

<b>Policy Number</b>	SSCSD009
<b>Policy Name</b>	Resuscitation Incorporating Anaphylaxis And Deteriorating Patient Policy
<b>Policy Type</b>	Divisional
<b>Accountable Director</b>	Exec Director of Nursing
<b>Author</b>	Liverpool Community Health Human Resources
<b>Recommending Committee</b>	South Sefton Community Services Division Transaction Workforce Work Stream
<b>Approving Committee</b>	Executive Committee
<b>Date Originally Approved</b>	25/05/2017
<b>Next Review Date</b>	01/02/2018

This document is a valid document, however due to organisation change some references to organisations, organisational structures and roles have now been superseded. The table below provides a list of the terminology used in this document and what it has been replaced with. When reading this document please take account of the terminology changes on this front cover

Terminology used in this Document	New terminology when reading this Document
Liverpool Community Health (LCH)	Mersey Care NHS Foundation Trust

To be adopted as a South Sefton Community Division policy as no equivalent currently exists

**FOR OFFICE USE ONLY (Work Stream submission check)**

This document is compliant with current best practice guidance

This document is compliant with legislation required in relation to its content

What change has this document undergone in the policy alignment process relating to the South Sefton Transaction?

None  Minor  Major  This is a new document

This document has been reviewed and is no longer required

Does this document impact on any other policy documents?

Yes , if yes, which policies are effected? 32T

No

Signed:

Date: 25/05/2017

**SUPPORTING STATEMENTS** – this document should be read in conjunction with the following statements:

### **SAFEGUARDING IS EVERYBODY'S BUSINESS**

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

### **EQUALITY AND HUMAN RIGHTS**

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FRED A principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

<b>Title</b>	Resuscitation and Deteriorating Patient Policy	
<b>Guideline reference number</b>	2	
<b>Aim and purpose of clinical document</b>	<p>This policy outlines the response required by LCH across the various sites and details the procedures to be followed with regard to:</p> <ul style="list-style-type: none"> <li>• A patient suffering from a cardiac arrest requiring cardio-pulmonary resuscitation.</li> <li>• A patient suffering an anaphylactic reaction</li> <li>• A deteriorating patient located within intermediate care beds</li> </ul>	
<b>Author</b>	Dental Manager	
<b>Type</b>	New document <input type="checkbox"/> Reviewed document <input checked="" type="checkbox"/>	
<b>Review Date</b>	<b>April 2017</b>	
<b>Person/group accountable for review</b>	Clinical Policies Working Sub-Group	
<b>Type of Evidence base used</b>	C: Evidence which includes published and/or unpublished studies and expert opinion (limited scientific evidence)	
<b>Issue date</b> <b>Authorised by Clinical Policies Working Sub-Group</b>	April 2015 21 <sup>st</sup> April 2015	
<b>Impact Assessment Undertaken</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>date when undertaken</i> <i>MM/YYYY</i>  <i>Evidence collated</i>

## Version Control

Version Number:	2
Ratified by:	Clinical Policies Working Sub-Group
Date of Approval: (Original Version)	September 2012
Name of originator/author:	Resus Committee and Steering Group
Approving Body / Committee:	Clinical Policies Working Sub-Group
Date issued:	April 2015
Review date:	April 2017
Target audience:	LCH staff
Name of Lead Director / Managing Director:	Craig Gradden
Changes / Alterations Made To Previous Version:	

## **1 Introduction**

Healthcare organisations have an obligation to provide a high-quality resuscitation service, and to ensure that staff are trained and updated regularly and with appropriate frequency to a level of proficiency appropriate to each individual's expected role (Resuscitation Council 2013).

The ability to identify and appropriately manage the deteriorating patient who is at risk of cardiopulmonary arrest is a fundamental and integral part of high quality healthcare.

In order to provide healthcare within this context Liverpool Community Health NHS Trust (the Trust) has adopted the systematic approach described in this policy document for its resuscitation arrangements.

## **2 Policy Statement (policy objectives)**

The Trust Resuscitation Policy will ensure that:

2.1 a systematic approach to the management of cardiopulmonary resuscitation (CPR) is adopted across the organisation

2.2 appropriate arrangements for governance of the systems adopted are in place

2.3 all people are presumed to be "For CPR" unless a valid DNACPR decision has been made and documented, or an Advance Decision to Refuse Treatment (ADRT) prohibits CPR.

2.4 there are clear standards in place for the monitoring and management of the patient who is at risk of cardiopulmonary arrest, the deteriorating patient is recognised early and there is an effective system to summon help in order to prevent cardiorespiratory arrest.

2.5 cardiopulmonary resuscitation (CPR) is started immediately.

2.6 defibrillation, if appropriate, is attempted within 3 minutes of identifying cardiorespiratory arrest.

