

RESUSCITATION POLICY & PROCEDURES
Resuscitation Training

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Table of Contents

- 1. Scope**
- 2. Purpose/rationale of the policy**
- 3. The Trust's Basic Approach to Resuscitation Management**
- 4. Roles and Responsibilities**
 - 4.1 Individual responsibilities**
 - 4.2 Committee responsibilities**
- 5. Training**
- 6. Policy Management**

META DATA

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1. SCOPE

This policy applies to the management and delivery of Resuscitation training and ensures that there is a system in place to allow the organisation to meet its declared aims and objectives.

2. PURPOSE / RATIONALE OF THE POLICY

The Trust has an organisational responsibility to patients, public and commissioners to ensure that it has effective processes, policies and people in place to deliver its objectives. The Trust will take all steps (reasonably practicable), to ensure that the stated objectives are achieved. The Trust's primary concern is the provision of appropriate resuscitation practice achieved through a structured approach.

The aim of this policy is to ensure that the Trust:

- Ensures the safe delivery of resuscitation within the available financial resources and other resource limits;
- Ensure compliance with national guidelines and standards;
- Ensures there is a standardised, systematic mechanism to identify, assess and control resuscitation across the organisation, principally through the adherence to policy and the audit cycle
- ensures staff are trained in the principles and practice of resuscitation;
- supports the organisation with continually improving services through the principles of resuscitation.

3. THE TRUST'S BASIC APPROACH TO RESUSCITATION TRAINING MANAGEMENT

The Trust acknowledges that the following principles apply in relation to its approach to risk management in general, and resuscitation in particular

- 3.1. The Trust Board is committed to the management of all risks and an Executive Director has responsibility for the implementation of risk management.
- 3.2. There are dedicated lead personnel with responsibility for strategic and operational delivery of resuscitation (principally the Chair of the Resuscitation Committee and the Senior Resuscitation Officer) across the Trust.
- 3.3. The Trust's resuscitation management procedures will be linked into the Trust's personnel lists, to ensure requirements are adequately resourced.
- 3.4. Eligible staff throughout the organisation are trained in the principles and practices of resuscitation on an annual basis and that this training

is appropriate to their roles and responsibilities. The aim being to achieve the management of risks associated with resuscitation practice.

- 3.5. The management of the risks associated with resuscitation practice will include the recommendations made in the publication: Cardiopulmonary Resuscitation Standards for Clinical Practice and Training - a joint statement from the Royal College of Anaesthetists, Royal College of Physicians London, The Intensive Care Society and The Resuscitation Council (UK).
- 3.6. Management systems are in place to ensure compliance with the terms of this policy, and to ensure adequate resources are available to allow the aims and objectives of this policy to be met.
- 3.7. Incidents involving resuscitation issues (both actual and near miss) should be reported in accordance with the Incident Reporting Policy and Incident Reporting Procedure, which are stored centrally on the Trust Intranet, on the Risk Management Website.

4. ROLES AND RESPONSIBILITIES

4.1 Individual Staff Responsibilities

The Trust Board, managers and staff are responsible for establishing, maintaining and supporting a holistic approach to risk management, and in particular resuscitation, in all areas of their responsibility. They should comply with the Trust Resuscitation Policy and Procedures and ensure effective management mechanisms are implemented in accordance with these. Some members of staff and Committees have particular specialist functions in relation to risk management in general, and resuscitation in particular, as described below.

4.1.1 Chief Executive

The Chief Executive has overall responsibility for the Trust's resuscitation practice and ensuring that this operates effectively. He delegates operational responsibility for resuscitation to the Medical Director (Governance), the Chair of the Resuscitation Committee, and the Senior Resuscitation Officer.

4.1.2 Medical Director (Governance)

The Medical Director (Governance) is responsible to the Trust Board and Chief Executive in relation to resuscitation. The Medical Director (Governance) has a particular role in overseeing the provision of internal clinical advice in relation to resuscitation.

