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Author / Title: M Woolfall, ANP Acute Care		Responsibility: Resuscitation	
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Which Principles of the NHS Constitution Apply? 1, 3, 4 Principles		Which Staff Pledges of the NHS Constitution Apply? 2 & 3 Staff Pledges	
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes			
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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

This policy aims to provide guidelines for resuscitation standards and training for those with responsibility for resuscitation services within University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT). The policy fully supports the recommendations for clinical practice and training in cardiopulmonary resuscitation published by the Resuscitation Council (UK)¹ (2013) and has been constructed to promote compliance with the NHSLA Risk Management Standards (NHSLA, 2013-14)².

2. PURPOSE

This policy stipulates the mandatory arrangements for providing resuscitation standards and practice. The purpose of the policy is to provide direction and guidance for the planning and implementation of a high-quality and robust resuscitation service to the organisation. The strategy for resuscitation incorporates the current published guidelines for resuscitation (Resuscitation Council ((UK)³), 2015).

Implementation of the policy will lead to:

- safe and high quality resuscitation practice
- suitably trained, competent staff
- awareness of and compliance with the record keeping required
- a standardised approach to dissemination of the information
- a process for monitoring the policy and its effectiveness

3. SCOPE

This policy aims to provide guidelines for resuscitation standards and training for those with responsibility for resuscitation services within University Hospitals of Morecambe Bay NHS Foundation Trust. The policy fully supports the recommendations for clinical practice and training in cardiopulmonary resuscitation published by the Resuscitation Council (UK)¹ (2013) and has been constructed to promote compliance with the NHSLA Risk Management Standards (NHSLA, 2013-14)².

4. POLICY

4.1 Training Strategy

Resuscitation training within the Trust is based on the guidelines published by the Resuscitation Council (UK)¹ and the European Resuscitation Council⁴, and incorporates updates to these guidelines as and when they are published. The current guidelines (2015) were approved by NICE in 2012. The training also includes the identification of patients at risk from cardiac arrest which is specifically included in Immediate and Advanced Life Support training courses (ILS and ALS) which are run under the auspices of the Resuscitation Council (UK)¹. The Trust will maintain its status as an ALS centre which is assessed by a regional representative of the Resuscitation Council (UK)¹ every 4 years. Designated training space should be provided on each site for resuscitation training with a

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room that can comfortably accommodate 10 people and provide floor space for practical training using a manikin.

Training will chiefly be carried out by the Resuscitation Officers. However, other instructors with expertise (for example, Advanced Paediatric Instructors) could also be involved.

With regard to Practical Basic Life Support (BLS), training should be carried out by an appropriately trained healthcare provider following agreement with the Lead for Resuscitation. The Resuscitation Team will maintain overall responsibility for maintaining the standard of BLS training and recording any training completed. All BLS sessions will include training in the use of an Automated External Defibrillator (AED). In addition, the BLS/AED training sessions will have the following additions to the adult sequence in order to give trainees a basic capability when dealing with children. These additions will be taught to those who are in low risk areas of a child collapsing.

- Give 5 initial rescue breaths before starting compressions
- If you are on your own perform CPR for approximately 1 minute before going for help
- Compress the chest by one third of its depth: use two fingers to compress the chest of an infant

4.2 Clinical Staff

It is the responsibility of each clinical member of staff to ensure that they avail themselves of training in line with the recommendations of their professional bodies e.g. Nursing and Midwifery Council (NMC)⁵, the General Medical Council (GMC)⁶ and this policy's recommendations.

All clinical staff should receive the minimum of basic life support training upon joining the Trust which should be completed within 3 months. This should be repeated annually or as specified in the training matrix. Other course requirements for staff are outlined in the training matrix (Appendix 1).

New members of staff should have training in how to summon the Cardiac Arrest Team by dialling 2222, incorporated into their period of induction into the Trust. Staff who have received training in other Trusts or institutions must demonstrate their skills to the satisfaction of the Resuscitation Officers.

The Resuscitation Officers will keep and maintain records of all Trust staff who have undertaken training at whatever level, using the Trust's Training Management System (TMS) database.

4.3 Non-Clinical Staff

All hospital staff with frequent, regular contact with patients should be trained in basic life support (BLS). All non-clinical staff should receive training in summoning help by dialling 2222, with the exception of electricians who will receive BLS training. All hospital staff, both clinical and non-clinical must be aware of how to summon the Cardiac Arrest Team by dialling 2222. Divisions have a responsibility to ensure this training occurs.

