where resuscitation equipment is available, it must be checked weekly or more frequently, as agreed by local risk assessment and/or policy.

5.9.5 Resuscitation equipment must be checked again immediately following any use in an emergency. The equipment will be subject to maintenance checks as appropriate for each individual piece of equipment and this will be documented.

5.9.6 Staff trained in resuscitation working in the community will be provided with a pocket mask to be used in the event of an emergency occurring in patient's homes. Pocket masks will remain the property of Somerset Partnership NHS Foundation Trust. These devices should be disposed of after use (clinical waste) and be replaced.

5.9.7 If a sister or team/ward manager feels that the current equipment provision is not suitable, a risk assessment must be completed to indicate alternative and additional equipment using the DATIX system. This should be sent urgently to the Trust Advisor for Resuscitation and the Senior Nurse for Clinical Practice for appropriate action, which may include review by the Resuscitation Group.

5.9.8 Only equipment listed in the agreed resuscitation equipment lists may be ordered. Standardised resuscitation equipment will be reviewed annually, or more frequently as required, by the Resuscitation Group. No other equipment will be ordered without consultation and no extra equipment is to be placed on emergency trolleys or in emergency bags.

5.99 Where specific equipment is required for higher risk procedures such as immunisations, it is expected that staff will not carry out a procedure without the appropriate equipment being available, for example, adrenaline.

5.9.10 The "UK standardised AED sign" must be used, to highlight the location of an AED in Somerset Partnership premises.

5.9.11 It is the responsibility of the sister or ward / team manager to ensure that all resuscitation equipment within the workplace is regularly checked as stated

above and ready for use. Any problems must be identified and rectified immediately.

5.10 Manual Handling in Emergency Situations

5.10.1 In emergency situations it is imperative that safe manual handling procedures are considered to maintain the safety of the rescuer. When a patient collapses in an emergency situation they seldom collapse in a convenient location that is easily accessible and with the equipment needed to move them safely.

5.10.2 The urgency of the situation may distract rescuers from using safe handling techniques. Consequently, healthcare professionals may jeopardise their own safety during attempts to maximise the outcome for patients. Before starting the resuscitation attempt the rescuer must rapidly assess the risks to both the patient and the rescuer. They must take into consideration their own individual capability and experience, and the weight and build of the patient before handling them. Environmental factors such as space must also be rapidly assessed. Care must be taken to avoid any injury to the rescuer during the resuscitation procedure as this may result in the inability to perform effective CPR. Within the hospital setting it is likely that additional rescuers will arrive at the scene rapidly and it may be more appropriate to wait for such help rather than risk personal injury.

5.10.3 For further information please refer to the Trust Health and Safety Policy documents, 'Guidance for safer handling during resuscitation in healthcare settings' (Resuscitation Council (UK) 2009) and the Learning & Development Team Manual Handling trainers.

5.11 Debrief Following a Cardiac Arrest

5.11.1 It is the responsibility of the ward manager/team leader /practitioner in charge to debrief staff following a cardiac arrest, and identify any individual support needs.

5.12 Patient Group Directions in Emergency Events

5.12.1 In cardiac arrest, non-prescribed intravenous drugs can only be administered by a medical practitioner or a non-medical independent prescriber. The exceptions to this are the initial doses of adrenaline and amiodarone, that may be administered by the holders of a current Advanced Life Support (ALS) qualification.

5.12.2 Patient Group Directions for emergency intravenous medications are only to be used if the practitioner has been assessed as competent.

5.12.3 Any practitioner who has completed the required intravenous drug therapy and cannulation competency can attempt cannulation during the resuscitation process, without compromising good quality chest compressions and early defibrillation.

5.12.4 Oxygen must be available in all inpatient wards, and most Community Health outpatient clinics. This should be accessible and maintained according to current national guidelines. Oxygen should be available on all emergency trolleys or near all emergency bags. Please see the Medical Gas Cylinders and Medical Pipeline Service Policy for more information. In areas where oxygen is not immediately available, an ambulance will be called for any emergency where oxygen is required.

5.12.5 Oxygen may be administered in an emergency situation without a prescription or a Patient Group Direction. It should be delivered at a flow rate of 15 litres/minute, via a high concentration non rebreathing oxygen mask, or by bag-mask device. Once emergency oxygen therapy has commenced medical assistance must be summoned and all actions must be documented.

