



# RESUSCITATION POLICY

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# DOCUMENT CONTROL

## Document Storage

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## Version Control Log (Only last 3 versions, earlier versions can be found in the appropriate Achieve directory for the document)

| Version | Date      | Author                    | Description of Changes                   |
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| V1.3    | July 2019 | S McDonnell               | Reviewed, no change                      |
| V1.4    | Sept 2022 | S McDonnell / Dr F Wilson | Reviewed. Major changes due to Covid 19. |
| V1.5    | Feb 2032  | S. McDonnell              | Reviewed. Typo corrected.                |

## Approval

| Version | Name             | Position       | Signature | Approved Date |
|---------|------------------|----------------|-----------|---------------|
| V1.0    | Badger Executive | Executive Team |           | 12 Dec 2012   |
|         |                  |                |           |               |
|         |                  |                |           |               |

## Glossary

| Term | Description |
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## 1 INTRODUCTION

BADGER recognises that as a provider of healthcare they have a duty to ensure that anyone suffering a cardiopulmonary arrest whilst in receipt of care or on BADGER's premises has a right to receive basic life support from their staff until appropriate emergency services are in attendance.

## 2 BACKGROUND

Cardiopulmonary Resuscitation (CPR) can be attempted on any individual in whom cardiac or respiratory function ceases.

Failure of the cardiopulmonary functions is inevitable as part of dying and thus CPR can theoretically be used on every individual prior to death. It is therefore essential to identify patients for whom cardiopulmonary arrest represents a terminal event in their illness and in whom CPR would be deemed to be inappropriate. It is vital to encourage the involvement of patients, the health care team and people close to the patient in the decision making process, and to ensure the communication of the decision to all relevant healthcare professionals.

## 3 EQUALITY AND DIVERSITY / SCOPE

This policy applies to all BADGER employees, patients and carers, irrespective of age, race, colour, religion, disability, nationality, ethnic origin, gender, sexual orientation or marital status, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership. All employees will be treated in a fair and equitable manner recognising any special needs of individuals where adjustments need to be made. No member of staff will suffer any form of discrimination, inequality, victimisation, harassment or bullying as a result of implementing this policy.

## 4 STRATEGIC OBJECTIVE

This policy sets out clearly the roles and responsibilities of staff in respect of resuscitation and the requirement of all BADGER staff to be trained in basic life support.

To ensure that resuscitation measures (including where available AED) will be delivered in accordance with current UK Resuscitation Council Guidelines.

## 5 ROLES / RESPONSIBILITIES / FUNCTIONS

The Executive lead for clinical governance is accountable to BADGER for the overall implementation and monitoring of the policy, ensuring that the agreement, implementation and regular review of the policy takes place within the framework for clinical governance.

Managers of clinical teams are accountable to the Board through their line manager to ensure that the staff they manage comply with the requirements of the policy, including the organisation and implementation of appropriate local training provision.

The BADGER training department is responsible for the design, monitoring and evaluation of training programmes including the collation of training records.

The release of staff and trainers will be the responsibility of line managers but will be monitored by the Quality & Compliance Department.

## 6 IMPLEMENTATION / MONITORING / AUDIT

Uptake of training will be reported to the Quality & Compliance Department. Any deficiencies should be recorded as an adverse incident and investigated accordingly. Reports from the investigation of these incidents will be monitored by the Risk management committee.

## 7 TRAINING

As a minimum standard, clinical staff will have annual updates and non-clinical staff will have 2 yearly updates, adhering to current Resuscitation Council UK guidelines.

## 8 COVID 19 RESUSCITATION COUNCIL UK 2022 UPDATE

Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings. This statement is for anyone who is performing CPR/defibrillation in an out-of-hospital setting.

Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection, associated particularly with giving rescue breaths. Normally, this risk is very small and is set against the inevitability that a person in cardiac arrest will die if no assistance is given. The first things to do are shout for help and dial 999.

### 8.1 Automated External Defibrillation

All direct care staff must undertake the mandatory AED training and update sessions as per BADGER's training policy.

### 8.2 Anaphylaxis

All direct care staff must undertake the mandatory anaphylaxis training and update sessions as per BADGER's training policy.

### 8.3 Adult Choking

All staff must undertake the mandatory Adult Basic Life Support training and update sessions as per BADGER's training policy.

### 8.4 Child Choking (FBAO – Foreign Body Airway Obstruction)

Anyone working in a clinical area where there may be a requirement to resuscitate children must undertake the mandatory Paediatric Basic Life Support training and update sessions as per BADGER's training policy.

## 9 POLICY REVIEW

As per review date or when new national guidance is produced.