2.7 appropriate training is provided for all members of staff

2.8 requirements for equipment to support CPR are clearly defined

2.9 there are arrangements for audit and review of the policy and the systems that it supports

### 3 Purpose

3.1 This policy will define the framework adopted by the Trust to support the policy objectives

3.2 The policy will enable the production of clear CPR guidance for all staff on a locality/service/divisional basis

3.3 The policy will define the requirements to enable staff to deliver care within the context of that guidance

### 4 Scope

4.1 This policy applies to all of the Trust's multidisciplinary healthcare teams involved in patient care

4.2 The CPR standards defined within are applicable to all patients receiving care from the Trust

4.3 The CPR standards defined also apply to others for whom the Trust has a duty of care such as persons accompanying patients, contractors or members of the public on Trust premises and members of staff.

4.4 For the purposes of the policy the term *patient* is used to refer to all persons who are acutely ill requiring management in accordance with the policy (i.e. includes those defined at 4.3).

### 5 Abbreviations and Definitions

**ADRT** Advance Decision to Refuse Treatment: a decision by an individual to refuse a particular treatment in certain circumstances. A valid ADRT is legally binding for healthcare staff.

**CA** Cardiac Arrest: is the sudden cessation of mechanical cardiac activity, confirmed by the absence of a detectable pulse, unresponsiveness, and apnoea or agonal gasping respiration.

**CPR** Cardio Pulmonary Resuscitation: Interventions delivered with the intention of restarting the heart and breathing. These will include chest compressions and ventilations and may include attempted defibrillation and the administration of drugs.

**DNACPR** Do Not Attempt Cardio Pulmonary Resuscitation: refers to not making efforts to restart breathing and/or the heart in cases of respiratory / cardiac arrest. It does not refer to any other interventions/treatment/care such as fluid replacement, feeding, antibiotics etc.

<b>EMS</b>	Emergency Medical Service: e.g. in primary care the emergency ambulance service accessed via a 999 call
<b>MEMS</b>	Medical Emergency Management Systems.
<b>MET</b>	Medical Emergency Team: usually a hospital based team accessed via a specific telephone or other communication system protocol for inpatients; in a primary care setting is sometimes used synonymously with the EMS
<b>NEWS</b>	National Early Warning Score: a 'track-and-trigger system' to efficiently identify and respond to patients who present with or develop acute illness. Used when patients present acutely to hospital. May also be used in certain pre-hospital assessments by primary care and by the ambulance services.
<b>SOP</b>	Standard Operating Procedure (see section 8.1)

## 6 Legislation and Guidance

### Legislation

- Health and Safety at Work Act 1974
- Health and Safety (First Aid) Regulations 1981

### Guidance

#### Resuscitation Council (United Kingdom)

- Resuscitation Guidelines (2010)
- Immediate Life Support (2011)
- The legal status of those who attempt resuscitation (2010)
- Quality standards for cardiopulmonary resuscitation practice and training. Introduction and overview (2013)
- Quality standards for cardiopulmonary resuscitation practice and training. Primary Care; Primary Dental Care (2013).

#### National Institute for Health and Care Excellence

- Acutely ill patients in hospital. Recognition of and response to acute illness in adults in hospital (2007)

#### Royal College of Physicians

- National Early Warning Score (NEWS). Standardising the assessment of acute-illness severity in the NHS (2012)

#### British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing

- Decisions relating to cardiopulmonary resuscitation (2014)

## **7 Roles and Responsibilities**

7.1 Executive responsibility for the implementation of this policy lies with the Medical Director of the Trust.

7.2 The Medical Director will convene a committee functioning within the governance arrangements of the Trust to oversee the implementation of this policy. The committee will be known as the Resuscitation and Mortality Review Group and will report to the Patient Safety Sub Committee.

7.3 Each service will nominate a clinician or other person with suitable experience to act as the lead person for CPR Standards and their implementation within that service. The nominated person shall be responsible to the Medical Director for this aspect of his/her duties.

7.4 Clinicians responsible for the health and well-being of a patient under their professional care have a duty of care to that patient; this extends to and includes the requirement to follow this policy and any service specific procedures arising from it

7.5 Over and above this, the Trust has determined that all members of staff have a responsibility to provide appropriate support for an acutely ill patient commensurate with their knowledge, skills and training.

## **8. Systematic Approach to CPR within the Trust**

### **8.1 Policy and Procedures**

The development of this policy and succeeding procedures will follow a tripartite approach consisting of

- Fundamental principles (FPs) – standards and guidelines endorsed by the organisation traceable to an external authoritative source (see section 6)
- The Resuscitation Policy – this defines the Trust's overarching policy objectives (POs) based upon the FPs as set out in this document
- Resuscitation SOPs – standard operating procedures describing the detailed arrangements on a service specific basis to deliver the POs. SOPs are documents which `MUST BE ADHERED TO` i.e. they detail mandatory requirements.

The structure of the SOPs is defined in appendix one

### **8.2 Resuscitation and Mortality Review Group**

The Resuscitation and Mortality Review Group is responsible for directing and maintaining the implementation of this policy including review and accreditation of Service Specific Resuscitation SOPs. The ToR are set out in appendix two.