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4.4 The Emergency Team Response

In the event of a cardiac arrest, medical, obstetric, paediatric, trauma or neonatal emergency, the appropriate team can be summoned via the switchboard by dialling 2222. The precise location, team required and hospital site must be communicated promptly and clearly to the switchboard operator.

In the event of an IT or telecommunications failure (no dialling tone, engaged tone or no answer within 10 seconds), red phones are in position on the Furness General Hospital (FGH), Royal Lancaster Infirmary (RLI) and Westmorland General Hospital (WGH) sites. They are located next to the lifts on all sites. The precise location, team required and hospital site must be communicated promptly and clearly to the switchboard operator. Please note, the red phones should only be used when you pick up any other phone and it does not work. For further details see the UHMBFT Emergency Guidelines on the Emergency Preparedness page on the intranet.

4.5 Composition of the Resuscitation Team

The composition of the Trust's resuscitation team is specified by the Acutely Ill and Resuscitation Group (Appendix 2). All members of staff who hold an arrest bleep should respond immediately unless doing so would endanger a patient in their care.

The cardiac arrest bleeps must be tested twice a day: morning and night. Team members should contact switchboard to confirm that their bleep is working. Any malfunctions must be reported to facilities immediately and to the resuscitation department.

The team should be summoned to all cardiopulmonary arrests by using the Trust emergency number: 2222. The exceptions to this are the Queen Victoria Hospital and Ulverston Hospital where an ambulance must be summoned by dialling 999. In areas such as Southfield (RLI), Rehab Unit (FGH) or works departments, and areas outside the main hospital building staff should call 2222 but also request that switchboard contact an ambulance. In the event of a cardiac arrest in the hospital grounds an ambulance as well as the arrest team should be summoned.

The Cardiac Arrest Team will be called in the event of a cardiac arrest in the recovery area of the Cardiac Catheter Lab at WGH. Once the alarm has been raised staff within the laboratory will be asked if they are able to respond as well.

In some cases, it may be judged unnecessary to call the Cardiac Arrest Team, for example, in the Emergency Department or Theatres. This is dependent on whether there are sufficient medical and nursing staff to manage an emergency and is a clinical judgement.

During an arrest a member of the team should take on the role of team leader in order to coordinate the resuscitation attempt. It may be necessary for other team members to appoint a team leader. The team leader can then delegate tasks to other members.

Consideration should be given to the care of the relatives who may be present. A member of staff should be delegated to stay with them and liaise with them on the team's behalf. In the event of the Resuscitation attempt being unsuccessful contact should be made with

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the Bereavement Office in order to provide support for the family.
If the resuscitation is successful it is the team leader's responsibility to communicate with those responsible for the further care of the patient.

It is a medical decision to stop a resuscitation attempt but this should be done after consultation with other team members and, if appropriate, with relatives.

It is the team leader's responsibility to ensure that all necessary documentation is complete as soon as possible after the resuscitation attempt using the sticker available on all resuscitation trolleys for detailing the resuscitation, and a clinical incident must be submitted using the Trust's Safeguard system.

Due to the isolated position of Medical Unit 2 at the RLI, which takes acutely ill medical patients, as well as summoning the team by dialling 2222, there should also be an internal response to emergencies. There should be at all times a nurse trained in ILS whose responsibility should be to lead the resuscitation attempt whilst waiting for the team to arrive.

4.6 Resuscitation in Paediatrics

When resuscitating a child in cardiac arrest the team leader should be someone who has expertise and training in resuscitation of children e.g. European Paediatric Life Support (EPLS) or Advanced Paediatric Life Support (APLS). Special knowledge of the equipment required, doses of drugs used and the differences in aetiology and treatment is essential. All members of the team should be familiar with their expected roles and have expertise in resuscitation; it is recommended that other members of the team have undertaken a Paediatric Life Support Course (PLS) or Paediatric Immediate Life Support (PILS) course as a minimum.

Staff who are teaching Paediatric Basic Life Support, in the absence of instructor status, should be appropriately trained and have the agreement of the Resuscitation Lead to carry out that training.

Consideration should be given to the care of the relatives who may be present. A member of staff should be delegated to stay with them and liaise with them on the team's behalf. The parents of children may wish to be present during the resuscitation process and this should be permitted but a member of staff should be delegated to stay with them and explain events and procedures. In the event of the Resuscitation attempt being unsuccessful contact should be made with the Bereavement Office in order to provide support for the family.

