South East Coast Ambulance Service NHS
NHS Foundation Trust

# Resuscitation Policy

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| Version: | V2.00 |
| Name of originator/ author: | |
| Responsible management group: | Professional Practice, Guidelines & Pathways Sub-Group |
| Directorate/team accountable: | Medical Directorate |

| **Policy:** | |
|---|---|
| Approved by: | Joint Partnership Policy Forum (JPPF) |
| Date approved: | 05.11.2019 |
| Fit for purpose according to: | Professional Practice, Guidelines & Pathways Sub-Group |
| Date approved: | 05.11.2019 |

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| Date issued: | 05.11.2019 |
| Date next review due: | 05.11.2022 |
| Target audience: | All Clinical and EOC Staff |
| Replaces (version number): | 1.00 |

| **Equality Analysis Record** | | |
|---|---|---|
| Approved EA included | Dated: | 19/02/2019 |
| **Quality Impact Assessment** | | |
| Approved QIA included | Dated: | 26/10/2018 |

**Acting with Integrity** **Demonstrating Compassion and Respect** **Taking Pride**
**Striving for Continuous Improvement** **Assuming Responsibility**

# Document Control

**Formal approval:**

| | | |
|---|---|---|
| Final approval by: | Joint Partnership Policy Forum | |
| Version No. V2.00 | Final | Date: 05.11.2019 |
| Responsible Management Group approval by: | Professional Practice, Guidelines & Pathways SubGroup | |
| Version No. V2.00 | Final | Date: 05.11.2019 |

**Review/comments:**

| Person/ Committee | Comments | Version | Date |
|---|---|---|---|
| Consultation | Changes to sections 9.0 | 3 | 29.10.19 |
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**Circulation:**

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| Records Management Database upload | Date: 05.11.2019 |
| Internal Stakeholders | |
| External Stakeholders | |

**Review Due by responsible Management Group:**

| | | |
|---|---|---|
| Period | Every three years or sooner if new legislation, codes of practice or national standards are introduced | Date: 05.11.2022 |

**Record Information:**

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| Security Access/ Sensitivity | [select either **Official (Public Domain)** or **Official – Sensitive** for document(s) which should not be made available to the public routinely] |
| Where Held | Corporate Records Register |
| Disposal Method and Date | In line with national guidelines |

# Contents

# 1 Statement of Aims and Objectives

1.1. The aim of this policy is to outline the South East Coast Ambulance Service NHS Foundation Trust's (the Trust's) approach to resuscitation.

1.2. In meeting this aim the Trust will ensure the best possible outcomes for patients suffering out of hospital cardiac arrest (OHCA).

1.3. This policy is applicable to all clinicians in the Trust and sets out the scope of clinical practice to which clinicians must adhere.

# 2 Principles

2.1. This policy details the Trust's approach to resuscitation.

2.2. Resuscitation, as a rule, will follow the guidance of the Resuscitation Council (UK) (RCUK) and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC). The Trust may vary the guidance these organisations offer where there is a clear evidence base to do so.

2.3. The Trust should be prepared to respond to cardiac arrest from any cause in any age group in the out of hospital environment.

2.4. The Trust's response to cardiac arrest should include a range of strategies including early identification, telephone instructions for the use of Public Access Defibrillators, use of lay responders, timely response, high quality resuscitation and access to specialist pathways.

2.5. In addition, the Trust will support community engagement, increase of Public Access Defibrillators and public education in basic life support.

# 3 Definitions

3.1. The Resuscitation Council (UK) is the recognised body within the UK advising on all matters concerning resuscitation.

3.2. The Joint Royal Colleges Ambulance Liaison Committee are the recognised body responsible for issuing guidance to ambulance clinicians.

# 4 Responsibilities

4.1. The **Executive Medical Director** retains overall responsibility for this policy.

4.2. The **Executive Medical Director** will delegate this responsibility to the **Consultant Paramedic (Critical Care and Resuscitation)** for the production and implementation of this policy.

4.3. The **Clinical Education Department** are responsible for ensuring that the training and education provided is in line with this policy. Records

pertaining to training in resuscitation techniques will be maintained by the Clinical Education department. These records will identify those clinical staff that both require and have successfully completed training.

4.4. The **Operations Directorate** are responsible for ensuring that all clinically trained staff are available to attend the training courses and educational opportunities offered to clinical staff.

