RESUSCITATION POLICY

Version:	December 2022
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Approved by	Quality & Safety Committee
Review Date	June 2025
Document number	

EQUALITY IMPACT ASSESSMENT STATEMENT

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.

CONTENTS PAGE 2

1. POLICY STATEMENT

The purpose of this policy is to provide direction and guidance for the planning and implementation of a high quality and robust resuscitation service to the organisation.

“Healthcare institutions have an obligation to provide an effective resuscitation service and to ensure that their staff receive training and regular updates for maintaining a level of competence appropriate to each individuals employed role. This requires appropriate equipment for resuscitation, training in resuscitation, managerial and secretarial support, financial planning and continual appraisal of standards and results.

“…As outcome from cardiac arrest remains poor, an important aspect of institutions resuscitation planning is the delivery of timely and effective treatment to make it less likely that critically ill patients deteriorate to the point of cardiopulmonary arrest.”

Resuscitation council (UK)

Swansea Bay University Health Board (SBUHB) will incorporate national guidelines and standards in the delivery and development of its resuscitation service.

In addition, this resuscitation policy fully supports the:

- Resuscitation Council (UK) Guidelines
- NICE 50 guidelines on the recognition and management of the acutely ill patient. (2007)
- Improvement Cymru recommendations
- Recommendations for Clinical Practice and Training in Cardiopulmonary Resuscitation published by the Resuscitation council UK (2010)
- Health Inspectorate Wales standards

'Sharing and Involving – a clinical policy for Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) for adults in Wales' –

DNACPR - NHS Wales Health Collaborative

2. SCOPE OF POLICY

This policy applies to all of the multidisciplinary health care teams involved in patient care within SBUHB.

3. AIMS AND OBJECTIVES

It is the aim of this policy:

- to assist in the provision of an effective Resuscitation Service that provides appropriate staff support and equality of care for patients across the organisation

- to provide a reference document for all staff embracing current national guidelines

- to promote best practice and maximise patient outcomes from episodes of acute illness or cardiac arrest

4. RESPONSIBILITIES

It is the responsibility of the Resuscitation Service

- to ensure adherence to national resuscitation guidelines and standards

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- to ensure resuscitation equipment and drugs are available

- to formulate the Resuscitation Policy, monitor and evaluate that policy

- to provide advice to executive bodies and purchasers

- to follow the audit trail in order to assess the clinical effectiveness of resuscitation policy and guidelines

- to record and report critical incidents in relation to resuscitation

- to ensure policy distribution, implementation and compliance throughout the organisation

- to review the policy either annually or when national policies/guidelines change (whichever occurs first), and to ensure re-ratification when necessary

- to disseminate this policy throughout the organisation immediately following ratification, including publication on the organisations Intranet site, ensuring access to this document is open to all

- to ensure the availability of all documents relating to the Resuscitation Service on the organisations Intranet site

- to plan provision of training for staff with clinical responsibilities, including Advanced and Specialist Courses (see Training)

- to maintain training records

- to encourage clinical staff to participate fully in the organisation's endeavours to improve patient safety and improve outcome

- to promote attendance by Resuscitation Officers at 2222 calls wherever possible

It is the responsibility of all staff to

- to adhere to this policy
- to be responsible for their own actions
- to attend training appropriate to their role (see Training)
- to work within their expected role
- to notify line managers of any training needs

It is also the responsibility of all clinical staff

- To identify, treat and document the management of acutely ill patients within their sphere of practice, following the NICE 50 guidelines for the accurate measurement and recording of physiological observations linked to a 'track and trigger system' National Early Warning Score(NEWS) Cymru
- To provide cardiopulmonary resuscitation/defibrillation to the standard described in the current Resuscitation Council guidelines, at a level appropriate to their role
- To consider the resuscitation status of all patients and in the case of appropriately qualified and experienced practitioners, to make a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order where appropriate and record and communicate decisions as outlined in the national policy

It is the responsibility of all directors and managers responsible for the delivery of care to ensure that their staff are aware of this policy, how to access it and to ensure that the policy is implemented.

5. TRAINING

All training dates and venues will be advertised in advance via the organisation's intranet.

