

# Blackpool Teaching Hospitals

NHS Foundation Trust

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<b>Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy &amp; Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination?</b> Initial Assessment		

## CONTENTS

1	PURPOSE.....	4
2	SCOPE.....	4
3	PROCEDURE.....	4
3.1	Procedure for Calling the Cardiac Arrest Team .....	4
3.1.1	Adult Cardiac Arrest at Blackpool Victoria Hospital or Royal Lancaster Infirmary .....	5
3.1.2	Maternal Cardiac Arrest at Blackpool Victoria Hospital .....	5
3.1.3	Neonatal Emergency at Blackpool Victoria Hospital.....	5
3.1.4	Paediatric Cardiac Arrest at Blackpool Victoria Hospital or Royal Lancaster Infirmary .....	5
3.1.5	Procedure for Calling the Cardiac Arrest Team Continued .....	5
3.2	Roles of Members of the Adult Cardiac Arrest Team AT BLACKPOOL VICTORIA HOSPITAL or Royal Lancaster Infirmary .....	8
3.2.1	Team Leader (Medical Registrar/Specialist Trainee 3, 4 or other appropriately qualified staff):.....	8
	Role 1: Cardiac Compressions and Pulse Checks:.....	8
	Role 2: Defibrillation:.....	9
	Role 3: Airway maintenance and Ventilation:.....	9
	Role 4: Intravenous (IV/IO) access and administration of drugs: .....	9
	Role 5: Runner: .....	10
3.3	Maintenance of Equipment.....	10
3.3.1	Dental Services for Blackpool Teaching Hospitals NHS FT .....	11
	Equipment list: .....	11
	Primary Dental Care .....	11
	AIRWAY AND BREATHING .....	11
	Primary Dental Care .....	12
	CIRCULATION .....	12
3.3.2	Cleaning and Decontamination of Resuscitation Equipment .....	12
3.3.2	Checking and Replacing Resuscitation Equipment .....	12
	Defibrillator: .....	12
	Cardiac Arrest Trolley / Grab Bag: .....	13
	Adult emergency drugs box (blue), arrhythmia drugs box (red) and paediatric emergency drugs box in the cardiac arrest trolley: .....	14
3.4	Moving and Handling During Resuscitation .....	14
3.4.1	Controlled environment .....	15
3.4.2	Uncontrolled environment.....	15
3.4.3	Uncontrolled environment – Unsuccessful Resuscitation Attempt.....	15
3.5	Training .....	15
3.6	The Presence of Relatives at Resuscitation Attempts .....	16
3.7	Stopping Resuscitation.....	16
3.8	Post Resuscitation Care and Safe Patient Transfer .....	17
3.9	Key Performance Indicators .....	17
4	ATTACHMENTS.....	18
5	ELECTRONIC AND MANUAL RECORDING OF INFORMATION .....	18
6	LOCATIONS THIS DOCUMENT ISSUED TO .....	18
7	OTHER RELEVANT/ASSOCIATED DOCUMENTS .....	18
8	SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS .....	19
9	CONSULTATION WITH STAFF AND PATIENTS.....	19
10	DEFINITIONS/GLOSSARY OF TERMS.....	19
11	AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL .....	20

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

Appendix 1: Medical Emergency / Cardiac Arrest Record .....	21
Appendix 2: Adult Cardiac Arrest Trolley Contents .....	23
Appendix 3: Grab Bag Contents for an Adult and Paediatric Area .....	26
Appendix 4: Paediatric Pump Bag Contents .....	27
Appendix 5: Paediatric Resuscitation Trolley Contents .....	28
Appendix 6: Adult Cardiac Arrest Trolley / Grab Bag / Defibrillator Checklist .....	32
Appendix 7: Paediatric Cardiac Arrest Trolley / Pump Bag / Defibrillator Checklist .....	39
Appendix 8: Ward Mangers counter signature for the cardiac arrest trolley/pump bag/grab bag/defibrillator checklist .....	46
Appendix 9: Adult Laryngoscope Handle and Blade Information Sheet .....	47
Appendix 10: Requisition Centralised Store Equipment for Resuscitation .....	48
Appendix 11: Training .....	49
Appendix 12: Adult Basic Life Support .....	51
Appendix 13: AED Algorithm .....	52
Appendix 14: Adult Advanced Life Support.....	53
Appendix 15: Paediatric Basic Life Support (Healthcare Professionals with a Duty to Respond).....	54
Appendix 16: Paediatric Advanced Life Support .....	55
Appendix 17: Equality Impact Assessment Form .....	56

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

## 1 PURPOSE

All patients suffering a cardiac or respiratory arrest will be resuscitated unless a decision not to do so has been made.

This document details the procedure to be used in the event of cardiopulmonary resuscitation of patients and must be read in conjunction with the Do Not Attempt cardiopulmonary Resuscitation (Adults) Procedure (CORP/PROC/003).

The current Resuscitation Council (UK) guidelines will be followed for the resuscitation of adult patients and newborn.

The current Advanced Life Support Group (ALSG) guidelines will be followed for the resuscitation of paediatric patients.

## 2 SCOPE

Healthcare organisations have an obligation to provide an effective resuscitation service to their patients and appropriate training to their staff. A suitable infrastructure is required to establish and continue support for these activities.

It is the responsibility of the Clinical Improvement Committee and the Care of the Acutely Ill Group and Resuscitation Committee to ensure policy distribution, implementation and compliance throughout the organisation.

This procedure applies to all staff attending a cardio-respiratory arrest within Blackpool, Teaching Hospitals NHS Foundation Trust premises including specific locations within Royal Lancaster Infirmary, community locations, clinics, surgeries and Parkwood, part of Lancashire Care NHS Foundation Trust. It will also provide guidance to independent contractors (Any location where BTH staff perform their duties / give treatment).

A cardiopulmonary arrest exists when the patient is unresponsive, not breathing normally and has no signs of circulation / life. 'Cardiopulmonary arrest' is used interchangeably with 'cardiac arrest' and 'respiratory arrest' throughout this document.

## 3 PROCEDURE

### 3.1 Procedure for Calling the Cardiac Arrest Team

The Acute Trust has an Early Warning / Patient at Risk System established for the prevention of cardiopulmonary arrest (CORP/PROC/080). All clinical staff should be trained in the identification of critically ill patients and the use of physiological observation charts to enhance decision making and care escalation. The organisation of this preventative system may incorporate outreach services / acutely ill support services and / or appropriate emergency teams, which should be orientated to respond to medical emergencies in addition to cardiopulmonary arrest.

In the event of a cardiopulmonary arrest, basic life support will be commenced and the following procedure will be used to call the cardiac arrest team:

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

### **3.1.1 Adult Cardiac Arrest at Blackpool Victoria Hospital or Royal Lancaster Infirmary**

Dial 2222 in the event of an adult cardiac arrest, state clearly 'ADULT CARDIAC ARREST' and specify the location and site of the cardiac arrest.

### **3.1.2 Maternal Cardiac Arrest at Blackpool Victoria Hospital**

Dial 2222 in the event of a maternal cardiac arrest, state clearly 'ADULT CARDIAC ARREST AND ANTE NATAL EMERGENCY' or 'ADULT CARDIAC ARREST AND POST NATAL EMERGENCY' and specify the location of the cardiac arrest (see Maternal Ante Natal and Post Natal Cardiac Arrest Calls (2222) Procedure OBS/GYNAE/PROC/005).

Or

### **3.1.3 Neonatal Emergency at Blackpool Victoria Hospital**

Dial 2222 in the event of a neonatal emergency, state clearly 'NEONATAL EMERGENCY' and specify the location of the emergency (see Obstetric and Neonatal Emergency Calls to Switchboard (2222)).

Or

### **3.1.4 Paediatric Cardiac Arrest at Blackpool Victoria Hospital or Royal Lancaster Infirmary**

Dial 2222 in the event of a paediatric cardiac arrest, state clearly 'PAEDIATRIC CARDIAC ARREST' and specify the location and site of the cardiac arrest.

### **3.1.5 Procedure for Calling the Cardiac Arrest Team Continued**

- The telephonist will repeat the location as confirmation to you, if s/he needs clarification.
- The telephonist will then put out the call to all relevant holders of cardiac arrest bleeps.
- The relevant bleeps will state "Alert 2222" and the telephonist's voiceover will be heard from the bleep stating "ADULT CARDIAC ARREST" and its location.

The following critical care areas: Accident and Emergency department, Cardiac Catheter Laboratory, Intensive Care Unit, High Dependency Unit, Special Care Baby Unit and Inpatient Theatres will follow their own departmental cardiac arrest call procedures.

For all cardiology / cardiothoracic patients in the Lancashire Cardiac Centre, CARD/PROC/008 will be followed. When called to the Lancashire Cardiac Centre, the adult cardiac arrest team will use current Resuscitation Council (UK) Advanced Life Support guidelines until the cardiothoracic team arrive and take over the management of the cardiac arrest.

#### **In the event of:**

- A cardiac arrest occurring in a patient area on the Victoria Hospital site, with immediate access to resuscitation equipment (call to shock time within 3 minutes) but away from the main Victoria Hospital building, i.e. Parkwood: basic life support will be commenced, a 2222 call will be made for the appropriate cardiac arrest team and (9)999 / 112 will be called on the request of the cardiac arrest team leader for an ambulance once in attendance. The patient once stabilised will be transferred

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

supported by the cardiac arrest team via ambulance to the Emergency Department.

- A cardiac arrest occurring in a non-patient area on the Victoria Hospital site, away from the main Victoria Hospital building but with immediate access to resuscitation equipment including a grab bag and an automated external defibrillator basic life support will be commenced, a 2222 call will be made for the appropriate cardiac arrest team. The patient once stabilised will be transferred internally to the Emergency Department via the internal transfer team (Duty Resuscitation Officer, Critical care Outreach Practitioner and Medical SpR) utilising the Emergency Department patient trolley and Porter to assist the transfer. (9)999 / 112 may be called at the discretion of the cardiac arrest team leader if required or if the patient remains unstable.
- Out of Hours and weekends, a 2222 call will be made for the appropriate cardiac arrest team. Once stabilised the patient will then be transferred internally to the Emergency Department via the internal transfer team (Acute Response Team Practitioner and Medical SpR) utilising the Emergency Department patient trolley and Porter to assist the transfer. (9)999 / 112 may be called at the discretion of the cardiac arrest team leader if required or if the patient remains unstable.
- A cardiac arrest occurring in a non-patient area on the Victoria Hospital site, away from the main Victoria Hospital building and **without** immediate access to resuscitation equipment: basic life support will be commenced; a 2222 call will be made for the appropriate cardiac arrest team. The grab bag and automated defibrillator will attend from the Welcomer's information desk located on the main corridor. During core hours this will be brought to the scene by the Duty Resuscitation Officer or the duty Porter arranged via radio communication with the Duty Resuscitation Officer and the Duty Portering Supervisor (via channel 1). The patient will then be transferred internally to the Emergency Department via the internal transfer team on duty utilising the Emergency Department patient trolley and Porter to assist the transfer. (9)999 / 112 may be called at the discretion of the cardiac arrest team leader if required or if the patient remains unstable. For out of hours emergencies where equipment is required can be accessed by contacting the nurse in charge of the Emergency Department and requesting the Grab Bag
- A cardiac arrest occurring on a visitor / contractor or staff member of Blackpool Teaching Hospitals NHS Foundation Trust on the Victoria Hospital site, **with** immediate access to resuscitation equipment basic life support will be commenced; if equipment is readily available a 2222 call will be made for the appropriate cardiac arrest team. Once stabilised the person will be transferred internally to the Emergency Department via the internal transfer team, utilising the Emergency Department patient trolley and Porter to assist the transfer. (9)999 / 112 may be called at the discretion of the cardiac arrest team leader if required, dependent on their location or if the patient remains unstable.
- A cardiac arrest occurring on a visitor / contractor or staff member of Blackpool Teaching Hospitals NHS Foundation Trust on the Victoria Hospital site, away from the main Victoria Hospital building and **without** immediate access to resuscitation equipment: basic life support will be commenced; a 2222 call will be made for the appropriate cardiac arrest team. The grab bag and automated defibrillator will attend from the Porters Lodge on the main corridor. During core hours this will be

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

brought to the scene by the Duty Resuscitation Officer or Duty Porter arranged via radio communication with the Duty Resuscitation Officer and the Duty Portering Supervisor (via channel 1). The patient will then be transferred internally to the Emergency Department via the internal transfer team on duty, utilising the Emergency Department patient trolley and Porter to assist the transfer. (9)999 / 112 may be called at the discretion of the cardiac arrest team leader if required or if the patient remains unstable or dependant on location. For out of hours, emergency equipment can be sourced via liaison with Bleep 515 Senior Emergency Department Nurse for transportation to the scene of the cardiac arrest.