4.7 Neonatal Resuscitation

All relevant maternity and neonatal staff involved with the care of neonates are required to attend annual updates on neonatal resuscitation (NBLS). This is provided by an NLS instructor or suitably trained professional on the agreement of the Resuscitation Lead. Maternity staff will receive these updates as part of the mandatory training days every year. The trainee obstetric medical staff also receive this training. The paediatric junior medical staff will attend 4 yearly NLS courses.

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4.8 Post Resuscitation Care

Patients in the post-arrest period frequently require either coronary care or intensive care treatment.

When appropriate, referral to specialists (e.g. cardiologist or intensivist) should be made by the team leader or person in charge of the patient. It is the responsibility of the team leader at the resuscitation to ensure that the transfer of care from one group of clinicians to another is both appropriate and efficient. The team leader should not leave the patient until this has occurred unless he/she has delegated care to another appropriate colleague.

Senior staff may need to be involved prior to transfer. The patient should be transferred by staff with appropriate skills e.g. ALS, APLS. If the transfer is to another hospital, accompanying staff should be trained in transfer skills such as Safe Transfer and Retrieval Course (StaR) or equivalent. For paediatric patients specialist retrieval teams will be involved such as North West & North Wales Paediatric Transport Service (NWTS) or STARS.

The patient's condition should be stabilised as far as possible prior to transfer but this should not delay definitive treatment. Careful coordination is required to ensure that no delays occur. This should be done by the senior nurse present, in conjunction with the doctor responsible for clinical care.

Equipment for transfer, including drugs, should be kept readily accessible and appropriate monitoring equipment should be provided. It may be necessary to liaise with the ambulance service. Further information can be found in the Adult Transfer Policy

4.9 Resuscitation Equipment, Replenishment and Cleaning

All resuscitation trolleys must be maintained in a state of readiness at all times. The contents of each trolley should be checked by a qualified member of staff at least once every week and immediately following a resuscitation attempt. Daily checks must continue and include oxygen, suction, defib and that the resuscitation trolley is secured, noting the tag number in the equipment checklist. All checks must be documented in the equipment check list. Audit of the "readiness" of resuscitation trolleys will occur once a year or as required.

Trolleys should be located in each ward or appropriate clinical area. Portable oxygen and suction devices should always be available on or near the trolleys and set up ready for use.

The resuscitation trolleys should be stocked in accordance with the standardised list (Appendix 3), except for those located within Ulverston hospital and Queen Victoria Hospital Morecambe. They will only require minimal items (defib, bag valve mask, oxygen & portable suction) in order to provide immediate treatment whilst awaiting the ambulance. Disposable items should be replenished at the earliest opportunity from the central storage. Non-disposable items should be de-contaminated or cleaned in accordance with both the manufacturer's policy and the Trust Infection Prevention policy and returned to the trolley as soon as is practical.

The defibrillator must be operationally checked in accordance with the organisation- wide

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Policy issued by the Medical Devices Department.

Emergency grab bags have been introduced to the Trust so that should an emergency occur in a non-clinical area, for example the canteen, emergency equipment including a defibrillator and oxygen can be transported to the scene. The location of the grab bags are outlined in Appendix 4 and the grab bag contents in Appendix 5.

4.10 Manual Handling

When a patient collapses, the urgency of the situation may distract carers from using safe handling techniques. Before starting the resuscitation attempt, the carer must rapidly and correctly assess the risks to both the patient and themselves. In situations where the collapsed patient is on the floor, on a chair, or in a restricted or confined space, there may be difficulty in attempting to perform effective CPR. It may be more appropriate to wait for help rather than risk personal injury. The Trust's guidelines for the movement of the patient must be followed to minimise the risks of manual handling and related injuries to both staff and the patient.

4.11 Cross Infection

On commencing cardio pulmonary resuscitation staff should consider their protection from infection and ensure suitable personal protective equipment is used to reduce the risk. Gloves and face protection is available on the resuscitation trolleys.

4.12 Resuscitation Guidelines

The management of cardiac arrests, peri-arrest arrhythmias and suspected anaphylaxis / anaphylactic reactions should be conducted in accordance with the Resuscitation Council (UK)³ Guidelines 2015. Copies of these guidelines should be available in all clinical areas and are available on the resuscitation intranet page.

See Section 7 for a link⁷ to the Anaphylaxis Algorithm.

4.13 Defibrillation

Defibrillators must only be operated by persons specifically trained in their use. The operation of defibrillators by all clinical staff is subject to their having attended and passed a resuscitation department or nationally-approved course.

