

COVID-19 DOCUMENT CHANGE FORM



In light of the COVID-19 outbreak it has been necessary to make temporary changes to this Policy Document. Therefore when reading the policy document please take account of the changes highlighted in Part B and C of this form.

PART A – INFORMATION ABOUT THIS POLICY DOCUMENT

Policy Name	SD07 Resuscitation Policy				Reference No	SD07
Executive Lead <i>(Trust-wide policies)</i>	Executive Director of Nursing and Operations					
Chief Operational Officer <i>(Clinical Division policies)</i>						
Policy Document <i>(Tick only one)</i>	Trust-wide (Board approved)	<input type="checkbox"/>	Trust-wide (Executive Director approved)	<input checked="" type="checkbox"/>	Secure & Specialist Learning Disabilities Division	<input type="checkbox"/>
	Community Division	<input type="checkbox"/>	Local Division	<input type="checkbox"/>		
Type of Policy <i>(Tick only one)</i>	Clinical Policy		<input checked="" type="checkbox"/>	Non-clinical Policy		<input type="checkbox"/>
Clinical Policy Only <i>(Tick only one)</i>	Minor Change <i>(Not referred to the Clinical Cell)</i>		<input checked="" type="checkbox"/>	Major Change <i>(Referred to Clinical Cell, then to SCG for approval)</i>		<input type="checkbox"/>
Approving Body <i>(Tick only one)</i>	Board of Directors	<input type="checkbox"/>	COVID-19 Strategic Coordination Group	<input checked="" type="checkbox"/>	Community Division Tactical Coordination Group	<input type="checkbox"/>
	Corporate Division Tactical Coordination Group	<input type="checkbox"/>	Local Division Tactical Coordination Group	<input type="checkbox"/>	Secure & Specialist LD Division Tactical Coordination Group	<input type="checkbox"/>

PART B – CHANGES TO THE POLICY DOCUMENT

Section / Paragraph No	Outline of the information that has been amended in this policy document
6.2	Change to practice for CPR – see attached for process
6.3	Change in practice to include PPE – see attached for process

PART C – RATIONALE FOR CHANGES

Please explain why this document needs to be amended during the COVID-19 outbreak
Temporary changes have been made to this policy to reflect changes in the Resuscitation Council UK guidance regarding COVID19.

PART D – APPROVAL (for completion by officer loading policy document onto intranet / website)

Date Referred to the Clinical Cell <i>(Clinical Policies only)</i>	
Date Referred by the Clinical Cell to the SCG <i>(Clinical Policies only)</i>	
Date Approved by the Approving Body	1 May 2020
Date Circulated to Relevant Staff	4 May 2020
Date Published on the Divisional Intranet / Trust Website	4 May 2020

Note – the Approving Body to send this form to the appropriate divisional officer (for divisional policies) or the Corporate Governance Team (for trust-wide policies) who will be responsible for adding this form to the front of the existing policy and then uploading these onto the intranet / trust website.

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COMMUNITY AND INPATIENT ADULT CPR

Due the heightened awareness of the possibility that the patient may have COVID-19, Resuscitation Council UK offers the following advice:

CPR (with use of AED)

1. **First responder must have at least PPE (Level 2).**

Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing.

Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth.

If competent, check for pulse.

If you are in any doubt, assume patient is in a cardiac arrest.

Do not do mouth-to-mouth or pocket mask ventilation.

2. **Dial 999 (If patient suspected or confirmed state COVID-19)**

3. **Instruct team to don AGP PPE (Level 3) before entering the room.**

4. **First responder to apply AED to patient's chest.**

If shockable rhythm identified – **Deliver shock.**

5. **DO NOT START CHEST COMPRESSIONS**

Place a cloth/towel/face shield/pocket mask over the patient's mouth.

If the patient is already receiving supplemental oxygen therapy using a face mask, leave the mask on the patient's face as this may limit aerosol spread during chest compressions.

Once team member has donned AGP PPE (Level 3) and enters the room.

First Responder must leave the room before chest compressions start.

6. **Start continuous chest compressions for 2 minutes** (as per AED instructions). Place hands together in the middle of the chest and push hard (1/3rd depth) and fast (100-120 compressions a minute). Ensure chest recoils between each compression.

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Notes:

All resuscitation team members must have AGP PPE (Level 3) before entering the room/area. Restrict the number of staff in the room (if a single room).

Allocate the First Responder to be Gatekeeper outside the room.

Dispose of, or clean, all equipment used during CPR following the manufacturer's recommendations and local guidelines. Any work surfaces used for airway/resuscitation equipment will also need to be cleaned according to local guidelines.

Remove PPE safely to avoid self-contamination and dispose of clinical waste bags as per local guidelines. Hand hygiene has an important role in decreasing transmission.

Thoroughly wash hands with soap and water; alternatively, alcohol hand rub is also effective.

CPR (no AED)

1. **First responder must have at least PPE (Level 2) donned.**

Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing.

Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth.

If competent, check for pulse.

If you are in any doubt, assume patient is in a cardiac arrest.

Do not do mouth-to-mouth or pocket mask ventilation.

2. **Dial 999 (if patient is suspected or diagnosed state COVID-19)**

Instruct team to don PPE (Level 3) before entering the room to commence chest compressions.

If you are lone working, been trained and has available then don PPE Level 3.

Place a cloth/towel/face shield/pocket mask over the patient's mouth.

OR

If the patient is already receiving supplemental oxygen therapy using a face mask, leave the mask on the patient's face as this may limit aerosol spread during chest compressions.

When donned AGP PPE (Level 3) and enter the room.

If a First Responder is present they must leave the room before chest compressions start.

