BrisDoc Patient care by people who care

NHS

Resuscitation Policy

Version:	Owner:	Created:
2.0	Rhys Hancock (Director of Nursing, AHPs and Governance)	January 2014
Published:	**Approving Director:**	**Next Review**
1st June 2023	Kathy Ryan (Medical Director)	9th May 2025

Contents

1. Introduction

BrisDoc Healthcare Services expects all staff (co-owners) in its Integrated Urgent Care Service and Practice Services to be up to date with mandatory training in Basic Life Support. This encompasses cardiopulmonary resuscitation, defibrillation, and the management of choking for adults, paediatrics, and new-born patients. BrisDoc does not expect clinicians to have advanced life support training and skills.

BrisDoc recognises that there is the potential for patients attending one of its services to collapse requiring emergency support. This may be in a consulting room, a waiting/reception area or immediately outside the vicinity of the premises in use by BrisDoc. It may be that BrisDoc clinicians are requested to support the collapse of a person in Boots or The Galleries in Broadmead Shopping Centre, and in the vicinity of the Compass Centre.

2. Resuscitation and Choking Processes

BrisDoc expects all staff (co-owners) to follow procedures in accordance with the Resuscitation Council UK's guidance. These are available via hyperlinks in appendix one.

Due to the prevalence of COVID, it is advisable to cover the patient's mouth/face with a mask during any resuscitation attempt. If ventilations are being provided all rescuers MUST wear level 3 PPE.

Where a Do Not Attempt Resuscitation (DNAR/DNACPR) or Treatment Escalation Plan (TEP/ReSPECT) are in place, these should be considered as part of any decision to attempt resuscitation but if there is any doubt a presumption for resuscitation should be assumed. Where an obvious reservable cause is present (e.g., choking, overdose) then attempts to reverse the cause and provide resuscitation must be made. Only an Advanced Decision to Refuse Treatment (ADRT) is legally binding provided the cause of the cardiac arrest is clearly aligned to circumstances of the advanced decision and not of obviously reversible nature such as those above.

Once started, continue resuscitation attempts until the ambulance arrives.

If the patient is resuscitated successfully and become conscious, make them comfortable in the place where they collapsed whilst awaiting the ambulance. Do not move them. There are multiple risks to moving the casualty for example, manual handling, exacerbating an injury caused by falling, postural hypotension on becoming upright causing fainting/repeat collapse.

In all cases where actual collapse has occurred, an incident form MUST be completed via weblinks.

3. Calling for Help

As soon as practically possible, all members of staff (co-owners) must call for help and dial 999 for an ambulance. The ambulance response for a cardiac arrest will aim to be within 7 minutes and 30 seconds.

All available staff MUST attend quickly and only return to their normal work when stood down by the Clinician in Charge.

The most senior/experienced clinician (with the most experience of resuscitation management or most clinically senior) will take charge of the situation and allocate tasks as set out in the checklist (appendix three). This 'team leader' should make every effort to avoid becoming

involved in individual tasks (e.g., chest compressions) when there are other BLS trained staff present.

4. Location Specific Procedures

4.1 BMC

- Use the green button on the desktop computer. This presents an over-riding pop-up on all logged-in terminals and will display caller details including terminal location. Also raise the alarm by shouting for help “help – cardiac arrest” from colleagues in a loud, clear voice.
- For incidents in Boots or the galleries BMC staff (co-owners) are only required if requested to assist (Boots have their own first aiders and their own emergency supplies held at Pharmacy).
- Refer to appendix two for specific instructions regarding ambulance instructions.

4.2 Severnside IUC Service

- Raise the alarm by shouting for help “help – cardiac arrest” from colleagues in a loud, clear voice
- Please refer to the relevant Handbook for additional actions in relation to emergency situation management

4.3 Homeless Health Service

- Use the green button on the desktop computer. This presents an over-riding pop-up on all logged-in terminals and will display caller details including terminal location. Also raise the alarm by shouting for help “help – cardiac arrest” from colleagues in a loud, clear voice.
- If the collapse scene is outside in the vicinity of the Compass Centre, it is important the area is assessed for danger, including that which may present from other members of the public whose behaviour may compromise resuscitation attempts. The attending clinician should take an assistant where possible and a mobile phone. The assistant should manage the scene, protect the resuscitation attempts and equipment, support the clinician, and call 999 for both ambulance and the police (if there is potential for conflict and aggression).
- If a lone clinician thinks they may be in danger, then resuscitation should only be attempted when help is available to manage the scene and protect the clinician, this may be without emergency drugs.

