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Resuscitation Procedure

Introduction and Aim

The provision of an efficient, expedient and effective Resuscitation Protocol for victims of cardiopulmonary arrest must be an operational priority within every hospital. The adequate performance of such a service has wide reaching implications with respect to training, standards of care, risk management and clinical governance. Health providers have a duty of care to provide an effective Resuscitation Service.

This procedure applies to all the acute and community hospital facilities within Cardiff and Vale UHB. It includes the guidelines for managing a cardiopulmonary arrest, the Resuscitation Team members and the resuscitation equipment required within these facilities.

Resuscitation should always be attempted if any patient, visitor or member of staff suffers a cardiac or respiratory arrest unless a valid Do Not Attempt Cardio Pulmonary Resuscitation order has been made or a clear 'advanced decision' has been made by the patient.

Adequately trained personnel will perform resuscitation to appropriate standards dependant on their role following current European Resuscitation Council & Resuscitation Council (UK) guidelines.

Resuscitation Teams will be identified for each of the acute hospitals and up to date procedures will be maintained throughout all acute and community hospitals.

Objectives

The aims of the Resuscitation procedure are as follows:

- To ensure patients receive appropriate and effective resuscitation when necessary and without delay
- To promote common and current practice based on ERC and RC(UK) guidelines
- To implement a consistent approach to dealing with a cardiopulmonary resuscitation within all acute and community hospital facilities throughout Cardiff and Vale UHB
- To reduce post-cardiac arrest morbidity and mortality
- To ensure patient and staff safety during resuscitation
- To provide support for clinical staff
- To satisfy legal and professional requirements
- To minimise clinical risk, litigation and material loss
- To comply with UHB requirements for formal organisation-wide policies
- To ensure that cardiopulmonary arrest procedures are monitored and audited.

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Scope	
<p>This procedure applies to all of our staff in all locations including those with honorary contracts.</p> <p>All members of staff who are involved with adult and paediatric cardiac arrests within the acute and community hospital setting.</p>	
Equality Health Impact Assessment	<i>An Equality Health Impact Assessment (EHIA) has been completed.</i>
Documents to read alongside this Procedure	<p><i>Defibrillation Guidelines.</i></p> <p><i>Adult Intraosseous Cannulation Protocol using the EZ-IO device for Emergency Intravascular Access.</i></p> <p><i>Family Witnessed Resuscitation Guideline.</i></p> <p><i>Resuscitation Training Guidelines.</i></p>
Approved by	<i>Recognition of Acute Deterioration and Resuscitation Committee (RADAR)</i>

Accountable Executive or Clinical Board Director	<i>Clinical Board Director for Medicine</i>
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<p><u>Disclaimer</u></p> <p>If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p>	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
4	<i>June 2021</i>	<i>November 2021</i>	<i>Revised Documents to update references and terminology in line with current Resuscitation Guidelines</i>

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1.0 EXECUTIVE SUMMARY

Purpose of the procedure

The provision of an efficient, expedient and effective Resuscitation Protocol for victims of cardiopulmonary arrest must be an operational priority within every hospital. The adequate performance of such a service has wide reaching implications with respect to training, standards of care, risk management and clinical governance. Trusts and Organisations have a duty of care to provide an effective Resuscitation Service.

Target Audience

All members of staff who are involved with adult and paediatric cardiac arrests within the acute and community hospital setting.

2.0 INTRODUCTION

This procedure applies to all the acute and community hospital facilities within Cardiff and Vale UHB. It includes the guidelines for managing a cardiopulmonary arrest, the Resuscitation Team members and the resuscitation equipment required within these facilities.

Resuscitation should always be attempted if any patient, visitor or member of staff suffers a cardiac or respiratory arrest unless a valid DNACPR order has been made or a clear 'advanced decision' has been made by the patient.

Adequately trained personnel will perform resuscitation to appropriate standards dependant on their role following current ERC & RC(UK) guidelines.

Resuscitation Teams will be identified for each of the acute hospitals and up to date procedures will be maintained throughout all acute and community hospitals.