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3. **Start continuous chest compressions.** Place hands together in the middle of the chest and push hard (1/3rd depth) and fast (100-120 compressions a minute). Ensure chest recoils between each compression.

Notes:

All resuscitation members must have AGP PPE (Level 3) before entering the room/area.

Restrict the number of staff in the room (if a single room).

Allocate the First Responder to be Gatekeeper outside the room.

Dispose of, or clean, all equipment used during CPR following the manufacturer's recommendations and local guidelines.

Any work surfaces used for airway/resuscitation equipment will also need to be cleaned according to local guidelines.

Remove PPE safely to avoid self-contamination and dispose of clinical waste bags as per local guidelines.

Hand hygiene has an important role in decreasing transmission. Thoroughly wash hands with soap and water; alternatively, alcohol hand rub is also effective.

PAEDIATRIC CPR

WALK IN CENTRES / SPECIAL SCHOOLS / DENTAL

1. **First responder must have at least PPE (Level 2).**

Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing.

Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth.

If competent, check for pulse. If you are in any doubt, assume patient is in a cardiac arrest.

2. **Dial 999 (if suspected or diagnosed state COVID-19).**

Instruct team to don AGP PPE (Level 3) before entering the room.

3. **Give 5 initial rescue breaths via Bag-Valve-Mask (2 person technique).**

Connect oxygen to Bag-Valve-Mask at 12-15 litres/min.

4. **Commence chest compressions at ratio of 15 compressions to 2 breaths (via BVM).**

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Place one or two hands in the middle of the chest and push hard (depth 1/3rd of chest).

Rate 100-120 compressions a minute.

Ensure chest recoils between each compression.

5. **Apply AED to child's chest.**

Use AED Paediatric Key for under 8 year olds only.

If shockable rhythm identified – **Deliver shock and immediately resume CPR for 2 minutes.**

If no shockable rhythm identified – **Immediately resume CPR for 2 minutes.**

6. **Do not do mouth-to-mouth or pocket mask ventilation.**

Use Oral or Naso pharyngeal airway.

Airway interventions insertion must only be carried out ILS providers. Individuals should use only the airway skills for which they have received training.

Identify and treat any reversible causes (4 H's and 4 T's - e.g. severe hypoxaemia).

Discussion should be maintained throughout the resuscitation event and early planning of the post resuscitation phase undertaken.

Notes:

All resuscitation members must have AGP PPE (Level 3) before entering the room/area.

Restrict the number of staff in the room (if a single room).

Allocate the First Responder to be Gatekeeper outside the room.

Dispose of, or clean, all equipment used during CPR following the manufacturer's recommendations and local guidelines. Any work surfaces used for airway/resuscitation equipment will also need to be cleaned according to local guidelines. Specifically, ensure equipment used in airway interventions (e.g. laryngoscopes, face masks) is not left lying on the patient's pillow, but is instead placed in a tray.

Do not leave the Yankauer sucker placed under the patient's pillow; instead, put the contaminated end of the Yankauer inside a disposable glove.

Remove PPE safely to avoid self-contamination and dispose of clinical waste bags as per local guidelines.

Hand hygiene has an important role in decreasing transmission. Thoroughly wash hands with soap and water; alternatively, alcohol hand rub is also effective.

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During CPR

Give 5 initial rescue breaths via Bag-Valve-Mask (2 person technique).
 Give oxygen via Bag-Valve-Mask (12-15 litres/min)
 Ensure high quality chest compressions at a rate of 100-120 compressions/min, depth 1/3rd and ratio at 15 compressions : 2 breaths.
 Minimise interruptions to chest compressions
If PILS trained – Airway Adjuncts
Use oro/nasal pharyngeal to maintain airway
I-Gel not recommended
Correct reversible causes

Recommended PPE

Level 2 PPE
 Disposable gloves
 Disposable apron
 Fluid resistant surgical mask
 Disposable eye protection

Level 3 PPE (Chest compressions and Airway Procedures)
 Disposable gloves
 Disposable gown
 Filtering face piece (FFP3) respirator
 Disposable eye protection

Anyone donning level 2 PPE must leave the room before chest compressions start

COVID-19 DOCUMENT CHANGE FORM**PAEDIATRIC CPR
ADVICE FOR STAFF WORKING IN THE COMMUNITY**

In the event of a paediatric cardiac arrest in an out-of-hospital setting the importance of calling an ambulance and taking immediate action cannot be stressed highly enough.

If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur.

Therefore in this event occurring in a community setting health care workers are to:

- Call for an ambulance.
- Instruct parent/carer to deliver rescue breaths and chest compressions while maintaining a safe distance.

TRUST-WIDE POLICY DOCUMENT

Resuscitation Policy

Policy Number:	SD07
Scope of this Document:	All Staff
Recommending Committee:	Resuscitation Committee
Approving Committee:	Executive Committee
Date Ratified:	November 2018
Next Review Date (by):	November 2021
Version Number:	Version 6
Lead Executive Director:	Executive Director of Nursing & Operations
Lead Author(s):	Resuscitation Service Manager Modern Matron – Physical Health

TRUST-WIDE POLICY DOCUMENT

2018 – Version 6

**Striving for perfect care for
the people we serve**

TRUST-WIDE POLICY DOCUMENT

Resuscitation Policy

Further information about this document:

