**Resuscitation Service Standard Operating Procedure (SOP)**

**Document Change History (changes from previous issues of policy (if appropriate) :**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version number** | **Page** | **Changes made with rationale and impact on practice** | **Date** |
| **2** | **18** | Addition of paediatric provision, clarification of age appropriate response | 28/7/2022 |
| **3** | 15 | Updated information of locations of resuscitation equipment store at Aintree, Royal and Broadgreen Hospital Sites | 14/2/2023 |

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# Purpose

This SOP describes the procedure for Resuscitation training for all members of staff working throughout Liverpool University Hospitals NHS Foundation Trust. Resuscitation Council (UK) produces recommendations on the quality and standards for cardiopulmonary resuscitation practice and training.

The trust complies with the recommendations made by the Resuscitation Council (UK) in its joint statement from the Royal College of Anaesthetists, The Royal College of Physicians of London and the Intensive Care Society. The recommendations outline that healthcare organisations have an obligation to provide a high-quality resuscitation service, and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to each individual’s expected role. This SOP describes the procedure for complying with the Resuscitation Council (UK) and Core Skills Training Framework recommendations for staff training.

All staff must work within trust guidelines and policies.

# Flow Chart

Resuscitation Lead in conjunction with the relevant stake holders devise the trust wide Resuscitation training plan by considering and/or implementing the recommendations from relevant regulatory governing bodies.

↓

Resuscitation Training Plan is ratified by the Education Governance Group for implementation trust wide

↓

Clinical Education Department ensure delivery of the Resuscitation Training trust wide

↓

Staff attendance on Resuscitation courses recorded on ESR producing a quarterly compliance figure.

↓

Resuscitation Training compliance will be reportable to the following groups by the Clinical Nursing Lead for Resuscitation: Education Governance Group (EGG) & Deteriorating Patient Operational Group (DPOG).

# Procedure and Guidance

3.1 Resuscitation training must be provided to a level appropriate for the individual’s expected clinical responsibilities. The Resuscitation Council (UK) guidelines for Training in Acute Hospitals (2020) advises that the trust provides an adequate provision for Resuscitation training of all staff. It must also ensure that all clinical staff can undertake cardiopulmonary resuscitation where required.

As a mandatory training requirement, where possible all Basic Life Support (BLS) training must be recorded on the trust database (ESR)

3.2 Although the Trust is not a paediatric centre it is recognised that children do access services within the trust. The trust follows guidance from the Royal College of Anaesthetists and the Resuscitation Council (UK) in that a staff member with the Advanced Paediatric Life Support (APLS) qualification will be immediately available to attend any Paediatric emergencies and members of the response team all staff with regular involvement in paediatric resuscitation are encouraged to attend paediatric resuscitation courses. The trust will ensure provision of paediatric resuscitation training and equipment for relevant staff groups/ clinical areas.

**3.3** The Resuscitation Council (UK) (2018) provides guidance for the minimum equipment and drugs required for cardiopulmonary resuscitation in the acute care setting. All clinical service providers must ensure that their staff will have immediate access to the appropriate resuscitation equipment and drugs to facilitate rapid resuscitation of the patient in cardiorespiratory arrest. This SOP describes the procedure for complying with the Resuscitation Council (UK) (2018) recommendations for minimum resuscitation equipment to be provided for staff use.

Please note that for the purpose of this SOP ‘immediately’ refers to available for use within the first few minutes of an emergency / cardiorespiratory arrest

# Roles and Responsibilities

## 4.1 Clinical Education Department

The Clinical Education department & Resuscitation Leads within are responsible for facilitating all Resuscitation training trust-wide whilst ensuring implementation and adherence to national resuscitation guidelines and standards through education.

## 4.2 Education and Governance Group

The Education and Governance Group will ensure adherence to national resuscitation guidelines and standards. The group will oversee that adequate resuscitation training is provided and that programmes are in place to provide expertise on the management of acutely ill patient and cardio-pulmonary resuscitation.

## 4.3 Deteriorating patient and Resuscitation Operational working Group (DROG)

The DROG will ensure a clinical oversight in to the standardised response to clinical emergencies within the Trust, and adherence to national resuscitation guidelines and standards.

The responsibilities of the DROG for Resuscitation Training are to:

- Ensure implementation and adherence to national resuscitation guidelines and standards

- Ensure adequate provision of training in resuscitation

## 4.4 Clinical Directors, Ward and Divisional Managers

It is the responsibility of all ward, department, divisional managers and clinical directors to ensure that accurate and up to date records of Resuscitation Training are maintained and ensure that staff attends for refresher training on an annual basis except where exemptions are in force

## 4.5 Staff

All staff must adhere to the training requirements with regard to cardio-pulmonary resuscitation (see Appendix 4).

# 5. Exclusions/ Exceptions

5.1 Exclusions from this standard operating procedure are staff members who are absent from the workplace due to sickness. Any members of staff who are required and unable to demonstrate practical basic life support will require a workplace risk assessment as outlined in section 6.2.

5.2 Exemptions from BLS Training are BLS, ILS or ALS Instructors who have taught on a course within the last year as these staff members demonstrate the required knowledge and competency as part of the delivery of these courses. This competency will be recorded on ESR.

# 6. Training

## 6.1 Resuscitation Training and Practice Requirements for Staff

The purpose of this SOP is to ensure that, when a cardiorespiratory arrest occurs, as a minimum, as recommended by Resuscitation Council (UK) all clinical staff can:

Recognise cardiorespiratory arrest.

Summon help

Start CPR

Clinical staff should have at least annual updates and that training and updates include practical assessment.

The expectation, as per Resuscitation Council (UK) Quality Standards in Acute Care (2020), is that non-clinical staff have the resuscitation skills that would be expected of a lay person.

All staff must know how to summon help and be aware of the use of a standard telephone number within the organisation. As recommended by the National Patient Safety Agency the common national number 2222 is used trust wide.

All new members of staff must have resuscitation training as part of their induction programme within the first two weeks of commencing working within the trust. The Clinical Lead for Resuscitation will review the compliance every 6 months. Staff are to attend resuscitation training, even those who have current resuscitation training, at the site in which they will be working to ensure familiarisation with local policies and equipment.

Until such time that the merged organisation has aligned resuscitation equipment trust wide in the situation that a member of staff works across trust sites the principles of defibrillation will be delivered at their predominant working site.

Basic Life Support (BLS) information will be delivered in a variety of modalities depending on trust employee job role. Appendix 4 outlines the BLS requirements for all trust-employees.

## 6.2 Resuscitation Training and Practice for Staff with Disabilities

This Procedure acknowledges legislation addressing disability issues.

With regard to training, the individual must inform the course instructor(s) of his/her disability especially where it may cause physical discomfort/damage.

