



Western Health
and Social Care Trust

RESUSCITATION POLICY
August 2016

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1.0 **INTRODUCTION**

This policy details the Western Health and Social Care Trust's (WHSCCT) requirements in relation to the practice of resuscitation. The contents of the policy reflect guidance contained within the following documents:

- Quality Standards for Cardiopulmonary Resuscitation 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) (2014);
- 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) (2008);
- Cardiopulmonary Resuscitation: Guidance for Clinical Practice and Training in Primary Care (Resuscitation Council (UK) 2001).
- Guidance for safer handling during cardiopulmonary resuscitation in healthcare settings Resuscitation Council (UK) 2015
- Moving and handling Policy 2015.
- Policy for the Management of Medical devices 2013

1.1 **Purpose**

The Western Health and Social Care Trust (WHSCCT) has an obligation to provide an effective Resuscitation Service. This includes ensuring that staff receive training and regular updates to maintain a level of competence appropriate to each individual's role. This will encompass equipment for resuscitation, training in resuscitation, specialist advice, risk management and monitoring the success of resuscitation attempts; as well as audit of all of the above.

This policy should be read and considered with the Quality Standards for Cardiopulmonary Resuscitation and Training document 2014, current Resuscitation Council (UK) Guidelines and the Trust's Do Not Attempt Cardiopulmonary Resuscitation policy.

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

Latest national data from cardiac arrest audit indicates an overall survival of 18.4% of patients to discharge after a cardiac arrest (Gwinnutt et al 2000, Spearpoint et al 2009 and National Cardiac Arrest Audit Data 2015).

The Resuscitation Service will provide training in the recognition of deteriorating patients at risk of cardiac arrest, and their subsequent treatment.

All resuscitation attempts will be managed according to current Resuscitation Council UK guidelines. This document represents the minimum standard acceptable within the WHSCT in relation to Resuscitation processes. It has been endorsed and accepted as an organizational wide policy by the WHSCT Resuscitation Committee and the Corporate Management Team (CMT).

The Resuscitation Service will provide certification of attendance at resuscitation training. All staff members have a responsibility to act within their own sphere of competence or scope of practice and within the remit of their professional body.

2.0 SCOPE OF THE POLICY

The WHSCT must ensure that staff are trained in resuscitation to meet their expected clinical responsibilities and to maintain patient safety.

3.0 RESPONSIBILITIES

It is the responsibility of individual staff members to ensure they maintain their professional competence in resuscitation procedures. Staff performing resuscitation need to adhere to the guidance for safer handling during resuscitation in healthcare settings and as per Trust Moving and Handling Policy (2015).

Directors must ensure systems are developed to support checking and verifying that all their staff have attended relevant resuscitation training recommended by professional bodies.

Agency / bank staff employed through an employment agency or the WHSCT bank system must produce certificates of training to confirm that they are trained to meet their expected clinical responsibilities.

As part of the employment process temporary / permanent or agency staff will be expected to provide evidence that they have had appropriate training to a level appropriate for the individual's expected clinical responsibilities.

If for any reason a member of staff is unable to fulfill their role in resuscitation, either for a temporary or permanent period, they should advise their line manager and seek support from the Trust's Occupational Health Department.

4.0 KEY PRINCIPLES

4.1 Resuscitation Training

All staff must have access to resuscitation training to a level appropriate for their expected clinical responsibilities and as recommended by the Resuscitation Committee and approved by Directors. The resuscitation team following national recommendations and, in consultation with Professional/Clinical Leads will provide a training matrix for each directorate outlining what courses staff must attend in a calendar year (Appendix 1.)

All training programmes provided will be based on current Resuscitation Council (UK) guidelines and be adapted as new guidelines are issued.

The Resuscitation Service will maintain a database of all staff that have had training facilitated by the resuscitation team and/or Nursing Education and Development Consortium (NEDC). However, accurate records must also be held by each ward/ department.

Ward/department managers must also verify and record the details of staff that successfully complete internal and external resuscitation training programmes and should advise the resuscitation team of same.

The resuscitation team will be responsible for the development of a training matrix for wards and departments outlining the range of courses and the number of staff that must attend on a yearly basis.

All medical, midwifery, nursing and Allied Healthcare Professional (AHP) staff must be trained in the recognition and treatment of the acutely ill patient, appropriate to their level of experience to meet their expected duties.

Managers / department leads must ensure that unregistered staff are provided with resuscitation training to meet their expected duties.

4.2 Specialist Areas

All medical and nursing staff achieving Advance Life Support (ALS), Advanced Paediatric Life Support (APLS) or European Paediatric Life Support (EPLS) certification are not obliged to attend an Immediate Life Support (ILS) or Paediatric Life Support (PILS) course in that same calendar year. The Resuscitation Service will direct staff to the appropriate course for their level of experience and expected duties.

Directors, heads of departments, professional and service leads must ensure they attend a level of training that meets their expected duties and in accordance with the expectations of their profession.

Any member of staff who holds a Resuscitation Instructor qualification must be allocated the minimum time to teach on internal and external resuscitation courses in order to maintain instructor status. Staff who maintain their instructor status will not be required to attend annual updates but must be up to date with internal and external current guidelines, policies, equipment and procedures.

All new medical, nursing, midwifery and AHP staff who have direct patient contact must attend the required resuscitation courses within one month of their start date. The manager/department lead must ensure this occurs.

4.3 Resuscitation Arrest Teams

The Adult Resuscitation Arrest Team must be led by the most experienced clinician currently certified as an ALS provider. This should be agreed at the start of the resuscitation process.

