THE STATE HOSPITALS BOARD FOR SCOTLAND

MEDICAL EMERGENCY POLICY

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REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)	☐

Changes required to policy (evidence base checked) ☒

Summary of changes within policy:

December 2021 review

- Minor changes to resuscitation equipment that have occurred since policy last reviewed
- Change to reflect greater availability of AGP PPE Bags to assist staff with resuscitation efforts
- Removal of need for resuscitation radios, given greater availability of AGP PPE
- A move back to 1 Duty Resuscitation Nurse, given increased confidence that staff in vicinity will be able to safely assist the resuscitation effort
- Change of location for Emergency Grab Bag Medical Staff

September 2022 revision

Addition of narrative within:

- Section 5.2 Emergency Drugs Bag (Pharmacy red bag)
- Appendix 4: Drug Bag Contents

October 2022 revision

Update to checklists:

- Appendix 3: Emergency resuscitation equipment checklist (for each bag)
- Appendix 4: Drug Bag Contents

March 2024 revision

Update to checklist:

- Appendix 4: Drug Bag Contents

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1. Purpose

This policy including procedures was developed to ensure consistent/standardised practice for dealing with Medical Emergencies within the Hospital.

2. Scope

All situations where there is or seems to be a need to administer Resuscitation / Medical Emergency treatment on a patient, member of staff or visitor (NB The defibrillator is not suitable for use in children under the ages of 8 years). The policy and procedures target situations where a person (patient, staff member or visitor) suffers apparent cessation of circulation or breathing, significant trauma or catastrophic blood loss. **In this type of event a Duty Resuscitation Nurse will deliver immediate life support until the arrival of the Scottish Ambulance Service.**

The policy is not designed to cope with lesser episodes of illness or injury or to provide any diagnostic service; advice should be sought from a hospital first aider if appropriate.

3. Background

This document updates the previous resuscitation policies in the light of changes in staff roles, other developments in the hospital and lessons learned from past incidents.

4. Medical Emergency Policy

The Medical Emergency policy is applicable to all patients / visitors / staff in The State Hospital.

To this end we will provide prompt effective emergency treatment and cardio- respiratory support with assistance from the ambulance service for urgent removal to a general hospital for further treatment where necessary.

The only exceptions will be those who are known to be terminally ill and for whom the clinical team (after consultation with any other relevant clinicians and with the patient and their family) have decided **that a DO NOT ATTEMPT RESUSCITATION approach is appropriate** Such an exceptional decision should be thoroughly documented and known to all those involved in the individual's care.

(see CP49 Death of a Patient/ End of Life Care Policy and Procedure)

IF IN DOUBT TREAT

5. Equipment

5.1 Location of Emergency Equipment for Resuscitation

Emergency equipment (Defibrillator, Emergency Drugs Bag {Pharmacy red bag} and Emergency Resuscitation Bag {big orange rucksack}) will be stored within: the security reception area; the dispensary area of Ward 2 in each Hub; the Dental suite and in the Skye Centre.

The Lead Nurse/designated deputy for each Hub will be responsible for maintenance, checking and ordering replacement equipment/stock on each hub. In the Skye Activities Centre responsibility will lie with the Nursing Team Leader (or designated deputy). The Dental Nurse is responsible for all equipment within the dental suite.

The Lead Nurse/designated deputy in Lewis Hub will take overall responsibility for the equipment within the security reception area, though this will be checked by the night duty Senior Clinical Cover.

All defibrillators need to be checked on a daily basis. This simply involves checking that the green light is flashing. Medical Physics (from Wishaw General Hospital) check all of the defibrillators on a 6 monthly basis. Any faults should immediately be reported to the Estates helpdesk on extension 2100.

All emergency resuscitation bags need to be checked on a weekly basis.

The contents of the emergency drugs bags will be checked through the weekly checks. In addition, the expiry dates of all medicines held within the emergency drugs bag will be recorded centrally by Pharmacy and replacements will be made as necessary.

5.2 The Emergency equipment consists of:

- **Defibrillator**
- **Emergency Drugs Bag (Pharmacy red bag) –**Emergency Drugs Bags are kept in the following locations: Arran 2, Iona 2, Lewis 2, Mull 2 ward treatment rooms (surgeries), the Health Centre (emergency cupboard), Security (reception) and Skye Centre (reception area). These bagsfacilitate rapid access to medicines that may be required at the scene. Any administration of medication will require a valid prescription to be in place to allow administration in line with The Safe Use of Medicines Policy (CP06). The only exception is Adrenaline for anaphylaxis, which can be given without a prescription being in place.
- **Emergency Resuscitation Bag (big orange rucksack)**
- **AGP PPE Bags –** 3 grey sealed plastic bags will sit next to the Emergency Resuscitation Bag. These will contain PPE for AGPs suitable for all staff. These should be transported with the Emergency Resuscitation Bag to any emergency for staff immediately responding.
- **Emergency Grab Bags (small red rucksack) –** Contained within this will be a selection of Tyvek suits and fluid resistant gowns, FFP3 masks, visors/goggles and gloves for carrying out AGPs. These will be located in the Key Room. These should be returned to the key room when staff complete their shift.

6. Duties of the Duty Resuscitation Nurse, Nurses in Charge of the Hubs, Skye Centre and responsible Senior Clinical Cover Nurses.

6.1 It is the expectation of the State Hospital that every Registered Nurse undertakes Intermediate Life Support training (see section 9) and will be expected to undertake the duties of the Duty Resuscitation Nurse.

The expectation will be that all Registered Nurses will be tested with regards to their suitability to wear a FFP3 mask to ensure that they can undertake their role safely. If a member of Nursing Staff is unable to wear a FFP3 mask, or if they are unable to have contact with a patient with suspected or proven Covid 19, then they will not be able to perform the DRN role. This will require to be reviewed by their immediate line manager and will be considered within nursing resourcing in supplying staff for the DRN role.

6.2 In the event of a medical emergency the Duty Resuscitation Nurse (DRN) will attend the location of the emergency where they will be met by the nominated driver with the resuscitation equipment if the location is not in one of the Hubs or the Skye Centre. **On arrival the Duty Resuscitation Nurse will prepare to provide CPR by donning the appropriate PPE. If in their opinion there is a possibility that this will require them to perform CPR then they should immediately don PPE in the form of FFP3 mask, Tyvek suit/fluid resistant gown, visor/goggles and disposable gloves.**

6.3 The **night duty Senior Clinical Cover** will take responsibility for checking the emergency

equipment, including checking that there is an adequate supply of replacement PPE, stored within the security reception area. They will also be **responsible for a weekly check of the Security based resuscitation equipment** to ensure that all of the equipment is maintained in readiness at all times. They will be responsible for ensuring that the checklist is signed and dated (Appendix 3, 4 and 5). Any discrepancies i.e. equipment missing, outwith expiry dates, seals broken etc will be reported to the Lead Nurse/designated deputy in Lewis Hub, where a stock of items will be maintained and re-ordered as required. The defibrillator within the security reception area needs to be checked daily.

