Resuscitation Policy

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Title of responsible committee/department:	Quality & Workforce Committee
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Target audience:	All staff
Impact Assessment Date:	31.01.2018
Summary	This policy supports the management of any patient, relative, carer or any other person the PC24 health professional has contact with in the event of a sudden collapse, medical emergency or cardiopulmonary arrest whilst enacting their duties for PC24.

Version	Date	Control Reason	Title of Accountable Person for this Version
V1.0		New Policy	Medical Director
V2.0	2.04.2022	Review required	Clinical Leads (JR, TT, AS)

Reference Documents	Electronic Locations (Controlled Copy)	Location for Hard Copies
Please refer to section 12 of this policy.	Primary Care 24 Intranet / SOPs Clinical / Operations … **Delete as appropriate***	**Policy File, Wavertree Headquarters**

Consultation: Committees / Groups / Individual	Date
Senior Clinical Advisor, Associate Director of Nursing, Medical Director	**05.02.018**

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1.0 INTRODUCTION

It is the aim of Primary Care 24 Social Enterprise, hereafter known as PC24, to provide a high quality, consistent and evidence based response from appropriately skilled staff to any sudden collapse, medical emergency or cardiopulmonary arrest within their work environments. Within this document the term resuscitation applies to cardiopulmonary arrest, paediatric and medical emergencies involving life support interventions.

PC24 will aim to achieve the core standards for Resuscitation, *(Primary Care, Quality Standards for cardiopulmonary resuscitation practice and training, Resuscitation Council, November 2013, updated May 2020*):

- Ensuring effective communication arrangements to summon an appropriate response.
- Ensure access to appropriate equipment, including external automated defibrillation can be achieved within 3 minutes.
- Provide access to appropriate training and development to ensure the competencies of staff.
- Ensure that all training is in accordance with Resuscitation Council (UK) Resuscitation Guidelines 2021 or any future updates.
- Ensure all staff understand decisions specific to Cardio Pulmonary Resuscitation (CPR) and Do Not Attempt CPR (DNACPR).
- Reporting all Life Support actions using the Datix reporting system and review all deaths following CPR in line with the serious incident reporting policy PC24POL32.

2.0 PURPOSE

PC24's first priority is to deliver safe, caring and effective care to patients. This encompasses medical emergencies and cardiopulmonary arrest and for the purpose of this policy also includes relatives, carers or any other personnel whom the PC24 staff may also come into contact with whilst enacting their responsibilities for PC24.

3.0 SCOPE

This policy supports the management of any patient, relative, carer or any other person the PC24 health professional has contact with in the event of a sudden collapse, medical emergency or cardiopulmonary arrest whilst enacting their duties for PC24.

This policy relates to all staff and is dependent on the level of training they receive for their role.

4.0 RESPONSIBILITIES

4.1 Chief Executive

The Chief Executive has overall accountability for life support actions within PC24 and has responsibility to ensure that the requirements of the Health Service Circular (HSC 2000/028) for Resuscitation Services are met

4.2 Medical Director

The Lead Director with responsibility for resuscitation services is the Medical Director.

4.3 Director of Nursing

Is responsible for reporting implementation of this policy and relevant audit processes to the Quality and Workforce Committee (PC24POL 32).

4.4 Training Team

Is responsible for ensuring that all staff receive the correct level of training appropriate to their role and the training follows current Resuscitation UK Guidelines.

4.5 Service (Area) Managers and Practice Managers

Each Service/Practice Manager is accountable for:

- Promoting this policy to staff.
- Implementing the policy within their area of responsibility.
- Ensuring appropriate actions are taken following receipt of any resuscitation related risk assessments
- Ensuring all staff undertake tie necessary training to fulfil their roles within PC24 in accordance with the training matrix.
- Ensuring all staff complete Datix incident reporting for all incidents involving life support situations
- Ensuring clinical and non-clinical debrief and staff support mechanisms are in place following incidents involving life support actions.

4.6 Shift Managers

Shift managers have a responsibility via the Home Visit Dispatcher when allocating visits to clinicians who may not have access to the clinical record whilst out on home visits:

- To notify the clinician of any relevant Special Patient Note including DNACPR.

4.7 Staff

All staff have a responsibility to work within the boundaries of their role and responsibilities and working within their level of competence in accordance with legislation, policies and guidelines.

All staff have a responsibility to:

- Maintain competence in resuscitation techniques through participation in training relevant to their role in accordance with PC24 training matrix.
- Ensure they are aware of the location of resuscitation equipment at every site they work from
- Respond to medical emergencies and cardiac arrest in accordance with Resuscitation and DNACPR policies.
- Report and take part in audit processes for cardiac arrests and medical emergencies in accordance with PC24 policies and procedures.

4.8 Quality and Workforce Committee

Responsibilities will include:

- Establishing the standards of resuscitation training.
- Evaluating the effectiveness of the service through clinical audit.
- Monitoring the implementation of the policy and taking appropriate action.
- Equipment – needs, risk assessment and deployment.

5.0 Training and Competency

All resuscitation training will be delivered to current Resuscitation Council (UK) Guidelines.

Staff will undertake mandatory resuscitation training on induction and as relevant to their role.

Staff will undertake subsequent training in compliance with the training matrix and as relevant to their role.