It is the Team Leader's responsibility to ensure that current Resuscitation Council (UK) guidelines are adhered to during the resuscitation. The Resuscitation Arrest Team leader is responsible for ending the resuscitation attempt when appropriate.

In the event of a paediatric arrest in Altnagelvin or the South West Acute Hospital the arrest should be led by a clinician or nurse currently certified as an APLS provider. See site specific protocols (Appendix 3).

The Resuscitation Arrest Team leader is responsible for ensuring that initial post resuscitation care is provided for the patient and for ensuring that the patient is transferred to the appropriate unit for further post resuscitation care when appropriate and if required.

The Resuscitation Arrest Team leader is responsible for documentation of events in the patient's notes following a resuscitation attempt, regardless of outcome, and for completion of an Arrest Report form (Appendix 4).

Staff must ensure that where a ward / department is locked, a member of staff is tasked to ensure that others coming to help can gain entry.

4.4 Activating the Resuscitation Arrest Teams

All Trust staff both clinical and non-clinical should be familiar with how to call the relevant Resuscitation Arrest Team.

NOTE While the process for calling the Resuscitation Arrest Team is very similar on each hospital site there are some local variations and these are addressed in the site specific protocols (Appendices 2, 3 and 4.). Staff must familiarise themselves with these site specific protocols as appropriate.

The two emergency numbers used throughout Altnagelvin and South West Acute Hospital are **6666 and 6000**. The emergency number in Tyrone County Hospital is 6666.

Emergency help for Patients and Clients outside the Acute Hospital facilities.

In all other Trust facilities including the Tyrone and Fermanagh hospital and the hospitals on Gransha park site) staff should call an emergency ambulance on 999/112.

Staff need to be familiar with their local process for dialling 999/112.

Staff working on the Mental Health wards in the Tyrone and Fermanagh and Gransha park site hospitals should also fast bleep the on-call psychiatry SHO equivalent through use of 6000.

Staff attending patients in their own homes, day care/ residential facilities and GP practices should also call for help on 999/112.

Staff must continue to provide resuscitation as appropriate to the level to which they have been trained until patient care can be transferred to a Northern Ireland Ambulance Service (NIAS).

The Resuscitation Arrest Team number should be displayed on all telephones. All new staff should be informed of this on their first day in the department / ward. The resuscitation crash team **will only be activated by calling 6666** and not by use of ward based buzzer systems.

The Resuscitation Arrest Team must be called as soon as possible after confirming cardiac arrest, or in the event of pending cardiac arrest.

Upon receiving the call for a Resuscitation Arrest Team, the switchboard operator will activate team pagers. The switchboard operator will verbally announce the location of the call twice. If any Team member is unable to understand the location of the call they must contact the switchboard on 6666 to find out the location. (See site-specific protocols for further recommendations in Appendices 2, 3, 4).

When the Resuscitation Arrest Team pagers are activated, all members of the team should proceed without delay to the location of the arrest. The exception to this would be in the case of a call to an area away from the main hospital building. (See site specific protocols Appendices 2, 3, 4)

Resuscitation Arrest Team members are responsible for ensuring that they carry their team pager while on duty and that their pager is in full working order.

In the event of an arrest call to the MRI scanner, staff must not enter the magnet room until they are advised it is safe to do so. The patient will be removed to the MRI lobby by radiology staff. The first Resuscitation Arrest Team member should press the intercom for access and will be allowed into the lobby room by staff **WHEN IT IS SAFE TO ENTER**.

The Resuscitation Arrest Team will attend calls outside the main hospital building within the grounds of Altnagelvin, South West Acute Hospital and Tyrone County Hospital sites. Where a staff member finds an individual on the hospital grounds / staff accommodation in cardiac arrest they are advised to call switchboard to request the Resuscitation Arrest Team. If required, an emergency ambulance must be contacted in order to transfer the patient from the hospital grounds to the closest appropriate Emergency Department (ED)

In the event of a patient requiring resuscitation within a community facility/setting, staff must commence resuscitation immediately as appropriate and call **999/112** to summon Northern Ireland Ambulance Service (NIAS) to their location and continue resuscitation in accordance with current guidelines.

A test of the Resuscitation Arrest Team pager system will be carried out each day, including weekends and public holidays. (See site specific protocols Appendices 2, 3, 4). It is the pager holder's responsibility to ensure that they check/listen to pager message to ensure they do not miss an actual Resuscitation Arrest Team call, which occurs at the usual test call time. If a pager fails to go off at a test call time, or other faults are identified, it is the individual team member's responsibility to go to the switchboard immediately and have their pager either replaced, repaired or the batteries changed.

The switchboard is responsible for ensuring that they have an adequate number of spare Resuscitation Arrest Team pagers available for team members in the event of a failure that cannot be repaired immediately.

In the event of a complete pager system or telephone system failure the switchboard manager must have a contingency plan in place to deal with any such incident to ensure that Resuscitation Arrest Teams can be activated and respond to emergencies.

4.5 Resuscitation Equipment

All staff involved in patient care must be aware of the location of the closest resuscitation trolley / equipment within their work area.

Each in-patient facility should have access to a fully stocked adult and/or paediatric resuscitation trolley with contents as outlined in appropriate standard list. See site specific protocol for recommendations on location of resuscitation trolleys.

Resuscitation trolleys must be maintained as per the current standard list which can be obtained from the Resuscitation Service or accessed on the Trust's intranet. Any changes made to standard lists by the Resuscitation Service will be distributed to all relevant staff.

It is the responsibility of ward / department managers to ensure that all resuscitation equipment be maintained and checked as detailed in manufacturer's instruction manuals and as per *Managing Medical Devices: Guidance for healthcare and social services organizations. DB2006 (05)* recommendations.