4.5. The Emergency Operations Centre (EOC) Development Team (Operations Directorate) are responsible for ensuring Emergency Medical Advisors (EMAs) and Clinical Supervisors are appropriately trained to use Clinical Decision Support Systems (CDSS) to promptly identify cardiac arrest and support provision of telephone Cardio-Pulmonary Resuscitation (tCPR).

4.6. The **Consultant Paramedic (Critical Care and Resuscitation)** is responsible for providing expert opinion and guidance on any changes to or expansion of clinical practice.

4.7. The **Consultant Paramedic (Critical Care and Resuscitation)** is responsible for the monitoring and implementation of any changes to clinical practice e.g. Resuscitation Council UK (RCUK) & European Resuscitation Council (ERC) or JRCALC.

4.8. **All clinical staff** are responsible for ensuring that they are aware of the Trust's current resuscitation policy and competent in the latest resuscitation techniques. They must also ensure that they are aware of

and follow any training notices or instructions as part of their Continued Professional Development (CPD).

## 5 Competence

5.1. The minimum standard of each level of training is contained within Appendix A.

5.2. As a principle, and in line with the Trust's values, all staff employed by the Trust will be trained to at least Basic Life Support (BLS) with Automated External Defibrillator (AED) level, to ensure they can assume initial responsibility for any patient in cardiac arrest, to ensure the best chance of a successful outcome. This will be undertaken as part of the induction for new staff. This will be updated annually.

5.3. Staff working under CDSS will receive the approved training package in accordance with the license at the relevant time but will also receive BLS and AED training to facilitate understanding and confidence in the practice. This high standard of training recognises their essential role in the delivery early Basic Life Support. This training will be repeated annually.

5.4. Information relating to the operation of a range of AED devices will be made available to staff in the EOC at their desks. This will be updated as necessary.

5.5. All clinicians joining the Trust will receive resuscitation training appropriate to their role, which will include information regarding any variations to national guidance the Trust has in place and will include a formal assessment of competence.

5.6. All patient facing staff will be trained as a minimum in BLS and AED.

5.7. Paramedics and Specialist Paramedics (Urgent Care) will be trained to Advanced Life Support (ALS) level during their initial training. The Trust will share their resuscitation sign-off documents with all partner universities to ensure standardisation of training.

5.8. Critical Care Paramedics (CCPs) will complete additional training in the management of cardiac arrest, special circumstances and return of spontaneous circulation across the span of life. This training reflects the increased likelihood of these clinicians being tasked to such incidents.

5.9. Annual Statutory and Mandatory (Key Skills) training will include dedicated refresher training on resuscitation for all patient facing staff.

5.10. Private Ambulance Providers must ensure their staff working within the Trust are trained to these standards and adhere to Trust best practice guidance.

# 6 Equipment

6.1. All Trust operational vehicles will be equipped with appropriate resuscitation equipment as defined in the Standard Load List.

6.2. All vehicles identifiable as belonging to the Trust will be equipped with an Automated External Defibrillator (AED).

6.3. Resuscitation equipment will be reviewed regularly at the discretion of the Clinical Equipment and Consumables Working Group or in response to changes in practice or organisational need.

# 7 Monitoring Practice

7.1. The Trust shall maintain a Cardiac Arrest Registry to which data for all cardiac arrests attended shall be entered.

7.2. Operational staff shall ensure a monitor upload is undertaken for all cardiac arrests where resuscitation is attempted.

7.3. Following every cardiac arrest, a hot debrief should be conducted. This will normally be led by a CCP or Operational Team Leader (OTL). A debrief checklist should be used to guide this.

7.4. Clinical Audit shall monitor compliance with Ambulance Quality Indicators (AQIs) relating to cardiac arrest.

7.5. The CCP team shall be responsible for the review of cardiac arrest quality assurance within their defined Operating Unit (OU).

7.6. The Consultant Paramedic (Critical Care & Resuscitation) shall review all paediatric and traumatic cardiac arrest cases and those where noncompliance has been identified during routine quality assurance.

7.7. The Consultant Midwife shall review all maternal and new-born cardiac arrests.

7.8. The Consultant Nurse (Safeguarding) shall review all paediatric cardiac arrests.

# 8 Community Support

8.1. The Trust will utilise Community First Responders (CFRs) to provide an initial response to patients in cardiac arrest or thought to be at high risk of cardiac arrest within their communities.

8.2. The Trust will be responsible for the training, equipping and ongoing competence of CFRs.

8.3. The Trust will manage a directory of Public Access Defibrillator (PAD) sites which will be populated on the Computer Aided Dispatch (CAD) system. PAD sites will ‘flag’ to Emergency Medical Advisors in EOC with a CAD marker, if a 999 call is received within a specific radius.