Staff may contact the Resuscitation Service Co-ordinator if unsure of the training requirements for their role (see useful contacts in appendices)

Training will be provided at various sites according to need

Additional Advanced Life Support Courses held regularly in the SBUHB include:

ALS – Advanced life Support (RCUK)

EPALS – European Paediatric Life Support (RCUK)

NALS - Neonatal Advanced Life Support (RCUK)

5.1 Structure and content of training sessions

5.1.1 E-Learning

E-learning provides and easily accessible route for staff to undertake some aspects of training. Although there are recognised limitations, this method of training it nonetheless represents a valuable resource for our staff.

NHS Wales & the Rapid Response to Acute Illness (RRAILS) have developed an e-learning resource, dedicated to improving how we recognise & respond to patients who experience acute clinical deterioration. The training is available via ESR.

The resource includes-

Subject	Objective	Content	Target Group	Frequency
Measuring basic patient observations	To describe how to undertake a basic set of patient observations. Providing a minimum standard for anyone undertaking this process	How to undertake a set of basic observations; respiratory rate, blood pressure, pulse etc. It includes a unique opportunity to practice measuring the rate of breathing and pulse	All Heath Care Support Workers who undertaken observations and NEWS CYMRU	Minimum once, ideally annual
National Early Warning Score (NEWS CYMRU)	To ensure that everyone understands and uses NEWS CYMRU Cymru as a standard operation procedure	National Early Warning Score – outlines the importance of NEWS CYMRU, how to create a score and how to escalate care NEWS CYMRU – for responders – Defines the rationale for NEWS CYMRU and outlines the responsibility of those who respond to deterioration	All staff who calculate NEWS CYMRU	Minimum once, ideally annual
An introduction to NEWS CYMRU for medical staff	Describes the responsibilities of those who respond to NEWS CYMRU	NEWS CYMRU – for responders – Defines the rationale for NEWS CYMRU and outlines the responsibility of those who respond to deterioration	Medical staff/ITU Outreach	Minimum once
A-E patient assessment	Describes how to undertake an	A-E assessment – A sequential	Anyone who may undertake	As required

	A-E patient assessment	approach to clinical assessment, including case studies and multi choice questionnaire	a clinical assessment of a patient – e.g. medical students, junior doctors, outreach nurses, advanced nurse practitioner	

The modules are available to all Heath Board staff who have open access without restriction. Although they do not form part of the mandatory training requirements individuals, wards or departments may incorporate these modules as part of local quality assurance.

Completion of some e-learning modules are a requirement before accessing higher levels of training e.g. ILS

5.1.2. Adult Resuscitation Training

Adult Level 1

- Mandatory training for all staff; it should be accessed a minimum of every 3 years, but is available for additional practise as required.
- Accessible via internet through ESR
- 000 NHS Wales Resuscitation Level 1 - CSTF Certification 2021
- Endorsed by the Resuscitation Council (UK)
- Recorded via ESR
- Reported to NHS Wales

Adult Level 2

Emergency Life Support (ELS)

For clinical, patient facing staff only (**not** registered nurses working substantively at the bedside or those who hold/require ALS provider certificates). This training includes Adult BLS with Paediatric BLS

adaptions and an awareness of the use of Automated External defibrillators (AED). For example this group might include- registered nurses from Outpatients, Staff working in the community, . Health Care Support Workers, Physiotherapists, Occupational Therapists, Radiographers, or Medical staff who are not part of the cardiac arrest team.

Pre-course requirement

- Level 1 certificate (adult). Staff who undertake the measurement of vital signs should also possess a valid “Basic Observation” certificate accessible via ESR
- Recommended Yearly
- Provided regularly on the Health Board hospital sites and Resuscitation Training Centre

Adult Level 3

Resuscitation Council (UK) E Immediate Life Support Course (eILS)

A 1/2-day course for registered nurses working substantively at the bedside; specific staff groups for whom eILS is mandated by their professional bodies; nurses undertaking invasive procedures.

For those who require Advanced Life Support training, eILS should be used as interim training between ALS recertification. (see below)

Pre-course requirement (may change as courses adapt)

- Evidence of accessing online eILS learning component
- Annual training – all registered nurses working substantially at the bedside should hold a current e ILS certificate
- Provided at the Training Centre Phillips Parade Swansea and other sites as agreed by RADAR committee/Resuscitation Department.

