CareVille
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Basic Life Support Policy

CM05

Date Written	
Author(s)	
Version	
Date Signed Off	
Reviewed by	

Date: [ ]

Review Data

Initial Production

Name	Role/Department	RACI	Date

R = Responsible for writing the policy; A = Accountable; C = Consulted; I = Informed

Change History

Version	Date	Details of Change	Author

Emergency Contact Details

Name	Email	Mobile

CQC Fundamental Standards

Regulation Number	Regulation Details
Regulation 9: Person-centred care	The care and treatment of service users must reflect their preferences.
Regulation 18: Staffing	Persons employed by the service provider must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Key Lines of Enquiry

KLOE	How this applies to Basic Life Support
Effective	Ensuring staff have the essential knowledge to provide basic life support helps ensure the effectiveness of our service.
Responsive	Understanding and responding to the individual wishes of each service user makes our service responsive, adapting to individual needs.

Related Documents

This policy should be read in conjunction with our:

- CM11 - Confirmation of Death Policy
- CP08 - Duty of Candour Policy
- CM18 - End of Life Care Policy
- HR11 - First Aid Policy
- CM35 - Serious Untoward Incident Policy
- HR23 - Training, Development and Qualifications Policy

Policy Statement

All clinical staff employed by Careville Ltd are expected to be familiar with this policy and to be up to date in all components that make up Basic Life Support mandatory training.

All new clinical staff will attend a half-day Basic Life Support training session during their primary induction period.

Basic life support and cardiopulmonary resuscitation is one and the same thing. The terminology has been used interchangeably.

Policy Aims

- The aim of this policy is to ensure that staff must follow of the procedures in place to ensure prompt and effective management of any medical emergency where a respiratory or cardio-respiratory arrest is indicated.
- It also lays out the principles on which a "Do Not Attempt Resuscitation" decision may be made and describes the process for doing so. Guidance for staff on the issue of advance wishes or "living wills" as they are sometimes known is also included.

Key Question: What exactly is Basic Life Support?

Basic Life Support (BLS) is a lifesaving technique that can be used in the event of someone being in respiratory or cardio-respiratory arrest. Throughout this policy, we will refer to the technique as BLS.

Following someone suffering a cardio-respiratory arrest, their chances of survival are much improved if appropriate steps are taken to deal with the emergency. These steps are called the "Chain of Survival" which is taught through mandatory training;

- recognition that cardio-respiratory arrest has occurred
- early summoning of the emergency services
- early basic life support
- early defibrillation
- early advanced life support

The purpose of BLS is to maintain adequate ventilation and circulation until means can be obtained to reverse the underlying cause of the arrest. It is therefore, basically, a "holding operation" but is essential in helping to prevent irreversible brain damage due to a lack of oxygen. Delay in using BLS will lessen the eventual chances for a successful outcome for the service user.

BLS comprises:

- initial assessment,
- maintenance of the airway,
- expired air ventilation (rescue breathing)
- chest compressions

When to Use BLS

When a medical emergency occurs, staff will commence BLS in line with this policy.

Resuscitation must always be attempted unless: -

as "Do Not Attempt Resuscitation" decision (DNAR) has already been recorded and it is known that there are valid advance wishes.

The most exceptional circumstances apply e.g. decapitated victim, and the service user's physical condition leads to the doctor present pronouncing death.

The situation is dangerous and could cause considerable harm to you or someone else.

In cases of doubt resuscitation must be commenced and attempts made to identify the necessary information in order for an appropriate decision to be made.

The Sequence of BLS

1. Begin immediate initiation of one or two person BLS once a risk assessment of personal safety to attending staff has been made.
2. If additional appropriate equipment is available immediate use must be made of airway adjuncts and defibrillation techniques initiated, as appropriate.
3. When the crash team/ambulance crew arrive, they must be given a full and comprehensive history of events, including any pre-existing condition(s) the individual may suffer from.
4. The staff carrying out BLS must not stop and handover until they are instructed it is safe to do so by the crash team/ambulance crew.
5. Staff who are able to must offer prompt and effective assistance to the crash team/ambulance crew in the initiation of advanced life support techniques, as required.
6. The crash team/ambulance crew must be given all necessary assistance in making the arrangements for the casualty's early transfer to a general hospital, if this is what is clinically indicated.
7. Staff must complete the carbon-backed Resuscitation Record which can be found in the back of the Basic Life Support Bags or First Responder Bags– one copy of which must be given to the ambulance crew if they are transferring the casualty to an acute hospital. If the casualty is a service user, a second copy must be placed in their notes, and the third copy must be sent to the Service User Safety Lead, via the Risk Reduction Department.
8. All relevant documentation must be completed RIO, MDT notes & electronic 1R1 forms.
9. Any resuscitation equipment used in the resuscitation attempt must be replenished in line with local procedures.

