![C:\Users\XYZ\AppData\Local\Microsoft\Windows\INetCache\IE\ISQHTT4K\Vanamo_Logo[1].png]() **Promise Care Services Ltd**

 **BASIC LIFE SUPPORT**

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# Policy Statement

Resuscitation procedures are implemented for staff, visitors, and others present in the workplace experiencing a cardiac and/or respiratory arrest.

**- Assess scene safety before performing CPR.**

**- Check the sservice users airyway, breathing and circulation.**

**- Call 999 for ambulancce**

**- Call the office**

**- Perform CPR if you are confident enouggh**

In the event of a cardiac and/or respiratory arrest, resuscitation procedures are implemented only for those service users without a Do Not Attempt Cardiac Pulmonary Resuscitation (DNACPR) order or a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) plan in place.

A decision will be made in consultation with the service user, qualified staff, relatives/relevant person, and the doctor about the service user’s resuscitation status, according to clinical assessment and the service user’s choice. This decision will be documented in the care notes. A regular review of the service user’s DNACPR status will be undertaken by the staff and GP in co-operation with the service user.

**Resuscitation Council UK – Covid – 19**

Evidencehas emerged suggesting a low likelihood that airway management manoeuvres are aerosol generating, leading to the removal of airway management manoeuvres from the list of aerosol-generating procedures (AGP). The UK Resuscitation council ported that they are awaiting further evidence on whether chest compressions generate aerosol. Until such evidence emerges the UK Resuscitation council remain concerned that the provision of chest compressions and the proximity of the rescuer to the individual may constitute a risk of aerosol transmission.
In light of this new information, we recommend:

* The curriculum for training members of the public and healthcare professionals reverts to the guidance set by the UK Resuscitation council  quality standards
* Members of the public and healthcare professionals follow the  2021 guidelines for resuscitation
* For those working in healthcare settings, the use of FFP3 masks or respirators as well as eye protection is still recommended when performing chest compressions for individuals with suspected or confirmed COVID-19. AGP PPE, in particular FFP3 mask/respirator and eye protection, should be donned as swiftly as possible to avoid any delays.

Because of the heightened awareness of the possibility that the victim may have COVID-19, Resuscitation Council UK offers this advice:

* Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient’s mouth. If you are in any doubt about confirming the cardiac arrest, the default position is to start chest compressions until help arrives.
* Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.
* If there is a perceived risk of infection, rescuers should place a cloth/towel over the mouth and nose of the victim and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives. Put hands together in the middle of the chest and push hard and fast.
* Early use of a defibrillator significantly increases the person’s chances of survival and does not increase the risk of infection.
* If the rescuer has access to any form of personal protective equipment (PPE) this should be worn.
* After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

# Key messages from Resuscitation Council (RC)

# Ensure it is safe to approach the victim.

* Promptly assess the unresponsive victim to determine if they are breathing normally.
* Be suspicious of cardiac arrest in any person presenting with seizures and carefully assess whether the victim is breathing normally.

For the victim who is unresponsive and not breathing normally:

* Dial 999 and ask for an ambulance. If possible, stay with the victim and get someone else to make the emergency call.
* Start CPR and send for an AED as soon as possible.
* If trained and able, combine chest compressions and rescue breaths, 30 compressions and two rescue breaths; otherwise, provide compression-only CPR.
* If an AED arrives, switch it on and follow the instructions.
* Minimise interruptions to CPR when attaching the AED pads to the victim.

Do not stop CPR unless you are certain the victim has recovered and is breathing normally or a health professional tells you to stop.

Treat the victim who is choking by encouraging them to cough. If the victim deteriorates, ask them to stoop forward, give up to five back blows between the shoulder blades with the heel of the hand. If unsuccessful then follow with up to five abdominal thrusts:

* Clench your fist and place it between the umbilicus (navel) and the ribcage. Grasp this hand with your other hand and pull sharply inwards and upwards. Repeat up to five times
* If the obstruction is still not relieved, continue alternating five back blows with five abdominal thrusts.
* If the victim becomes unconscious, start CPR.
* The same steps can be followed for resuscitation of children by those who are not specifically trained in resuscitation for children. It is far better to use the adult basic life support (BLS) sequence for the resuscitation of a child than to do nothing.

# The Policy

# Adult Basic Life Support Sequence

From: Resuscitation Council (UK) Resuscitation guidelines: https://www.resus.org.uk/

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| --- | --- |
| **Sequence** | **Technical description** |
| Safety | **Make sure you, the victim, and any bystanders are safe** |
| Response | **Check the victim for a response** * Gently shake their shoulders and ask loudly, “are you all right?"