The Instructor must ask before any practical activity is undertaken if any of the candidates have any medical condition that may cause them discomfort. It is up to the candidate and Instructor as to how the training session then proceeds. Both parties must be in accord as to how to proceed.

With regard to the workplace, the employee and their manager should assess the significance of any medical condition and then determine a course of action when it comes to the level/degree of participation in a resuscitation event, taking into consideration lone working/ transfer of patients. The Clinical Lead for Resuscitation for the Trust is available for advice.

## 6.3 Other Types of Resuscitation Training

Other Resuscitation Training Courses are available via the Clinical Education Department to those staff whose role necessitates a higher degree of training:

**Immediate Life Support**

As recommended by the Royal College of Anaesthetists all clinical members of staff working within theatre recovery areas, or areas where conscious sedation is administered, should be certified to a standard equivalent to Immediate Life Support (ILS) provider. The trust will ensure provision of ILS training for all trust employees where ILS is mandated. Appendix 4 outlines the relevant staff groups.

**Advanced Life Support Course (ALS) Provision**

The Royal College of Anaesthetists recommends an Advanced Life Support (ALS) provider or anaesthetist to be immediately available. It is expected that Nurse Clinicians, Critical Care Outreach Specialist Nurses, Nurse Practitioners and ODP attending MET calls (Broadgreen site) are current ALS Providers to provide assurance that advanced resuscitation skills are available during a MET response. The trust will ensure provision of ALS courses for relevant staff to attend.

## 6.4 Clinical Education Department Registered Course Centre

The Clinical Education department is a registered course centre for the courses delivered, as listed below, and complies with the relevant governing bodies to maintain the required standards of education delivery.

Basic Life Support (BLS) Adult and Paediatric RCUK accredited

Immediate Life Support (ILS) RCUK accredited (e-ILS half day course).

Additional training to the BLS course in defibrillation, basic rhythm recognition, and airway management. This training is specifically targeted to registered/qualified clinical staff and must be updated annually.

Advanced Life Support (ALS) RCUK accredited (e-ALS-1 day course). Advanced Life Support (ALS) is available for all qualified clinicians whose speciality interest requires it. It is not mandatory. Places are limited and course fees apply. Advanced Life Support must be updated every 4 years to be valid. ALS providers are required to attend LUHFT Basic life Support session annually.

Acute Illness Management (AIM) Critical Care Skills Institute accredited.

A multi-professional course available to registered nurses, junior doctors and AHP’s who regularly care for the ‘at risk’ patient.

Bedside Emergency Assessment Course for Healthcare Staff (BEACH) Portsmouth Hospitals accredited (Half Day). A multi-professional course available to Health Care Assistants who regularly care for the ‘at risk’ patient.

Generic Instructor Course (GIC) ALSG accredited (2 day course). Multi- healthcare professionals training for resuscitation provider future instructors in the principles of adult learning.

European Trauma Course (ETC)/ Advanced Trauma Life Support (ATLS) accredited by European Resuscitation Council, European Society of Anaesthesiology, European Society for Emergency Medicine, European Society for Trauma and Emergency Surgery/ Royal College of Surgeons (2.5 days/ 2 days). Life support course for doctors and other medical health care professionals that are involved in the acute care of major trauma patients.

The Trust will provide the relevant resuscitation training to staff with honorary contracts with the organisation. The Clinical Lead for Resuscitation will liaise with the workforce department to obtain current honorary contract information.

**Resuscitation training courses and staff allocation groups applicable are listed in Appendix 4. With prior agreement from manager staff may book course places via the Clinical Education department** [**clinical.education@liverpoolft.nhs.uk**](mailto:clinical.education@liverpoolft.nhs.uk)

## 6.5 Process for a Failure to Achieve Course Competency

Should a member of staff fail to demonstrate the required level of competency during a Resuscitation course the following process will be instigated:

- Feedback from instructor to staff member areas where competency not achieved

- Manager informed by Clinical Education Department

- Staff member to arrange, with agreement from manager, one to one support session with Clinical Educator via clinical education administration team

- Staff member attend another course for competency assessment

## 6.6 Minimum Levels of Candidate Attendance to Deliver Resuscitation Courses

In order to deliver a valuable and effective resuscitation training the Clinical Education Department, following guidance from RCUK, requires the following candidate numbers to enable delivery of the course;

BLS – No minimum numbers mandated

ILS – Minimum 3 Candidates

ALS – No minimum numbers mandated

AIM – Minimum 6 Candidates

**6.7 Basic Life Support Cascade Trainer**

The clinical education department will deliver cascade training to designated clinical members of staff who will then deliver Basic Life support training to relevant staff within their clinical department/area. The cascade trainer will ensure that teaching is delivered to current Resuscitation Council (UK) guidelines and all training records are delivered to the clinical education department. The Resuscitation leads will identify relevant clinical areas where cascade training is appropriate and will assess all cascade trainers on an annual basis to ensure standardisation of resuscitation education. The Resuscitation Leads will ensure that cascade trainers are updated should National guidelines or trust policies changes. Registered staff who are cascade trainers will deliver training inclusive of BLS levels 2 and 3. Non-registered staff who are cascade trainers will deliver BLS level 2 only. Cascade trainers will be reviewed by the Clinical Education team on an annual basis to ensure standardisation of course content and delivery.

# 7. Resuscitation Courses Finance

The Clinical Education Department will set resuscitation course costs taking account of relevant regulatory body registration and other relevant costings.

Standard course fees;

ALS - £285

e-ILS – £120

BLS - £70

AIM - £210

GIC - £680

ETC - £775

ATLS -£670

ATLS (Re-certification) - £420

## 7.1 Discounts of Course Fees for Resuscitation Course Bookings

Discounts on course fees may be offered when;

Large group bookings of 20 candidates or over for ILS/ 12 candidates or over for AIM a 20% discount of total course fee.

ALS course fee may be wavered at the discretion of the Resuscitation Leads providing agreement that an ALS instructor from the staff member wishing to attend the course instructs on 2 ALS courses within a calendar year.

GIC fee may be wavered providing agreement that an ALS instructor/ GIC instructor from the staff member wishing to attend the course instructs on 4 ALS courses/ 2 GIC within a calendar year and the instructor candidate agrees to teach on 2 ALS courses following successful completion of the GIC.

## 7.2 Resuscitation Course Refunds of Course Fees

Upon candidates booking onto a resuscitation course that requires payment the candidate will be provided with the following information;

* Full refund of course fee will be given if cancellation of course is over 6 weeks prior to the course date
* Half of the course fee will be refunded if the cancellation is 4 weeks prior to the course date.
* Should the cancellation be less than four weeks prior to the course date no refund will be issued.

