Acacium Group

Adult Basic Life Support

Procedure Reference | SOP RESUS 01

Version | V5.1

Procedure Name	Adult Basic Life Support
Purpose of Document	To ensure that the correct preparation, procedure, and outcome is achieved by undertaking an effective resuscitation procedure for adults.
Target Audience	All workers with clinical responsibilities
Version	V5.1
Author	Karen Matthews-Shard
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Lead Director	Karen Matthews-Shard
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Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A
This SOP must be read in conjunction with the Acacium Group Resuscitation Policy	

Document History			
Version	**Date**	**Changes made/comments**	**By whom**
V1	Dec 2016	Implementation of document history page	KNF/SJ
V1	Jun 2017	Annual review	KNF/VM
V1	Jun 2018	Annual Review	KMS/VM
V1	Jun 2019	Annual review	KMS/SJ
V1.1	Feb 2020	Updated to new Template	CC
V1.2	Mar 2020	Realigned review date to May with other resus SOPs	CC
V2	May 2020	Annual Review	Clinical Advisory Group
V2.1	Nov 2020	Rebrand	CC
V2.2	Jan 2021	Rebrand 2	CC
V2.3	May 2021	Annual Review	Clinical Advisory Group
V3	Mar 2022	Annual review	Clinical Advisory Group
V4	Apr 2023	Reviewed and updated	Clinical Advisory Group
V5	Jan 2024	Rebrand	Clinical Advisory Group
V5.1	Apr 2024	Reviewed and updated	Clinical Advisory Group

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1. Adult Resuscitation Standard

Every worker, that has direct patient/client contact, is trained and able to instigate basic life support procedures for any person who collapses because of a cardiac/respiratory arrest.

2. Resuscitation: Adults – General Points

Background

The following information is based on the document "2010 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations (CoSTR)", which was published in October 2010 and reviewed in 2021, taking into account Covid requirements. Basic life support refers to maintaining airway patency and supporting breathing, and the circulation, without the use of equipment other than a protective device.

It is important that those workers attending a cardiac arrest should have learnt the appropriate resuscitation skills and be able to put them into practice. The guidelines set out in 'section 3' of this SOP give advice on resuscitation chest-compression-only or chest compression and ventilation. Within this advice, allowance has been made for the rescuer who is unable or unwilling to perform rescue breathing, and for those who are untrained, and receive telephone advice, from the ambulance service.

The Resuscitation Council Guidelines (2000) introduced the concept of checking for 'signs of a circulation'. This change was made because of the evidence that relying on a check of the carotid pulse to diagnose cardiac arrest is unreliable and time-consuming. Subsequent studies have shown that checking for breathing is also prone to error, particularly as agonal gasps are often misdiagnosed as normal breathing. In the Resuscitation Council Guidelines (2015) the absence of normal breathing continues to be the main sign of cardiac arrest in a non-responsive patient/client and the latest 2021 guidelines still support this

Once cardiopulmonary resuscitation (CPR) has started, it is now recommended that CPR should only stop if deemed futile by an appropriately qualified clinician or if the patient/client shows signs of regaining consciousness, such as coughing, opening their eyes, speaking, or moving purposefully, as well as breathing normally.

Important note: Healthcare professionals have a responsibility to know if a DNACPR is in place.

3. Adult Basic Life Support

Basic life support consists of the following sequence of actions: Table 1: Resuscitation Sequence of Events (see also the Adult Basic Life Support Sequence Flowchart).

Table 1: Resuscitation Sequence of Events

	Step	Action
1	*Prior to the start of a shift:* Check whether there are any reasons why CPR should not be performed, i.e. an advance directive, terminal illness, DNAR/DNACPR/RePSECT/Advanced Care Plan etc.	To comply with legal and patient/client requirements. **N.B:** If unsure – resuscitate!
2	Ensure the safety of the worker and the patient/client whilst maintaining the client's privacy and dignity	Remove any danger if safe to do so to ensure you, the patient/client and any bystanders are safe. Apply PPE, this