6.4 The **Nursing Team Leader (or designated deputy) within the Skye Centre** will ensure that the defibrillator there is checked daily in readiness for use. They will also be **responsible for a weekly check of the resuscitation equipment held with the atrium** to ensure that all of the equipment is maintained in readiness at all times. They will be responsible for ensuring that the checklist is signed and dated (Appendix 3, 4 and 5). Any discrepancies i.e. equipment missing, outwith expiry dates, seals broken etc will be reported to the Lead Nurse/designated deputy in Lewis Hub, where a stock of items will be maintained and re-ordered as required. All of the equipment within the dental suite will be checked by the **Dental Nurse**.

6.5 A defibrillator will be kept within the dispensary of Ward 2 in each of the Hubs. As a minimum on commencement of each a.m. duty the Nurse in Charge of this ward will be responsible for checking that the defibrillator is in readiness for use. **The Nurse in Charge will also be responsible for a weekly check of the emergency resuscitation equipment kept within the dispensary of ward 2 in each Hub** to ensure that all of the equipment is maintained in readiness at all times. They will be responsible for ensuring the checklist is signed and dated (Appendix 3, 4 and 5). Any discrepancies i.e. equipment missing, outwith expiry dates, seals broken etc will be reported to the Lead Nurse/designated deputy in Lewis Hub, where a stock of items will be maintained and re-ordered as required.

6.6 The Nurse in Charge of Ward 2, or the Nurse in Charge of the ward where the equipment has been relocated to, and Charge Nurse in the Skye Centre will ensure the resuscitation equipment (including Defibrillator, Emergency Drugs Bag, Emergency Resuscitation Bag and AGP PPE Bags) is transported to the scene of any medical emergency within their hub/area. The DRN and On Call Junior Doctor will be responsible for taking the Emergency Grab Bags to the scene.

6.7 At the commencement of their shift, the Duty Resuscitation Nurse will collect a set of keys from Safe 1 key slots 1 through 10, which have a fob to enable them access to all areas within the hospital. Should the emergency be outwith the main hospital, beyond the tubestyles, keys must be handed to any member of the security staff for safe return.

6.8 The DRN will collect an Emergency Grab Bag at the commencement of their shift. Who is assigned the DRN role will be indicated through the Onelan board in the key room. The Emergency Grab Bag will contain a selection of Tyvek suits/ a fluid resistant gown, visors/goggles, all currently used varieties FFP3 masks and gloves for carrying out AGPs. The main zipped section containing FFP3 masks, visors/goggles, gloves and fluid resistant gowns will be externally sealed. The front pocket containing Tyvek suits will be externally sealed.

6.9 If the seal on any of the bags are found to be broken, then it will be the responsibility of the DRN to check the contents of the bag against the laminated card held in the bag and replace any missing items. All items of PPE will be available in the mail room in reception. Any shortfall must be immediately replaced by the DRN before coming on shift. Once replenished the zips on the relevant section of the bag must be resealed using the breakable seals available in the mail room in reception.

7. Responsibility of Security Operator

Security will take responsibility for transport during the daytime shifts, i.e. from 0630-2200 if a

medical emergency takes place outwith one of the Hubs or the Skye Centre (the Hubs and Skye Centre having equipment). In the event of a Medical Emergency the nominated driver will transport the Emergency Resuscitation Bag (big orange rucksack), AGP PPE Bags, the Emergency Drugs Bag (Pharmacy red bag) and Defibrillator Machine to the scene.

The Security Operator will remain at the scene in case any additional equipment or communications are required. They will return the equipment to Security following the end of the incident.

During the night shift there will be no transportation of equipment (as each hub/security has equipment).

8. Responsibility of Medical Physics Department

The defibrillators are serviced on a six monthly basis by the Medical Physics Department at University Hospital Wishaw.

9. Training

9.1 All Staff

All PMVA Level 2 trained staff will receive training in Basic Life Support on induction and will receive practical refresher training every two years, this is included in PMVA refresher training as a minimum (please note staff will remain trained if they go beyond this 2 year period). Registered Nurses (or staff identified by their line manager as requiring this training) will receive additional training in the use of a defibrillator. It is the responsibility of line managers to request individual/Hub training sessions if training needs have been identified outwith specific training sessions, this will be facilitated by a CPR trainer as required.

Other staff may receive training as appropriate to their grade and job role.

9.2 Duty Resuscitation Nurses

9.2.1 The Clinical Operations Manager will ensure that all Registered Nurses receive training in the use of the defibrillator, insertion of Oropharyngeal Airways and administration of Adrenaline (for use in anaphylaxis) in Intermediate Life Support with annual refresher courses. Annual refresher training comprises of mandatory revalidation of the online medical emergency module including the module assessment.

Biennial practical refresher skills are incorporated within the PMVA refresher training (please note staff will still be considered to be trained if they go beyond this 2 year period). Successful completion of training/refresher training will deem Registered Nurses competent to undertake the duties of the Duty Resuscitation Nurse. All Registered Nurses may be selected to undertake this role.

9.2.2 All Duty Resuscitation Nurses will familiarise themselves with this policy, their responsibilities, the emergency equipment and where required seek further guidance/advice from line management.

9.2.3 The expectation will be that all Registered Nurses will be tested with regards to their suitability to wear a FFP3 mask to ensure that they can undertake their role safely. If a member of Nursing Staff is unable to wear a FFP3 mask, or if they are unable to have contact with a patient with suspected or proven Covid 19, then they will not be able to perform the DRN role. This will require to be reviewed by their immediate line manager and will be considered within nursing resourcing in supplying staff for the DRN role.

9.3 Medical Staff

9.3.1 The Associate Medical Director will ensure that Consultants, Speciality Doctors and Speciality Trainees will receive training in the use of the defibrillator, insertion of Oropharyngeal Airways and administration of Adrenaline (for use in anaphylaxis) in Immediate Life Support on an annual basis (please note staff will still be considered to be trained if they go beyond this 1 year period).

9.3.2 The expectation will be that all medical staff that cover the daytime Junior Dr On Call Rota (including Consultant Medical staff that potentially may require to "act down" to cover the Junior Dr On Call Rota) will be tested with regards to their suitability to wear a FFP3 mask to ensure that they can undertake their role safely. If a member of Medical Staff is unable to wear a FFP3 mask, or if they are unable to have contact with a patient with suspected or proven Covid 19, then they will not be able to perform the day time medical emergency response role. This will require to be reviewed by their immediate line manager and will be considered within the provision of the medical emergency response by the AMD.

9.4 Security Staff

9.4.1 The Security Director will ensure that all security staff familiarise themselves with the policy and of their roles.