In exceptional circumstances amendments to the above will be considered as listed below;

-Following bereavement factors will be taken into consideration when determining a course fee refund such as;

* Where bereavement has occurred and the closeness of the relationship with the deceased.
* Date and place of funeral and travelling distance.

* In the event of an episode of acute sickness (inclusive of antenatal/postnatal complications) an alternative course date will be offered to the candidate by the Clinical Education Department.
* In the event that a candidate has tested positive for Covid-19/ isolating due to Covid-19 an alternative course date will be offered to the candidate by the Clinical Education Department on production of evidence of swab result/ isolation notice.

## 7.3 Payment of ALS Medical Directors/ Instructors

The Clinical Education Department on occasions make payment to ALS course Medical Directors and/ or Instructors for their time teaching on the course. This payment is provided in the instance that faculty are delivering teaching outside of their working hours. Offer of honorarium payment maybe withdrawn by the Clinical Education department prior to the ALS course date should other non-honorarium receiving faculty become available to teach on the course. The maximum number of honorarium receiving faculty teaching on a course at any one time is two instructors and one medical director. The set payments for such as listed below;

Medical Director on site teaching - £400 per course

Medical Director remote contact for course - £200 per course

Instructor - £150 per course

Payment of expenses for travel costs and car parking are also reimbursed to all non- trust staff ALS course faculty. Accommodation will be provided for faculty travelling from outside of the local region. Receipts must be provided.

**8. Resuscitation Trolley/ Equipment**

Resuscitation Council (UK) (2018) recommends that equipment used for cardiopulmonary resuscitation to be standardised. Therefore resuscitation equipment, inclusive of defibrillators and emergency suction, will be standardised throughout the individual trust sites. It is recommended that resuscitation equipment and drugs are available to staff immediately and presented in a clear logical manner to enable easier use during an emergency which will be provided trust wide.

Aintree site Please refer to the Medical Emergency Team (MET) SOP for information regarding MET Trolley equipment. Royal and Broadgreen sites please see appendix 6 for information regarding emergency grab bag equipment.

**8.1 Process for Ensuring Continual Availability of Resuscitation Equipment**

All clinical areas have a fully equipped resuscitation trolley together with access to a defibrillator. Resuscitation trolley contents are subject to minor changes dependent upon an ongoing assessment of the most common equipment and drugs used during calls. A list of the equipment is available on the Resuscitation Department page on the staff hub. Resuscitation trolleys can be restocked from a central store. Within Aintree site this equipment is stored on ward 12 and access gained by obtaining and signing for a key from the front desk in Main Reception. Any equipment taken from the central store must be signed for and the key returned to main reception and signed back in. Within the Royal Liverpool site this equipment is stored on the 9th Floor, key obtained from security office located on ground floor. Within Broadgreen site this equipment storage cupboard is located on Wards 5 and 7 corridor, access via Duty Manager or Nurse practitioners or security.

**8.2 Resuscitation Trolley Equipment Checks and Audit**

Resuscitation Trolleys MUST be checked on a daily basis by the Ward or Departmental Manager or delegated deputy. The person to whom this task is delegated must be a professionally accountable individual (refer to Trust Medical Devices Policy). The resuscitation trolley checklist (Appendix 6 and via Staff Hub <http://liverpool-hr.nhs.sitekit.net/working-with-us/Course%20Prospectus/resuscitation-training.htm> ) must be completed and stored on the resuscitation trolley to provide an audit trail that the required checks have been undertaken. The Clinical Education Department will audit all Resuscitation Trolleys trust wide on a quarterly basis (six monthly for satellite sites). The process of this audit is:

* The total number of items on the checklist is 100%
* The number of items that are present/ fit for purpose produces the % of compliance for that individual trolley.
* Should the trolley be missing an item/ item not fit for purpose that has potential to result in a patient safety issue (e.g. missing defibrillator pads) would result in an automatic resuscitation trolley audit failure.
* Escalation for trolley failures:
  + - Inform ward/ department manager (or delegated deputy) at time of audit and follow up email to ward/ department manager detailing reason for trolley failure, compliance figure as a % and an action plan for ward/ department to implement (appendix 7).
    - Trolley re-audited within the next two weeks.
* In the event that a resuscitation trolley fails on re-audit this will be escalated to matron/ divisional lead
* All resuscitation trolleys audited quarterly and re-audited within the same quarter.
* Resuscitation trolley audit compliance trust wide is reportable to Deteriorating Patient and Resuscitation Operational Group on a quarterly basis.
* The Resuscitation trolley checklists are to be located on the trolley for a 1 month period. Following this 1 month period the checklists are to be stored within the ward/ department for a 12 month period.

The resuscitation trolley audit compliance is RAG rated as categorised below;

90-100% = Green

80-90% = Amber

Less than 80% = Red

**Should a missing/not fit for purpose piece of resuscitation equipment have the potential to result in a patient safety issue then this would lead to an automatic resuscitation trolley audit failure (Red).**

**8.3 Paediatric Resuscitation Equipment and Provision**

At Aintree site paediatric resuscitation equipment is available within the Emergency Department and Main A theatre recovery for use in the event of a paediatric cardiac arrest.

Compliance is checked by Emergency Department staff/ Theatre staff and overseen by the Clinical Education department.

At the Royal Liverpool site paediatric resuscitation equipment is available within the Emergency Department, St Pauls Theatres and Outpatient Department, Deputy Managers Office, ACU and Ward 9Y.

At Broadgreen site paediatric equipment available within the resuscitation equipment bag located with security.

At the Dental hospital paediatric equipment is available within the Theatre Department and Paediatric Department. The emergency trolleys within these have an additional paediatric airway drawer, additional venepuncture equipment and emergency drugs for paediatrics.

Compliance is checked by relevant clinical areas and overseen by the Clinical Education department.

16-18 year old patients are to be treated using adult resuscitation guidelines and equipment.

Patients less than 16 years of age are to be treated using paediatric guidance, requiring designated areas whereby this cohort of patients attend, undergo paediatric resuscitation training and provision of paediatric resuscitation equipment.

**8.4 Procurement of Resuscitation Equipment**

The Clinical Lead for Resuscitation is responsible for ensuring adequate provision of Resuscitation Equipment across the organisation. Cost of resuscitation equipment consumable items are procured by the Clinical Education Department and re-charged to the clinical divisions following use of equipment.

**8.5 Intra-Osseous Device**

The intraosseous device (IO) is a portable device which assists rescuers by providing access to deliver emergency medications and fluids required in a medical emergency / cardiac arrest. The intraosseous device is indicated for use in a medical emergency/ cardiac arrest situation when intravenous access is unable to be obtained or is not feasible.

IO kits are available in A&E, critical care and Medical emergency trollies (Aintree site) and via the Nurse Practitioners (Royal site).