6. TRAINING REQUIREMENTS

6.1 Somerset Partnership NHS Foundation Trust mandatory training requirements are based on Resuscitation Council (UK) categories and are as follows:

Level of Training	Work Area	Role
Basic Life Support with AED: annual update	Community hospital Inpatient/outpatient setting	Doctors; registered nurses; registered allied health professionals; unregistered practitioners
	Community – physical Health teams	Doctors; registered nurses; speech & language therapists; physiotherapists; Unregistered practitioners
	Community Mental Health Teams	Registered practitioners and unregistered practitioners working in • Inpatient wards; • Crisis Resolution / Home Treatment Teams • Older People's Day Hospitals
	Dental services	Dental staff who **do not** provide care that involves conscious sedation/general anaesthetic
Advanced Life Support: requirement to retrain every 4 years	MIUs; Podiatry Clinics	Emergency nurse practitioners working in minor injury units; Podiatric surgeons
Immediate Life Support: annual update	MH Inpatient areas where restraint, seclusion and rapid tranquilisation take place	Doctors; registered nurses
	Older People's Mental Health	Doctors; registered nurses
	ECT Suite	Doctors; registered nurses
	Community Physical Health teams	Cardiac Rehabilitation and Heart Failure Nurses; Podiatrists

	Dental services	Dental staff who provide care that involves conscious sedation/general anaesthetic

6.2 Registered clinical staff holding a professional qualification and who work with children will be trained in paediatric resuscitation appropriate to their role, which would include use of AED.

6.3 **Other Staff Groups Employed by Somerset Partnership NHS Foundation Trust or Practising in Trust premises**

6.3.1 Social workers are not required to maintain resuscitation skills but are able to access resuscitation training if they wish.

6.3.2 Doctors in training who work with the Trust only for brief periods of up to four months are not included in the Trust mandatory training programme. They are individually responsible for maintaining competence in resuscitation skills. Compliance with resuscitation training as set out in the policy is assessed when these doctors take up their post. If the doctor's resuscitation update is due in the time they are working in the Trust, they can access the appropriate level of resuscitation training for their role.

6.3.3 Doctors employed through an agency are responsible for ensuring they are up to date in resuscitation skills. They will be required to demonstrate competence in resuscitation when they take up their post.

6.3.4 All staff who attend resuscitation training must stay for the whole session including, where applicable, AED training as recognised in the training matrix. Resuscitation training, including AED training where applicable, is required to be updated on an annual basis.

6.3.5 All staff employed by Somerset Partnership NHS Foundation Trust who have completed an up-to-date resuscitation training session which has included AED training, are able to use an Automated External Defibrillator in an emergency situation on an adult patient.

7. EQUALITY IMPACT ASSESSMENT

7.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

8. MONITORING COMPLIANCE AND EFFECTIVENESS

8.1 All cardio-pulmonary arrests requiring resuscitation must be reported through the DATIX system to the Trust Advisor for Resuscitation and the Senior Nurse for Clinical Practice. In the Community Hospital inpatient a cardiac arrest record

must be completed using the data collection forms (see Appendix A) and sent to the Trust Advisor for Resuscitation and the Senior Nurse for Clinical Practice. Additionally any issues with resuscitation equipment must be reported through the Datix system.

8.2 The Trust Advisor for Resuscitation and the Senior Nurse for Clinical Practice will evaluate resuscitation practice, and feedback notable practice and learning points to staff involved in resuscitation incidents. They will also investigate any incidents related to resuscitation equipment; they will provide reports on individual incidents to the Resuscitation Group, including recommendations for review of resuscitation equipment, training or other issues.

Where care is delivered in partnership with other organisations, there should be shared reviews, debriefs and learning, following any incidents involving resuscitation.

8.3 Overall monitoring will be by the Resuscitation Group in the form of a six monthly report to the Clinical Governance Group.

8.4 The Resuscitation Group will carry out an annual resuscitation equipment audit. The group will be responsible for signing off recommendations made in the report. Reports will be notified to Trust staff in 'What's On', which contains a hyperlink to the full audit report.

9. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

9.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), the fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

9.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 11:	General
Regulation 12:	Statement of purpose
Regulation 16:	Notification of death of service user
Regulation 17:	Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983
Regulation 18:	Notification of other incidents

9.3 Detailed guidance on meeting the requirements can be found at http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf

10. COUNTER FRAUD

10.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

11. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

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12. CROSS REFERENCE TO OTHER PROCEDURAL DOCUMENTS

Admission, Transfer and Discharge Policy
Bank, Agency and Locum Policy
Blood and Blood Components Policy
Do Not Attempt Resuscitation Policy
Health & Safety Policy
Infection Prevention and Control Policy
Integrated Care Programme Approach (ICPA) Policy
Learning Development and Mandatory Training Policy
Medical Devices Policy
Medical Gas Cylinders and Medical Pipeline Service Policy
Medicines Policy
Patient Group Direction Policy
Physical Assessment & Examination of Service Users Policy
Physiological Observations Policy for Inpatients and MIU Policy
Prevention & Management of Violence & Aggression
Privacy, Dignity and Respect Policy
Rapid Tranquillisation Policy
Record Keeping and Records Management Policy
Safer Moving & Handling Policy
Serious Incidents Requiring Investigation (SIRI) Policy
Staff Mandatory Training Matrix (Training Needs Analysis)
Treatment for Anaphylaxis Guidelines
Untoward Event Reporting Policy
Verification of Death Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

13. APPENDICES

APPENDIX A	Record of Emergency Event
APPENDIX B	Urgent Transfer Form

APPENDIX A

Somerset Partnership NHS
NHS Foundation Trust

RECORD OF EMERGENCY EVENT

PATIENT DETAILS

1 Location:
Hospital
Ward/Dept:

2 G/P
Diagnosis:

3 Admission Date ..... Date of Arrest .....

4 Name:
M / F
Date of Birth
NHS Number

Or affix label

WHAT WAS THE EVENT?