9.4.2 Security Operator will take responsibility for transport of equipment to emergencies outwith the Hubs or the Skye Centre during the daytime shifts, i.e. from 0630 - 2200. They should also be mindful that this includes areas outwith the secure perimeter, i.e.: Occupational Health building. The Security Operator must be aware of his/her responsibilities under this policy.

9.5 Drills

9.5.1 Tests of the procedures by means of unannounced drills will take place quarterly. No prior notice will be given of the intended drill, as this would nullify the purpose of the drill. The drill can include simulated medical emergency exercises.

9.5.2 The Associate Medical Director (or designated deputy) and a member of the Risk Management team will determine the date, time, and location of the drill. The Associate Medical Director or (designated deputy) will attend the chosen location e.g. ward, building or area of the hospital grounds where the drill is taking place and will alert staff within the chosen location that a drill is commencing and to expect the imminent arrival of all respondents.

9.5.3 Prior to staff being notified of the drill, the team will contact the control room and inform them of the medical emergency drill at the chosen location, to proceed as normal however do not contact an ambulance, all other participants being expected to attend as per an actual event.

9.5.4 The AMD or designated deputy will carry a stopwatch and the timing for the drill will begin as soon as the control room put out the 2222 call. The time for arrival of the CPR equipment, Duty Resuscitation Nurse, and duty/other doctor will be recorded. For governance purposes a report will be prepared and presented to the next available Health & Safety Committee.

10. Responsibilities/Procedure *(please also consider whether section 11 applies)*

10.1 The Responsibilities of Staff at the Scene (see also Appendix 1)

a) The person discovering a medical emergency or cardiac arrest will:

- **Raise the alarm** using the most convenient means available**.** This may be by dialling the 2222 Medical Emergency Number (the 2222 medical emergency telephone is a dedicated

special line located in the Control Room), by the use of a State Hospital radio or by the activation of the Personal Alarm (PAA) System, specifying that the situation is a "Medical Emergency" and identifying the location of the incident. Alternatively, a nearby member of staff may be instructed to raise the alarm. **Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth.**

- **Techniques to unblock an airway obstruction can take place without the need to wear PPE.** Unless in their professional judgment staff deem it unsafe to do so.

- Those staff immediately responding to a medical emergency must first don PPE in the form of disposable gloves, disposable plastic apron and fluid resistant surgical mask. This type of PPE will be readily available in all clinical areas and can always be found in the Emergency Resuscitation Bag.

- Unless in their professional judgment staff responding deem it unsafe and if clinically appropriate they will **commence Basic Life Support:** chest compressions, maintenance of an open airway through head tilt and chin lift. **If the situation allows then a surgical mask should be placed over the casualty's mouth.**

- **Manual ventilation, insertion of an oropharyngeal airway and suctioning should not take place during this basic life support (unless staff are wearing PPE for AGPs) as they are all recognised AGPs.**

- **Any staff in the vicinity, trained to provide Intermediate Life Support and to wear PPE for AGPs, should don PPE for AGPs available in the AGP PPE Bags, if in their judgement this is required in order to perform Intermediate Life Support, where such support may involve techniques recognised as AGPs. This can be done in advance of the Duty Resuscitation Nurse arriving.** Any PPE for AGPs should be donned out with the area where a medical emergency is occurring and equally should be doffed out with the area (please see Appendix 7 for details on Donning and Doffing of this PPE).

- Once on scene the defibrillator can be used if necessary by those staff immediately responding and who are trained in its use.

- If in their professional judgement they deem it to be unsafe to commence defibrillation staff must wait until staff are available who are fit tested for wearing PPE for AGPs and are trained to provide basic life support.

- AGP PPE Bags will be brought to the scene of the medical emergency along with the other equipment for resuscitation.

- Any required staff within the vicinity may be required to provide assistance; they must though at all times wear appropriate PPE.

- The Security Operator will ascertain if there is a telephone extension number available for the ambulance service to be transferred to. This number should be kept clear to allow for any call from the Ambulance Service to the scene.

- Should the condition of the casualty deteriorate, a further call should be initiated from the scene direct to ambulance control (9 then 999) to update them of the situation.

b) Others present at the scene or nearby will:

- **Ensure that the alarm is raised.** If the alarm has not been raised, then use the 2222 Medical Emergency Number, a radio or the PAA system, specifying that the situation is a "Medical Emergency" and identifying location of the incident.

- **Assist in Basic Life Support.** Basic Life Support should be continued by 2 or more staff until the DRNs arrive. If assisting appropriate PPE as detailed above should be used.

- **Remain mindful of the security and other needs of other patients in the area**. Other patients should be removed from the scene if possible. If necessary to maintain security, additional PMVA Level 2 trained staff should be summoned using the PAA system.

10.2 The Responsibilities of Control Room Staff (see also Appendix 2)

The control room staff will:

- Ensure that the necessary hospital resuscitation staff are notified of the emergency and its location.

- Convey a message via the PAA tannoy system, which is the most efficient way of informing the Duty Resuscitation Nurse/Senior Cover, Duty Resuscitation Nurses (whilst maintaining a safe environment) will proceed to the scene immediately on hearing the announcement.

- Contact Reception (see section 7) who will instruct an operator to deliver the resuscitation equipment to the location of the incident (if outwith a Hub or the Skye Centre).

- The control room staff should dial 999 and state "This is the Control Room at The State Hospital, Carstairs. We have a life threatening emergency. Our Medical Emergency procedure has been activated and the Resuscitation Team has been dispatched to deal with the emergency. We require urgent ambulance assistance and hospital transfer".

- An emergency page should be put out for the On Call Junior Doctor and Senior Clinical Cover via the emergency pages to contact the emergency number 4385.

- Notify the duty security manager of the impending arrival of the ambulance to facilitate its passage into the hospital.

The ambulance may only be halted if after consultation with Medical Staff, DRN or Senior Clinical Cover it becomes clear that the situation is not a medical emergency. Control Room staff should be notified in the event of the ambulance being halted. Any decision to cancel the request for an ambulance for a patient should be recorded in RiO by the responsible person along with the reason for the cancellation. Appendix 6 should also be completed.
If in doubt the request for the ambulance service should remain.

10.3 Others to be contacted (once immediate medical emergency response completed)

The On-Call Director should be informed as soon as possible. This is particularly important if the patient is to be transferred to a General Hospital. If the casualty is a patient, then the RMO/Duty RMO should also be notified. No one else needs to be contacted immediately. When the initial emergency has subsided the Security Manager should liaise with the Senior Clinical Cover to inform the Scottish Government if appropriate. Notification should never delay a patients transfer to hospital to receive medical care.

10.4 The Responsibilities of the Duty Resuscitation Nurse (DRN)

10.4.1 The Duty Resuscitation Nurses are responsible for responding to all Medical Emergency calls and will be supported by Senior Clinical Cover. **There will always be 1 DRN rostered.** There should be no occasions where there is less than 1 DRN available on site.

10.4.2 The DRN will:

- Collect a set of DRN Keys (Safe 1, key slots 1 through 10) and an Emergency Grab Bag in the reception building on commencing their shift. These should be returned at the end of their shift.