- At any Peripheral Hospital, Community Clinic, General Practice (GP) Surgery etc or any location part of the Blackpool Teaching Hospitals NHS Foundation Trust (BTH NHS FT) organisation, or any member of the organisation that is delivering clinical care in a patient's home setting as a lone worker. Basic / Immediate life support will be commenced following latest guidelines from the Resuscitation Council (UK) and to the level of the health care professional attending the emergency.
- If a lone worker: dial 2222/(9)999 or 112 from your mobile phone, request emergency ambulance and state your qualification and the presenting situation. Consider compression only CPR if safe to do so during the time of the emergency call.
- Depending on equipment available provide chest compressions and ventilations via a pocket mask. (Expectation is that all staff in the Community setting must be provided with these devices, which are available from the resuscitation department at BTH NHS FT Centralised Resuscitation Store). If an automated defibrillator is available deploy onto the patient at the earliest opportunity if trained to do so and follow the voice prompts of the device. Defibrillate as required and continue with resuscitation attempts until the arrival of the emergency services/patient shows signs of life / or you become physically exhausted. Follow guidance from the emergency services once they are on scene. The patient will then be transferred to the Emergency Department via emergency ambulance.
- If help is available: commence CPR immediately following latest Resuscitation Council (UK) guidelines request the resuscitation equipment if available and delegate a colleague to dial (9)999 / 112 and request an emergency ambulance. During care delivery, for all lone workers in the community, there is an expectation that this staff group must carry with them a pocket mask to support emergency ventilations.
- If no equipment is available consider COMPRESSION ONLY CPR. As this can be very tiring, consider provider fatigue and rotate health care providers supporting the resuscitation attempt accordingly. If an automated defibrillator is available deploy onto the patient at the earliest opportunity if trained to do so and follow the voice prompts of the device. Defibrillate as required and continue with resuscitation attempts until the arrival of the emergency services / patient shows signs of life. Follow guidance from the emergency services once they are on scene. The patient will then be transferred to the Emergency Department via emergency ambulance.

Current Resuscitation Council (UK) basic/immediate/advanced life support guidelines / practice will be commenced dependent upon the skill mix and equipment available in that

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

area.

It is the responsibility of the person in charge of the ward / department / area to ensure that the dedicated emergency equipment / cardiac arrest trolley is collected and taken to the cardiac arrest and that the cardiac arrest team have access to the ward / department / area.

### **3.2 Roles of Members of the Adult Cardiac Arrest Team AT BLACKPOOL VICTORIA HOSPITAL or Royal Lancaster Infirmary**

#### **3.2.1 Team Leader (Medical Registrar/Specialist Trainee 3, 4 or other appropriately qualified staff):**

The Team Leader should ideally not be actively involved, but direct and co-ordinate the management of the cardiac arrest according to the current Resuscitation Council (UK) guidelines.

The Team Leader must ensure a safe environment at all times.

If the Team Leader requests an anaesthetist to manage the patient's airway, 2222 must be dialled and the resident Intensive Care doctor requested to attend the cardiac arrest.

The Team Leader is responsible for completing, including documenting the date, time and score of the last early warning score, and signing the 'cardiac arrest record' (Appendix 1) and for ensuring that a suitable legible entry is made in the patient's case notes referring to this document. The top copy of the 'cardiac arrest record' must be filed in the patient's case notes and the bottom copy must be sent to the Resuscitation Office immediately following the resuscitation attempt. In line with National Confidential Enquiry into Patient Outcome and Death (NCEPOD) requirements an untoward incident MUST be completed for all cardiac arrest calls, the head of resuscitation will be responsible for completing a Root Cause Analysis (RCA) should this be required post incident report.

- In the event of a paediatric cardiac arrest, the cardiac arrest record must be completed (VS933) and the paediatric call box must be ticked ALL relevant data must be completed. The bottom copy of this duplicate record must be sent to the Head of Resuscitation at Blackpool Victoria Hospital within 72 hours of a resuscitation attempt made at Blackpool Victoria Hospital. In line with NCEPOD requirements an untoward incident MUST be completed for all cardiac arrest calls, the head of resuscitation will be responsible for completing a RCA should this be required post incident report.

Role allocation is the responsibility of the Team Leader and is dependent upon the number of cardiac arrest team members available. The Team Leader should allocate roles to cardiac arrest team members as follows:

#### **Role 1: Cardiac Compressions and Pulse Checks:**

The Team Leader will allocate another person to perform chest compressions when this person becomes tired, to enable maintenance of effective chest compressions. This may be as early as after two minutes. Any changeover will be undertaken as quickly and smoothly as possible with minimal interruptions in cardiopulmonary resuscitation. During prolonged resuscitation attempts the medical team leader at Blackpool Victoria Hospital may request a LUCAS II mechanical chest compressions device which, are strategically located throughout the Trust.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		



The Team Leader will indicate when pulse checks are appropriate.

### **Role 2: Defibrillation:**

This person will perform safe defibrillation according to current Resuscitation Council (UK) guidelines.

Relevant and eligible staff may defibrillate the patient after undertaking and successfully completing either a Resuscitation Council (UK) approved Immediate Life Support (ILS), Basic Life Support and Automated defibrillation (BLS / AED) or Advanced Life Support (ALS) Course, with successful defibrillation retraining at annual intervals.

### **Role 3: Airway maintenance and Ventilation:**

Airway maintenance and ventilation with high flow oxygen at a rate of 10-15 litres per minute (l/min) via a pocket mask or a bag and mask with a reservoir bag.

Oxygen administration is commenced as soon as oxygen is available and remains insitu, except to enable safe defibrillation, until the resuscitation attempt has ended.

All areas must have immediate access to a pocket mask as minimum standard; all lone worker staff in the community must be issued with a pocket mask to assist them in an emergency situation.

Any staff member with a valid Trust basic life support certificate and training in the use of a pocket mask may administer high flow supplemental oxygen, when available, via the pocket mask to a patient in cardiopulmonary arrest.

Any qualified staff member with a valid Trust basic life support certificate and training in the use of a bag-valve-mask may administer high flow supplemental oxygen, when available, via the bag-mask to a patient in cardiopulmonary arrest. The two person bag-mask technique is preferred, dependent upon skills available.

The person responsible for airway maintenance must disconnect and remove any free flowing oxygen (e.g. oxygen mask, nasal cannulae, bag-mask, portable ventilator) prior to the defibrillator being charged to enable safe defibrillation to take place. The oxygen supply must be returned to the patient immediately after defibrillation.

However, if a closed circuit exists with a ventilator, the oxygen supply must remain connected to the patient and the ventilator in the closed circuit during defibrillation (refer to departmental procedure).

### **Role 4: Intravenous (IV/IO) access and administration of drugs:**

Any qualified staff member with current ILS / ALS and Trust IV drug administration certificates may administer IV drugs during the management of a cardiac arrest following current Resuscitation Council (UK) guidelines. In the event of a doctor not yet being present at the cardiac arrest the above qualified staff may administer IV adrenaline as per current Resuscitation Council (UK) guidelines (approved by Clinical Improvement Committee 1/9/08). Where IV access is unobtainable, the Duty Resuscitation Officer, Acute Response Team Practitioner or Ambulance Paramedic are trained in the skill of Intravascular access (Intraosseous) and carry the appropriate equipment to perform this skill competently. (CORP/PROC/617)

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

Staff must know the therapeutic uses, normal dosages, side effects, precautions and contraindications of drugs they are administering (NMC, 2007).

#### **Role 5: Runner:**

This person will collect other equipment and organise delivery of specimens to the laboratory as needed.

In the event of a cardiac arrest in an area that has restricted fob access; the runner may be allocated to open the front door to enable the cardiac arrest team access to the area.

### **3.3 Maintenance of Equipment**

The person in charge of the ward / department / area is responsible for ensuring that the appropriate resuscitation equipment for that area is always immediately available (call to shock time within 3 minutes) and functioning correctly.

The person in charge of the ward/department/area is also responsible for ensuring that all staff in that area are aware of the location of the nearest resuscitation equipment.

It is the responsibility of the person in charge of the ward / department / area to ensure that all maintenance procedures of resuscitation equipment are complied with, including manufacturer's instructions, in order that all resuscitation equipment is present as per relevant resuscitation equipment contents list (appendices 3, 4, 5 and 6 as appropriate), in a constant state of readiness and within expiry dates.

- For details of equipment used in the resuscitation of the newborn, refer to the Newborn Life Support Procedure (CORP/PROC/137)

Immediate action must be taken and documented (Appendix 7 or 8) to rectify any missing or expired equipment. All resuscitation equipment for the resuscitation trolley and grab is now located in the centralised resuscitation store on ward 3 of Blackpool Teaching Hospitals NHS Foundation Trust. This is accessible via the Duty Resuscitation Officer during core hours and Bleep 002 Acute response team out of hours and weekends. Please note that blood bottles, IV fluids and emergency drugs are not stored in the centralised store. These are available from pathology and pharmacy.

- Refer to the relevant departmental procedure for documenting action regarding newborn resuscitation equipment.

Faulty equipment must be reported immediately to the Estates Help Desk, an urgent request made for the Medical Engineering Department to attend to the fault and the faulty equipment must be removed from service until it is checked / repaired. Out of hours the on call engineer must be bleeped immediately.

Immediate provision must be made to ensure correctly functioning replacement equipment is available.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

### 3.3.1 Dental Services for Blackpool Teaching Hospitals NHS FT

You must follow the guidance on medical emergencies and training updates issued by the Resuscitation Council (UK).

In the UK, the Resuscitation Council and BNF recommends this list of emergency drugs to be present in every general dental practice:

- Glyceryl trinitrate (GTN) spray (400micrograms / dose)
- Salbutamol aerosol inhaler (100micrograms / actuation) with a spacer device.
- Salbutamol nebuliser solution 5mg/2.5ml
- Adrenaline injection (1:1000, 1mg/ml)
- Aspirin dispersable (300mg)
- Glucagon injection 1mg
- Oral glucose solution / tablets / gel / powder
- Midazolam - 5mg/ml or 10mg/ml (buccal)

All drugs should be stored together on the emergency trolley which, should be tamper evident or in a tamper evident dental emergency medicines box

The use of intravenous drugs for medical emergencies in general dental practice is to be discouraged. Intramuscular, inhalational, sublingual, buccal routes are all much quicker to administer drugs in an emergency.

#### Equipment list:

Primary Dental Care		
AIRWAY AND BREATHING		
Item	Suggested availability	Comments
Protective equipment - gloves, aprons, eye protection	Immediate	
Pocket mask with oxygen port	Immediate	
Portable suction e.g. Yankauer	Immediate	Airway suction equipment. NPSA Signal. Reference number 1309. February 2011
Oropharyngeal airways sizes 0,1,2,3,4	Immediate	
Self-inflating bag with reservoir (adult)	Immediate	
Self-inflating bag with reservoir (child)	Immediate	
Clear face masks for self-inflating bag (sizes 0,1,2,3,4)	Immediate	
Oxygen cylinder (CD size)	Immediate	
Oxygen masks with reservoir	Immediate	
Oxygen tubing	Immediate	
Nebuliser mask kit- paediatric and adult size	Immediate	

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

Primary Dental Care		
CIRCULATION		
Item	Suggested availability	Comments
Automated external defibrillator (AED)	Immediate	Type of AED and location determined by a local risk assessment. Consider facilities for paediatric use, especially for practices that treat children.
Adhesive defibrillator pads	Immediate	Spare set of pads also recommended.
Razor	Immediate	
Scissors	Immediate	

### 3.3.2 Cleaning and Decontamination of Resuscitation Equipment

All resuscitation equipment should be latex free and single use (disposable) where possible. Appendices 3, 4, 5 and 6 detail single use and reusable resuscitation equipment.