### 8.3 Resuscitation and Medical Emergency Management System (MEMS) Categories

Because the Trust provides a wide range of services from multiple locations involving clinical and non-clinical staff members of differing disciplines and degrees of training, there are several recognised systems for the management of medical emergencies in place within the Trust.

The categories set here have been defined to ensure that the Trust meets its professional, ethical and legal responsibilities to provide effective and safe care.

System Category	Description of Emergency Care Provision	Service	Example Service Delivery Location (not exhaustive)
<b>1a<sup>†</sup></b>	Basic Life Support (BLS) + Ventilation with Pocket Mask or BVM*	All domiciliary care services	<ul style="list-style-type: none"> <li>• Patient's home</li> <li>• Care Home</li> </ul>
<b>1b</b>	Level 1a + Emergency drug(s)	All domiciliary care services where clinical risk assessment of activity to be performed indicates need for availability of emergency drug(s)	<ul style="list-style-type: none"> <li>• Patient's home</li> <li>• Care Home</li> <li>• Any site where vaccination and immunisation is carried out</li> </ul>
<b>2a</b>	Level 1a + Automated External Defibrillator (AED)	All outpatient clinical services delivered from Trust premises	<ul style="list-style-type: none"> <li>• Trust Health Care locations not listed in category 2b</li> <li>• X – Ray Departments in York Centre &amp; Garston</li> </ul>
<b>2b</b>	Level 2a + Emergency drug(s)	<p>All outpatient clinical services delivered from Trust premises where clinical risk assessment of activity to be performed indicates need for availability of emergency drug(s)</p> <p>All inpatient clinical services</p>	<ul style="list-style-type: none"> <li>• Options General Practices</li> <li>• ABACUS (Sexual Health)</li> <li>• Walk In Centres</li> <li>• Children's Centres</li> <li>• Trust Dental Clinics</li> <li>• Trust Treatment Rooms</li> <li>• HMP Units</li> <li>• Intermediate Care Unit</li> </ul>

\* depending upon training and equipment availability

<sup>†</sup> Level 1a represents the interim minimal standard required for all outpatient clinical services delivered from Trust premises until the standard for level 2a is achieved.

The MEMS category should be used to inform the following aspects of an individual service's SOP

- Applicable Resuscitation Council and other professional guidelines
- Training requirements
- Resuscitation Equipment
- Availability of Emergency Drugs

## **9 Process**

Details of service specific arrangements for the following sections are contained in the relevant SOP.

9.1 Effective management of a medical emergency should include the following key stages

- Early recognition (of cardiorespiratory arrest or deterioration)
- Early call for help, and where necessary activation of a medical emergency team or EMS
- Supporting the patient (resuscitation)
- identifying the cause of the problem and where possible reversing it (e.g. an obstructed airway)

### **Monitoring the deteriorating patient**

9.2 All patients showing signs of deterioration must be monitored using the A B C D E approach as a minimum.

- Airway
- Breathing
- Circulation
- Disability
- Exposure

Adult patients in receipt of an episode of continuing care or are subject to a period of clinical monitoring should be assessed using the National Early Warning System (NEWS) or equivalent as defined in the local SOP if they become, or are at risk of becoming, acutely ill; e.g. bed-based care.

The Paediatric Early Warning System (PEWS) can be used for children in similar circumstances.

Inpatient facilities must also have systems in place to ensure that clinical staff are able to recognise and respond to acutely ill patients in accordance with NICE Clinical Guideline 50.

### **Summoning help**

9.3 All staff members should recognise the importance of summoning help at an early stage where appropriate

9.4 This should be from a colleague in all cases of deterioration of a patient, and where necessary from a Medical Emergency Team (MET)/EMS.

9.5 MET calling criteria provide a useful guide for clinical staff (see appendix three); however all staff should be clear as to the importance of summoning expert help at an early stage when managing an acutely ill patient.

9.6 Staff using NEWS/PEWS should be guided by the *Clinical Response to NEWS/PEWS Triggers* (appendix four).

9.7 Staff members must be clear about how to summon help in their particular setting. This may be via the *999 Emergency Medical Service* (EMS) or by a hospital based MET.

**These details must be recorded in the service specific SOP**

## **Managing the Collapsed Patient and other Medical Emergencies.**

9.8 In the event of an unexpected cardiac arrest or other medical emergency every attempt to support or resuscitate the patient must be carried out.

The only exceptions to this are where

- a valid and applicable DNACPR decision or an ADRT is in place and made known to the clinician delivering care
- Attempting CPR is clearly inappropriate; for example a patient in the final stages of a terminal illness where death is imminent and unavoidable and CPR would not be successful.

❖ Further information regarding DNACPR decisions and ADRTs is contained in the Trust Policy on Resuscitation decisions

9.9 In the event that a patient or other person collapses, the most appropriately qualified clinician present is responsible for directing the management of the medical emergency.