6.0 Procedures for Resuscitation

The management of a medical emergency should follow the algorithms produces by the Resuscitation Council (UK) and contained with the appendices.

Mouth to mouth resuscitation should always be carried out using a pocket mask, mouth to mouth resuscitation without using a mask can no longer be supported. Only until appropriate personal protective and airway management equipment (e.g. pocket mask,) is available, compression only CPR with manoeuvres to maintain airway should be carried out.

Infection control standard principles including droplet precautions should be followed rigorously.

Active treatment will be provided for all patients in the absence of a valid DNACPR or Advanced Decision to Refuse Treatment (ADTRT).

7.0 Responsibilities in the event of a Cardiac Arrest

It is the responsibility of the senior clinician present to ensure that record keeping requirements are met in accordance with both professional and PC24 requirements and must include:

- Comprehensive notes are made
- A Datix incident report is completed

Staff should be allowed time to debrief as soon as practically possible after the event and Heads if SDU should facilitate any ongoing support requirements.

8.0 Do Not Attempt CPR (DNACPR)

It is essential to identify patients for whom cardiopulmonary arrest represents an appropriate terminal event and in whom cardiopulmonary resuscitation is inappropriate.

This is not always possible in the Out of Hours setting although where possible reference to Special Patient Notes should be made prior to the consultation.

Where a DNACPR decision has not been made and the wishes of the patient are unknown or undocumented then resuscitation must be initiated if cardiac arrest occurs.

A DNACPR decision does not override clinical judgement in the unlikely event of a patient's reversible cause of respiratory or cardiac arrest that does not match the

circumstances envisaged when the initial decision was made and recorded (eg, blocked tracheostomy tube or choking).

DNACPR decisions must not under any circumstances inhibit normal treatment actions such as hydration, nutrition, oxygen administration and or suction that may be an expected element of a patient's normal care.

Where an ADTRT is in place and known (eg already documented within the records or on a SPN) then the clinician should be notified.

9.0 Audit and Reporting Standards

Audit of the practice, process and outcomes of resuscitation attempts is essential and accurate data from all resuscitation attempts is required for audit, training and medico legal purposes.

There should be a local review of all resuscitation attempts within the service area and also to facilitate lessons learnt.

Completion of a Datix incident reporting form is essential to ensure that a thorough review and organisational learning takes place post event.

10.0 Equality & Health Inequalities Statement

PC24 is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy has been implemented with due regard to this commitment. To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary. PC24 will take remedial action

when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

11.0 Personal Information Statement

PC24 is committed to an environment that protects personal information aspects in the development of any policy. When proposing change there is a new requirement for policy writers to investigate when the personal information aspect of the policy complies with the data protection principles in Schedule 1 of the Data Protection Act 1998. All individuals with responsibility for reviewing/writing policies should consider Privacy Impact Assessment compliance.

This policy complies with the Data Protection Act 1998, therefore no Privacy Impact Assessment is necessary.

12.0 References

Resuscitation Council (UK) (2021) Resuscitation Guidelines
2021 Resuscitation Guidelines | Resuscitation Council UK

Resuscitation Council (UK) (May 2021) Quality standards for cardiopulmonary resuscitation practice and training
https://www.resus.org.uk/quality-standards/primary-care-quality-standards-for-cpr/

Statement: Updates to RCUK COVID-19 Guidance in April 2022 | Resuscitation Council UK

13.0 Acknowledgments

Lincolnshire Community Health Service NHS Trust. Resuscitation Policy March 2017
https://www.lincolnshirecommunityhealthservices.nhs.uk/application/files/5115/0053/8478/P_CS_08_Resuscitation_Policy.pdf

Appendix 1 Adult Basic Life Support Sequence

Appendix 2 Adult Basic Life Support Procedures

Table 1: BLS/AED detailed sequence of steps	
SEQUENCE	**Technical description**
SAFETY	**Make sure you, the victim and any bystanders are safe**
RESPONSE	**Check the victim for a response** • Gently shake his shoulders and ask loudly: “Are you all right?" If he responds leave him in the position in which you find him, provided there is no further danger; try to find out what is wrong with him and get help if needed; reassess him regularly
AIRWAY	**Open the airway** • Turn the victim onto his back • Place your hand on his forehead and gently tilt his head back; with your fingertips under the point of the victim's chin, lift the chin to open the airway
BREATHING	**Look, listen and feel for normal breathing for no more than 10 seconds** In the first few minutes after cardiac arrest, a victim may be barely breathing, or taking infrequent, slow and noisy gasps. Do not confuse this with normal breathing. If you have any doubt whether breathing is normal, act as if it is they are not breathing normally and prepare to start CPR
DIAL 999	**Call an ambulance (999)** • Ask a helper to call if possible otherwise call them yourself • Stay with the victim when making the call if possible • Activate the speaker function on the phone to aid communication with the ambulance service