To re-stock disposable items these are available from the central resuscitation stock cupboard located on, Ward 13 key obtained from security at main reception(Aintree site) and 11th floor theatre corridor key obtained from theatre recovery (staff to phone ahead out of hours).

For further information please review the IO device SOP:

<http://intranet.aintree.nhs.uk/sites/dms/Documents/Intraosseous%20Device%20SOP.pdf>

**8.6 LUCAS Mechanical Chest Compression Device**

The LUCAS mechanical chest compression device is intended for use to perform external chest compressions on adult patients who have a cardiac arrest.

The use of automated mechanical chest compression devices are a reasonable alternative to high quality manual chest compressions when sustained high quality manual chest compressions are impractical, for example, prolonged Cardio-Respiratory Resuscitation.

There are 2 LUCAS mechanical chest compression devices available for clinical use at both the Aintree and Royal sites. The devices on both sites are located within the Emergency Department (ED).

In the event that the LUCAS device is deemed suitable for use within a clinical area outside of the Emergency Department a member of the Medical Emergency Team (MET) may collect one of the LUCAS devices and transport for use across the Aintree or Royal site.

Further information regarding the use of the LUCAS mechanical chest compression device please review the LUCAS device SOP:

<http://intranet.aintree.nhs.uk/sites/dms/Documents/LUCAS%203%20Chest%20Compression%20Device%20SOP.pdf>

**8.7 Recommended Emergency Cardioversion Energy Levels**

The presence of life threatening symptoms and/ or signs will dictate the urgency and choice of treatment for most arrhythmias. For further guidance on the management of patients with life threatening arrhythmias please review appendix 8.

In the event that emergency electrical cardioversion is indicated the recommended energy levels to be delivered are;

**Aintree Site** Zoll R Series Defibrillator commence at 75 Joules (1st synchronised shock) 120 Joules (2nd synchronised shock) 150 Joules (3rd synchronised shock). Maximum energy level for device 200 Joules.

**Royal and Broadgreen sites** Lifepak 20e Defibrillator commence at 200 Joules (1st synchronised shock) 300 Joules (2nd synchronised shock) 360 Joules (3rd synchronised shock). Maximum energy level for device 360 Joules.

**9. Cardiac Arrest Activity Audit**

The Clinical Lead for Resuscitation are responsible for auditing all cardiac arrest events trust wide and reporting this data to the Deteriorating patient and Resuscitation Operational Group (DROG). Participation in the National Cardiac Arrest Audit (NCAA) data collection is recommended by Resuscitation Council (UK). The trust adheres to these recommendations and the Clinical Lead for Resuscitation are responsible for ensuring all cardiac arrest data is entered into the NCAA and report quarterly findings to DROG.

**10. Monitoring of Compliance**

| **Minimum requirement to be monitored** | **Process for monitoring e.g. audit/ review of incidents/ performance management** | **Job title of individual(s) responsible for monitoring and developing action plan** | **Minimum frequency of monitoring** | **Name of committee responsible for review of results and action plan** | **Job title of individual/ committee responsible for monitoring implementation of action plan** |
| --- | --- | --- | --- | --- | --- |
| Process to ensure compliance with Resuscitation Training (**section 6**) | Audit | Clinical/ Nurse Lead for Resuscitation | Quarterly | Education Governance Group | Clinical Education Department |
| Process for ensuring the continual availability of resuscitation equipment(**section 8**) | Audit | Clinical/ Nurse Lead for Resuscitation | Quarterly | Deteriorating patient and Resuscitation Operational Group | Clinical Education Department |
| Process to ensure all cardiac arrest events recorded and data entered to the NCAA (**Section 9**) | Audit | Clinical/ Nurse Lead for Resuscitation | Quarterly | Deteriorating patient and Resuscitation Operational Group | Clinical Education Department |
| |  | | --- | | Cardiac Arrest Activity (**Section 9**) | | Audit | Clinical/ Nurse Lead for Resuscitation | Quarterly | Deteriorating patient and Resuscitation Operational Group | Clinical Education Department |

# 11. Relevant Regulations, Standards and References

Quality Standards for Cardiopulmonary Resuscitation Practice and Training Acute Care Setting

<https://www.resus.org.uk/quality-standards/acute-care-quality-standards-for-cpr/>

Guidelines for the Provision of Anaesthetic Services

<https://www.rcoa.ac.uk/safety-standards-quality/guidance-resources/guidelines-provision-anaesthetic-services>

# 12. Equality, Diversity and Human Right Statement

The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This SOP should be implemented with due regard to this commitment.

# 13. Legal Requirements

This document meets legal and statutory requirements of the EU General Data Protection Regulation (EU 2016/679) and all subsequent and prevailing legislation. It is consistent with the requirements of the NHS Executive set out in Information Security Management: NHS Code of Practice (2007) and builds upon the general requirements published by NHS Digital/Connecting for Health (CfH).

# 14. Appendices

## Appendix1: Control Front Sheet

|  |  |  |  |
| --- | --- | --- | --- |
| **Author with contact details** | Emma Wilkinson- Hall, Clinical lead for Resuscitation, Ext 6279 | | |
| **Lead Executive/ Senior Manager** | Debbie Herring, Chief People Officer | | |
| **Original Issue date** | November 2020 | | |
| **Issue Date:** |  | **Review Date** |  |
| **Approval Group** | Education Governance Group | | |
| **Consultation** |  | | |
| **Location of Staff applicable to** | Liverpool University Hospitals NHS Foundation Trust | **Staff groups applicable to** | All |
| **Equality, Diversity And Human Right Statement** | The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This procedure should be implemented with due regard to this commitment. | | |
| **To be read In conjunction with / Associated Documents:** |  | **Information Classification Label** | **NHS Confidential**  **NHS Protect**  **Unclassified** |
| **Access to Information** | To access this document in another language or format please contact the Patient Information Co-ordinator [PIF@LiverpoolFT.NHS.UK](mailto:PIF@LiverpoolFT.NHS.UK) or Tel: Ext 2266 | | |

## Appendix 2: Equality Impact Assessment

|  |  |
| --- | --- |
| **Title** | Resuscitation Training Standard Operating Procedure |
| **Strategy/Policy/Standard Operating Procedure** | As above |
| **Service change**  **(Inc. organisational change/QEP/**  **Business case/Project** | Merged Resuscitation Training Provision Trust Wide |
| **Completed by** | Emma Wilkinson- Hall |
| **Date Completed** | 2/11/2020 |

|  |
| --- |
| **Description** (provide a short overview of the principle aims/objectives of what is being proposed/changed/introduced and the impact of this to the organisation) |
| Alignment of Resuscitation training services trust-wide. |

|  |
| --- |
| **Who will be affected** (Staff, patients, visitors, wider community including numbers?) |
| All staff employed by Liverpool University Hospitals NHS Foundation Trust |

