

Medical Emergency Policy

Inmind Reference:	CLN23
Category:	Clinical Policies
Version Number:	1.2
Reviewed on:	September 2018
Next review date:	September 2020
Lead Officer:	Director of Nursing
Equality Impact Assessment completed:	Yes

Applicable Legislation/Regulations:

The Human Rights Act 1998
 The Mental Capacity Act 2005
 The Care Act 2014

Codes of Practice:

Quality Standards for Cardiopulmonary Resuscitation Practice (Resuscitation Council UK) May 2014, Updated May 2017.
 Decisions relating to cardiopulmonary resuscitation June 2017 (3rd edition – 1st Revision)
 Resuscitation Council (UK)
 A guide to AEDs Resuscitation council UK (August 2017)

Purpose:

To ensure InMind Healthcare Group meets its obligation in relation to resuscitation and ensure that all those who work within InMind's services are trained and updated regularly to a level of proficiency appropriate to their role.

Version Control Table

Date Ratified	Version Number	Status
	1.2	Live

Date	Key Revision
18/09/18	Full review in accordance with the Resuscitation Council UK guidance

Please check to ensure this is the most current electronic copy of this document as it is updated and published in electronic format only (hard copies may become out of date).

1.0 The Policy

- a) InMind's policy on cardiopulmonary resuscitation takes into account the guidance and standards of the Resuscitation Council (UK) and the procedure to be followed has applied, where applicable and appropriate, the recommended standards taking into account the settings in which this applies.
- b) Where a service is a community-based rehabilitation/secure hospital which is NOT part of a wider general hospital without on-site medical provision 24/7, the service will rely upon the response of the Emergency services.
- c) The Registered/Hospital Manager of each service is the person who is responsible for coordinating the teaching and training of staff in resuscitation.
- d) The Hospital Manager has important responsibilities which include quality improvements, incident reviews, audit and maintenance of clinical equipment.
- e) All InMind staff will undergo resuscitation training, appropriate to their role, at induction and at regular intervals thereafter to maintain knowledge and skills.
- f) The application of this policy will be monitored through each services governance arrangements.

2.0 The Procedure

2.1 Decisions around Cardiopulmonary Resuscitation

- a) The overall responsibility for decisions about cardiopulmonary resuscitation (CPR) and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders rests with the Doctor in charge of the service user's care.
- b) The expectation is that whenever a cardiopulmonary arrest occurs within an InMind service, the responding staff will use their training and alert the emergency services using (9) 999.
- c) Staff in all InMind services have access to an Automated External defibrillator (AED). It is the responsibility of the Hospital Manager of these services to ensure that all staff working within their locality know the location of the AED.
- d) Cardiopulmonary risks and the need for resuscitation should be considered during both the pre-admission assessment and "in-patient stay". Assessment of individuals resuscitation needs should be addressed through the multidisciplinary team and decisions recorded in the service user's clinical file.
- e) Where no explicit decision about Cardiopulmonary Resuscitation (CPR) has been considered, and recorded in advance, there will be an initial presumption in favour of attempting CPR.
- f) In some circumstances, where there is no recorded explicit decision, a carefully considered decision not to start inappropriate CPR should be supported. (For example, a person in the advanced stages of a terminal illness where death is imminent and unavoidable and CPR would not be successful.)
- g) There is no ethical or legal requirement to initiate discussion about CPR with service users, or with those close to service users who lack capacity, if the risk of cardiorespiratory arrest is considered low - unless the individual expresses a wish to do so.
- h) If there is a risk /clear possibility of cardiac or respiratory arrest, it is important to make decisions about CPR in advance whenever possible.
- i) In such circumstances, the following areas should be addressed:
 - Full discussion and clinical assessment of the chances of a successful outcome of CPR
 - Inclusion of the individual and/or significant others
 - Multi-disciplinary decisions reached will be based on the individual's situation (not be dictated by a blanket policy) and will be subject to review based on the person's circumstances
 - Triggers for review will include any request from the service user or significant other, any substantial change in their clinical condition or in the setting of end of life care
 - Consideration should be given to the service users capacity status (refer also to Assessing Capacity Policy). If the service user lacks capacity those close to the

person will be consulted to explore the person's wishes in order to reach a "best interest" decision involving the multi-disciplinary team

- Decisions made will be recorded clearly and accurately in the service users' clinical notes.
- j) Healthcare professionals discussing and communicating CPR decisions to service users, and those close to them, should:
- Offer as much information as is wanted (with due regard to the service users wishes concerning confidentiality)
 - Be open and honest
 - Use clear, unambiguous language
 - Use a combination of verbal discussion and printed information
 - Provide information in a format that can be understood by the individual
 - Provide information that is accurate, and consistent
 - Check understanding
 - Where possible communicate decisions in an appropriate environment and allow adequate time for discussion and reflection
- k) If the service user has capacity and refuses CPR or they lack capacity and have a valid and applicable advanced decision refusing treatment (ADRT), specifically refusing CPR, this must be respected and recorded.