- They should check that the main zipped section and the front zipped section on their Emergency Grab Bag are sealed. If the seals are broken they should check the contents against the laminated contents check sheet contained within each section of the bag. Replacement equipment is available in the mail room within the reception building. Once restocked they must reseal the bags with the available breakable seals in the mail room in the reception building. Should there be any issues they should immediately contact SCC.

- **Respond immediately to the emergency announcement and attend the location as quickly as possible taking with them the Emergency Grab Bag. When on shift the Emergency Grab bag should be stored in the Ward Office, but be easily accessible.**

- On arrival at the scene if they deem that the casualty's presentation requires it (i.e. they require or will likely require CPR) they will don appropriate PPE. This PPE will consist of the FFP3 mask they passed testing for visor or goggles,

- Tyvek suit (appropriate to their build) or fluid resistant gown (fits all sizes) and disposable gloves. Any PPE for AGPs should be donned out with the area where a medical emergency is occurring and equally should be doffed out with the area (please see Appendix 7 for details on Donning and Doffing of this PPE).

- If staff require to undertake Intermediate Life Support, then during **Monday to Friday 9am–5pm** (not including State Hospital Public Holidays) the DRN alongside the On Call Junior Medical Staff member attending the scene will, as a minimum, jointly undertake to provide the resuscitation effort. Other staff on scene can assist with the resuscitation effort dependant on training.

- **Outside of these times** the DRN will alongside a staff member allocated to undertake the task by the SCC (or in absence of this staff member the SCC) will provide CPR. Other staff on scene can assist with the resuscitation effort dependant on training.

- **Manual ventilation should not under any circumstances be through mouth to mouth contact. The bag and mask must be used.**

- Unless spontaneous respiration and circulation is restored resuscitation must be continued until the person is removed to hospital.

- The DRN will be able to: maintain effective CPR/use the defibrillator/insert an Oropharyngeal Airway/ carry out suctioning/administer Adrenaline (for anaphylaxis) if necessary.

- Following any medical emergency response, the DRN will ensure any equipment used is immediately replaced or replenished as necessary, advising the SCC of required equipment (including replenishing the Emergency Grab Bag as required). In the event of the DRN being unable to perform this equipment check it will be performed by the Senior Clinical Cover. Spare equipment is available on Lewis hub.

10.5 Senior Clinical Cover Responsibilities

10.5.1 Senior Clinical Cover will respond immediately to the emergency announcement and attend the location as quickly as possible. When carrying out their responsibilities use their professional judgement as to what responsibilities can be delegated to other available staff to carry out.

10.5.2 Senior Clinical Cover will:

- Outside of the hours of Monday – Friday 9am to 5pm (not including State Hospital Public Holidays) on arrival at the scene if appropriately trained staff (trained to provide Intermediate Life Support and wear PPE for AGPs) are available the SCC will ask one of these staff, in addition to the DRN staff that will be on scene, to don if clinically appropriate PPE suitable to undertake AGP techniques (Tyvek suit or fluid resistant gown, Gloves and FFP3 mask) from the extra PPE capacity available in the DRN Emergency Grab Bags that will be on scene or from the AGP PPE bags that will be brought to the scene of the medical emergency along with the other equipment for resuscitation. Guidance on donning and doffing this PPE is available in Appendix 7.

- If appropriately trained (trained to provide Intermediate Life Support and wear PPE for carrying out an AGP including FFP3 mask) staff are **not available** on scene then the SCC will if clinically appropriate don appropriate PPE (Tyvek suit or fluid resistant gown, goggles/ visor, gloves and FFP3 mask) from extra PPE capacity available in the DRN Emergency Grab Bags that will be on scene or from the AGP PPE bags that will be brought to the scene of the medical emergency along with the other equipment for resuscitation. They will then assist with Intermediate Life Support. Guidance on donning and doffing this PPE is available in Appendix 7.

- Provide advice and support to the DRN's.

- Provide overall advice and support to incident area.

- Following the Medical Emergency Co-ordinate matters arising from an incident e.g. resources, equipment and communication.

- Ensure that any area where a resuscitation effort takes place is appropriate to be returned to full use after any resuscitation.

- Conduct a debrief with all staff in attendance and where required arrange follow up support.

- Authorise Resuscitation Nurses who are not required to return to their ward/area following the debrief.

- Consider safe management of aggression should the patient present with challenging behaviour. This is particularly important where the patient is likely to be transferred out with the perimeter of The State Hospital. If necessary with reference being made to the Mechanical Restraint Policy. It may be necessary in order to manage aggressive and challenging behaviour for staff under the direction of the SCC to enter an area where AGPs have taken place. If possible this should by staff wearing appropriate PPE.

10.5.3 Senior Clinical Cover have Intermediate Life Support training. They are also tested for their suitability to wear PPE required to undertake AGPs.

10.5.4 It is the responsibility, after the medical emergency is resolved, of Senior Clinical Cover to liaise with the Security Manager, Duty Consultant and the patient's RMO (if contactable). Senior Clinical Cover will also contact the on call Director.

10.6 The Responsibility of the Medical Staff

Medical Staff if available will:

- Assist with Basic Life Support/Intermediate Life Support in line with their training.

- Provide assistance and advice to any resuscitation efforts. They should wear the appropriate PPE (if possible) when involved in any direct resuscitation of the patient.

- Get to the scene as quickly as possible. The On Call Junior Doctor (or covering member of medical staff) should always attend but any medical doctor present in the hospital should endeavour to attend and assist.

- Take decisions regarding the extent of the resuscitation efforts according to their best professional judgement (if in doubt continue resuscitation) and relay this as necessary to those staff directly providing the medical emergency response.

On Call Junior Medical Staff (or covering member of medical staff) (during Monday- Friday 9am-5pm not including Public Holidays) will**:**

- Collect a set of DRN Keys (Safe 1 keys 1 through 10) and the **Medic Emergency Grab from the lower hooks in the Keyroom** on commencing their shift. This should be returned at the end of their shift.

- They should check that the main zipped section on their Emergency Grab Bag is sealed. If the seals are found to be broken, then it will be the responsibility of the On Call Dr to check the contents of the bag against the laminated card held in the bag and replace any missing items. All items of PPE will be available in the mail room in reception, if not please contact the SCC. Any shortfall must be immediately replaced by the On Call Dr before coming on shift. Once replenished the zips on the relevant section of the bag must be resealed using the breakable seals available in the mail room in reception.

- **Respond immediately to the medical emergency and attend the location as quickly as possible taking with them their Emergency Grab Bag. When On Call during the day time period their Emergency Grab Bag should always be easily accessible.**

- Should the emergency be outwith the main hospital, beyond the tubestyles, keys must be handed to any member of the security staff for safe return.

