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Related Trust documents (to be read in conjunction with)

(Refer to the main body of the text)

CG6 - Clinical Guidelines for Advance Decisions and Statements (Mental Health and Learning Disability)

CG87 - Clinical Guideline of the Use of Early Warning Scoring System

CP75 – Ligature Risk Assessment Policy

RM05 - Restrictive Practice Policy

CLPG14B - Do Not Attempt Cardiopulmonary Resuscitation Clinical Procedure

RM05 - Restrictive Practice Policy

CG6 - Clinical Guidelines for Advance Decisions and Statements (Mental Health and Learning Disability)

CG87 - Clinical Guideline of the Use of Early Warning Scoring System

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1.0	[I/S]	CP8/Resuscitation/02/16 Merged policies; updated appendices; additional procedure Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)	01 July 2017
[2.0]	-	From archiving versioning went direct from v1 to v3	-
3.0	[I/S] Advancing Clinical Practice Lead	Full review	01 November 2019
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4.0	[I/S] Head of Deteriorating Patient Pathways and Resuscitation Training Officer and [I/S] Nurse Consultant.	3 year review; Removal of ESS training reference, Reference to Resuscitation Council (UK) Immediate Life Support, Inclusion of NEWS2 and updating of associated resuscitation Council (UK) guidance	01 March 2023
sV 1.0	Policy Team	Uploaded to SOPHIA document library	25 February 2025
sV 2.0	[I/S] Head of Deteriorating Patient Pathways and Resuscitation Training Officer	3-year review: Incorporating updated Resuscitation Council 2025 Guidelines Appendix 6 amended to reflect updated guidance, including the addition of Resuscitation Event Form completion. Appendix 9 amended to reflect storage location changes	11 March 2026

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		documented within Safety Alert INT GEN 25 006 – SWARM Early Learning (Resus). Appendix 13 amended and updated with information provided by the relevant subject matter experts. Appendix 16 added as it is referenced within the Policy. Appendices 9 and 11 amended to reflect the addition of NEWS2-related documents.	
sV 3.0	Policy Team	Minor Amendment: New version of Appendix 9 uploaded as author submitted wrong version in Error.	17 April 2026
			Date

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Policy on a Page Template

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1 Introduction

- 1.1 Essex Partnership University NHS Foundation Trust (EPUT) provides community health, mental health and learning disability services for a population of approximately 3.2million people in a variety of settings ranging from inpatient wards (mental health including adult, children's and adolescent, community physical health and nursing homes) to the patient's own home. In the event of a cardiac arrest in any setting, all EPUT staff must be able to recognise and respond appropriately to maximize the patient's chances of survival. In the event of a medical emergency patients, carers, staff and members of the public, will receive an appropriate emergency response, which will maximise their chances of survival.
- 1.2 Cardiopulmonary resuscitation (CPR - attempting to restart the heart and breathing) can be attempted on any person in whom cardiac or respiratory functions have ceased (also referred to as a cardiac or respiratory arrest). Failure of these functions is part of dying and therefore, CPR can theoretically be attempted on any individual as part of an attempt to preserve life.
- 1.3 Patients cared for within an inpatient setting, or their usual place of residence, can be particularly vulnerable to cardiac or respiratory arrest, as a direct result of a coexisting physical illness, self-harm, the effects of administered medication including rapid tranquilisation. This cohort of patients are also vulnerable to choking, through dysphagia associated with illnesses such as dementia, food bolting, pica (attempting to eat non-food items), intoxication, substance abuse and intentional self-harm. (NPSA, 2008)
- 1.4 The Resuscitation Council (UK) requires all healthcare staff to have ongoing training in basic life support, and additionally suggests that automated external defibrillators (AEDs) should be provided in any healthcare setting, that might reasonably expect to use them, at least once every five years.
- 1.5 In 2020, the Care Quality Commission published a document entitled 'Brief guide: Immediate Life Support training for services that may use restrictive interventions'. The document describes how the "National Institute for Health and Care Excellence (NICE) Clinical Guidelines NG10" (2015) 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 (2008/RRR010) with similar recommendations" (Care Quality Commission, 2020).
- 1.6 The RCUK document entitled 'Quality Standards: Mental health inpatient care' updated in May 2020, states that the "Resuscitation Council UK's Immediate Life (ILS) course is recommended as a minimum standard, for staff who deliver or are involved in, rapid tranquilisation, physical restraint and seclusion" (Resuscitation Council UK, 2020).

2 Principles

- 2.1 The purpose of this Policy is to ensure timely, safe, and appropriate cardiopulmonary resuscitation (CPR) within Essex Partnership University NHS Foundation Trust

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(EPUT), incorporating the current resuscitation guidelines, as published by the Resuscitation Council (UK), in 2025.