3.0 PROCEDURE STATEMENT

The purpose of the procedure is to provide guidelines for clear direction, standards and training for the practice of Cardiopulmonary Resuscitation (CPR) and the management of the deteriorating patient within Cardiff & Vale UHB.

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4.0 DEFINITION OF TERMS

4.1 CPR

Cardiopulmonary Resuscitation includes chest compressions, defibrillation, and artificial respiration in an attempt to restart the heart.

4.2 DNACPR and TEP

Do Not Attempt Cardiopulmonary Resuscitation orders apply only to cardiopulmonary resuscitation. It should be made clear to the patient, people close to the patient and to the health care team that it does not imply "non-treatment" and that all other treatment and care appropriate for the patient will be considered and offered. To avoid confusion the '**Do Not Attempt Cardiopulmonary Resuscitation**' order should be used and included in the front of the patient's notes on the appropriate form. Please refer to the All Wales Policy "Sharing and Involving" A Clinical Policy for Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) for Adults in Wales Issue Date: July 2017. All adult patients should have a Treatment Escalation Plan (TEP) completed.

4.3 ERC

The European Resuscitation Council is a professional body who produce guidelines and advice regarding issues surrounding resuscitation.

4.4 RC (UK)

The Resuscitation Council (UK) is an active member of the ERC and promotes the practice of the International guidelines within the UK.

5.0 AIMS OF THE PROCEDURE

The aims of the Resuscitation procedure are as follows:

- To ensure patients receive appropriate and effective resuscitation when necessary and without delay
- To promote common and current practice based on ERC and RC (UK) guidelines
- To implement a consistent approach to dealing with a cardiopulmonary resuscitation within all acute and community hospital facilities throughout Cardiff & Vale UHB
- To reduce post-cardiac arrest morbidity and mortality
- To ensure patient and staff safety during resuscitation
- To provide support for clinical staff
- To satisfy legal and professional requirements
- To minimise clinical risk, litigation and material loss

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- To comply with UHB requirements for formal Organisation-wide policies and to ensure that cardiopulmonary arrest procedures are monitored and audited

6.0 HOW TO INITIATE A RESUSCITATION TEAM RESPONSE

The University Hospital of Wales and University Hospital Llandough all call a 2222

6.1 2222 Call

- All wards/departments within the University Hospital of Wales site
- All wards/departments within the Llandough Hospital site
- A non-clinical area within the acute hospital building (eg. cafeteria)
- A 2222 call is made via switchboard
- Personnel making the 2222 call need to inform switchboard of the location of the patient and the reason for the call; adult, paediatric or neonatal. On arrival the Resuscitation Team will need to be informed of the nature of the emergency e.g. cardiac or respiratory arrest, collapse, or NEWS score greater than 9.
- Switchboard will then immediately alert the designated Resuscitation Team
- A second alert will be put out moments after, clearly stating second call for cardiac arrest team. To avoid miss communication via black spots located within the hospitals
- The number to call in the event the need of a Resuscitation Team should be clearly displayed next to the telephones in all clinical areas

6.2 2222 call followed by a 999 Call

- **All Community Hospitals (refer to 9.0) and the outbuildings listed below** will use a 2222 to initiate a Resuscitation Team response. This allows switchboard to summon any doctors that may be in the vicinity. Switchboard will then ring back on the extension that the 2222 call came from and connect them to summon the Emergency Medical Services and Advanced Life Support.
- The Out-buildings on the University Hospital of Wales site:
 - Institute of Medical Genetics
 - Welsh Heart Research Institute
 - Mental Health Services, Monmouth House
 - Dental Hospital and School and annex)
 - Institute of Dermatology, Glamorgan House
 - Occupational Health, Denbigh House
 - Children's Centre
- The Out-buildings on the Llandough Hospital site:
 - Children's Rapid Access Unit

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- Diabetic Unit
 - Hafan y Coed
 - Occupational Health Unit
- All these facilities will use a 2222 call and a 999 call to ensure that that the patient can be transferred to an area of definitive care once immediate resuscitation has been delivered. Procedure should be visible in all areas

6.3 999 call only

- All non-clinical areas outside the acute hospital buildings including:
 - Staff residences on all the acute hospital sites
 - Ronald McDonald House
 - Office blocks on all the acute hospital sites;
 - Cardigan House
 - Lakeside complex
 - Estates and Facilities buildings
 - PSA building
 - Postgraduate Centre, Llandough
 - Laboratory Services buildings, Llandough
 - Car parks within all hospital sites

There is no Resuscitation team available for these areas therefore on induction staff need to be made aware of their emergency calling procedure.