4.4 Charlotte Keel Medical Practice

- Use the green button on the desktop computer. This presents an over-riding pop-up on all logged-in terminals and will display caller details including terminal location. Also raise the alarm by shouting for help “help – cardiac arrest” from colleagues in a loud, clear voice.
- A member of the treatment room MUST always attend with the resuscitation equipment. If there are no staff in the treatment room, the Clinician in Charge will send another member of staff to get the emergency equipment.

5. BrisDoc Expectations

BrisDoc expects clinicians to:

- Assess the situation and get help
- Provide immediate intervention to a choking patient

- Provide basic life support
- Defibrillate where clinically required
- Provide ventilations (if level 3 PPE is available)
- In the case of an opiate related collapse, administer naloxone

BrisDoc does not expect clinicians to:

- Intubate the patient
- Undertake any rhythm analysis
- Administer Advanced Life Support drugs

Debrief and Welfare

Following any resuscitation attempt it is important that those involved are offered the opportunity to discuss and debrief from the event. This should be offered by the senior clinician and facilitated as a group discussion as well as ensure welfare support is offered to all. The senior Clinician should also inform any line managers of the event to afford ongoing support as required.

6. BrisDoc Resuscitation Equipment

The following items are included in the resuscitation equipment at each BrisDoc site:

Defibrillation

- Defibrillator.
- Adult Defibrillation Pads x2
- Paediatric Defibrillation Pads x1

Airway

- Handheld Suction
- Stethoscope
- Bag Valve Mask – Adult (With Masks)
- Bag Valve Mask – Paediatric (With Masks)
- Bag Valve Mask- Infant (With Masks)
- Selection of Oropharyngeal Airways
- Selection of Nasopharyngeal Airways
- Selection of Supraglottic Airways (iGels) with Lubricant
- Oxygen Cylinder
- Selection of Oxygen Masks, Adult and Paediatric.

Access

- Sharps bin

Other

- PPE (Gloves, Aprons, Goggles, FRSM x 2)
- Scissors
- Pulse Oximeter
- Razor
- Copy of latest RCUK Algorithms (Appendix One)
- Record of checks book and Contents List

NB: Anaphylaxis Kit, Naloxone & Adrenaline (Including Drug Cards) are available in Emergency Drugs Kits

The locations of these kits are listed below:

BMC:

- Resus Trolley (1st floor & 2nd floor)

HHS:

- Nurse's Clinic Room

CKMP:

- Treatment Room Central Area

Severnside:

- Treatment Room at each base

Osprey

- Ashton Room

The stock of these kits must be checked monthly, and the record of the check entered into the book.

Policy Revision Log

Date	Version Number	Reviewed and amended by	Revision Details
13.05.14	1.1	Clare-Louise Nicholls	Included appendix 8 comprising UHBristol NHSF Trust Crash Trolley contents, layout, opening and closing instructions, and SOPS for co-owner tasks in adult and paediatric resuscitation situations.
16.06.14	1.1	Clare-Louise Nicholls	Change Frenchay base to Cossham, update arrangements. Update BRI base and GPSU arrangements to reflect agreements with UHB re crash trolley usage.
26.01.16	1.2	Clare-Louise Nicholls	Inclusion of arrangements for GPST and NFP. Updated Resuscitation Council guidelines to 2015 version. Updated Resus box contents. Inclusion of new location code for GPSU.
16.09.16	1.3	Clare-Louise Nicholls	Change reference of GPSU/T to AGPT. Include arrangements for HHS including the management of a collapse in the vicinity of the Compass Centre and grab bag contents. Grab bag contents in NFP and BMC included.
19.04.17	1.4	Clare-Louise Nicholls	Minor modifications and grammatical changes.
31.10.18	1.5	Clare-Louise Nicholls	Inclusion of BMP and CKMP processes and resus bags. Removal of reference to Yate and BRI IUCs bases.
11.04.22	2.0	Rhys Hancock	Full Policy re-write, new owner.