If a reusable piece of equipment is used, this must be cleaned and decontaminated as per manufacturer's instructions in conjunction with the Trust's Infection Control department.

Standard precautions must be taken at all times when cleaning any equipment.

The defibrillator must be damp dusted and the cardiac arrest trolley must be cleaned on a daily basis.

### 3.3.2 Checking and Replacing Resuscitation Equipment

- Refer to relevant departmental procedure for recording newborn resuscitation equipment checks.

The person in charge of the ward/department/area is responsible for nominating an appropriately trained member of staff to check resuscitation equipment daily and ensure that the outside of the cardiac arrest trolley is sociably clean, free from visible debris and only has equipment on it as per the relevant cardiac arrest trolley contents list. Legible records must be kept of these checks (see appendices 7 and 8).

#### Defibrillator:

- The specific check will depend on the type of defibrillator in use in a particular area and must follow the manufacturer's instructions:

<i>Type of Defibrillator</i>	<i>Type of check</i>
Lifepak 12/15 Biphasic	User test Ensure defibrillator is plugged into the mains electricity

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b>Do you have the up to date version? See the intranet for the latest version</b>		

<b>Type of Defibrillator</b>	<b>Type of check</b>
Lifepak 20 (e) (P) Biphasic	User test Ensure defibrillator is not plugged into the mains electricity for the test, but is plugged into the mains electricity following the test
Lifepak 1000 Biphasic	Check no warning/service lights are illuminated and the 'ok' sign is displayed

- Defibrillator batteries must be maintained and rotated as per manufacturer's instructions.

### **Cardiac Arrest Trolley / Grab Bag:**

- For security and safety, cardiac arrest trolleys and grab bags must be sealed / locked with an intact coded plastic seal when not in use. A legible record of the seal number must be made every shift change (see Appendix 7) and the Ward Manager must counter sign the checklist weekly to ensure that the cardiac arrest trolley / pump bag / grab bag / defibrillator complies with this procedure CORP/PROC/083 (see Appendix 9, Ward Managers counter signature form for the adult cardiac arrest trolley / pump bag / grab bag / defibrillator checklist)
- Paediatric cardiac arrest trolleys located within the Paediatric Department are to be locked with a three digit combination lock. The combination lock must be set to 222 and cascaded to all clinical staff within that area. The trolley must have a pre-printed numbered seal on the bottom drawer of the trolley to prevent tampering. The seal number must be documented on the relevant checking forms (see Appendix 8).
- The contents of the cardiac arrest trolley/grab bag must be checked, restocked as necessary and the cardiac arrest trolley / grab bag resealed monthly, immediately following use and whenever the coded plastic seal is absent, broken or the seal number does not correspond with the last signed check (see Appendices 7 and 8)
- Whenever the cardiac arrest trolley has been opened and before it is re-locked, the inside of the trolley must be inspected to ensure that it is sociably clean, free from visible debris, reusable items are clean and single use items are in their sealed packets, with the exception of two (different sized) laryngoscope blades, which must be opened at the 'hinge' end only to allow 'testing' with the laryngoscope handles to ensure they are in working order (see appendices 7, 8 and 10).
- Each ward or clinical area must keep a minimum of one emergency drug box (blue) per resuscitation trolley plus a **maximum** of one spare box per area, which must be kept in a locked drug cupboard. The Resuscitation Officer and pharmacy may approve exceptions to this rule
- Specific designated critical care areas have a departmental procedure that allows the cardiac arrest trolley and/or pump bag to be kept unlocked – this practice must only be implemented following consultation and agreement with the Resuscitation Committee. A legible record of the full equipment check to confirm the contents comply with the contents list, are in date and are functioning correctly must be made every shift change and whenever the cardiac arrest trolley and / or pump bag has been used (see relevant departmental procedure).

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

- The person in charge of the ward / department / area is responsible for ensuring that the cardiac arrest trolley / grab bag / pump bag is checked and constantly stocked as per resuscitation equipment contents lists (appendices 3, 4, 5 and 6 as appropriate).
- No alternative / additional equipment must be stored in the grab bag/pump bag or in / on the cardiac arrest trolley without prior agreement with the Resuscitation Committee
- Resuscitation equipment is available from the Resuscitation Department located on Ward 3 at the main Victoria Hospital site (Centralised Resuscitation Store) Staff are requested to bleep the Duty Resuscitation Officer or Acute Response Team Clinical Co-ordinator prior to attending. All community issues regarding equipment must be phoned through immediately and equipment will be placed on the next available transport or sent in internal mail. The Community Assistant Resuscitation Officer on 07500 942387 must be made aware of all community emergencies so that a debrief service can be offered to all those involved and appropriate support can be offered for equipment. All Lancashire Care requirements Acute and Community areas requesting resuscitation equipment will be via the requisition form (Appendix 10) this will then be cross charged to the areas division.
- Please note that should 'difficult intubation' equipment be needed, this is available from the general intensive care unit (ICU) and it is the responsibility of the person in charge of the ward/department/area to ensure that it is collected from the general ICU when requested by the cardiac arrest team leader.

**Adult emergency drugs box (blue), arrhythmia drugs box (red) and paediatric emergency drugs box in the cardiac arrest trolley:**

- The seal on the box must be intact
- The expiry date must be in date and remain in date until the next monthly full check. If a drugs box expires before the next monthly check then it must be replaced immediately
- Whenever a drugs box is opened, any opened pre-filled syringe box and syringe must be disposed of appropriately at ward/area level and NOT returned to pharmacy

If a drugs box is opened or used it must be exchanged, on a one-for-one basis, for a full, sealed drugs box immediately after use. Drug boxes are exchanged in pharmacy during normal working hours and from the Pharmacy Emergency Drug Cupboard via the Senior Nurse bleep-holder out of hours. Peripheral hospitals will follow departmental procedures for exchanging drugs boxes.

### **3.4 Moving and Handling During Resuscitation**

Staff must ensure that the environment is safe at all times and must call for help.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

### 3.4.1 Controlled environment

If the patient is:

- On a bed, trolley or couch, adjust the working height to the most suitable for the staff to work and leave the patient where they are.
- On the floor, leave them on the floor. In the case of restricted access to the patient, move furniture where possible. If this is not possible, slide the patient horizontally across the floor using sliding sheets to an area that is less restricted.
- In a chair, commode, wheelchair, lower the patient to the floor. Do not place them on a bed or trolley.
- On the toilet in a cubicle, lower the patient to the floor.
- Standing at the time, lower the patient to the floor.
- Sitting on a hoist in the bath, remove the plug and remove the patient from the bath using the hoist. If there is space transfer them onto a trolley, if not, place towels or other absorbent materials on the floor and lower the patient to the floor.
- In the bath but not sitting on a bath hoist, remove the plug and move the patient onto a trolley. If no trolley is available, place towels or other absorbent materials on the floor and lower the patient to the floor.
- In a birthing pool, departmental evacuation procedures must be followed.

The patient must not be lying in a puddle of water and their chest must be dried before attempting defibrillation.

### 3.4.2 Uncontrolled environment

Following successful resuscitation and the patient is on the floor:

- Use the hoist to raise them from the floor onto a bed or trolley, if their condition allows
- If the patient has to be kept flat use a flat lift attachment for the hoist. If this is unavailable then a controlled lift with as many people as possible is the alternative. Roll / log roll the patient onto a suitable sheet/board as appropriate. A minimum of 6 people are required for an average sized person.

### 3.4.3 Uncontrolled environment – Unsuccessful Resuscitation Attempt

Following an unsuccessful resuscitation attempt and the patient is on the floor:

Use the hoist to move the patient onto a bed or trolley.

## 3.5 Training

All staff in day-to-day direct contact with patients must be trained in basic life support relevant to their area of work, at induction and annually thereafter. **ALL** staff must be familiar with how to summons help in an emergency. This information is provided at induction for all grades of staff. For a comprehensive breakdown recommended by the resuscitation department regarding the skills required by the workforce for roles and areas

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

(training matrix) please see Appendix 11.

Relevant and eligible staff working in areas where a defibrillator is available must have instruction and assessment in safe defibrillation on an annual basis.

The adult cardiac arrest team must have the following current certificates:

- FY1 Medicine = ILS
- FY2 Medicine = ALS
- ST3/4+ Medicine = ALS

Furthermore, the current ALS providers on the adult cardiac arrest team must attend annual adult basic and advanced life support and defibrillation assessments.

Legible records of training must be sent to the Resuscitation Administrator, who will then forward the information onto the Learning and Development Department for recording onto the Trust database.

### **3.6 The Presence of Relatives at Resuscitation Attempts**

There is evidence that relatives have been helped in their bereavement by being present during attempts to resuscitate their loved ones.

Requests by relatives to be present during cardiopulmonary resuscitation should be respected and complied with if possible. However, the final decision lies with the Team Leader and the patient's welfare must remain the prime consideration.

If a relative is to be present during cardiopulmonary resuscitation, it is important that an experienced, trained member of staff is identified, solely to support the relative.

### **3.7 Stopping Resuscitation**

The final decision to stop or continue resuscitation must be made by the medical Team Leader or the attending ambulance paramedic for community cardiac arrest.

If a relative objects to the resuscitation attempt being abandoned or continued, the medical Team Leader or Paramedic must be prepared to give the reasons for his/her decision to the relative.

The medical Team Leader is responsible for certifying death if the patient dies during or soon after a resuscitation attempt in-hospital. For any patient out of hospital that dies during a resuscitation attempt would be certified by the Emergency Department Doctor on arrival to the acute hospital. Death may be verified by an appropriately trained healthcare professional, such as an in hospital Registered Nurse (Acute), Resuscitation Officer, Critical Care Outreach Practitioner or Acute Response Team Practitioner. Community Nurses may only verify an expected death which does not fall into this category.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		



### 3.8 Post Resuscitation Care and Safe Patient Transfer

The organisation must make provisions for safe continuity of care and where necessary, safe transfer following resuscitation of the patient. This may involve the following steps:

Referral to Blackpool Victoria Hospital (or Lancaster Royal Infirmary / Royal Preston Hospital if In Community)

- Referral to a specialist
- Full and complete hand-over of care
- Preparation of equipment, oxygen, drugs and monitoring systems
- Intra-hospital or inter-hospital transfer
- Liaison with the Ambulance Services
- Staff experienced in patient retrieval and transfer
- Informing relatives.

Return of spontaneous circulation (ROSC) is a vital step in the continuum of resuscitation practice. Patients will require further treatment based on individual patient needs.

The post resuscitation phase commences at the location where ROSC is achieved and, once established, the patient will require safe transfer to the most appropriate high care clinical area for continued monitoring and treatment.

