

## Resuscitation and Medical Emergency Policy

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P008	Head of Physical Health	Quality and Standards committee	3 years

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## 1. Introduction

Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust recognises and accepts its responsibility to employees, patients, families and carers to ensure that the requirements for resuscitation (HSC 2000/028) are satisfied.

The Trust will take all reasonable steps to provide the initial first aid response for medical emergencies and in all instances refer for subsequent specialist treatment and care. It is important that emergency medical aid is sought immediately to improve the possibility of the patient's outcome. It must be recognised that many resuscitation attempts will not be successful despite the best efforts.

Any persons suffering a cardiac or respiratory arrest on Trust premises, or while being attended to by a Trust employed health professional in other settings, should be considered for CPR unless an appropriate Treatment Escalation Plan and Resuscitation Decision (TEP and RD) or advanced directive is in force. If there is any doubt about the CPR status of an individual, resuscitation should be commenced.

Mental health and learning disability service users can be vulnerable to respiratory or cardiorespiratory arrest through co-existing physical illness, self-harm and the effects of medication and interventions such as rapid tranquilisation. They are also vulnerable to choking, through dysphagia associated with illnesses like dementia, food bolting, or through intoxication, substance abuse or intentional self-harm.

Avon and Wiltshire Mental Health Partnership NHS Trust supports the 'Quality Standards Cardiopulmonary Resuscitation Practice and Training' of the Resuscitation Council (UK).

## 2. Purpose or aim

This Resuscitation and Medical Emergency policy is based on the Quality Standards for Clinical Practice and Training in Cardiopulmonary Resuscitation (Resuscitation Council, UK) (May 2017) and has been developed to describe the process for managing and mitigating risks associated with resuscitation, as detailed in current NICE Guidance and the Electroconvulsive Therapy Accreditation Service Standards (March 2018) for use within the Trust. This policy will provide guidance in the form of procedures to ensure the planning and implementation of a high-quality and robust resuscitation service.

## 3. Scope

The Trust is a complex organisation offering services to individuals (both adults and adolescents) with a wide range of need on many different sites, including health centres, hospital inpatient and outpatient services, community services and patients own homes. As a result of this variety it is not possible for the Trust to offer the same medical emergency or resuscitation response across all of its services.

This policy seeks to establish the principles and standards by which more site specific procedures will operate;

- Inpatient
- ECT
- Community
  - Where care is being provided by AWP employed staff on non-owned premises the resuscitation/ medical emergency procedure for that setting should be followed.
  - In situations where AWP services are provided alongside other services within the same site, service leads/managers should ensure local arrangements are in place for patient/ staff accessing the site to have access to appropriate equipment in the event of an emergency.

- In non-AWP premises a risk assessment must be undertaken by the local clinical team within that location to determine and provide the local procedure.

#### 4. Definitions

AED	Automated External Defibrillator
AWP	Avon and Wiltshire Mental Health Partnership NHS Trust
BLS	Basic Life Support
CPR	Cardiopulmonary Resuscitation
ECT	Electroconvulsive Therapy
ECTAS	Electroconvulsive Therapy Accreditation Service
NEWS	National Early Warning Score
PERT	Physical Emergency Response Training
PHG	Physical Health Group
RC (UK)	Resuscitation Council (UK)
SBARD	Situation, Background, Assessment, Recommendation and Decision
TEP & RD	Treatment Escalation Plan & Resuscitation Decision
TNA	Training Needs Analysis
IM	Intramuscular
IV	Intravenous
Q&S	Quality and Standards Committee

#### 5. Policy description

It is the Trust's policy to ensure;

##### 5.1 National Guidelines

National guidelines and best practice standards are implemented and adhered from Resuscitation Council (UK) Quality Standards for Cardiopulmonary Resuscitation Practice and Training;

[Mental Health - Inpatient Care – Quality Standards](#)

[Mental Health – Inpatient Care – Equipment and Drugs List](#)

[ECTAS Standards for the administration of ECT](#)

##### 5.2 Clinical Education and Training

Employees have access to training, appropriate to their role and area of work, and prepared to respond to the resuscitation/ medical emergency of a deteriorating patient. [Guidance on the level of resuscitation training required for each staff group can be found here](#)

### **5.3 Care of the deteriorating patient**

Track and trigger systems are in place to recognise and manage the care of the deteriorating patient. [Guidance on the management of the deteriorating patient can be found here](#) and [tools to support clinicians can be found here](#)

### **5.4 Guidance for management of resuscitation and medical emergencies**

Clinical guidelines for the management of resuscitation/ medical emergencies are provided for use by employees. Guidance on the management of resuscitation/ medical emergencies can be found here;

[Appendix 1: Procedure for management of resuscitation and medical emergencies.](#)

### **5.5 Guidance for use of medical emergency drugs**

Resuscitation/ medical emergency drugs are available for the resuscitation/ medical emergency, regularly checked and prepared for use to support the care of the deteriorating patient. Guidance on the use of medical emergency drugs can be found here;

[Appendix 2: Guidance for use of medical emergency drugs.](#)

