

*Resuscitation Policy*

**Beauty skin Deep Cosmetics Ltd**

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Beauty Skin Deep Cosmetics Ltd

Resuscitation Policy

**Introduction**

The contents of this policy apply to all employees of Beauty Skin Deep Cosmetics Ltd. The policy fully supports the recommendations of the Resuscitation Council UK as published in the “Quality Standards for Cardiopulmonary Resuscitation Practice and Training” (Resuscitation Council – November 2015).

**2 Purpose**

The purpose of the policy is to provide direction and guidance for the planning and implementation of a high-quality and robust resuscitation service to the company. The aim of the policy is to reduce mortality and morbidity from cardiac arrest by providing a consistent approach to the recognition of the deteriorating patient, escalation of care and the practices of resuscitation. The policy describes the expected frequency of training required to equip staff to a level that is appropriate to their role.

**Policy Statement.**

 It is the policy of this Beauty Skin Deep Cosmetics that in the course of their duties staff will attempt cardiopulmonary resuscitation for all persons suffering a cardiopulmonary arrest on the beauty skin deep cosmetics Ltd visiting clinics. All doctors, nurses, midwives and Allied Health Professionals must be adequately and regularly trained in cardiopulmonary resuscitation appropriate to their discipline and as per recommendations of this policy.

 **4 Duties & Responsibilities** Healthcare organisations have an obligation to provide an effective resuscitation service for their clients and appropriate training for their staff.

4.1 **Clinical Directors** Responsible within their delegated portfolio for ensuring that appropriate arrangements are in place for implementing this policy in their areas of responsibility.

4.2 **Line Manager Responsibilities** Familiarise themselves and comply with the requirements laid down in this policy and training matrix.

Ensure that members of their staff are released for, and receive appropriate resuscitation training.

The minimum training requirements are outlined in the mandatory training statement.

To develop an action plan to manage staff who repeatedly fail to attend training.

 Ensure that all staff know how to report incidents/cardiac arrests in accordance with beauty skin deep cosmetics policy.

In community settings where resuscitation equipment is owned ensure that staff know how to summon help and access equipment.

standard and is checked by a qualified member of staff at least once in every 24 hours and immediately following conclusion of a resuscitation event. i.e mask only.

**4.3 Standard of Training**

 Relevant staff must achieve a minimum standard of ability to be considered competent. This includes performance of CPR on a manikin monitored by an automatic feedback device. Staff unable to meet the required standard within a training session will be given the opportunity to undertake further training (within an agreed timescale). If the required standard is still not achieved or in the event that staff members are physically unable to perform to the required standard, their manager will be informed and is responsible for developing an action plan to achieve outcomes and reduce potential risks.

**4.4 Recall of Non Medical Staff for Resuscitation Training** On a monthly basis each manager is supplied with a list identifying the training status of each of their staff members. It is the responsibility of the manager to ensure that they use the list to priorities training for their staff. Managers are informed if a member of staff fails to attend for training. The directorate managers are informed if a member of staff consistently fails to attend, or if fails to send staff to training.

 **4.5 Recall of Medical Staff for Resuscitation** Training Medical staff who fail to attend for training are, where availability allows, offered a second opportunity to attend. If the member of staff fails to attend on a second occasion the supervising manager is informed and is responsible for formulating an action plan.

**4.6 Activation of Adult cardiac Arrest**. The emergency services will be summoned by using the universal number 999. The precise location of the client must be communicated promptly and clearly to the emergency service operator. The exact nature of the client’s condition needs to be communicated to the emergency service operator in order for them to priories, shout for assistance following resuscitation guidance.

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| **SAFETY** | **Make sure you, the victim and any bystanders are safe** |
| **RESPONSE** | **Check the victim for a response** * Gently shake his shoulders and ask loudly: “Are you all right?"

If he responds leave him in the position in which you find him, provided there is no further danger; try to find out what is wrong with him and get help if needed; reassess him regularly  |
| **AIRWAY** | **Open the airway*** Turn the victim onto his back
* Place your hand on his forehead and gently tilt his 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 10 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
 |

 See appendix H.