**Section 1 – Initial analysis**

|  |  |  |
| --- | --- | --- |
| **Equality Group** | **Any potential impact?**  **Positive,**  **negative**  **or neutral** | **Evidence**  (For any positive or negative impact please provide a short commentary on how you have reached this conclusion) |
| **Age**  (Consider any benefits or opportunities to  advance equality as well as barriers across  age ranges. This can include safeguarding  consent, care of the elderly and child  welfare) | Neutral |  |
| **Disability**  (Consider any benefits or opportunities to  advance equality as well as impact on  attitudinal, physical and social barriers) | Neutral |  |
| **Gender Reassignment**  (Consider any benefits or opportunities  to advance equality as well as  any impact on transgender or transsexual  people. This can include issues relating to  privacy of data) | Neutral |  |
| **Marriage and Civil Partnership**  (Consider any benefits or opportunities to advance equality as well as any barriers  impacting on same sex couples) | Neutral |  |
| **Pregnancy and Maternity**  (Consider any benefits or opportunities  to advance equality as well as  impact on working arrangements, part time  or flexible working) | Neutral |  |

|  |  |  |
| --- | --- | --- |
| **Equality Group** | **Any potential impact?**  **Positive,**  **negative**  **or neutral** | **Evidence**  (For any positive or negative impact please provide a short commentary on how you have reached this conclusion) |
| **Race**  (Consider any benefits or opportunities to advance equality as well as any barriers  impacting on ethnic groups including  language) | Neutral |  |
| **Religion or belief**  (Consider any benefits or opportunities to advance equality as well as any  barriers effecting people of different  religions, belief or no belief) | Neutral |  |
| **Sex**  (Consider any benefits or opportunities to advance equality as well as any barriers  relating to men and women e.g.: same sex  accommodation) | Neutral |  |
| **Sexual Orientation**  (Consider any benefits or opportunities  to advance equality as well as  barriers affecting heterosexual people as  well as Lesbian, Gay or Bisexual) | Neutral |  |

**Section 3 – Action Plan**

You should detail any actions arising from your full analysis in the following table; all actions should be added to the Risk Register for monitoring.

|  |  |  |  |
| --- | --- | --- | --- |
| **Action required** | **Lead name** | **Target date for completion** | **How will you measure outcomes** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Following completion of the full analysis you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address

**Section 4 – Organisation Sign Off**

|  |  |  |
| --- | --- | --- |
| **Name and Designation** | **Signature** | **Date** |
| **Individual who reviewed the Analysis** |  |  |
| **Chair of Board/Group approving/rejecting proposal** |  |  |
| **Individual recording EA on central record** |  |  |

## Appendix 3: Roles and Responsibility

|  |  |
| --- | --- |
| **Role** | **Responsibility** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Appendix 4: Resuscitation Training Staff and Course Categories

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Applies To** | **How to access training** | **Expiry** |
| Level 1  Adult Basic Life Support  awareness | Non Clinical Staff  Lab Assistants  Podiatrists  Dieticians\*  SALT  Pharmacist/Technicians  Psychotherapists/Assistants  Phlebotomists  Chaplains  Optometrists  Biomedical Scientists | New staff members to complete BLS PowerPoint presentation via ESR. Information leaflet provided sequentially | 3 Yearly  \*Dieticians can opt-in to Level 3 training if job role requires. |
| Level 2  Adult Basic Life Support  Face to face training | Non-Acute Area Consultants\*  Health Care Support Workers (includes Nursing, Physiotherapy, OT, Radiology Assistants, ECT) | Annual attendance 1 hour BLS teaching. Dates available on Clinical Education/ Resuscitation webpage or via department cascade trainer | Annual  \*Non- Acute Area Consultants can opt-in to defibrillator training by attending a Level 3 session. |
| Level 3  Adult Basic Life Support with  Defibrillation  Face to face training | All other clinical staff | Attendance 1.5 hour BLS and defibrillation teaching. Dates available on Clinical Education/ Resuscitation webpage or via department cascade trainer | Annual |
| Paediatric Basic Life Support | Medical Emergency Team Nursing Staff (if relevant to role)  Nurse Clinicians  Dental Staff  Ophthalmology day case staff  Dermatology staff  Nurse Practitioners (if relevant to role) | Annual attendance BLS teaching. Dates available on Clinical Education/ Resuscitation webpage or via department cascade trainer | Annual |
| Paediatric Advanced Life Support | Consultants in Emergency Departments | Attendance 1 day course. | 4 Yearly  Must be accessed externally through Alder Hey (or other) and fee payable by the directorate. Attendance required at Trust level 3 BLS training in-between certification |
| Adult Immediate Life Support | Theatre Recovery Staff  ODP/ RN care conscious sedated patients  CT/MRI staff who cover out of hours service  Cardiac Physiologists  OPD attending MET call  Cardiac Rehabilitation RNs | 1/2 day e-learning package Attendance 1/2 day face to face course | Annual |
| Adult Advanced Life Support | Cardiologists  ED Consultants  Nurse Clinicians  MET Nurses  Nurse Practitioners (MET) | 1 day e-learning package Attendance to 1 day face to face course | 4 Yearly attendance at an internal/ external RCUK ALS course and fee payable by the directorate |
| Acute Illness Management Course | All registered nursing staff  Allied Health Professionals can opt on if relevant to role | Attendance 1 day course | 3 yearly |
| Bedside Emergency Assessment Course | All Band 2 / 3 / 4 Nursing staff (excluding Nurse Associates)  Allied Health Professional Support staff can opt on (if applicable) | Attendance 1/2 day course | 3 yearly |

**Appendix 5: Resuscitation Algorithms**

For Basic Life Support (BLS), staff must adhere to the Resuscitation Council (UK) Algorithm, which can be accessed via the following link:

https://www.resus.org.uk/resuscitation-guidelines/in-hospital-resuscitation/

For Advanced Life Support (ALS), staff must adhere to the Resuscitation Council (UK) Algorithm, which can be accessed via the following link: <https://www.resus.org.uk/resuscitation-guidelines/adult-advanced-life-support/>

For Resuscitation with an Automatic External Defibrillator, staff must adhere to the Resuscitation Council (UK) algorithm, which can be accessed via the following link:

https://www.resus.org.uk/resuscitation-guidelines/adult-basic-life-support-and-automated-external-defibrillation/