8.4. The Trust will support where possible the increase of PAD availability, community education in BLS, and the use of technological solutions, e.g. GoodSam, in order to improve the response to cardiac arrest.

## 9 Recognition of Life Extinct

9.1. The process of Recognition of Life Extinct (ROLE) is as described by JRCALC and includes either conditions not compatible with commencing resuscitation or the decision to terminate a resuscitation effort.

9.2. Technicians, Associate Ambulance Practitioners and Paramedics may recognise conditions not compatible with commencing resuscitation as described in sections 9.4 and 9.5.

9.3. Only Paramedics may terminate a resuscitation once a decision has been made that the conditions described in sections 9.4 and 9.5 have not been met. If a Paramedic is not available urgent remote advice should be sought from a registered Health Care Professional in EOC, e.g. the Critical Care Desk (CCD).

9.4. The conditions listed below are unequivocally associated with death in ALL age groups:

- Rigor mortis (rigor mortis can appear quickly following child death and resuscitation should be commenced until unequivocal death can be determined).
- Hypostasis.
- Massive cranial or cerebral destruction.
- Hemicorporectomy.
- Incineration.
- Putrefaction/decomposition.
- Decapitation.

9.5. In the following conditions resuscitation can be discontinued:

- A signed and in date Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) order or an Advance Decision that states the wish of the patient not to undergo attempted resuscitation.
- A patient in the final stages of a terminal illness where death is imminent and unavoidable and CPR would not be successful, but for whom no formal DNACPR decision has been made.
- A valid Advance Decision to Refuse Treatment (ADRT) stating ‘do not wish to undergo attempted resuscitation’.
- Where there has been GREATER than 15 minutes since the onset of cardiac arrest, where there has been NO bystander CPR AND a presenting rhythm of asystole >30 seconds on an ECG monitor screen EXECPT in cases of drowning, hypothermia, poisoning/overdose or pregnancy where resuscitation should be commenced.
- Submersion for over 60 minutes without CPR and presenting in asystole unless the water temperature is less than 6 degrees (unlikely in the UK).

9.6. The decision to terminate a resuscitation should involve the whole team and family where possible. Factors that should be taken into consideration include any delay in starting CPR, total length of resuscitation, pre-existing health, heart rhythm, end-tidal carbon dioxide ($EtCO_2$) and success of interventions so far. Age and pupillary reaction should not be used as prognostic markers. If a CCP is present, and ultrasound is available, then this may be used to support prognostic decision making.

9.7. Paramedics may only terminate resuscitation when the rhythm is asystole following at least 20 minutes of advanced life support AND the $EtCO_2$ is less than 1.5kPa AND reversible causes have been addressed.

9.8. CCPs may terminate resuscitation in line with the CCP Clinical Management Plans (CMPs).

9.9. In cases of drowning, hypothermia, certain overdoses, maternal cardiac arrest and paediatrics, it may be advised to continue resuscitation for longer and therefore is more likely to be transported to hospital with CPR on-going.

9.10. Senior clinical support for these decisions can be obtained via the Critical Care Desk (CCD).

9.11. Once ROLE has been declared, in the case of an unexpected death, the police must be informed.

9.12. Patients under the age of 18 where ROLE has occurred must still be conveyed to the nearest Emergency Department with paediatric services, for child death procedures to be completed.

9.13. An expected death is defined as where a patient has been seen within the past 14 days by a GP who expects them to die or is on a planned palliative pathway. Arrangements for such situations are covered by the Management of Expected Death (Adults) Procedure or Procedure for Managing Life Threatening Illness or Injury in Under 18's (child death procedures).

9.14. If a decision is made to leave the scene prior to the arrival of the police or the undertaker, due consideration must be given to the emotional state of any friends or relatives on scene to whether they can be appropriately left.

9.15. Wherever the crew leave scene prior to police arrival, all paperwork must be left in a prominent location for the police or passed into the hands of a responsible person to pass on to the police.

9.16. If there are apparent suspicious circumstances, this must be communicated to EOC when the request for police attendance is made. The crew must not leave the scene.

## 10 Audit and Review

10.1. Assurance of compliance to this Policy will be through a number of routes:

10.2. Clinical Education will report training figures and risks to delivery of training to the Professional Practice Group.

10.3. The Professional Practice & Guidelines Group will monitor the Policy with any concerns being escalated to the Clinical Governance Group.