5.1.3 Advanced Life Support (ALS)

Resuscitation Council (UK) Advanced Life Support Course (ALS). For medical staff and registered nurses, likely to be involved in the care of acutely unwell patients.

Pre-course requirement,

- Valid Level 1 certificate (adult)
- Evidence of current ILS certificate (local registered nurses only)
- Strongly recommended for medical staff who form part of the 2222 team
- Valid for 4 years
- Provided at the Training Centre, Swansea
- Foundation Programme doctors are allocated places during first year of appointment.

5.1.3 **Paediatrics Resuscitation Training**

Paediatric Level 2

Paediatric Basic Life Support (PBLS)

For all patient facing staff with responsibility for caring for children.

- Mandatory annual training
- Provided regularly on all main hospital sites and the Resuscitation Training Centre.
- Provided as part of Level 2 Adult BLS/ELS sessions.

Paediatric Level 3

Resuscitation Council (UK) Paediatric Immediate Life Support Course (PILS).

For registered paediatric nurses, working substantively at the bedside. Not for those who hold/require EPALS provider certificates.

- Pre-course requirement, valid Level 1 certificate (adult)
- Annual training
- Provided at the Training Centre Phillips Parade Swansea

European Paediatric Advanced Life Support (EPALS)

Resuscitation Council (UK) European Paediatric Advanced Life Support Course. For medical staff and registered nurses, likely to be involved with the care of acutely unwell medical patients.

Pre-course requirement,

- Valid Level 1 certificate (adult)
- Evidence of current PILS certificate (local registered nurses only)
- Strongly recommended for medical staff who form part of the 2222 team
- Valid for 4 years
- Provided at the Training Centre, Swansea

5.1.4. Cascade Training (Level Two Adult/Paediatric)

It may be appropriate in circumstances to deliver Level 2 training via the cascade training system. (See appendix 18)

6 OPERATIONAL GUIDANCE & POLICY IMPLEMENTATION

6.1 SUMMONING HELP

The Medical Emergency Team are summoned by dialling 2222 in the event of:

- Confirmation of a Respiratory or Cardiopulmonary arrest, as defined by the Resuscitation Council (UK). Cardiopulmonary resuscitation (CPR) should always be provided immediately after help is summoned.

- Acute clinical deterioration of a patient in ‘peri-arrest’ stage, following an ABCDE assessment

- If the NEWS CYMRU score indicates a 2222 call

- If a member of staff makes a decision based on the clinical situation, following assessment

When making the 2222 call the precise location of the patient must be communicated clearly and concisely to the switchboard operator.

- For adult patients state "*adult cardiac arrest*"
- For pregnant patients state "*obstetric emergency*" and in the event of a cardiac arrest also state "*adult cardiac arrest*"
- For paediatric patients state "*paediatric cardiac arrest*"
- For neonates state "*neonatal emergency*"
- For trauma patients state "*trauma call*"
- For acute stroke patients state "stroke alert"
- For potential Non Invasive Ventilation patients state "NIV Alert"
- If a cardiac arrest/collapse occurs outside the main hospital building but within the hospital grounds, help should be summoned via a 2222 call. On receipt of the call switchboard will alert the Medical Emergency Team and contact the Ambulance Service to support the incident and/or facilitate the transfer of the patient of the nearest Emergency Department. If, on arrival at the incident, the 2222 team deem the attendance of an ambulance unnecessary they should inform the Ambulance Service as soon as it is practically possible.
- For Singleton/NPT
- Alert comes through to switch board on the 2222 line
- Switch operator activates 2222 call to that area.
- If caller states it is a building outside or if the building is on the list below, switch operator to ask if they require an ambulance.
- If required transfer caller through to 999.

- Switch to record detail in the cardiac book stating if they accepted or declined the ambulance.
- If on arrival of the medical emergency team an ambulance is no longer required the emergency team or a delegated member of staff can contact the ambulance service on 999 cancel the ambulance.

