This is an official Northern Trust policy and should not be edited in any way

### Cardiac Arrest Management in Holywell Hospital

**Reference Number:**

NHSCT/09/202

**Target audience:**

This policy is directed to all staff within the Mental Health Directorate.

**Sources of advice in relation to this document:**

Deirdre Lewis, Nursing Services Manager  
Dr G Lynch, Clinical Director  
Oscar Donnelly, Director of Mental Health & Disability Services

**Replaces (if appropriate):**

Management of Cardiac Arrest in Holywell Hospital (MHD 09/08)

**Type of Document:**

Directorate Specific

**Approved by:**

Oscar Donnelly, Director of Mental Health & Disability Services - 20 July 2009  
Dr G Lynch, Clinical Director – 28 July 2009

**Date Issued by Policy Unit:**

21 October 2009  
(Replaced Staffnet Nov 2012 due to minor amendments)

**NHSCT Mission Statement**

To provide for all the quality of services we would expect for our families and ourselves
Mental Health & Disability Services

Operational Policy

Cardiac Arrest Management in Holywell Hospital

November 2008
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1.1 Background

Cardiopulmonary Resuscitation (CPR) must be attempted on any individual in whom cardiac or respiratory function ceases, unless there are specific instructions not to do so in the patient’s clinic record.

In order to achieve the standard required to manage cardiac arrest effectively the policy and procedural guidance on the management of cardiac arrest require to be reviewed.

1.2 Policy Aim

To provide clear comprehensive guidelines for the Management of Cardiac Arrest.

This policy is to be read in conjunction with the following policies:

- Infection Prevention and Control - Business Area - Staffnet
- Incident Management Policy and Procedure (NHSCT/09/127)
- Death of a Patient/Impending Death in a Mental Health Hospital Setting (NHSCT/12/608)
- Self-strangulation incidents (NHSCT/09/147)

1.3 Policy

- All patients suffering a cardiac arrest will be deemed suitable for CPR unless there is a clear entry in the patient’s notes to the contrary. (BMA and RCN 2002).
- It is the joint responsibility of medical and nursing staff to know whether CPR is to be carried out or not.
- Staff will be trained in the management of assessment and intervention required when dealing with a cardiac arrest.
- There will be regular training in the use of CPR making sure that techniques conform to European Resuscitation Council and Resuscitation Council (UK) Guidelines.
- All clinical staff who respond to arrests will have minimum Basic Life Support (BLS)
- Nursing Staff Co-ordinators and junior doctors, will receive training in immediate life support and in the use of Automated External Defibrillation.
• Emergency equipment will be held in identified clinical areas designated to respond to incidents of cardiac arrest. These are Tobernaveen Centre, Inver 4 and Tardree 1 (see Appendix 1).

• The nurse in charge of each designated clinical area will delegate a registered nurse to the role of co-ordinator who will respond to incidents of cardiac arrest.

• Through the process of induction new staff will be aware of how to raise the alarm and geographical location of emergency equipment within the hospital site.

• Incidents of Cardiac Arrest will be recorded using the Trust’s Documentation, and forwarded to the Electroconvulsive Therapy (ECT) manager in the ECT Suite (see Appendix 2). This will be completed by the person responsible for the clinical area where the arrest occurred, or from where the patient originated (if the arrest occurs in an outdoor area).

• An incident meeting with all staff involved in an arrest will be arranged by the ECT Manager. All staff must attend.

• Staff will follow the accompanying Procedural Guidelines for the Management of Cardiac Arrest.

1.4 Equality, Human Rights and DDA

This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the Trust to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories and no significant differential impacts were identified, therefore, an Equality Impact Assessment is not required.

1.5 Alternative formats

This document can be made available on request on disc, larger font, Braille, audio-cassette and in other minority languages to meet the needs of those who are not fluent in English.

1.6 Sources of Advice in relation to this document

The Policy Author, responsible Assistant Director or Director as detailed on the policy title page should be contacted with regard to any queries on the content of this policy.
1.7 General Issues

The person first on the scene will:

- Confirm arrest.
- Inform the switchboard (6666). State the location of arrest and repeat the message.
- The decision to contact Ambulance Control (9) 999 and request assistance because of cardiac arrest is made by the nurse or doctor.
- Commence cardio-pulmonary resuscitation (CPR).
- Continue uninterrupted CPR.
- Other staff (cardiac support and staff co-ordinator) will respond to the incident.

Response –

The following are the areas of responsibility (24 hours per day):

- Tobernaveen Centre will respond to arrests in the Tobernaveen units, the hospital grounds and the villa.
- Tardree 1 will respond to arrests in and around Tardree Unit.
- Inver 4 will respond to arrests in the main hospital building.

Cardiac Support Nurse (CSN):

The cardiac support nurse (CSN) is the registered nurse delegated by the nurse in charge of Tobernaveen Centre, Inver 4 and Tardree 1 to carry the emergency equipment.

The cardiac support nurse (CSN) will:

- Leave the ward immediately with the emergency resuscitation equipment, drug bag and defibrillation.
• On arrival at the scene of the arrest, place emergency equipment in the appropriate position and make sure that the equipment is switched on and set up properly.

