

Resuscitation Policy



Title:			
<h2>Resuscitation Policy</h2>			
Date effective from:	December 2020	Review date:	December 2023
Approved by:	Policy Approval Group		
Approval Date:	11 December 2020		
Author/s:	Lead Resuscitation Officer		
Policy Owner:	NHS Lothian Resuscitation Committee		
Executive Lead:	NHS Lothian Medical Director		
Target Audience:	Resuscitation Officers, clinical leads for resuscitation, medical Heads of Departments/Service, and their colleagues, Nursing Heads of Departments/Service, and their colleagues, Heads of Services whose colleagues require to maintain resuscitation skills, and these colleagues.		
Supersedes:	New Resuscitation Policy, to incorporate Staff Action in the Event of Collapse, Injury or other clinical emergency within NHS Lothian premises v.2		
Keywords (min. 5):	Resuscitation, cardiac arrest, collapse, CPR, medical emergency, DNACPR		

Version Control

Date	Author	Version/Page	Reason for change
Jan 2020	Lead Resuscitation Officer NHS-Lothian Resuscitation Committee Chair	v0.1	Development of new policy, and incorporation of Staff Action in the Event of Collapse, Injury or other clinical emergency within NHS Lothian premises v.2
Nov 2020	Lead Resuscitation Officer NHS-Lothian Resuscitation Committee Chair	v0.2	Draft updated to incorporate reference to COVID-19
Dec 2020	Lead Resuscitation Officer NHS-Lothian Resuscitation Committee Chair	v1.0	Approved by the Policy Approval Group

Executive Summary

This policy addresses the management of cardiac arrest, resuscitation, and medical emergencies, including definitions of cardiopulmonary resuscitation (CPR), and when CPR may not be attempted (do not attempt cardiopulmonary resuscitation; DNACPR). It is relevant to any member of staff within NHS Lothian who may find that they are required to provide resuscitation to a patient, visitor or colleague, or those who need to know how to access the resuscitation services. It should also provide assurance to the public that NHS-Lothian is a modern and ethical organisation in its approach to resuscitation.

It describes the key roles in a resuscitation service, and also the service management structure. A description of how an emergency team is contacted is given, particularly acknowledging the various sites within NHS-Lothian, as well as details of training, equipment, drugs, and auditing of cardiac arrest figures. An evidence base of best current practice is cited. This is in the interests of providing ethical as well as up-to-date care.

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1.0 Purpose

The policy provides guidance on the systems in place for the management of cardiac arrest and medical emergency across NHS Lothian. It is largely based on the current Resuscitation Council (UK) Guidelines for Resuscitation, and standards for clinical practice and training. However, regarding cardiopulmonary resuscitation (CPR) in the context of COVID-19, the guidelines from Health Protection Scotland take precedence, and colleagues should follow the NHS Lothian guideline in this specialist circumstance.

NHS Lothian must provide a resuscitation service for patients, visitors and staff, on all of its sites.

The aim is that all relevant staff with direct patient contact within the organisation must be able to provide cardiopulmonary resuscitation (CPR) at a level appropriate to their role, and the healthcare environment in which they are working. Local Resuscitation Standardised Operational Procedures (SOPs) [hyperlink to be added] provide specific guidance for each site.

2.0 Policy statement

Cardiac arrest and other life-threatening medical emergencies are often sudden, and acute, events facing staff. Individual members of staff may only deal with such events infrequently and their successful management requires a team that is well rehearsed and appropriately equipped to deal with the situation. The main aims of this policy are to help ensure that:

- patients, visitors or staff members suffering such events are appropriately treated using the current resuscitation guidelines
- staff are appropriately trained and equipped to deal with these events
- inappropriate resuscitation attempts are avoided as much as possible
- a robust audit and reporting system is in place to monitor cardiac arrest, medical emergencies, and the use of the [NHS Scotland Do Not Attempt Cardiopulmonary Resuscitation \(DNACPR\) Policy](#), and [NHS Scotland Children and Young People Acute Deterioration Management - Resuscitation Planning Policy for Children and Young People \(under 16 years\)](#)

3.0 Scope

This policy applies to all staff across the organisation, including directly and indirectly employed staff, and some independent contractors. The policy relates to all in-patients, outpatients, members of staff, and visitors in any of NHS Lothian's premises and in community settings.