Switchboard should ensure that ambulance control are informed that an ambulance is required to attend a non-clinical/public area of the hospital, and that an emergency ambulance rather than a Rapid Response Vehicle (RRV) will be required.

Non Clinical Departments in these areas may choose to purchase “Public Access” Automatic External Defibrillators (AED) and pocket masks for use in the event of a cardiac arrest in their area, to aid colleagues prior to the arrival of the Ambulance Service. Training in the use of AED is available to all UHB staff in open sessions that may be booked with the Resuscitation Service.

7.0 THE ACUTE HOSPITAL ADULT RESUSCITATION TEAM

- The Resuscitation Team is the specialist medical and nursing team, which attends all cardiac arrest calls within the hospital site including specified out-buildings and where appropriate, administers prompt advanced life support. The team also respond to provide expert acute care to acutely unwell patients and those that score a 9 or more on the NEWS chart.
- Resuscitation teams are given a rota. It is the team’s responsibility to look at their rota to see who is on call for the team

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- All resuscitation teams are based on the on call rotas.
- All medical and nursing resuscitation team bleeps are designated bleeps.
- It is imperative that all bleeps are handed over to someone of equal status prior to leaving the hospital site.
- Test calls are performed a minimum of once a day by switchboard at 09.00 hours. It is recommended that the bleeps are also tested during the evening period. All bleep holders must respond to switchboard once they have received this call.
- In the event that a test call is not received, the bleep holder should contact switchboard to ensure that their bleep is working.
- If there is no response received to the bleep, switchboard need to escalate to medical staffing.

A member of the team should ensure that a Cardiff & Vale uLHB Cardiac Arrest call reporting form is returned to the Resuscitation Service as soon as possible. Forms should be completed at the time of the resuscitation team call and not retrospectively.

- The Resuscitation Team should include at least two doctors with current training in advanced life support. The team must have the following skills:
 - Airway interventions, including tracheal intubation
 - Intravenous cannulation/Intraosseous cannulation
 - Defibrillation (advisory and manual) and cardioversion
 - Drug administration
 - The ability to undertake advanced resuscitation skills (eg external pacing, pericardiocentesis)
 - Skills required for post resuscitation care
(*Quality Standards for cardiopulmonary resuscitation practice and training, 2020*)

Adult cardiac arrest mandatory team members

University Hospital of Wales	Llandough Hospital
On-call duty Anaesthetist	Duty Medical SpR/ST4 or above
Duty Medical SpR/ST4 or above	Duty Medical ST1/ST2/ST3
Duty Medical ST1/ST2/ST3	Duty Medical FP1 or FP2
Duty Medical FP1 or FP2	On-call duty Anaesthetist
	Site practitioner

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These team members are the core members of the Resuscitation team. It is therefore mandatory for them to attend every resuscitation team call within their hospital.

Other personnel who are bleeped and may attend a resuscitation call:

- Nurses who are part of the deteriorating patient response for the HB. Staff must hold a current ALS provider certificate.
- Resuscitation Practitioner (RP's) whose role is multi faceted, the RP may provide appropriate practical support to the resuscitation team.
May take responsibility for leading the resuscitation team if the most senior and experienced in adult resuscitation is unavailable or at a simultaneous call.
The RP will also provide support to ward staff and also encourage subsequent debriefing of staff involved in the emergency.

For all adult resuscitation team calls, the mandatory team members will be bleeped however due to the vast amount of specialities within UHW extra specialists will also be called.