- **List of potential areas in Singleton:**
- Maggies
- Estates yard
- Post Graduate / Clinical School
- Genetics
- Chemotherapy day unit
- Breast Clinic
- Radiotherapy
- Nuclear Medicine
- ILS 2 building
- Carparks
- Pharmacy
- Pathology
- Any onsite medical imaging vans etc
- Outside but within hospital grounds
- List of potential areas Neath
- Childrens Centre
- Residents buildings
- Block A Staff
- Block B Accommodation
- Block C Accommodation
- Block D StaffAny onsite medical imaging vans etc
- Outside but within hospital grounds
- Carpark

- In the event of a paediatric emergency/arrest in any hospital/clinic, that has no access to a paediatric emergency team, call 2222 and request the "*adult cardiac arrest*" team. If in Singleton, ask also for the paediatric cardiac arrest team.

- If a second arrest call is made during an ongoing resuscitation attempt, the Resuscitation Team should decide how to effectively split their resources so that support can be given to the second event

- If no cardiac arrest response occurs having made a 2222 call, repeat calls must be attempted. In the unlikely event that there is no response to a 2222 call, at the first possible opportunity inform switchboard and complete and report via Datix

- If pressing the emergency buzzer to summon the cardiac arrest team it should at all times be backed up with a 2222 phone call

Peripheral hospitals

All staff need to be aware of local procedures when working in peripheral hospital/clinics.

Peripheral hospitals will generally have nurse led resuscitation teams, supported when available, by medical staff and the Ambulance Service. A majority of these areas have automated external defibrillators (AED's) and annual training is available to all qualified nurses in the use of this equipment.

6.2 EARLY WARNING SCORES (NEWS CYMRU)

- NEWS CYMRU is a standard operating procedure that should be adhered to for all patients with few exceptions*

- All patients must have vital signs recorded on admission

- The NEWS CYMRU score dictates minimum actions that must be followed

*Where a medical decision indicates deviation from the standard operating procedure, this should be clearly documented in the medical/nursing record

The NEWS CYMRU chart is included (see appendix 3)

6.3 S.B.A.R (Situation, Background, Assessment, Recommendation)

The Resuscitation Council UK suggest that up to 80% of adverse incidents or near miss reports in hospitals are caused by problems with communication. It has also been suggested that the request for help is often inadequate, with a resulting failure to communicate the seriousness of the situation. The SBUHB Resuscitation Service encourages the use of the S.B.A.R tool for patient handover. (see appendix 4). When escalating concerns based on a patient deteriorating NEWS CYMRU score the “Action” stickers which encourage transfer of information in an SBAR manner should be used

This tool facilitates effective, timely communication between individuals enhancing clear and concise information. This in turn allows the clinician to prioritise workload, in effect ‘triaging’ patients.

6.4 SEPSIS RECOGNITION AND TREATMENT

The Resuscitation Service is committed to ensuring the recognition and treatment of sepsis. NEWS CYMRU score actions include a trigger for Sepsis Screening (see appendix 5). Where sepsis is confirmed, the prescribed course of action within the “sepsis six” should be followed.

6.5 DNACPR

Sharing and Involving – a clinical policy for Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) for adults in Wales’ - (see appendix 6)

- DNACPR decisions should always be recorded on the correct form (see appendix 6)
- Decisions made and recorded prior to 1st August 2015 remain valid. Existing decisions do not need to be transferred to the new forms.

Link to the Policy, Quick Reference Guide for clinicians, Patient Information Leaflet and guidance on how to complete the form is available on COIN .

If there is any doubt about the resuscitation status of any patient in cardiac arrest, the presumption should always be to immediately summon help and start CPR.

6.6 RELATIVES WITNESSING RESUSCITATION

There may be situations where relatives may wish to witness the resuscitation of a family member. There is evidence to suggest that being present at resuscitation attempts can lead to reduced incidence of post-traumatic stress disorder symptoms in relatives. Where possible these wishes should be accommodated with appropriate support and supervision. However, the final decision on this issue rests with the Resuscitation team leader.

The Health Board endorses the Royal College of Nursing Recommendations – “Witnessing Resuscitation: Guidance for Nursing Staff” 2002 http://anaesthesiaconference.kiev.ua/downloads/Resusitation%20witnessing_2002.pdf

6.7 Patients with tracheostomies or permanent tracheal stomas or laryngectomies

Staff caring for patients with tracheal stomas/tracheostomy tubes (e.g. emergency department, ENT wards) should receive additional training in airway management and equipment for these patients. Information regarding this training should be accessed from the SBUHB ENT specialist nurses. For care algorithms, (see appendix 2).