4.14 Procurement

All resuscitation equipment purchasing is subject to the Trust's Procurement and Standardisation Strategy; therefore, all resuscitation equipment purchased must be sanctioned by the resuscitation department in conjunction with the medical engineering department prior to ordering.

For Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Guidelines please refer to the DNACPR Policy.

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5. ATTACHMENTS	
Number	Title
Appendix 1	Staff training requirements
Appendix 2	Composition of cardiac arrest team
Appendix 3	Contents of adult cardiac arrest trolley
Appendix 4	Location of Grab bag
Appendix 5	Contents of Grab bag
Appendix 6	Equality and Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Corp/Pol/126	Infection Prevention Precautions http://uhmb/cs/tpdl/Documents/CORP-POL-126.docx
Corp/Pol/089	Medical Device Management http://uhmb/cs/tpdl/Documents/CORP-POL-089.docx
Corp/Proc/043	Transfer of Adult Patients policy http://uhmb/cs/tpdl/Documents/CORP-PROC-043.docx
Corp/Proc/019	Do not Attempt Cardio-Pulmonary Resuscitation (DNACPR) http://uhmb/cs/tpdl/Documents/CORP-PROC-019.docx

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
	References
1	Resuscitation Council (UK) Quality standards for cardiopulmonary resuscitation and training. Available from: https://www.resus.org.uk/quality-standards/ (accessed 10.6.15)
2	National Health Service Litigation Authority (NHSLA) (2013-14) Risk Management Standards 2013-14. Available from: http://www.nhsla.com/safety/Documents/NHS%20LA%20Risk%20Management%20Standards%202013-14.pdf (accessed 10.6.15)
3	Resuscitation Council (UK) 2015 Resuscitation Guidelines. Available from at: https://www.resus.org.uk/resuscitation-guidelines/ (accessed 18/02/2016)
4	European Resuscitation Council (2015) Resuscitation Guidelines www.erc.edu (accessed 11.3.16)
5	Nursing and Midwifery Council (NMC). Available at: http://www.nmc.org.uk/ (accessed 10.6.15)
6	General Medical Council (GMC) Available at: http://www.gmc-uk.org/ (accessed 10.6.15)
7	Anaphylaxis Algorithm, Resuscitation Council (UK) 2015, Available from: https://www.resus.org.uk/EasySiteWeb/GatewayLink.aspx?allId=792
Bibliography	
1	Acute Care – Quality Standards for CPR http://www.resus.org.uk (accessed 18/02/2016)
2	NICE Clinical Guideline CG50 (2007) Acutely ill patients in hospital: Recognition of and response to acute illness in adults in hospital. Available from : https://www.nice.org.uk/guidance/cg50 (accessed 10.6.15)

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8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition

9. CONSULTATION WITH STAFF AND PATIENTS		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	Job Title	Date Consulted
Paul Grout	CD Acute medicine / Chair Acutely ill & Resus Group	
Sarah Cullen	ACN Surgery & critical care	
Joann Morse	Deputy Chief Nurse RLI	
Judith Moore	Resuscitation Officer	
Hazel Dalton	Resuscitation Officer	
Alison Plenderleith	Resuscitation Officer	
Gill O'Connell	AMD FGH	
Sue Harding	AMD RLI	
Jayne Tyrer	Chaplain	
Alison Scott	End of Life Lead Nurse	
Clare Peckham	Paediatric Consultant	
Duncan Roche	Associate Specialist ED FGH	
Andrew Butler	Paediatric Educator	

10. DISTRIBUTION PLAN	
Dissemination lead:	M Woolfall
Previous document already being used?	Yes
If yes, in what format and where?	Trust Procedural Document Library
Proposed action to retrieve out-of-date copies of the document:	
To be disseminated to:	All Trust Staff
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library

11. TRAINING		
Is training required to be given due to the introduction of this procedural document? No Please delete as appropriate		
Action by	Action required	Implementation Date

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12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
4	Apr 15	Pg 3 (4.1) Pg 4 (4.3) Pg 5 (4.5) Pg 6 (4.6) Pg 6 (4.8) Pg 7 (4.9)	Change to who can provide BLS training Addition of portering staff requiring BLS training Utilisation of sticker for recording cardiac arrest details Provision of PBLIS training by non-instructor Addition of retrieval team Changes to checking procedure with new secured crash trolleys.	Apr 16
5.1	09/06/2017	Section 4.12 Section 7	Inserted link to Resus Council's Anaphylaxis Algorithm	01/04/2018
5.2	04/10/2017	Page 3	BSF page added	01/04/2018
5.3	08/08/2018	Page 1	Review Date extended – form 105/2018	01/10/2018
5.4	13/11/2018	Review Date	Review date extended – form 139/2018	01/04/2019

