

Policy for Cardiopulmonary Resuscitation (CPR)

POLICY REFERENCE NUMBER	CLP14
VERSION NUMBER	3
KEY CHANGES FROM PREVIOUS VERSION	Full review
AUTHOR	██████████, Advancing Clinical Practice Lead
CONSULTATION GROUPS	Operational Teams Trust wide Compliance & Risk Team Workforce & Training Pharmacy Team Physical Health Group
IMPLEMENTATION DATE	1 July 2017
AMENDMENT DATE(S)	September 2019
LAST REVIEW DATE	November 2019
NEXT REVIEW DATE	November 2022
APPROVAL BY CLINICAL GOVERNANCE & QUALITY SUB-COMMITTEE	October 2019
RATIFICATION BY QUALITY COMMITTEE	November 2019
COPYRIGHT	2017

POLICY SUMMARY

The purpose of this policy is to ensure prompt, safe, early and appropriate cardiopulmonary resuscitation (CPR) within Essex Partnership University NHS Foundation Trust (EPUT). The strategy for resuscitation incorporates the current published guidelines for resuscitation (Resuscitation Council (UK) 2015).

For detailed guidance on practice and standards relating to management of the Deteriorating Patient and CPR, refer to the EPUT Clinical Procedure for Cardio-Pulmonary Resuscitation and Clinical Procedure: Do Not Attempt Cardiopulmonary Resuscitation (DNACPR).

All inpatient service users are monitored for signs of physical deterioration using an early warning scoring system.

This policy makes direct reference to Decisions Relating To Cardiopulmonary Resuscitation, Guidance from the British Medical Association, The Resuscitation Council (UK) and the Royal College of Nursing, previously known as the “Joint Statement”, 3rd Edition (1st revision) 2016.

<https://www.resus.org.uk/dnacpr/decisions-relating-to-cpr/>

The Trust monitors the implementation of and compliance with this policy in the following ways;

The resuscitation and deteriorating patient group will be responsible for monitoring implementation and compliance with this policy as outlined in section 5 below.

Services	Applicable	Comments
Trustwide	✓	
Essex MH&LD		
CHS		

The Executive Director responsible for monitoring and reviewing this policy is the Executive Nurse

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

**POLICY FOR CARDIOPULMONARY RESUSCITATION
(CPR) CONTENTS**

- 1.0 INTRODUCTION**
- 2.0 EXPLANATION**
- 3.0 DUTIES**
- 4.0 PRINCIPLES**
- 5.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE**
- 6.0 POLICY REFERENCES / ASSOCIATED DOCUMENTATION**
- 7.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**Policy for Cardio-Pulmonary Resuscitation (CPR)****1. INTRODUCTION**

- 1.1 Essex Partnership University NHS Foundation Trust (EPUT) provides community health, mental health and learning disability services for a population of approximately 2.5 million people in a variety of settings ranging from in-patient wards to the patient's own home. In the event of a cardiac or respiratory arrest in any setting, all EPUT staff should be able to recognise and respond appropriately to maximise the chances of survival.
- 1.2 Patients in mental health inpatient settings can be vulnerable to cardiac or respiratory arrest through coexisting physical illness, through self-harm, and through the effects of medication, including rapid tranquilisation, physical intervention, or seclusion in the short term management of disturbed or violent behaviour. Patients in inpatient settings are also vulnerable to choking, through dysphagia associated with illnesses like dementia, behaviour such as food bolting, pica (attempting to eat non-food items) or intentional self-harm. (NPSA, 2008)
- 1.3 The Resuscitation Council (UK) requires all healthcare staff to have ongoing training in basic life support, and additionally suggests that Automated External Defibrillators (AEDs) should be provided in any healthcare setting that might reasonably expect to use them at least once every five years.
- 1.4 NICE Guideline NG10 (2015) requires that any setting where restrictive interventions may be used can access staff trained to basic life support (BLS) standards, and access appropriate equipment for BLS (including AEDs).