6.8 Post surgical cardiothoracic patients

Staff caring for patients in the Cardiothoracic Intensive Care Unit should adhere to the recommendations from the Resuscitation Council UK with regard to post cardiac surgical cardiac arrest management.

6.9 POST RESUSCITATION CARE

Immediately after resuscitation, most patients are clinically unstable and likely to require admission to a Coronary Care or Critical Care Unit. Continuity of care during this period is vital and will depend on factors such as previous health, severity of illness and underlying diagnosis.

The Resuscitation Team must make provisions for those patients who require transfer to higher care facilities following successful resuscitation. This may involve the following steps:

- Stabilising the patient as much as possible, though this should not delay definitive treatment
- Where appropriate refer to site/area specific policies and procedures
- Referral to an appropriate specialist
- The allocation of staff to facilitate safe transfer
- Preparation of equipment to facilitate safe transfer. This may require the involvement of other departments, the ambulance service, or other hospitals
- A full and complete handover to the receiving team
- Communication with patients Next of Kin

6.10 ANAPHYLAXIS

The management of suspected anaphylactic reactions should be conducted in accordance with the Resuscitation Council UK guidelines for the management of anaphylaxis (see appendix 7)

Wales NHS approved training is available via ESR

- All Resuscitation Council courses provided by this organisation include the recognition and management of anaphylaxis

- The drugs recommended in the treatment of anaphylaxis will be available in clinical areas. It is the responsibility of clinical staff to know where to access this medication in an emergency situation
- Across the organisation clinical areas are provided with anaphylaxis grab bags, which are generic for both adult and paediatric anaphylaxis and contain adrenaline, needles, syringes and the RCUK initial management of anaphylaxis guideline including doses. (Appendix 8)

6.11 RESUSCITATION EQUIPMENT

Resuscitation equipment must only be used by appropriately trained staff

Medical Electronics are responsible for the maintenance of all defibrillators within the organisation. There are 3 departments located on the 3 main sites but they are responsible for equipment in the peripheral hospitals and local clinics.

Hospital/Site	Remit
Singleton **Tel. No. 01792 2056** **66 ext. 5522**	**Cefn Coed - Garngoch**
Morriston **Tel. No. 01792 703604**	**Gorseinon, Ty Eynon LLwyneryr, Glanrhyd**
Neath Port Talbot **Tel. No. 01639 862300**	**Cimla ,Tonna**

The defibrillator must be operationally checked in accordance with the manufactures recommendations. Medical Electronics/EBME/MEMS must be contacted if any problems are highlighted during checking procedures.

Apart from battery operated automated machines, defibrillators should always be connected to the mains supply.

New batteries for Automated External Defibrillators (AED's) are provided by the medical electronics department. They will also dispose of the old one.

Checking Procedures for ward/department based resuscitation trolleys/bags

The list of contents of emergency trolleys and bags will be maintained by the Resuscitation Department (see appendicies 9, 10 & 16 & 17). This list is based on recommendations from the Resuscitation Council UK and should only be altered by agreement with the Resuscitation Department and the Resuscitation Committee. For the grading of the Emergency bag (see appendix 15). The organisations Standard for emergency trolleys is included as (appendix 11).

A contents list should be available on every emergency trolley and should be checked according to the following schedule:

Daily Checks include;

- Check defibrillator as per protocol
- Check portable oxygen and suction if available (not on current standard)
- Check anaphylaxis drugs/hypo box if available
- Check sharps bin is empty
- Check general cleanliness
- Check Tamper evident tag is insitu and that the number correlates with the previous number?
- Perform monthly check as per standard
- Record your signature on documentation provided

It is the responsibility of the Department/Ward Manager to ensure that piped oxygen and suction is equipped and ready for use in an emergency.

Public access defibrillators -

If the AED in the wall mounted defibrillator cabined is used, please ensure pads/scissors/razor replaced for resuscitation equipment store room or contact a member of the Resuscitation Service.

Resuscitation Equipment

All main hospital sites have a dedicated store of disposable equipment available, for restocking resuscitation trolleys after use.

Morriston Hospital – In the stairwell near switchboard. Replacement cardiac arrest drugs trays are also stored here.