9.10 Resuscitation attempts including the management of anaphylaxis will be carried out in accordance with the relevant section(s) of the current United Kingdom Resuscitation Council Guidelines and any other related standards<sup>†</sup> applicable to the service taking in to account

- The level of training and expected competency of the staff member(s) supporting the patient
- The availability of emergency equipment

(<sup>†</sup>NB Other related standards include: Resuscitation Council (UK) Quality standards for cardiopulmonary resuscitation practice and training in Primary care, Community care, Primary dental care; Regulatory body guidance: GMC, GDC, NMC, HCPC)

## **Transfer and Paramedic Handover**

9.11 Services must determine how patients are transferred to the MET/secondary care. This should include

- Mode of transfer
- Information handover
- Record transfer

**These details must be recorded in the service specific SOP**

## **10. Equipment and Drugs for Cardiopulmonary Resuscitation**

10.1 Equipment and Drugs for Cardiopulmonary Resuscitation must be available in accordance with the relevant service Medical Emergency System Management Category (see section 8.3 above)

### **Equipment**

10.2 All Trust staff members must have immediate access to a pocket mask when providing clinical care at any point of delivery including that provided on a domiciliary basis.

10.3 In addition, all Trust staff members delivering care from Trust maintained premises must have access to an AED

### **Emergency Drugs**

10.4 Services administering drugs (including local anaesthetics), medicines or vaccines must have available a suitable source of adrenaline for the management of an anaphylactic reaction.

The presentation must be appropriate for the service taking in to account the competency of the particular clinical team; the availability and presentation should be defined in the individual service SOP

10.5 Any additional equipment and/or emergency drugs required by services based upon specific professional standards or documented risk assessment must be defined in the individual service SOPs.

A list of equipment and drugs is contained in appendix five

### **Emergency Oxygen**

10.6 Where available oxygen should be provided in accordance with UK Resuscitation Council Guidelines.

**NB provision of oxygen is secondary to BLS + early defibrillation**

## Medical Emergency Signage

10.7 Services must ensure that the following advisory signs are displayed at appropriate locations

- MET/EMS Activation Notice Containing the following details
  - Telephone number to activate MET/EMS
  - Location
- Emergency Equipment Location Notice
- AED Location Sign
- Oxygen Warning Sign (if appropriate)

Examples of Approved Signage are contained in appendix six

## Medical Emergency Equipment Governance

10.8 The Trust Medical Devices & Equipment Safety Group is responsible for monitoring equipment for use in a medical emergency as set out in this table:

Requirement to be monitored	Process for monitoring	Responsible Party	Frequency of monitoring	Reporting, Action taken, monitored by
How the organisation documents that resuscitation equipment has been risk assessed for competency levels and is included on an asset inventory list, with history of maintenance and repair, stocked appropriately and fit for use	Audit of equipment check reports from itemised asset inventory lists	Medical Devices & Equipment Safety Group	Yearly	Medical Devices & Equipment Safety Group

### Responsibility for checking and maintenance of medical emergency equipment.

10.9 The responsibility for checking and maintenance of medical emergency equipment will vary depending upon whether the equipment is deployed

- To individuals
- By site, or
- By service

For example

Deployment	Responsibility	Example
To individuals	Individual	Pocket mask issued to DN
By service	Nominated Person	Dental Emergency Drugs

	(Service)	Box
<b>By site</b>	Nominated Person (Site)	TRUST premises AED

Where the responsibility for checking the equipment lies with an individual or the service, this should be documented in the service specific SOP

Where the responsibility lies with a Nominated Person (Site) this should be confirmed by the Resuscitation and Mortality Review Group and the Medical Devices & Equipment Safety Group

10.10 The Resuscitation and Mortality Review Group must liaise with the Medical Devices & Equipment Safety Group to facilitate these processes.

## **11. Staff Support, Debrief, Record, Report, and Review of Medical Emergencies**

11.1 In the event of cardiorespiratory arrest, anaphylaxis or other serious medical emergency the Medical Director, Executive Nurse or deputy must be informed at the earliest opportunity.

### **Support and Debrief**

11.2 Managing a medical emergency can be a stressful event for the team concerned. Once the patient has been stabilised following a critical event the team leader should make contact with a senior clinician within the service to support the team involved in the resuscitation attempt and facilitate debriefing and completion of relevant clinical and other records.

11.3 Debriefing of the team should be conducted to allow them to express any concerns and to allow the team to reflect on their clinical practice in a supportive environment.

### **Records**

11.4 Recording the occurrence and management of a medical emergency should be carried out using the Medical Emergency Record Proforma (ME.PROF) contained in appendix seven or as appropriate in the patients notes.

The Proforma supports the legal and professional requirements for recording the details of the medical emergency and its management.

### **Report**

11.5 The incident must also be reported on the Trust Datix incident reporting system.

11.6 Patient safety incidents (any unintended or unexpected incident which could have led or did lead to harm for one or more patients receiving NHS-funded healthcare) should be reported also to the National Reporting Learning System.