Current Trust Infection Control guidelines must be adhered to in respect of resuscitation equipment.

Resuscitation trolleys must be opened, the contents checked monthly and replaced. These trolleys must be sealed with a tamper evident seal.

Daily resuscitation trolley checks must be recorded on the daily checklist. Checklists must be kept at ward level, for one year, for review if required by the Resuscitation Service.

Items on the top and sides of trolley including suction units and defibrillators should be checked daily. The inside of the trolley, to include drugs and all expiry dates should be checked monthly and after use. The resuscitation trolley must be sealed after checks with a tamper evident seal. The tamper evident seal must remain in place at all times except when a trolley is in use and the number recorded for checking on a daily basis.

Faulty equipment should be removed immediately. Normal Trust guidance as outlined in the Policy for the Management of Medical Devices (2013) for reporting faulty equipment should be followed. The resuscitation team must also be advised.

Each adult resuscitation trolley and adult drug box will contain the standard list of equipment as directed by the Resuscitation Service. No changes to the contents or the layout of the resuscitation trolley are permitted.

Amendments to resuscitation trolley contents will be issued to Assistant Directors for dissemination and implementation.

No additional equipment is allowed to be stored on/in the trolley without the prior consent of the Resuscitation Service in writing.

Defibrillators must be available in the event of collapse within any hospital setting and in every Trust Health Centre to ensure that if required the patient will be defibrillated within 3 minutes. Staff must receive the required training to competently use the defibrillator.

Each ward / department must have access to suction units (portable and fixed) and sufficient oxygen supplies (portable and fixed) to allow for prolonged resuscitation attempts. Portable suction units must be able to work with or without mains power. Portable suction units must be fully charged and ready for use at all times.

Defibrillators in the following areas must be equipped with facilities for external cardiac pacing; Coronary Care Unit, Cardiac Assessment Unit, Cardiac Investigations, Emergency Department, Urgent Care and Treatment Centre and Intensive Care Unit / High Dependency Unit.

In addition, in areas where diathermy/electrocautery is carried out, the defibrillators must be equipped with facilities for external cardiac pacing. Multifunction defibrillation pads capable of pacing must be available for these areas.

The Resuscitation Service must be contacted regarding the purchase of and/or replacement of resuscitation equipment. They must also be involved in the

procurement process to ensure standardisation of equipment to maintain patient safety.

4.6 Do Not Attempt Cardiopulmonary Resuscitation Orders (DNACPR)

It is the ward / department manager's responsibility to ensure that all staff involved in patient care should be familiar with the existing DNACPR Policy.

4.7 Resuscitation Services Department Audit

An audit will be carried out after every cardiac arrest call. It is the responsibility of team leader at the arrest and the Coronary Care Unit/Cardiac Assessment Unit or ward/department nurse. A copy of all completed report forms must be kept in a folder at ward/department level.

A member of the Resuscitation team will complete the audit within 72 hours of the crash call being made.

The Resuscitation Service will provide reports on resuscitation performance to the Directors, Resuscitation Committee, Assistant Director of Nursing, Governance and Performance and the Trust Governance Committee.

4.8 Resuscitation Equipment Audit

Resuscitation trolleys should be audited on an annual basis by Directorates to confirm that equipment is readily available. The resuscitation team will audit a sample of resuscitation trolleys in each Directorate against the standard equipment list on an annual basis.

Each ward / department manager will be provided with a copy of the audit results for their area.

4.9 Resuscitation Arrest Debrief

Resuscitation arrests are often sudden, unexpected events, which can present staff with a wide range of scenarios to deal with. They may not only be involved with the immediate treatment of the patient but also with the support of relatives and other patients both during and after resuscitation.

It may also be necessary to offer support to junior or new staff either helping them to deal with this new situation or using the event as a learning exercise.

Debriefing following resuscitation attempts is important. However, not all resuscitation attempts will require debriefing. Debriefing will occur where a team or individual expresses the need or where the resuscitation officer in attendance identifies issues that should be addressed.

There is also a confidential Staff Counselling Service available to staff who may wish to avail of it. This can be accessed by telephoning 0808 800 0002.

5.0 **IMPLEMENTATION**

All clinical staff within the WHSCT should have access to and be fully aware of this policy.

The policy will be available on the Trust Intranet under Primary Care and Older Person Directorate.

A Trust Communication will be issued to highlight that the policy has been updated and managers are asked to print off a copy and **ensure** all staff sign to confirm that they have read and understood.

6.0 **MONITORING AND REVIEW.**

This policy will be subject to review every 3 years. Compliance with this policy shall be monitored at Directorate level.

7.0 **EVIDENCE BASE / REFERENCES**

- 1 Managing Medical Devices: Guidance for healthcare and social services organizations. DB2006 (05)
- 2 Medical Healthcare Products Regulatory Authority: Guidelines for the Perioperative Management of Patients with Implantable Pace Makers or Implantable Cardioverter Defibrillators, Where the Use of Surgical Diathermy /Electrocautery is anticipated (March, 2006)
- 3 Resuscitation Council (UK). 2005. *Resuscitation Guidelines 2010* London. Resuscitation Council (UK).
- 4 Resuscitation Council (UK). 2015. *Advanced Life Support 6th Edition*. London. Resuscitation Council. (UK).
- 5 Resuscitation Council (UK). 2014. *Cardiopulmonary Resuscitation: Standards for Clinical Practice and Training*. London Resuscitation Council (UK).
- 6 Resuscitation Council (UK). 2015. *Guidance for Safer handling During Cardiopulmonary Resuscitation in Health Care Settings*.
- 7 Spearpoint K G, Gruber. P.C, Brett S.J.2009 - Impact of the Immediate life Support course on the incidence and outcome of in – hospital cardiac arrest calls: An observational study over 6 years. *Resuscitation*.2009; 80 (6):638-643.