### 3.9 Key Performance Indicators

The processes for monitoring the effectiveness of this procedure are:

- Completed / returned cardiac arrest records are reviewed by the Resuscitation Officers and relevant data is entered onto a secure resuscitation database. Where the audit has identified deficiencies, an action plan will be developed to address identified recommendations and issues, which will be monitored by the Operational Resuscitation Forum. The Resuscitation Forum minutes will detail the monitoring of the action plan, ensuring improvements and changes in practice occur. This must be recorded in the minutes/action plan tracker. Reference to this procedure will be undertaken if an SUI highlights anomalies in practice and a full RCA will be completed.
- Compliance with checking procedures of resuscitation trolleys is audited and is analysed and measured annually. Where the audit has identified deficiencies, an action plan will be developed to address identified recommendations and issues, which will be monitored by the Care of the Acutely Ill and Resuscitation Committee. The Care of the Acutely Ill and Resuscitation Committee minutes will detail the monitoring of the action plan, ensuring improvements and changes in practice occur. This must be recorded in the minutes.
- Training is recorded on a Trust database, detailing the number of people trained and which element of training has been completed i.e. ALS, BLS, ILS, BLS / AED, NLS, PBLS, PLS. This data is analysed and measured annually. Staff who do not attend for booked training are sent an email / letter asking them to re-book onto the training. The manager of the staff member is also sent an e-mail / letter informing them that their staff member did not attend for training. A record of the number of non-attendance is kept by maintaining a copy of the evidence e-mail/letter. Compliance data is analysed annually.
- The Cardiopulmonary Resuscitation Procedure will be reviewed two yearly and ratified by the Clinical Governance Committee.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

<b>4 ATTACHMENTS</b>	
<b>Appendix Number</b>	<b>Title</b>
1	Cardiac Arrest Record adult and paediatrics
2	Adult Cardiac Arrest Trolley Contents
3	Grab Bag Contents for an Adult and Paediatric Area
4	Paediatric Pump Bag Contents
5	Paediatric Cardiac Arrest Trolley Contents
6	Adult Cardiac Arrest Trolley/Grab Bag/Defibrillator Checklist
7	Paediatric Cardiac Arrest Trolley/Pump Bag/ Defibrillator Checklist
8	Ward Manager's Counter Signature Form
9	Adult Laryngoscope Handle and Blade Information Sheet
10	BTH & Community centralised resuscitation store requisition
11	Staff training matrix for skills required
12	Adult Basic Life Support Algorithm
13	AED Algorithm
14	Adult Advanced Life Support Algorithm
15	Paediatric Basic Life Support Algorithm (Health Professional with a Duty of Response)
16	Paediatric Advanced Life Support Algorithm
17	Equality Impact Assessment Form

<b>5 ELECTRONIC AND MANUAL RECORDING OF INFORMATION</b>
Electronic Database for Procedural Documents
Held by Policy Co-ordinators/Archive Office

<b>6 LOCATIONS THIS DOCUMENT ISSUED TO</b>		
<b>Copy No</b>	<b>Location</b>	<b>Date Issued</b>
1	Intranet	18/06/2014
2	Wards, Departments and Service	18/06/2014

<b>7 OTHER RELEVANT/ASSOCIATED DOCUMENTS</b>	
<b>Unique Identifier</b>	<b>Title and web links from the document library</b>
CARD/PROC/008	Dialling 2222 for all Cardiology/Cardiothoracic Patients in the Cardiac Division <a href="http://fcsharepoint/trustdocuments/Documents/CARD-PROC-008.doc">http://fcsharepoint/trustdocuments/Documents/CARD-PROC-008.doc</a>
CORP/POL/003	Resuscitation Policy <a href="http://fcsharepoint/trustdocuments/Documents/CORP-POL-003.doc">http://fcsharepoint/trustdocuments/Documents/CORP-POL-003.doc</a>
CORP/PROC/003	Do Not Attempt Resuscitation Procedure <a href="http://fcsharepoint/trustdocuments/Documents/CORP-PROC-003.docx">http://fcsharepoint/trustdocuments/Documents/CORP-PROC-003.docx</a>
CORP/PROC/080	Recording of Basic Observations on Patients <a href="http://fcsharepoint/trustdocuments/Documents/CORP-PROC-080.docx">http://fcsharepoint/trustdocuments/Documents/CORP-PROC-080.docx</a>
CORP/PROC/137	Newborn Life Support Procedure <a href="http://fcsharepoint/trustdocuments/Documents/CORP-PROC-137.doc">http://fcsharepoint/trustdocuments/Documents/CORP-PROC-137.doc</a>

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

<b>7 OTHER RELEVANT/ASSOCIATED DOCUMENTS</b>	
<b>Unique Identifier</b>	<b>Title and web links from the document library</b>
CORP/PROC/617	Immediate Vascular Access via EZ-IO Intraosseous Infusion System Adults and Paediatrics <a href="http://fcsharepoint/trustdocuments/Documents/CORP-PROC-617.docx">http://fcsharepoint/trustdocuments/Documents/CORP-PROC-617.docx</a>
OBS/GYNAE/PROC/005	Maternal Ante Natal and Post Natal Cardiac Arrest Calls (2222) Procedure <a href="http://fcsharepoint/trustdocuments/Documents/OBS-GYNAE-PROC-005.doc">http://fcsharepoint/trustdocuments/Documents/OBS-GYNAE-PROC-005.doc</a>
VS933	Medical Emergency/Cardiac Arrest Record - Adult & Paediatrics

<b>8 SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS</b>	
<b>References In Full</b>	
Resuscitation Council (UK) (2010) Resuscitation Guidelines 2010	
Resuscitation Council (UK) (2010) Resuscitation at Birth The Newborn Life Support Provider Course Manual	
Resuscitation Council (UK) (2010) Advanced Life Support Course Provider Manual 6 <sup>th</sup> Edition	
Resuscitation Council (UK) (2013) Cardiopulmonary Resuscitation. Standards for Clinical Practice and Training	
Advanced Life Support Group (2011) Advanced Paediatric Life Support The Practical Approach 5 <sup>th</sup> Edition	
Operational Resuscitation Forum Terms of Reference	
Nursing and Midwifery Council (2007) Standards for Medicines Management. Section 4, Standard 8	

<b>9 CONSULTATION WITH STAFF AND PATIENTS</b>	
<b>Name</b>	<b>Designation</b>
Jan Bamber	NMP Clinical Lead
Margaret Forrest	Governance Assistant
Lynn Atcheson	Community Lead
Jan Winney	Community Lead
Karen Harte	Community Lead
Dr Allan Monks	Consultant Anaesthetist and RC (UK) Regional Representative
Anthony Freestone	Head of Resuscitation BTH NHS FT
Dr Josephine Adjetej	Senior Dental Officer for BTH NHS FT
Angela Nelson	Asst. Director of Pharmacy BTH NHS FT

<b>10 DEFINITIONS/GLOSSARY OF TERMS</b>	
AED	Automated External Defibrillation
ALS	Advanced Life Support
ALSG	Advanced Life Support Group
BLS	Basic Life Support
BTH NHS FT	Blackpool Teaching Hospitals NHS Foundation Trust
CPR	Cardio Pulmonary Resuscitation
GP	General Practice
ICU	intensive care unit
ILS	Immediate Life Support
IV/IO	Intravenous/Intraosseous

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

<b>10 DEFINITIONS/GLOSSARY OF TERMS</b>	
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NHS	National Health Service
NLS	Newborn Life Support
PLS	Paediatric Life Support
RCA	Root Cause Analysis
ROSC	Return of Spontaneous Circulation
UK	United Kingdom

<b>11 AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL</b>			
<b>Issued By</b>	Anthony Freestone	<b>Checked By</b>	Dr Allan Monks
<b>Job Title</b>	Head of Resuscitation	<b>Job Title</b>	Medical Lead Resuscitation and Consultant Anaesthetist
<b>Date</b>	February 2014	<b>Date</b>	February 2014

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

## Appendix 1: Medical Emergency / Cardiac Arrest Record

### Medical Emergency/Cardiac Arrest Record

This form is to be completed following any 2222 adult or paediatric call

Blackpool Teaching Hospitals **NHS**  
NHS Foundation Trust

**Write patient details or affix  
Identification label**

Hospital Number:

Name:

Address:

Date of Birth:

NHS Number:

Adult call ☐ Paediatric call ☐ Consultant.....

Ward/Unit/Area .....

Date and time of 2222 call .....

Reason for 2222 call: Cardiac arrest ☐ Respiratory arrest ☐

Medical emergency / Periarrest ☐ False alarm ☐

Nature of medical emergency .....

Date of hospital admission .....

Admission diagnosis .....

Emergency drugs box number .....

Ethnicity .....

**Abbreviations used in this document are listed with the full description overleaf.**

#### Initial management (✓ tick in appropriate ☐)

<b>Time CPR commenced</b>	.....		
<b>Airway</b>	Pocket mask <input type="checkbox"/>	BVM <input type="checkbox"/>	Intubated Yes <input type="checkbox"/> No <input type="checkbox"/> Time..... By whom.....
<b>Initial rhythm</b>	VF <input type="checkbox"/>	Pulseless VT <input type="checkbox"/>	PEA <input type="checkbox"/> Asystole <input type="checkbox"/> Other.....
	Unknown Shockable <input type="checkbox"/>	Non-shockable <input type="checkbox"/>	1st DC shock by: Nurse <input type="checkbox"/> Dr <input type="checkbox"/> HCP <input type="checkbox"/> RO <input type="checkbox"/>

#### Clinical management

Time	Rhythm	Defibrillation/ Cardioversion (J)	Drugs/ fluids given (dose, route and time)

#### Free text

.....

.....

.....

.....

#### Post resuscitation care (✓ tick in appropriate ☐)

Outcome of event				Initial post event observations		Immediate post event location	
Time resuscitation stopped..... Final rhythm..... Alive, ROSC remains after 20 mins <input type="checkbox"/> Management plan <input type="checkbox"/> Consider DNAR order <input type="checkbox"/> DNAR form complete <input type="checkbox"/> LCP <input type="checkbox"/> Alive, but ROSC was less than 20 mins <input type="checkbox"/> Time of death .....				HR..... BP..... RR..... SpO2..... A <input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> U <input type="checkbox"/> Glucose.....		Ward..... CCU <input type="checkbox"/> Critical care <input type="checkbox"/> Theatre/recovery <input type="checkbox"/> Imaging department <input type="checkbox"/> Cardiac catheter lab <input type="checkbox"/> ED <input type="checkbox"/> CDU <input type="checkbox"/> Other.....	
SpR/ST	FY1	FY2	Resuscitation Officer	Anaesthetist	CCOS	Other	

**Team leader:**  
 Name ..... Grade ..... Signature ..... Bleep number .....

Top copy to be filed in patient case notes section 4, second copy to be sent to the Resuscitation Department, BVH

Approved by the Health Records Committee 11/10/11

VS933 (R3) 07.11

Blackpool Teaching Hospitals NHS Foundation Trust

ID No. CORP/PROC/083

Revision No: 9

Next Review Date: 01/02/2017

Title: Cardiopulmonary Resuscitation

**Do you have the up to date version? See the intranet for the latest version**

## Appendix 1: Medical Emergency / Cardiac Arrest Record

Abbreviations used in this document are listed here with the full description:

A:	alert	HDU:	high dependency unit	oximetry	
AED:	automated external defibrillator	HR:	heart rate	SpR:	Specialist Registrar
ALS:	advanced life support	ICU:	intensive care unit	ST:	Specialist Trainee
BP:	blood pressure	J:	joules	U:	unresponsive
CCOS:	critical care outreach service	mins:	minutes	V:	vocal as in responds to vocal stimuli
CCU:	coronary care unit	NHS:	national health service	VF:	ventricular fibrillation
CPR :	cardiopulmonary resuscitation	P:	painful as in responds to painful stimuli	VT:	ventricular tachycardia
DNAR:	do not attempt resuscitation	PEA:	pulseless electrical activity		
ED:	emergency department	RO:	Resuscitation Officer		
EOL:	end of life	ROSC:	return of spontaneous circulation		
FY1:	Foundation Year One	RR:	respiratory rate		
FY2:	Foundation Year Two	SpO2:	saturation as in saturation on pulse		

*For resuscitation office use only*

NCAA number .....  
 Team visit number .....  
 Transient post-arrest location .....  
 Longer term post-arrest location .....  
 Date of death .....  
 Date of discharge .....  
 P/CPC Status at discharge: 1 2 3 4 5 6  
 NCAA completed .....