Document name	SD07 Resuscitation Policy
Document summary	This policy ensures that any service user suffering a suspected cardiopulmonary arrest or medical emergency will receive appropriate care. It also contains the link to the NHS North of England, North West Unified Do Not Attempt Cardiac Pulmonary Resuscitation (DNACPR) Adult Policy and Trust Early Warning Signs Policy
Author(s) Contact(s) for further information about this document	Pete Darley Resuscitation Service Manager Email: peter.darley@merseycare.nhs.uk Joanne Scoltock Modern Matron, Physical Health Email: joanne.scoltock@merseycare.nhs.uk
Published by Copies of this document are available from the Author(s) and via the trust's website	Mersey Care NHS Foundation Trust V7 Building Kings Business Park Prescot Merseyside L34 1PJ Your Space Extranet: http://nww.portal.merseycare.nhs.uk Trust's Website www.merseycare.nhs.uk
To be read in conjunction with	Medical Devices Policy SA19 Rapid Tranquilisation Policy SD11 Physical Health Policy SD29 Mental Capacity Policy MC01/02/03/04 Infection Prevention and Control Policy IC01
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version Control:

		Version History:
Version 5	Circulated to Chief Operating Offices – Local/Secure Divisions, Resus Lead – Specialist LD Services, Executive Director of Nursing, Head of Learning & Development	May 2016
Version 5	Incorporation of Resuscitation Committee Duties; Incorporation of uDANCPR process; Revision of	February/March 2017

	Emergency Drug List; Revision of Local & Secure Division's Red Bag Lists; Policy Group Review; Executive Committee Approval	
Version 6	Updated policy guidance for All Trust staff. Incorporation of Liverpool Community Health resuscitation policy; removal of uDNACPR policy; removal of Modified Early Warning (MEWS) policy; removal of emergency equipment and drugs lists for all divisions; addition of SLD assessment and handover sheet	October 2018

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 adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / 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 / 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 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 the with a Human Rights based approach and the FREDA principles of **Fairness, Respect, Equality Dignity, and Autonomy**

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1. PURPOSE AND RATIONALE

- 1.1 Healthcare organisations have an obligation to provide a high-quality resuscitation service, and to ensure that all staff are trained and updated regularly to a level of proficiency appropriate to each person's expected role. (Resuscitation Council 2014).
- 1.2 The Resuscitation Council (UK) Quality Standards for Cardiopulmonary Resuscitation Practice and Training for Mental Health Inpatient Care (2014) and Quality Standards for Cardiopulmonary Resuscitation Practice and Training for Primary Care (2013) clearly sets out the expected standards for compliance with leadership, resuscitation committee membership and level of training for all staff.
- 1.3 Resuscitation Council 2015 Guidelines provide evidence based guidelines for the practice of cardiopulmonary resuscitation within the United Kingdom following the evidence presented by the International Liaison Committee on Resuscitation (ILCOR) consensus.
- 1.4 NICE (2007) CG50 Acutely ill adults in hospital: recognising and responding to deterioration gives guidance on how patients in hospital should be monitored to identify those whose health may become worse suddenly and the care they should receive aiming to reduce the risk of patients risk of needing to stay in hospital longer in hospital, not recovering fully or dying.
- 1.5 NICE (2015) NG10 Violence and aggression: short-term management in mental health, health and community settings recommends the level of resuscitation equipment that should immediately available in the event of restrictive interventions being used and the level of training for the staff involved.
- 1.6 NPSA (2008) Resuscitation in mental health and learning disabilities settings gave guidance to organisations on training and equipment provision for these settings and the inclusion of regular clinical practices or drills to support classroom teaching.
- 1.7 Royal College of Psychiatrists (2013) through the ECT Accreditation Service – Standards for the administration of ECT set out minimum standards of resuscitation training and equipment required for services providing ECT treatment.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 Clear standards for the monitoring and management of the deteriorating patient who is at risk of cardiorespiratory arrest through the implementation of Early Warning Score strategies for inpatient services.
- 2.2 A clear and effective system for the summoning of help in order to prevent patient deterioration and cardiorespiratory arrest.
- 2.3 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:
 - a valid and applicable Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision;
 - or an Advance Decision To Refuse Treatment (ADRT) is in place and made known to the clinician delivering care;
 - **Liverpool & South Sefton Community Services Division Only:** Patients for who attempting CPR is inappropriate; for example, a patient who is at the end stage of terminal illness (for example for a person where death is imminent and unavoidable and CPR would not be successful). In exceptional circumstances where there are no recorded explicit

decisions; a carefully considered decision not to start CPR when it is felt to be inappropriate should be supported;

- **Liverpool & South Sefton Community Services Division:** Where healthcare professionals discover a patient with features of irreversible death – for example, rigor mortis. In such circumstances, any healthcare professional who makes a carefully considered decision not to start CPR should be supported by their senior colleagues, employers and professional bodies.

3. SCOPE

- 3.1 This policy applies to all staff, whether permanent or temporary, of all services within Mersey Care NHS Foundation Trust.
- 3.2 This policy applies to staff whether they are on Trust premises or community settings.
- 3.3 Trust staff, who provide care within other healthcare or social care organisations, need to be familiar with all policies related to the provision of patient care within those organisations including resuscitation policy and/or procedure.

4. DEFINITIONS (Glossary of Terms)

- 4.1 Definitions contained in the policy:

Glossary of Terms	Definition
AED – Automated External Defibrillator	A sophisticated, reliable, safe, computerised device that delivers electric shocks to a victim of cardiac arrest when the ECG rhythm is one that is likely to respond to a shock.
BLS – Basic Life Support	Implies that no equipment is required to give cardio-pulmonary resuscitation, other than protective device to allow the responder to give ventilations without the risk of infection transmission. BLS training includes the management of choking.
Cardiac Arrest	The sudden cessation of mechanical cardiac activity characterised by a patient who is unresponsive and not breathing normally. Rescuers need to be aware that immediately following cardiac arrest blood flow to the brain is reduced to virtually zero, which may cause seizure-like episodes and these patients should be carefully assessed to see if they are breathing normally.
CPR – Cardiopulmonary Resuscitation	An emergency procedure that may include chest compressions and ventilations in an attempt to maintain cerebral and myocardial perfusion, which follows recommended current Resuscitation council (UK) guidelines.
DNACPR – Do Not Attempt Cardiopulmonary Resuscitation. Previously known as DNAR or DNR	Refers to a decision not to make efforts to restart breathing and /or the heart in cases of respiratory/cardiac arrest. It does not refer to any other interventions, treatment and/or care such as fluid replacement, feeding, antibiotic etc.