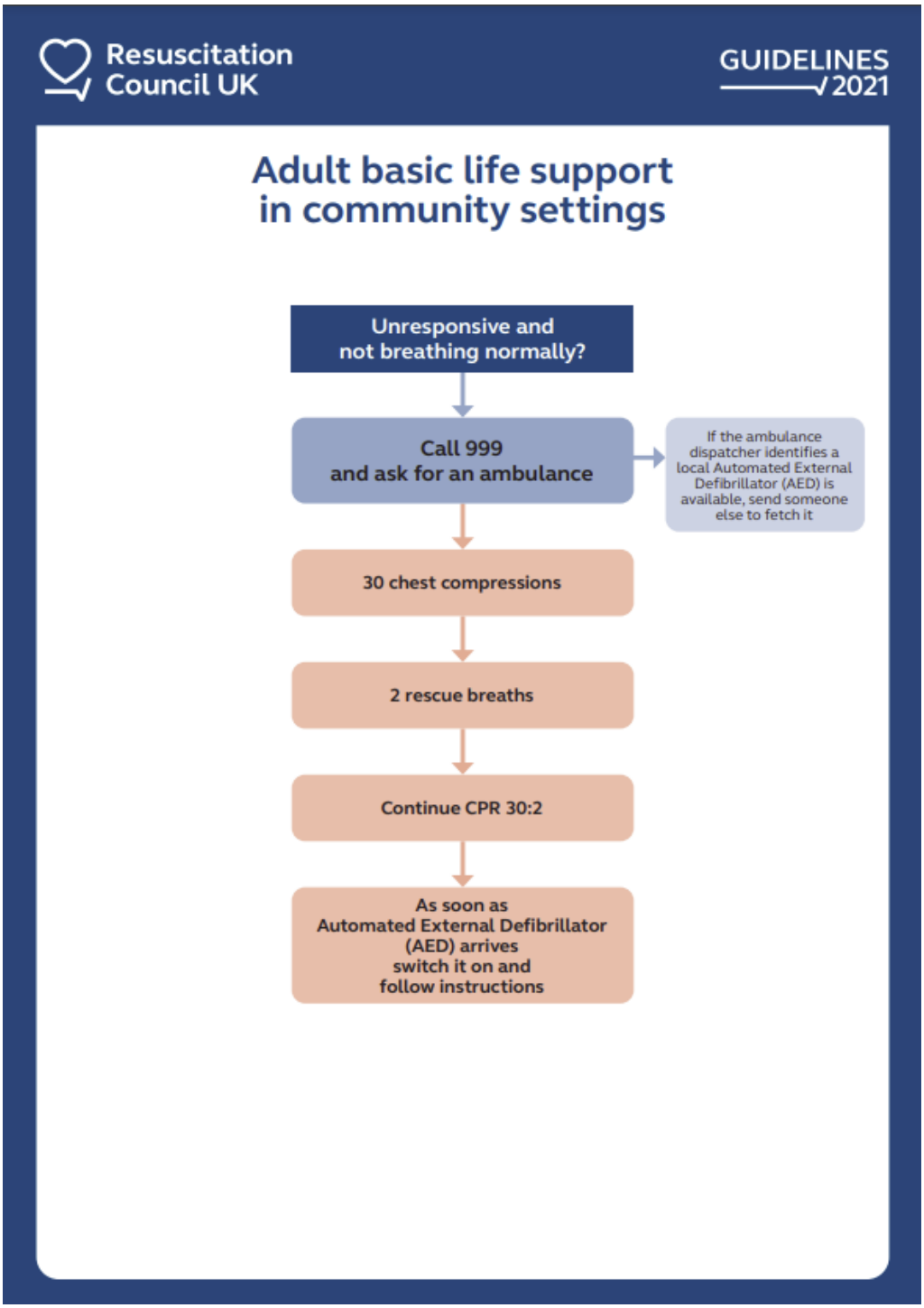
		should not delay commencing CPR, unless local policy stipulates otherwise.
3	Check the patient/client for a response.	gently shake their shoulders and ask loudly, 'Are you alright?' Give the patient/client an instruction such as "squeeze my hand if you can hear me"
4A	If the patient/client responds.	• seek appropriate help if needed, such as 2222 or 999. • for those working in Northern Ireland, please familiarise yourself with the local emergency numbers as they may differ from trust to trust. • look for verbal and nonverbal cues. • reassess regularly.
4B	If the patient/client does not respond.	• Shout/call for help – 999/2222/emergency buzzer if in hospital • turn the patient/client onto their back and then open the airway using head tilt and chin lift: • place your hand on their forehead and gently tilt the head back. • with your fingertips under the point of the patient/client's chin, lift the chin to open the airway.  **Important note: if there is a suspected spinal cord injury, a jaw thrust should be administered**
5	Keeping the airway open, look, listen, and feel for normal breathing.	• Look at the chest to ascertain whether they are breathing normally . • Look for regular rise and fall if the chest associated with normal breathing Listen for noises of breathing near to the patients airway Feel for expired air with your cheek next t the patients mouth – see important note below regarding Covid -19. In the first few minutes after cardiac arrest, the patient/client may be barely breathing, or taking infrequent, slow and noisy gasps. This is often termed agonal breathing and must not be confused with normal breathing. Look, listen, and feel for **no more** than **10 seconds** to determine if the patient/client is breathing normally. If you have any doubt whether breathing is normal, act as if it is **not** normal. **Reference: RCUK Covid statement March 2020**