## Appendix 2: Adult Cardiac Arrest Trolley Contents

### ADULT CARDIAC ARREST TROLLEY\* MINIMUM SPECIFICATIONS:

<b>Red</b>
Four drawers or three drawers and a bottom shelf
All drawers and any bottom shelf must be able to be locked with plastic coded seal
Capacity to hold E size oxygen cylinder at back of trolley
Drip stand attached to trolley able to hold sharps bin via sharps bin clamp
Collapsible lift up shelf on side of trolley to act as a small table when the trolley is in use
Lockable wheels to ensure the trolley does not move when the wheels are locked
Push handles on side of trolley

### TOP OF TROLLEY:

ITEM	QUANTITY
Pocket mask with oxygen port, filter and one-way valve in case	1
Adult 1400ml bag-mask (BM) with reservoir bag, size 5 mask and oxygen tubing in intact, sealed dust bag	1
Medtronic hands-free defibrillator*	1
Defibrillator Quik-combo electrodes (depending on requirements of the defibrillator and patient requirements: adult/paediatric)	1 packet of each size if both sizes needed
Latex-free non-sterile gloves. Sizes: large	1 box of each size
Sharps bin attached to drip stand on trolley with clamp*	1
Laminated sign* stating cardiac arrest telephone number and location of nearest: Advanced defibrillator and arrhythmia drugs box (red)	1
Folder containing*: current Resuscitation Council (UK) ALS universal algorithm adult cardiac arrest trolley contents list adult cardiac arrest trolley/grab bag/defibrillator checklists paediatric pump bag contents list (where appropriate) cardiac arrest records resuscitation policy and procedures investigation request cards (1 of each): bloods (haematology/biochemistry and blood transfusion request), x-ray, ECG	1

### BACK OF TROLLEY:

ITEM	QUANTITY
E size oxygen cylinder with pressure regulator and flow meter in the holder/compartments*. Cylinder must be in 'on' or 'open' position at all times if a key is required to open the cylinder.	1
Adult non-rebreathing oxygen mask with reservoir bag and oxygen tubing, in dust bag and connected to flow meter	1

### TOP DRAWER LABELLED 'AIRWAY':

ITEM	QUANTITY
Magills introducing forceps	1
Oropharyngeal airways. Sizes: 2, 3, 4	1 of each size
Nasopharyngeal airways. Sizes: 6 & 7	1 of each size
Lubricant jelly	1 packets
Laryngoscope handles* with batteries (size C)* and compatible curved Macintosh blades. Sizes: 3, 4	2 handles with batteries 1 of each size blades
Cuffed endotracheal tubes. Sizes: 6, 7, 8, (uncut)	1 of each size
Catheter mount	1
Gum elastic bougie	1

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

## Appendix 2: Adult Cardiac Arrest Trolley Contents

10ml Syringe	1
Stethoscope*	1
1" ribbon gauze roll for securing endotracheal tube	1 roll
Tough cut scissors*	1

### SECOND DRAWER LABELLED 'BREATHING':

ITEM	QUANTITY
Hand held suction* with container and adult catheter	1 of each
Yankauer suction	2
Suction catheters. Sizes: 12CH, 14CH, 16CH	2 of each size
Size 4 mask	1
Paediatric circular mask size 1 (for use with laryngectomy patients)	1

### THIRD DRAWER LABELLED 'CIRCULATION':

ITEM	QUANTITY
Razor	1
Tourniquet disposable	1 box
Chloroprep vials (2% chlorhexidine application vials)	5 vials
Intravenous Cannulae. Sizes: 14 GA, 16 GA, 18 GA, 20 GA, 22 GA	2 of each size
Intravenous dressing packs	3 packs
Needles. Sizes: 19G, 21G, 23G, 25G	5 of each size
Pericardiocentesis needles: 18G, 3.5"	1
Syringes. Size: 10ml	5
Syringes. Size: 20ml	5
Syringes. Size: 50ml Leur Lock	1
Sodium chloride 0.9% pre filled syringe	5
Sodium chloride 0.9% 1000ml bag	2
Gelofusine/Gelaspan 500ml bag	1
Intravenous fluid administration sets	2
Blood administration set	1
Sterile 4" swabs	2 packets
Transpore tape 1/2"	1
Blood bottles: Brown gel, Green coagulation, small Red EDTA, large Blue cap transfusion, yellow glucose	1 of each
Blood bottle adaptors	2
Blood bottle needles	2
Blood gas syringes	2
Adrenaline 1mg in 1ml (1:1,000) ampoules (for treatment of anaphylaxis only)	1 box

### BOTTOM DRAWER/SHELF:

ITEM	QUANTITY
Emergency drugs box (blue)	1 (plus maximum of 1 spare box to be kept securely in ward/department/area)
Arrhythmia drugs box (red)	1 (or refer to departmental procedure)
Glucose 10% 500ml bag (for treatment of hypoglycaemia)	1
Timer*	1
Face visors	4
Aprons	4
3 lead ECG cable*	1
Electrodes for 3 lead ECG cable in sealed packet	1 packet of 30
Spare fast patches/quik-combo electrodes (as appropriate for defibrillator and	1 packet of each size (as



## Appendix 2: Adult Cardiac Arrest Trolley Contents

patient group)	appropriate)
Spare ECG recording paper compatible with defibrillator (if appropriate)	1 roll
Paediatric pump bags* (if appropriate) (see paediatric pump bag contents)	1 of each size
Coded plastic seals for securing trolley	10

**Key:** \* denotes a reusable item, that has been appropriately cleaned if previously used.

Single use items must be kept in individual sealed packets until use, apart from one Mac 3 and one Mac 4 laryngoscope blade which must be opened at the 'hinge' end of their packet to allow 'testing' of the laryngoscope and battery.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

### Appendix 3: Grab Bag Contents for an Adult and Paediatric Area

ITEM	QUANTITY
Red grab bag*	1
Non-sterile gloves. Sizes: small, medium, large	2 pairs of each size
Adult non-rebreathing oxygen mask with reservoir and oxygen tubing	1
Pocket mask with oxygen port, filter and one-way valve	1
Adult 1400ml bag-mask with reservoir bag, size 5 mask and oxygen tubing in intact, sealed dust bag	1
Face masks. Sizes 3 and 4	1 of each size
Lightweight oxygen cylinder (full) and 3m oxygen tubing	1
Hand held suction* with container and adult and paediatric catheters	1 of each
Oropharyngeal airways. Sizes: 2,3 & 4	1 of each size
Nasopharyngeal airways. Sizes: 6, 7	1 of each size
Lubricant jelly	1 packet
Magills forceps	1
Tough cut scissors*	1
Paediatric circular mask size 1(for use with laryngectomy patients)	1
Tourniquet disposable	2
Chloroprep vials (2% chlorhexidine application vials)	5 vials
Intravenous cannulae. Sizes: 16 GA, 18 GA, 20 GA, 22 GA	1 of each size
Intravenous dressing packs	2 packs
Mini sharps bin (empty)	1
Sterile 4" swabs	2
Transpore tape ½"	1
Needles. Size: 21G	5
Needles. Size: 23G	5
Syringes. Sizes: 10ml & 20ml	4 of each size
Intravenous fluid administration set	1
Adrenaline 1mg in 10ml (1:10,000) pre-filled syringes	4
Atropine 3mg in 10ml pre-filled syringe	1
Amiodarone 300mg in 10ml pre-filled syringe	1
Sodium Chloride 0.9% pre filled	5
Adrenaline 1mg in 1ml (1:1,000) ampoules (for treatment of anaphylaxis)	1 box
Sodium Chloride 0.9% 1000ml bag	1
Spare coded plastic seals	5
Laminated grab bag contents list	1
Cardiac arrest records	2

**Key:** \* denotes a reusable item, that has been appropriately cleaned if previously used.  
Single use items must be kept in individual sealed packets until use.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

## Appendix 4: Paediatric Pump Bag Contents

### INFANT/CHILD ORANGE PUMP BAG:

ITEM	QUANTITY
Face masks. Sizes: 0 (circular), 3 (anatomical)	1 of each size
Oropharyngeal airways. Sizes: 000, 00, 0, 1, 2	1 of each size
Paediatric 550ml bag-mask with reservoir bag, size 1 mask (circular), size 2 mask (anatomical) and oxygen tubing in intact, sealed dust bag	1
Paediatric non-rebreathing oxygen mask	1
Tongue depressors	2
Face visors	3
Aprons	3
Non-sterile gloves. Sizes: small, medium, large	2 pairs of each size
Laminated pump bag contents list*	1

### ADOLESCENT BLUE PUMP BAG:

ITEM	QUANTITY
Face masks (anatomical). Sizes: 3, 4	1 of each size
Oropharyngeal airways. Sizes: 2, 3, 4	1 of each size
Adult 1400ml bag-mask with reservoir bag, size 5 mask (anatomical) and oxygen tubing in intact, sealed dust bag	1
Paediatric non-rebreathing oxygen mask	1
Adult non-rebreathing oxygen mask	1
Tongue depressors	2
Face visors	3
Aprons	3
Non-sterile gloves. Sizes: small, medium, large	2 pairs of each size
Laminated pump bag contents list*	1

**Key:** \* denotes a reusable item, that has been appropriately cleaned if previously used. Single use items must be kept in individual sealed packets until use.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

## Appendix 5: Paediatric Resuscitation Trolley Contents

Revised 11/05/09

### Item

### Quantity

#### Top of Trolley

Infant / child pump bag (orange)	1
Adolescent pump bag (blue)	1
Oxygen cylinder with attached flow meter	1
Folder containing;	
(1) Resuscitation trolley, defibrillator and pump bag checklists.	1
(2) Laminated paediatric cardiac arrest trolley and pump bag contents list.	1
(3) Laminated sign stating cardiac arrest telephone number, nearest location of pacing defibrillator, CVP pack and red arrhythmia box.	1
(4) Resuscitation policy and cardiopulmonary procedure documents.	1
(5) Advanced paediatric resuscitation algorithm	3 of each
(6) Adult basic life support algorithm.	1
(7) Timer instructions.	1
(8) Haematology/biochemistry and blood transfusion request, x-ray and ECG request cards.	3 of each
(9) Calculator.	1

#### First Drawer - Labelled AIRWAY

Endotracheal tubes, uncut, uncuffed: sizes 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0	1 of each size
Ribbon gauze	1
Laryngoscope handle (reusable) small	1
Laryngoscope handle (reusable) medium	1
Laryngoscope blade, straight (disposable): sizes 0 and 1	1 of each size
Laryngoscope blade, curved (disposable): sizes 2,3 and 4	1 of each size
Lubricating gel (single individual sachet)	1
Tough cut scissor (reusable) large	1
Magills introducing forceps: sizes 6 and 9: (disposable)	1 of each size
Gum elastic bougie: size 5ch (disposable)	1
Tracheal stylet: sizes small and medium (disposable)	1 each size
Catheter mount (disposable)	1
ETCO2 detection device (disposable)	1
Spare size C batteries	2
Spare size AA batteries	2
Tracheal Tube Holders. Sizes 2.5, 3.0, 3.5, 4.0, 4.5	1 of each

## Appendix 5: Paediatric Resuscitation Trolley Contents

### Second Drawer - Labelled BREATHING

Yankauer suction catheter (adult)	2
Yankauer suction catheter (paediatric)	2
Internal soft suction catheter: sizes 6,8,10,12 and 14	3 of each
Hand operated portable suction with container	1
Nasogastric tube: sizes 6,8,10, 12 and 14	1 of each
Lubricating gel (single individual sachet)	1
50ml bladder syringe	1
PH testing sticks	1 pack
Oxygen tubing, 3 metres	1
Paediatric circular mask (laryngectomy patients)	1
Stethoscope (reusable)	1

### Third Drawer - Labelled CIRCULATION

3 way tap	2
Pericardiocentesis needle: size 18G, 3.5inch	1
Venflon caps	4
Transpore adhesive tape: size 2.5cm width	1
Transpore adhesive tape: size 1.25cm width	1
ECG electrodes: sizes adult, child, infant	9 of each size
Venflons: sizes 14, 16, 18, 20, 22, 24	3 of each size
Venflon adhesive plaster	5
Angiocaths: sizes 22, 24	3 of each
Alcohol skin wipes	6
Needle filter	6
Syringes: sizes 1ml, 2ml, 5ml,	5 of each size
Syringes: sizes 10ml	2
Syringes: sizes 20ml	5
Syringe: heparinised	2
Needles, sizes 23G (blue) and 21G (green)	10 of each size
Needles, sizes 19G (white) and 25G (orange)	5 of each size
Intraosseous Access Device – “EZ-IO” Drill Childrens Wards, CAU, A&E and adolescent unit	1
Intraosseous needle set for EZ-IO Drill size AD15G Childrens Wards & CAU.....	1
A&E & Adolescent Unit.....	2
Intraosseous needle set for EZ-IO Drill size PD15G Childrens Wards CAU & A/E.....	2
Childrens Ward Adolescent Unit.....	1
Handheld Intraosseous needle: sizes 14 & 16 All other areas within the Trust	1 of each size
Paediatric blood bottles: EDTA (small red tube), khan (brown), lithium heparin (orange), glucose (yellow), clotting (green), crossmatch (long red tube)	2 of each