SEND FOR AED	**Send someone to get an AED if available** If you are on your own, do not leave the victim, start CPR
CIRCULATION	**Start chest compressions** • Kneel by the side of the victim • Place the heel of one hand in the centre of the victim's chest; (which is the lower half of the victim's breastbone (sternum)) • Place the heel of your other hand on top of the first hand • Interlock the fingers of your hands and ensure that pressure is not applied over the victim's ribs • Keep your arms straight • Do not apply any pressure over the upper abdomen or the bottom end of the bony sternum (breastbone) • Position your shoulders vertically above the victim's chest and press down on the sternum to a depth of 5–6 cm • After each compression, release all the pressure on the chest without losing contact between your hands and the sternum; • Repeat at a rate of 100–120 min^{-1}
GIVE RESCUE BREATHS	**After 30 compressions open the airway again using head tilt and chin lift and give 2 rescue breaths** • Pinch the soft part of the nose closed, using the index finger and thumb of your hand on the forehead • Allow the mouth to open, but maintain chin lift, apply pocket mask • Take a normal breath and place your lips around the pocket mask, making sure that you have a good seal • Blow steadily into the mouth while watching for the chest to rise, taking about 1 second as in normal breathing; this is an effective rescue breath • Maintaining head tilt and chin lift, take your mouth away from the victim and watch for the chest to fall as air comes out • Take another normal breath and blow into the victim's mouth once more to achieve a total of two effective rescue breaths. Do not interrupt compressions by more than 10 seconds to deliver two breaths. Then return your

	hands without delay to the correct position on the sternum and give a further 30 chest compressions Continue with chest compressions and rescue breaths in a ratio of 30:2 We continue to recommend the use of FFP3 masks or respirators during aerosol generating procedures associated with resuscitation when treating a patient with suspected or confirmed COVID-19. The donning of other aspects of AGP PPE should not lead to a delay in patient treatment. Clinicians will be used to the concept of individualised risk/ benefit assessments. In the context of resuscitation, we suggest consideration is given to the risks from the patient, virus, procedures undertaken, practitioner susceptibility and environment/setting. If you are untrained or unable to do rescue breaths, give chest compression only CPR (i.e. continuous compressions at a rate of at least 100–120 min^{-1})
IF A DEFIBRILLATOR ARRIVES	**Switch on the defibrillator** • Attach the electrode pads on the victim's bare chest • If more than one rescuer is present, CPR should be continued while electrode pads are being attached to the chest • Follow the spoken/visual directions • Ensure that nobody is touching the victim while the AED is analysing the rhythm **If a shock is indicated, deliver shock** • Ensure that nobody is touching the victim • Push shock button as directed (fully automatic AEDs will deliver the shock automatically) • Immediately restart CPR at a ratio of 30:2 • Continue as directed by the voice/visual prompts **If no shock is indicated, continue CPR** • Immediately resume CPR • Continue as directed by the voice/visual prompts
CONTINUE CPR	**Do not interrupt resuscitation until:** • A health professional tells you to stop

	• You become exhausted • The victim is definitely waking up, moving, opening eyes and breathing normally It is rare for CPR alone to restart the heart. Unless you are certain the person has recovered continue CPR
RECOVERY POSITION	**If you are certain the victim is breathing normally but is still unresponsive, place in the recovery position** • Remove the victim's glasses, if worn • Kneel beside the victim and make sure that both his legs are straight • Place the arm nearest to you out at right angles to his body, elbow bent with the hand palm-up • Bring the far arm across the chest, and hold the back of the hand against the victim's cheek nearest to you • With your other hand, grasp the far leg just above the knee and pull it up, keeping the foot on the ground • Keeping his hand pressed against his cheek, pull on the far leg to roll the victim towards you on to his side • Adjust the upper leg so that both the hip and knee are bent at right angles • Tilt the head back to make sure that the airway remains open • If necessary, adjust the hand under the cheek to keep the head tilted and facing downwards to allow liquid material to drain from the mouth • Check breathing regularly **Be prepared to restart CPR immediately if the victim deteriorates or stops breathing normally**

Outside of Healthcare Premises

This BLS/AED is appropriate for incidents outside of healthcare premises which may include the patients' home environment where clinicians do not have other healthcare professional to call on for support.

Even within healthcare premises the ability of PC24 staff to undertake more that BLS may be severely limited for example the Out of Hours setting and all other clinical services are closed.

In the event of an incident the person raising the alarm should ask for help and resuscitation equipment available on-site, BLS should commence until staff with additional skills or equipment arrives.

Defibrillator Use

Defibrillators are safe and effective when used by lay people even with limited or no training. Defibrillators are available at all PC24 sites and in all cars.

PC24 have 2 models of defibrillators, Heartsine and Defibtech. Defibrillators are available within resuscitation kits.

Life support providers should continue CPR with minimal interruption to chest compressions both while attaching the defibrillator and during its use. CPR providers should concentrate on following the voice prompts, particularly when instructed to resume CPR and therefore minimising interruptions in chest compression.

Many manufacturers supply purpose-made paediatric pads or programmes, PC24 use Heartsine and Defibtech defibrillators, both have this. They attenuate the output of the machine to 50-75 J. These devices are recommended for children between 1-8 years.

If no such system or manually adjustable machine is available, an unmodified defibrillator may be used.

All staff using a defibrillator will receive updates on their mandatory CPR training and frequency is dependent on their role.

Please refer to SOP OP041/CL029 Use of Defibrillator in PC24.

Appendix 3 Paediatric Basic Life Support

Rescuers who have been taught adult BLS, and have no specific knowledge of paediatric resuscitation, should use the adult sequence.