4.0 Definitions

4.1 Resuscitation

Resuscitation is a general term used to describe various emergency treatments to correct life-threatening physiological disorders in a critically ill person. For example, 'fluid resuscitation' refers to rapid delivery of fluid into the bloodstream of a person who is critically fluid-depleted. Rapid blood transfusion for someone with severe bleeding is another example. Cardiopulmonary resuscitation (CPR) is sometimes referred to as 'resuscitation' but is a specific type of emergency treatment that is used to try to restart the heart and breathing (see CPR below).

4.2 Cardiopulmonary Resuscitation (CPR)

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

4.3 Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)

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

4.4 Resuscitation Officer (RO)

A non-medical health professional who is responsible for the training of staff in the recognition of deterioration, resuscitation technique, attendance at cardiac arrest and other medical emergencies, and involvement in the recommendations for equipment and processes to deal with such emergencies.

5.0 Implementation roles and responsibilities

The organisation has an obligation to provide an effective resuscitation service to their patients, and appropriate training to their staff. A defined management structure is required to establish and maintain support for these activities.

5.1 Responsibilities within the organisation

5.1.1 NHS Lothian Chief Executive

It is the responsibility of the Chief Executive to designate responsibility to ensure that a resuscitation policy is agreed, implemented and regularly reviewed.

5.1.2 NHS Lothian Resuscitation Committee

The NHS Lothian Resuscitation Committee are responsible for the implementation of this policy. This committee reports to the NHS Lothian Clinical Management Group.

It is the responsibility of the Resuscitation Committee to ensure policy distribution, implementation and compliance throughout the organisation. This is put into effect at local level by site leads of resuscitation and site Resuscitation Officers (ROs).

5.1.3 Local line managers

It is the responsibility of managers to ensure that staff are provided with the opportunity to attend training appropriate to their role.

5.1.4 All NHS Lothian staff

It is the responsibility of individual staff members to attend training appropriate to their role.

5.2 Calling Emergency Teams

Due to operational variation across NHS Lothian sites, each site has a Standardised Operational Procedure (SOP) which details the procedure to follow in the event of cardiac arrest or medical emergency occurring on that site. The SOP may cover several teams such as adult, paediatric, obstetric and neonatal, depending on that particular site.

Where hospitals have a designated cardiac arrest team then a 2222 call is made to activate the call system and summon the team. The caller is required to state:

- the nature of the emergency, for example cardiac arrest or medical emergency
- the team required (on sites where there are more than one)
- the ward or department
- the hospital site they are calling from

The sites where an emergency team can be obtained by dialling 2222 are:

- Astley Ainslie Hospital
- East Lothian Community Hospital
- Liberton Hospital*
- Midlothian Community Hospital
- Royal Edinburgh Hospital

- Royal Hospital for Sick Children
- Royal Infirmary of Edinburgh
- St John’s Hospital
- Western General Hospital

* applies Monday-Friday, 09:00-17:00, 999 call at all other times.

Depending on the location of the event, there may also be a need to call 999 to arrange the transfer of the patient to an acute hospital. This may include where events happen within hospital grounds.

For sites which have no 2222 call system these events require a 999 call.

5.3 Training

The Resuscitation Service is responsible for providing a comprehensive programme of training suitable for all members of staff. The level of training offered to individual staff members will be appropriate to factors such as role, location and experience. Practical training for clinical staff is mandatory and must be updated on a regular basis, in accordance with the NHS Lothian Mandatory Education and Training Policy.

5.4 Resuscitation equipment and drugs

The Resuscitation Committee will ensure that, as far as is practicable, resuscitation equipment and drugs are standardised across sites. The Resuscitation Committee will provide specifications for equipment which must be available, and will take account of the nature of the area which may require deviation from that standard.

The ROs will ensure that individual clinical areas have an up-to-date list of the specified equipment and its procurement. The clinical area will have responsibility for the availability of this equipment and any regular checks and tests. Checks and tests are generally performed daily, however less frequent checks may be appropriate in certain areas provided this is agreed with the RO. Checks and tests are documented locally and are periodically audited by the RO.

Some items of equipment are held centrally and taken to the location of the emergency when required. Where this is the case, local resuscitation trolleys will indicate where these items of equipment are held and how they are obtained.

The Resuscitation Committee will define what drugs are to be made available in clinical areas based on the current local NHS Lothian resuscitation guidelines. Pharmacies will ensure the availability of these drugs and report drug supply issues to the Resuscitation Committee for resolution.