## Appendix 5: Paediatric Resuscitation Trolley Contents

10cm by 10cm gauze	4
Tourniquet	1
Sodium chloride 0.9% pre-loaded syringe (5mls)	5
Glucose 10% in 500mls	1
Sodium chloride 0.45% in Glucose 5% - 500mls	2
Sodium chloride 0.9% in 500mls	2
Gelaspan/Gelofusine 500ml bag	1
IV infusion sets for appropriate mechanical devices, specific to each clinical area, (i.e.) Baxter / IVAC (if appropriate)	1 of each
Blood infusion set	1
Burette IV administration set	2
Additive labels	3

### Bottom Drawer

Paediatric Resuscitation drug box (on paediatric cardiac arrest trolleys in paediatric department only)	2
Paediatric Resuscitation drug box (on paediatric cardiac arrest trolleys not in paediatric department)	1
Face Visor	6
Aprons	10
Sharps box, size 1 Litre	1
Digital multi timer	1
Spare defibrillator pads (if applicable)	1
Spare bag mask 1400ml with size 5 face mask	1
Spare bag valve mask 550ml complete with size 1 and 2 face masks	1
Spare numbered trolley seals (if applicable)	1 pack
Defibrillator instructions / manual (if applicable)	1
Slide sheet (reusable)	1
Clip board (reusable)	1
Adult pocket mask (reusable)	1
Gloves size small latex free	1 box
Gloves size medium latex free	1 box
Gloves size large latex free	1 box

### Paediatric Pump Bags

#### Infant/Child Orange Pump Bag

Face masks, sizes 0, 3 (including mask(s) with BM)	1 of each
Oropharyngeal airway, sizes 000,00,0,1,2	1 of each
Paediatric 550ml bag mask with reservoir bag, size 1 mask, size 2 mask and oxygen tubing in intact sealed dust bag	1
Paediatric non-rebreathing oxygen mask	1

**Appendix 5: Paediatric Resuscitation Trolley Contents**

Tongue depressors	2
Face Visors	3
Aprons	3
Non sterile gloves, sizes: small, medium large	2 pairs of each size
Laminated pump bag contents list	1

**Adolescent Blue Pump Bag**

Face mask, sizes 3,4,(including mask(s) with BM)	1 of each size
Oropharyngeal airways, sizes 2,3,4	1 of each size
Adult 1400ml bag mask with reservoir bag, size 5 mask and oxygen tubing in intact sealed dust bag	1
Paediatric non-rebreathing oxygen mask	1
Adult non-rebreathing oxygen mask	1
Tongue depressors	2
Face Visors	3
Aprons	3
Non sterile gloves, sizes: small, medium large	2 pairs of each size
Laminated pump bag contents list	1

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

## Appendix 6: Adult Cardiac Arrest Trolley / Grab Bag / Defibrillator Checklist

### ADULT CARDIAC ARREST TROLLEY/GRAB BAG/DEFIBRILLATOR CHECKLIST

#### MUST BE COMPLETED EVERY DAY

Immediate action must be taken to rectify any missing or expired equipment

Blackpool Teaching Hospitals 

NHS Foundation Trust

WARD / DEPARTMENT/ AREA.....

An intact coded seal must be in place and used to lock either the cardiac arrest trolley or the grab bag. Staff must check the code against the previous record and indicate findings in the spaces provided below as appropriate. If a defibrillator is present in your area, ensure that it is tested and working correctly on a daily basis. All defibrillator test strips must be attached to the back of this document. Any loose equipment on top of the trolley (e.g.) gloves, must be checked once a day to ensure equipment is not missing.

If the cardiac arrest trolley/grab bag seal is broken, missing, the codes do not correspond, or the trolley has been used then a FULL cardiac arrest trolley/grab bag and pump bag check must be completed and documented on the checklist.

**A full trolley check must be completed and documented at the END of EACH MONTH during one of the highlighted dates.**

During this check the blue emergency drugs box, red emergency drugs box, adrenaline 1:1,000, intravenous fluids and any other equipment governed by an expiry date

**MUST be checked to ensure that it will remain in date up until the next monthly check is carried out.**

No additional equipment must be stored in/on the cardiac arrest trolley/grab bag without prior agreement with the Resuscitation Committee

**Ensure the following are completed before documenting on the checklist:**

#### Defibrillator

1/ The AC power cable is connected to the defibrillator and the battery charge light/sign is illuminated on screen (if appropriate: refer to manufacturers instructions)

2/ The electrodes (fast patch or quick combo) are sealed and within expiry date they are to be attached to the patient therapy cable ready for use,

3/ The defibrillator test must be completed (refer to manufactures instructions) and attach strip to back of the checking form

#### Bag Mask and Pocket Mask

The bag mask must be stored in an intact, sealed dust bag and hanging from the drip stand.

The pocket mask with oxygen port must be stored in its container with a filter and a one way valve

**DRUG BOX EXPIRY  
DATE:**

#### **Cardiac Arrest Trolley DAILY Check. Staff must ensure the following:**

**The top of the cardiac arrest trolley must be checked to ensure that it is clean, dust free and free of debris or unauthorised equipment.**

#### Pump Bags (only applies to areas who treat paediatric patients)

All pump bags must be checked to ensure that all equipment specified in the cardiopulmonary resuscitation procedure (corp/proc/083) is present

#### Oxygen

The oxygen cylinder (size E) must be in an 'on' or 'open' position and the flow meter working

#### Sharps Bin

The sharps bin must be secured to cardiac arrest trolley, to ensure stability when moved

#### Gloves

One box of Latex free gloves: size medium and large, must be present on the top of the trolley

#### Laminated Sign

A laminated sign must be present stating the cardiac arrest telephone number and the location of the nearest pacing defibrillator, red drug arrhythmia box

#### Folder

A folder containing the current RC (UK) ALS algorithm, adult cardiac arrest trolley contents list, the checklist/checking form, the resuscitation policy and procedure, investigation request cards and paediatric pump bag contents list (if appropriate) must be present

**MONTH:**

Page 1 of 7

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		



## Appendix 6: Adult Cardiac Arrest Trolley / Grab Bag / Defibrillator Checklist

Date	Coded seal number	Full check must comply to (appendix 3) CORP/PROC/083		If yes, state new tag number	Defibrillator check completed	Top of cardiac arrest trolley check completed - oxygen, gloves, sharps bin etc	Bag masks checked and ready for use	Print name	Signature
		yes/no	reason						
Example	123456	no	n/a	n/a	yes	yes	yes	Anne Example	Anne Example
Example	unknown	yes	seal not in place	123457	yes	yes	yes	Anne Example	Anne Example
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Page 2 of 7

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

## Appendix 6: Adult Cardiac Arrest Trolley / Grab Bag / Defibrillator Checklist

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Page 3 of 7

## Appendix 6: Adult Cardiac Arrest Trolley / Grab Bag / Defibrillator Checklist

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Page 4 of 7

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

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Page 5 of 7

## Appendix 6: Adult Cardiac Arrest Trolley / Grab Bag / Defibrillator Checklist

Date	Coded seal number	Full check must comply to (appendix 3) CORP/PROC/083		If yes, state new tag number	Defibrillator check completed	Top of cardiac arrest trolley check completed - oxygen, gloves, sharps bin etc	Bag masks checked and ready for use	Print name	Signature
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## Appendix 6: Adult Cardiac Arrest Trolley / Grab Bag / Defibrillator Checklist

PLEASE ATTACH DEFIBRILLATOR TEST STRIPS ON THIS PAGE

SAMPLE

Page 7 of 7

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

## Appendix 7: Paediatric Cardiac Arrest Trolley / Pump Bag / Defibrillator Checklist

### PAEDIATRIC CARDIAC ARREST TROLLEY/GRAB BAG/DEFIBRILLATOR CHECKLIST

#### MUST BE COMPLETED EVERY SHIFT

Immediate action must be taken to rectify any missing or expired equipment

Blackpool Teaching Hospitals   
NHS Foundation Trust

WARD / DEPARTMENT/ AREA.....

An intact coded seal or, within the paediatric unit a coded sticker seal must be used to lock the cardiac arrest trolley. Staff must check the code number against the previous record and indicate findings in the spaces provided on the checklist as appropriate. If the cardiac arrest trolley seal is broken, missing or the codes do not correspond, a full trolley check is required and must be documented on the checklist.

If the cardiac arrest trolley has been used at a cardiac arrest or medical emergency, a full trolley check must be carried out. Once checked, staff must sign in the section marked 2222 for that day.

Within the paediatric unit a coded lock set to the code 222 must be used to secure the cardiac arrest trolley along with the intact coded sticker seal. This code must be cascaded to all staff working within the clinical area.

Any loose equipment on top of the cardiac arrest trolley e.g. gloves, must be checked each shift to ensure equipment is not missing.

No additional equipment must be stored in / on the cardiac arrest trolley or pump bags without prior agreement of the Resuscitation Department.

A full cardiac arrest trolley check must be completed and documented at the end of each month during one of the highlighted dates. During this check ALL injectable medicine and emergency / arrhythmia drug boxes must be checked to ensure that they will remain in date up until the next monthly check is carried out. Replacement medicine and boxes must be obtained from ward stock or pharmacy. Similarly all equipment governed by an expiry date must be checked in the same way. Staff must ensure that all disposable items remain in their original sealed packaging with the exception of 2 laryngoscope blades (the size 1 strait blade on the same handle and the size 2 curved blade on the medium handle) which must be checked with the laryngoscope handles to ensure they remain in working order and then stored as per manufactures instructions.

All completed checklists must remain in the clinical areas for a period of 6 months.

### Paediatric Cardiac Arrest Trolley Check

Staff must ensure the following every shift:

#### Top / Outside of the Trolley

The top / outside of the cardiac arrest trolley must be checked to ensure that it is clean, dust free and free of debris, no unauthorised equipment must be present.

#### Defibrillator (if appropriate)

1/ The AC power cable is connected to the defibrillator and the battery charge light/sign is illuminated on screen (if appropriate: refer to manufacturers instructions)

2/ The electrodes (fast patch or quick combo) are sealed and within expiry date they are to be attached to the patient therapy cable ready for use.

3/ The defibrillator test must be completed (refer to manufactures instructions) and attach strip to back of the checking form

#### Pump Bags (only applies to areas who treat paediatric patients)

All pump bags must be checked to ensure that all equipment specified in the cardiopulmonary resuscitation procedure (corp/proc/083) is present

#### Oxygen

The oxygen cylinder (size E) must be in an 'on' or 'open' position and the flow meter working

#### Sharps Bin

The sharps bin must be secured to cardiac arrest trolley, to ensure stability when moved

#### Gloves

One box of Latex free gloves: size medium and large, must be present on the top of the trolley

#### Laminated Sign

A laminated sign must be present stating the cardiac arrest telephone number and the location of the nearest pacing defibrillator, red drug arrhythmia box

#### Folder

A folder containing the current RC (UK) ALS algorithm, paediatric cardiac arrest trolley contents list, the checklist/checking form, the resuscitation policy and procedure, investigation request cards and paediatric pump bag contents list (if appropriate) must be present

**DRUG BOX EXPIRY  
DATE:**

**MONTH:**

Page 1 of 7

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		



## Appendix 7: Paediatric Cardiac Arrest Trolley / Pump Bag / Defibrillator Checklist

Date	Coded seal number	Full check must comply to (appendix 3) CORP/PROC/083		If yes, state new tag number	Defibrillator check completed	Top of cardiac arrest trolley check completed - oxygen, gloves, sharps bin etc	Bag masks checked and ready for use	Print name	Signature
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Page 2 of 7

Blackpool Teaching Hospitals NHS Foundation Trust

ID No. CORP/PROC/083

Revision No: 9

Next Review Date: 01/02/2017

Title: Cardiopulmonary Resuscitation

**Do you have the up to date version? See the intranet for the latest version**



## Appendix 7: Paediatric Cardiac Arrest Trolley / Pump Bag / Defibrillator Checklist

Date	Coded seal number	Full check must comply to (appendix 3) CORP/PROC/083		If yes, state new tag number	Defibrillator check completed	Top of cardiac arrest trolley check completed - oxygen, gloves, sharps bin etc	Bag masks checked and ready for use	Print name	Signature
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Page 3 of 7