To maintain consistency with adult BLS guidelines, the compression rate remains at 30:2. Ideally chest compressions should be delivered on a firm surface otherwise the depth of compression may be difficult to achieve.
The following modifications to the adult sequence will make it more suitable for use in children:

- Give 5 initial rescue breaths before starting chest compression.
- If you are on your own, perform CPR for 1 min before going for help.
- Compress the chest by at least one-third of its depth, approximately 4 cm for an infant and approximately 5 cm for an older child. Use two fingers for an infant under 1 year; use one or two hands for a child over 1 year to achieve an adequate depth of compression.

NB: the specific 15:2 compression ventilation ratio is primarily intended for those who have the potential to resuscitate children as part of their role.

Appendix 4 Choking

Choking is an uncommon but potentially treatable cause of accidental death. As most choking events are associated with eating, they are commonly witnessed. As victims are initially conscious and responsive, early interventions can be life-saving. Recognition of airway obstruction is the key to successful outcome. Choking usually occurs while the victim is eating or drinking. People at increased risk of choking include those with reduced consciousness, drug and/or alcohol intoxication, neurological impairment with reduced swallowing and cough reflexes (e.g. stroke, Parkinson's disease), respiratory disease, mental impairment, dementia, poor dentition and older age.

Table 2: Sequence of steps for managing the adult victim who is choking

SEQUENCE	Technical description
SUSPECT CHOKING	**Be alert to choking particularly if victim is eating**

ENCOURAGE TO COUGH	**Instruct victim to cough**
GIVE BACK BLOWS	**If cough becomes ineffective give up to 5 back blows** • Stand to the side and slightly behind the victim • Support the chest with one hand and lean the victim well forwards so that when the obstructing object is dislodged it comes out of the mouth rather than goes further down the airway • Give five sharp blows between the shoulder blades with the heel of your other hand
GIVE ABDOMINAL THRUSTS	**If back blows are ineffective give up to 5 abdominal thrusts** • Stand behind the victim and put both arms round the upper part of the abdomen • Lean the victim forwards • Clench your fist and place it between the umbilicus (navel) and the ribcage • Grasp this hand with your other hand and pull sharply inwards and upwards • Repeat up to five times • If the obstruction is still not relieved, continue alternating five back blows with five abdominal thrusts
START CPR	**Start CPR if the victim becomes unresponsive** • Support the victim carefully to the ground • Immediately activate the ambulance service • Begin CPR with chest compressions