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Appendix 6**  **Aintree Resuscitation Trolley Checklist** | | | | | | | | | | | | | | | | | | | | | | | |
| Ward/Department - | | | | | | | | | | | | | | | | | | | | | | | |
| **COMPLETE DAILY OR IF USED- Tick items are present and in date** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOP + MIDDLE | |  |  | | | | | | | | | | | | | | | | | | | | |
| Oxygen cylinder + flowmeter ( Min 3/4 full) | | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suction device in date (PAT tested 4 yearly) | | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suction device tested & functional | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Defibrillator ( Daily test completed and plugged in to charge) | | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Spare battery (Zoll AED+ and Zoll M Series only) | | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Defibrillator pads | | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pocket mask | | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bag valve mask(size 5) reservoir with oxygen tubing connected & HME Filter | | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cardiac Arrest Proforma | | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Non-sterile gloves (s,m,l) | | 1 Box each |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug box (In date) | | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sharps bin | | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Slide Sheet (Unopened) | | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **COMPLETE EVERY MONDAY OR IF SEAL IS BROKEN - Tick items are present and in date** | | | | | | | | | | | | | | | | | | | | | | | |
| TOP DRAW | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Non-rebreathing oxygen mask with tubing | | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Guedel airway (Sizes: 2,3,4) | | 1 each |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Anaesthetic clear facemask (Size 4) | | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Magills forceps | | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nasopharyngeal airway (Sizes: 6,7) | | 1 each |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stethoscope | | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Yankuer catheter | | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Igel (Sizes 3,4,5) | | 1 each |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If Tag code doesn’t match to previous code full check to be completed | | Tag  Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BOTTOM DRAW | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ported Cannula: 14g-Orange, 16g- Grey ,18g- Green, 20g-Pink | | 4 each |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Syringes 2ml, 5 ml, 10ml, 20ml | | 4 each |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Safety Needles 21g, 23g, 25g,  Blunt fill filter needle 18g | | 4 each |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Arterial Blood Gas Syringes | | 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Small ChloraPrep for Cannulation | | 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cannula Dressing | | 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blood giving set | | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| E.C.G. electrodes (Specialised areas with pacing defibrillator ) | 1 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FFP3 Mask | 4 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eye Protection (goggles/visor) | 4 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surgical Gown | 4 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If Tag code doesn’t match to previous code full check to be completed | Tag Code | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Initials | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Resus stock to be obtained from Ward 13 Resus stock cupboard (keys to be obtained from Security).**

**Forms to be retained for audit purposes.**

ROYAL LIVERPOOL & BROADGREEN UNIVERSITY HOSPITALS

Clinical Education Department, 0151 529 5317

**EMERGENCY TROLLEY CONTENTS**

SUCTION MACHINE AVAILABLE ON TOP OF TROLLEY- READY TO USE WITH TUBING & YANKEUR SUCTION CATHETER ALL WITHIN SEALED PACKAGING

**TOP OF TROLLEY**

1x Oxygen cylinder at least 3/4 full, with oxygen tubing attached

1x Bag Valve Mask with HME Filter

1x Pocket mask - Disposable

1x Sharps container

1x Advisory/hands free defibrillator pads

1x Box medium gloves

**TOP DRAWER**

6x Sodium Chloride 0.9% flush – 10 ml pre- filled syringes

4x Safety needles - (blue/green/blunt)

2x Each size ported cannula

sizes14g - orange, 16g – grey, 18g – green

2x 3-way taps 2x Gauze swabs 1x Tape

4 x IV dressings

10x alcohol swabs

2x disposable tourniquets 2x Cling bandages

2x Arterial blood gas syringes

2x Syringes sizes 5, 10 and 20ml

**SECOND DRAWER**

1x Adult non-rebreather O2 mask 1x Oropharyngeal airways - size 2, 3 & 4

1x Nasopharyngeal airway size 6mm or 28F & 7mm or 32F

4x Sachets Lubricant

1x Resuscitation mask for neck breathers with one way valve

1x Catheter Mount with HME filter

1x Magills forceps - Disposable 1x Strong scissors

1x Stethoscope

1x Suction Catheter sizes10,12, 14 &16

1x Adult Yankauer Suction Catheter

1x iGel size - 3, 4 & 5

**THIRD DRAWER**

2x Blood giving set 1x IV giving set

1x 500ml Glucose 10% 1x 1000ml Hartmans

1x 1000ml Sodium Chloride 0.9%

6x Disposable gowns 6x FFP3 respirator

6 x Disposable eye protection

**BOTTOM OF TROLLEY**

2x Sealed bag of ECG electrodes (applicable to areas with multi-function defibrillator only)

1x Emergency drug box - in date

1x Spare ECG Roll (applicable to areas with multi-function defibrillator only)

1x Packet advisory hands free pads in date

***N.B***

**No additional equipment should be placed in this trolley, without consultation with a Resuscitation Officer on ext. 5637**

**The equipment in this trolley is single use and therefore must be disposed of correctly and replaced ASAP after every use or if out of date. Do not open packaging of items. Any items where packing has been opened is presumed used and therefore to be replaced.**

**PLEASE ENSURE THAT ALL EXPIRY DATES ARE CHECKED**

**ROYAL LIVERPOOL & BROADGREEN UNIVERSITY HOSPITALS**

Clinical Education Department ext.5637

**EMERGENCY TROLLEY CONTENTS**

**THEATRES AREAS ONLY**

SUCTION MACHINE AVAILABLE ON TOP OF TROLLEY- READY TO USE WITH TUBING & YANKEUR SUCTION CATHETER ALL WITHIN SEALED PACKAGING

1x Adult Yankauer suction catheter

1x Strong scissors

1x Bougie

1x 20ml Syringe

1x Fine bore suction catheter sizes 10,12,14,16 1x iGel sizes 3, 4 & 5

**THIRD DRAWER**

2x Blood giving set

1x IV giving set

1x 500ml Glucose 10%

1x 1000ml Hartmans

1x 1000ml Sodium Chloride 0.9%

4x Disposable gowns

4x FFP3 respirator

4 x Disposable eye protection

**BOTTOM OF TROLLEY**

2x Sealed bag of x3 ECG electrodes (applicable to areas with multi-function defibrillator only)

1x Emergency drug box - in date

1x Spare ECG Roll (applicable to areas with multi-function defibrillators only)

1x Packet advisory hands free pads

***N.B***

**No additional equipment should be placed in this trolley, without consultation with a Resuscitation Officer on 0151 529 5317**

**The Equipment in this trolley is single use and therefore must be disposed of correctly and replaced ASAP after every use or if out of date. Do not open packaging of items. Any items where packing has been opened is presumed used and therefore to be replaced.**

