South East Coast Ambulance Service NHS
NHS Foundation Trust

Resuscitation Policy

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 Trust staff involved in the care of patients suffering cardiac arrest or in the delivery of resuscitation.

1.4. This policy outlines broad principles relating to resuscitation practices in the Trust and should also be considered in relation to the development of other polices, strategies or plans.

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 where there is a clear evidence base or logistical reason to do so, i.e. limitations relating to a medical device or clinical scope of practice.

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 and provision of CPR, 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

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4.1. The **Trust Board** have a responsibility to promote activity related to improving outcomes from out of hospital cardiac arrest.

4.2. The **Chief Medical Officer** (CMO) retains overall responsibility for this policy.

4.3. The **Chief Medical Officer** will delegate this responsibility to the **Consultant Paramedic (Critical Care and Resuscitation)** for the production and implementation of this policy.

4.4. The **Clinical Education Department** is responsible for coordination of resuscitation training and management of competence assessments and 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.

4.5. The **Operations Directorate** are responsible for ensuring that all clinically trained staff are available to attend manditory training and assessments.

4.6. 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).

4.7. 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. The **Professional Practice Group** is responsible for considering and authorising changes in resuscition practice or authoising new guidance.

4.9. The **Clinical Equipment & Consumables Working Group** is responsible for oversight of the standard load list and ensuring adequate resuscitation equipment is included.

4.10. The **Clinical Audit Team** are resposnbile for maintaining a cardiac arrest registry, undertaking audit of resuscitation practice, reporting compliance against national standards and producing an annual cardiac arrest report.

4.11. The **Critical Care Team, Consultant Midwife and the Safeguarding Team** will undertake review of resuscitation practice within their domain of responsibility.

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

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

5 Training and Competence

5.1. Initial Training and Competence

5.1.1. As a principle, and in line with the Trust's values, all staff employed by the Trust should 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.

5.1.2. 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.

5.1.3. 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.

5.1.4. All patient facing staff will be trained as a minimum to a standard equivalent with the Resuscitation Council (UK) Intermediate Life Support.

5.1.5. Paramedics and Enhanced/Advanced Paramedics (Urgent & Emergency Care) will be trained to Advanced Life Support (ALS)[1] level during their initial training. The Trust will share their resuscitation sign-off documents with all partner universities to ensure standardisation of training.

5.1.6. Critical Care Paramedics (CCPs) will meet the standard in 5.15 and complete additional training in the management of cardiac arrest, special circumstances and return of spontaneous circulation (ROSC) across the span of life. This training reflects the increased likelihood of these clinicians being tasked to such incidents.

5.2. Ongoing Training and Competence

5.2.1. Annual Statutory and Mandatory training will include dedicated refresher training on resuscitation for all patient facing staff and EOC staff using CDSS. All other staff should receive BLS and AED refreshers every 2 years.

5.3. All patient facing clinical staff should have a minimum of one day of resuscitation refresher training and skills assurance, covering the span of life, special circumstances and post ROSC care. Outline content is

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detailed in Appendix A. This policy does not determine how this one day is delivered.

5.4. All patient facing staff as a minimum should have an annual assessment of competence relevant to their grade:

5.4.1. Critical Care Paramedics – Advanced Life Support[1] (adult, children & newborn)

5.4.2. Paramedics – Advanced Life Support[1] (adult and children)

5.4.3. Non-registrant -Intermediate Life Support[1] (adult)

5.4.4. EOC staff using CDSS – BLS with AED

5.5. 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 core operational vehicles and specialist critical care resources should be equipped with a defibrillator capable of operating in both automated and manual modes of defibrillation.

6.3. All Community First Responder, response capable manager or other vehicles identifiable as belonging to the Trust (i.e. fleet and logistics) should be equipped with an Automated External Defibrillator (AED).

6.4. 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. This is maintained by the Clinical Audit team.

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 to identify good practice and learning, and support staff welfare.

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7.4. The Clinical Audit team shall monitor compliance with Ambulance Quality Indicators (AQIs) relating to cardiac arrest and provide this data to local operational teams for supporting quality assuruance.

7.5. The Critical Care team shall support resuscitation practice through case review, debriefing and training.

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

7.7. The safeguarding team shall review all paediatric cardiac arrests as part of the child death overview process.

7.8. The Learning from Deaths Group will review any themes and make recommendations on future practice considerations.

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 (note this is separate to liability for funding). .

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.

8.4. The Trust will promote and 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.

8.5. The Trust should aim to have a PAD site on all Trust sites.

9 Verification of Death and Termination of Resucitation by Paramedics

9.1. The process of Verification of Death/ 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. All grades of patient facing staff may recognise conditions unequivocally associated with death and therefore not compatible with commencing resuscitation. These conditions are described in JRCALC Guidelines.

9.3. All grades of patient facing staff may recognise a valid DNACPR/RESPECT form/Advanced Directive, where such an instruction

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or wish meets the conditions of the clinical presentation, e.g. not vaid in reversible presentations such as choking.

9.4. EOC staff (clinical and non-clinical) using CDSS may withhold resuscitative efforts in line with CDSS recommendations, i.e. obviously deceased, valid DNACPR. Where doubt exists resuscitation should be commenced and continued until a clinician arrives at scene.

9.5. Only Paramedics may terminate an ongoing active resuscitation. The procedure for verification of death and termination of resuscitation can be found in JRCALC and in the End of Life Care guidance and procedures. In addition, a CCP may terminate a resuscitation in accordance with their Clinical Practice Guidline.

9.6. If a Paramedic is not available at scene urgent remote advice should be sought from a registered Health Care Professional in EOC, e.g. the Critical Care Desk (CCD). The only exception for this would be if a valid DNACPR/RESPECT form is produced and therefore, in which case resuscitation may be terminated.

9.7. A CCP may support the termination of resuscitation remotely where there is not a paramedic or doctor available at scene and there is predicted to be a delay in one attending, where the conditions of the resuscitation are not in the best interests of the patient and the conditions fall within the scope of practice of a CCP.

9.8. A consultant practitioner with the appropriate authority of the CMO may support the termination of resuscitation at scene or remotely. This decision should normally follow the described guidance, however may also consider the experience and grade of the practitioner and other factors relating to outcome, safety and best interests.

9.9. All decisions to with hold or terminate resuscitation should be documented on the ePCR or within the Computer Aided Dispatch system (CAD) where CDSS has been used.

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 Group will monitor the Policy with any concerns being escalated to the Quality Governance Group.

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

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

10.6. 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.

10.7. 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).

10.8. 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.

10.9. 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 References

11.1. Joint Royal Colleges Ambulance Liaison Committee (JRCALC) UK Ambulance Service Clinical Practice Guidelines (2022)

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

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12 Financial Checkpoint

12.1. To ensure that any financial implications of changes in policy or procedure are considered in advance of document approval, document authors are required to seek approval from the Finance Team before submitting their document for final approval.

12.2. This document has been confirmed by Finance to have no unbudgeted financial implications.

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