- 2.2 In the event of a cardiac arrest, every attempt to resuscitate the individual will be undertaken, utilising the guidance provided by the Resuscitation Council (UK), unless a valid DNACPR decision or a valid Advance Decision to Refuse Treatment (ADRT), refusing cardiopulmonary resuscitation, is in place (see CLPG14B DNA CPR procedure).
- 2.3 The Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) procedure (CLPG14B) should be referred to, in combination with these guidelines, to provide consideration to DNACPR orders, not other forms of care.
- 2.4 All inpatient service users and service users within specific community settings, including the Hospital at Home and Urgent Care Response teams are monitored for signs of physical deterioration using a national early warning scoring system (NEWS2). Service users within Child and Adolescent Mental Health Services (CAMHS) and specific children's community services are monitored using the National Paediatric Early Warning system (PEWS).

3 Scope

- 3.1 This policy applies to all staff employed by Essex Partnership University NHS Foundation Trust (EPUT), across all inpatient, community, and patient-facing settings. It provides guidance on the recognition and management of cardiopulmonary arrest in adults and children, including the delivery of cardiopulmonary resuscitation (CPR), use of emergency equipment, escalation procedures, and post-incident actions. The policy applies in Trust premises, patients' usual place of residence, and community settings, in which EPUT staff are providing care, and must be followed in conjunction with relevant Trust policies, national guidance, and Resuscitation Council (UK) 2025 guidelines.

4 Definitions / Glossary

Term	Definition / Meaning
Cardio-pulmonary Resuscitation (CPR):	The manual application of chest compressions, with or without artificial ventilations, delivered to patients in cardiac arrest, with the aim of preventing irreversible brain damage and death.
Do not attempt cardiopulmonary resuscitation (DNACPR)	Do not attempt cardiopulmonary resuscitation, where a clinical decision has been discussed and recorded in the patient's records not to attempt resuscitation. This is not to stop treatment but only includes restarting the heart once it stops to allow for a natural death.

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Term	Definition / Meaning
National Early Warning Scoring System (NEWS2) and Paediatric Early Warning Score (PEWS)	Incorporated into the physiological observation chart which highlights potential patient deterioration by assigning a score to vital signs that fall outside of normal parameters.
Basic Life Support (BLS)	The most basic certification of life support training for the initial recognition and management of patients in cardiac arrest, respiratory arrest and choking.
Resuscitation Council (UK) 'Immediate Life Support' training	ILS training builds upon the elements of BLS and provides a platform in which to recognise and treat the deteriorating patient utilising the ABCDE approach, identify the causes and promote the prevention of cardiopulmonary arrest and utilise non-technical skills such as team leadership and effective team membership.
Cardiac Arrest	Refers to the cessation of cardiac output. There is an abrupt loss of consciousness, no established breathing pattern, absence of a central pulse and/or no other signs of life.
Automated External Defibrillator (AED)	Is a medical device used to deliver a high energy electric shock to the heart of a patient in cardiac arrest. The devices use voice and visual prompts to guide staff during the resuscitation attempt, analysing the heart rhythm to determine the need for a shock. The staff will proceed to deliver the shock, when it has been confirmed that it is safe to do so.
SBAR	Situation, Background, Assessment, Recommendation A communication tool to facilitate effective communication of a clinical problem/emergency situation between clinicians or clinical teams.

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5 Duties

5.1 The Trust Board is responsible for ensuring:

- That the principles of this policy and other associated policies are implemented across the organisation;
- The necessary financial resources

5.2 The Executive Chief Operating Officer / Deputy CEO, Executive Nurse will ensure that:

- This Policy is embedded within clinical practice;
- This policy is reviewed and updated regularly, in accordance with recommended best practice and national guidance

5.3 The Head of Deteriorating Patient Pathways and Resuscitation Training Officer will ensure that: all cardiopulmonary arrests are audited and reported on a regular basis to the Resuscitation and Deteriorating Patient Group.**5.4 The Trust's Resuscitation and Deteriorating Patient Group** reports to the Harm Free Care Group and is responsible for all resuscitation issues in the Trust as follows:

- Examining and addressing issues relating to current and best practice, seeking expert advice when appropriate
- Planning and subsequent monitoring of resuscitation activity
- Approval of resuscitation related equipment utilised across all services
- Ensuring that any updated information or guidance, in accordance with the Resuscitation Council (UK) or other patient safety authority, is disseminated throughout the Trust

5.5 The Trust's Workforce Development Team will ensure the provision of training and education to meet identified needs.**5.6 The Consultant/GP in Charge** of the individual patient's care is responsible for individual patient treatment and clinical management, including decisions on resuscitation and DNACPR.**5.7 All Consultants** are responsible for ensuring that all medical staff, including temporary and locum staff, are aware of and understand this Policy.**5.8 Service / Unit Managers** are responsible for ensuring that:

- All staff, including new employees, whether temporary or permanent, are made aware of this policy.

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- All nursing staff working within an inpatient and specific community settings, including the Hospital at Home and Urgent Care Response teams, have had appropriate training in relation to the NEWS2 Scoring System (see CG87 Clinical Guidelines on the Use of NEWS2). Staff working within CAMHS and specific children's community services have had appropriate training in relation to the PEWS scoring system.
- Resuscitation equipment must always be readily available in the event of a cardiac arrest. The daily/weekly checks are carried out and signed, to ensure that resuscitation equipment is maintained in a ready-to-use condition and expiry dates have not lapsed.
- A debriefing session must be held with staff, following any resuscitation event.