8.0 CONSULTATION PROCESS.

- Resuscitation Committee
- Medical staff Committee
- Clinical and Professional leads.

9.0 EQUALITY STATEMENT

In line with the duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability Discrimination and the Human Rights Acts 1998, the WHSCT has carried out an initial screening exercise to ascertain if this policy should be subject to a full impact assessment.

Screening completed
No action required.

Full impact assessment to be
carried out.

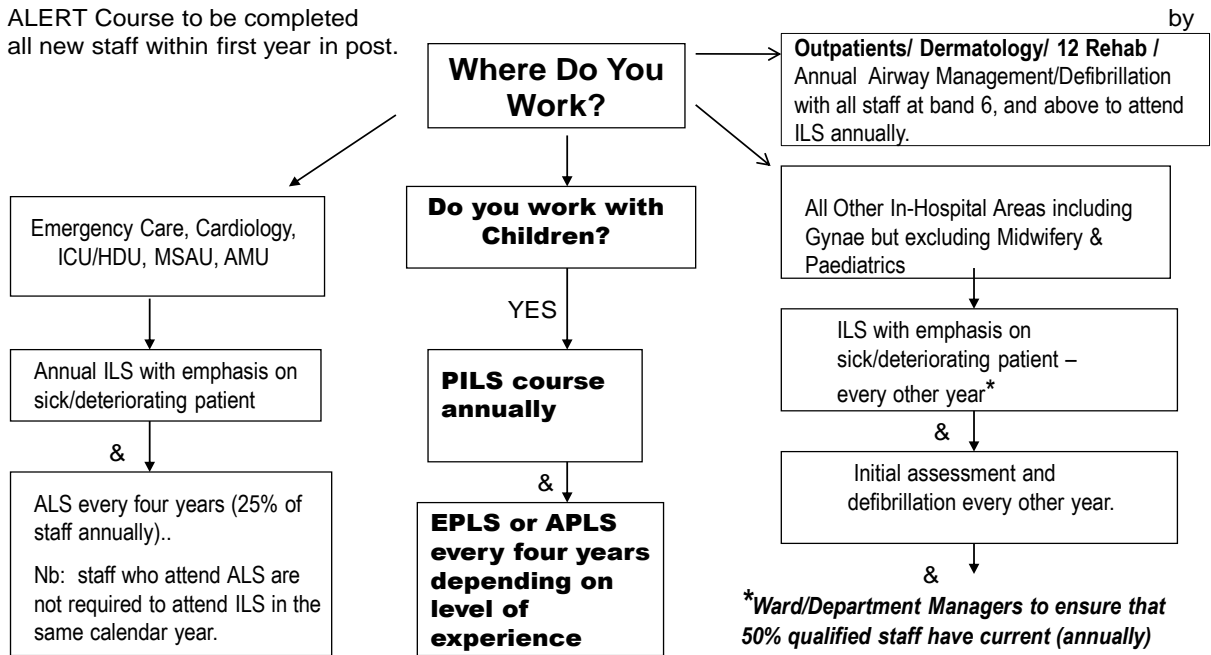
**ELAINE WAY,
CHIEF EXECUTIVE**

**DR ALBERT MCNEILL
ACTING CHAIR RESUSCITATION
COMMITTEE**



In-Hospital Resuscitation Training for Nursing Staff Based in Altnagelvin, South West Acute & Tyrone County Hospitals

- All Staff Qualified and Unqualified to be trained in Basic Life Support, by ward-based trainers.
- ALERT Course to be completed all new staff within first year in post.

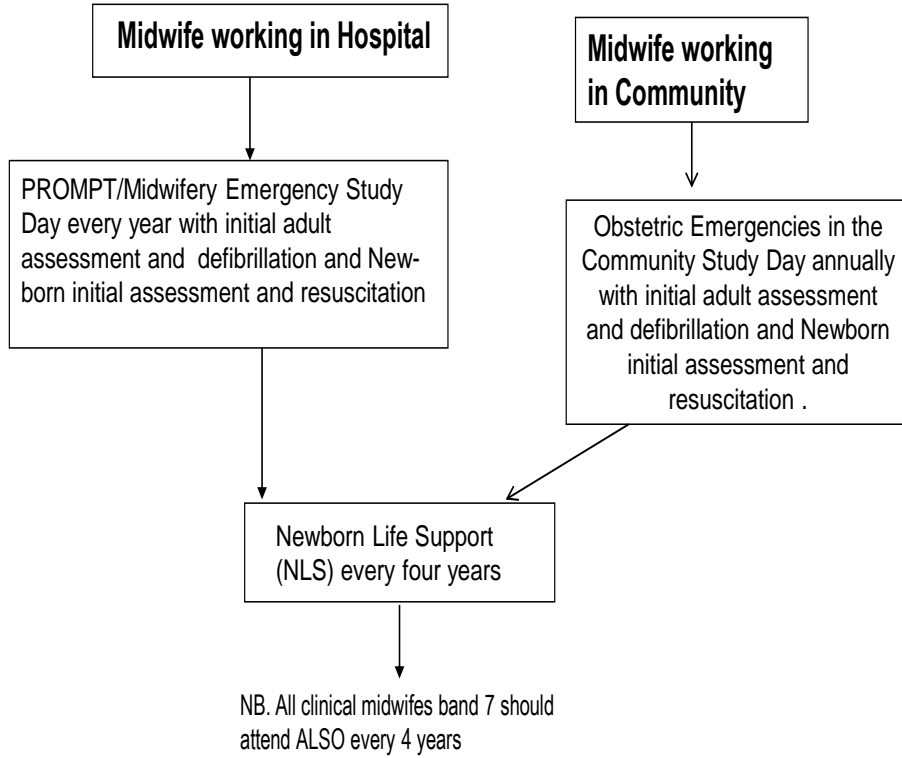


**Ward/Department Managers to ensure that 50% qualified staff have current (annually) ILS with emphasis on sick/deteriorating patient . Attend ILS with emphasis on sick patient on alternate years*