## **Review**

11.7 The nominated person is responsible for reviewing any medical emergencies that may occur to ensure that any opportunities for improvement are identified (lessons learnt). The completed Medical Emergency Record Proforma (ME.PROF) or patient documentation will be used as the basis for this review.

When appropriate, a root cause analysis should be undertaken and an action plan developed. The nominated person will review the ME Proforma and use this to prepare a summary report for the Resuscitation and Mortality Review Group.

## **Lessons Learnt**

11.8 Based upon the nominated person report and the outcome(s) of any investigation/analysis the Resuscitation and Mortality Review Group will

- Confirm the identification of any opportunities for improvement (OFI)
- Provide recommendations for addressing the OFIs in the form of an action plan. These may include (but are not limited to) changes to
  - Procedures including this Policy or relevant SOP
  - Equipment
  - Staff training
  - Documentation
- Monitor and confirm timely and effective implementation of the action plan

## 12. Training

12.1 All staff members should have training and at least annual updates to ensure that, when cardiorespiratory arrest occurs, they can:

- recognise cardiorespiratory arrest;
- summon help and know how to do this;
- start CPR;
- attempt defibrillation (if appropriate) with an automated external defibrillator (AED) with the minimum of delay, whenever possible within 3 minutes of collapse.

12.2 The only exception to this minimum standard is for non-clinical staff without direct patient contact where a documented risk assessment has identified that immediate alternative arrangements are in place to obtain rapid support from a clinical staff member or trained first aider (e.g. in a corporate/office setting). In this case training can be limited to instruction in how to access the support and summon help.

12.3 Training should be modified to suit the target audience. For example, while all staff must be trained to recognise cardiorespiratory arrest, the application of the ABCDE principle must be at an appropriate level; similarly the rationale behind CPR and defibrillation should be suitably adapted.

12.4 Training must be provided in the use of

- a pocket mask
- AED
- Any additional equipment required on a service specific basis
- emergency drug(s) for services in MEMS categories **1b** and **2b**

12.5 Staff members carrying out immunisations or administering drugs (including local anaesthetics) must be trained in the management of anaphylaxis in accordance with current Resuscitation Council (UK) guidelines.

12.6 Training must be provided in

- transfer and paramedic handover
- record keeping
- incident reporting
- debrief and review

12.7 Additional training will be determined on an individual service basis and defined in the service specific SOPs. Services requiring additional training include

- primary care dental (in accordance with GDC requirements)

- services using NEWS/PEWS
- 

## **13. Audit and Quality Assurance**

13.1 Audit of the CPR system and its effectiveness is the responsibility of the Resuscitation and Mortality Review Group. In particular the group will carry out the following functions.

### **Policies and Procedures**

13.2 Ensure that evidence of effective implementation of the relevant policies, SOPs, protocols and guidelines is available through a programme of review and audit

### **Equipment**

13.3 Ensure that appropriate resuscitation equipment for clinical use is available and maintained through a programme of review and audit

### **Quality Assurance**

13.4 Ensure that all resuscitation attempts and incidents involving the management of medical emergencies are reviewed to assess outcomes and identify lessons learnt.

13.5 Ensure that all lessons learnt are disseminated across the organisation and that identified actions arising are implemented

### **Risk Management.**

13.6 Ensure all risk management concerns re resuscitation systems and attempts are properly considered and communicated to the Board.

13.7 Ensure that a Resuscitation Risk Register (RRR) is maintained and managed and incorporated appropriately in to the organisational strategic Risk Register.

## 14. References

British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing (2014) *Decisions relating to cardiopulmonary resuscitation*. RC

(UK) <https://www.resus.org.uk/pages/dnacpr.htm>

[Accessed 27-11-2014].

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Resuscitation Council UK (2011) *Immediate Life Support* 3rd Ed. RC UK ISBN 978-1-903812-23-5.

Resuscitation Council UK (2013) *Quality standards for cardiopulmonary resuscitation practice and training. Introduction and overview* [http://www.resus.org.uk/pages/QSCPR\\_Intro.htm](http://www.resus.org.uk/pages/QSCPR_Intro.htm)

[Accessed 27-11-2014].

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Royal College of Physicians (2012) *National Early Warning Score (NEWS). Standardising the assessment of acute-illness severity in the NHS*. London: Royal College of

Physicians <https://www.rcplondon.ac.uk/resources/national-early-warning-score-news>

[Accessed 27-11-2014].

# 15. Appendices

## Appendix One

### Structure of SOP

#### 1 Background

This SOP has been written to support the application of the following guidance...