5.9 Individual Staff-members: Will ensure that this policy is implemented and:

- Be familiar with the location of all resuscitation equipment within their working area and this must be covered on their ward induction.
- Ensure that resuscitation equipment is always readily available in the event of a cardiac arrest. The daily/weekly checks are carried out and signed, to ensure that resuscitation equipment is maintained in a ready-to-use condition and expiry dates have not lapsed. It is the responsibility of the nurse-in-charge to ensure the checks are completed.
- Following the conclusion of a resuscitation event, the clinician in charge or the a senior member of staff must ensure that all resuscitation equipment is cleaned, checked and, if necessary, replaced immediately, including all single use equipment, in accordance with infection control procedures.
- Maintain an awareness of the resuscitation status of all patients within their care, which will include those for whom a valid DNACPR order / Advance Decision to Refuse Treatment is in place
- Promptly commence CPR in the event of a cardiac arrest and contemporaneously complete the Resuscitation Event Form.
- Ensure a DATIX Incident Form is completed at the earliest possible opportunity, ensuring the completed Resuscitation Event Form is attached to the Datix.
- Be compliant with all required mandatory training, in accordance with identified learning needs

Additional requirements for staff working within an inpatient setting:

- Clinical staff will be responsible for undertaking physical health observations (vital signs), identifying those patients who are deteriorating from a physical health perspective and escalating the concerns accordingly, whilst supporting decision-making.

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- Clinical staff working within an inpatient setting, must use the NEWS2 or PEWS scoring system, for any patient who displays signs of deteriorating physical health.
- If the recording of vital signs is delegated to a support worker or student, the registered nurse must ensure that they are fully supervised.

6 Early Warning Scoring System and the Deteriorating Patient

- 6.1 The Trust has adopted the National Early Warning Scoring System (NEWS2) which is designed to recognise the deteriorating patient within the inpatient setting and specific community settings, including the Hospital at Home and Urgent Care Response teams (See CG87 Clinical Guidelines for the Use of National Early Warning Scoring System (NEWS2). Service users within Child and Adolescent Mental Health Services (CAMHS) and specific children's community services are monitored using the National Paediatric Early Warning system (PEWS).
- 6.2 The 'non-contact physical observations' tool must be used when it is not possible to record a service users physical health parameters (vital signs) i.e. the service user refuses to have their vital signs recorded or following rapid tranquilisation. Or in the case of children, if the children's community services are seeing 'well children' or the service user refuses to have their vital signs recorded. Within adult services the use of the tool must be documented on the front of the NEWS2 chart and for all services its use and any escalations (if applicable) must be recorded within the nursing notes, which are documented within the relevant electronic patient record (EPR). The adult and paediatric 'non-contact physical observations' tool is embedded within CG87 Clinical Guidelines on the Use of National Early Warning Scoring System (NEWS2).
- 6.3 In mental health and learning disability settings, baseline clinical observations and calculations of NEWS2 are to be recorded every 24 hours for the first 72 hours of admission unless more frequently recommended by the admitting doctor (See CG55 Physical Healthcare Clinical Guideline). If baseline clinical observations are considered by the multidisciplinary team to be within normal range after 72 hours, observations must then be recorded as a minimum as follows:
- Once daily for patients on older people's wards;
 - Every 7 days for patients on all other wards until discharged. This does not apply for patients who have been identified as being end of life. For these patients, the 'NEWS2 for end of life care tool' should be used.
- 6.4 The SBAR communication tool (Appendix 8) must be used when communicating with medical colleagues (including the Ambulance Service) in relation to a deteriorating patient, to ensure clear, concise and relevant information is relayed in a timely manner.

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7 Procedure for CPR

- 7.1 Staff must have undertaken either basic or intermediate life support training (depending on their role) and must be able to:
- Recognise an unresponsive patient, summon help and request the resus bag (inpatient setting), resus trolley (ECT suites and community physical health inpatient setting) or automated external defibrillator (AED), depending on location of incident and call (9)999 as soon as possible
 - Carry out an initial breathing assessment (either absent or abnormal). Start CPR if the patient is unresponsive and has absent or abnormal breathing. Attempt safe defibrillation, as soon as possible following collapse, using an automated external defibrillator or manual defibrillator (depending on location of incident)
 - Complete the 'Resuscitation Event Form' (Appendix 7) at the time of the incident (contemporaneously). A DATIX Incident Form must be completed at the earliest possible opportunity, ensuring the completed Resuscitation Event Form is attached to the Datix. A copy of the 'Resuscitation Event Form' must be located within the front pocket of the resus bag or stored within the resus trolley and additional copies can be printed via the Sophia platform (embedded within CLP14)
- 7.2 It is essential that the duty doctor is informed and they may need to contribute to the resuscitation event. They must liaise with the team of doctors caring for the patient and if within the community, the responsible lead and patients GP must be informed. Specific details relating to the roles and responsibilities of staff attending a resuscitation event and associated technical and non-technical skills, can be found within Appendix 6 and the supporting algorithms, which are to be followed when responding to a medical emergency are provided as Appendices 1-5.
- 7.3 Following the conclusion of a resuscitation event, the clinician in charge or a senior member of staff, must ensure that all resuscitation equipment is cleaned, checked and, if necessary, replaced immediately, including all single use equipment, in accordance with infection control procedures.
- 7.4 The patient's relatives must be informed of the resuscitation event as soon as is practicable by an appropriate member of staff.
- 7.5 Following return of spontaneous circulation (ROSC), the patient will be transferred to an acute hospital or specialist unit where on-going post-resuscitation care will be provided. Photocopies of relevant documentation i.e. details of next of kin, resus event form, current medication chart, care plan and associated mental health act paperwork must accompany the patient.