Jan 2016

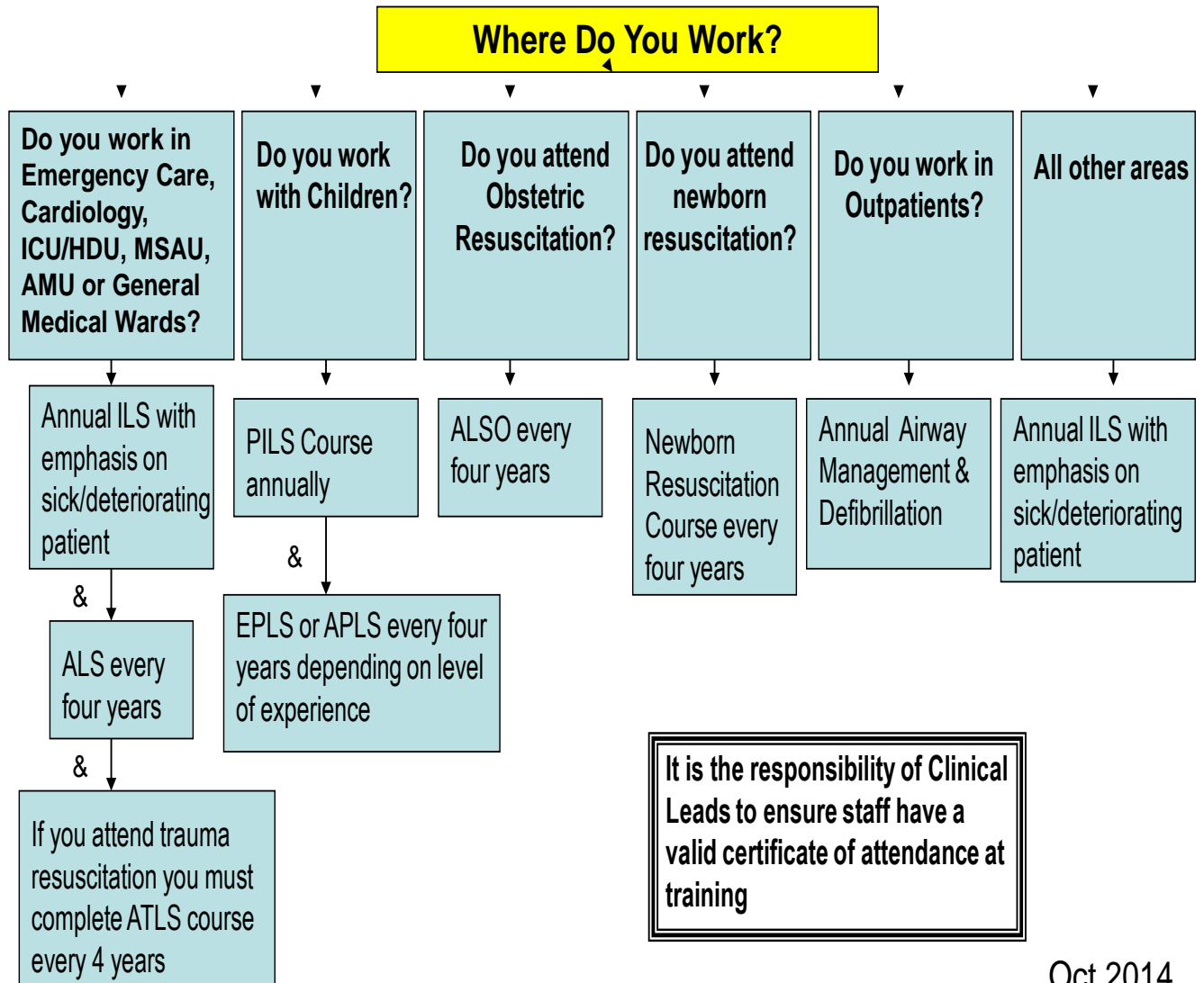
Resuscitation Training for Midwifery Staff in WHSCT

Ward/Department Managers to confirm names of those trained to Resuscitation Services Department by 1st March annually.