**4.7 Cardiac Arrest Audit Form** All resuscitation attempts must be clearly documented in the clients consent / medical record. Incident form/ report must be completed in accordance with the company incident reporting system.

**4.8 Adverse Incidents** Significant adverse incidents relating to cardiac arrest/resuscitation are reported using the company incident reporting system. An action plan including communication of lessons learned and any remedial action is then formulated.

**4.9 Risk Assessments** All clinic areas should ensure that the appropriate resuscitation equipment is available. The service manager should undertake a risk assessment to establish the level of equipment required for their area, and the skill level required to operate this where appropriate if necessary.

**5.Do Not Attempt Cardiopulmonary Resuscitation** (DNACPR) which fully comply with the guidance issued by the BMA / RCN / Resuscitation Council (UK) (2002) and the recommended standards issued in the Joint Statement from the Royal College of Anaesthetists, the Royal College of 13 Physicians, the Intensive Care Society and the Resuscitation Council (UK) standards for clinical practice and training that state: It is essential to identify (a) client for whom cardiopulmonary arrest is an anticipated terminal event and in whom cardiopulmonary resuscitation (CPR) is inappropriate; and (b) clients who do not want to be treated with CPR; All clinics should ensure that there is a clear and explicit resuscitation plan for all clients.

Where there is no resuscitation plan and the wishes of the clients are unknown, resuscitation should be initiated if cardiopulmonary arrest occurs. However, a decision not to attempt resuscitation may be appropriate when; the clients condition indicates that CPR is unlikely to be successful, or CPR is not in accord with an applicable Advanced Decision or successful CPR is likely to be followed by a length and quality of life that is not in the best interests of the clients. The overall responsibility for decision about DNACPR orders rests with the consultant in charge of the clients care. Adherence to the Mental Capacity Act (2005) Discussion when to stop should be made when the emergency services have arrived at the scene. (available online at www.opsi.gov.uk/ACTS/acts2005/ukpga\_20050009\_en\_1) which came in to force on 1st April 2007.

**5.1 Resuscitation Equipment**, Replenishment and cleaning the resuscitation trolleys/grab bags will be subject to audit performed by the qualified nurse. The resuscitation trolleys should be stocked in accordance with the standardised list issued by the clinic nurse manager. Disposable items should be replenished at the earliest opportunity from the central storage areas. Non-disposable items should be decontaminated / cleaned in accordance with both the manufacturers’ policy and the company-wide infection control policy and re-instated to the trolley as soon as is practical. All discrepancies must be reported to the senior member of staff on duty, which has a responsibility to ensure that the resuscitation box is fully stocked as soon as possible and at the very latest within twenty four hours. Action taken to replace missing items must be recorded in the resuscitation box. Completed cardiac arrest box/emergency equipment checklists, clearly identifying the department and date. To include pocket mask, and epinephrine for Anaphylaxis**.**

**5.2 Cross Infection** Whilst the risk of infection transmission from patient to rescuer during direct mouth-to mouth resuscitation is extremely rare, isolated cases have been reported. It is therefore, advisable that mouth to mouth ventilation is avoided in the following circumstances:

All clients who are known to have or suspected of having an infectious disease.

 All clients where the medical history is unknown.

New clients or change in their medical history.

All clinical areas have rapid access to bag, valve and mask devices or pocket masks to eliminate the need for mouth-to-mouth ventilation.

However, in situations where airway protective devices are not immediately available, start chest compressions whilst awaiting an airway device. If there are no contraindications consider giving mouth-tomouth ventilations.