2. DEFINITIONS

- The term cardiopulmonary resuscitation (CPR) embraces all the procedures, from basic first aid to the most advanced medical interventions that can be used to restore the breathing and circulation in someone whose heart and breathing have stopped (referred to as a cardiac or respiratory arrest).
- Do not attempt cardiopulmonary resuscitation (DNACPR) is a decision not to attempt CPR, made and recorded in advance, to guide those present if a person subsequently suffers sudden cardiac arrest or dies.
- Early Warning Scoring System refers to systems designed to provide an early warning of potential deterioration based on abnormal physiological signs. For more information on early warning scoring system staff to refer to CG87 - Clinical Guideline of the Use of Early Warning Scoring System

3.0 DUTIES

3.1 The Trust Board is responsible for ensuring:

- That the principles of this Policy, the related EPUT CPR Procedure and other associated policies are implemented across the organisation;
- The necessary financial resources.

3.2 The Executive Director Mental Health, Executive Nurse will ensure that:

- This policy and the related EPUT CPR Procedure are embedded within clinical practice;
- This policy and the related EPUT CPR Procedure are reviewed and updated regularly, in accordance with recommended best practice and national guidance.

3.3 The Assistant Director, Quality and Practice will ensure that: all cardiopulmonary arrests are audited and reported on a regular basis to the Resuscitation and Deteriorating Patient Group.

3.4 The Trust's Resuscitation and Deteriorating Patient Group reports to the Clinical Governance Sub Committee and is responsible for all resuscitation issues in the trust as follows:

- Examining and addressing issues around current and best practice, seeking expert advice when appropriate;
- Planning and the practice and monitoring of resuscitation activity;
- Approval of resuscitation equipment utilised across all services;
- Ensuring that any updated information or guidance, in accordance with the Resuscitation Council or other patient safety authority, is disseminated throughout the Trust.

3.5 The Trust's Workforce Development Team will ensure the provision of training and education to meet identified needs/

3.6 The Consultant/GP in Charge of the individual patient's care is responsible for individual patient treatment and clinical management, including decisions on resuscitation and DNACPR, further information is available in section 4 -7 of The EPUT CPR Procedural Guidelines.

3.7 All Consultants are responsible for ensuring that all medical staff, including temporary and locum staff, are aware of and understand this policy and the related clinical guidance.

3.8 Service / Unit Managers are responsible for ensuring that:

- All staff, including new employees, whether temporary or permanent, are made aware of this policy and the related EPUT CPR Clinical Guidance;
- All in-patient nursing staff have had appropriate training, including use of an Early Warning Scoring System in accordance with identified needs;

- Resuscitation equipment is checked in accordance with the CPR procedural guideline, and ensuring that all equipment is maintained in good working order and is continually available;
- That a debriefing session is held with staff in the event of a CPR incident.

3.9 Individual Staff-members: Will ensure that this policy and the related guidelines are implemented and:

- Must be aware of the location of all emergency equipment within their service area and on induction should familiarise themselves with the emergency equipment held.
- Clinical staff must ensure that resuscitation equipment is checked in accordance with the clinical guideline, to ensure the availability of all required equipment and that it is in working order, recording all checks on an equipment checklist and monitoring form (for further guidance, refer to clinical guideline Section 6)
- The clinician in charge or senior member of staff must ensure that all emergency equipment is cleaned, checked and, if necessary, replaced following a CPR event (for further guidance, refer to clinical guideline Section 6)
- Must maintain an awareness of the resuscitation status of all patients within their care, which will include those for whom a valid DNACPR order / Advance Decision to Refuse Treatment is in place;
- Must promptly commence CPR in the event of a cardio-respiratory arrest;
- Must ensure that all cardiopulmonary arrests are documented through the completion of incident reporting forms and, within in-patient settings, the Cardiac Arrest Report and Review Forms (CPR Procedure Appendix 7);
- Will ensure their attendance at CPR training sessions / Enhanced Emergency Skills courses, in accordance with identified learning needs;
- Are accountable for the equipment that they carry.
- Additional requirements for in-patient staff:
 - a. Clinical staff will be responsible for undertaking physical observations and identifying those who are critically ill, supporting decision-making and ensuring care escalation (for further guidance, refer to the CPR Procedure Section 3);
 - b. Clinical staff working within the in-patient setting must ensure the use of a patient-at-risk scoring tool (such as the Modified Early Warning Signs observation tool) for those patients for whom there are concerns / signs of deteriorating physical health;
 - c. Where the task of recording vital signs is delegated to a support worker or student the registered nurse must ensure that they are supervised

4.0 PRINCIPLES

In the event of an unexpected cardiac arrest, every attempt to resuscitate the individual will take place in accordance with the advice given by the Resuscitation Council (UK), unless a valid DNACPR decision or an Advance Decision to Refuse Treatment (ADRT) is in place and made known.