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Appendix1:

Staff Training Requirements

	BLS Annual	ILS Minimum every other year *	ILS recert Minimum every other year *	ALS Every 4 years **	ATLS Every 4 years	PBLs Annual	PLS Every 4 years **	PILS Minimum every other year *	APLS Every 4 years **	NBLS Annual	NLS Every 4 years ***
Consultants Assoc Spec ST3> Staff Grades	M			M (ED)	M (ED)	M (For those in clinical contact with children)			M (ED, paed)		M (paed & obstetricians)
Jnr Med Staff ST3 <	M	M (FY1 / 2 if not completed ALS)		M (Cardiac arrest team)		M (Paeds / ED)	M (Paeds, ED)			M (paeds)	M (paed)
ALL Registered Nurses	M	M (ICU, Bleep 10 holders WGH, FGH anaesthetic recovery, Band 5 ED)	ED, ICU, theatre, MAU / AMU / ASU only (full day must have been completed previously)	M (ICU FGH, CCU RLI – cardiac arrest team) M (Band 6/7 ED)		M (for those in clinical contact with children)	M (band 5 – ED & paeds)	M (band 5 – ED & paeds (alternative equivalent course to PLS))	M (Band 6/7 ED & paeds)	M (Neonatal)	M (Neonatal)
Assistant Practitioners / Clinical Support workers	M					M (for those in clinical contact with children)				M (for those in clinical contact with newborns)	
Clinical Site Managers (night)	M				M						

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Midwives	M									M	
Allied Health Professionals	M	M (cardiac rehab physios)				M (for those in clinical contact with children)					
Radiographer	M										
Electricians	M										
PM technicians	M	M (clinical investigations)									

M = Mandatory

*If ALS is completed BLS must be undertaken annually

**If APLS / PLS is completed PBLS must be undertaken annually

***If NLS is undertaken NBLS must be undertaken annually

ALL STAFF MUST UNDERTAKE RESUSCITATION TRAINING EVERY YEAR – AS ILS IS REQUIRED EVERY OTHER YEAR IT IS THE DECISION OF DEPARTMENTAL MANAGERS WHETHER STAFF UNDERTAKE ILS EVERY YEAR OR BLS ON THE YEARS INBETWEEN

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Appendix 2: Composition of the adult cardiac arrest teams

RLI

Medical registrar (ALS)
Medical FY2 (ALS)
Anaesthetic trainee (ALS)
Medical FY1 (ILS)
CCU nurse (ALS)
Night site manager (ALS)
Site nurse (day) (ILS)

FGH

Medical registrar (ALS)
Medical FY2 (ALS)
Medical FY1 (ILS)
ICU nurse (ILS)
Night site managers (ALS)
Anaesthetic trainee (ALS)

WGH

Surgical medical officer (ALS)
ALS nurse (ALS)
Bleep 10 holder (ILS)

The resuscitation officers will attend cardiac arrests when able to do so

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Appendix 3: Adult Trolley Equipment List

Top of trolley.

Defibrillator with appropriate pads FFP3 Masks (if required)

Razor

Small sharps bin

Goggles

Nitrile gloves (medium and large)

First Drawer

Disposable bag-valve-mask system with oxygen tubing attached and size 5 face mask

I-Gel size 3 & 4

Oral pharyngeal airways 2, 3, 4

Stethoscope

Nasopharyngeal airways 6.0, 7.0

1 metre of tape

Non rebreathing mask

Tough cut scissors

Yankeur sucker Catheter mount

Laryngoscope handles (with batteries fitted) with size 3 & 4 disposable blade

Magill Forceps

SACETT ET Tubes 7.0mm, 8.0mm

Spare Batteries

Ligature Cutter

Second Drawer

Braun safety cannulae 2 x 14g, 2 x 16g, 2 x 18g, 1 x 20g

Double lumen connector Syringes 5ml, 2 x 10ml, 20ml

Needles x 4 green, orange, pink

Chloroprep x 5

10 x 10ml pre-filled saline flushes

Blood bottles

Cannula dressing x 2 IV bungs x 2

Arterial blood gas syringes x 2

Tourniquet

Tape

Bandage

Third Drawer

2 litres of normal saline

Blood giving set x 2

Bottom Drawer

Tracheal suction catheters x 6 (size 12 & 14)

Spare bag valve mask

Spare electrodes (if applicable)

Spare I-Gel

Spare yankeurs

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Appendix 4: Location of Emergency Grab Bags Cardiac Arrest outside Clinical Areas

Each site has a “grab bag” of emergency equipment for the management of cardiac arrest outside the clinical areas. These will be checked monthly by the Resuscitation Officers to ensure that they are maintained in a state of readiness. Immediately following conclusion of a resuscitation event, this responsibility lies with the bleep-holder who transported the grab bag.