Singleton Hospital – In the “resus equipment room” near the porters’ lodge & mailroom. Key can be obtained from the porters, please ensure it is returned. Replacement cardiac arrest drugs can be collected from the Pharmacy department or the emergency drugs cupboard accessed by the out of hours team.

Cefn Coed Hospital in Ysbryd Y Coed- Emergency Room

Neath Port Talbot HospitalReplacement equipment can be obtained from the Resuscitation store area.

Situated on the corridor to ward F and G. Key can be obtained from the porters, main desk.

Neath Port Talbot Hospital- Replacement drug boxes can be obtained from the Pharmacy Department or the emergency drug cupboard accessed by the out of hours team

Glanrhyd Hospital Spare stock is kept in Taith Newydd reception. Replacement equipment may be requested from the resuscitation service.

(See appendix 13) for list of resuscitation drug tray contents

For all clinical sites any used equipment should be cleaned and restocked as soon as possible following use.

If any problems are encountered, contact the Resuscitation Service (see Useful Contacts).

Equipment Standardization

All new resuscitation equipment is subject to the organisation's standardisation strategy. The Resuscitation Service must approve all resuscitation equipment prior to purchase.

6.12 INFECTION CONTROL

Please refer to the organisation's policies and procedures on infection control.

6.13 MANUAL HANDLING

In situations where the collapsed patient is on the floor, in a chair or in a restricted/confined space the organisational guidelines for the movement of the patient must be followed to minimise the risks of manual handling related injuries to both staff and the patient. Please also refer to the Resuscitation Council (UK) guidance, which can be found at

https://www.resus.org.uk/library/publications/publication-guidance-safer-handling

6.14 AUDIT AND INCIDENT REPORTING

All events to which a '2222' team has been called must be audited.

MGH Audit Department audit all 2222 calls on site and in Cefn Coed Hospital.

SGH Audit Department audit all 2222 calls on site and NPT Hospital.

This data is shared with the resuscitation team who audit all 2222 calls where CPR or defibrillation has occurred.

Resuscitation team leader should complete audit form and return to the Resuscitation Service.

In the event of a 2222/999 call in one of the peripheral hospitals, it is the responsibility of the nurse in charge at the event to complete a cardiac arrest audit form (see appendix 13) and return it the Resuscitation department.

The Resuscitation Service Lead will produce annual audit reports for cardiac arrest outcomes and the DNACPR process, which will:

- Identify the incidence and presentation of cardiac arrest
- Differentiate between episodes of cardiac arrest and acute illness
- Identify survival rates from the event (i.e. those patients surviving to discharge)
- Monitor compliance with the Health Boards DNACPR guidelines

The Recognising Acute Deterioration And Resuscitation group (RADAR) will:

Lead on the monitoring of all the minimum requirements within the Health Inspectorate Wales (HIW) standards

Monitor, evaluate and report on key clinical priorities including-

- 2222 call rates & locations
- Sepsis screening, incidence and treatment
- Acute Kidney Injury, incidence and treatment
- ITU Outreach activity (NEWS CYMRU related)
- Datix incidents
- Use of key documentation & Standard Operating Procedures e.g. NEWS CYMRU

6.15 Resuscitation Council UK Algorithms (see Appendix 14)

7. Useful Contacts

For all course enquires ABMU Training Centre-

Training.centre@wales.nhs.uk

01792 465333 or 38849

Resuscitation Council (UK)

Resus.org.uk

020 7388 4678

Any member of the Resuscitation Service team can be contacted via hospital switchboard

8. CARDIAC ARREST TEAM STRUCTURE

8.1 Medical Emergency Team (Morriston/Singleton)

On call Medical Registrar or equivalent

On call Medical F1 or equivalent

On call Medical F2 or equivalent

On call Anaesthetist

On call Anaesthetic nurse or equivalent if available

Porter (Singleton, NPT)

Senior Ward/Department Nurse

Resuscitation Officer (RO) if onsite

Critical Care Outreach (if applicable)

Hospital @ Night (MGH & SGH)

Bed manager

8.1.1 NPT

Day time - 2222

Medical on call RMO bleep 46003, day ANP 46001, medics, porter with grab bag and on site matron.