ILS – Immediate Life Support	ABCDE assessment & management. Undertaking the skills of quality CPR and defibrillation (manual and/or AED) and simple airway manoeuvres.
MEWS – Modified Early Warning Score	An evidenced based system of care that identifies early deterioration in health using a minimum clinical data set of physiological parameters. MEWS should be used for initial assessment of acute illness and for the continuous monitoring of a patient's well-being throughout their stay in hospital.
NEWS – 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 ambulance service.
ADRT – Advanced Decision to Refuse Treatment.	A decision by an individual to refuse a particular treatment in certain circumstances. A valid ADRT is legally binding for health care staff.
EMS – Emergency Medical Services	Paramedic Ambulance Services.
MET – Medical Emergency Team	Usually a hospital based team, i.e. Aintree or Whiston Hospital sites, accessed via specific telephone or other communication system protocol for inpatients.
SOP – Standard Operational Procedure	Agreed operational procedure for the delivery care in any given area.

5. DUTIES

- 5.1 **Board of Directors** – Health care providers are under obligation to provide safe care to their patients and appropriate training to their staff. This duty encompasses ensuring the physical health care of patients whilst under the care of the organisation, and the Trust has an obligation to comply with its statutory and regulatory observations.
- 5.2 **The Board of Directors** has overall responsibility for ensuring that all staff are appropriately trained and competent to effectively fulfil their role within the organisation and to maintain the safety of patients.
- 5.3 **Lead Executive Director** – The lead Executive Director for this policy (Executive Director of Nursing & Operations) has strategic responsibility for ensuring that effective arrangements regarding the management of resuscitation across the organisation meets all statutory and national guidelines.
- 5.4 **The Associate Medical Director for Physical Health and Medicines Safety** – will support and oversee the implementation and promotion of this policy, especially to medical staff and supporting the monitoring and review of the policy.
- 5.5 **Chief Operating Officer and Associate Medical Director** – are accountable for ensuring effective delivery within the service for which they have overall responsibility and ensuring adherence to the policy.

- 5.6 **Resuscitation Committee** – the Resuscitation Committee with delegated responsibility from and provide regular reports to, the Lead Executive Director, will manage all aspects of resuscitation across the trust, including but not limited to, Resuscitation Policy, Do Not Attempt Cardiopulmonary Resuscitation, incident reviews, training and equipment.
- 5.7 **Resuscitation Service Lead** – the Resuscitation Service Lead, alongside the Modern Matron-Physical Health, will oversee the implementation, promotion and governance of the policy across the Trust. They will be responsible for monitoring and reviewing the policy as necessary.
- 5.8 **Head of Learning and Development** – is responsible for ensuring that education governance arrangements are in place to ensure the effectiveness of the delivery of BLS and ILS across the trust and those models of teaching, learning and assessment are fit for purpose and inline with advice from the Resuscitation/Policy Lead and Modern Matron on national guidelines relating to training.
- 5.9 **Service Care Leads, Modern Matrons and Ward Managers** – are responsible for ensuring that high standards are maintained within their areas of responsibility and the standards set out in this policy are adhered to. It is the responsibility of each line manager to ensure staff attends all relevant statutory and mandatory training; and to monitor attendance on a routine basis, ensuring systems are in place for staff to be followed up in relation to resuscitation training. They must ensure all appropriate resuscitation equipment is available and in good working order.
- 5.10 **Resuscitation Trainers** – are responsible for delivering high quality teaching, learning and assessment of staff in respect of resuscitation practice in line with national guidance. They are responsible for ensuring all attendance of training is recorded onto the ESR/OLM system in line with Learning and Development Standard Operating Procedures (SOP).
- 5.11 **Employee** – it is the responsibility of each staff member to ensure they attend all relevant mandatory training and other training if relevant for their role (ILS for designated staff) and keep themselves up to date.
- 5.12 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.

6. PROCESS

- 6.1 Summoning Emergency Assistance:
- 6.1.1 All staff members should recognise the importance of summoning help at an early stage where appropriate.
- 6.1.2 This should be from a colleague in all cases of deterioration of a patient, and where necessary from first responders; paramedics (EMS); or Medical Emergency Team (MET) where appropriate depending on location and training.
- 6.1.3 All non-clinical staff within the Trust must be aware of how to summon assistance and/or call for an emergency ambulance when required to do so.
- 6.1.4 Services within Liverpool & South Sefton Community Services Division must be clear about how to summon help in their particular setting and this **must** be recorded in the service specific SOP.