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

## Appendix 7: Paediatric Cardiac Arrest Trolley / Pump Bag / Defibrillator Checklist

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Page 4 of 7

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

## Appendix 7: Paediatric Cardiac Arrest Trolley / Pump Bag / Defibrillator Checklist

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Page 5 of 7

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Page 6 of 7

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

## Appendix 7: Paediatric Cardiac Arrest Trolley / Pump Bag / Defibrillator Checklist

PLEASE ATTACH DEFIBRILLATOR TEST STRIPS ON THIS PAGE

SAMPLE

Page 7 of 7

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

**Appendix 8: Ward Mangers counter signature for the cardiac arrest trolley/pump bag/grab bag/defibrillator checklist**

Blackpool Teaching Hospitals   
NHS Foundation Trust

**Ward Mangers counter signature for the cardiac arrest trolley/pump bag/grab bag/defibrillator checklist.**

**A box must be signed on a weekly basis by the Ward Manager to ensure the cardiac arrest trolley/pump bag/grab bag/defibrillator complies with the CPR Procedure (CORP/PRC/083).**

**Ward/Department..... Month...../.....**

**Week 1**

<b>Ward Managers Name</b> (Please Print)	<b>Signature</b>	<b>Date</b>

**Week 2**

<b>Ward Managers Name</b> (Please Print)	<b>Signature</b>	<b>Date</b>

**Week 3**

<b>Ward Managers Name</b> (Please Print)	<b>Signature</b>	<b>Date</b>

**Week 4**

<b>Ward Managers Name</b> (Please Print)	<b>Signature</b>	<b>Date</b>

**Week 5**

<b>Ward Managers Name</b> (Please Print)	<b>Signature</b>	<b>Date</b>

## Appendix 9: Adult Laryngoscope Handle and Blade Information Sheet

- Require 2 x size C batteries per handle before being stored in the resuscitation trolley (2 size C batteries are also required to be stored on the resuscitation trolley as 'spare' batteries).
- Must be checked (following Proact testing instructions) to ensure that they are in working order:
  - a) prior to being stored in the resuscitation trolley
  - b) when the resuscitation trolley contents are checked
  - c) prior to patient use and
  - d) following decontamination/drying

Hand hygiene procedures must be adhered to prior to and during any testing.

- Must be decontaminated at ward/area/department level after patient use and NOT sent to SSD, following the attached decontamination and drying procedures from Infection Control and Proact. Remove the batteries prior to the decontamination procedure.
- After the decontamination and drying procedure, replace the batteries, test the handle with a Proact single patient use blade to ensure that it is in working order, following Proact instructions and return the handle and blade to the resuscitation trolley.

### Adult Proact Single Patient Use Laryngoscope Blades (Disposable)

- Four Proact single patient use laryngoscope blades must be available in the resuscitation trolley (Two Mac 3 and two Mac 4).
- One of each size (Mac 3 and Mac 4) must be stored as spares in their individual, sealed packet in the resuscitation trolley.
- One of each size (Mac 3 and Mac 4) must be opened at the 'hinge' end of the packet or so that most of the blade remains in the individual packet and tested with the handle (following Proact testing instructions) to ensure that they are in working order:
  - a) prior to being stored in the resuscitation trolley
  - b) when the resuscitation trolley contents are checked and
  - c) prior to patient use

Hand hygiene procedures must be adhered to prior to and during any testing.

- Must be disposed of, as clinical waste, in a yellow clinical waste bag, after patient use, NOT reused and NOT sent to SSD.
- Replacement Proact single patient use laryngoscope blades must be immediately available from ward stock and stored/tested as indicated above.

Thank you  
Senior Resuscitation Officer 16<sup>th</sup> May 2009

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

## Appendix 10: Requisition Centralised Store Equipment for Resuscitation

### RESUSCITATION CENTRALISED STORE REQUISITION

Department/Ward		Date:
Ward Manager		Collector:
Clinical Matron		Distributor (Resus/ART)
Division	Scheduled (surgery) <input type="checkbox"/>	Resus/ART only: ALL Items collected <input type="checkbox"/> <b>Please score through items not available</b> <i>These items will not be charged</i>
Cost Centre if Known	Unscheduled <input type="checkbox"/>	
	Women's & Children <input type="checkbox"/>	
	Cardiac <input type="checkbox"/>	

ACUTE TRUST ☐

COMMUNITY TRUST ☐

LANCASHIRE CARE ☐

ITEM REQUIRED	AMOUNT REQUIRED
<b>Name of staff member collecting items: (PLEASE PRINT CLEARLY)</b>	<b>Signature of collecting staff member:</b>

TO BE RETAINED IN RESUSCITATION DEPARTMENT CENTRALISED STORE FOR DIVISIONAL CROSS CHARGE - AF Version 1 01/04/2013



## Appendix 11: Training

The following training matrix details the minimum recommended resuscitation training for staff:

Staff Member	Critical Care Areas - adult	Non-Critical Care Areas - adult	Acute Clinical Areas - paediatric	Non-Acute Clinical Areas - paediatric	Acute Clinical Areas - neonate	Non-Acute Clinical Areas - neonate
Cardiac Arrest Team	Mandatory requirements for adult cardiac arrest team: ALS (FY1=ILS)	Mandatory requirements for adult cardiac arrest team: ALS (FY1=ILS)	APLS BLS	APLS BLS	NLS BLS	NLS BLS
Medical Staff	ALS	ILS BLS/AED	PLS BLS	PBLS BLS	NLS BLS	NLS BLS
Qualified Midwifery Staff	ILS	BLS BLS/AED	PLS BLS	PLS BLS	NLS BLS	NLS BLS
Un-Qualified Clinical Staff Bands 1-3	HCA Defib	BLS	PBLS HCA Defib	PBLS BLS	BLS	BLS
Acute Qualified HCP Band 6+	ALS	ILS BLS/AED	PLS BLS	PLS BLS	NLS BLS	NLS BLS
Acute Qualified HCP Bands 4-5	ILS	BLS/AED	PLS BLS	PLS BLS	NLS BLS	NLS BLS
GDC Registered Professional	BLS & Medical Emergency	BLS & Medical Emergency	BLS & Medical Emergency	BLS & Medical Emergency	N/A	N/A
All Other Staff in direct contact with patients	BLS	BLS	PBLS BLS	PBLS BLS	BLS	BLS
All Other Staff NOT in direct contact with patients	Level 1 Resuscitation	Level 1 Resuscitation	Level 1 Resuscitation	Level 1 Resuscitation	Level 1 Resuscitation	Level 1 Resuscitation

### Key:

ALS = Advanced Life Support (valid for 4 years)

BLS = Adult Basic Life Support (valid for 1 year)

ILS = Immediate Life Support (valid for 1 year)

NLS = Newborn Life Support (valid for 4 years)

PBLS = Paediatric Basic Life Support (valid for 1 year)

PLS = Paediatric Life Support (valid for 4 years)

## Appendix 11: Training

BLS/AED = Basic Life Support and Automated External Defibrillation (valid for 1 year)

HCP = Health Care Professional

GDC = General Dental Council

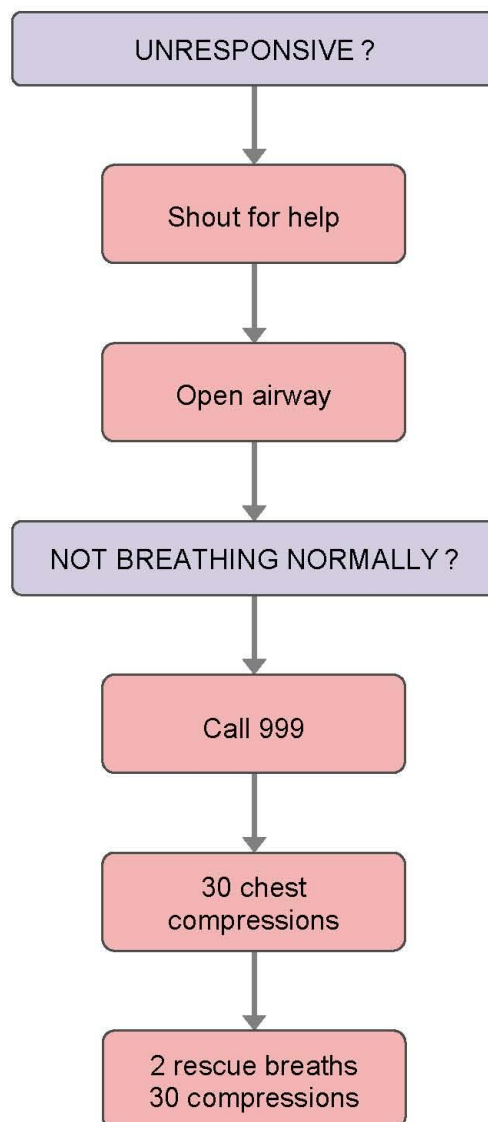
HCA = Health Care Assistant

Defib = Defibrillation

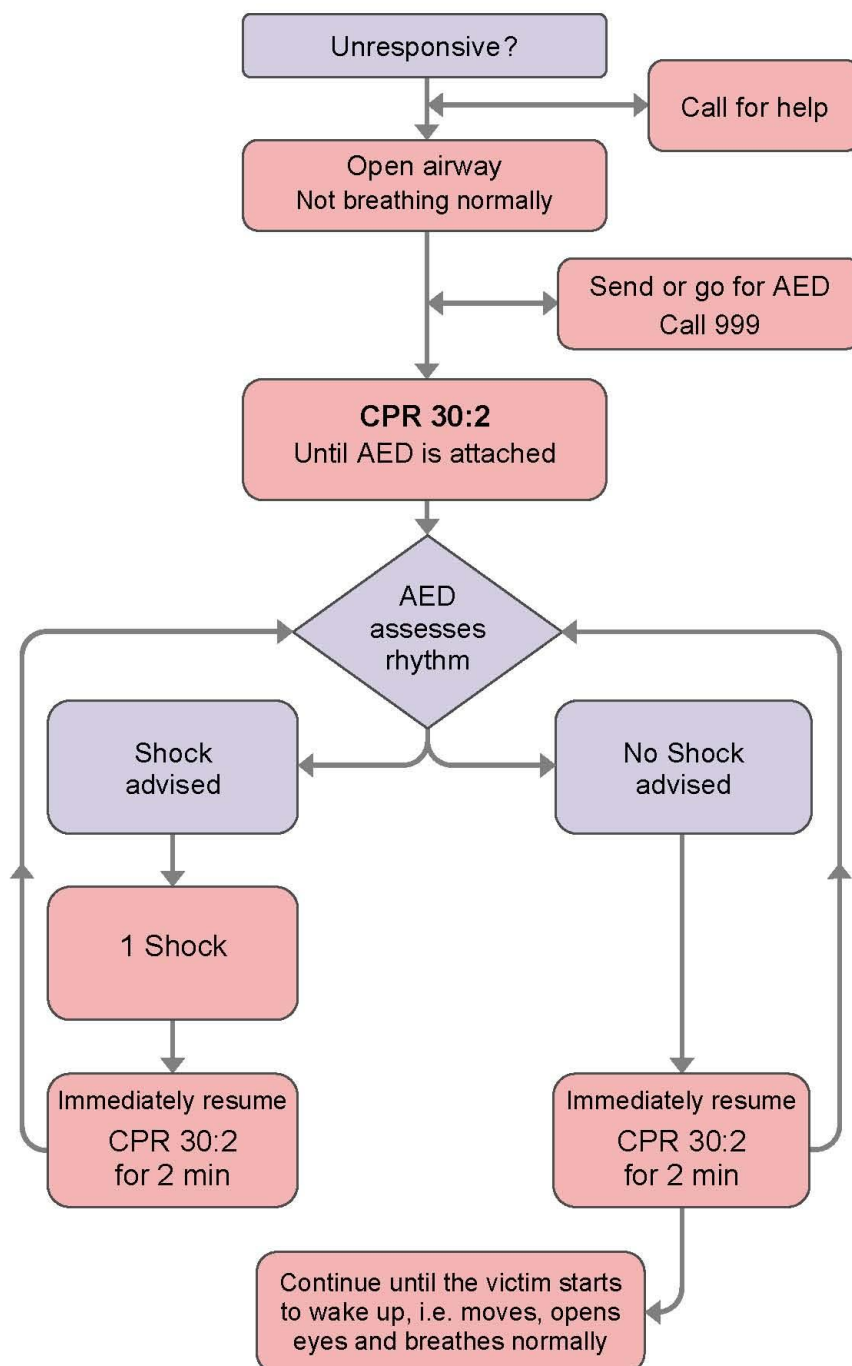
Level 1 Resuscitation = know how to summons help in an emergency (booklet)