10.4. Non-compliance or policy deviation will be investigated using existing Trust arrangements for incident investigation and management.

10.5. Competence, monitoring and audit in relation to this policy will be aligned to the associated procedure.

10.6. Should any non-compliance be identified, actions to manage the risks will be determined by these groups respectively.

10.7. All policies have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.

10.8. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).

10.9. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.

10.10. All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.

## 11 Associated Documentation

11.1. Training Needs Analysis

11.2. Statutory and Mandatory Training Plans

11.3. Current JRCALC UK Ambulance Services National Clinical Guidelines

11.4. Current Resuscitation Council (UK) Guidelines

11.5. Scope of Practice and Clinical Standards Policy

11.6. Safeguarding Policy

11.7. Make Ready Vehicle Preparation Procedure

## 12 References

12.1. Joint Royal Colleges Ambulance Liaison Committee (JRCALC) UK Ambulance Service Clinical Practice Guidelines (2019)

12.2. Resuscitation Council (UK) website (www.resus.org.uk)

## 13 Equality Analysis

13.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.

13.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and

have the duty to comply with the equalities duties when carrying out those functions.

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|---|---|---|---|
| **Name of author and role** | Consultant Paramedic – Critical Care & Resuscitation | | |
| **Directorate** | Medical | **Date of analysis:** | 19.02.19 |
| **Name of policy being analysed** | Resuscitation Policy | | |
| **Names of those involved in this EA** | | | |

| | | |
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| **1. Trust policies and procedures should support the requirements of the Equality Duty within the Equality Act:** | • Eliminate discrimination, harassment and victimisation;<br>• Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;<br>• Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. | In submitting this form, you are confirming that you have taken all reasonable steps to ensure that the requirements of the Equality Duty are properly considered. |

| | | |
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| **2. When considering whether the processes outlined in your document may adversely impact on anyone, is there any existing research or information that you have taken into account?** | For example:<br>• Local or national research<br>• National health data<br>• Local demographics<br>• SECAmb race equality data<br>• Work undertaken for previous EAs | |

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| **3. Do the processes described have an impact on anyone's human rights?** | If so, please describe how (positive/negative etc.): No. |

| **4. What are the outcomes of the EA in relation to people with protected characteristics?** | | | |
|---|---|---|---|
| **Protected characteristic** | **Impact** Positive/Neutral/Negative | **Protected characteristic** | **Impact** Positive/Neutral/ Negative |
| Age | Neutral | Race | Neutral |
| Disability | Neutral | Religion or belief | Neutral |

| | | | |
|---|---|---|---|
| Gender reassignment | Neutral | Sex | Neutral |
| Marriage and civil partnership | Neutral | Sexual orientation | Neutral |
| Pregnancy and maternity | Neutral | | |

| **EA Sign off** | |
|---|---|
| EA checkpoint (Inclusion Working Group member, preferably from your Directorate) | |
| By signing this, I confirm that I am satisfied the EA process detailed on this form and the work it refers to are non-discriminatory and support the aims of the Equality Act 2010 as outlined in section 1 above. | |
| Signed | Date: |

## Appendix A: Training Matrix

| Grade | Initial Training | Refresher Training | Refresher Frequency |
|---|---|---|---|
| Non Operational Staff | During Induction: Trust accredited BLS & AED training. (2 Hours) | BLS & AED Refresher Training (1 Hour) | Annually |
| EOC Call Handlers | During Initial Pathways Training:<br>Pathways Training Cardiac Arrest (4 Hours)<br>BLS & AED training. (4 Hours).<br>Formative Assessment. | Pathways Refresher (4 Hours)<br>BLS & AED training. (4 hours)<br>Formative Assessment. | Annually |
| BLS Provider | Set by the awarding body (FutureQuals) within the qualification's specification framework. | A minimum of six hours taught content on resuscitation will be delivered.<br>There will be a formative assessment at the end of this. | Annually |
| ALS Provider | All ALS providers joining the trust in a patient facing role will complete an ALS assessment as per Appendix 2 prior to confirmation of employment. | A minimum of six hours taught content on resuscitation will be delivered.<br>There will be a formative assessment at the end of this. | Annually |
| Critical Care Paramedic | Advanced level resuscitation qualification's such as ALS, APLS, NLS, EPLS. | A minimum of six hours of taught content on resuscitation will be delivered.<br>There will be a formative assessment at the end of this.<br>Advanced qualification revalidation as required. | |