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- 7.6 In the event of a cardiac arrest or sudden collapse the Ambulance Service must be contacted immediately, via (9)999. When placing a call with the Ambulance Service from an inpatient setting, staff must utilise the 'Calling (9)999 in a Medical Emergency' document (Appendix 14). The exact location of the patient (i.e. specific ward or unit) must be shared with the Ambulance Service and the staff member must use the SBAR communication tool and be within close vicinity of the patient throughout the call. A copy of the 'Calling (9)999 in a Medical Emergency' document must be kept in the front pocket of the resus bag or stored with the resus trolley and additional copies can be printed via the Sophia platform (embedded within CLP14).
- 7.7 A nominated individual will assist in directing the ambulance, when arriving on site, and escorting emergency service personnel to the scene of the medical emergency.
- 7.8 In the event of a cardiac arrest in a patient's own home or elsewhere in the community, there is an expectation that emergency help would be summoned and CPR commenced where appropriate, in the absence of a DNACPR order.
- 7.9 If staff are unable to deliver rescue breaths, they should provide chest compression only CPR (i.e. continuous compressions at a rate of between 100–120 compressions per minute). (Resuscitation Council UK, 2025)
- 7.10 Community teams who are providing face to face patient care and are working within an EPUT or jointly owned building, must have access to an AED and have staff trained in basic life support. All staff need to be familiar with the areas within which they work and be aware of the location of AED's and when working off site in a public area, be aware of public access defibrillators (PAD).
- 7.11 Those trained only in adult BLS, who have no specific knowledge of paediatric resuscitation, should use the adult sequence they are familiar with, including the paediatric modifications if possible (Resuscitation Council UK, 2025).

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8 The Resuscitation Event Reporting Procedure

- 8.1 A copy of the 'Resuscitation Event Form' must be stored in the front pocket of the resus bag or stored within the resus trolley and must be contemporaneously completed and the outcome of the resuscitation event, clearly documented in the patient's record by the doctor and the clinician in charge. Additional copies can be printed via the Sophia platform (embedded within CLP14).
- 8.2 A DATIX Incident Form must be completed at the earliest possible opportunity, ensuring the completed Resuscitation Event Form is attached to the Datix
- 8.3 The Head of Deteriorating Patient Pathway and Resuscitation Training Officer will confirm if the Resuscitation Event Report Form has been completed following a resuscitation event and review, in order to identify examples of good practice, any knowledge or technical/non-technical skills shortfalls and potential lessons identified. The Head of Deteriorating Patient Pathway and Resuscitation Training Officer will provide support for the staff involved by attending SWARM huddles or debriefs and will deliver subsequent refresher training, if required.

9 Provision and Maintenance of Emergency Equipment and Drugs within Inpatient Settings

- 9.1 Resuscitation equipment (stored within a Trust approved resus bag) must be located in all inpatient clinical areas, to enable staff to carry out both basic and immediate life support. The provision of a resus bag, may be recommended in a specific community setting, by the Resuscitation and Deteriorating Patient group.

The minimum requirements, relating to emergency equipment provision within the in-patient area resus bags, is documented within Appendix 9. Resuscitation equipment must be procured in accordance with this standardised product list (which is accessible via the intranet) and has been compiled by the Medical Devices and Resuscitation and Deteriorating Patient Groups.

- 9.2 All mental health inpatient areas must have ligature cutters available within a designated storage location (indicated by a clearly displayed directional poster). Refer to the Trust CPG75 Ligature Risk Assessment & Management Procedure for further information.
- 9.3 In areas where additional expertise is readily available i.e. ECT Suite and there is a need for additional equipment i.e. anaesthetic machine, staff are responsible for checking and maintaining the equipment, using an approved local checklist.
- 9.4 Staff must be familiar with the location of all resuscitation equipment within their working area and this must be covered on their ward induction.

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- 9.5 Responsibility for the storage, maintenance and checking of resuscitation equipment resides with the manager of the clinical area where the equipment is located.

It is important and managers must ensure that resuscitation equipment is always readily available in the event of a cardiac arrest. The daily/weekly checks are carried out and signed, to ensure that resuscitation equipment is maintained in a ready-to-use condition and expiry dates have not lapsed. It is the responsibility of the nurse-in-charge and ward manager to ensure the checks are completed. The type of equipment will determine whether a daily or weekly check is required.