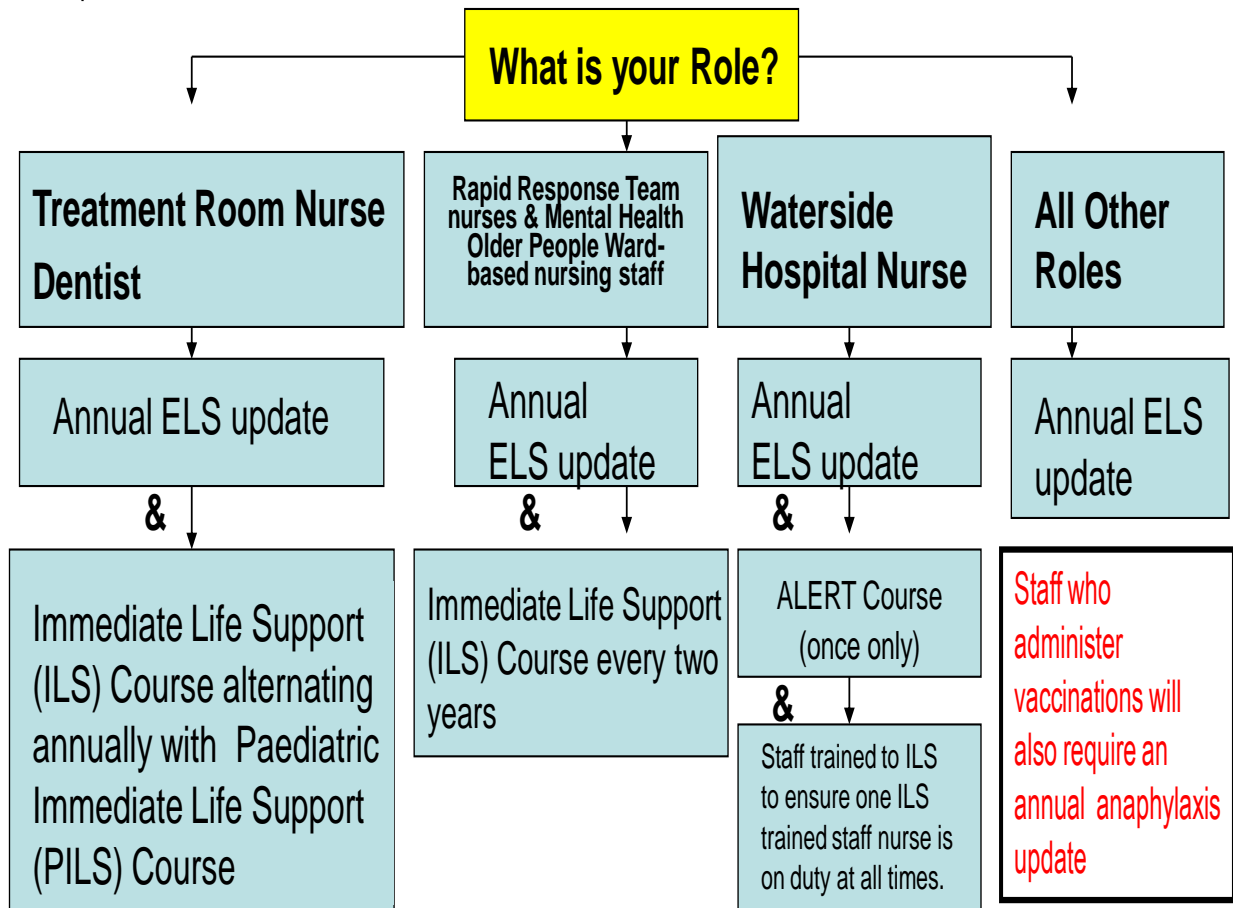
Jan 2016

In-Hospital Resuscitation Training for Medical Staff Based in Altnagelvin, SWAH & Tyrone County Hospitals



Oct 2014

All unqualified and qualified staff to be trained in Emergency Life Support (ELS)+/- Initial Defibrillation. ELS includes adult and child according to your clinical responsibilities. This training is delivered by department-based Cascade Trainers.