#### 2 Responsibilities

- Nominated Person

#### 3 Procedure

##### 3.1 Medical Risk Assessment

- ❖ ABCDE
- ❖ NEWs

##### 3.2 Managing Medical Emergencies in the ? Setting

- ❖ Applicable standards
- ❖ Who
- ❖ What
- ❖ Where
- ❖ How
- ❖ MET/999 EMS
- ❖ Transfer to hospital/Paramedic Handover

##### 3.3 Equipment and drugs for Resuscitation and Medical Emergencies

- ❖ Personnel Authorised to use listed Emergency Equipment and Drugs.
- ❖ Checking Emergency Equipment and Drugs.
- ❖ Emergency Equipment Operating Instructions and Manuals
- ❖ Emergency Equipment Inventory, Calibration and Maintenance

##### 3.4 Documentation

- ❖ Medical Emergency Management Drug Protocol and Paramedic Handover.
- ❖ Medical Emergency Record Proforma (ME.PROF)
- ❖ Display of Resuscitation Notices

##### 3.5 Training for staff in the Management of Medical Emergencies

##### 3.6 Staff Support, Debrief, Record and Review of Medical Emergencies

#### 4 References

#### 5 Related Procedures

#### 6 Appendices

#### 7 Audit

## Appendix Two

### Resuscitation and Mortality Group

#### Terms of Reference

1	<b>Entity Name Type</b>	Resuscitation and Mortality Group.  Reporting into the Patient Safety Sub Committee.
2	<b>Purpose</b>	<p>The Resuscitation and Mortality Group will advise the Trust on all aspects of resuscitation. The Group will also be responsible for setting standards for practice and training, risk management and quality assurance in relation to resuscitation and medical emergency management.</p> <p>The Resuscitation Council (UK) standards will form the foundation of the Steering Sub Group's decision making process.</p> <p>The Group will oversee the Mortality Governance arrangements for the Trust, and report their findings to the Patient Safety Sub-Committee.</p>
3	<b>Duties and Powers of the Group, including duty to adhere to the Nolan Principles</b>	<p>All members are required to adhere to the seven principles of public life:</p> <ul style="list-style-type: none"> <li>• Selflessness</li> <li>• Integrity</li> <li>• Objectivity</li> <li>• Accountability</li> <li>• Openness</li> <li>• Honesty</li> <li>• Leadership</li> </ul>
4	<b>Role of the Group</b>	<p>The duties of the Group shall be to:</p> <ul style="list-style-type: none"> <li>• Carry out surveillance and maintain a knowledge base of contemporary national guidelines and standards in resuscitation and medical emergency management as they pertain to the activities of the Trust.</li> <li>• Make recommendations to the Patient Safety Sub Committee to ensure the Trust is adhering to relevant national guidelines and standards on resuscitation and medical emergency management and to inform the Trust on significant issues arising from this.</li> <li>• Be the responsible body to manage, implement and consider the Trust's response to national and local audits of standards for resuscitation and medical emergency management and actions required from these.</li> <li>• Ensure that lessons learnt in relation to resuscitation and medical</li> </ul>

		<p>emergency management are disseminated across the Trust.</p> <ul style="list-style-type: none"> <li>• Identify and recommend to the Patient Safety Sub Committee the level of financial and other resources to ensure the provision of adequate services for resuscitation and the management of medical emergencies in a primary care setting.</li> <li>• Monitor trends in overall mortality</li> <li>• Oversee mortality governance for the Trust</li> <li>• Monitor quality of EoL care provided in those who have an “expected” death</li> </ul>
5	<b>Chair</b>	<p>The Group will have a Chair and Deputy Chair, each of whom must be a senior clinician with an active and credible involvement in resuscitation policy development and training.</p> <p><b>Chair</b> – Craig Gradden, Medical Director  <b>Vice Chair</b> – Richard Moore</p>
6	<b>Membership, including nominated deputies where appropriate</b>	<p>Group members should have an active interest in resuscitation policy development and training.</p> <p>The membership of the Group shall be:-</p> <ul style="list-style-type: none"> <li>• Chair and Deputy (senior clinicians) The Chair and Deputy may also act as one of the representatives of the Trust Divisions set out below depending upon the Division within which he or she is based.</li> <li>• A clinical representative from each of the divisions or localities of LCH at least one person must attend (and is then required to link with the representatives from the other divisions/localities), but representation from each division/locality is encouraged</li> <li>• One representative from Corporate Services able to provide a link to the clinical governance, risk management and lessons learnt functions within LCH.</li> <li>• One representative of the Learning and Development Bureau.</li> <li>• Representative from the End of Life Team.</li> <li>• Chair may invite for a fixed period of time co-opted members with particular expertise to support specific projects for a defined period or task</li> <li>• Ex officio member. A representative of any external agency providing resuscitation support services to the Trust shall be invited to attend meetings in an advisory capacity e.g. Resuscitation Training Officer (RTO) of a training organisation or partner Trust.</li> </ul>
7	<b>Rules of Membership / Individual’s role &amp; responsibilities</b>	<p>Members to nominate a deputy to attend in their absence to ensure continuity and momentum</p>