6.1.5 Emergency Contact Protocol:

Division	Site	Emergency Contact No:
Secure	High Secure	3333
	Medium Secure	(9) 999 (EMS)
	Low Secure	(9) 999 (EMS)
Local	Brain Injury Unit	4444 for Medical Emergency Team and then (9) 999 for Paramedic Ambulance
	All other Local Inpatient sites	(9) 999 (EMS)
	All community based services	(9) 999 (EMS)
Specialist Learning Disabilities Division	Whalley	2222
	Scott House	(9) 999 (EMS)
	Lancaster	(9) 999 (EMS)
Liverpool & South Sefton Community Services Division	Ward 35 – Intermediate Care Unit	2222 for Medical Emergency Team
	All other community based services	(9) 999 (EMS)

- 6.1.6 EMS/MET calling criteria provides a useful guide for clinical staff, however, all staff should be clear as to the importance of summoning expert help at an early stage when managing an acutely ill patient.
- 6.1.7 The Clinical Response to either the Modified Early Warning Score (MEWS) or the National Early Warning Score (NEWS) Triggers should guide staff in instigating the appropriate level of emergency response required.
- 6.1.8 For staff who do not utilise either MEWS or NEWS then the following Emergency Medical Services (Paramedics)/Medical Emergency Team (depending on location) calling criteria can be used:

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

- 6.1.9 Recording of the occurrence and management of a medical emergency or cardiac arrest should be completed as soon as practicable following the event. This record should be written in the patients care notes.
- 6.1.10 **Liverpool & South Sefton Community Services Division** staff can also utilise the Medical Emergency Proforma (ME.PROF) (Appendix 2).
- 6.2 Resuscitation Training:
- 6.2.1 All clinical staff 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;
 - commence CPR;
 - attempt defibrillation (if appropriate) with an automated external defibrillator (AED) with the minimum of delay, whenever possible within 3 minutes of collapse;
 - provide ventilation to the patient through pocket mask or Bag-valve-mask (depending on location).
- 6.2.2 Designated staff in all clinical areas within Secure Division, Local Services Division, Specialist Learning Disability Division and Liverpool & South Sefton Division will be provided with Immediate Life Support training upon commencement with the Trust and will be refreshed on an annual basis.
- 6.2.3 Staff within Liverpool & South Sefton Community Division carrying out immunisations or administering drugs (including local anaesthetics) must be trained in the management of anaphylaxis in accordance with the current Resuscitation Council (UK) guidelines.
- 6.3 Resuscitation Equipment:
- 6.3.1 Designated Trust premises will be equipped with resuscitation equipment as deemed appropriate by the Resuscitation Committee in consideration of services provided within those premises. All resuscitation equipment will be audited on an annual basis for which a report will be presented to the Resuscitation Committee to ensure all equipment remains fit for purpose and in a state of readiness.
- 6.3.2 The specifics of equipment will be in keeping with Resuscitation Council (UK) guidance subject to availability of suitably qualified staff who are trained in its usage and basic maintenance. Additionally placement of equipment will be based on need and local policy.
- 6.3.3 In designated premises **all** members of staff **must** know the exact location of resuscitation equipment and signs **must** be displayed detailing the locations of AED's and Oxygen (See Appendix 1).
- 6.3.4 All designated Trust premises that hold resuscitation equipment **must** have access to spare equipment to ensure service continuity. Each Division will agree a process for the provision of replacement equipment following an emergency and this will be known by all staff within those designated areas.

6.3.5 Within Liverpool & South Sefton Community Services Division all members of staff must have immediate access to a pocket mask when providing clinical care at any point of delivery including that provided on a domiciliary basis. In addition, all members of staff delivering care from Trust maintained premises, where patients are seen, must have access to an AED.

6.3.6 The regular checking of resuscitation equipment including oxygen where present should be undertaken in line with agreed timescales as follows:

Division	Area	Frequency	To include
Secure	Inpatients	Daily	Red Bag Seal AED functionality AED pads expiry date Oxygen cylinder capacity (>3/4 full) and expiry date. Date & sign checking book
Local	Inpatients	Daily	Red Bag Seal AED functionality AED pads expiry Oxygen cylinder capacity (>3/4 full) and expiry date. Date & sign checking book
	Community Locations	Weekly	AED Functionality AED pads expiry date Date & sign checking book
Specialist Learning Disabilities	Inpatient	Daily	AED functionality AED pads expiry date Date & sign checking book
		Weekly	Oxygen cylinder capacity (>3/4 full) and expiry date Aspirator (Suction) Date & sign checking book
		Monthly (AED Instructor)	Full equipment check
Liverpool & South Sefton Community Services	Community Locations	Weekly	AED functionality AED pads expiry date Date & sign checking book
	Inpatients	Daily	All resuscitation equipment inline with Aintree University Hospitals guidance. Date & sign checking book

6.4 Resuscitation & Emergency Drugs:

6.4.1 The Resuscitation Committee in line with guidance from the Resuscitation Council (UK), local policy and staff training will manage the location of cardiac arrest and emergency drugs.

6.4.2 Medicines Management, in partnership with the Resuscitation Committee, will manage the availability of cardiac arrest and emergency drugs.