- 9.6 The resuscitation bag or trolley must be checked, restocked (if required) and re-tagged if:

- opened during a resuscitation event
- the tag is found to be missing or broken
- the tag number is different to the one documented at the last check
- when replacing any imminently expiring piece of equipment

- 9.7 When checking a portable (CD size) oxygen cylinder, it is important to take a reading from the gauge on the cylinder and ensure the cylinder valve hand wheel is in the ON position (as per EPUT internal alert (INT 2022 LL002) dated 08/08/2022).

- 9.8 In clinical areas where resuscitation trollies are deployed, (ECT suites and community physical health inpatient setting), staff must ensure that appropriate checking procedures are in place to ensure that equipment is ready for use at all times and that the trolley is restocked immediately if equipment is used.

- 9.9 Where specialist services are delivered there may be a need for additional equipment or drugs to be held in order to meet local or national guidance. Each service is responsible for ensuring any such guidance is adhered to with regard to procurement, training and regular up-dating of staff.

- 9.10 Within the Rainbow Unit (Linden Centre) there is both an adult and paediatric resuscitation bag present.

- 9.11 In-patient wards must hold medicines required for the management of common medical emergencies as part of their normal ward stock. As a minimum, all ward are required to hold the following:

- **Adrenaline** 1mg/ml solution for intramuscular injection (1:1000)
- **Aspirin** 300mg dispersible tablets
- **Glyceryl trinitrate (GTN)** 400 micrograms/metered dose sublingual spray
- **Glucagon** injection 1mg (Glucagen Hypokit®) (*to be stored in the medicines fridge*)

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- **Glucose** solution / tablets / gel / powder
- **Midazolam** 5mg/ml Oromucosal solution (buccal) *(to be stored in the CD cupboard)*
- **Salbutamol** 100 micrograms/metre-dose inhaler (with spacer)
- **Naloxone** 400 microgram/ml solution for injection ampoules
- **Flumazenil** 500 microgram/5ml solution for injection ampoules
- Rapid-acting insulin *(to be stored in the medicines fridge)*

This list will be reviewed regularly as part of on-going standardisation work across the Trust.

The above list represents the minimum requirement for all wards across the Trust. Specific areas may hold additional emergency medicines where clinically indicated and agreed locally.

Mental Health wards must also stock **procyclidine** 10mg in 2ml injection ampoules, in addition to the medicines listed above.

- 9.12 A quick-reference guide supporting the use these medicines in medical emergencies (as detailed in the Trust's Clinical guideline for Drug Allergy and the Treatment of Medical Emergencies – CG27), will be available on each ward to assist staff during emergency situations.

10 Post Incident Care

- 10.1 Resuscitation attempts are extremely demanding both physically and emotionally for patients, their relatives, carers and staff. Care should be taken to ensure that those people who may be traumatised by the incident are identified. Every effort should be made to support those involved by listening and offering appropriate support immediately following the incident and at a later stage. Staff may have very limited experience in traumatic events, such as a cardiac arrest and should discuss the different support options which are available to EPUT staff, with their Line manager.
- 10.2 10.2 Debriefing following a cardiac arrest must be handled with sensitivity. A nominated individual i.e. a Nurse in Charge, Ward Manager, Matron, Service Manager/Clinical Lead, Consultant or another member of the Senior Medical Team, must be identified, to facilitate the debrief and engage with patients, relatives, carers and staff who may have been affected following a resuscitation attempt. The debrief facilitation must be documented and recorded within the 'Action taken' section of the DATIX Incident Form.

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- 10.3 The objective is to provide support for those involved and for staff to learn from the incident, whilst allowing those involved the opportunity to discuss the event in a facilitated, constructive and supportive forum. Debriefing by a person with facilitation experience, should take place within seven days of the incident

11 Resuscitation Status and Decisions Relating to DNACPR

- 11.1 Please refer to the (DNACPR Procedure) for more detailed guidance.

12 Training requirements

- 12.1 As part of the induction process, staff must familiarise themselves with the location of emergency equipment within their clinical area (including the contents of the resus bag or trolley) and the resuscitation event reporting procedure.
- 12.2 The technical and non-technical skills relating to CPR training (both BLS and ILS) will be assessed during the mandatory 'face to face' annual life support training.
- 12.3 The Trust's Workforce Development and Training Department will provide training in accordance with the requirements of the clinical service and as set out within the Mandatory Training Policy. Training will be provided in accordance with the RCUK life support guidelines for both BLS and ILS, which will be current at the time of training delivery.
- 12.4 The Ward Manager, Matron or Service Manager/Clinical lead for each inpatient setting, will be responsible for ensuring that medical emergency simulations are undertaken every three months in the clinical environment. Each inpatient setting must record when a medical emergency simulation is facilitated, using the approved 'Medical Emergency Simulation Practice Report' document (Appendix 16).
- 12.5 Staff within an inpatient setting (adult and CAMHS) and specific community settings, including the Hospital at Home and Urgent Care Response teams will undertake training in relation to the use of NEWS2 or PEWS and the SBAR communication tool.