8	<b>Quorum / Attendance expectations</b>	<p>A quorum shall consist of three members as follows:-</p> <ul style="list-style-type: none"> <li>• Chair or Deputy Chair.</li> <li>• A second medical or dental representative.</li> <li>• A nursing representative.</li> </ul> <p>All members are expected to attend in person or send an authorised deputy to act in their absence.</p>
9	<b>Frequency &amp; Timing</b>	<p>Meetings will be held on a monthly basis.</p> <p>Additional meetings will be convened by the Chair when there is appropriate business to transact.</p>
10	<b>Reporting Arrangements, both to and from the Group</b>	<p>Minutes of the proceedings of the Group must be formally recorded and kept as a permanent record. The minutes of the previous meeting will be validated by Group members.</p> <p>Following each meeting, the minutes must be submitted to the Patient Safety Sub Committee along with a Key Points Report.</p> <p>In addition, an executive summary will be prepared for the Medical Director consisting of the following:-</p> <ul style="list-style-type: none"> <li>• Annual Group report by end of March each year</li> <li>• Annual work plan forthcoming year by end of April</li> <li>• Interim report on work plan by end of September annually</li> <li>• Reviewed terms of reference by end of April annually</li> </ul>
11	<b>Ownership of objectives as well as Key Performance Indicators (KPIs ) associated with the meeting</b>	<p>An action log will be produced following each meeting, with identified leads and deadlines. These will be reviewed and reported on at the beginning of each meeting.</p>
12	<b>Recording &amp; storage arrangements</b>	<p>Agenda: Dr Craig Gradden Secretarial: Jan McShane</p> <p>Notice of each of the meetings confirming the venue, time and date, together with the agenda and supporting papers, shall be forwarded in advance of the meeting to each of the members.</p> <p>The secretary shall circulate the minutes of the meeting promptly to all the members of the Group. The minutes and papers of the Group are stored within the relevant folder on the L drive.</p>
13	<b>Groups</b>	<p>The Resuscitation and Mortality Group shall be responsible for ensuring</p>

	<p><b>effectiveness, objectives and monitoring arrangements</b></p>	<p>the timely and effective delivery of the following:-</p> <ul style="list-style-type: none"> <li>• <b>Policy</b> – the resuscitation and any other associated policies as may be deemed necessary in response to national or local guidance are developed, reviewed, maintained and appropriately disseminated.</li> <li>• <b>Audit</b> – that evidence of effective implementation of the relevant policies, protocols and guidelines is available through a programme of review and audit. Review of mortality, and the quality of EoL care.</li> <li>• <b>Equipment</b> – that appropriate resuscitation equipment for clinical use is available and maintained.</li> <li>• <b>Quality Assurance</b> – that all resuscitation attempts and incidents involving the management of medical emergencies are reviewed to assess outcomes and identify lessons learnt.</li> </ul> <p>That all lessons learnt are disseminated across the organisation and that identified actions arising are implemented.</p> <ul style="list-style-type: none"> <li>• <b>Risk Management</b> – that all risk management concerns regarding resuscitation systems and attempts are properly considered and communicated to the Board.</li> </ul> <p>That a Resuscitation Risk Register (RRR) is maintained and managed and incorporated appropriately in to the organisational strategic risk register.</p> <ul style="list-style-type: none"> <li>• <b>Training</b> – that adequate provision of training in resuscitation and the management of medical emergencies is planned and available and to monitor uptake of that training.</li> <li>• <b>Resources</b> – that adequate funding and resources are available for training and equipment provision related to resuscitation and the management of medical emergencies.</li> </ul>
<p>14</p>	<p><b>Review of Terms of Reference</b></p>	<p>The terms of reference will be reviewed annually to ensure that they remain fit for purpose and that the group is best facilitated to discharge its duties.</p> <p>Date of next review: March 2016</p>

## Appendix Three MET/EMS Calling Criteria

Threatened	
<b>Airway</b>	Threatened
<b>Breathing</b>	All respiratory arrests Respiratory rate < 5 min <sup>-1</sup> Respiratory rate > 36 min <sup>-1</sup>
<b>Circulation</b>	All cardiac arrests Pulse rate < 40 min <sup>-1</sup> Pulse rate > 140 min <sup>-1</sup> Systolic blood pressure < 90 mmHg
<b>Disability</b>	Sudden decrease in level of consciousness Decrease in GCS > 2 points Repeated or prolonged seizures
<b>Other</b>	Any other concerns

## Appendix Four National Early Warning Score (NEWS)



national-early-warnin  
g-score-with-explana



news-thresholds-and  
-triggers-with-explan



outline-clinical-respo  
nse-to-news-triggers

## Appendix Five Equipment and Drugs for Cardiopulmonary Resuscitation Minimum Standard

System Category	Equipment	Emergency Drugs
<b>1a<sup>†</sup></b>	Pocket Mask	
<b>1b</b>	Pocket Mask	Adrenaline 1:1000 IM
<b>2a</b>	Pocket Mask + Automated External Defibrillator (AED)	
<b>2b</b>	Pocket Mask + Automated External Defibrillator (AED)	Adrenaline 1:1000 IM