- On arrival at the scene if they deem that the casualty's presentation requires it (i.e. they require CPR) they will don appropriate PPE. This PPE will consist of the FFP3 mask they passed testing for, fluid resistant gown (fits all sizes), Tyvek suits, visor/goggles and disposable gloves. PPE should be donned out with the area where a medical emergency is occurring and equally should be doffed out with the area (please see Appendix 7 for details on Donning and Doffing of this PPE).

- **Manual ventilation should not under any circumstances be through mouth to mouth contact. The bag and mask must be used.**

- **They should lead on any resuscitation effort provided.**

- Unless spontaneous respiration and circulation is restored resuscitation must be continued until the person is removed to hospital.

- Should they require to use PPE from their Emergency Grab Bag then this should be highlighted immediately to SCC. This equipment can be replenished through the Medical Emergency Equipment Cupboard on Lewis Hub.

11. Amended Intermediate Life Support procedure for those with patients with suspected or proven Covid 19

Patients who have formally been recognised as being suspected of having Covid 19 or who have

confirmed Covid 19 will have a revised Intermediate Life Support procedure in order to ensure that those providing the response are kept safe at all times.

For this patient group CPR (including defibrillation and chest compressions) will only be commenced once staff have donned appropriate PPE for carrying out AGPs i.e. Tyvek suit or fluid resistant gown, visor/goggles, FFP3 mask and gloves. All staff then entering the scene of the emergency will also require to don PPE appropriate for carrying out AGPs.

In order to prevent any unnecessary delay to the first response where a ward has a patient with suspected or proven Covid 19 can make use of the AGP PPE bags that will be transported to any medical emergency.

12. Infection Control where AGP techniques are used as part of a medical emergency response

Prior to any AGP techniques being used any staff not wearing PPE appropriate to undertake AGPs must leave the immediate scene of the medical emergency, preferably behind a closed door. They must not re-enter the scene without wearing PPE for AGPs until the room has been fully decontaminated (see section 12).

For any medical emergency occurring in an outside area staff not wearing PPE for AGPs no decontamination of the area is required.

It is possible that these viruses can survive in the environment with the amount of virus contamination on surfaces likely to have decreased significantly by 72 hours, so environmental cleaning is vital.

For areas were an aerosol generating procedure (AGP) has been undertaken e.g. Airway management associated with CPR, Suctioning and swallowing assessments, the room must be locked over and recorded as out of commission for 4 hours. It is only after the 4 hours that clinician responsible for providing care to patient is responsible for the initial decontamination of the room; housekeeping staff will undertake a terminal clean thereafter. Those carrying out the cleaning must also be familiar with the product Actichlor and the correct dilution rates 1 tablet to 1 litre (as above).

Key areas for the decontamination include all surfaces in the room, all potentially contaminated high contact areas such as door handles, tables, grab- rails and bathrooms.

Staff who have been Fit Tested for an FFP3 mask should be the only individuals involved in the procedure. PPE must be donned and doffed as per Appendix *7*.

It is not possible to decontaminate resuscitation equipment that has be present at the scene of any medical emergency where AGPs have occurred. In this circumstance the once the 4 hour period after the AGP has passed, and the area is available for use, the resuscitation bags and defib should be placed in large clear general waste bags and the removed from the area. Staff should use standard PPE when doing so. The equipment will then be safely stored for 72 hours in the SCN office in the Hub or Skye Centre (Duty Security Managers Office) depending on where equipment came from. After this time the contents of the bag will be safe once more to be deployed. During this period the equipment will be temporarily replaced using equipment from the Sky Centre Atrium. For a temporary period, medical emergency equipment from the dental suite in the Skye Centre will be used to cover any medical emergency occurring in the Skye Centre.

13. Requirement for transfer to hospital

If a patient requires transfer to hospital then, separate to usual processes for the safe transfer of a high secure patient to a general hospital, then 2 staff may be required to accompany the patient in the back of the ambulance. These staff will wear PPE suitable for an AGP taking place

in the back of the ambulance. AGP PPE for this purpose will be readily available in each of the Hubs. The PPE contained in these bags will consist of a selection of all currently used FFP3 masks, a variety of sizes of Tyvek suits and fluid resistant gown and gloves (for donning and doffing see Appendix 7). It would be expected that one of the DRNs will accompany the patient in the back of the ambulance along with one other staff member wearing PPE for an AGP. They should continue to wear this until advised by treating physicians/paramedics that it is safe to remove this PPE.

Should this equipment require to be used then it must be immediately replenished by SCC using spare supplies of PPE located alongside spare resuscitation equipment in Lewis Hub.

14. Reporting

14.1 Incident Recording

An incident record should be created by Nurse in Charge or Control Book Holder as soon after the incident as possible using DATIX. Relevant staff involved should be linked to the incident.

The Medical Emergency De-brief form (Appendix 6) should be completed by one of the DRNs and forward to the Risk Management Department for addition to the Datix report.

14.2 Clinical Staff

It is the responsibility of staff involved in any resuscitation attempt to write a report documenting their actions within 48 hours of the incident, in particular to detail any issues of concern which the organisation could learn from. The PMVA Senior Trainer (or their representative) and a member of staff from Risk Management will conduct a debrief with key staff at a later stage. Notes from this debrief will be taken.

14.3 Critical Incident Review

The incident should be recorded on Datix as per RR01 Incident Reporting and Review Policy, which will determine the level of investigation required. The Clinical Team will consider the appropriateness of initiation of an Enhanced Incident Review (Category 1 or Category 2). If the casualty is a member of staff or visitor, the Senior Management Team will consider whether an Enhanced Incident Review is appropriate.

15. Equality and Diversity

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Carers / Named Persons are encouraged to highlight any barriers to communication, physical disability or anything else which would prevent them from being meaningfully involved in the patient's care (where the patient has consented) and / or other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy".

The volunteer recruitment and induction process supports volunteers to highlight any barriers to communication, physical disability or anything else which would prevent them from contributing meaningfully to patient care and / or engage in other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

16. Stakeholder Engagement

Key Stakeholders	Consulted (Y/N)
Patients	N
Staff	Y
TSH Board	Y
Carers	N
Volunteers	N

17. Communication, Implementation, Monitoring and Review of Policy

This policy and procedure will be communicated to all stakeholders within The State Hospital via the Intranet, Staff Bulletin and MetaCompliance.

The Patient Safety Group will be responsible for the implementation and monitoring of this policy.

The policy will be reviewed every three years or earlier if required.

APPENDIX 1

ALL AREAS AND DEPARTMENTS

ON DISCOVERING A SUSPECTED CARDIAC ARREST OR MEDICAL EMERGENCY

CASUALTY FOUND

Use Telephone to '2222' / Activate PAA / Use Radio

Advise Control Room of Medical Emergency at ……. (location) and await confirmation. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth.

Prior to commencing Basic Life Support don PPE (disposable gloves, disposable plastic apron and fluid resistant surgical mask). If possible place a surgical face mask on the casualty's face.