B4 Neurosurgery

- Mandatory Resuscitation team
- Neurosurgery ST1/ST2/ST3 (on call)
- Neurosurgery SpR/ST4 or above (on call)

C5 Cardiac

- Mandatory Resuscitation team
- Cardiac surgery ST1/ST2/ST3 (on call)
- Cardiac surgery SpR/ST4 or above (on call)

C3 Cardiac Intensive Care Unit

- Mandatory Resuscitation team
- Cardiology ST1/ST2/ST3 (on call)
- Cardiology SpR/ST4 or above (on call)

General Intensive Care Unit/Emergency Unit

Due to the speciality there is no 2222 call routinely made from General Intensive Care or the Emergency Unit

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Coronary Care Unit and Cardiac High Dependency Unit

Due to the speciality the mandatory Resuscitation team will not be called. The following will attend

- Duty Anaesthetist
- Cardiac surgery ST1/ST2/ST3 (on call)
- Cardiac surgery SpR/ST4 or above (on call)

Cardiac Catheter Room

- Duty Anaesthetist only

7.1 Roles and Responsibilities of the Team Leader in Adult Resuscitation

- The role of the most senior doctor with a current ALS certificate is to lead the Resuscitation team in carrying out ALS according to European and UK Resuscitation Council guidelines. However, any member of the team who has an ALS qualification could act as the team leader. It is therefore imperative that the most senior clinician on the Team, the SpR/ST4, who will usually assume the role of the Team Leader, has an in-date ALS certificate.
 - The team leader has a specific role of directing and co-ordinating the resuscitation attempt and ensuring that it continues in a co-ordinated manner. Their responsibilities include:
 - To respond to all 2222 calls within their hospital and assess the patient on arrival even if informed by nursing staff that it was a mistaken call.
 - To identify him/herself to other members of the team at the start of the resuscitation.
 - If the resuscitation is successful, it is the team leaders' responsibility to communicate to the team responsible for the patient's care regarding further care and treatment.
 - To ensure that relatives will be informed of events and if the arrest is witnessed by a relative to ensure that they are well supported throughout the resuscitation attempt.
 - To make the final decision to discontinue the resuscitation attempt. This should be done after a discussion and with consensus with all members of the Resuscitation team.

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- To ensure that all the necessary documentation is complete as soon as possible after the resuscitation attempt.
- To maintain and update skills and knowledge related to resuscitation as deemed appropriate by the Resuscitation Council (UK).
- Ensuring that a cardiac arrest record form (audit form) is being completed. This data should be recorded on a central database.
(*ERC Quality Standards for cardiopulmonary resuscitation practice and training, 2019*)

7.2 Anaesthetic Roles and Responsibilities

To attend all 2222 calls within the hospital site including specified out-buildings.

- Should be competent in the immediate management of events compromising the airway, ventilation and circulation.

7.3 Roles and Responsibilities of other team members

- Gaining circulatory access to enable the administration of IV/IO fluids and medication
- Perform CPR
- Relieve other personnel doing CPR
- Administration of medication as per IV administration policy and current Resuscitation Council guidelines
- Completion of cardiac arrest record form (audit form)
- Carry out safe defibrillation
- Perform any other interventions required, including debrief
(*ERC Quality Standards for cardiopulmonary resuscitation practice and training, 2019*)

8.0 PAEDIATRIC CARDIAC ARREST

- UHW has a separate paediatric Resuscitation Team. At least one member of this paediatric Resuscitation Team should possess a qualification in advanced paediatric resuscitation.
- All staff with regular commitment to paediatric resuscitation should be encouraged to attend national paediatric resuscitation courses e.g. APLS, EPALS, NLS.

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- When resuscitating a child, consideration should be given to the presence of the relatives (please see Family Witnessed Resuscitation Policy provided by the Resuscitation Service). A member of staff should be delegated to stay with them and liaise with the team on their behalf.
- If a child's weight is not available, the use of paediatric resuscitation charts, based on the length of a child, or current recommended calculations is encouraged.
- The Paediatric resuscitation call for the University Hospital of Wales and the Children's Hospital for Wales is 2222.

8.1 The Acute Hospital Paediatric Resuscitation Team

The paediatric resuscitation team is a specialist medical and nursing team, which attends all paediatric respiratory, cardiac and peri-arrests within the hospital site and where appropriate, administers prompt paediatric advanced life support.