### Additional Equipment Determined in accordance with Service Specific Standards/Risk Assessment

#### Defined in Service Specific SOP

##### Airway Management and Oxygen therapy

- oxygen therapy non rebreathing mask
- nebuliser (adult)
- nebuliser (paediatric)
- bvm (ambu bag) + reservoir
- airways, oropharyngeal; 2, 3, 4
- portable suction

##### Monitoring

- BP monitor (automatic)
- Automated blood glucose measurement device
- Pulse Oximeter (if oxygen available)

**Additional Drugs Determined in accordance with Service Specific Standards/Risk Assessment**

**Defined in Service Specific SOP**

- Oxygen
- 1/1000 Adrenaline (Epinephrine) - Pre-filled Syringe (1 mg / ml) x 3
- Adrenaline Auto-Injector Junior 150 micrograms x 1
- Salbutamol inhaler 100 micrograms
- Salbutamol Nebules (5 mg / 2.5 ml) x 5
- Salbutamol Nebules (2.5 mg / 2.5 ml) x 5
- NaCl BP (2 ml, 0.9%) x 5
- Glyceryl trinitrate spray
- aspirin dispersible 300 mg
- glucagon kit 1 mg
- glucogel
- EPISTATUS® midazolam buccal liquid, 10 mg/mL

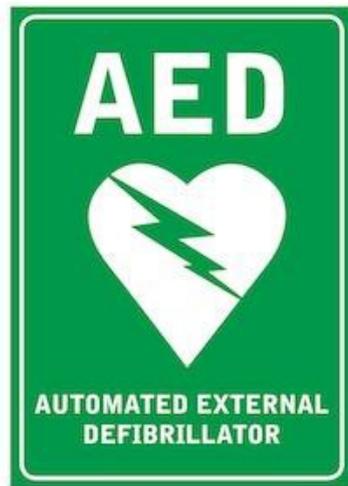


## Emergency Equipment Notice (EMER 2)

EMERGENCY EQUIPMENT NOTICE	
<b>EQUIPMENT LOCATION</b>	
AED	_____
EMERGENCY DRUG BOX	_____
OXYGEN CYLINDER	_____
AMBU BAG/PACK	_____
POCKET MASK	_____
SUCTION UNIT	_____
BP MONITOR	_____
EYEWASH	_____
FIRST AID KIT	_____
MERCURY SPILLAGE KIT	_____
INCIDENT/EVENT BOOK	_____
Issued By:	Quality Manager
Approved By:	RS Moore
Date:	May 2012

ISSUE C                      EMER 2                      5/12

## AED Location Notice





# Appendix Seven Medical Emergency Record Proforma

This proforma should be completed for all medical emergencies where patent documentation is not currently held or appropriate to record details of the emergency. The form should be completed as soon as reasonably possible following the emergency. If appropriate, a copy of pages 1- 5 can be presented to the Paramedic team/A&E. NB In addition to this form, a Trust Incident form must be completed. Where appropriate the Medical Director or deputy must be informed of the incident ASAP.

**A Patient Details**  
Name:  
D.O.B: / /  
Address:  
Postcode:

### Medical Emergency Record, Management:

**B**  
999 call time/NA:  
Paramedic handover time/NA:  
**Oropharyngeal Airway** used: Y  N   
**Oxygen** required: Y  N  \*Complete Drug Section below  
**Ventilation** required: Y  N   
If yes tick equipment used  
Pocket mask ; Bag Valve Mask (Ambu Bag) ; Both   
**AED** attached: Y  N   
If yes record time attached and activated:

**C \* Drugs**  
If used record drug, batch no, dose, route (I.M./S.C.), site, time  
For oxygen record delivery system (e.g. mask used), flow rate, time

**Medical Emergency Record, Management:**

**Detailed Description of the Management of the Emergency**

continue on separate sheet if required\*

\*Additional record sheets used?: None  / Record number used:

## Medical Emergency Record, Assessment:

### **E** Symptoms

Describe any presenting symptoms as fully as possible

### **F** Signs

Describe observations as fully as possible

**Airway**

**Breathing**

**Circulation**

- BP

**Disability**

- Consciousness level

### **G** Other signs

**Exposure**

**Medical Emergency Record, Additional Information:**

**H Past Relevant Medical History including**

- Known allergies
- drug/medication record
- do not include drugs used as part of the emergency – see section above

**I Time of Last Oral Intake**

If known; if the patient was starved record from when

**J Events Prior To the Incident**

Relevant information

**K Details of any persons accompanying patient**

Name & relationship to patient:

Address:

Tel No:

Next of Kin:

If known

**Medical Emergency Record, Clinical Team Information:**

**L Team Members Present**

Print name and designation

**M Medical Emergency Record Completed By:**

Print Name:

Designation:

Signed:

Date:

**N Incident Reporting (for Trust Staff use only)**

LCH Incident Form Completed (Datix/IR1):

Y  N

Datix/IR1 Reference No:

Reported to Senior Manager:

Y  N

If yes, reported to Name:

Designation:

Date Reported: / /