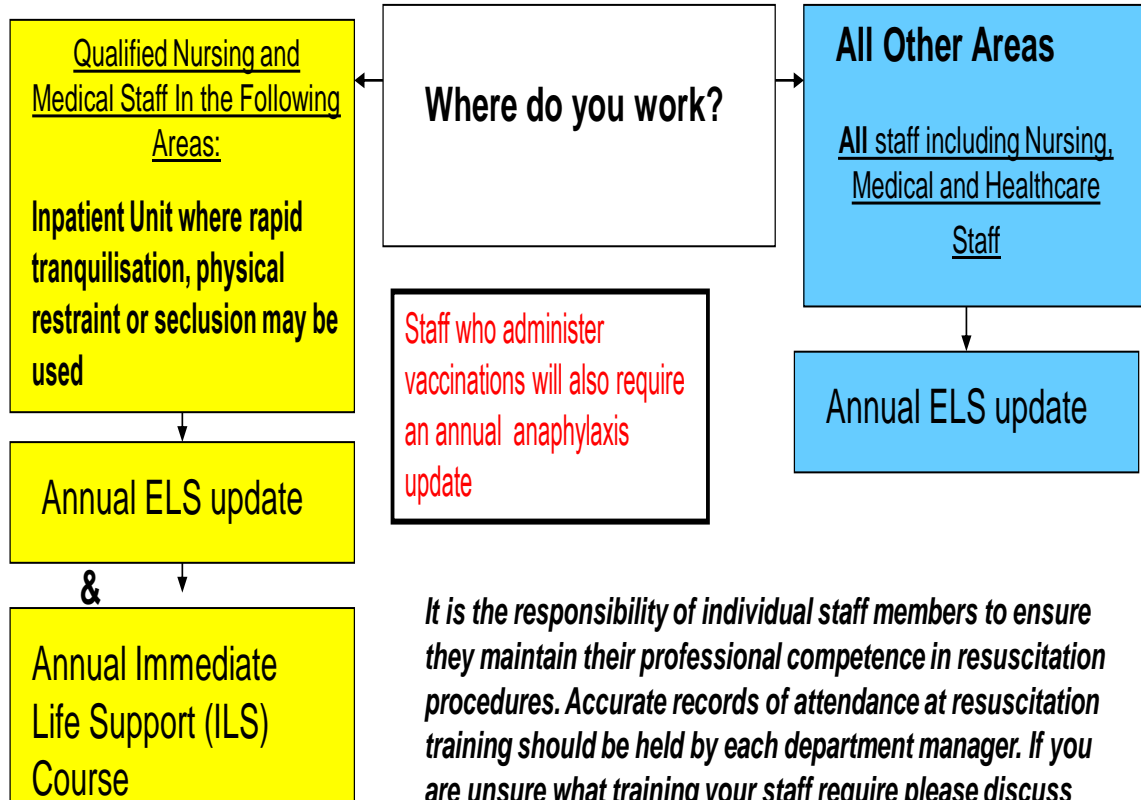


It is the responsibility of individual staff members to ensure they maintain their professional competence in resuscitation procedures. Accurate records of attendance at resuscitation training should be held by each Ward/department manager. If you are unsure what training your staff require please discuss with your line manager in the first instance.

April 2013

All unqualified and qualified staff to be trained in Emergency Life Support (ELS)+/-AED annually.
ELS includes: Recovery position, treatment of choking, basic life support, use of an Advisory External Defibrillator (AED) , dealing with severe bleeding and dealing with a suspected heart attack.

ELS training is delivered by department-based Cascade Trainers.



It is the responsibility of individual staff members to ensure they maintain their professional competence in resuscitation procedures. Accurate records of attendance at resuscitation training should be held by each department manager. If you are unsure what training your staff require please discuss with your line manager in the first instance.

June 2014

Site Specific Protocols: Altnagelvin Hospital

Activating the Resuscitation Arrest Team

Adult patients:

To activate the **Adult Resuscitation Arrest Team**, call **6666** stating clearly the ward/department and room specific location.

When the Resuscitation Arrest Team Pagers are activated, all members of the team should proceed without delay to the location of the arrest **except the porter**, who should proceed to coronary care to take the resuscitation trolley to the location of the arrest.

If there is a call to an **area outside** of the main hospital building, the SHO equivalent carrying the Arrest Team Pager 1002 and the Coronary Care nurse should meet in front of the porter's desk in the front hall and proceed from there. The Coronary Care nurse should carry Automated External Defibrillator (AED) and emergency blue bag and drugs box.

Paediatric patients:

In the event of a **child arresting or where a child is seriously ill and requires emergency treatment**, call **6000** and request the Consultant Paediatrician, Paediatric Registrar equivalent, Anaesthetist on call and Paediatric SHO equivalent stating clearly the ward/department and room specific location.

In areas where children are cared for outside children's departments, labour ward or Neo Natal Intensive Care Unit, the patients specialty Registrar equivalent should also be summoned **by calling 6000**.

Newborn Babies

When a newborn baby requires resuscitation, support must be summoned by **calling 6000** and requesting the Paediatric SHO equivalent.

The health care professional initially assessing the baby should begin resuscitation according to the level to which they have been trained, and continue until medical help arrives.

Obstetric Patients

In the event of a pregnant lady arresting **6666** should be called to activate the Adult Arrest Team and then **6000** to bleep the Obstetric Team, Paediatrics and Obstetric Anaesthetist.

Resuscitation Arrest Team Pager Checks

Resuscitation Arrest Team Pagers are activated every morning on the Altnagelvin site at **9:30am** to test and a written message will appear on the pager: Emergency Coronary care Unit.

It is the individual team member's responsibility to inform switchboard staff if their pager does not function so it can be replaced or repaired immediately.

Resuscitation Arrest Team Pagers are also activated at **09:15 am** on days of exercise testing from the treadmill room and a written message will appear on the pager – Emergency Treadmill Room 1 and Emergency Treadmill Room 2.

A written message will always appear on the pager for coronary care or the treadmill rooms. In the event of an arrest occurring in Coronary Care unit or one of the treadmill rooms at the same time as the Crash Team Pagers are being tested, the pager will be activated twice. In the event of an arrest occurring anywhere else at 9:30am or 1:30pm a voice prompt will be heard.

It is the responsibility of the arrest team members to be aware and check that these test bleeps happen and escalate to switch board if they do not.

For all other medical emergencies, call 6000 to summon urgent medical help.

Site Specific Protocols: South West Acute Hospital

Activating the Resuscitation Arrest Team

Adult and paediatric patients -

To activate the **Adult Resuscitation Arrest Team**, call **6666** stating clearly the ward/department and room specific location.

When the Resuscitation Arrest Team Pagers are activated, all members of the team should proceed without delay to location of the arrest

If there is a call to an area outside the main hospital building, the doctor on call carrying 0080 should meet the Coronary Care Nurse in the Coronary Care Unit and proceed from there. The doctor and Coronary Care Nurse should carry the emergency bag with defibrillator and drugs box to the scene

Paediatrics

In the event of a **child arresting or where a child is seriously ill and requires emergency treatment**, call **6666** stating clearly the ward/department and room specific location and ask for the paediatric resuscitation arrest team.

The Consultant Paediatrician, Anaesthetist on call and Paediatric SHO will be fast bleeped to attend.

In areas where children are cared for outside children's departments, labour ward or Neo Natal Intensive Care Unit, the Senior House Officer (SHO) equivalent for the particular speciality must also be fast bleeped **using 6000**.

Newborn Babies

When a newborn baby requires resuscitation in the labour ward the Paediatric SHO equivalent must be fast bleeped on **6000**.

The health care professional initially assessing the baby should begin resuscitation according to the level to which they have been trained, and continue until medical help arrives.

Obstetrics

In the event of a pregnant lady arresting **6666** should be called to activate the Adult and Paediatric Arrest Team and then **6000** to bleep the Obstetric Team.

