Acacium Group Community Resuscitation using CPR Beds and Cots Policy

Policy Reference | CLIN 38

Version | V4.1

Policy Name	Resuscitation using CPR Beds and Cots Policy
Purpose of Document	To ensure that there is a systematic approach to resuscitation of clients in the community setting using CPR beds/cots
Target Audience	All community staff
Version	V4.1
Author	Kate Nicholson-Florence
Date of Approval	November 2016
Published Date	November 2017
Lead Director	Group Clinical Director
Review Frequency	Annual
Last Reviewed	November 2023
Next Review Date	November 2024
Risk And Resource Implications	N/A
Associated Strategies and SOPs	CLIN 13 Record Keeping CLIN 14 Health Records Management CLIN 18 Manual Handling Policy CLIN 19 Resuscitation Policy ORG 41 Mental Capacity Act Policy CLIN 06 Consent Policy CLIN 40 Do Not Attempt Resuscitation Policy CORP10 Policy on Policies Policy IG 13 Collection and Recording of Client Data SOP Resus 01 Basic Life Support Adult SOP Resus 02 Basic Life Support Child SOP Resus 03 Recovery Position
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

Legislation	Legislation and Guidance pertinent to this policy can be found within Appendix B

Document History			
Version	**Date**	**Changes made/comments**	**By whom**
1		First draft	KNF
1	Nov 2016	Annual review	KNF/SJ
V1	Nov 2017	Annual review	KMS/VM
V1	May 2018	Updated CSSIW to CIW	LW
V1	Nov 2018	Annual review	KMS/SJ
V1.1	Nov 2018	Updated in relation to training	KMS/SJ
V2	Nov 2019	Yearly Review	Clinical Advisory Group
V2.1	Nov 2020	Yearly Review	Clinical Advisory Group
V2.2	Oct 2020	Updated re rebrand	CCR/CC
V2.3	Nov 2021	Annual Review	Clinical Advisory Group
V3.0	Jan 2023	Reviewed and updated	Clinical Advisory Group
V4.0	Nov 2023	Reviewed and updated	Clinical Advisory Group
V4.1	Jan 2024	Rebrand	Clinical Advisory Group

Table of Contents

1. Introduction

1.1 All workers ensure that in the event of a cardiac or respiratory arrest that they respond immediately with the correct treatment and care to provide the optimum outcome for the client.

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

1.3 Where the bed has a CPR mode, this must be used in any event where CPR is required.

1.4 If the client's bed/cot is not CPR mode enabled or a client is not in bed/cot at the point of arrest, the client must be moved to the floor in as safe a way as possible, where appropriate, in order for CPR to commence.

2. Definitions

Topic	Definition
Resuscitation	The emergency treatment of any condition in which the brain fails to receive enough oxygen.
Cardiac arrest	Is the cessation of normal circulation of the blood due to failure of the heart to contract effectively. If this is unexpected it can be termed a sudden cardiac arrest. It may be ascertained by an absence of detectable signs of life and an absence of palpable pulsation in a major artery.
Respiratory arrest	Respiratory arrest can be divided in to two major components, both of which require urgent management. It is very unusual for either to occur without being preceded by detectable clinical deterioration. • Absolute: A sudden and complete cessation of breathing. • Functional: Ventilatory or respiratory function is so reduced from normal that oxygenation and / or removal of carbon dioxide is reduced to a level that threatens life.
Anaphylaxis	This is an acute systemic, multi-system, and very severe Type I hypersensitivity allergic reaction. This may occur after ingestion, skin contact, injection or inhalation of an allergen.
Do Not Attempt Resuscitation (DNAR/DNACPR)	A directive made by a doctor that resuscitation of a client should not be attempted.
Advance directive/decision or living will/ceiling of care/respect document.	Instructions given by an individual specifying what actions should be taken for their health in the event that they are no longer able to make decisions due to illness or incapacity.
Cardiopulmonary Resuscitation (CPR)	CPR can be defined as any immediate emergency treatment aimed at restoring spontaneous circulation and breathing. CPR can be attempted on