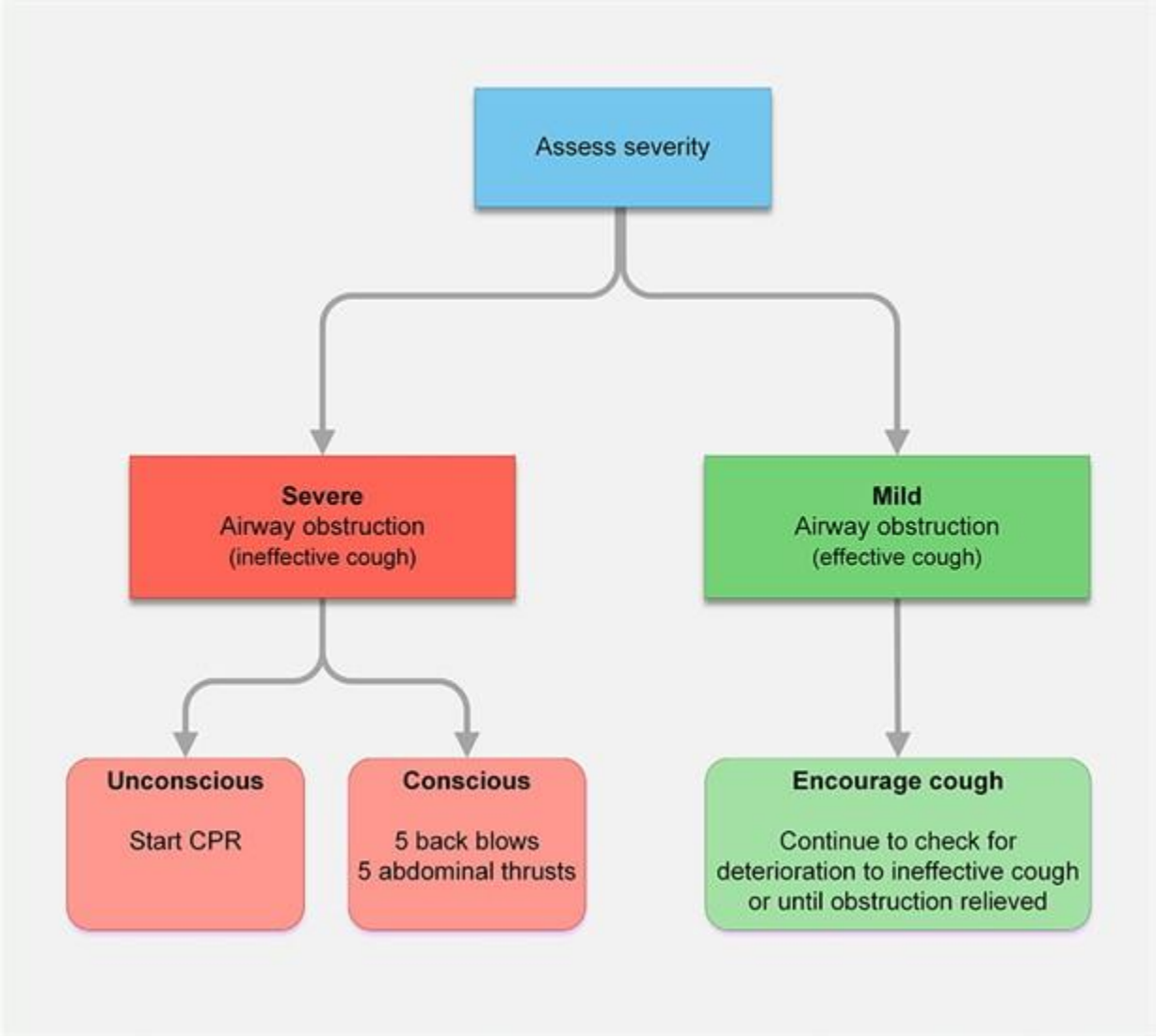

Assess severity
Severe
Airway obstruction
(ineffective cough)
Mild
Airway obstruction
(effective cough)
Unconscious
Start CPR
Conscious
5 back blows
5 abdominal thrusts
Encourage cough
Continue to check for deterioration to ineffective cough or until obstruction relieved

Figure 3. Adult choking algorithm

Aftercare and referral for medical review

Following successful treatment of choking, foreign material may nevertheless remain in the upper or lower airways and cause complications later. Victims with a persistent cough, difficulty swallowing or the sensation of an object being still stuck in the throat should, therefore, seek medical advice. Abdominal thrusts and chest compressions can potentially cause serious internal injuries and all victims successfully treated with these measures should be examined afterwards for injury

Appendix 5 Defibrillation

Defibrillation within 3-5 minutes of collapse can produce survival rates of 50-70% each minute of delay to defibrillation reduces the probability of survival to hospital discharge by 10%.

Automatic External Defibrillators (AEDs) are safe and effective when used by laypeople, including if they have no or minimal training. AED's may make it possible to defibrillate many minutes before help arrives.

Appendix 6

Resuscitation Equipment

PC24 has an obligation to provide effective resuscitation to its service users by ensuring that staff have immediate access to resuscitation equipment when needed. This obligation includes ensuring that there is a process to ensure the continued availability of resuscitation equipment that is checked, stocked and fit for use.

Staff must familiarise themselves with the location of emergency equipment at each site from which they work.

Equipment and drug lists

Primary Care - Minimum suggested equipment		
Item	**Suggested availability**	**Comments**
Protective equipment - gloves, aprons, eye protection	Immediate	
Pocket mask (adult) with oxygen port	Immediate	May be used inverted in infants
Oxygen cylinder (with key where necessary)	Immediate	
Oxygen tubing	Immediate	
Automated external defibrillator (AED)	Immediate	Preferably with facilities for paediatric use as well as use in adults. Type of AED and location determined by a local risk assessment. AEDs are not intended for use in infants (less than 12 months old) and this should be considered at risk assessment.

Primary Care - Minimum suggested equipment		
Adhesive defibrillator pads	Immediate	Spare set also recommended
Razor	Immediate	
Stethoscope	Immediate	

This list refers only to equipment for the management of cardiorespiratory arrest. Appropriate equipment and drugs for managing other life-threatening emergencies (e.g. anaphylaxis) are not dealt with within this policy.

Emergency Equipment Checklist

Site…….

Week commencing							
Pocket mask							
Defibrillator/AED – check ready for use indicator							
Adult pads – check undamaged and expiry date							
Paediatric Pads – check undamaged and expiry date							
Spare AED battery							
Adult – Non re-breath oxygen mask							
Paediatric – Non re-breath oxygen mask							
Oxygen cylinder – check regulator undamaged and fill level. Check expiry date							
Oxygen cylinder – check expiry date							
Pulse oximeter – check operation							
Signature							

Tick items checked and correct. Mark N/A if already risk assessed that items are not stocked at this site.

Missing or faulty equipment should be reported immediately.

The responsible manager will ensure compliance with daily checks.