6.4.3 Replacement of used or expired medication will be the responsibility of the medicines management department.

- 6.4.4 Services administering drugs (including local anesthetics), medicines or vaccines must have available a suitable source of adrenaline for the management of a suspected anaphylactic reaction.
- 6.4.5 Initial management of a suspected anaphylactic reaction should follow the Resuscitation Council (UK) Initial Treatment Algorithm and guidelines for healthcare providers.
- 6.4.6 Initial Treatment Algorithm:
<https://www.resus.org.uk/EasysiteWeb/getresource.axd?AssetID=773&type=Full&servicetype=Attachment>
- 6.4.7 Resuscitation Council (UK) Emergency Treatment of Anaphylactic Reactions – Guidelines for Healthcare providers:
<https://www.resus.org.uk/anaphylaxis/emergency-treatment-of-anaphylactic-reactions/>
- 6.5 Practice Drills:
 - 6.5.1 NPSA Alert RRR010 recommends the instigation of regular practice drills for areas at risk of patient collapse and/or cardiopulmonary arrest.
 - 6.5.2 The Resuscitation Service Lead will be responsible for the management of all practice drills although may delegate responsibility to appropriately trained and experienced staff.
 - 6.5.3 When a practice drill is undertaken in a clinical area all staff within that area, irrespective of specialty or grade, will be expected to be part relevant to their ability. Consideration will be given to clinical areas at the time of the drill where discussion with the nurse-in-charge identifies clinical pressures making the running of the drill inappropriate and at such point the drill will be rearranged.
 - 6.5.4 Following the practice drill a short debrief will be undertaken with all staff present to review the event and discuss any areas for development. The leading facilitator will then produce a report within 7 working days which will be circulated to the clinical area's management team and all those that were involved in the drill. This report will outline the events and any actions/learning outcomes from the event.
 - 6.5.5 Any action plans arising from the practice drill will be monitored by the Resuscitation Service to ensure these are completed.
 - 6.5.6 Regular updates will be presented to the Resuscitation Committee outlining the delivery of practice drills and actions arising.
- 6.6 Early Warning Score Systems:
 - 6.6.1 The Trust has implemented the use of Early Warning Scores for the early detection of deterioration of patients physical health whilst engaging in services provided by the Trust.
 - 6.6.2 Local Division – Modified Early Warning Score (MEWS).
 - 6.6.3 Secure Division – National Early Warning Score (NEWS) modified.
 - 6.6.4 Specialist Learning Disabilities Division – National Early Warning Score (NEWS) modified.

- 6.6.5 Liverpool and South Sefton Services Community Division – National Early Warning Score (NEWS).
- 6.6.6 For further detailed information see Management and Recognition of the Deteriorating Patient – NEWS2 (National Early Warning Score) and Recognition of Sepsis Policy.
- 6.7 Do Not Attempt Cardiopulmonary Resuscitation (DNACPR):
- 6.7.1 The Trust has adopted the North West Regional Unified Do Not Attempt Cardiopulmonary Resuscitation (Adults) policy. For detailed guidance refer to the Do Not Attempt Cardiopulmonary Resuscitation policy and should be read and applied in conjunction with the Mental Capacity Act.
- 6.7.2 This policy relates to patients over the age of 18 years. For those under 18 years the Trust will align its processes with those of Alder Hey and Royal Manchester Children's Hospitals and Trusts.
- 6.7.3 The chance of survival following Cardiopulmonary Resuscitation (CPR) in adults is relatively low depending on the circumstances. Although CPR can be attempted on any person, there comes a time for some people when it is not appropriate to do this. It may then be appropriate to consider making a Do Not Attempt CPR (DNACPR) decision to enable the person to die with dignity.
- 6.7.4 All people should be presumed to be "For CPR" unless:
- a valid DNACPR decision has been made and documented; or
 - a valid and applicable Advanced Decision to Refuse Treatment (ADRT) prohibits CPR;
 - a personal welfare attorney (PWA), appointed by the patient to make life-sustaining treatment decisions when s/he lacks the capacity to do so themselves or has refused consent to CPR.
- 6.7.5 **Local Division, Medium and Low Secure Services** – Do Not Attempt Cardiopulmonary Resuscitation forms can be located and completed on **EPEX**. A copy should be printed on "**Lilac**" paper and stored in the front of the patients hand held notes.
- 6.7.6 **High Secure Services** – Do Not Attempt Cardiopulmonary Resuscitation forms can be located and completed on **PACIS** within the Documents Templates – Physical health and Well-being section. A copy should be printed on "**Lilac**" paper and stored in the front of the patients hand held notes.
- 6.7.7 **Specialist Learning Disabilities Services** – will complete Lilac Do Not Attempt Cardiopulmonary Resuscitation form and store in patient hand held notes.
- 6.7.8 **Liverpool & South Sefton Community Services Division** – a completed Lilac Do Not Attempt Cardiopulmonary Resuscitation form will be stored according to local procedure.
- 6.8 Moving and Handling:
- 6.8.1 In situations where collapsed patient/visitor is on the floor, in a chair or in a restricted/confined space the Trust's Moving and Handling guidance should be followed to minimise the risk of manual handling and related injuries to both staff and patient/visitors.

- 6.8.2 For further information on moving and handling patients/visitors during a resuscitation attempt you can also refer to the Resuscitation Council (UK) guidance for safer handling during resuscitation in healthcare settings <http://www.resus.org.uk/pages/safehand.pdf>

7. AUDIT

- 7.1 The Resuscitation Service will be responsible for undertaking the following annual audits:
- 7.1.1 Resuscitation Equipment.
 - 7.1.2 Do Not Attempt Cardiopulmonary Resuscitation.
 - 7.1.3 Any additional audits that are deemed to fall within the scope of the Resuscitation Committee.
- 7.2. Reports on these audits will be presented to the Resuscitation Committee on completion and to relevant committees/divisions/groups.
- 7.3 The Resuscitation Committee in conjunction with the individual divisions will monitor action plans.

8. CONSULTATION

- 8.1 The following were consulted within the development of this policy:
- Resuscitation Committee;
 - Medical Staff;
 - Head of Learning and Development;
 - Lead Nurses for Clinical Divisions;
 - Medicines Management.

9. TRAINING AND SUPPORT

- 9.1 For guidance on Resuscitation Training see section 6.2
- 9.2 Services leads will identify any requirement for Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) training and this will be organised and provided by the Trust Resuscitation Service as required.