**PLEASE ENSURE THAT ALL EXPIRY**

**DATES ARE CHECKED**

**TOP OF TROLLEY**

1x Oxygen cylinder at least 3/4 full, with oxygen tubing attached

1x Bag Valve Mask with HME filter

1x Pocket mask - Disposable

1x Sharps container

1x Advisory/hands free defibrillator pads

1X Box medium size gloves

**TOP** **DRAWER**

6x Sodium Chloride 0.9% flush – 10 ml pre-filled syringes

4x Safety needles - (blue/green/blunt)

2x Each size **ported** Cannula sizes 14g - orange, 16g – grey, 18g – green

2x 3-Way taps

2x Gauze swabs

1x Tape

4 x IV dressings

10x alcohol swabs

2x disposable tourniquets

2x Cling bandages

2x Arterial blood gas syringes

2x Syringes sizes 5, 10 & 20ml

**SECOND DRAWER**

1x Adult non-rebreather O2 mask

1x Guedal airways - sizes 2, 3 & 4

1x Nasopharyngeal airway sizes 6mm

or 28F & 7mm or 32F

4x Sachets lubricant

1x Resuscitation mask for neck breathers with

one way valve

1x Cuffed endotracheal tubes of each size - sizes 6, 7, 8 & 9 (All tubes low pressure, uncut and in sealed packaging)

1x Catheter Mount with HME filter

1x Laryngoscope handle and

mac blades sizes 3 &4 single use

1x Intubation stylet

1x Stethoscope

1x Magills forceps – Disposable

1x Bandage/tape to secure ET tube

**ROYAL LIVERPOOL & BROADGREEN UNIVERSITY HOSPITALS**

Clinical Education ext. 5637

Adult Emergency Equipment Box Contents

1x Pocket mask – disposable **(Should be available on box)**

1x Oxygen Cylinder (minimum D/CD size) with tubing and at least ¾ full

**1 x BLUE DRUG BOX**

**Airway Drawer**

1x Pair of Magills Forceps – Disposable

1x Strong scissors

1x Guedal airway- sizes 2, 3 & 4

1x Adult Yankauer Suction Catheter

1x Resuscitation mask for neck breather with one way valve

1x iGel size 3, 4 &, 5

4x Sachets lubricant

**Available with box**

4x Disposable gowns

4x FFP3 respirator

4 x Disposable eye protection

**Sundry Items**

1x Blood giving set

4x IV dressings

2x **Ported** cannulas sizes 14g orange,

16g - grey, 18g - green

4x Safety needles of each size (blue/ green/blunt)

2x Arterial blood gas syringes

3x Sodium Chloride 0.9% flush – 10 ml pre-filled syringes

2x 10ml syringes

2x 3-way taps

1x Adult non-rebreather O2 mask

4x Packets gauze swabs

5x Alcowipes/medi-swabs

1x Bag Valve Mask with HME filter

1x 1000mls Hartmann’s Solution

1x 1000mls 0.9% Normal Saline

1x Hand held suction (if no other portable suction available – to be kept with box)

1x Small sharps bin

10x Security seals

**ROYAL LIVERPOOL & BROADGREEN UNIVERSITY HOSPITALS**

**Clinical Education ext. 5637**

Paediatric Emergency Equipment Box Contents

1x pocket mask - disposable **(Should be available on box)**

1 x Oxygen Cylinder (minimum D/CD size) with tubing and at least ¾ full

1x Paediatric Drugs Box

**Airway Draw**

1x of Each size 00, 0, 1, 2, 3 Guedel airway

1 X Laryngoscope handle and blade sizes 0, 00 & 1

1x Strong scissors

1x Endotracheal Tube (ET) of each size 3mm, 3.5mm, 4mm, 4.5mm, 5mm, 5.5mm, 6mm, 6.5mm, 7mm

(All ET tubes uncut, without cuff & remain sealed within packaging)

1x tape/bandage to secure ET tube

1x Magills forceps – paediatric

1x Paediatric Yankauer suction catheter

(with control port)

1x Fine Bore Suction Catheter gauge 8ch

1x Paediatric Intubation stylet

1x Catheter mount with HME filter

***N.B***

**No additional equipment should be placed in this trolley, without consultation with a Resuscitation Officer on 0151 529 5317**

**The Equipment in this trolley is single use and therefore must be disposed of correctly and replaced ASAP after every use or if out of date. Do not open packaging of items. Any items where packing has been opened is presumed used and therefore to be replaced.**

**Sundry Items**

2x Adult IV film dressing

1x Disposable tourniquet

1x Needleless connector

1x 50 ml & 1ml syringe

2x 10ml, 5ml and 2ml syringe

2x 3 way taps

4x Packets gauze swabs

2x **Ported** cannula sizes -16g,18g,20g,22g,24g

4x Needles sizes 21g, 23g, 25g,27g

1x Blood giving set

1x Burette giving set

1x Paediatric non-rebreather O2 mask

1x Bag Valve Mask with HME filter (500ml)

1x Facemask sizes 01, 2

5x Alcohol Swabs

1x Roll of Tape

1x 1000mls 5% Glucose.

1x 1000mls 0.9% Normal Saline.

1x Hand held suction with tubing

1x Small sharps bin

10x Box Security Seals

1x small sharps bin

10x Box Security Seals

1x Emergency Equipment Seal

Cardiac Arrest Forms + pen

**Available with box**

4x Disposable gowns

4x FFP3 respirator

4 x Disposable eye protection

**ROYAL LIVERPOOL & BROADGREEN UNIVERSITY HOSPITALS**

Clinical Education ext. 5637

Dental Hospital - Additional Paediatric Emergency Equipment

(Within Resuscitation Trolley)

**Sundry Items**

1x Needleless connector

1x 50 ml syringes

1x Burette giving set

1x High concentration oxygen mask – Child

**Airway Draw**

1x of each size 00, 0, 1, 2, 3 Guedel Airway

1x Disposable Laryngoscope handle and blade sizes 0,00, 1

1x Endotracheal Tube (ET) sizes 3mm, 3.5mmm,4.5mm, 5mm, 5.5mm, 6mm, 6.5mm, 7mm

(All ET tubes uncut, without cuff & remain sealed in their packet)

1x Magills forceps – Paediatric

1x Paediatric Yankauer Suction Catheter with control port and tubing

1x Fine bore suction catheter gauge 8ch

1x Paediatric Intubation stylet

1x Catheter mount

Laryngeal mask Airway sizes 2 and 2.5

**1 x Paediatric Drug Box**

**N.B.**

**No additional equipment should be placed in this trolley, without consultation with the Resuscitation Officer 0151 529 5317**

**The Equipment in this box once used or if out of date must be replaced ASAP.**

**PLEASE ENSURE THAT ALL EXPIRY DATES ARE CHECKED**

**ROYAL LIVERPOOL & BROADGREEN UNIVERSITY HOSPITALS**

Clinical Education ext. 5637

**EMERGENCY GRAB BAG FOR NON CLINICAL AREAS**

**CONTENTS**

1x Oxygen cylinder Size D or CD with tubing

1x Bag Valve Mask with HME filter

1x Pocket mask – disposable

1x Non re-breathing oxygen mask

1x Guedel airways - size 2, 3 & 4

1x Handheld suction with tubing

1x Strong scissors

2x pairs of latex free gloves

1x Resuscitation mask for neck breathers with one way valve

**Available with bag**

4x Disposable gowns

4x FFP3 respirator

4 x Disposable eye protection

**N.B**

No additional equipment should be placed in this emergency grab bag, without consultation with a Resuscitation Officer on 0151 529 5317

The Equipment in this grab bag is single use and therefore must be disposed of correctly and replaced ASAP after every use or if out of date. Do not open packaging of items. Any items where packing has been opened is presumed used and therefore to be replaced.