**5.3 Anaphylaxis** The management of suspected anaphylaxis by aesthetic nurse in clinic should be conducted in accordance with the Resuscitation Council (UK) Guidelines 2008 (Appendix I )

**5.4 Automated External** Defibrillators Automated external defibrillators (AEDs) are very effective at guiding the operator through the process of administering a shock. They have become widely available. Whilst it is highly desirable that those who may be called upon to use an AED should be trained in its use, and keep their skills up to date, circumstances can dictate that no trained operator (or a trained operator whose certificate has expired) is present at the site of an emergency. In these exceptional circumstances the company are guided by the Resuscitation Council (UK) and place no restrictions on the use of the AED by train NHS emergency service workers. Where there is no AED on the clinic site, 999 must be called and stated to emergency service operator adult cardiac arrest AED required. The same principle applies to those whose period of qualification has expired. (Statement on the training required to use an automated external defibrillator – Resuscitation Council UK April 2009 revised November 2009).

**Equality and Diversity Statement**

Beauty Skin Deep Cosmetics Ltd is committed to ensuring that as far as is reasonably practicable, delivery of services to the public and the approach to employees reflects their individual needs and does not discriminate against individuals or groups on any grounds. Appendix O 22 Process for monitoring compliance with, and the effectiveness of this Policy The clinic manager will attend cardiac arrest call in order to monitor performance and ensure standards of care are maintained.

Where monitoring identifies deficiencies the clinic manager (qualified nurse) will agree an action plan with the individual(s)/their supervising consultant/manager, specify actions to be taken, deadlines for action and a date for review.

 When appropriate, the attempt is reported via company incident reporting system and a root cause analysis is undertaken and an action plan implemented.

 Attendance at resuscitation training is audited and reported to the Management Board on a monthly basis via company line management. The training status of individual staff members is provided to line managers on a monthly basis. line managers/clinical co-ordinators are informed by letter if a member of staff fails to attend training. Directorate managers are informed if a member of staff consistently fails to attend training and are responsible for formulating an action plan.

 Assessment of each clinic is carried out prior to treatment using company consent and assessment documentation systems in place for the recognition of patients at risk of cardiorespiratory arrest.

**References**

Statement on the training required to use an automated external defibrillator – Resuscitation Council UK April 2009. Revised November 2009) at http://www.resus.org.uk/pages/AEDtrnst.htm “Quality Standards for Cardiopulmonary Resuscitation Practice and Training” (Resuscitation Council – November 2013).

Quality Standards for Cardiopulmonary Resuscitation Standards for Clinical Practice and Training: Resuscitation Council UK, London. October 2004 (updated 2008) . Available online at

http://www.resus.org.uk/pages/standard.pdf Resuscitation Guidelines: Resuscitation Council UK, 2010. Available online at Resuscitation Council (UK) Guidelines 2010 Acutely Ill Patients in Hospital: National Institute for Clinical Excellence. Clinical Guideline 50. July 2007 Reviewed November 2010 at <http://www.nice.org.uk/guidance/CG50>

Appendix H

Backup systems In all cardiac arrests the universal cardiac arrest number is 999. At Thorpe Park Hotel and Spa the process is to advise adult cardiac arrest no signs of life AED required, situated in the spa first floor located in the beauty treatment area. Address Thorpe park hotel and spa, Century way, LS15 8ZB. To send reception staff to meet responder and to inform reception staff at Thorpe park hotel that there has been a cardiac arrest and make aware that an ambulance has been called and which treatment room the clinician is in.

Adult cardiac arrest no signs of breathing normally AED required, Castleford address and location to the rear of 18 holywell avenue WF10 3fd. If clinician not on their own to send someone to meet the responder, to the front of the clinic at street level.

**Appendix H**



Appendix I



Adrenaline (epinephrine) intramuscularly (IM) in the anterolateral aspect of the middle third of the thigh (safe, easy, and effective):

* Adult IM dose 0.5 mg IM (=500 μg = 0.5 mL of 1:1000) adrenaline (epinephrine).
* >12 years: 500 μg IM (0.5 mL) that is, the same as the adult dose.
* 6-12 years: 300 μg IM (0.3 mL).
* <6 years: 150 μg IM (0.15 mL).