This policy provides a systematic approach to management of The Deteriorating Patient and CPR, with the aims of ensuring that:

- All patients in EPUT in-patient areas have vital signs monitoring using an early warning scoring system;
 - All patients receive effective and appropriate treatment in the event of sudden or unexpected collapse;
 - All identified staff receive training appropriate to their role;
 - In-patient areas undertake the simulation of CPR, ensuring that skills are practiced and responses are effective;
 - Processes are in place to aid decision-making by senior clinicians on 'do-not-attempt cardiopulmonary resuscitation' (DNACPR) refer to:
 - a. *Decisions relating to cardiopulmonary resuscitation. Guidance from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing (previously known as the 'Joint Statement') 3rd edition (1st revision) 2016.*
<https://www.resus.org.uk/dnacpr/decisions-relating-to-cpr/>
 - b. Clinical Procedural Guideline DNACPR
- Equipment is provided, which is assessed as appropriate within each clinical area, and monitoring and maintenance by staff working within the practice environment in accordance with the CPR Procedure

5.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE

- 5.1 The Executive Director Mental Health, Executive Nurse** is responsible for the regular monitoring and review of this policy and the related procedural guideline.
- 5.2 The Resuscitation and Deteriorating Patient Group** will lead on the monitoring of all the minimum requirements, which must include:
- a description processes/procedures in place;
 - Early warning systems being in place for the recognition of in-patients at risk of cardio-respiratory arrest;
 - Post-resuscitation care;
 - DNACPR Orders;
 - A process for ensuring the continual availability of resuscitation equipment;
 - The Trust's expectations in relation to staff training, as identified through the training needs analysis, which will be monitored as outlined in CPR Procedure Section 9.0, Training
 - Assessment of compliance with this policy and the associated procedural guideline, using information from several indicators, including:
 - a. The timely completion of an incident report form following CPR;
 - b. Use of early warning scoring systems preceding the cardiac arrest;

- c. The proper documentation and frequent review of DNACPR orders;
 - d. The continual availability and maintenance of emergency equipment, as assured through the completion of weekly checks;
 - e. The uptake of training.
- Auditing of the process outlined in this policy and the related procedural guideline will be undertaken at a minimum of every 3 years to ensure compliance. Reports will be submitted to resuscitation Committee for consideration and action.
 - A simulation programme of mock incidents will be conducted within units where resuscitation equipment is available, in accordance with guidelines issued by the National Patient Safety Agency, allowing for the review of practice and for any learning needs to be identified and addressed.
 - An annual report of resuscitation practice and outcome.

6.0 POLICY REFERENCES / ASSOCIATED DOCUMENTATION

1. British Medical Association, Resuscitation Council (UK), Royal College of Nursing, 2016. Decisions relating to cardiopulmonary resuscitation. Guidance from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing (previously known as the 'Joint Statement') 3rd edition (1st revision) 2016.
<https://www.resus.org.uk/dnacpr/decisions-relating-to-cpr/>
2. National Patient Safety Agency (NPSA), 2008. Rapid Response Report NPSA/2008/RRR010: Resuscitation in Mental Health and Learning Disability settings
3. NICE, 2015. Violence and aggression: short-term management in mental health, health and community settings. <https://www.nice.org.uk/guidance/ng10>
4. Resuscitation Council (UK) 2015. Resuscitation guidelines 2015
<https://www.resus.org.uk/resuscitation-guidelines/>

7.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

CLPG14A - Cardiopulmonary Resuscitation Procedure
 CLPG14B - Do Not Attempt Cardiopulmonary Resuscitation
 Clinical Procedure
 RM05 - Restrictive Practice Policy
 CG6 - Clinical Guidelines For Advance Decisions and Statements (Mental Health and Learning Disability)
 CG87 - Clinical Guideline of the Use of Early Warning Scoring System

END