If they respond, leave them in the position in which you find them, providing there is no further danger. Try to find out what is wrong with them and get help if needed. Reassess regularly. |
| Airway | **Open the airway** * Turn the victim onto their back.
* Place your hand on their forehead and gently tilt their head back. With your fingertips under the point of the victim's chin, lift the chin to open the airway.
 |
| Breathing | **Look, listen, and feel for normal breathing for no more than ten seconds.** In the first few minutes after cardiac arrest, a victim may be barely breathing or taking infrequent, slow, and noisy gasps. Do not confuse this with normal breathing. If you have any doubt whether breathing is normal, act as if it is they are not breathing normally, and prepare to start CPR. |
| Dial 999 | **Call an ambulance (999)** * Ask a helper to call, if possible; otherwise, call them yourself.
* Stay with the victim when making the call, if possible.
* Activate the speaker function on the phone to aid communication with the ambulance service.
 |
| Send for AED | **Send someone to get an AED if available.** If you are on your own, do not leave the victim, start CPR. |
| Circulation | **Start chest compressions** * Kneel by the side of the victim.
* Place the heel of one hand in the centre of the victim’s chest (which is the lower half of the victim’s breastbone (sternum)).
* Place the heel of your other hand on top of the first hand.
* Interlock the fingers of your hands and ensure that pressure is not applied over the victim's ribs.
* Keep your arms straight.
* Do not apply any pressure over the upper abdomen or the bottom end of the bony sternum (breastbone).
* Position your shoulders vertically above the victim's chest and press down on the sternum to a depth of 5–6 cm.
* After each compression, release all the pressure on the chest, without losing contact between your hands and the sternum.
* Repeat at a rate of 100–120 min-1.
 |
| Give rescue breaths | **After 30 compressions, open the airway again using head tilt and chin lift and give two rescue breaths.** * Pinch the soft part of the nose closed, using the index finger and thumb of your hand on the forehead.
* Allow the mouth to open but maintain chin lift.
* Take a normal breath and place your lips around their mouth, making sure that you have a good seal.
* Blow steadily into the mouth while watching for the chest to rise, taking about 1 second as in normal breathing; this is an effective rescue breath.
* Maintaining head tilt and chin lift, take your mouth away from the victim and watch for the chest to fall as air comes out.
* Take another normal breath and blow into the victim’s mouth once more to achieve a total of two effective rescue breaths. Do not interrupt compressions by more than 10 seconds to deliver two breaths. Then return your hands without delay to the correct position on the sternum and give a further 30 chest compressions.
* Continue with chest compressions and rescue breaths in a ratio of 30:2.

If you are untrained or unable to do rescue breaths, give chest compression only CPR (i.e. continuous compressions at a rate of at least 100–120 min-1). |
| If AED arrives | * Switch on the AED.
* Attach the electrode pads on the victim’s bare chest.
* If more than one rescuer is present, CPR should be continued while electrode pads are being attached to the chest.
* Follow the spoken/visual directions.
* Ensure that nobody is touching the victim while the AED is analysing the rhythm.

**If a shock is indicated, deliver shock:** * Ensure that nobody is touching the victim.
* Push the shock button as directed (fully automatic AEDs will deliver the shock automatically).
* Immediately restart CPR at a ratio of 30:2.
* Continue as directed by the voice/visual prompts.

**If no shock is indicated, continue CPR :*** Immediately resume CPR.

Continue as directed by the voice/visual prompts |
| Continue CPR | **Do not interrupt resuscitation until:** * A health professional tells you to stop.
* You become exhausted.
* The victim is definitely waking up, moving, opening eyes, and breathing normally.

It is rare for CPR alone to restart the heart. Unless you are certain the person has recovered continue CPR. |
| Recovery position | **If you are certain the victim is breathing normally but is still unresponsive, place in the recovery position.** * Remove the victim’s glasses, if worn.
* Kneel beside the victim and make sure that both their legs are straight.
* Place the arm nearest to you out at right angles to their body, elbow bent with the hand palm-up.
* Bring the far arm across the chest and hold the back of the hand against the victim’s cheek nearest to you.
* With your other hand, grasp the far leg just above the knee and pull it up, keeping the foot on the ground.
* Keeping their hand pressed against their cheek, pull on the far leg to roll the victim towards you onto their side.
* Adjust the upper leg so that both the hip and knee are bent at right angles.
* Tilt the head back to make sure the airway remains open.
* If necessary, adjust the hand under the cheek to keep the head tilted and facing downwards to allow liquid material to drain from the mouth.
* Check breathing regularly.