4.1.3 Chair of the Resuscitation Committee

The Chair of the Resuscitation Committee is responsible for the resuscitation strategy within the Trust, and for the direction of the Resuscitation Department generally. He/she will regularly report to the Medical Director (Governance) and to the Trust Board, via the Safety Committee, in relation to resuscitation activities, and will liaise with other senior members of the Trust as required.

4.1.4 Executive Directors

All Executive Directors are responsible for overseeing a programme of risk management activities, in accordance with the Trust's risk management and resuscitation policies, and advising the Medical Director (Governance) and / or the Chair of the Resuscitation Committee on resuscitation issues within their areas of responsibility.

4.1.5 Senior Resuscitation Officer

The Trust Senior Resuscitation Officer is the designated resuscitation advisor for the Trust, and has day-to-day responsibility for the management of all aspects of resuscitation issues. He/she is responsible for advising all staff throughout the organisation on issues relating to resuscitation and adverse incident management. He/She will oversee the implementation of the Trust Resuscitation Policies and Procedures, and advising appropriate managers and departments of non-compliance.

He/she is responsible for liaising with other key staff within the Trust (e.g. Chair of Resuscitation Committee, Directorate Managers, etc) in relation to the management of the Trust Resuscitation Policies and Procedures, and with national bodies (e.g. Resuscitation Council (UK); Advanced Life Support Group, Manchester) and other relevant organisations.

The Trust Senior Resuscitation Officer will provide a regular report to the Chair of the Safety Committee, via the Resuscitation Committee, detailing monitoring and audit of compliance and non compliance with the Resuscitation Policies and Procedures and adverse incident reports in relation to resuscitation. The Senior Resuscitation Officer and Risk Management Department will co-ordinate incident investigations or follow ups in accordance with the Trust Incident Reporting Policy and Incident Reporting Procedure.

The Senior Resuscitation Officer will utilise the Resuscitation Officers, Resuscitation Course Co-ordinators and other staff as required to implement the provisions of this policy.

i) Resuscitation Officers

The Resuscitation Officers are responsible for the delivery of clinical and training aspects of resuscitation under the supervision of the Senior Resuscitation Officer. They are also responsible for notifying the Senior Resuscitation Officer of any non-compliance with the Trust Resuscitation Policies and Procedures.

4.1.7 Directorate Managers, Clinical Directors and all Managers

Directorate Managers, Clinical Directors and all managers are responsible for overseeing resuscitation activities within the areas of their responsibility at a local level and ensuring that these areas comply with all aspects of the Trust's Resuscitation Policies and Procedures.

4.1.8 All Clinical Staff

All clinical staff across the Trust have a responsibility to ensure they comply with the Trust Resuscitation Policies and Procedures, as requested by their Department or Directorate Managers.

Staff have a responsibility to ensure that they remain up to date with resuscitation procedures relevant to their clinical practice, as contained within Attachment 1.

Advice can be obtained by contacting the Senior Resuscitation Officer or Resuscitation Officers.

4.2. Committee responsibilities

4.2.1 Trust Board

The Trust Board is responsible for assuring that appropriate risk management systems are in place to enable the organization to deliver its objectives. It will delegate operational responsibility for the delivery of resuscitation practice to the Operational Board.

4.2.2 Operational Board

The Operational Board, chaired by the Chief Executive, is responsible for ensuring that individual Directorates, through the Operational Board Sub-Committees, undertake a full programme of risk management activities, maintain up-to-date risk registers and take action to control these risks. It is responsible for reviewing these risks on a quarterly basis. It has a particular role in overseeing the management of risks that have significant funding implications and/or are Corporate/Trust-

wide in nature, and therefore have responsibility for Resuscitation provision across the Trust.