- Resuscitation Teams are given a rota. It is the team's responsibility to look at their rota to see who is on call for the resuscitation calls
- All Resuscitation Teams are based on the on call rotas
- All medical and nursing resuscitation bleeps are designated bleeps
- It is imperative that all bleeps are handed over to someone of equal status prior to leaving the hospital site
- Test calls are performed a minimum of once a day by switchboard at 09.00 hours. It is recommended that the bleeps are also tested during the evening period. All bleep holders must respond to switchboard once they have received this call.
- In the event that a test call is not received, the bleep holder should contact switchboard to ensure that their bleep is working
- The resuscitation team should include at least one doctor with current training in advanced paediatric life support. The team must have the following skills:
 - Airway interventions, including tracheal intubation
 - Intravenous/ intraosseous cannulation
 - Defibrillation (advisory and manual) and cardioversion
 - Drug administration
 - The ability to undertake advanced resuscitation skills
 - Possess skills required for post resuscitation care

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- The team leader should be someone with expertise and training in the resuscitation of paediatrics.
- At least one member of the paediatric resuscitation team should possess a qualification in advanced paediatric resuscitation.
- All members of the team should be familiar with their expected roles and have expertise in the resuscitation of paediatrics.
- All members of the team with regular commitments to paediatric resuscitation should also be encouraged to attend national paediatric resuscitation courses which are provided by the UHB Resuscitation Service

Paediatric cardiac arrest mandatory team members

University Hospital of Wales
Duty Anaesthetist carrying the 6000 bleep
Paediatric SpR/ST4 or above (on call)
Paediatric ST1/ST2/ST3 (on call)
Paediatric Medical SpR/ST4 or above (on call)

These team members are the core members of the cardiac arrest team. It is therefore mandatory for them to attend every cardiac arrest call within the hospital

Other personnel who are bleeped and may attend a cardiac arrest call:

- Paediatric Intensive Care Consultant
- Paediatric Intensive Care Nurse
- Paediatric Nurse Practitioner
- Resuscitation Practitioner (RP's) whose role is multi faceted, the RP may provide appropriate practical support to the resuscitation team.
The RP will also provide support to ward staff and also encourage subsequent debriefing of staff involved in the emergency.

University Hospital Llandough

All departments within University Hospital Llandough will make a 999 call for paediatric resuscitations as there is no paediatric medical cover within the

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hospital. This will ensure that advanced life support is summoned as soon as possible via the Welsh Ambulance Service Trust

8.2 Roles and Responsibilities of the Team Leader in Paediatric Resuscitation

- It is the responsibility of the team leader to respond to all paediatric 2222 calls within their hospital.
- The team leader should be someone with expertise and training in the resuscitation of paediatrics. Specialist knowledge of the equipment that is required, doses of drugs used and the differences in both aetiology and treatment are essential.
- The role of the most senior doctor with an APLS/EPALS certificate is to lead the resuscitation team in carrying out APLS/EPALS according to European and UK Resuscitation Council guidelines. However, any member of the team who has an APLS/EPALS qualification could act as the team leader.
- The team leader has a specific role directing the resuscitation attempt and ensuring that it continues in a co-ordinated manner. Their responsibilities include:
 - To respond to all 2222 calls within their hospital
 - To identify him/herself to other members of the team at the start of the resuscitation
 - If the resuscitation is successful, it is the team leader's responsibility to communicate to the team responsible for the patient's care regarding further care and treatment
 - To ensure that relatives will be informed of events and if the arrest is witnessed by a relative, to ensure that they are well supported throughout the resuscitation attempt
 - To make the final decision to discontinue the resuscitation attempt. This should be done after a discussion with all members of the resuscitation team
 - To ensure that all the necessary documentation is complete as soon as possible after the resuscitation attempt.
 - Ensuring that a cardiac arrest record form (audit form) is being completed; this data should be recorded on a central database

(ERC Quality Standards for cardiopulmonary resuscitation practice and training, 2019)

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9.0 COMMUNITY HOSPITAL RESUSCITATION PROCEDURE

- Staff in the following community hospitals will make a 2222 call to summon any medical doctors that may be in the vicinity. Switchboard will then call back on the number used to dial 2222 and connect this number to 999 to summon the Welsh Ambulance Service Trust and advanced life support:
 - ❑ Cardiff Royal Infirmary
 - ❑ Rookwood
 - ❑ Barry Hospital
 - ❑ St David's Hospital
- Ward staff will be required to provide the following information when calling 999:
 - ❑ Name of hospital and ward
 - ❑ Telephone number of where the call is being made from
 - ❑ What is the problem?
 - ❑ How old is the patient?
 - ❑ Is he/she conscious?
 - ❑ Is he/she breathing?