13 Monitoring and audit

- 13.1 **The Executive Nurse** is responsible for the monitoring and review of this policy and the related procedural guideline.
- 13.2 **The Resuscitation and Deteriorating Patient Group** will ensure the following:
- The CPR Policy is current and up to date and reflects the latest national guidance. An early warning system (NEWS2) or (PEWS) and escalation guidance is in place for the recognition of patients who are deemed to be deteriorating and are at risk of cardiac arrest

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- Post-resuscitation care requirements are communicated and shared with staff via appropriate life support training
- Review and approval of 'emergency equipment' and 'physical health' trust audit reports as required
- The Trust's expectations, in relation to life support training compliance (both BLS and ILS) is monitored and issues escalated as required

13.3 Assessment of compliance with this policy, will be monitored using information from several indicators, including:

- Review of completed 'Resuscitation Event' and Datix Incident Forms, following a CPR event
- Review of NEWS2 or PEWS charts preceding a cardiac arrest
- Use of correct documentation both preceding and during a resuscitation event
- The checking of emergency resuscitation equipment, as assured via the Tendable audit submissions
- Mandatory training compliance figures

13.3 An audit of the processes outlined in this Policy, will be undertaken at 3 yearly intervals (minimum) to ensure compliance. Reports will be submitted to the Resuscitation and Deteriorating Patient Group for review.

13.4 Medical emergency simulations must be facilitated and documented every 3 months, within a clinical environment, to identify potential knowledge gaps, opportunities for improvement and provide an opportunity for staff to practice essential life support skills, within a safe and controlled environment.

13.5 An annual report of resuscitation events and patient outcomes.

14 Approval and implementation

14.1 All policies, procedures and guidelines will be approved by the Resuscitation and Deteriorating Patient and Harm Free Care Group, which is the specialist group with the authority to approve local documents. These will then be forwarded to the Policy team for submission and ratification by the Policy Oversight and Ratification Group.

14.2 It is the author's responsibility to inform the Resuscitation and Deteriorating Patient, Harm Free Care Group and Learning from Death Oversight Group, once the Policy has been approved by Clinical Senate Part b and uploaded to the Sophia platform.

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15 Preliminary equality analysis

15.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

(Refer to appendix 17)

16 References

Resuscitation Council (UK) 2025. 2025 Resuscitation Guidelines. [online] Available at :< [2025 Resuscitation Guidelines | Resuscitation Council UK](#) > [Accessed 12 January 2025].

Resuscitation Council UK, 2020. Quality Standards: Mental health inpatient care. [pdf] Available at: <[Quality Standards: Mental health inpatient care | Resuscitation Council UK](#)> [Accessed 6 June 2022].

Care Quality Commission, 2020. Brief guide: Immediate life Support training for services that may use restrictive interventions. [pdf] Available at :< [20200325_briefguide-LifeSupportTraining.pdf \(cqc.org.uk\)](#)> [Accessed 6 June 2022].

National Patient Safety Agency, 2008. Rapid Response Report NPSA/2008/RRR010: Resuscitation in Mental Health and Learning Disability settings. [pdf] Available at: < [Microsoft Word - RRR010_Word.doc \(choiceforum.org\)](#)> [Accessed 2 October 2022].

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Appendix 1: Resuscitation Council UK 'Adult basic life support in community settings'

Saved as a separate form for ease of printing. Click [HERE](#) to open

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Appendix 2: Resuscitation Council UK 'Adult choking'

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Appendix 3: Resuscitation Council UK 'Anaphylaxis'

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Appendix 4: Resuscitation Council UK 'Paediatric out-of-hospital basic life support'

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Appendix 5: Resuscitation Council UK 'Paediatric choking'

Saved as a separate form for ease of printing. Click [HERE](#) to open

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**Appendix 6: Roles and responsibilities of staff attending a resuscitation event and associated technical and non-technical terms**

It is essential that the person who finds the collapsed individual immediately assesses the safety of the environment, checks for a response, calls for help and raises an emergency alarm, to alert others to the situation.

- The collapsed individual must be assessed for signs of life using the 2025 Resuscitation Council UK 'Basic life Support (BLS)' guidance and if appropriate, BLS should be commenced immediately. The lone rescuer should raise the alarm or contact emergency help, before commencing BLS.
- Other staff arriving at the scene must bring emergency equipment (included within the resus bag) to assist with the resuscitation attempt as quickly as possible. The AED must be switched on, attached to the patient as soon as possible and the instructions followed without delay.
- Early defibrillation and high quality, effective chest compressions are key to increasing the chances of survival. Defibrillation within 3–5 min of collapse can produce survival rates as high as 50–70%. Each minute of delay to defibrillation reduces the probability of the patients survival to Hospital discharge by 10-12%.(Resuscitation Council, UK)
- Ensure minimal interruptions to CPR when attaching the AED pads to the patient.
- Oxygen must be administered utilising a self-inflating, bag valve mask device with the airway managed as per Immediate Life Support (ILS) guidance.
- Consideration needs to be given to the surface on which the patient is lying and staff should be familiar with equipment used in their clinical setting, knowing how to carry out the emergency deflation of air mattresses or the neutral positioning of profiling beds, in order to facilitate high quality, effective chest compressions. If the mattress cannot be deflated, the patient is to remain on the bed and chest compressions are to be delivered to deeper depth, in order to compensate for the softer surface.
- Staff performing chest compressions should rotate approximately every 2 minutes to minimise the effect of fatigue on performance. Changing CPR providers should not interrupt chest compressions and resuscitation attempts should continue until there are signs of life or the emergency services have arrived and are ready to take over care of the patient.
- A suitable and competent, member of staff will carry out the role of team leader during the resuscitation attempt until such time the Ambulance Service arrives. These responsibilities will include ensuring:
 - a) The situation is assessed for any specific risks to staff or patient;
 - b) The patient is assessed to check for responsiveness and absent or abnormal breathing
 - c) Any additional assistance is summoned (Ambulance Service and on-call Doctor) at the earliest opportunity