Out of hours – 2222 after 5pm Medical on call 46003, ANP 46001 and Band 5 registered nurse on bleep.

8.2 Paediatric Emergency or Cardiac Arrest team

Week Day, Daytime:

SHO

2 x middle grades

2 x consultants (ward and PAU

Anaesthetist

Resuscitation Officer if on site.

Weekday, Evenings would be same unless Tuesday, Wednesday, Thursday up till 9.30pm where resident consultant covers one of the middle grades. Resuscitation Officer if on site.

Weekend up to 9pm:
2 x middle grades
SHO
Consultant (carrying bleep)
Anaesthetist
Resuscitation Officer if on site.

Overnight:
middle grade
SHO
Anaesthetist
Resuscitation Officer if on site.
If Paediatric 2222 call in SGH:
Adult 2222 team
Neonatal team
Resuscitation Officer if on site.

8.3 Neonatal Emergency or Cardiac Arrest team

Neonatal or Paediatric Registrar
Neonatal/Paediatric SHO
Neonatal Nurse Practitioner/Nurse in charge
Senior Midwife
Porter

8.4 Obstetric Emergency team

Duty Obstetric Registrar and F2
Duty Obstetric Anaesthetist
Neonatal Registrar and F2
On call maternity Theatre team

Senior Midwife

Porter

Resuscitation Officer if on site.

8.5 Obstetric Cardiac Arrest team

Duty Obstetric Registrar and F2

Duty Obstetric Anaesthetist

Neonatal Registrar and F2

On call maternity Theatre team

Senior Midwife

On call Medical Registrar or equivalent

On call Medical F1 or equivalent

On call Medical F2 or equivalent

Porter

Resuscitation Officer if on site.

8.6 NPT Birth Centre (Midwife Lead) - Summon appropriate help and start resuscitation

9. REFERENCES AND BIBLIOGRAPHY

- Mental Capacity Act 2005.
  - https://www.legislation.gov.uk/ukpga/2005/9/contents

- National Institute for Health and Clinical Excellence (NICE). (2007). CG50. Acutely Ill Patients in Hospital. London: NICE. Available at: www.nice.org.uk

- Resuscitation Council (UK). (2008[2004]). Cardiopulmonary Resuscitation Standards for Clinical Practice and Training: A Joint Statement from the Royal College of Anaesthetists, the Royal College of Physicians of London, the Intensive Care Society and the Resuscitation Council (UK). London: The Resuscitation Council (UK). Available at: www.resus.org.uk

- Resuscitation Council (UK). (2007). Decisions relating to cardiopulmonary resuscitation: A joint statement from the British Medical Association, the Resuscitation Council (UK) and Royal College of Nursing. London: BMA. Available at: www.resus.org.uk.

- The United Kingdom Sepsis Group (UKSG). Available at: http://www.uksepsis.org

10. APPENDICES

Appendix 1 - Abbreviations

Cardiopulmonary Resuscitation (CPR)

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)

National Early Warning Score (NEWS CYMRU)

Allied Health Care Professionals (AHP)

Health Care Support Worker (HCSW)

Automated External Defibrillator (AED)

Basic Life Support (BLS)

Emergency Life Support (ELS)

Paediatric Basic Life Support (PBLS)

Advanced Life Support (ALS)

Immediate Life Support (ILS)

Paediatric Immediate Life Support (PILS)

European Paediatric Life Support (EPLS)

Health Inspectorate Wales (HIW)

Appendix 2 – Tracheostomy & Laryngectomy emergency algorithms

https://tracheostomy.org.uk

Appendix 3 – NEWS CYMRU chart

CID458 Observation and NEWS Score Chart - March 2021.pdf

Appendix 4 – NEWS Cymru Action Sticker

CID448 NEWS Cymru Action Sticker - June 2021.pdf

Appendix 5– Sepsis screening tool

CID450 Sepsis Screening - August 2016.pdf

Appendix 6 – DNCPR form and Link to All Wales Policy

CID1616 DNACPR Form - July 2015.pdf

DNACPR - NHS Wales Health Collaborative

Appendix 7 – Anaphylaxis algorithms

http://www.resus.org.uk/pages/reaction.pdf

Appendix 8 – Contents list for anaphylaxis drug grab bag

Adult & Paediatric

CID3904 SBUHB Adult & Paediatric Anaphylaxis Drug Tray 2021 - June 2021.pdf

Appendix 9 – Contents list for Adult emergency trolleys

CID3906 SBUHB Adult Resuscitation Trolley Equipment Checklist 2020 (V1) - June 2021.pdf