**Be prepared to restart CPR immediately if the victim deteriorates or stops breathing normally.** |

The Resuscitation Council has provided further ‘Guidance for safer handling during cardiopulmonary resuscitation in healthcare settings’, issued in July 2015. It aims to provide guidance to care providers and resuscitation officers involved in the delivery of cardiopulmonary resuscitation: https://www.resus.org.uk/

# Choking

Choking is an uncommon but potentially treatable cause of accidental death. As most choking events are associated with eating, they are commonly witnessed. As victims are initially conscious and responsive, early interventions can be life-saving.

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| --- | --- |
| **Sequence** | **Technical description** |
| Suspect choking | **Be alert to choking, particularly if the victim is eating.** |
| **Encourage to cough** | **Instruct victim to cough.** |
| **Give back blows** | **If the cough becomes ineffective, give up to five back blows:** * Stand to the side and slightly behind the victim.
* Support the chest with one hand and lean the victim well forwards so that, when the obstructing object is dislodged, it comes out of the mouth rather than goes further down the airway.
* Give five sharp blows between the shoulder blades with the heel of your other hand
 |
| Give abdominal thrusts | **If back blows are ineffective give up to five abdominal thrusts:** * Stand behind the victim and put both arms around the upper part of the abdomen.
* Lean the victim forwards.
* Clench your fist and place it between the umbilicus (navel) and the ribcage.
* Grasp this hand with your other hand and pull sharply inwards and upwards.
* Repeat up to five times.

If the obstruction is still not relieved, continue alternating five back blows with five abdominal thrusts. |
| **Start CPR** | **If the victim becomes unresponsive. Start CPR:*** Support the victim carefully to the ground.
* Immediately activate the ambulance service.
* Begin CPR with chest compressions.
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# Resuscitation of Children and Victims of Drowning

Many children do not receive resuscitation because potential CPR providers fear causing harm if they are not specifically trained in the resuscitation of children. This fear is unfounded: it is far better to use the adult BLS sequence for the resuscitation of a child than to do nothing. For ease of teaching and retention, laypeople are taught that the adult sequence may also be used for children who are not responsive and not breathing normally. The following minor modifications to the adult sequence will make it even more suitable for use in children:

* Give five initial rescue breaths before starting chest compressions.
* If you are on your own, perform CPR for 1 minute before going for help.
* Compress the chest by at least one-third of its depth, approximately 4 cm for the infant and approximately 5 cm for an older child. Use two fingers for an infant under 1 year; use one or two hands, as needed, for a child over 1 year to achieve an adequate depth of compression.

The same modifications of five initial breaths and 1 minute of CPR by the lone CPR provider, before getting help, may improve the outcome for victims of drowning. This modification should be taught only to those who have a specific duty of care to potential drowning victims (e.g. lifeguards).

# Actions after the Event Documentation

* Following successful treatment for choking, foreign material may nevertheless remain in the upper or lower respiratory tract and cause complications later.
* Victims with a persistent cough, difficulty swallowing, or the sensation of an object being still stuck in the throat should therefore be referred for an immediate medical opinion.
* If the service user is taken into the hospital, their care passport will be required to go with them. A member of staff will accompany them if staffing levels permit.
* Relatives or their representatives will be contacted and informed of where the service user has been taken.
* If a member of staff has required BLS, their next of kin will be contacted.
* If the next of kin is unknown or unable to be contacted, the police should be informed, and they will find and inform.
* All records in the service user’s care plan will be updated immediately, and the manager informed.
* Accident or incident reports must be completed.
* A notification will be sent to CQC if required by Regulation 20 of the Health and Social Care Act 2008 Regulated Activities (Regulations 2014).

# Related Policies

Advance Care Planning

Assessment of Need and Eligibility

Care and Support Planning

DNACPR

First Aid

Training Development and Qualifications

# Related Guidance

Resuscitation Council:

www.resus.org.uk/

Resuscitation guidelines/adult basic life support guidelines:

https://www.resus.org.uk/library/2021-resuscitation-guidelines/adult-basic-life-support-guidelines

Resources: https://www.resus.org.uk/library/additional-guidance/guidance-covid-19

Recommended Summary Plan for Emergency Care and Treatment (ReSPECT):

https://www.resus.org.uk/

# Training Statement

Staff will receive mandatory training in BLS and must ensure that knowledge and skills are updated at least every three years.

All staff, during induction, are made aware of the organisation’s policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary, and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used, including one to one, online, workbook, group meetings, and individual supervisions.

Date Reviewed: May 2023

Person responsible for updating this policy: **IFEYINWA ODOEMENAM**

Next Review Date: May 2024