### **5.6 Inspection of resuscitation bag**

Clinical equipment is available for the resuscitation/ medical emergency, regularly checked and prepared for use to support the care of the deteriorating patient. Guidance on the management of resuscitation/ medical emergencies can be found here;

[Appendix 3: Inspection of resuscitation bag procedure](#)

### **5.7 Resuscitation bag content check list**

Clinical equipment is available for the resuscitation/ medical emergency, regularly checked and prepared for use to support the care of the deteriorating patient. Guidance on the management of resuscitation/ medical emergencies can be found here;

[Appendix 4: Resuscitation bag content check list](#)

### **5.8 Resuscitation bag daily check list**

Clinical equipment is available for the resuscitation/ medical emergency, regularly checked and prepared for use to support the care of the deteriorating patient. Guidance on the management of resuscitation/ medical emergencies can be found here;

[Appendix 5: Resuscitation bag daily checklist](#)

### **5.9 Replenishment and management of resuscitation bag**

Clinical equipment is available for the resuscitation/ medical emergency, regularly checked and prepared for use to support the care of the deteriorating patient. Guidance on the replenishment of resuscitation bag can be found here;

[Appendix 6: Replenishment and management of resuscitation bag procedure](#)

### **5.10 Post incident reporting, recording and review**

The reporting of all resuscitation/ medical emergencies on the incident reporting system. Guidance on post incident reporting, recording and review can be found here;

[Appendix 7: post incident reporting, recording and review procedure.](#)

### 5.11 Post resuscitation incident debrief

The post incident debrief can be invaluable to learning from a real medical emergency or resuscitation situation. Guidance on the post incident debrief and how it should be approached can be found here:

[Appendix 8: post resuscitation incident debrief procedure](#)

### 5.12 ECT Services

The resuscitation equipment available in these clinics should be agreed between the Resuscitation Managers, ECT Service Managers, Lead Anaesthetist supporting the service level agreement. This information should be held locally and reviewed in conjunction with changes to the service provision. These services will be audited in line with the AWP annual resuscitation equipment audit plan.

### 5.13 Community Services

The Trust Physical Health Group encourages and fully supports community services procurement of an Automatic External Defibrillator (AED) for use upon community sites. Local risk assessment should be undertaken in conjunction with the Trust Resuscitation Officer and approved via the Trust Physical Health Group. The AED must be located within an accessible area and be appropriately signposted. Checking of the AED and associated equipment must be undertaken daily, if this is not possible then checking must take place every day that the premises upon where the AED is located is open for operational purposes.

[Appendix 5A: Community defibrillator daily checklist](#)

### 5.14 Equipment

All clinical and non-clinical equipment related to the resuscitation bag and, or medical emergency situation can be found on the approved equipment list for the organisation which can be located on ourspace. In the event equipment is out of stock or otherwise unavailable, the Trust Resuscitation Officer should advise a suitable alternative product. This change must be communicated trust-wide and procurement records updated.

## 6. Roles and responsibilities

### 6.1 Executive Management

The Trust Board is ultimately responsible for fulfilling requirements relating to resuscitation service provision as set out in the NHSE (2000). It vests in the Chief Executive responsibility for the fulfilment of these standards and criterion.

### 6.2 Chief Executive

Has overall responsibility for ensuring that requirements related to the management of resuscitation conform to current legislation and best practice and that effective measures are in place and are periodically reviewed.

### 6.3 Non-Executive Directors

Are to support and, where appropriate, challenge the Director of Nursing and Quality on issues or recommendations relating to Resuscitation management at Executive Board level.

### 6.4 Executive Director of Nursing & Quality

The Director of Nursing and Quality has responsibility for the coordination of policies, procedures, activities and governance relating to resuscitation services within the Trust.

### 6.5 Executive Medical Director

The Medical Director has responsibility for the ensuring emergency drugs are available for use and clear guidance for their use is available to clinical staff working on trust inpatient services.

### 6.6 Associate Director of Nursing

The Associate Director of Nursing will:

- Chair the Physical Health Group.
- Report performance around resuscitation practice from the Physical Health Group to Quality & Standards Committee.

### 6.7 Physical Health Care Group

The Physical Health Group is responsible for:

- Ensuring that this policy is based on current RC (UK) guidelines and standards.
- Determining the levels of training required by staff across the Trust.
- Determining the minimum resuscitation equipment, including drugs that should be available in clinical areas.
- Ensuring this policy is reviewed and updated in response to changes in recommended clinical guidelines.
- Ensuring regular audits to monitor compliance with this policy are completed.
- Ensuring that equipment for cardiopulmonary resuscitation is provided at a level appropriate to the expectation of intervention for each specific site and will comply with the recommended minimum equipment recommended by RC (UK).
- Ensure annual audit cycles are completed and action plan designed to enable service improvement.

### 6.8 Doctors - Medical Emergency Drugs

- AWP acknowledges intravenous cannulation and use of medical emergency drugs may be outside the competence and confidence of some doctors working in AWP. There is no expectation for any doctor to act outside their professional scope of competence.
- Any doctor who has undertaken training and considers themselves as being competent in the skill of intravenous cannulation should use the cannulation kit.
- Any doctor who is experienced and considers themselves as being competent in the use of medical emergency drugs should use the emergency drugs.