Key Question: Will staff receive any BLS training?

Basic Life Support training will be provided for staff as part of their induction and, subsequently, as part of mandatory training, in accordance with Careville Ltd's Training and Development policy.

All frontline staff i.e. staff who have service user contact, who have attended and been assessed in BLS techniques will be competent in the following:

- Recognition of respiratory and cardio-respiratory arrest.
- Performance of both a one and two-man CPR rescue.
- Recognition of unconsciousness in an individual, and maintenance of a basic airway.
- Recognition of choking in an individual, and the application of all approved 'lay' techniques for the safe removal of a foreign body in the airway.
- Location of all types of resuscitation equipment within their respective site.
- The use of AEDs (for staff who have attended training in AEDs).
- Use of the correct procedures to check emergency equipment.

Automated External Defibrillator (AED) Use and Provision of Equipment

Electrical defibrillation is well established as the only effective therapy for cardiac arrest due to ventricular fibrillation (VF) or pulse-less ventricular tachycardia (PVT).The scientific evidence to support early defibrillation is overwhelming, the single most important determinant of survival being the delay from collapse to delivery of the first shock. Implementation of early defibrillation is therefore strongly recommended as per Resuscitation Council directives.

Careville Ltd will maintain contracts with external companies for the supply, provision and maintenance of BLS and AED equipment to all trust sites. Please see Medical Devices Policy

- An AED should be available within two minutes of any potential incident.
- The AED should also be switched on once a month.
- The checks should be recorded in a suitable log book that includes the type of check, and who has carried out the check.
- A designated Resuscitation Officer will carry out an annual audit of these manuals to ensure that checks are being completed.

Instructor Qualifications

Training and assessment must be provided by appropriately trained individual's i.e.

- National Health Service Resuscitation Training Officer,
- Advanced Life Support Provider or Instructor,
- Ambulance Service Training Officer, or
- First Aid Trainer accredited in AED training

Do Not Attempt Resuscitation" Decisions

BLS can be attempted on any individual in whom cardiac or respiratory function ceases. Failure of these functions is inevitable as part of dying, and thus BLS can theoretically be used on every individual prior to death. It is therefore essential to identify those service users for whom cardiopulmonary arrest represents a terminal event in their illness, and in whom BLS is inappropriate.

The factors surrounding a decision whether or not to initiate BLS involve complex clinical considerations and emotional issues. Service users, (and where appropriate their relatives and/or significant others) have as much right to be involved in these decisions as they do other decisions about their care and treatment. Therefore, communication and explanation of the decision both to relevant health professionals and people close to the service user is essential which is fully documented. However, DNA CPR is a clinical decision, and not a decision that can be made by family members unless they have an Enduring Power of Attorney.

Advance Wishes or Living Wills

A service users informed and competently made refusal (verbal or written) of treatment, relating specifically to the circumstances that have arisen, is legally binding upon doctors. Such a refusal of treatment may be referred to as an "applicable directive", an "anticipatory refusal" or "living will". The competently made advance directive remains legally binding even if the service user later does not have capacity.

Any advance wishes made by a service user who is not deemed to be mentally competent at the time of making it, is not legally binding.

In any case where the clinician has doubts or concerns regarding the service user's capacity to make this decision, legal advice must be sought and the matter referred to the courts for decision.

Key Points to Take Away

Specialist equipment will be required for the bariatric service user, which may include:

- BLS comprises: initial assessment, maintenance of the airway, expired air ventilation (rescue breathing), chest compressions.
- When a medical emergency occurs on Trust property (or in the case of community services, in the presence of Trust staff), staff will commence BLS.
- Basic Life Support training will be provided for staff as part of their induction and, subsequently, as part of mandatory training.
- The factors surrounding a decision whether or not to initiate BLS involve complex clinical considerations and emotional issues. Resuscitation should not be attempted if a DNAR has been recorded.

Policy Review

A Director will review this policy at least once a year to make any updates needed.

Authorisation and Signature

This Policy is the authorised version agreed by the Directors of Careville Ltd. All employees are expected to follow this policy and failure to do so could result in disciplinary action.

Director's Signature

Director