Appendix One - BLS, ALS, Anaphylaxis and Choking Algorithms

BLS Adult

BLS Paediatric

BLS Newborn

ALS Adult

ALS Paediatric

ALS Newborn

Choking Adult

Choking Child

Anaphylaxis

Appendix Two - BMC Ambulance Instructions and Access

1. Contact ambulance control by calling **999**
2. Inform the operator that a member of staff (co-owner) will be waiting at the entrance of Boots (Broadmead entrance) to assist the crew. If no member of staff (co-owner) is available, inform **Boots Management** and ask whether they could do this for us. Boots will inform their security team and assist where possible.
3. Inform **Boots Management 0117 9293631 Extention 550** that an ambulance has been called (and whether it is an emergency or non-emergency situation), for a patient in the Practice and that it will be arriving shortly.
4. If the call is after 6pm, (7pm in November/December) **Mall Security** will need to be notified as access to the mall will be closed. Please ring **Mall Security 0117 9290569** and they will respond quickly to unlock the entrance to **Greyhound Walk** and allow the ambulance crew access. In the unlikely event that they don't respond, call them on **0117 9277873**, which is their **emergency number.**

If the emergency is on the **1st floor** - The ambulance crew should be advised to use the **lifts in Greyhound Walk** (opposite Carphone Warehouse which is next to Marks and Spencer). These lifts are large enough to take a stretcher or large wheelchair. The lift will take them to the 1st floor where they can enter Boots at Practice level. Ramps are available across the right-hand side of store near the Opticians

If the emergency is on the **2nd floor** of the practice the crew will need to use their expertise to decide what is the best course of action. The **Boots customer lift** will go to this floor but is **too small for a stretcher** but can take a wheelchair. The customer stairs next to the lift are an option. There is an alternative flight of stairs through the Boots stock room opposite the service lift.

As an alternative the service lift could be used to extricate a patient in extreme circumstances.

Appendix Three - Resuscitation Checklist

	Action
1	Bring Resuscitation Equipment to the patient
2	Call 999 for an Ambulance
3	Begin CPR
4	Attach Defibrillator
5	Make sure the person doing CPR is changed every 2 minutes (every rhythm check)
6	Follow BLS algorithm/Defibrillator prompts
7	Send someone to meet the ambulance team
8	Assign a team member to talk to the relatives/carers
9	If possible, screen of the scene of the collapse from members of the public
10	Inform waiting patients there may be a delay
11	Co-ordinate a 'hot debrief' for any staff involved to consider welfare needs

Appendix Four – Naloxone Drugs Card

Opioids (narcotic analgesics) cause coma, respiratory depression, and pinpoint pupils. The specific antidote naloxone hydrochloride is indicated if there is coma or bradypnoea. Since naloxone has a shorter duration of action than many opioids, close monitoring and repeated injections are necessary according to the respiratory rate and depth of coma. The effects of some opioids, such as buprenorphine, are only partially reversed by naloxone.

Naloxone by intravenous injection, s/c or by intramuscular injection

Important: Only give by subcutaneous or intramuscular routes if intravenous route is not feasible; intravenous administration has more rapid onset of action.

Child 1 month–11 years

Initially 100 micrograms/kg, if no response, repeat at intervals of 1 minute to a total max. 2 mg, then review diagnosis; further doses may be required if respiratory function deteriorates.

Child 12–17 years

Initially 400 micrograms, then 800 micrograms for up to 2 doses at 1 minute intervals if no response to preceding dose, then increased to 2 mg for 1 dose if still no response (4 mg dose may be required in seriously poisoned patients), then review diagnosis; further doses may be required if respiratory function deteriorates.

Adult

Initially 400 micrograms, then 800 micrograms for up to 2 doses at 1 minute intervals if no response to preceding dose, then increased to 2 mg for 1 dose if still no response (4 mg dose may be required in seriously poisoned patients), then review diagnosis; further doses may be required if respiratory function deteriorates.