5.5 Audit of 2222 calls

For all 2222 calls, a Resuscitation Record Form must be completed and returned to the local RO. These forms are available with all resuscitation equipment. This allows the collection of data relating to cardiac arrests and medical emergencies occurring on each hospital site.

Telephone switchboards keep a record of the calls made, allowing the RO to identify where forms have not been completed, and enabling the follow-up of those events. Data from these calls is held on a central database which allows reporting on organisational, hospital and directorate levels.

5.6 Do not attempt cardiopulmonary resuscitation (DNACPR)

The [NHS Scotland Do Not Attempt Cardiopulmonary Resuscitation \(DNACPR\) Policy](#) outlines the process and provides guidance relating to the process of decision-making, discussion, recording, and communication of resuscitation decisions, including where the patient may lack capacity. The ROs support this policy and provide ongoing education and support. The Association of Anaesthetists of Great Britain and Ireland provide guidance on DNACPR in patients undergoing anaesthesia.

5.7 Children and Young People Acute Deterioration Management (CYPADM)

The [NHS Scotland Children and Young People Acute Deterioration Management - Resuscitation Planning Policy for Children and Young People \(under 16 years\)](#) outlines the process of decision-making, discussion, recording and communication of treatments which may be limited, or not indicated, in the care of children and young people.

6.0 Associated materials

The approval role for the following SOPs sits with the NHS Lothian Resuscitation Committee.

Site specific Standard Operating Procedures:

[Astley Ainslie Hospital Standard Operational Procedure](#)

[East Lothian Hospital Standard Operational Procedure](#)

[Midlothian Community Hospital Standard Operational Procedure](#)

[Resuscitation - Calling Emergency Teams](#)

[RIE Standard Operational Procedure](#)

[Royal Edinburgh Hospital Standard Operational Procedure](#)

[Western General Hospital Standard Operational Procedure](#)

Guideline for CPR in COVID positive or suspected positive patients [hyperlink to be added]

[Resuscitation Guidelines, Resuscitation Council UK, 2015](#)

[Confirmation of Death Procedure](#)

Mandatory Training and Education Policy, NHS Lothian, 2016

7.0 Evidence base

[Assessing the evidence base for medical procedures which create a higher risk of respiratory infection transmission from patient to healthcare worker, Health Protection Scotland, October 2020](#)

[Resuscitation Council \(UK\), \(2013\). Quality standards for cardiopulmonary resuscitation practice and training: acute care. \(Revised 2017\).](#)

[Resuscitation Council \(UK\), \(2013\). Quality standards for cardiopulmonary resuscitation practice and training: primary care. \(Revised 2017\)](#)

[Resuscitation Council \(UK\), \(2013\). Quality standards for cardiopulmonary resuscitation practice and training: primary dental care. \(Revised 2017\).](#)

[Resuscitation Council \(UK\), \(2014\). Quality standards for cardiopulmonary resuscitation practice and training: mental health inpatient care. \(Revised 2017\).](#)

[Resuscitation Council \(UK\), \(2016\). Quality standards for cardiopulmonary resuscitation practice and training: community hospitals care.](#)

[The Scottish Government, \(2016\). Do not attempt cardiopulmonary resuscitation integrated adult policy.](#)

[British Medical Association, \(2016\). Decisions relating to cardiopulmonary resuscitation: guidance from the British Medical Association, Resuscitation council \(UK\) and Royal College of Nursing.](#)

[NHS Scotland, \(2010\). Resuscitation planning policy for children and young people \(under 16 years\): Children and young people acute deterioration management.](#)

[The Association of Anaesthetists of Great Britain and Ireland, \(2009\). DNAR decisions in the perioperative period.](#)

8.0 Stakeholder consultation

NHS-Lothian Resuscitation Committee meetings are held currently four times per year. These are multidisciplinary, with representatives invited from medical (including site leads of resuscitation) and nursing staff, as well as ROs, pharmacists, medical physicists, and medical staff representing audit and clinical governance. This comprehensive range of stakeholders meet regularly to influence the practical aspects of shaping policy application.

9.0 Monitoring and review

The policy will be reviewed as a minimum every three years or before, should changes to current guidance take place.

This policy will be monitored via the Audit of 2222 workstream, and ongoing review of guidance and best practice.