Appendix 7

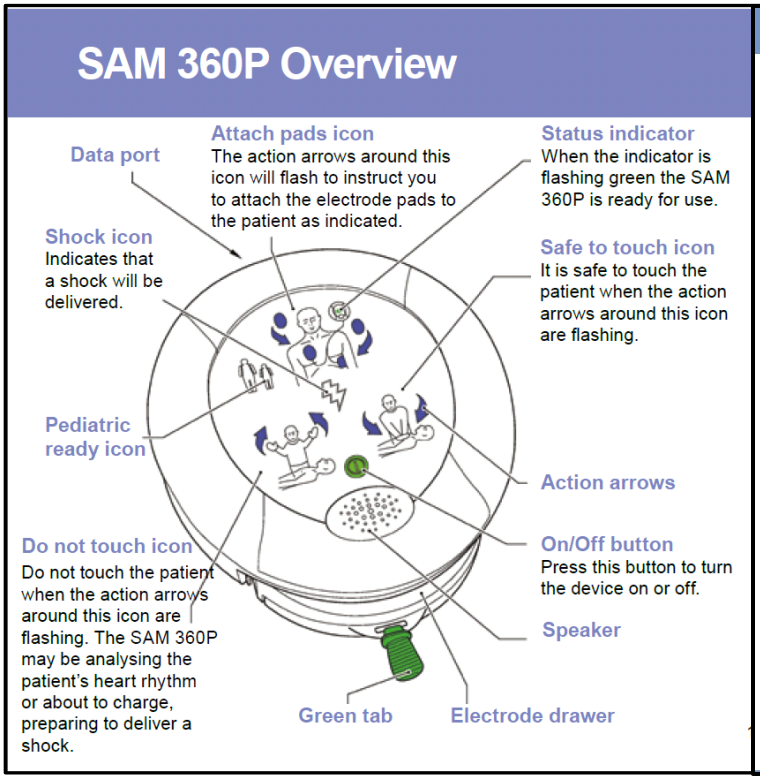
Heartsine Defib – Quick Overview Guide

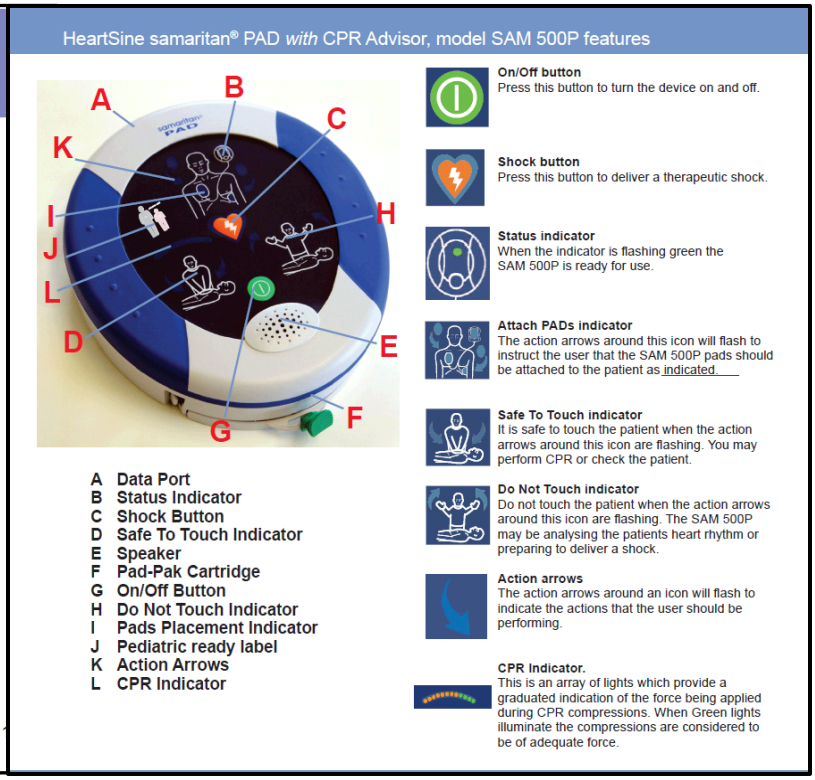
HEARTSINE DEFIBS - 360P and 500P – Quick overview guide

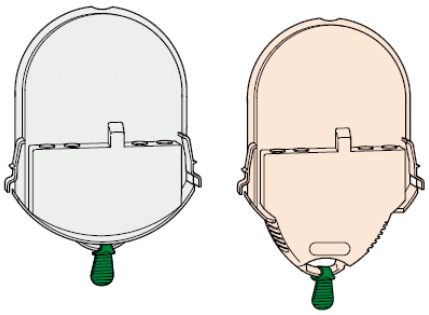
The SAM 360P is a fully-automatic (there is no shock button to press), external defibrillator designed to quickly deliver a defibrillation shock to victims of sudden cardiac arrest (SCA).

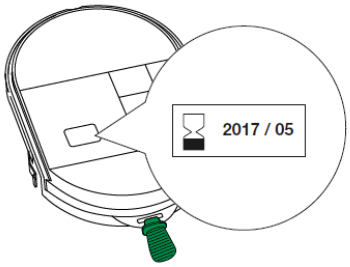
The SAM 500P is an Automated External Defibrillator (AED) used for the fast delivery of defibrillation electric shock therapy to resuscitate victims of Sudden Cardiac Arrest(SCA).

These Units have a lifespan of 4 years - The Pad-Pak includes the battery and defibrillation electrodes in one cartridge. See expiry date on label, the unit is also a one use only, if used you will need to replace the Pad-Pak.









Pad-Pak Installation

Remove the Pad-Pak from its packaging and place the defibrillator and the Pad-Pak on a flat surface.

Push Pad-Pak into the opening and listen for the “click” sound to ensure it is properly inserted. Once the Pad-Pak is installed properly the PAD Status Indicator will begin to blink green every 5 seconds.

If required, the defibrillator will run a self-test routine. The action arrows will flash during this Process. On successful completion of the self-test routine, the green status indicator will blink. If so, your defibrillator is ready for use.

Turn on the defibrillator by pressing on the front panel to check that the device is operating correctly.

Listen for the voice prompts but do NOT follow them. Make sure that no warning messages are played.

Notice: Do NOT pull the green tab on the Pad-Pak. If you have opened the electrode drawer, you may have to replace your Pad-Pak.