4.2.4. Clinical Governance Committee

Clinical Risk represents a substantial component of the Trust's overall risk. The Trust has a comprehensive sub-committee structure, overseen by the Clinical Governance Committee to accommodate the need to ensure all aspects of clinical risk are managed effectively throughout the organisation. The Clinical Governance Committee is responsible for overseeing the work of the Safety Committee (and its sub-committees including the Resuscitation Sub-Committee) to ensure the Trust has a coordinated programme of activities to manage clinical risk, which are integrated into the Trust's overall Clinical Governance and Controls Assurance programme.

4.2.5. Safety Committee – CG Sub-Committee

The Safety Committee is responsible for managing the implementation of the Trust's clinical risk management programme and overseeing the activities of the specialist risk management sub-committees.

4.2.6. Resuscitation Sub-Committee

The Resuscitation Committee is responsible for the management of the Resuscitation Policies and Procedures and risk management issues relating to resuscitation. The Resuscitation Committee is responsible for advising the Operational Board, via the Safety Committee, of all risks relating to resuscitation.

4.2.7. Directorate Management Teams

Directorate Management Teams, i.e. Clinical Director, Directorate Manager and Matron, are responsible for overseeing all aspects of risk management, including resuscitation. They should ensure that Trust procedures and policies are implemented, and that any non-compliance with the Trust resuscitation policy is investigated and remedied.

5. **POLICY MANAGEMENT**

The Resuscitation sub-committee, via the Safety Committee, will review the policy annually on behalf the Trust Board.

The Trust's resuscitation training programme, including data base development and maintenance, will be monitored on a quarterly basis as a minimum, by the following review mechanisms:

- Notification of non-attendance to Department and Directorate Managers;

- Progress/status reports to the Trust Board, Operational Board, Clinical Governance Committee and Safety Committee, via the Resuscitation committee.

These review mechanisms will be supported by the use of the following tools:

- Controls Assurance standards; NHSLA standards
- NHS high-level performance indicators
- Internal standards
- Use of risk management tools by departments
- Compliance with mandatory induction and training standards

RESUSCITATION TRAINING

Core Principles

The Resuscitation Department will ensure provision of training for relevant managers, supervisors, and staff, to enable them to carry out their duties and responsibilities, relating to resuscitation.

Critical Care Outreach is currently responsible for organising and delivering training relating to prevention of cardiac arrest. The Resuscitation Department will collaborate with Critical Care Outreach in the delivery of this training and include prevention of cardiac arrest within Resuscitation Training.

A range of training courses and workshops will be made available to individual directorates or departments, delivered in appropriate surroundings, and with access to specialist training equipment, which will normally be delivered within the Trust Education Centres or Clinical Skills Centres. This training will be provided using a variety of educational techniques and systems including e-learning, face to face training and real time feedback self directed manikins.

Core Trainers will be trained to provide intra-department training, and will have appropriate equipment and support mechanisms to deliver training.

Follow up/refresher training will be available to ensure that relevant staff maintain the appropriate level of skills to undertake resuscitation competently and professionally.

Induction training will be provided for new staff on resuscitation arrangements within the Trust.

If due to illness or other personal reasons a new member of staff is unable to make the allocated date, the resuscitation department must be contacted to release the individual's place, and re-book at the next available opportunity

Attendance at resuscitation training is registered and monitored, it is important that the Resuscitation Training department is contacted to confirm the reason why the member of staff did not attend. It is then imperative that they are re-booked onto resuscitation training at the next available date. If no reason is given for the non-attendance at training from the individual, then letters will be forwarded to the line manager initially, and if a response is not received, to the matron, directorate manager or department head as appropriate.

Staff will undergo annual resuscitation training to a level appropriate for their expected clinical responsibilities as described below.

**Category 1 – Adult
Advanced Life Support (ALS) Courses and Annual ALS Updates**

Intensive Care Unit – Senior House Officers, SpR's and Consultants (FY2& ST1-5).