	any individual where cardiac and respiratory function ceases. See reasons for not commencing CPR in 'section 5.5 within CLIN 19 Resuscitation Policy'.
Basic Life Support (BLS)	The initial assessment and carrying out of resuscitation of a client leading to a situation where airway management, rescue breathing, and chest compressions may be required.
Enhanced resuscitation skills including AED	This incorporates basic life support, the safe use of Automated External Defibrillators (AED) and the use of other pieces of equipment such as suction, airways, oxygen and pulse oximeters to further support workers to manage a client in cardiac arrest until such time as the client is handed over to an appropriate person i.e. a doctor or the ambulance service.
Advanced Life Support (ALS)	This incorporates basic life support, the use of defibrillators and the use of further skills including drugs and advanced airway management to further support a client in cardiac arrest until such time as the client is handed over to an appropriate person i.e. a doctor or the ambulance service.
CPR Mode	An electrically activated emergency system enabling the bed/cot to go flat for the facilitation of emergency procedures.
Mattress: Max inflate mode	A mode that maximises inflation to ensure the mattress is hard enough to complete effective CPR.

3.   Roles & Responsibilities

3.1   The general overall organisational roles and responsibilities are set out in the policy document, CORP10 Policy on Policies for drafting, approval and review of policies and standing operating procedures (SOP).

3.2   The following table outlines the responsibilities of the key people involved in this Policy.

Job Title	Responsibilities
Global Clinical Director/Group Chief Nurses	Responsible for ensuring that all policies, standard operating procedures (SOPs), protocols, training, and competencies, are in place to support the Pulse nurse or care in the safe delivery of safe and effective care provision.
	The Global Clinical Director/Group Chief Nurses is responsible for ensuring that:
	• there is compliance with this Policy
	• the workers are trained to provide the required level of care
	• incidents in relation to resuscitation are managed effectively and according to this Policy
	• the resuscitation policy is effectively disseminated.

Managers/ Heads of Service	Are operationally responsible for ensuring compliance with this Policy within their area of responsibility. This includes ensuring, where appropriate, that evidence of sound training is a feature of all commissioned and non -commissioned services/packages, promoting good practice within their own teams, and ensuring that any training needs are identified and documented in accordance with this strategy. They must also ensure that all staff are made aware of the risks within their work environment and of their personal responsibilities, including compliance with Acacium Group policies. • ensuring the workers access training • take part in training, including attending updates so that they maintain their skills and are familiar with resuscitation processes • keep a personal record of any training attended or evidence of training obtained and verified.
Individual Acacium Group workers	Must • be aware of and comply with Acacium Group policy for resuscitation • record any decision not to resuscitate in the clients care plan and ensure this is highlighted to all those caring for the client • take part in training, including attending updates so that they maintain their skills and are familiar with resuscitation processes • keep a personal record of any training attended • check all resuscitation equipment daily • maintain an environment that minimises the risk of infection to clients.
Clinical Advisory Group (CAG)	Review polices and clinical documents for the Group in order to safeguard and improve quality in line with the Groups vision, strategic aims and in a context in which diversity is recognised and widely celebrated

4. The Use of CPR Mode on Beds/Cots within the Community Setting

Examples of CPR beds/cots:

4.1   There is variation in equipment supplied in the community , so it is very important that all workers are made familiar with the CPR mode on all beds/cots and this is factored into any care plan or risk assessment.

4.2 Daily Checks

4.2.1 Check that the CPR function can easily be located.

4.2.2 Each bed/cot or mattress can have different methods to place into CPR mode. It is important that this is documented in the individual client's care plan for community workers to follow the type of CPR function available.

4.2.3 There are two different types of CPR settings on mattresses:

- Max inflate mode: A mode that maximises inflation to ensure the mattress is hard enough to complete effective CPR.
- Max deflate mode: A mode that releases the air quickly from the mattress to allow CPR to commence on the hard bed/cot frame.

4.2.4 Troubleshooting

Troubleshooting: If client arrests on CPR enabled bed/cot	
Immediate Action	- dial 999. - utilise CPR mode when the client is in an arrest situation and commence CPR (Following appropriate algorithm for client as detailed in their care plan) - instruct the ambulance service that CPR mode has been mobilised and the client will not be moved to the floor. Declare that CPR is in commencement - continue CPR until the ambulance service arrives.
The CPR mode fails to work.	- dial 999 - if possible, move the client to the floor and commence CPR - continue CPR until the ambulance service arrives - report the defective CPR mode via the incident reporting process.
Electricity: Power failure (if the CPR element is power	- dial 999 - if possible, move the client to the floor and commence CPR

controlled and back up battery fails).	• continue CPR until the ambulance service arrives.

5. Communication with the Emergency Services

5.1 It is important that we inform the emergency services that the CPR function has been activated on the client's bed/cot and that CPR is in progress on the client's bed/cot. Follow the instructions below when giving information to the emergency services.