10. MONITORING

10.1 The following table outlines the monitoring compliance strategy:

Minimum requirements to be monitored	Process for monitoring e.g. audit	Responsible individual, group or committee	Frequency of monitoring	Responsible individual, group or committee for review of results	Responsible individual, group or committee for development of action plan	Responsible individual, group or committee for monitoring of action plan
A. Review and implementation of the policy and procedures relating to resuscitation	Annual report	Resuscitation Committee	Annual	Resuscitation Committee	Resuscitation Committee	Resuscitation Committee
B. The provision and readiness of emergency resuscitation equipment	Audit	Resuscitation Service	Annually	Resuscitation Committee	Resuscitation Committee	Resuscitation Committee
C. Monitoring of Do Not Attempt Cardiopulmonary Resuscitation decisions	Audit	Resuscitation Service	Bi-Annually	Resuscitation Committee	Resuscitation Committee	Physical Health Group
D. All individual incident reports of resuscitation	Review of each incident by Resuscitation Lead and respective Services' Line Manager	Line Manager	As they occur	Resuscitation Committee & Service Leads	Resuscitation Committee & Service Leads	Resuscitation Committee & Service Leads
F. Annual report on resuscitation work-stream	Annual report submitted to Trust	Resuscitation Steering Group	Annually	Resuscitation Committee	Resuscitation Committee	Resuscitation Committee
G. Ensuring staff receive appropriate training in accordance with minimum requirements	This is monitored in line with the Trust Monitoring Performance Report on Training					
H. Systems are in place for the recognition of patients at risk of cardiopulmonary arrest	This is monitored in line with the Physical Health Policy					
I. Post Resuscitation Care	This is monitored in line with the Physical Health Policy					

11. EQUALITY AND HUMAN RIGHTS ANALYSIS

Title: Resuscitation Policy

Area covered: Trust Wide

What are the intended outcomes of this work? This policy ensures that any patient suffering a suspected cardiopulmonary arrest or medical emergency will receive appropriate care. As part of this process the policy contains links to the regional Unified Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Adult Policy and Early Warning Score Policy.

Who will be affected? Staff, patients and visitors to the Trust

Evidence

What evidence have you considered?

The standards for practice within Mersey Care NHS Foundation Trust have been drawn from:

- Resuscitation Council (UK) Cardiopulmonary Resuscitation; Standards for Clinical Practice and Training (2010)
- Resuscitation Council (UK) Quality Standards for Cardiopulmonary Resuscitation Practice and Training – Mental Health Inpatient Care (2014)
- Resuscitation Council (U) Quality Standards for Cardiopulmonary Resuscitation Practice and Training – Mental Health Inpatient Care – Equipment and Drugs List (2014)
- Resuscitation Council (UK) Quality Standards for Cardiopulmonary Resuscitation Practice and Training – Primary Care (2014)
- Resuscitation Council (UK) Quality Standards for Cardiopulmonary Resuscitation Practice and Training – Primary Care – Equipment and Drugs List (2014)
- Decisions relating to cardiopulmonary resuscitation – guidance from the British Medical Association, Resuscitation Council (UK) and the Royal College of Nursing. (2016)

DNACPR Unified Policy considers the following:

- Legislation Advanced Decisions to Refuse Treatment, a guide for health and social care professionals (2009)
- Coroners and Justice Act 2009
- GMC (2010) Treatment and care towards the end of life: good practice in decision-making guidance for doctors.
- Human Rights Act (1998)
- Mental Capacity Act(2005)
- NHS End of Life Care Programme& National Council for Palliative Care (2008)
- Royal College of Physicians(2009) Advanced Care Planning

Reviewed 19:05:2016

- Calderstones procedures added in to the policy

Reviewed 20/8/2017

- South Sefton Community Division added to the policy

Disability (including learning disability)

- Any service user whose first language isn't English an interpreter or other mediums as requested would be provided.
- A service user who is deaf a person able to use BSL would be provided.
- The policy can also be provided in large text.
- As part of the trust's mandatory training all staff must complete Equality, Diversity, & Human Rights training at the appropriate level commensurate with their job role.
- If the service user lacks mental capacity to take part in the discussion and make any necessary decisions then relatives, others close to the service user or recognised carers would be consulted as per policy.

Reviewed 19:05:2016

- Calderstones procedure added in to the policy.
- This policy contains a link to the NSH North Of England; North West unified Do Not Attempt Cardiac Pulmonary Resuscitation Adult policy. To be assured of equitable process within the provision of CPR.

Reviewed 20/8/2017

- South Sefton Community Division added to the policy

Sex

Policy SD07 applies to all staff and service users regardless of sex. Staff should always be mindful of maintaining dignity wherever possible throughout any clinical procedure. **Reviewed 19:05:2016 / Reviewed 20/8/2017**

Race *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.*

- Policy SD07 applies to all staff and service users regardless of race. If an interpreter or other medium was requested this would be provided by the trust. **Reviewed 19:05:2016 / Reviewed 20/8/2017**

Age *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*

- Policy SD07 relates to adults only.

Reviewed 19:05:2016

- Calderstones procedure added in to the policy.
- This policy contains a link to the NSH North Of England; North West unified Do Not Attempt Cardiac Pulmonary Resuscitation Adult policy. To be assured of equitable processes within the provision of CPR.