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- d) Management and safety control of the environment
- e) Ensuring appropriate equipment (see Appendix 9-12) is available for the incident
- f) BLS is commenced (if required) without any delay by appropriately trained staff, ensuring ILS commenced as soon as possible by appropriately trained staff. An AED is brought immediately (if available) and set up to deliver a shock (if advised) without delay
- g) Tasks are assigned to team members who have the most appropriate skills
- h) That the appropriate documentation is completed during the resus event (Resuscitation Event Reporting Form)
- i) That emergency equipment is replenished immediately after the resuscitation attempt
- j) Witnesses, including other patients, staff and relatives who are involved/witness a resuscitation attempt are supported both during and after the resuscitation attempt

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Appendix 7: Resuscitation event reporting/audit

Saved as a separate form for ease of printing. Click [HERE](#) to open

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Appendix 8: Communicating Concerns and Documenting Discussions (SBAR Tool)

Saved as a separate form for ease of printing. Click [HERE](#) to open

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Appendix 9: Emergency Resuscitation Bag Equipment Check List

Saved as a separate form for ease of printing. Click [HERE](#) to open

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Appendix 10: Resuscitation Bag / Trolley Daily Checklist

Saved as a separate form for ease of printing. Click [HERE](#) to open

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**Appendix 11: Community Health Services (CHS) Inpatient Ward Resuscitation
Trolley Equipment Checklist**

Saved as a separate form for ease of printing. Click [HERE](#) to open

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**Appendix 12: Baby / Infant Resuscitation Bag / Equipment Weekly Full Inventory
Check**

Saved as a separate form for ease of printing. Click [HERE](#) to open

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**Appendix 13: A Report for Management of Emergency Equipment in Essex Specialist Treatment and Recovery Service (STaRS), Marginalised and Vulnerable Adults (MVA), and the Special Allocation Scheme / Additional Primary Medical Service (SAS/APMS)****1.0 INTRODUCTION**

- 1.1 When looking at saving a patient's life within our client group Naloxone is the most important piece of equipment to carry. The majority of deaths from drug misuse involve opioids. Opioid overdose, most commonly associated with heroin, can be due to the variety and limited awareness of the drug purity being consumed. Overdose is also associated with polysubstance use where the use of alcohol or benzodiazepines alongside heroin increases the depressant effect. Concurrent stimulant use (for example cocaine) can mask the depressant effect resulting in increased heroin dosage which further increases the likelihood of overdose. A recent trend for the use of heroin mixed with fentanyl has been linked to a number of overdose deaths reported late in 2016 and early in 2017. Fentanyls are synthetic opioids which have similar effects to heroin, but are more potent and toxic, meaning using a small amount can result in overdose and death.
- 1.2 In 2017 there were 2,310 drug misuse deaths in England; a 3.2% decrease on the previous year but still the second highest on record. Of the 1,829 deaths that were attributed to 'any opiate' on the death certificate, 59% involved heroin and morphine, 18% involved methadone and 4% fentanyl. This marks the first year that the number of drug misuse deaths has fallen since 2012. Between 2012 and 2017 drug misuse deaths in England increased by 60% and heroin related deaths doubled from 579 to 1164. The rate of drug misuse deaths in 2017 compared to 2016 fell slightly in all age groups except among the over 50s, a trend consistent with the ageing population of people who use drugs. The ageing cohort of heroin users is one of the factors identified as a cause of the rise in drug related deaths, due to deteriorating general health and increased susceptibility to overdose.
- 1.3 Naloxone is an opioid antagonist which temporarily blocks opioid receptors and reverses respiratory depression and sedation. With training, naloxone can be safely administered as an emergency antidote for opiate overdoses (PHE, 2018).

2.0 Scope

- 2.1 The emergency equipment required for staff to take on home visits/street outreach/satellite clinics are the following:-
- Lone worker device – charged and turned on
 - Mobile phone – charged and turned on
 - 2 x Take Home Naloxone kits
 - Face shield for mouth to mouth

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- 2.2 Carrying lone worker devices and mobile phones allows us to contact the emergency services, 999, immediately. While waiting for the Ambulance to arrive the member of staff can give the Take Home Naloxone, start CPR and mouth to mouth using the face shield. This alone will allow the member of staff to use basic life support while waiting for emergency services to arrive.
- 2.3 Carrying oxygen in staff cars has greater implications around Health and Safety and Fire risks plus cause issues regarding insurance. The portable oxygen cylinder is not very easy to carry around and impractical this is due to the weight and risks to the individual under the Manual Handling policy.
- 2.4 The main Essex STaRS sites (Colchester, Basildon, Harlow and Chelmsford) along with MVA (Ipswich) have the Trust approved Emergency bags (Grab bags) except for oxygen as these buildings do not have acceptable ventilation for storing oxygen. The SAS/APMS is based with MVA in Ipswich.