5.2 Calling emergency services: Information to give to the emergency services
- Client Name
- Client Address
- Client Condition
- 'CPR function on bed/cot activated – CPR in commencement'.

6. Post Resuscitation

6.1 If CPR has commenced and the client is roused/recovers prior to an ambulance arriving then the client should be placed in the recovery position where appropriate. See the Acacium Group Resus SOP 03 Recovery position. Keep the bed/cot in CPR mode.

6.2 Workers must contact their Line Manager/lead clinician/clinical on call or appropriate other as soon as possible after the event for support following the incident. All attempts at resuscitation must be entered on the Datix system and reported as an incident. Learning from a positive or negative incident can be disseminated across the organisation. See the Acacium Group Incidents Reporting Policy.

6.3 Ensure that all documentation has been completed.

6.4 **Information for paramedics on transfer to hospital**
   6.4.1 All clients resuscitated in the community must be transferred to the local acute hospital for further assessment and care. The information to be given to the paramedics is:
   - Client's age and Date of Birth
   - Diagnosis/medical/psychiatric history
   - History of the incident
   - Prescribed medications
   - Allergies
   - Notes to be made available.
   - Grab Sheets

6.5 **Record keeping**
   6.5.1 Full documentation must be recorded in the client's nursing notes when there has been a need to initiate resuscitation and/or other emergency procedures including dates, times and actions.

   6.5.2 An incident must be recorded on information reporting system for any such emergencies.

7. Implementation

7.1 **Consultation:** Communication and dissemination of the Policy will be completed as set out in the flowchart (on the intranet) in the Policy on Policies for drafting policies and standing operating procedures (SOP). Also see the flowchart for the revision or creation of policies, procedures, guidelines and protocols.

7.2 **Ratification:** see the flowchart (on the intranet) in the Policy on Policies for drafting policies, procedures, guidelines and protocols. Also see the flowchart for the revision or creation of policies, procedures, guidelines and protocols.

7.3 **Audit/Monitoring:** The effectiveness of this Policy will be regularly reviewed by the Group Clinical Director and Clinical Advisory Group.

7.4 This Policy will be reviewed on a regular basis, and not less than annually.

8. Training

8.1 All workers with clinical responsibilities must evidence or participate in resuscitation training to ensure they are competent and have reached an agreed standard of proficiency. This is a pre-employment requirement prior to commencement of employment. Any training will be proportionate, and relevant, to the roles and responsibilities of each worker.

8.2 It is the responsibility of the central training team to organise and publicise educational sessions, and to keep records of attendance.

8.3 All workers that care for adults and children are expected to be proficient in both Adult and Paediatric Basic Life Support.

9. Associated Policies / SOPs

Policies
CLIN 13 Record Keeping
CLIN 14 Health Records Management
CLIN 18 Manual Handling Policy
CLIN 19 Resuscitation Policy
ORG 41 MCA Policy
CLIN 06 Consent Policy
CLIN 40 Do Not Attempt Resuscitation Policy
IG 13 Collection and Recording of Client Data.

SOPs
SOP Resus 01 Basic Life Support Adult
SOP Resus 02 Basic Life Support Child

SOP Resus 03 Recovery Position.

10. References

- Resuscitation Council (UK), 2021. *Resuscitation Guidelines*., including Covid 19 Statements.
- Nursing and Midwifery Council, Updated Oct 2018. *The Code: Standards of conduct, performance and ethics for nurses and midwives.* NMC.
- Mental Capacity Act 2005.- This is listed as an Act and is not a reference.
- Department of Health, *Reference guide to consent for examination or treatment.* 2nd edition July 2009.
- Human Rights Act 1998 incorporating the European Convention on Human Rights (effective 02 October 2000). HMSO. - This is listed as an Act and is not a reference.
- British Medical Association, *Decisions relating to Cardiopulmonary Resuscitation (3rd edition 2016): A Joint Statement from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing.*
- The Care Tribunal (Amendment) Regulations (Northern Ireland) 2008 (No.249). - This is listed as an Act and is not a reference.
- The Establishments and Agencies (Fitness of Workers) Regulations (Northern Ireland) 2008 (No.346). - This is listed as an Act and is not a reference.

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:

pulse Part of Acacium Group	**Thornbury Nursing Services** Part of Acacium Group
Thornbury Community Services Part of Acacium Group	**Scottish Nursing Guild** Part of Acacium Group

Appendix B: Legislation

1.   This Policy is based on the following legislation and national guidance as set out below.

National policies, guidance and legislation supporting this Policy.