Traumatic Arrest

In the event of an arrest call which is trauma-related, the Surgical and Trauma Team should be **called on 6000**.

Resuscitation Arrest Team Pager Checks

Resuscitation Arrest Team Pagers are activated every morning on the South West Acute Hospital site at **10:00 am** to test.

It is the individual team member's responsibility to inform switchboard staff if their pager does not function so it can be replaced or repaired immediately.

It is the responsibility of the arrest team members to be aware and check that these test bleeps happen and escalate to switch board if they do not.

All Resuscitation Arrest Team pager calls on the internal Multitone Pagers will be voice prompted indicating the location of the emergency.

For all other medical emergencies, call 6000 to summon urgent medical help.

Site Specific Protocols: Tyrone County Hospital

Activating the Resuscitation Arrest Team

Adult patients:

To activate the **Resuscitation Arrest Team**, call **6666** stating clearly the ward/department and room specific location.

When the Resuscitation Arrest Team Pagers are activated, all members of the team must proceed without delay to location of the arrest

If there is a call to an area outside the main hospital building, the Resuscitation Arrest Team should meet at the Cardiac Assessment Unit (CAU) and proceed from there. The CAU nurse should carry the emergency bag with defibrillator, and drugs box.

Paediatric and obstetric patients -

In the event a paediatric/obstetric patient presenting to the Tyrone County Hospital site in need of resuscitation, staff will activate the Adult Resuscitation Arrest Team in the first instance. The Northern Ireland Ambulance Service (NIAS) must be contacted immediately via **999/112** to order an emergency ambulance for the transfer of the paediatric/obstetric patient to the closest appropriate Emergency Department.

Resuscitation Arrest Pager checks

Resuscitation Arrest Team Pagers are activated every morning on the Tyrone County site at **10am** to test.

It is the individual team member's responsibility to inform switchboard staff if their pager does not function so it can be replaced or repaired immediately.

It is the responsibility of the arrest team members to be aware and check that these test bleeps happen and escalate to switch board if they do not.

All Resuscitation Arrest Team Pager calls on the internal Multitone Pagers will be voice prompted indicating the location of the emergency.

Appendix V



CARDIAC ARREST REPORT FORM April 2015

Office Use Only

Reviewed By: _____

Date: _____

Validation No: _____

1.a Hospital No: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		2. DOB: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1.b H&C No: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F		4. Age: <input type="checkbox"/> <18 years <input type="checkbox"/> 18-39 <input type="checkbox"/> 40-60 <input type="checkbox"/> 61-74 <input type="checkbox"/> +75	
5. Date of Event: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		6. Location of Collapse: Out of Hospital <input type="checkbox"/> In Hospital <input type="checkbox"/> In & Out of Hospital <input type="checkbox"/>	
		6a. If Out of Hospital, was resus continued in A&E? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Admission Date: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
8. Location/Site: (If In Hosp Resus) Alt <input type="checkbox"/> SWAH <input type="checkbox"/> TCH <input type="checkbox"/> Other <input type="checkbox"/>		9. Ward/Dept: <input style="width:100px;" type="text"/>	
10 Witnessed: Yes <input type="checkbox"/> No <input type="checkbox"/>		11. Monitored: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		12. Type of Event: <input type="checkbox"/> False Call <input type="checkbox"/> Cardiopulmonary <input type="checkbox"/> Respiratory <input type="checkbox"/> Peri-arrest	
		12a. If DNACPR (Tick One): <input type="checkbox"/> On arrival of team <input type="checkbox"/> Prior to arrival	
13. Pre Arrest Interventions: <input type="checkbox"/> None <input type="checkbox"/> Intubated <input type="checkbox"/> IV Access <input type="checkbox"/> IV Medications <input type="checkbox"/> Mechanical Ventilation <input type="checkbox"/> IO Access <input type="checkbox"/> Other _____		14. Immediate Cause: <input type="checkbox"/> Lethal Arrhythmias <input type="checkbox"/> Hypotension <input type="checkbox"/> Respiratory Depression <input type="checkbox"/> Metabolic <input type="checkbox"/> MI or Ischaemic <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	
		14a. Last time Obs completed: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		14b. NEWS Score at this time: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Used	
		14c. If yes, record score: <input type="checkbox"/>	
15. Resus Attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. If Yes:	
		<input type="checkbox"/> Chest Compressions <input type="checkbox"/> Defibrillation <input type="checkbox"/> Bag Valve/Ventilator <input type="checkbox"/> Airway <input type="checkbox"/> IV access	
		<input type="checkbox"/> LMA/Gel <input type="checkbox"/> Intubated/ET <input type="checkbox"/> Precordial Thump <input type="checkbox"/> IO <input type="checkbox"/> Mechanical CPR	
		16a. If No (Tick One): <input type="checkbox"/> Found Dead <input type="checkbox"/> Considered Futile <input type="checkbox"/> DNACPR <input type="checkbox"/> Non-Arrest <input type="checkbox"/> Peri-Arrest	
17. Initial condition on Confirmation of arrest: Yes No Conscious <input type="checkbox"/> <input type="checkbox"/> Breathing <input type="checkbox"/> <input type="checkbox"/> Pulse <input type="checkbox"/> <input type="checkbox"/>		18. Initial Rhythm: <input type="checkbox"/> VF <input type="checkbox"/> VT <input type="checkbox"/> Asystole <input type="checkbox"/> PEA	
		19. Secondary Rhythm: <input type="checkbox"/> VF <input type="checkbox"/> VT <input type="checkbox"/> Asystole <input type="checkbox"/> PEA	

