



Resuscitation Policy

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Staff Summary

- This policy details the Trust's commitment to providing the best possible outcomes to cardiac arrest patients.
- Enables clinicians to provide clinical care to patients to prevent cardiac arrest and provide evidence based resuscitation.
- This policy directs clinicians to national and Trust procedures for treating patients before, during and after cardiac arrest (Resuscitation Council UK, JRCALC, YAS Standard Operating Procedures, Patient Group Directions).
- This policy sets out the training commitment to clinicians around the subject of cardiac arrest and resuscitation.
- Identifies the approach to the Trust response to a cardiac arrest patient, ensuring optimum resourcing and clinical input to patient care spanning frontline 999, EOC and IUC.
- The implementation, monitoring and compliance of this policy will be monitored in accordance with responsible designates detailed within.
- JRCALC provides the basis of clinical practice in relation to resuscitation.

1.0 Introduction

- 1.1 This policy outlines the Trust's approach in the management of patients in or at high risk of cardiac arrest and is designed to enable clinicians to provide clinical care, with the core goals of preventing cardiac arrest or improving survival to discharge following cardiac arrest.
- 1.2 This policy describes the overarching approach to resuscitation. Clinicians within YAS will provide clinical care in accordance with national guidance provided by the Resuscitation Council (UK)¹, JRCALC Clinical Practice Guidelines for UK Ambulance Services², or where local variation exists, through YAS-specific Standard Operating Procedures (SOPs).

2.0 Purpose and Scope

- 2.1 This policy outlines YAS's approach to providing responsive, safe and effective care of high quality relating to resuscitation in all age groups.
- 2.2 The purpose of this policy is to provide frontline clinical staff, staff within the 999 emergency operations centre and staff within the integrated urgent care service with overarching direction in relation to clinical practice that is either underpinned by national guidance (Resuscitation Council UK¹ and/or JRCALC²) or through Trust SOPs.
- 2.3 The application of this policy and associated documents to guide practice should be in conjunction with the scopes of practice for each clinical staff grade.

3.0 Process

Clinical Response

- 3.1 The Trust will ensure that an appropriate clinical response is dispatched to patients requiring resuscitation. This will be managed in line with established dispatch guidelines and SOPs within the 999 emergency operations centre (EOC) and the integrated urgent

care service (IUC), but will ensure that the response provides both sufficient personnel and skill to meet the needs of the patient.

- 3.2 Specialist and advanced paramedics with enhanced clinical capability in the management of cardiac arrest and post-resuscitation care will be utilised to support the clinical response, in line with EOC dispatch guidelines³.

Clinical Care

- 3.3 Core clinical practice will be underpinned by the latest guidelines issued by the Resuscitation Council (UK)¹ and National Clinical Practice Guidelines for UK Ambulance Services²
- 3.4 Where there is a requirement for local variation from the nationally issued clinical guidance, YAS SOPs will be used to provide direction for clinical staff. This may relate to variations in practice or the utilisation of equipment and drugs. YAS SOPs will be added to the JRCALC app to allow ease of reference for clinical staff. Current SOPs are listed in appendix B.
- 3.5 Specialist and advanced paramedics with an enhanced capability in the management of cardiac arrest and post-resuscitation care will be supported to provide clinical care through YAS SOPs and Patient Group Directions (PGDs). These are also listed in appendix B.
- 3.6 In addition to Trust SOPs, checklists and emergency action cards (EACs) have also been implemented to support staff in the management of specific circumstances or in the management of clinical emergencies (Appendix B). The current list of checklists and EACs is referenced in appendix B. EACs and checklists are made available to staff in the clinical environment through the JRCALC Plus[®] app.
- 3.7 Call takers and clinical staff within the EOC and IUC will be supported to provide telephone assessment and initial management of a cardiac arrest. Where necessary training will be provided for those clinicians working remotely from the EOC and or IUC.
- 3.8 Clinical staff are empowered to make appropriate decisions regarding the initiation and discontinuance of resuscitation in the best interests of patients. Staff are encouraged to share decision-making with the wider clinical team and to involve family and carers where appropriate.

- 3.9 The degree of autonomy and independence in relation to resuscitation and futility will be explicitly outlined within the relevant scope of practice for clinically trained staff. Registered health professionals are given a greater degree of autonomy to make decisions, supported by national guidance such as the best practice statement from AACE (Association of Ambulance Chief Executives) and its sub-group NASMeD (National Ambulance Service Medical Directors).
- 3.10 The management of the deceased patient and processes to be followed in regards to unexpected death in the community is set out in the management of deceased patients policy.