• Assist the doctors with necessary equipment and drugs.

• The CSN will make sure that techniques regarding CPN conform to European Resuscitation Council and Resuscitation Council (UK) guidelines.

• After the emergency, the CSN will make sure that equipment is thoroughly cleaned and checked and accounted for and that tubes are replaced and defibrillator batteries are recharged.

• Attend the incident review meeting.

Medical Staff will:

• When bleeped, proceed to the scene of the incident.

• Assume overall medical control of the incident, and allocate tasks as appropriate.

• Attend the incident review meeting.

Nursing Staff Co-ordinator will:

• Assist the cardiac support nurse in their role at the scene of the cardiac arrest.

• Delegate senior staff to clear the area and await the arrival of the cardiac ambulance.

• Record the date and time of the incident, and all events occurring at the scene in order to facilitate the subsequent review of procedures.

• Forward an audit report to the ECT Manager within 1 week, and attend the incident review meeting (see Appendix 2).

The Switchboard Operator will:

• Alert all medical staff, the nursing staff co-ordinator or designated senior nurse and cardiac support staff making sure that the message is transmitted to each relevant bleep holder.

ECT Manager will:

• Co-ordinate and chair an incident review meeting and send a report to the Assistant Director Mental Health.
1.8

Date Procedure Agreed: 28 July 2009

Procedure accepted and agreed by:

Signature of Director of Mental Health Services: Mr Oscar Donnelly
Date: 20 July 2009

Signature of Clinical Director: Dr G Lynch
Date: 28 July 2009

1.9 Policy Team

Dr G Lynch, Clinical Director
Mr T Fleming, Assistant Director of Nursing
Mrs D Lewis, Nursing Services Manager
Sr S McLean, ECT Suite
Dr H Malone, Medical Office ECT Suite
SN P Scullion, Ward Manager
SN C Foster
SN D Convery
Sr L Waring, Nursing Staff Co-ordinator

1.10 Consultation

Directorate Governance Team
Medical Staff Committee via Chair
Dr A Collins, Consultant Psychiatrist ECT
Mrs D Martin, Nursing Services Manager
Mrs E Woolsey, Nursing Services Manager
Mrs D Lewis, Nursing Services Manager
Patients’ Advocacy Service
Sr T Cathcart, Accu AAH
1.11 References


Appendix 1

Relevant Bleep Holders

All Senior House Officers (SHOs/F2 Trainees)

Duty Doctor

Tobernaveen Centre, Inver 4 and Tardree 1 – carrying emergency equipment

ECT Suite

Nursing Staff Co-ordinator
**Cardiopulmonary Resuscitation Audit**

(Affix Addressograph label or enter details)

**Patient’s name**

**Address**

**Hospital**

**Hospital Number**

<table>
<thead>
<tr>
<th>Event times</th>
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<tbody>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Time team Called:</td>
<td></td>
</tr>
<tr>
<td>Time team Arrived:</td>
<td></td>
</tr>
<tr>
<td>Team Leader:</td>
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On arrival of team was cardiac compressions in progress?  
Y ☐  N ☐

**Type of arrest**

| Resp Arrest ☐ | Cardiac Arrest ☐ |

Peri-Arrest ☐ False call ☐ Last PEWS Score ☐

**Initial Rhythm:**

VF ☐ VT ☐ PEA ☐ ASYSTOLE ☐

---

**Airway Management:**

On arrival of team:

- None ☐ Mouth/Mouth ☐ Pocket mask ☐
- BVM ☐ LMA ☐ ETT ☐ Trache ☐

By team:

- BVM ☐ LMA ☐ ETT ☐ Trache ☐

**Who inserted LMA/ETT?:**

- Ward/Team nurse (delete as appropriate)
- Ward/Team Doctor (delete as appropriate)
- Other please state: ____________________________

Was Anaest called/why?  
Y ☐  N ☐

To intubate ☐  IV access ☐

Assess for ICU ☐  Other ________

---

**DOB:**

Male ☐  Female ☐

Location:

**Diagnosis on Admission:**

**Was Pt defibrillated?**

| Yes ☐  No ☐ |

If so by whom?:

- Ward/Team nurse (delete as appropriate)
- Ward/Team Doctor (delete as appropriate)
- Other please state: ____________________________

Time of first shock: ________

No of shocks: ________

**Drugs Given**

- Adrenaline ☐  Atropine ☐  Amiodarone ☐
- Others please state (including fluids):

**Immediate Outcome**

Time CPR stopped ________:

Reason: ____________________________

- Death ☐  ROSC ☐
- Return of breathing Y ☐  N ☐

**Probable cause of arrest:**

____________

Pt transferred to: ____________

DNAR placed post arrest? Y ☐  N ☐

Post mortem Y ☐  N ☐

(To be completed by Resuscitation Dept.)

Result of PM: ____________________________

Alive on discharge ☐

Any problems during arrest call please state overleaf.
Cardiopulmonary Resuscitation Audit

Were there any problems at arrest? Yes □ No □
If ‘Yes’ please specify

Form Completed by (Print Name) ______________________________