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Appendix 14: Calling (9)999 in a medical emergency

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Appendix 15: Defibrillator Check List

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Appendix 16: Medical Emergency Simulation Practice Report

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Appendix 17: Equality Impact Assessment [2024]

Please Note: An EIA must be attached to papers submitted to Board, the Executive Team or any other committee within EPUT. The Equality Impact Assessment (EIA) is designed to make sure that our policies, services and functions do not discriminate in line with the Equality Act (2010). The author must gauge the impact of what they propose against marginalised and minority groups.

How to complete this EIA

The lead assessor must be a member of the team leading the implementation of the service, function or project. If this is not the case, the final assessment should be approved by the lead before submission, examples of what warrants an EIA include:

- Introducing a new way of working into the Trust, or developing new services.
- Implementing new technology or processes.
- Creating a new policy or process that will affect staff in EPUT, or patients in their care.
- Implementing significant changes to an existing service, function or process within EPUT.

1) Review evidence: What evidence do you have that this may affect those from minority or marginalised communities? Have you looked at similar projects to identify best practice or discussed this in your team?

2) Consultation: Have you discussed this with stakeholders in the Trust or sought evidence?

- Involving staff or patients who would be impacted in the decision-making process
- Guidance from national organisations (*CQC / NHS Employers*)
- The Equality and Inclusion Hub (*on the staff intranet*)
- Input from Staff Equality Networks
- Reviewing this against good practice in other NHS Trusts

3) Provide rationale: Explain clearly why this project will not affect marginalised or minority groups in the section below. Discuss this with your team and ensure that you are involving as many diverse viewpoints as possible in the conversation. List your reasons clearly in the boxes overleaf.

The Equality and Inclusion Committee can review this and develop actions to support with implementation. You should also make a note on if this might benefit one group over others (for example, if an initiative improves the experience of those with disabilities or long-term conditions). This information can be used to suggest future improvements.

Submission: Please send a copy to [I/S] for approval by the Equality and Inclusion Committee. These will be reviewed and approved as part of the next committee meeting. Actions may be suggested if concerns are raised by the initial screening. Please ensure that clear actions for these concerns is part of the final EIA document.

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Date (DD/MM/YYYY)	25/02/2026	
Directorate / locality / department	Corporate Nursing	
Name of new policy / service / function	CLP14 – CPR Policy	
Is this a new policy / service / function or a change / review to an existing one?	No	
Name of person(s) completing this EIA and their role(s) within the Trust <i>(Inc. the lead assessor completing this assessment)</i>	Name: Nick Archer	Role: Head of Deteriorating Patient Pathways and Resuscitation Training Officer
	Name:	Role:
	Name:	Role:
Name of relevant director of services	Rebecca Pulford	
Contact email address of lead assessor	[I/S]	

Actions as a result of this EIA:

Actions developed if requested by the Equality and Inclusion Committee following completion of screening questions and project details:

E&IC suggested action (To be completed by the EIC in response to a concern raised by the screening questions overleaf)		How / when was this completed? (please provide a short summary of how this was addressed and when)
1		
2		
3		

This section to be completed by the Chair, following approval by the EPUT Equality and Inclusion Committee

Equality Impact Assessment Authorised by:			
Name:		Role:	
Date:			

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Screening Questions: *To be Completed by lead assessor:*

Does this work affect this group more / less favourably than another on the basis of:	Yes / No	What / where is the evidence / reasoning to suggest this?
Race, Ethnic Origins, Nationality (including traveling communities)	No	There is no evidence to suggest this
Sex (Based on Biological / Anatomical Sex; Male, Female or Intersex)	No	There is no evidence to suggest this
Age	No	There is no evidence to suggest this
Sexual Orientation Including Heterosexual, Lesbian, Gay, Bisexual or any other orientation.	No	There is no evidence to suggest this
People who are/were Married or are/were in a Civil Partnership	No	There is no evidence to suggest this
People who are Pregnant or are on Maternity / Paternity Leave	No	There is no evidence to suggest this, however, Occupational health advice should always be sought in relation to activities undertaken as part of their role
Transgender people , including those undergoing gender reassignment or those who do not identify as the gender they were assigned at birth	No	There is no evidence to suggest this
Religion or Belief Including an absence of belief or philosophical beliefs such as Veganism	No	There is no evidence to suggest this
Disability / Mental, Neurological or Physical health conditions Including Learning Disabilities	No	There is no evidence to suggest this
Other Marginalised or Minority Groups Carers, Low Income Families, people without a fixed abode or currently living in sheltered accommodation.	No	There is no evidence to suggest this