

Brief guide: Immediate Life Support training for services that may use restrictive interventions

Context and policy position

National Institute for Health and Care Excellence (NICE)¹ guidance recommends that any setting where restrictive interventions (rapid tranquilisation, restraint or seclusion) are used have immediate access to staff trained in immediate life support (ILS) and to appropriate ILS medication and equipment. In 2008, The National Patient Safety Agency (NPSA) issued a Rapid Response Report with similar recommendations². The Resuscitation Council (UK)³, NPSA² and NICE¹ recommend that:

- All clinical staff are trained to undertake cardiopulmonary resuscitation (CPR) and basic life support (BLS) in line with resuscitation council standards³.
- All clinically trained staff (doctors, registered nurses), who deliver or are involved in rapid tranquilisation, physical restraint and seclusion are trained in ILS. Training compliance, policy and rotas should ensure 24/7 access to ILS trained staff^{2,3}.
- Staff are provided with refresher training and opportunities to practice.
- Clinical staff are competent in and aware of the need to undertake vital signs observations, following use of restrictive interventions in line with NICE guidance^{1,4}.
- Emergency equipment is immediately available (within three minutes if shared between wards), including basic life support equipment (e.g. automated external defibrillator, self-inflating bag mask devices or mouth-to-mask devices)^{1,2}.
- This equipment is maintained and checked at least weekly¹.
- A leadership role is identified for resuscitation issues. The lead should audit and report on life-support training issues and act on any lapses^{2,3}.
- [Reference to ILS is made in different sections of information from The Resuscitation Council (UK)³, NPSA² and NICE¹. Relevant sections can be found by searching for immediate life support (ILS) via the links below]

Evidence required

Training:

- Are all relevant clinical staff trained in BLS and CPR, and all staff who may deliver or be involved in restrictive interventions trained in ILS?

¹<https://www.nice.org.uk/guidance/ng10/evidence/full-guideline-pdf-70830253>

²<https://webarchive.nationalarchives.gov.uk/20171030130815/http://www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=59895&p=2>

³<https://www.resus.org.uk/quality-standards/mental-health-inpatient-care-quality-standards-for-cpr/>

⁴<https://www.england.nhs.uk/wp-content/uploads/2015/12/psa-vital-signs-restrictive-interventions-031115.pdf>

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- Are BLS and ILS training in line with The Resuscitation Council (UK) guidelines and standards?
- Do staff have regular refreshers and participate in drills and practice runs overseen by resuscitation trainers. Are the findings from these addressed?
- Are staff trained in use of tools to monitor vital signs and how to recognise a deteriorating patient?

Equipment:

- Do patient areas have immediate access to BLS and ILS equipment and drugs (see footnote for list of required equipment and drugs⁵)?
- If defibrillators are shared between wards, can these reach all patient areas within three minutes (e.g. as demonstrated by timed practice runs)?
- Has emergency life support equipment been checked; with audit or equipment maintenance records showing ILS equipment is available and in working order?

Governance:

- Is there a named person who takes the leadership role for resuscitation issues?
- Is there a policy for restrictive interventions and emergency life support and is this up to date and in line with national guidance?
- Are levels of attendance at life support training routinely audited, reported to a senior level of the organisation, and any lapses acted on?
- Do duty rota records evidence availability of staff trained in ILS for all shifts and is this considered when completing future rotas?

Reporting

Findings will contribute to judgements within the ‘**safe**’ section of the report, and under ‘**safe and clean environment**’, ‘**safe staffing**’ and ‘**assessing and managing risk to patients**’ in the evidence appendix/detailed findings.

Findings will contribute to judgements within the ‘**effective**’ section of the report, and under ‘**skilled staff to deliver care**’ in the evidence appendix/detailed findings.

Information about the quality of the provider’s policy and quality of training provided to staff, on rapid tranquilisation and immediate life support, will also contribute to judgements about the key questions ‘**effective**’ and ‘**well-led**.’

Link to regulations

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Regulation 12 (2) (a-e) (Safe care and treatment), Regulation 17 (Good Governance) and Regulation 18 (Staffing) are most relevant.

⁵ <https://www.resus.org.uk/quality-standards/mental-health-inpatient-care-equipment-and-drug-lists/>

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Appendix A: Mapping to CQC's standard statements

Is the service safe

1. In the '**safe and clean environment**' section of **safe**, under '**Clinic room and equipment**' Evidence Appendix Summary Statement: "Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly" report:
 - Patient areas have immediate access to BLS and ILS equipment
 - Defibrillators are available to all patient areas within three minutes
 - Emergency life support equipment been checked; with audit or equipment maintenance records showing ILS equipment is available and in working order.
2. In '**safe staffing**' section of **safe** Evidence Appendix Summary Statement: "The service had enough staff on each shift to carry out any physical interventions safely" report:
 - Duty rota records evidence availability of staff trained in ILS for all shifts.
3. In '**safe staffing**' section of **safe** under '**mandatory training**' Evidence Appendix Summary Statement: "The mandatory training programme was comprehensive and met the needs of patients and staff" report:
 - x% of clinical staff trained in BLS and CPR (see PIR).
4. In '**safe staffing**' section of **safe** under '**mandatory training**' Evidence Appendix Summary Statement: "Managers monitored mandatory training and alerted staff when they needed to update their training" report:
 - Levels of attendance at life support training routinely audited, reported to a senior level of the organisation, and any lapses acted on.
5. In '**assessing and managing risk to patients**' section of **safe** under '**use of restrictive interventions**' Evidence Appendix Summary Statement: "Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards" report:
 - There is a policy for restrictive interventions and emergency life support that is up to date and in line with national guidance.

Is the service effective

1. In '**skilled staff to deliver care**' section of **effective** under Evidence Appendix Summary Statement: "Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff" report:

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- Staff who may deliver or be involved in restrictive interventions are trained in ILS. BLS and ILS training are in line with The Resuscitation Council (UK) guidelines and standards.
- Staff have regular refreshers and participate in drills and practice runs overseen by resuscitation trainers.
- Staff are trained in use of tools to monitor vital signs and how to recognise a deteriorating patient.

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