Only turn the Defibrillator on ONCE. If you turn it on and off repeatedly, you will exhaust the batteries prematurely and you may need to replace the Pad-Pak.

Turn off the defibrillator by pressing on the front panel. Check the status indicator is flashing green. If you have heard no warning messages and the status indicator is flashing green, the device is ready for use

The defibrillator has been designed to work on unconscious, nonresponsive patients. If the patient is responsive or conscious, do not use the SAM 360P to provide treatment.

The unit is suitable for use on patients of over 25 kg (55 lbs) in weight or equivalent to a child of approximately eight years old or over.

For use on smaller children (from 1 to 8 years old), remove the adult Pad-Pak and install a Pediatric-Pak. If a Pediatric-Pak or an alternative suitable defibrillator is not available, you may use an adult Pad-Pak.

Maintenance checks.

The recommended maintenance checks are:

Weekly

- Check the status indicator. If the green status indicator is not flashing every 5 to 10 seconds or if the red status indicator is flashing or if you hear beeping, a problem has been detected. See ‘Troubleshooting’ on page 25. The SAM 360P performs a self-test routine at midnight GMT every Sunday. During this self-test the status light blinks red but returns to green on successful completion of the self-test routine. The self-test takes no more than 10 seconds to complete. If the status indicator continues to flash red the SAM 360P has a fault (see ‘Troubleshooting’ on page 25).

Monthly

- If the device shows any signs of physical damage, contact your authorised distributor or HeartSine Technologies directly.
- Check the expiry date of the SAM 360P Pad-Pak (see ‘Preparation’ on page 14 for

the location of the date). If the date has expired, or is near expiry, replace with a new Pad-Pak or contact your local HeartSine distributor for a replacement. If you hear a warning message when you turn on your SAM 360P or if, for any reason,
you have suspicions that your SAM 360P is not working correctly, read the section 'Troubleshooting'.

TROUBLESHOOTING

Status indicator flashing red if the status indicator is flashing red or if the device is emitting a 'beep', check the expiry date on your Pad-Pak). If the expiry date has not been passed, turn on the defibrillator by pressing on the front panel and listen for the voice prompt 'call for medical assistance'. Then turn off by pressing on the front panel. If this action does not correct the problem, contact your authorised distributor or HeartSine Technologies immediately.

Low battery warning

This message does not indicate a fault.
The first time the device plays the message 'warning low battery', it will still continue to function properly. However, it may have fewer than 10 shocks left. If you hear this message, prepare the spare Pad-Pak for use and be prepared to swap it quickly. Order a new Pad-Pak as soon as possible.

Memory full warning

If the device plays the message 'memory full', then the memory can record no further ECG data or events. However, the device can still analyse and deliver a shock if required. If you hear this message, contact HeartSine Technologies technical support.

Audible warnings

If the device emits 3 beeps rapidly when turned off, it has sensed that the ambient temperature is outside of the specified operating range. This beeping could also occur during the weekly self-test.

If you hear this beeping, please ensure the device is returned to the specified operating conditions.

During use, if the status indicator changes from green to red and the device starts to 'beep', there is insufficient battery capacity to deliver a shock. The device will continue to analyse the patient's heart rhythm and advise when CPR is needed.

This Guide has been created as an overview of the full user guides for these units, please keep the full guide to hand for more detailed instructions/information on these units.

Appendix 8 Cessation of CPR

Reasons to cease CPR generally include:

- ROSC
  (resuscitation guidelines require 2 min of CPR post defibrillation prior to checking for ROSC -continue ventilation and haemodynamic management
- pre-existing chronic illness preventing meaningful recovery
  (i.e. nursing home resident with dementia, disseminated cancer)
- acute illness preventing recovery
  (i.e. 100% burns, non-survivable injuries, catastrophic TBI with no brain stem reflexes)
- no response to ACLS after 20min of efficient resuscitation in absence of ROSC, a shockable rhythm or reversible causes

In the prehospital setting a validated rule has been described by Morrison et al (2006):

- Stop CPR if:
  — no return of spontaneous circulation
  — no shocks are administered, and
  — the arrest is not witnessed by emergency medical-services personnel

- Otherwise, the rule recommends transportation to the hospital, in accordance with routine practice

More prolonged resuscitation is generally required in these settings:

- continue in young people who have persistent VF until reversible factors have been fixed
- hypothermia (“not dead until warm and dead”)
- asthma (need to correct dynamic hyperinflation)
- toxicological arrest (full neurological recovery after >4 hours CPR is possible)
- thrombolytics given (should continue up to 2 hours post-administration)
- pregnancy prior to resuscitative caesarean section

In the absence of a suitably qualified clinical decision maker it would be best practice to continue resuscitation attempts until paramedic services arrive on scene.

Appendix 9 Equality Impact Assessment

Equalities and Health Inequalities – Screening Tool

Name of Policy: Resuscitation Policy
Date of Ratification: 05.02.2018

Version number: V1.0

First published: November 2016

To be read in conjunction with Equalities and Health Inequalities Analysis Guidance, Quality & Patient Safety Team, Primary Care 24, 2016.

Prepared by: Quality & Patient Safety Team.