5 Cardiac Arrest ☐ Respiratory Arrest ☐

Pre-Arrest Call ☐ False Alarm ☐
(*If false alarm, stop and sign form)*

PRE-ARREST STATUS *(PLEASE TICK ALL BOXES THAT APPLY)*

6 Witnessed? YES ☐ NO ☐ UNKNOWN ☐
Monitored prior to arrest? YES ☐ NO
CPR started by:-
1 Doctor ☐ 4 Relative ☐
2 Nurse ☐ 5 Bystander ☐
3 Paramedic ☐ 6 Unknown/Other

7 Pre-Arrest Details:
NEWS Score .....
Resp..rate < 10 ☐
Resp. Rate >30 ☐
HR < 50 ☐ HR > 140 ☐
BP < 90 systolic ☐ 02 sats < 90 ☐
LOC: AVPU Chest Pain ☐
Blood Glucose .....

8 Initial Rhythm:
Asystole PEA
VF VT

Perfusing rhythm *(specify)*

INITIAL EVENTS

9 Times (in 24 hour clock); hh:mm
Patient Collapsed _____
Paramedics called _____
Basic Life Support started _____
1st Defib shock given: _____
Paramedics arrived: _____
Advanced airway ETT/LMA_____
1st dose Adrenaline given_____
Resuscitation Stopped_____

10 1st Defib Shock given by:
Doctor ☐ Nurse ☐
Paramedic ☐ Unknown/Other ☐

11 AED ☐ Manual ☐

12 Further comments / problems:

If problem identified, **INCIDENT FORM** completed Y / N

Incident Form Ref Number

INCIDENT MANAGEMENT	
13 Event Leader: Name: Title: ALS Trained Yes ☐ No ☐	14 To be completed by attending clinical staff Name: Status: Signature:

TREATMENT DURING ARREST

15

Time	Rhythm	Pulse Y / N	AED Y / N	Drugs Name	Dose	Comments

OUTCOMES

16	Why was resuscitation stopped?	Return of spontaneous circulation (ROSC) ☐ Patient Transferred ☐ Patient died ☐ Inappropriate arrest call ☐
17	If spontaneous circulation occurred: What was the post arrest rhythm? .... BP ..... Pulse ..... Respirations Cerebral performance Alert ☐ Responds to voice ☐ Responds to pain ☐ Unresponsive ☐ ROSC for 5 Minutes Yes ☐ No ☐	
18	If patient transferred, state destination:	
19	If applicable, who has been informed? GP ☐ Coroner ☐ Relatives ☐	
20	Clinical Notes:	

PLEASE CHECK FORM IS COMPLETE AND SIGNED

SCANTO SENIOR NURSE FOR CLINICAL PRACTICE.
COPY TO BE RETAINED IN PATIENTS NOTES.

APPENDIX B

Somerset Partnership NHS
NHS Foundation Trust

URGENT TRANSFER FORM

Addressograph	**From: (state area)**	.....
		.....
	To: (state area)	.....
		.....
	Presenting Complaint	.....

Differential Diagnosis:

.....

.....

TREATMENT GIVEN

Immediate care given		**Drugs/Fluids Dose/Volume** Fluids – state type: ECG ☐ Bloods Taken ☐ O_2 ☐ at ☐ % IV Access ☐ X-rays ☐

PMH **Regular Meds** **Allergies**

Referring Practitioner: .....

Contact Number: .....

Faxed notes to follow ☐

Next of Kin Informed

Yes ☐ No ☐

Specify next of kin

……..

Somerset Partnership NHS
NHS Foundation Trust

URGENT TRANSFER CHECK LIST

DATE	
TIME	
HOSPITAL	
STAFF NAME	
SIGNATURE	

Affix Patient Address Label Here

	YES	NO	N/A	COMMENTS
Patient's condition summarized/reason for transfer				
Resus Status handed over				
All medications handed over				List medicines
Oxygen requirements				O_2 via (please delete: non re-breath mask, nasal cannula) …… SaO_2
Infection Status handed over				MRSA Status ……. Other specific ……..
Equipment/Aids				
Mobility Status				
Destination confirmed				
Informed GP				
Informed relatives				Specify which relative……