Intensive Care Unit - F, G and H grade Nurses and Nurse Consultants (Agenda for Change Bands 7 & 8), including Critical Care Outreach
Accident & Emergency – Senior House Officers, Specialist Registrars, Staff Grades
and Consultants (FY2 & ST1-5), G and H grade Nurses (Agenda for Change Bands 7 & 8)

Anaesthetic Senior House Officers', SpR's & Consultants(FY2 & ST1-5)
Coronary Care Unit – G and H grade Nurses (Agenda for Change Bands 7 &8)

Cardiology Senior House Officers, Specialist Registrars/Staff Grades and Consultants(FY2 & ST1-5)

All House Officers.

All Medical Senior House Officers

Medical Registrars and Consultants(FY2 & ST1-5)

**Category 2 - Adult
ILS**

Senior Nurses with first on duties & Night Sisters

Intensive care E grade nurses (Agenda for Change Band 6)

Coronary Care E & F grade nurses (Agenda for Change Band 5 & 6)

Accident & Emergency E & F grade Nurses (Agenda for Change Band 5 & 6)

Cardiac Clinical Physiologists

F and G grade nursing staff from high-risk medical wards (Agenda for Change Bands 6 & 7)

BHH	EAA	SH	Ward 18	GHH	Ward 17
	EMU		Ward 19		Ward 18
	Ward 20		Ward 20		EAU
	Ward 24		MAU		

**Category 3 –Adult
Automatic External Defibrillation and Basic Life Support or
Basic Life Support – In hospital resuscitation**

Intensive care nurses (Band 5)

Chest Clinic Staff

D & E Grade nursing staff (Agenda for Change Band 5) from all adult wards not mentioned above.

Theatre staff, ODP's, Recovery Nurses.

Day Surgery Staff..

Physicians specialising in Trauma, Surgery and Surgical Specialities.*

* ATLS / CCrISP / ALSO etc may be suitable.

P&PD Nurses

OPD Nursing Staff

Midwives

Neonatal Nurses

HCA's
Physiotherapists
Dermatology Consultants, SpR's & SHO's(FY2 & ST1-5)
Audiology Department
Consultants, SpR's & SHO's in O&G (A.L.S.O. and M.O.E.T would be suitable) (FY2 & ST1-5)

Hawthorn House GUM Staff
Radiographers

Category 1 - Child
1 day paediatric Life Support (PLS) or 3 day APLS course plus annual paediatric ALS update

All Paediatric Consultants, SpR's/Staff grades and SHO's(FY2 & ST1-5).
Anaesthetics Consultants, Registrars and Staff Grades(FY2 & ST1-5)
All H,G,F and E grade (Agenda for Change Bands 5-8) Paediatric Nurses in charge of wards.
All nurses in Paediatric HDU.
All A&E Consultants and SpR's(FY2 & ST1-5).
Specified G and F grade nursing staff in A&E. (Agenda for Change Bands 6 & 7)

Category 2 – Child
Annual Paediatric BLS and Airway Updates

All F and G Grade staff in ITU (Agenda for Change Bands 6 & 7)
All F and G Grade A&E nursing staff (Agenda for Change Bands 6 & 7)

Category 3 – Child (Neonatal)
Basic Newborn Resuscitation Annual

Midwives
Neonatal Nurses
Neonatal Registrars & Consultants
(N.L.S. acceptable)

Category 4 – Child (Neonatal)
Advanced Resuscitation of the Newborn

ARNB Midwives Annual Update (N.L.S acceptable)

Category 5
No requirement for BLS Training, but will be offered training if capacity and resources allow

Occupational Therapists
Clinical Scientists
Optometrist
ATO's

Dieticians
Orthoptist
Porters & Hotel Services Staff
Pathology / Histology Consultants & Registrars

Speech Therapists
Student Nurses (Covered by UCE)

Bed Managers

A&C Staff
Pharmacists

Other support services staff
Pharmacy Technicians

Instructors in national resuscitation courses maintain competence through teaching and clinical exposure and as such are exempt from formal Trust resuscitation updates.