Reviewed 20/8/2017

- South Sefton Community Division added to the policy

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.*

Reviewed 19:05:2016 / Reviewed 20/8/2017

- Policy SD07 applies to all staff and service users regardless of gender reassignment (including transgender)

Sexual orientation *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.*

<p>Reviewed 19:05 2016 / Reviewed 20/8/2017</p> <ul style="list-style-type: none"> • Policy SD07 applies to all staff and service users regardless of sexual orientation.
<p>Religion or belief <i>Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</i></p> <p>Reviewed 19:05:2016 / Reviewed 20/8/2017</p> <ul style="list-style-type: none"> • This policy applies to all staff and service users regardless of religion or belief
<p>Pregnancy and maternity <i>Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.</i></p> <p>Reviewed 19:05:2016 / 20/8/2017</p> <ul style="list-style-type: none"> • Not Applicable
<p>Carers <i>Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.</i></p> <p>Reviewed 19:05:2016 / Reviewed 20/8/2017</p> <ul style="list-style-type: none"> • This policy applies to all carers & visitors to the Trust.
<p>Other identified groups <i>Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.</i></p> <p>Reviewed 19:05:2016 / Reviewed 20/8/2017</p> <ul style="list-style-type: none"> • Not Applicable
<p>Cross Cutting <i>implications to more than 1 protected characteristic</i></p> <p>Reviewed 19:05:2016 / Reviewed 20/8/2017</p> <ul style="list-style-type: none"> • Policy SD07 applies to all staff and service users without discrimination.

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	<i>At Review: 20/8/2017. This policy ensures that the Trust responsibility in relation to article 2 is met. To include reference the Human Rights Act responsibilities and considerations in the principles</i>
Right of freedom from inhuman and degrading treatment (Article 3)	<i>At review: 20/8/2017. This policy ensures that the Trust responsibility in relation to article 3 is met. To include reference the Human Rights Act responsibilities and considerations in the principle.</i>
Right to liberty (Article 5)	<i>At review: 20/8/2017. This article is not engaged in this policy</i>
Right to a fair trial (Article 6)	<i>At review: 20/8/2017. This article is not engaged in this policy</i>
Right to private and family life	<i>At review: 20/8/2017. This article is not engaged in this policy</i>

(Article 8)	
Right of freedom of religion or belief (Article 9)	<i>At review: 20/8/2017. This article is not engaged in this policy</i>
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	<i>At review: 20/8/17. This article is not engaged in this policy</i>
Right freedom from discrimination (Article 14)	<i>At review: 20/8/2017. This article is not engaged in this policy</i>

Engagement and Involvement <i>detail any engagement and involvement that was completed inputting this together.</i>
No engagement

Summary of Analysis <i>This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010</i>
Eliminate discrimination, harassment and victimisation
<ul style="list-style-type: none"> This policy is implemented in line with the policy content irrespective of any protected characteristics.
Advance equality of opportunity
<ul style="list-style-type: none"> Staff will only implement the policy when required.
Promote good relations between groups
<ul style="list-style-type: none"> Dignity may be affected at time - in life threatening situations implementation of the policy will be in line with best practice guidelines.

What is the overall impact?
<ul style="list-style-type: none"> Dignity may be affected at time - in life threatening situations implementation of the policy will be in line with best practice guidelines.

Addressing the impact on equalities
<i>There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups</i>
<ul style="list-style-type: none"> All efforts during any clinical intervention will be made to maintain dignity wherever possible for all individuals irrespective of protected characteristics.
Review 19:05:2016
<ul style="list-style-type: none"> With particular reference to people who may be vulnerable to inequality within the resuscitation process for example people with learning disabilities.
Review 20/8/2017
<ul style="list-style-type: none"> No additional impact on equalities was identified during this review.

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

- *Plans already under way or in development to address the **challenges** and **priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

For the record

Name of persons who carried out this assessment:

Reviewed 20/8/2017 by:

Joanne Scoltock – Modern Matron Physical Health (Resuscitation Committee Chair)

Pete Darley – Resuscitation Service Lead

Date assessment completed:

20/8/2017

Name of responsible Director:

Ray Walker – Executive Director of Nursing

Date assessment was signed:

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring			
Engagement			
Increasing accessibility			

12. ADDITIONAL APPENDICIES

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Appendix 1 – Signage:

Automated External Defibrillator (AED):



Oxygen:



Appendix 2 – South Sefton Community Division Staff Only:

Medical Emergency Record Proforma (ME.PROF)

Medical Emergency Record Proforma

This proforma should be completed for all medical emergencies where patient 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: / /

Appendix 3 – Specialist Learning Disabilities Assessment/Handover Sheet

SBARD/ABCDE assessment

<p>S Situation Your name designation/ward The patient's name I am concerned because.....</p>		
<p>B Background Brief history Admission date Treatment date MHA status Medication/therapy</p>		
<p>A Assessment Assessment of physical health Check med card Review any charts Ongoing medical conditions MEWS score is</p>	<p>A - Airway Are they talking? Airway noises, obstruction, choking</p>	
	<p>B - Breathing Rate? O2 Sats? Laboured? Noises? wheeze?</p>	
	<p>C - Circulation Rate, blood pressure, cap refill, temp</p>	
	<p>D - Disability AVPU, PEARL, BM</p>	
	<p>E - Exposure Bleeding, rash, ligature</p>	
<p>R Recommends I would like you to.. What would you like me to do?</p>		
<p>D Decision Record in note</p>		

<p>S Situation Your name designation/ward The patient's name I am concerned because.....</p>		
<p>B Background Brief history Admission date Treatment date MHA status Medication/therapy</p>		
<p>A Assessment Assessment of physical health Check med card Review any charts Ongoing medical conditions MEWS score is</p>	<p>A - Airway Are they talking? Airway noises, obstruction, choking</p>	
	<p>B - Breathing Rate? O2 Sats? Laboured? Noises? wheeze?</p>	
	<p>C - Circulation Rate, blood pressure, cap refill, temp</p>	
	<p>D - Disability AVPU, PEARL, BM</p>	
	<p>E - Exposure Bleeding, rash, ligature</p>	
<p>R Recommends I would like you to.. What would you like me to do?</p>		
<p>D Decision Record in note</p>		