Equipment

- 3.11 The Trust will ensure that clinical staff are provided with the equipment required to deliver safe and effective care. The Clinical Directorate will work closely with support services and procurement to ensure that this is regularly reviewed and remains fit for purpose.
- 3.12 Guidance for staff in the safe and effective use of equipment will be provided through SOPs (see appendix B).
- 3.13 The majority of equipment used during resuscitation is single-use and will be disposed of following use, in line with YAS Waste Management Procedure⁵.
- 3.14 Where items of equipment are not single use, they will be decontaminated and maintained in accordance with the YAS policies for the decontamination of medical devices and vehicles procedure⁶.

4.0 Training expectations for staff

- 4.1 Training for resuscitation is delivered as specified within the Trust's Training Needs Analysis (TNA) and outlined within the YAS resuscitation training plan⁷.
- 4.2 An assessment of essential and advanced life support skills combined with update and refresher training will be provided to frontline clinical staff on an annual basis.

- 4.3 Specialist paramedics with specific skills in the management of resuscitation will be subject to a separate training, assessment and refresher training programme which will be overseen by the YAS Academy and recorded separately on the OLM.
- 4.4 Recognising and managing a cardiac arrest whilst conducting telephone triage or advice is a specialist area and call takers and clinical staff working in the EOC or IUC will be provided with the training required.
- 4.5 All uniformed and patient facing staff within the Trust will receive training in essential life support including the use of a defibrillator. All non-clinical support staff within the Trust will be offered group face to face training in essential life support supported by an online training module.

5.0 Implementation Plan

- 5.1 This policy will be disseminated to staff using a multi-factorial approach, including reference within all core training delivered in the Trust, the use of YAS 247, clinical catch-up and cascade by the Clinical Development Managers, Clinical Supervisors and by the IUC management team.
- 5.2 The latest approved version of this policy will be posted on the Trust's intranet site for all members of staff to view. New members of staff will be signposted on how to find and access this guidance during their induction to the Trust.

6.0 Monitoring compliance with this policy

- 6.1 The Head of Clinical Effectiveness will monitor the application of this policy through regular scheduled audit and will report back to the Clinical Governance Group. These audits form part of the reporting process for the National Ambulance Quality Indicators.
- 6.2 Areas of specialist practice relating to resuscitation will be reviewed by the Consultant Paramedic for Emergency Care in line with established clinical governance processes for specialist and advanced practice⁸.
- 6.3 The EOC/IUC clinical governance group will monitor and report on the remote resuscitation assessment and management activity within EOC and IUC.

6.4 Regular reports will be provided to the quality committee in line with the established arrangements as detailed in the resuscitation plan.

7.0 References

1. RCUK (2016) UK Resuscitation Guidelines. Resuscitation Council UK Publication
2. JRCALC (2017) National Clinical Guidelines for Ambulance Services. *Joint Royal Colleges Ambulance Liaison Committee*. Class Publications.
3. EOC Dispatch Guidelines (current). Yorkshire Ambulance Service NHS Trust
4. Management of deceased patients (current). Yorkshire Ambulance Service NHS Trust
5. Waste Management Policy (current). Yorkshire Ambulance Service NHS Trust
6. Decontamination of Medical Devices Policy (current). Yorkshire Ambulance Service NHS Trust
7. Resuscitation Training Plan (2016). Yorkshire Ambulance Service NHS Trust
8. Clinical Governance of Specialist and Advanced Practice Policy (current). Yorkshire Ambulance Service NHS Trust

Appendices

Appendix A - Roles & Responsibilities

Trust Board

The Trust Board have overarching accountability for all aspects of the resuscitation policy and will be required to gain assurance that all aspects are implemented and adhered to.

Clinical Directorate

The clinical directorate will ensure best practice is observed and implemented, and work with the YAS Academy ensuring best practice and current evidence based practice is utilised in the training of resuscitation care.

The Clinical Directorate will be responsible for ensuring that the care provided to patients undergoing resuscitation is audited.

YAS academy

The YAS academy will oversee and provide all training requirements regarding resuscitation practice and will work collaboratively with the clinical directorate in the provision of enhanced clinical training in resuscitation to relevant specialist paramedics.

The YAS academy will monitor and evaluate all education/training activities and report the findings through the Clinical Governance Group.

YAS academy will implement changes in line with best practice following discussions or direction from the Clinical Directorate or Clinical Governance Group.

Operations Directorate

The operations directorate will ensure that mechanisms are in place to monitor all clinical operational staff both frontline and within the EOC, ensuring that they deliver the appropriate levels of care to patients undergoing resuscitation.