Appendix 10 – Contents list for Paediatric emergency trolleys

CID3908 SBUHB Paediatric Resuscitation Trolley Equipment Checklist 2021 (V8) - June 2021.pdf

Appendix 11– Emergency trolley standards

Morriston/NPT/Gorseinon Standard

CID3912 SBUHB Standard for Morriston Neath Port Talbot Gorseinon Hospitals Resuscitation Trolley 2020 - June 2021.pdf

Singleton Standard

CID3914 SBUHB Standard for Singleton Hospital Resuscitation Trolley Emergency Bag 2020 - June 2021.pdf

Appendix 12 – Contents list for resuscitation drug trays

Adult

CID1582 SBUHB Adult Emergency Drug Tray 2015 (V2) - June 2021.pdf

Paediatric

CID3918 Paediatric Emergency Drug Tray - June 2021.pdf

Appendix 13 – Cardiac arrest audit form

CID3910 SBUHB Cardiac Arrest Audit Form for Trolleys 2015 - June 2021.pdf

Appendix 14 – Resuscitation algorithms

2021 Resuscitation Guidelines | Resuscitation Council UK

Appendix 15 – Resuscitation Bag Grading

CID4296 Adult Resuscitation Bag - Equipment Bag Grading - June 2022.pdf

CID4298 Paediatric Resuscitation Bag - Equipment Bag Grading - June 2022.pdf

Appendix 16 – Adult Resuscitation Bag contents list

CID4296(1) Adult Resuscitation Bag - Grade 1 - June 2022.pdf

CID4296(2) Adult Resuscitation Bag - Grade 2 - June 2022.pdf

CID4296(3) Adult Resuscitation Bag - Grade 3 - June 2022.pdf

CID4296(4) Adult Resuscitation Bag - Grade 4 - June 2022.pdf

Appendix 17 – Paediatric Resuscitation Bag contents list

CID4298(1) Paediatric Resuscitation Bag - Grade 1 - June 2022.pdf

CID4298(2) Paediatric Resuscitation Bag - Grade 2 - June 2022.pdf

CID4298(3) Paediatric Resuscitation Bag - Grade 3 - June 2022.pdf

CID4298(4) Paediatric Resuscitation Bag - Grade 4 - June 2022.pdf

CID4300 Paediatric Resuscitation Bag - Neath Port Talbot Physiotherapy - June 2022.pdf

Appendix 18 – Level 2 adult and paediatric cascade training criteria

Level 2 Adult and Paediatric Resuscitation Cascade Training Criteria

Appendix 19 – Guide to accessing Resuscitation Training

Guide to Accessing Resuscitation Training

Equality Impact Assessment

QUALITY IMPACT ASSESSMENT STATEMENT

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.

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Swansea Bay University Health Board

Authorisation Form for Publication onto COIN

PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED – IF NOT APPLICABLE PLEASE PUT N/A

COIN ID.	340
Title.	SBUHB Resuscitation Policy-December 2022
Name and Signature of Author/Chair of Group or Committee.	Greg Fabb
Name and Signature of Lead Pharmacist.	NA
Please specify whether the document is New, Revised or a Review of a previous version.	Revised
Please specify the section on COIN where you wish the document to be published.	Resuscitation
Please sign to confirm that the document has been authorised by an approved governance process in a specialty or delivery unit.	Greg Fabb (for RADAR)
Has NICE guidance been considered/referenced when producing this guidance? If yes, please state the title or reference number.	NA
Is the document relevant to the GP Portal?	No
Equality Statement (Mandatory for Policies). (1)	Yes
Please specify keywords to assist with searching. (2)	Resuscitation Policy for BOPBA/SBUHB
Published.	December 2016
Last Review.	September 2023
Next Review/Expiry Date.	June 2025

(1) All policies need to comply with the Policy for the production, consultation, approval, publication and dissemination of strategies, policies, protocols, procedures and guidelines

(2) Relevant keywords will assist COIN users with searching for documents.