10.0 RESUSCITATION EQUIPMENT

All departments within Cardiff and Vale UHB will ensure that they have a Resuscitation Trolley with the appropriate equipment as designated by the Resuscitation Committee.

10.1 Acute Hospital Resuscitation Equipment

- Pocket masks should be easily accessible throughout clinical areas as well as with the resuscitation equipment. These are used to prevent direct person-to-person contact, and may reduce the risk of cross infection between patient and rescuer (*ERC Quality Standards for cardiopulmonary resuscitation practice and training, 2020*)
- Adult and paediatric resuscitation equipment should follow the standardised equipment list, which has been based on current UK Resuscitation Council guidelines and ratified by the UHB's Resuscitation Committee.
- Trolleys should be located on each ward or appropriate clinical area with additional portable oxygen and portable suction equipment distributed so that it is rapidly available to all other areas of the hospital.

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- Portable oxygen and suction devices should always be available on or adjacent to all resuscitation trolleys. Where piped or wall oxygen and suction are available, these should always be used in preference.
- Each ward or department should have access to a manual or automated external defibrillator, so those patients who require defibrillation do so within three minutes of collapse as recommended by RC (UK).
- All resuscitation equipment on the acute hospital sites, including portable suction devices, wall suction and defibrillators must be checked daily.
- Community hospitals must check their resuscitation equipment and defibrillators on a weekly basis.
- If the Resuscitation trolley is wrapped, then a sticker with the earliest expiry date must be displayed on the trolley. A member of staff must still sign daily to confirm that the expiry dates have not been exceeded and that the cling film is still intact. Monthly, the cling film should be removed, all equipment thoroughly checked and then the trolley should be re-cling filmed with the expiry sticker as before.
- Once the trolley has been opened in response to a 2222 call, the trolley must undergo a full check, restocked and rewrapped. Before returning to the storage location and plugging in the defibrillator and portable suction.

10.2 Community Hospital Resuscitation Equipment

- Pocket masks should be easily accessible throughout clinical areas as well as with the resuscitation equipment. These are used to prevent direct person-to-person contact, and may reduce the risk of cross infection between patient and rescuer (ERC *Quality Standards for cardiopulmonary resuscitation practice and training, 2020*).
- Adult and paediatric resuscitation equipment should follow the standardised community hospital equipment list, which is based on current UK Resuscitation Council guidelines and ratified by the UHB's Resuscitation Committee.
- Equipment should be located on each ward or appropriate clinical area with additional portable oxygen and suction equipment distributed so that it is rapidly available to all other areas of the hospital.

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- Portable oxygen and suction devices should always be available on or adjacent to all resuscitation equipment. Where piped or wall oxygen and suction are available, these should always be used in preference.
- Each community hospital should possess an automated external defibrillator, so those patients who require defibrillation do so within three minutes of collapse. In larger community facilities more than one defibrillator may be required. ERC *Quality Standards for cardiopulmonary resuscitation practice and training, 2020*)
- Once the trolley has been opened in response to 2222 / 999 calls, the trolley must undergo a full check, restocked and rewrapped. Before returning to the storage location and plugging in the defibrillator and portable suction.

11.0 TRAINING REQUIREMENTS FOR STAFF

The training requirements of all staff within the UHB are in accordance with the Resuscitation Service training guidelines.

12.0 AWARENESS RAISING RELATING TO THE PROCEDURE OF RESUSCITATION

All health professionals newly employed by Cardiff and Vale UHB must be made aware during induction of the UHB's Resuscitation Procedure, and their responsibilities under it, and must have access to this document. The Resuscitation Service will provide this information. Existing staff will be made aware of the Organisation's Resuscitation Procedure through the provision of all training courses provided by the Resuscitation Service.