Storage Location

RLI 1 grab bag stored on CCU – CCU bleep holder to transport equipment to all non-clinical areas within Centenary Building boundaries, link corridor and external entry points.

WGH 1 grab bag stored in porters’ lodge – porters to transport equipment to all non-clinical areas WGH and external entry points.

FGH 1 grab bag stored in ICUto transport equipment to all non-clinical areas and external entry points.

Grab bags should be stocked in accordance with the standardised list (Appendix 5). Disposable items should be replenished at the earliest opportunity from central storage, these items will be refunded to the ward by the Resuscitation Department. Non disposable items should be decontaminated or cleaned in accordance with both the manufacturer’s policy and Trust Infection Control Policy, and reinstated to the Grab Bag as soon as practicable.

Pharmacy items must be replenished from pharmacy stock.

The defibrillator must be operationally checked in accordance with Trust Policy issued by EBME

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Appendix 5: Contents of Grab Bags

Front Pocket

- Adult Bag Valve Mask Device (Ambu bag)
- Paediatric BVM Device
- AED x 1 with 2 sets pads Main Body

Internal Pockets (Front Compartment)

- EZ Intra Osseus needles 15ga (3 39kg) x 1 box
- EZ IO Gun
- Vacuum Suction x 1
- Sharps Bin 0.6mls x 1
- 1l Sodium Chloride 0.9% x 1
- IV Administration set x 1
- Orange clinical waste disposal bag x 2

Front Compartment

- Disposable razor x 2
- Trauma Scissors x 1
- Tourniquet x 1
- Chloroprep swabs
- 0.9% Sodium Chloride 10ml prefilled syringe x 2
- Water for Injection 10ml x 2 amps
- Cannula dressing x 4
- Syringe 10 ml x 2
- Cannulae 16g x 2 18g x 2 22g x 2 24g x 2

Central Compartment

- Oropharyngeal Airways size 0 x 1, size 1 x 1, size 3 x 1, size 4 x 1, size 5 x 1
- Nasopharyngeal Airways size 6 x 1, size 7 x 1
- Syringe 50ml luer lock x 1
- Laryngeal mask Airway size 4 x 1
- iGel(SGD) Airway size 4 x 1
- iGel(SGD) Airway size 5 x 1
- Tongue Depressor x 2
- Stethoscope x 1

Ligature Cutter

Internal pockets (Rear Compartment)

- Adult Non rebreath O2 mask x 1
- Paed Non rebreath O2 mask x 1
- Sphygmanometer and cuff
- Aprons

Disposable nitrile examination Gloves

O2 cylinder size G – FULL

DRUGS

Minimum drugs:

3x Adrenaline 1:10,000 prefilled syringe

1x Atropine 3mg

1x Amiodarone 300mg

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Appendix 6: EQUALITY & DIVERSITY IMPACT ASSESSMENT TOOL

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Age	N	
	• Disability	N	
	• Race	N	
	• Sex	N	
	• Religious belief – including no belief	N	
	• Sexual Orientation	N	
	• Gender reassignment	N	
	• Marriage and civil partnership	N	
	• Pregnancy and maternity	N	
2.	Is there any evidence that some groups are affected differently?	N	
3.	If you have identified potential discrimination are there any exceptions - valid, legal and/or justifiable?	N	
4.	Is the impact of the policy/guidance likely to be negative?	N	
4a	If so can the impact be avoided?		
4b	What alternative are there to achieving the policy/guidance without the impact?		
4c	Can we reduce the impact by taking different action?		

For advice in respect of answering the above questions, and / or if you have identified a potential discriminatory impact of this procedural document, please contact the relevant person (see below), together with any suggestions as to the action required to avoid/reduce this impact.

For Service related procedural documents: Lynne Wyre, Deputy Chief Nurse & Lead for Service Inclusion and Diversity

For Workforce related procedural documents: Karmini McCann, Workforce Business Partner & Lead for Workforce Inclusion and Diversity.

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