**PLEASE ENSURE THAT ALL EXPIRY**

**DATES ARE CHECKED**

ROYAL LIVERPOOL & BROADGREEN UNIVERSITY HOSPITALS

Clinical Education ext. 5637

**EMERGENCY TROLLEY CONTENTS AT SATELITE UNITS**

SUCTION MACHINE AVAILABLE ON TOP OF TROLLEY- READY TO USE WITH TUBING & YANKEUR SUCTION CATHETER ALL WITHIN SEALED PACKAGING

**IV FLUIDS DRAWER**

1x IV giving set

1x 500ml Glucose 10%

1x 1000ml Sodium Chloride 0.9%

**BOTTOM OF TROLLEY**

1x Advisory/hands free defibrillator pads

4x disposable gowns

4x FFP3 respirator

4 x disposable eye protection

1x Packet advisory/hands free defibrillator pads

**TOP OF TROLLEY**

1x Oxygen cylinder at least 3/4 full with oxygen tubing attached

1x Bag Valve Mask with HME filter

1x Pocket mask - disposable

1x Box of gloves (medium)

1x Sharps container

**AIRWAY DRAWER**

1x Adult non-rebreather O2 mask

1x Guedal airway sizes 2, 3 & 4

1x Nasopharangeal airway sizes 6mm or 28F & 7mm or 32F

4x Sachets lubricant

1x Resuscitation mask for neck breathers with one way valve

1x Magills forceps

1x Strong scissors

1x Stethoscope

2x Syringes sizes 5, 10 & 20ml

1x Adult Yankeur suction catheter

**N.B**

**No additional equipment should be placed in this trolley, without consultation with a Resuscitation Officer on ext. 0151 529 5317**

**The equipment in this trolley is single use and therefore must be disposed of correctly and replaced ASAP after every use or if out of date. Do not open packaging of items. Any items where packing has been opened is presumed used and therefore to be replaced.**

**PLEASE ENSURE THAT ALL EXPIRY DATES ARE CHECKED**

**Appendix 7**

**Action Plan for Recurrent Resuscitation Trolley Audit Failures**

Ward/Area:…………………………………………………………………………………………………

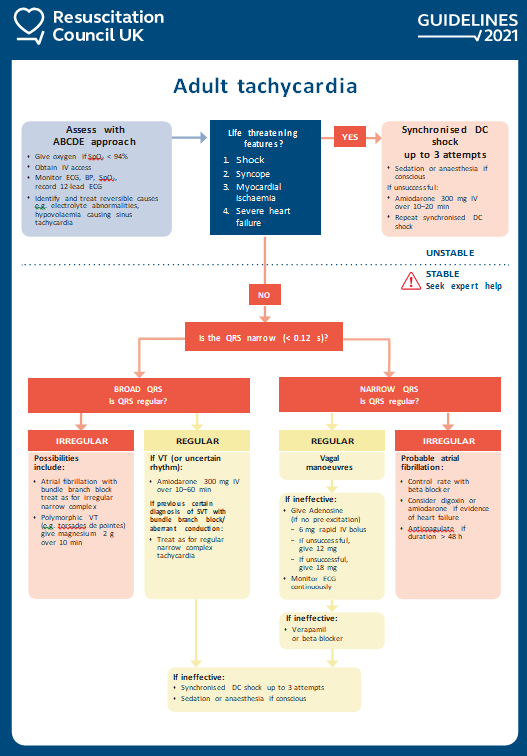
Department Manager:…………………………………………………………………………………

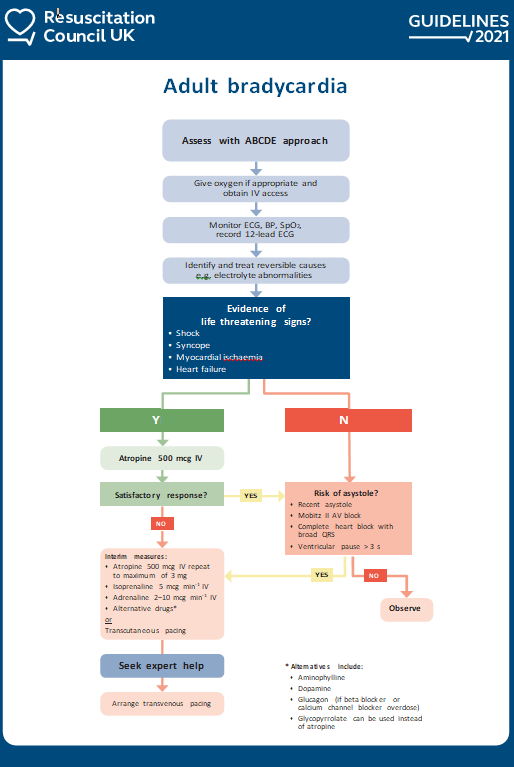
Date of action plan initiation:………………………………………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Failure / Quarter** | **Auditor** | **Reason(s) for failure & compliance %** | **Informed Persons** |
|  |  |  |  |
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This action plan aims to support Ward / Departmental Managers to achieve a sustained improvement in Resuscitation Trolley compliance by the next quarter: INSERT QUARTER DEADLINE HERE. The table below must be completed by the Ward / Departmental Manager with whom it will then be discussed in conjunction with the Trusts designated Resuscitation Leads. Any support required should be highlighted below or Managers should sign the action plan for assurance of compliance for future audits.

|  |  |  |
| --- | --- | --- |
| **Action Required** | **Support required to achieve this action**  (Complete if required) | **Ward / Departmental**  **Managers Signature** |
| Ensure staff are familiar with the contents of the Resuscitation Trolley. |  |  |
| Ensure staff have attended Basic Life Support Training |  |  |
| Ensure staff have been competency assessed in the use of suction & understand how to perform safety check |  |  |
| Ensure staff understand how to perform a daily check vs weekly resuscitation trolley check |  |  |

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