1 Introduction

The purpose of this Screening Tool is to help you decide whether or not you need to undertake an Equality and Health Inequalities Analysis (EHIA) for your project, policy or piece of work. It is your responsibility to take this decision once you have worked through the Screening Tool. Once completed, the Head of your SDU or the Quality & Patient Safety Team will need to sign off the Screening Tool and approve your decision i.e. to either undertake an EHIA or not to undertake an EHIA.

The Quality and Patient Safety Team can offer support where needed. It is advisable to contact us as early as possible so that we are aware of your project.

When completing the Screening Tool, consider the nine protected characteristics and how your work would benefit one or more of these groups. The nine protected characteristics are as follows:

1. Age
2. Disability
3. Gender reassignment
4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race
7. Religion and belief
8. Sex
9. Sexual orientation

A number of groups of people who are not usually provided for by healthcare services and includes people who are homeless, rough sleepers, vulnerable migrants, sex workers, Gypsies and Travellers, Female Genital Mutilation (FGM), human trafficking and people in recovery. Primary Care 24 will also consider these groups when completing the Screening Tool:

The **guidance** which accompanies this tool will support you to ensure you are completing this document properly. It can be found at: http://extranet.Primarycare24.co.uk/

2 Equality and Health Inequalities: Screening Tool

A	General information
A1	Title**: Resuscitation Policy** What is the title of the activity, project or programme?
A2.	What are the intended outcomes of this work? Please outline why this work is being undertaken and the objectives. **PC24's first priority is to deliver safe, caring and effective care to patients. This encompasses medical emergencies and cardiopulmonary arrest and for the purpose of this policy also includes relatives, carers or any other personnel whom the health care professional may also come into contact with whilst enacting their responsibilities for PC24.**
A3.	Who will be affected by this project, programme or work? Please identify whether the project will affect staff, patients, service users, partner organisations or others. **Policy applies to all staff, and will directly impact on staff, patients and the public in an emergency situation requiring resuscitation.**

B	**The Public Sector Equality Duty**		
B1	Could the initiative help to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics (see above)?		
	Yes	No	Do not know
	Summary response and your reasons: When this policy is activated in an emergency situation, the policy will apply equally to all.		
B2	Could the initiative undermine steps to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics? If yes, for which of the nine protected characteristics?		
	Yes	**No**	Do not know
	Summary response and your reasons: **When this policy is activated in an emergency situation, the policy will apply equally to all.**		
B3	Could the initiative help to advance equality of opportunity? If yes, for which of the nine protected characteristics?		
	Yes	No	Do not know
	Summary response and your reasons: **When this policy is activated in an emergency situation, the policy will apply equally to all.**		
B4	Could the initiative undermine the advancement of equality of opportunity? If yes, for which of the nine protected characteristics?		
	Yes	**No**	Do not know
	Summary response and your reasons: **When this policy is activated in an emergency situation, the policy will apply equally to all.**		
B5	Could the initiative help to foster good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?		
	Yes	No	Do not know
	Summary reasons: **When this policy is activated in an emergency situation, the policy will apply equally to all.**		
B6	Could the initiative undermine the fostering of good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?		
	Yes	**No**	Do not know
	Summary response and your reasons**: When this policy is activated in an emergency situation, the policy will apply equally to all.**		
C	**The duty to have regard to reduce health inequalities**		
C1	Will the initiative contribute to the duties to reduce health inequalities?		

	Could the initiative reduce inequalities in access to health care for any groups which face health inequalities? If yes for which groups?		
	Yes	**No**	Do not know
	Summary response and your reasons: **When this policy is activated in an emergency situation, the policy will apply equally to all.**		
C2	Could the initiative reduce inequalities in health outcomes for any groups which face health inequalities? If yes, for which groups?		
	Yes	**No**	Do not know
	Summary response and your reasons: **Everyone will be treated according to the policy guidance.**		
D	Will a full Equality and Health Inequalities Analysis (EHIA) be completed?		
D1	Will a full EHIA be completed? Bearing in mind your previous responses, have you decided that an EHIA should be completed? Please see notes. [1] Please place an X below in the correct box below. Please then complete part E of this form.		
	Yes	Cannot decide	**No**
E	Action required and next steps		
E1	If a full EHIA is planned: Please state when the EHIA will be completed and by whom. Name: Date:		
E2	If no decision is possible at this stage: If it is not possible to state whether an EHIA will be completed, please summarise your reasons below and clearly state what additional information or work is required, when that work will be undertaken and when a decision about whether an EHIA will be completed will be made. Summary reasons: Additional information required: When will it be possible to make a decision about an EHIA?		
E3	If no EHIA is recommended: If your recommendation or decision is that an EHIA is not required then please summarise the rationale for this decision below.		

[1] Yes: If the answers to the previous questions show the PSED or the duties to reduce health inequalities are engaged/in play a full EHIA will normally be produced. No: If the PSED and/or the duties to reduce health inequalities are not engaged/in play then you normally will not need to produce a full EHIA.

	Summary reasons: This policy has been consulted on by the Quality & Patient Safety Tem. There is no negative impact with respect to the characteristics as defined by the Equality Act.

F	*Record Keeping*		
Lead originator:	Senior Clinical Advisor	Date:	31.01.2018
Director signing off screening:	Medical Director	Date;	31.01.2018
Directorate:	Quality & Patient Safety	Date:	
Screening published:	On PC24 intranet and website.	Date:	