Unless in their professional judgment staff responding deem it unsafe and if clinically appropriate trained staff will **Commence Basic Life Support.** If in their professional judgement they deem it to be unsafe to commence basic life support they must wait until staff are available who can wear PPE for AGPs and are trained to provide basic life support. PPE for AGPs are available in the First Responder AGP PPE Bags.

On arrival the DRN, if CPR is required, will don PPE for AGPs from their Emergency Grab Bag.

Monday to Friday 9am–5pm (not including Public Holidays) the On Call Junior Medical Staff member will attend. If CPR is required they will don PPE for AGPs from their Emergency Grab Bag. **Outside of these times** a staff member allocated to undertake the CPR by the SCC (or in absence of this staff member the SCC) will prepare to provide CPR. They will don PPE for AGPs from the spare capacity available in the Emergency Grab Bags on scene or the First Responder AGP PPE Bags.

Once ready staff now wearing PPE for AGPs will take over the resuscitation effort including providing intermediate life support including CPR. Manual ventilation should not under any circumstances be through mouth to mouth contact. The bag and mask must be used.

At any stage once CPR is commenced all other staff in the area should retreat to a safe space behind a closed door. **In doing so they must remain mindful of the security and other needs of other patients in the area**. Other patients should be removed from the scene if possible. If necessary to maintain security, additional PMVA Level 2 trained staff should be summoned using the PAA system.

Staff must not reenter the scene without wearing PPE for AGPs until the room has been fully decontaminated. For any medical emergency occurring in an outside area staff not wearing PPE for AGPs should maintain a 2 meter distance at all times and no decontamination of the area is required.

Patients who have formally been recognised as being suspected of having Covid 19 or who have confirmed Covid 19 will have a revised Intermediate Life Support procedure in order to ensure that those providing the response are kept safe at all times. For this patient group CPR (including defibrillation and chest compressions) will only be commenced once staff have donned appropriate PPE for carrying out AGPs . In order to prevent any unnecessary delay to the first response 2 sealed bags containing PPE appropriate for carrying of AGPs will be available on Ward. This will be supplied through the infection control service.

OTHERS PRESENT AT THE SCENE ARE EXPECTED TO:

- **ENSURE THE ALARM HAS BEEN RAISED**

- **ENSURE THAT RESUSCITATION EQUIPMENT (INCLUDING DEFIBRILLATOR, EMERGENCY DRUGS BAG, EMERGENCY RESUSCITATION BAG AND FIRST RESPONDER AGP PPE BAGS) IS TRANSPORTED TO THE SCENE OF ANY MEDICAL EMERGENCY WITHIN THEIR HUB/AREA.**

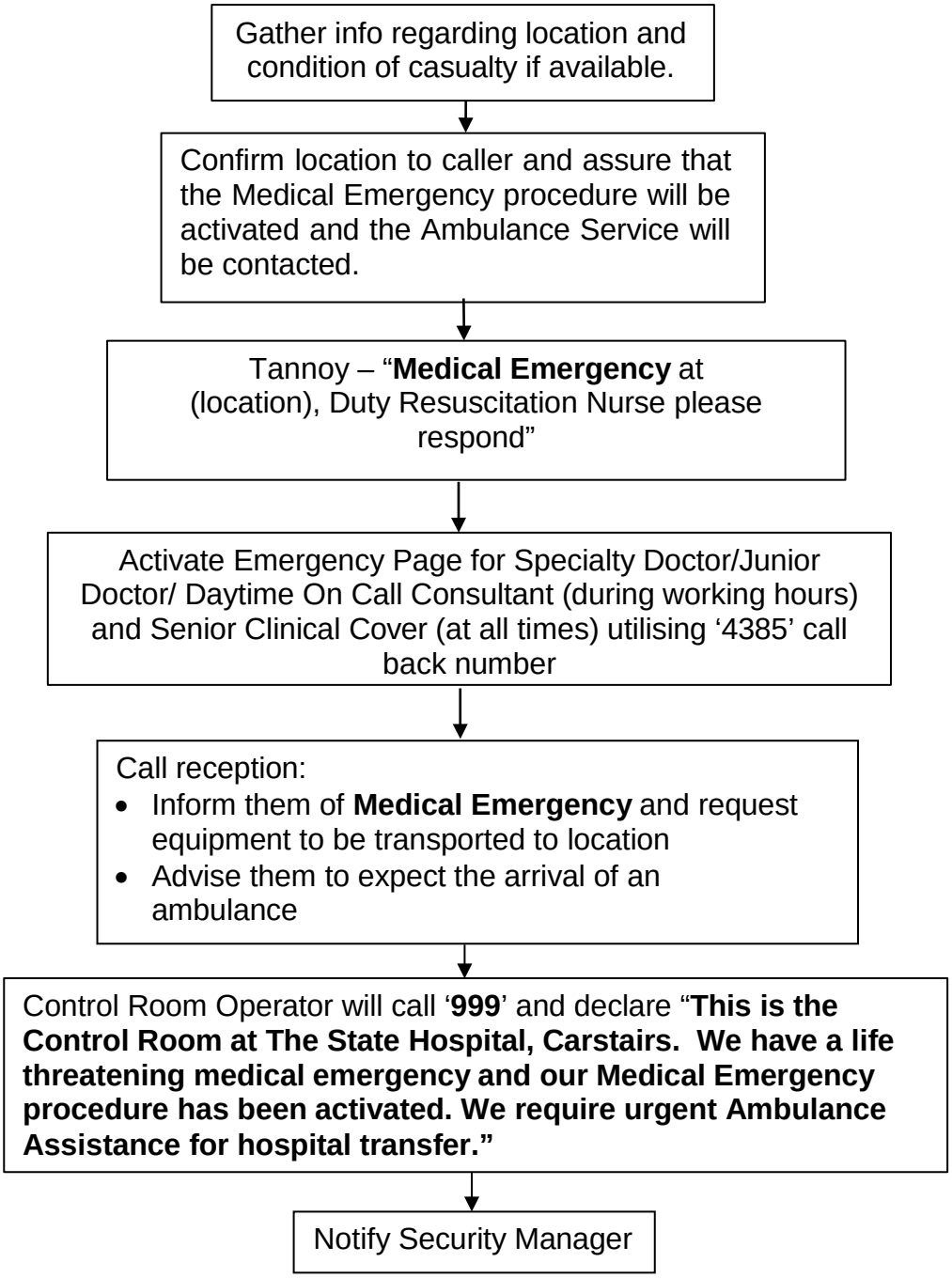
- **ASSIST WITH RESUSCITATION ATTEMPT IN LINE WITH APPROPRIATE USE OF PPE**

- **REMAIN MINDFUL OF SECURITY NEEDS, SUMMONING ADDITIONAL PMVA LEVEL 2 TRAINED STAFF USING PAA IF REQUIRED**

- **BE AWARE OF EXPECTED ARRIVAL OF DRN, SENIOR CLINICAL COVER AND TRANSPORT DRIVER WITH EQUIPMENT AND ASSIST AS REQUIRED**