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

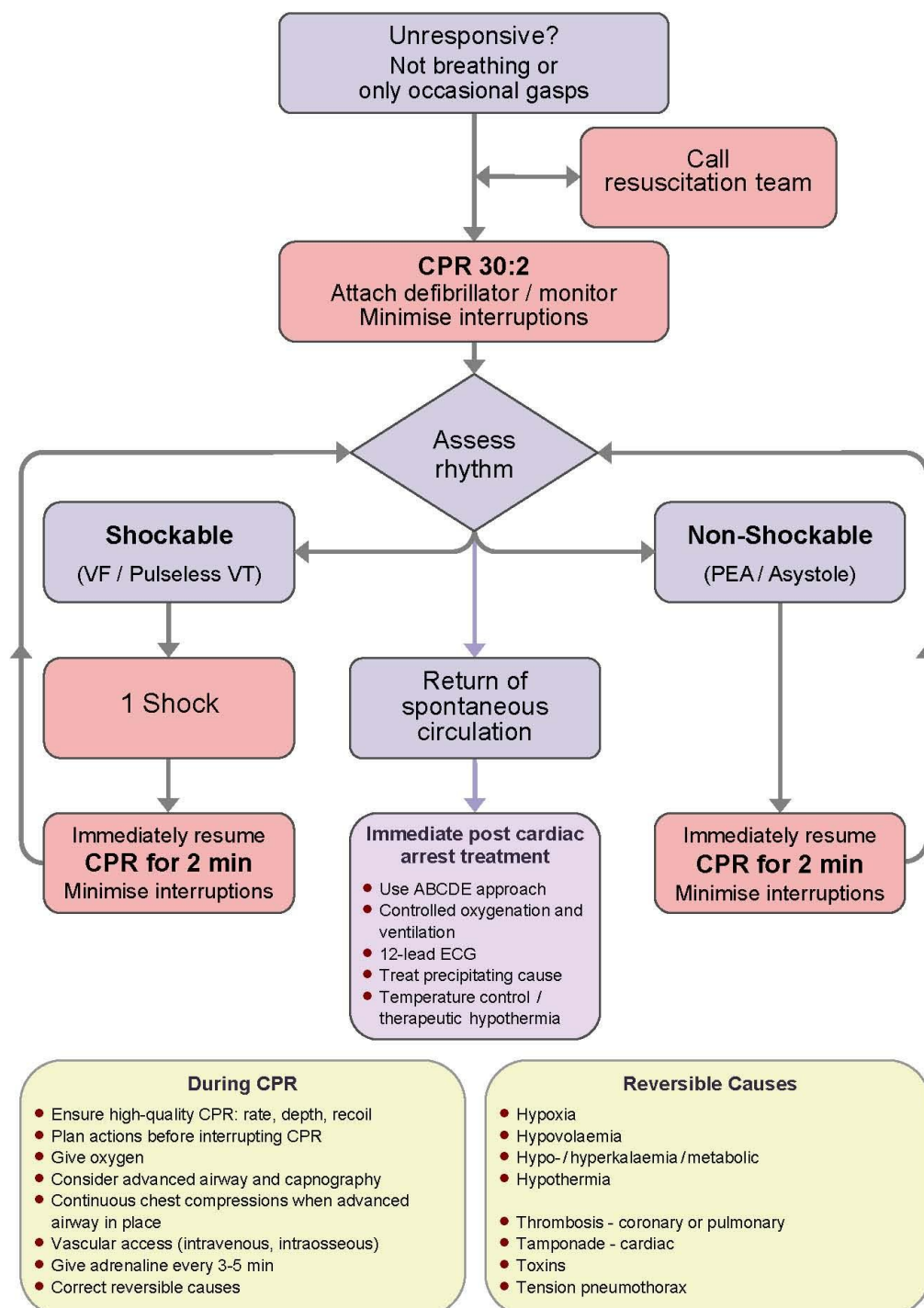
### Adult Basic Life Support



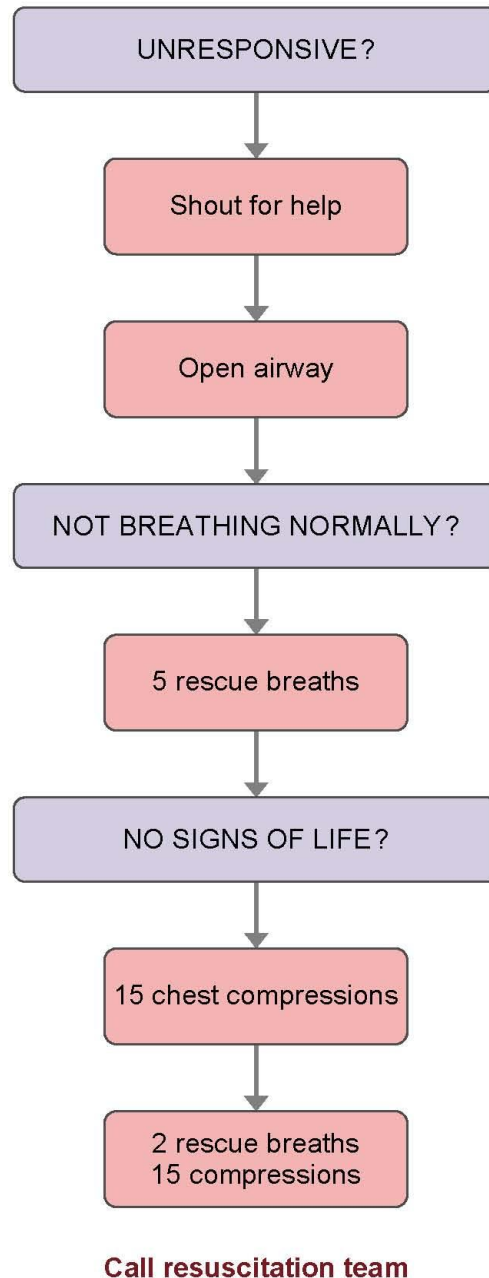
## AED Algorithm



## Adult Advanced Life Support



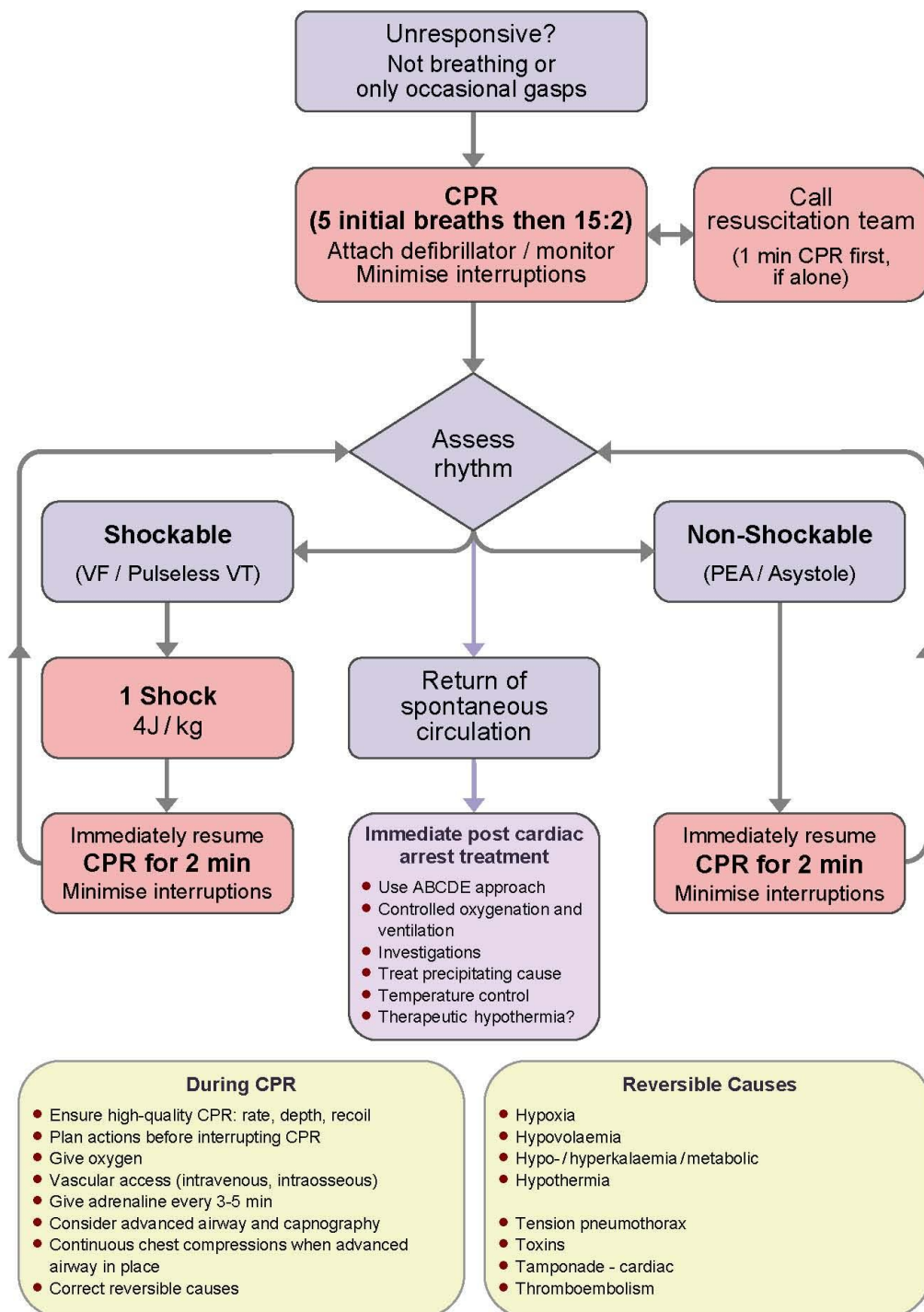
**Paediatric Basic Life Support  
(Healthcare professionals with a duty to respond)**



## Appendix 16: Paediatric Advanced Life Support



### Paediatric Advanced Life Support



<b>Appendix 17: Equality Impact Assessment Form</b>					
Department	Organisation Wide	Service or Policy	Procedure	Date Completed:	January 2013
<b>GROUPS TO BE CONSIDERED</b> Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
<b>EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED</b> Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.					
QUESTION	RESPONSE		IMPACT		
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	The Procedural Document is to ensure that all members of staff have clear guidance on processes to be followed. The target audience is all staff across the Organisation who undertakes this process.	Raise awareness of the Organisations format and processes involved in relation to the procedural document.	Yes – Clear processes identified		
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	Not applicable to community safety or crime	N/A	N/A		
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No	N/A	N/A		
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No	N/A	N/A		
How does the service, leaflet or policy/ development promote equality and diversity?	Ensures a cohesive approach across the Organisation in relation to the procedural document.	All policies and procedural documents include an EA to identify any positive or negative impacts.			
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	The Procedure includes a completed EA which provides the opportunity to highlight any potential for a negative / adverse impact.				
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Our workforce is reflective of the local population.				
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	N/A				
Does the service, leaflet or policy/ development promote equity of lifelong learning?	N/A				
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	N/A				
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	N/A				
Does the service, leaflet or policy/ development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	N/A				
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	None identified				
Does the policy/development promote access to services and facilities for any group in particular?	No				

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b>Do you have the up to date version? See the intranet for the latest version</b>		



Appendix 17: Equality Impact Assessment Form				
Does the service, leaflet or policy/development impact on the environment	No			
<ul style="list-style-type: none"> <li>During development</li> <li>At implementation?</li> </ul>				
<b>ACTION:</b>				
Please identify if you are now required to carry out a Full Equality Analysis		Yes	No	(Please delete as appropriate)
Name of Author:	Anthony Freestone		Date Signed:	January 2013
Signature of Author:				
Name of Lead Person:			Date Signed:	
Signature of Lead Person:				
Name of Manager:	Jason Cupitt		Date Signed:	January 2013
Signature of Manager				

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/083
Revision No: 9	Next Review Date: 01/02/2017	Title: Cardiopulmonary Resuscitation
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		