13.0 IMPLEMENTATION

All newly employed health professionals will be made aware during induction of the Organisation's Resuscitation Procedure and their responsibilities under it.

Existing staff will be made aware of the procedure through training and dissemination of this information to all appropriate Directorates and Managers in accordance with the management of policies and procedures.

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14.0 RESOURCES There are no costs in disseminating this information. The Resuscitation Procedure will be distributed electronically and as part of the in-house training programme provided by the Resuscitation Service

15.0 AUDIT

Compliance of this procedure will be audited through the existing UHB resuscitation audit.

16.0 ROLES AND RESPONSIBILITIES

16.1 RC(UK)

Cardiff and Vale UHB actively promotes the implementation of guidelines and best practice relating to resuscitation for healthcare professionals.

16.2 UHB Board

The Board carries overall responsibility for the Organisation. It has delegated powers from the Welsh Assembly in respect of the ownership and management of hospitals and other health facilities; it is responsible for the performance of the Organisation. The Chief Executive must ensure the UHB has an agreed Resuscitation Procedure, that provides an effective Resuscitation Service and that staff are trained appropriately and regularly updated to a level compatible with their expected degree of competence.

16.3 RADAR – Recognition of Acute Deterioration and Resuscitation

The UHB RADAR Committee, led by its chairperson, meets quarterly. The role of the Committee is to ensure that UK Resuscitation Council guidelines for resuscitation are implemented effectively. Committee members should be conversant with contemporary issues related to new developmental knowledge surrounding resuscitation

16.4 Resuscitation Service

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The Resuscitation Service is accountable to the RADAR Committee in terms of its clinical lead. It is responsible for implementing decisions made by the Resuscitation Committee and promoting good practice primarily through training and audit. The Resuscitation Service is responsible for assessing those it teaches to ensure that they meet the required standards that reflect UK Resuscitation Council guidelines. The Resuscitation Service develops policies and written control documents using guidance to ensure full multidisciplinary representation. It monitors resuscitation outcome and team response as well as adherence to resuscitation procedures. The Senior Nurse of the Resuscitation Service will maintain, manage and develop the service, within available resources, to meet the needs of the UHB.

16.5 Directorate and Line Managers

While the UHB has the responsibility to ensure that Resuscitation Procedures are developed through the UHB's Resuscitation Service, those who manage staff, particularly clinical staff, have a responsibility to ensure that staff have access to understand resuscitation policies and procedures, including the UHB's Resuscitation Procedure.

16.6 Individual Staff Members

Whilst the UHB has a responsibility to provide a Resuscitation Service and its managers are responsible for ensuring staff have access to and understand Resuscitation Policies, each individual is responsible for their own actions and professional practice. Individual staff members should familiarise themselves with UHB Resuscitation Policies.

17.0 REVIEW OF THE PROCEDURE

It is the responsibility of the RADAR Committee of Cardiff and Vale UHB to review and update the Resuscitation Procedure, taking into account new guidelines, changes in the Law, and/or recommendations arising from audit and the implementation of the policy. The procedure will be reviewed every 3 years or sooner should new national guidance or evidence become available. These amendments will then be presented to the RADAR Committee of Cardiff and Vale UHB for approval.

18.0 EQUALITY IMPACT AND ASSESSMENT

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An equality impact assessment has been undertaken to assess the relevance of this procedure to equality and potential impact on different groups, specifically in relation to the General Duty of the Race Relations (Amendment) Act 2000 and the Disability Discrimination Act 2005 and including other equality legislation. The assessment identified that the procedure presented a low risk to the UHB.

19.0 CONTRIBUTORS

Members of the UHB RADAR Committee

20.0 BIBLIOGRAPHY AND REFERENCES

Advanced Life Support Course, Provider Manual, 8th Edition. UK Resuscitation Council. 2021

ERC Quality standards for cardiopulmonary resuscitation practice and training 2020

“Sharing and Involving” A Clinical Policy For Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) for Adults In Wales, - iterative document updated as required. Last update Nov 2020