CONTROL ROOM

ON RECEIVING A 2222 CALL OR CARDIAC ARREST/MEDICAL EMERGENCY CALL OVER PAA OR RADIO



APPENDIX 3

EMERGENCY RESUSCITATION EQUIPMENT CHECKLIST (FOR EACH BAG)

DESCRIPTION	MIN NO REQUIRED	REF
Orange Rucksack - Front Pouch	1	
Defibrillator	1	
Defibrillator pads		
Green Pouch (inside bag)		
Sphygmomanometer	1	
Stethoscope	1	
Penlight torch (+ batteries)	1	
Disposable razors	5 pairs	
Pre injection swabs		
Orange clinical waste bags	2	
Disposable gloves	5	
Ligature/clothing cutter (fish hook)	1	
Blue Pouch Airway (breathing casualty)		
Pocket Mask	1	
Guedal Oropharyngeal Airways	2 of each	Red, Green, Orange
Nasopharyngeal Airway	2 of each	6mm, 7mm, 8mm
Oxygen masks & Tubing	1	
Volumatic space device	1 Device	
Hudson non re-breathing oxygen mask	2	
Gloves & Aqueous Gel Sachets		
Red Pouch Breathing (non-breathing casualty)		
Pocket Mask	1	
Bag Valve Mask (BVM adult resuscitator)	1	
Additional BVM Face masks	1 of each	Sizes 3, 4 & 5
Oxygen tubing	2	
Guedal Oropharyngeal Airways	2 of each	Red, Green, Orange (Yellow)
Gloves	5 pairs	
Aqueous Gel Sachets		
Black Pouch		
Dressings for Catastrophic bleedings	1	
Needles	4 of each	Green, blue
Syringes	2 of each	2ml, 5ml & 10ml
Venflons	6	**X2 Pink, x2 Green, x2 Orange**
IV giving sets	2	
IV cannulae dressing	5	
Micropore	1	
Cotton wool balls		
Gloves	5 pairs	
Sharps box		
Yellow pouch		
Emergency suction aspirator	1	Laerdal battery operated device
Magill forceps	1	
Gloves	5 pairs	
Oxygen cylinder	**Oxygen held in each ward**	**Portable Size D (in bag in security & Skye Centre)**

All replacement equipment should be requested from the designated Senior Charge Nurse

APPENDIX 4

Emergency Drug Bag (Pharmacy Red Bag)

The State Hospital Emergency Drugs Bag Contents

Bag No:	**Location:**

BAG EXPIRY:

Medicine	Manufacturer/ Batch Number	Expiry date
ASPIRIN **300mg dispersible tablets**		
ADRENALINE **300micrograms (Epipen auto Injector x 2)**		
CHLORPHENAMINE **10mg/ml injection 1ml ampoules**		
DEXTROSE 40% **Oral gel (3x25g)**		
DIAZEPAM **10mg in 2.5ml rectal tubes**		
FLUMAZENIL **100micrograms/ml injection 5ml ampoule**		
GLUCAGON **1mg injection**		
GLYCERYL TRINITRATE **400 micrograms/metered dose spray**		
NALOXONE **400 micrograms/ml injection 1ml ampoules**		
PROCYCLIDINE **5mg/ml injection 2ml ampoules**		
SALBUTAMOL **100 micrograms/actuation inhaler**		
SODIUM CHLORIDE **0.9% injection 10ml ampoules**		
Sodium chloride 0.9% infusion 500ml x 2		
Glucose 5% infusion 500ml x 2		
Water for injection 5ml ampoules		

Filled by: **Date:**

Checked by: **Date:**

APPENDIX 5

Defibrillator Machine Checklist

Date	Time	Comments/Concerns	Reported to	Nurse in Charge Signature

APPENDIX 6

Medical Emergency Debrief Form

Area Medical Emergency Occurred:
Date:
DRN(s) that attended scene:
Medical staff that attended scene:
Security Manager that attended scene:
Senior Cover that attended scene:
Any issues/concerns identified:
Any action/ further support required:

Please forward completed form to Risk Management Department, Skye Centre

Public Health England

Putting on (donning) personal protective equipment (PPE) including coveralls for aerosol generating procedures (AGPs)

Use safe work practices to protect yourself and limit the spread of infection

- keep hands away from face and PPE being worn
- change gloves when torn or heavily contaminated
- limit surfaces touched in the patient environment
- regularly perform hand hygiene
- always clean hands after removing gloves

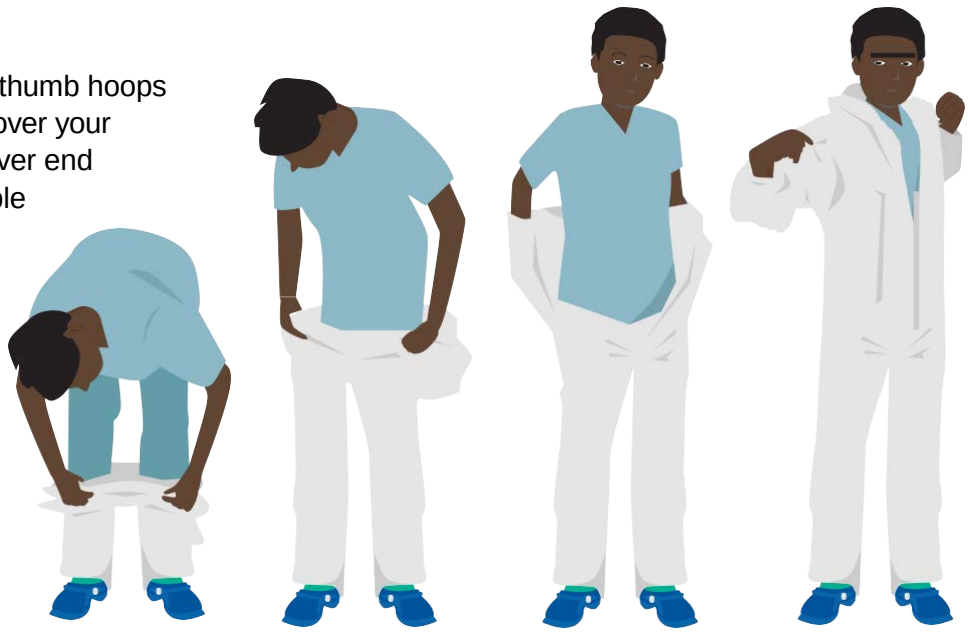
Pre-donning instructions

- ensure healthcare worker hydrated
- tie hair back
- remove jewellery
- check PPE in the correct size is available

Putting on personal protective equipment (PPE). The order for putting on is coverall, respirator, eye protection and gloves. This is undertaken outside the patient's room.