2.2 Training

- a) On every shift there will be at least one member of staff trained in basic life support and cardio-pulmonary resuscitation (Automated External Defibrillation and Anaphylaxis - updated annually) who will provide basic management in an emergency whilst the emergency services are awaited. The staff that are trained in cardio-pulmonary resuscitation (AED) will be highlighted on the duty rota.
- b) In-house cardiorespiratory arrest "mock-drills" will take place, be delivered by staff who are appropriately trained.
- c) In addition, each service can determine locally to use a variety of methods to acquire, maintain and assess resuscitation skills and knowledge via e-learning, video-based training/self-instruction.
- d) For qualified nursing staff training must ensure that when cardiorespiratory arrest occurs, as a minimum they can:
- Recognize cardiorespiratory arrest
 - Summon help
 - Start CPR
 - Attempt defibrillation, if appropriate, within 3 minutes of collapse using an automated external defibrillator (AED) or manual defibrillator

- e) For support workers and non-clinical staff the expectation is that as a minimum they should be trained to:
- Recognise cardiorespiratory arrest;
 - Summon help;
 - Start CPR using chest compressions
 - In the absence of a trained AED user (qualified nurse) staff know where to locate the AED and use it following the verbal and other prompts it gives. (A guide to AEDs Resuscitation council UK 2017)
- f) The Hospital Manager must maintain a training record for each member of staff.

2.3 Documentation

- a) Any identified cardiorespiratory risk, decisions made and actions to be taken are to be documented in the service users' person-centered treatment plan.
- b) Any incidents of cardiorespiratory arrest are to be recorded as an incident and information collated for audit. The Nurse in Charge should then:
- complete serious incident report and follow guidance
 - Inform next of kin
 - Inform Funding Authority
 - Inform Registered Manager
 - Inform Group Operations Director/Head of Compliance
 - Prepare notification for CQC
 - Inform Responsible Clinician
- c) All cardiorespiratory arrest incidents are to be recorded and responded to as a Serious Incident and any lessons learned shared.
- d) If the service user is transferred to another service or health provider and has a cardiorespiratory treatment plan in place. A copy of the treatment plan is to be transferred with them.

2.4 Equipment for Cardiopulmonary resuscitation

- a) InMind Hospitals will have available certain equipment to use in addition to the automated external defibrillator.
- b) In deciding what equipment will be made available the following has been taken into consideration:
- The patient group (Adults)
 - Incidence of cardiac arrest
 - Training of staff
 - Access to expert help
 - Guidance from Resuscitation Council (UK)

- c) The list of equipment is as follows:
- An AED that is located in an accessible position
 - Oxygen (kept in a grab bag in the Clinic room)
 - Guedal Airway
 - Resuscitation Mask, Oxygen Airline Connector and Oxygen cylinder (kept in a grab bag in the Clinic room)
 - EpiPen (kept in the drugs cupboard in the Clinic room)
 - Ligature knife
- d) Each locality must ensure that there is appropriate and sufficient signage up within each facility stating the location of the equipment. Every member of staff should be aware of where the equipment is stored in case of emergencies.
- e) The resuscitation equipment will be checked daily by a qualified nurse and a record made.
- f) Any faults in the equipment must be reported to the Hospital/Registered Manager as soon as possible in order to service/replace the equipment.

2.5 In the event of a service user sustaining injury not requiring an ambulance

- a) If attendance at minor injuries /A&E Department is advised:
- The Registered Manager/on call and RC should be informed.
 - The minor Injuries /A&E Department should be contacted.
 - The Service user should be transported with an appropriate escort.
 - Contingency plans established for service user's length of stay at service and staff cover and return.

Appendix 1

Equality Impact Assessment for this policy

Protected Characteristic (domain)	Area of conflict	Resolution
Age	Nil	N/A
Disability	Nil	N/A
Gender Reassignment	Nil	N/A
Pregnancy & Maternity	Nil	N/A
Race	Nil	N/A
Religion or Belief	Nil	N/A
Sex	Nil	N/A
Sexual Orientation	Nil	N/A
Marriage and Civil Partnership	Nil	N/A

All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation. If you feel you are disadvantaged by this policy, please contact the Registered Manager and the service will actively respond to the enquiry.