### 6.9 Service/Team/ Ward Managers

Managers responsible for delivery of care will:

- Ensure staff are aware of the policy and how to access it.
- Ensure their staff are released for appropriate resuscitation training on an annual basis as required by the Training Needs Analysis.
- Ensure resuscitation/medical emergency equipment and emergency drugs within their area conforms to the recommended requirements

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- Ensure that a robust system of checking all resuscitation equipment provided in their area is in place and that these checks are recorded.
- Ensure compliance with incident reporting for every resuscitation/ medical emergency occurring in their area.
- Ensure that post incident support is available to staff following resuscitation incidents.
- Ensure the Trust Resuscitation Officer is informed of the event

### 6.10 All clinical staff

All clinical staff are responsible for ensuring the compliance with this policy, and will:

- Read this policy and be familiar with the associated procedures.
- Access agreed training as required ensuring their competence is current.

### 6.11 Pharmacy Service

- ensure that a robust procedure is in place for identifying expired drugs and intravenous fluids
- ensure a robust process for replacing drugs and fluid modules when used or expired

## 7. Statutory Mandatory Training

The Physical Health Group has agreed the training standard with the Learning and Development team and training standards have been informed by statutory requirements, professional standards and national best practice.

Employees who wish to receive further information about conducting difficult conversations should contact the Trust Resuscitation Officer for guidance.

## 8. In-Situ Simulated Cardiac Arrest (ISSCA)

Simulation in the form of an ISSCA event is an immersive educational strategy that allows the healthcare team to apply their resuscitation training within their real clinical environment. The ISSCA programme will be coordinated by the Trust Resuscitation Officer with the support of the Modern Matron of each respective area. The programme will consist of one ISSCA per hospital site per year (minimum), followed by a written report summarising the event and sent for review by Ward Managers, Modern Matrons, Clinical Leads and Physical Health Group.

## 9. Monitoring or audit

The policy will be reviewed after three years or earlier if indicated. Compliance with the policy will be monitored as follows:

- Quarterly review of statutory-mandatory resuscitation training via Quality & Standards Committee.
- Monthly audit of resuscitation bag checks by the Ward Manager/ Matron for each ward.
- Annual audit of resuscitation bag checks by the Trust Resuscitation Officer.
  - This will be reported via the Physical Health Group.
  - The Physical Health Group will report to Clinical Quality Governance Group on its findings of this review via the physical health work stream.

## 10. References

Department of Health, Health Service Circular, Resuscitation (September 2000).

Resuscitation Council (UK) (May 2017) Quality standards for cardiopulmonary resuscitation practice and training.

Electroconvulsive Therapy Accreditation Service Standards for the administration of ECT (March 2018) Fourteenth Edition.

## 11. Appendices

[Appendix 1 - Guidance for management of resuscitation and medical emergencies](#)

[Appendix 2 - Guidance for the use of medical emergency drugs](#)

[Appendix 3 - Inspection of resuscitation bag procedure](#)

[Appendix 4 - Resuscitation bag content check list](#)

[Appendix 5 - Resuscitation bag daily checklist](#)

[Appendix 5A – Community defibrillator daily checklist](#)

[Appendix 6 - Replenishment and management of resuscitation bag procedure](#)

[Appendix 7 - Post incident reporting recording and review procedure](#)

[Appendix 8 - Post resuscitation incident debrief procedure](#)

[HEARTSTART FRx DEFIBRILLATOR OWNER'S MANUAL](#)

Version History				
Version	Date	Revision description	Editor	Status
1.0	03 Mar 2006	Final	EB/SH	Approved
1.1	13 Mar 2007	Administrative changes approved by the Integrated Governance Committee	EB/SH	Approved
2.0	17 Dec 2008	Approved by Board	MB	Approved
2.1	Dec 2009	CNST administrative changes approved by the Effectiveness committee	EB	Approved
2.2	21 July 2010	Administrative changes re update of Equipment Lists. Approved by the Medical Devices and Physical Health Committee	EB	Approved
2.3	02 Feb 2011	Administrative changes to adhere to CNST	MB	Approved
3.0	4 Dec 2012	Approved by Quality and Safety. Policy review. Changes to training content, recording physical emergency while awaiting ambulance, equipment and related checklists	EB/SH/BS	Approved
4.0	11 August 2014	Separation of policy from procedure. Updated Resuscitation flow charts. Addition re: stocking / accessing replacement equipment to meet CNST requirements. Reviewed by IC, PHC & MD Group.	SH	Final Draft
5.0	19 August 2014	Reviewed and approved by Quality and Standards Committee	SH/EB	Approved
6.0	14 July 2017	Policy extended for three months by Director of Nursing		Approved
7.0	09/11/2017	Policy extended until 31 December 2017 to allow the implementation of new resuscitation grab bags by the Clinical Quality Governance Group		Approved
8.0	20/04/2018	New policy & procedures to supersede current Resuscitation Policy.	JS	Approved
8.1	20/05/2019	Amendment to section 5.13 which includes the text and inclusion of appendix 5A	DP	Approved