1 Don the coveralls

- Step into coveralls
- Pull up over waist
- Insert arms into sleeves, if thumb hoops available then hoop these over your thumbs, ensure sleeves cover end of gloves so no skin is visible
- Pull up over the shoulders
- Fasten zip all the way to the top



Do not apply the hood of the coverall as there is no requirement for airborne transmission.

Steps 2 to 4 overleaf >

Putting on (donning) personal protective equipment (PPE) including coveralls for aerosol generating procedures (AGPs)

2 Respirator

Note: this must be the respirator that you have been fit tested to use. Eye protection always be worn with a respirator. Where goggles or safety spectacles are to be worn with the respirator, these must be worn during the fit test to ensure compatibility.

Position the upper straps on the crown of your head, above the ears and the lower strap at the nape of the neck.

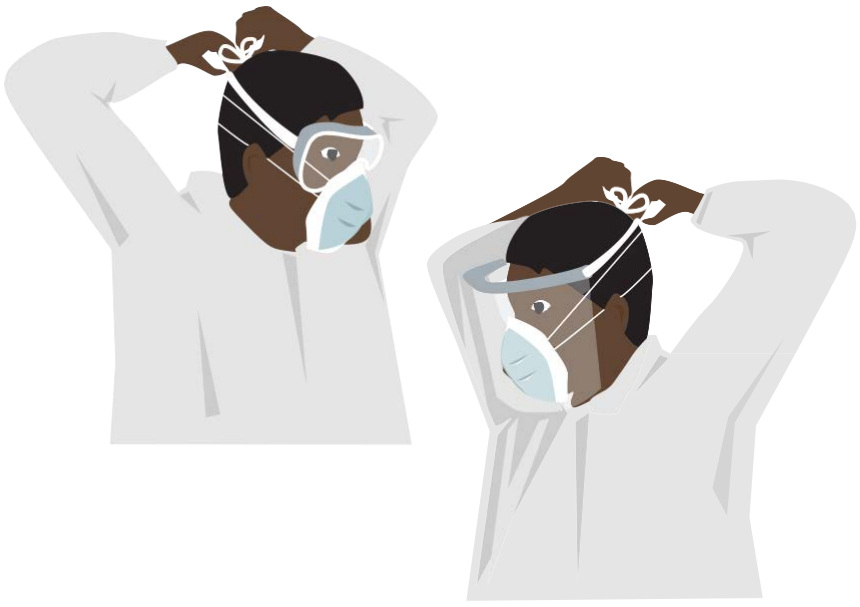
Ensure that the respirator is flat against your cheeks. With both hands mould the nose piece from the bridge of the nose firmly pressing down both sides of the nose with your fingers until you have a good facial fit.

If a good fit cannot be achieved DO NOT PROCEED. Perform a fit check.

The technique for this will differ between different makes of respirator. Instructions for the correct technique are provided by manufacturers and should be followed for fit checking.

3 Eye protection

Place over face and eyes and adjust the headband to fit



4 Gloves

- Select according to hand size
- ensure cuff of coverall is covered by the cuff of the glove

Publlc Health England

Removal of (doffing) personal protective equipment (PPE) including coveralls for aerosol generating procedures (AGPs)

PPE should be removed in an order that minimises the potential for cross contamination. PPE is to be removed carefully in a systematic way before leaving the patient's room i.e. gloves, then gown/coverall and then eye protection.

The FFP2/3 respirator must always be removed outside the patient's room. Where possible in a dedicated isolation room with ante room or at least 2m away from the patient area.

This is to reduce the risk of the healthcare worker removing PPE and inadvertently contaminating themselves or the patient while doffing.

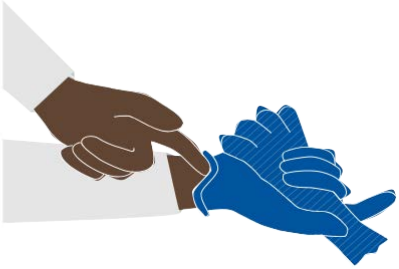
The FFP2/3 respirator should be removed in the anteroom/lobby. In the absence of an anteroom/lobby, remove FFP2/3 respirator in a safe area (e.g., outside the isolation room). All PPE must be disposed of as infectious clinical waste.

1. Firstly, grasp the outside of the outside of the glove with the opposite gloved hand; peel off

   Hold the removed glove in gloved hand

2. Then, slide the fingers of the ungloved hand under the remaining glove at the wrist

   Peel the remaining glove off over the first glove and discard



3. Clean hands with alcohol hand gel or rub

Steps 2 to 6 overleaf >

Removal of (doffing) personal protective equipment (PPE) including coveralls for aerosol generating procedures (AGPs)

2 Remove coveralls

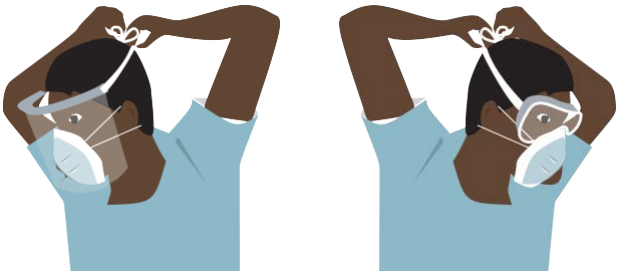
- Tilt head back and with one hand pull the coveralls away from your body
- With other hand run your hand up the zip until you reach the top and unzip the coveralls completely without touching any skin, clothes or uniform following the guidance of your buddy
- Remove coveralls from top to bottom. After freeing shoulders, pull arms out of the sleeves
- Roll the coverall, from the waist down and from the inside of the coverall, down to the top of the shoes taking care to only touch the inside of the coveralls
- Use one shoe covered foot to pull off the coverall from the other leg and repeat for second leg. Then step away from the coverall and dispose of it as infectious waste

3 Clean hands with alcohol hand gel or rub

4 Eye protection

(preferably a full face visor – goggles can be used as an alternative) – the outside will be contaminated

To remove, use both hands to handle the restraining straps by pulling away from behind and discard



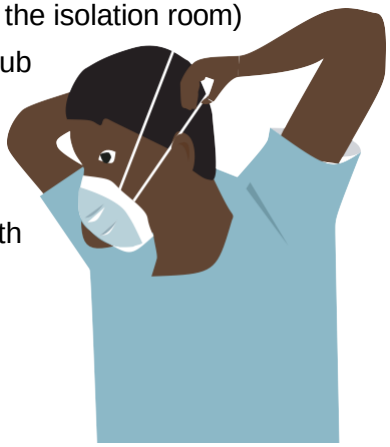
5 Respirator

In the absence of an anteroom/lobby remove FFP2/3 respirators in a safe area (e.g., outside the isolation room)

Clean hands with alcohol hand gel or rub

Do not touch the front of the respirator as it will be contaminated

- lean forward slightly
- reach to the back of the head with both hands to find the bottom restraining straps and bring it up to the top strap
- lift straps over the top of the head
- let the respirator fall away from your face and place in bin



6 Clean hands with soap and water