6A	If the patient/client is breathing normally.	• turn them into the recovery position, see the Acacium Group Recovery Position SOP • summon help by dialling 999 in the out of hospital environment or 2222 in the hospital setting • for those working in Northern Ireland, please familiarise yourself with the local emergency numbers as they may differ from trust to trust. If there are two workers present leave the more senior worker with the patient/client. If there is a carer present, ask them to dial 999 • leave the patient/client only if there is no other way of obtaining help • continue to assess that breathing remains normal • if there is any doubt about the presence of normal breathing, start CPR.
6B	If the patient/client is not breathing normally:	• summon help by dialling 999/2222/pull emergency buzzer • if there are two workers leave the competent worker with the patient/client • In the Community if there is a carer present ask them to dial 999 • leave the patient/client only if no other way of obtaining help is possible • send someone to get an AED if possible/available • start chest compression as follows: ○ place the heel of one hand in the centre of their chest (which is the lower half of their sternum) ○ place the heel of your other hand on top of the first hand ○ interlock the fingers of your hands and ensure that pressure is not applied over the patient/client's ribs. *Do not apply any pressure over the upper abdomen or the bottom end of the sternum* ○ position yourself vertically above the patient/client's chest and, with your arms straight, press down on the sternum to a depth of at least 5 cm but not more than 6 cm. , using your body weight and not just arms. ○ after each compression, release all the pressure on the chest without losing contact between your hands and the sternum, allowing chest to return to normal position ○ repeat at a rate of 100 - 120 compressions per minute ○ compression and release should take an equal amount of time.

		
7A	Combine chest compression with rescue breaths	• after 30 compressions Ventilation should be carried out – ○ by a Bag Valve Mask (BVM), if available if you have been appropriately trained ○ If not available, the standard universal precautions must be applied when dealing with body fluids. See also the Acacium Group Infection Prevention and Control Policy. • Create a seal with the mask over the patient/client's mouth and nose (If not comfortable to giving rescue breaths, please move on to 7B) • Open the airway by using a jaw thrust to ensure you maintain a good seal around the patient/client's mouth and nose • 2 rescue breaths should be administered to the casualty • Do not interrupt compressions by more than 10 seconds to deliver the 2 simulated rescue breaths. Then return your hands without delay to the correct position on the sternum and give a further 30 chest compressions • continue with chest compressions and Ventilation in a ratio of 30:2 • stop to recheck the patient/client only if they start to show signs of regaining consciousness, such as coughing, opening their eyes, speaking, or moving purposefully AND starts to breathe normally. Otherwise, **do not interrupt resuscitation.** If the initial sequence of Ventilation does not make the chest rise as in normal breathing, then, before your next attempt: • check the patient/client's mouth and nose, remove any visible obstruction but DO NOT sweep the mouth • recheck that there is adequate Jaw thrust if trained and competent to do Jaw thrusts, to administer the ventilation • do not attempt more than two simulated breaths each time before returning to chest compressions.

		If there is more than one worker present or someone else trained in CPR, another should take over CPR about every 1-2 minutes to prevent fatigue. Ensure the minimum amount of delay during the changeover of rescuers, and do not interrupt chest compressions.
7B	Compression-only CPR	• if you are not trained to use a BVM, give chest compressions only if unable or unwilling to provide ventilations • if chest compressions only are given, these should be continuous at a rate of 100 - 120 per minute • stop to recheck the patient/client only if they start to show signs of regaining consciousness, such as coughing, opening their eyes, speaking, or moving purposefully AND starts to breathe normally. Otherwise, **do not** interrupt resuscitation. The guidelines also state that interruptions in chest compression are common and are associated with a reduced chance of survival. The 'perfect' solution is to deliver continuous compressions whilst giving ventilations independently. This is possible only when the patient/client has an advanced airway in place. Compression-only CPR is another way to increase the number of compressions given and will, by definition, eliminate pauses. It is effective for a limited period only (probably less than 5 minutes) and is **NOT** recommended as the standard management of out-of-hospital cardiac arrest.
8	Continue resuscitation until	• qualified help arrives and takes over • the patient/client starts to show signs of regaining consciousness, such as coughing, opening their eyes, speaking, or moving purposefully, AND starts to breathe normally, OR you become exhausted.

Adult Life Support Sequence Flow Chart



4. Associated Policies / SOPs

Policies
CLIN 07 Infection Prevention Policy
CLIN 19 Resuscitation Policy
CLIN 40 Do Not Attempt Resuscitation Policy

SOPs
SOP RESUS 03 Recovery Position
SOP RESUS 04 Adult Chocking

5. References

- 2010 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations (CoSTR) 2010 (updated 2015)
- The Resuscitation Council Guidelines 2000 (updated 2021)
- https://www.resus.org.uk/covid-19-resources/covid-19-resources-general-public/resuscitation-council-uk-statement-covid-19

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

GP World Part of Acacium Group	pulse Part of Acacium Group	Proclinical Part of Acacium Group
Bank partners	espirita	INGAGE multistaffing | one solution
Liquid Healthcare Part of Acacium Group	Thornbury Nursing Services Part of Acacium Group	Scottish Nursing Guild Part of Acacium Group
Thornbury Community Services Part of Acacium Group	Hobson Prior Part of Acacium Group	maxxima Part of Acacium Group
xyla Part of Acacium Group	Ellea Nursing Part of Acacium Group	CHS Healthcare Part of Acacium Group
DUNN REGULATORY ASSOCIATES Part of Acacium Group		