They will link in to the clinical directorate and YAS Academy, highlighting any areas of concern regarding resuscitation care. They will ensure that staff remain appropriately trained to provide high quality, safe and effective care to patients requiring resuscitation.

They will ensure that effective communication processes are in place between Consultant Paramedics, Clinical Development Managers and Clinical Supervisors, to ensure that the dissemination of changes in clinical practice pertaining to resuscitation are implemented appropriately.

Integrated Urgent Care Service

The Integrated Urgent Care Service will ensure that mechanisms are in place to monitor all call takers and clinical staff, ensuring that they are able to conduct a remote assessment to recognise a patient who has suffered a cardiac arrest and thereafter deliver the appropriate levels of care to these patients.

Clinical Governance Group

The Clinical Governance Group will monitor and sign off any changes to practice or implementation of new practices or equipment used in resuscitation care management.

Support Services Directorate

The support services directorate will ensure that front-line clinicians are appropriately equipped to care for patients requiring resuscitation.

The support services will work collaboratively with the clinical directorate to review the minimum equipment list for compliance on a yearly basis.

The relevant equipment procurement groups will coordinate the assessment and any subsequent roll-out of new equipment as directed by the clinical directorate.

Individual Duties

Chief Executive

The Chief Executive is responsible for ensuring that resources and mechanisms are in place for the overall implementation, monitoring and review of this policy.

Executive Medical Director

Has overall responsibility for the implementation of this policy in accordance with the JRCALC guidance and for ensuring that all staff delivers care in accordance with this policy.

The Executive Medical Director may devolve some duties to other roles within the Clinical Directorate.

Head of YAS Academy

Is responsible for ensuring that each core course has an appropriate level of resuscitation education embedded within the syllabus, to meet the area of responsibility for that role. Some of this responsibility will be devolved to the education assurance manager within YAS Academy.

Will ensure that learner outcomes are derived from best practice in line with Clinical Practice Guidelines

To liaise with the clinical directorate regarding changes in best practice or implementation of additional/new elements to be covered in the syllabus, and paediatric equipment to be issued or carried by the Trust or on Trust vehicles or premises.

Ensuring all tutors and personnel under their supervision are competent in all aspects of resuscitation care up to their level of responsibility of practice.

To evaluate and review all taught educational material on a regular basis to ensure it meets; current best practice, Trust requirements and is appropriate for its purpose.

Communicate information on the correct selection, usage and maintenance of resuscitation care equipment to staff, particularly relating to actions taken, post incident reports or as part of a “lessons learned” process.

Lead Paramedic for Clinical Development

Maintains responsibility, on behalf of the clinical directorate, for ensuring that core clinical practice remains up to date and in line with the developing evidence base and reflects current national clinical guidelines.

Works closely with YAS Academy in ensuring that education, training and development programmes relating to resuscitation practice reflect current best practice.

Consultant Paramedic in Emergency Care

Will remain accountable for specialist clinical practice in resuscitation and for both the review and development of the specialist paramedic workforce in this area of practice.

Will work collaboratively with the Lead Paramedic in the review and updating of clinical practice guidance, reflecting current evidence base and the recommendation from national expert opinion, research and guidance.

Clinical Staff

Ensure that they maintain their skills in the assessment, diagnosis and treatment of patients requiring resuscitation in line with their training, skill level and scope of practice.

Actively manage patients appropriate to their skills, training and scope of practice. If the management of a patient requiring resuscitation is beyond their skills, competence or knowledge, they should promptly consider seeking advice or the attendance of a clinician with more advanced skills.

Ensure that the resuscitation policy is adhered to within their area of responsibility.

Ensure incidents involving resuscitation care failure are reported to their line manager and through DATIX promptly and accurately.

Appendix B – Relevant SOPs / EACs / Checklists / PGDs

SOPs

- Autopulse
- Endotracheal Intubation
- I-Gel Supraglottic Airway Device
- Invasive ETCO₂
- ParaPac 200D Mechanical Ventilator
- ROSC – Managing Post ROSC Syndrome
- Synchronised Cardioversion
- Transcutaneous Pacing LP15
- Transcutaneous Pacing Corpuls
- Care of the Deceased

EACs

- High Pressure Alarm in the Ventilated Patients
- Low Pressure Alarm in the Ventilated Patient
- Persistent Hypoxia – Ventilated Patient
- Persistent Hypocarbica – Ventilated Patient
- Persistent Hypotension

Checklists

- Cardiac Arrest Checklist

PGDs

- Amiodarone
- Post ROSC Adrenaline
- Midazolam