Acts and National Policies, Guidance,	Explanation
Mental Capacity Act 2005 (MCA).	Provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about this. It enables people to plan ahead for a time when they may lose capacity. A client who does not have the necessary mental capacity to take a treatment decision must receive treatment that is in their best interest.
Human Rights Act 1998 (HRA).	With reference to CPR the following articles of the Act apply: • Article 2: The right to life • Article 3: The right to be free from degrading or inhuman treatment • Article 10: The right to freedom of expression, which includes the right to hold opinions and receive information • Article 14: The right to be free from discriminatory practices in respect of these rights. A failure to provide cardiopulmonary resuscitation (CPR) could be a breach of a client's right to life under the Human Rights Act. A failure to discuss a resuscitation decision with a client may breach a client's rights to self-determination under the Act, i.e. the client has a right to be informed about decisions that are taken which affect them.
Health and Safety at Work Act 1974 (HASAWA).	Acacium Group has a duty to ensure the health and safety of its workers who in turn must ensure they make full use of the provisions made by Acacium Group for their health and safety. In terms of resuscitation, this requires all workers to use standard infection control procedures and pocket masks when provided.
Resuscitation Council UK 2021.	Resuscitation guidelines. Adult basic life support and automated external defibrillation.
Decisions relating to Cardiopulmonary Resuscitation (3rd edition): A Joint Statement from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing. (BMA, 2007)	'Decisions Relating to Cardiopulmonary Resuscitation' London: BMA Ethics Department, October 2007. Full guideline available on the BMA's website at: www.bma.org.uk/cpr.

NHS Scotland DNACPR Policy reviewed 2016	Integrated Policy on Do Not Attempt Cardio-Pulmonary Resuscitation.
Department of Health. England and Wales 2000.	Resuscitation Policy, Health Services Circular (HSC) 2000/028. London.
NHSLA Risk Management Standards 2013 – 14. (NHSLA).	Resuscitation.
Prehospital cardiac arrest guidelines. **(Resuscitation Council UK, 2021).**	Provide guidance on the management of client's in cardiac arrest situations outside of the hospital setting.
The Health and Safety (First-Aid) Regulations (Northern Ireland) 2000.	First aid at work - mutual recognition arrangement between the Health and Safety Executive for Great Britain (HSE) and the Health and Safety Executive for Northern Ireland (HSENI). The HSE and the HSENI have signed a Memorandum of Understanding (MoU) to allow mutual recognition of first aid at work certificates issued by organisations approved for this purpose by the HSE (pursuant to the Health and Safety (First-Aid) Regulations 1981) or the HSENI (pursuant to the Health and Safety (First-Aid) Regulations (Northern Ireland) 1982).
Essential standards of quality and safety. (Care Quality Commission, March 2010. - revised and revised 2016 to the fundamental standards).	Regulator standards for England.
Health and Social Care Act 2008 – updated 2012.	The relevant part of this Act to the Policy was the introduction of the Care Quality Commission (CQC), which is an integrated regulator for health and adult social care bringing together existing health and social care regulators under one regulatory body. The CQC has new powers to ensure safe and high-quality services.
Care Inspectorate Scotland	The independent regulator of social care and social work services across Scotland is SCSWIS. They regulate, inspect and support improvement of care, social work and child protection services for the benefit of the people who use them.
National Minimum Standards 2004. (Care Inspectorate Wales).	The Care and Social Services Inspectorate Wales (CIW) is the independent regulator of social care and social services across Wales. They introduced the National Minimum Standards for domiciliary care in 2004 and the National Minimum Standards for nurse agencies in 2003. The CIW were also responsible for the introduction of the Children and Families (Wales) Measure 201.

Control of Substances Hazardous to Health (COSHH) Regulations 2002	Latex is classed as a hazardous substance which is covered by the Health and Safety Executive's Control of Substances Hazardous to Health (COSHH) Regulations 2002. Under the regulations, organisations have a duty to assess the risk, eliminate, substitute, and limit and control exposure to latex, unless there is a need to use it.
RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995	There is a requirement to report diagnosed cases of Occupational dermatitis (schedule 3) to RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995.

2.   **Equality and diversity**

Under the Race Relation (Amendment) Act 2000 Acacium Group has a statutory duty to 'set out arrangements to assess and consult on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EAI must be completed by the author of this policy using the checklist provided in Appendix A. See also Acacium Group Equality and Diversity policy.