



Resuscitation and Confirmation of Death Policy

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Trust Policy Foreword

Code of Conduct and Conflict of Interest Policy: The Trust Code of Conduct for Staff and its Conflict of Interest and Anti-Bribery policies set out the expectations of the Trust in respect of staff behaviour. SWASFT employees are expected to observe the principles of the Code of Conduct and these policies by declaring any gifts received or potential conflicts of interest in a timely manner, and upholding the Trust zero-tolerance to bribery.

Compassion in Practice: SWASFT will promote the values and behaviours within the Compassion in Practice model which provide an easily understood way to explain our role as professionals and care staff and to hold ourselves to account for the care and services that we provide. These values and behaviours reflect the Trust's commitment to developing an outstanding service through the conduct and actions of all staff. SWASFT will encourage staff to demonstrate how they apply the core competencies of Care, Compassion, Competence, Communication, Courage, and Commitment to ensure our patients experience compassionate care.

Duty of Candour: SWASFT will, as far as is reasonably practicable, apply the statutory Duty of Candour to all reported incidents where the Trust believes it has caused moderate or severe harm or death to a patient. This entails providing the affected patient or next of kin (within strict timescales) with: all information known to date; an apology; an explanation about any investigation; written follow-up; reasonable support; and the outcome fed back in person (unless they do not want it). The only exception is where making contact could have a negative impact upon the next of kin. SWASFT employees are expected to support this process by highlighting (early) any incident where they believe harm may have been caused.

Equality Act 2010 and the Public Sector Equality Duty: SWASFT will act in accordance with the Equality Act 2010, which bans unfair treatment and helps achieve equal opportunities in the workplace. The Equality Duty has three aims, requiring public bodies to have due regard to: eliminating unlawful discrimination, harassment, victimization and any other conduct prohibited by the Act; advancing equality of opportunity between people who share a protected characteristic and people who do not share it; and fostering good relations between people who share a protected characteristic and people who do not share it. SWASFT employees are expected to observe Trust policy and the maintenance of a fair and equitable workplace.

Fit and Proper Persons: SWASFT has a statutory duty not to appoint a person or allow a person to continue to be an executive director or equivalent or a non-executive director under given circumstances. They must be: of good character; have the necessary



qualifications, skills and experience; able to perform the work they are employed for (with reasonable adjustments); able to provide information required under Schedule 3 (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). The definition of good character is not the test of having no criminal convictions but instead rests upon judgement as to whether the person's character is such that they can be relied upon to do the right thing under all circumstances. This implies discretion for boards in reaching a decision and allows that people can change over time.

Health and Safety: SWASFT will, so far as is reasonably practicable, act in accordance with the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and associated legislation and approved codes of practice. It will provide and maintain, so far as is reasonable, a working environment for employees which is safe, without risks to health, with adequate facilities and arrangements for health at work. SWASFT employees are expected to observe Trust policy and support the maintenance of a safe and healthy workplace.

Information Governance: SWASFT recognises that its records and information must be managed, handled and protected in accordance with the requirements of the Data Protection Act 1998 and other legislation, not only to serve its business needs, but also to support the provision of highest quality patient care and ensure individual's rights in respect of their personal data are observed. SWASFT employees are expected to respect their contact with personal or sensitive information and protect it in line with Trust policy.

NHS Constitution: SWASFT will adhere to the principles within the NHS Constitution including: the rights to which patients, public and staff are entitled; the pledges which the NHS is committed to uphold; and the duties which public, patients and staff owe to one another to ensure the NHS operates fairly and effectively. SWASFT employees are expected to uphold the duties set out in the Constitution.

Risk Management: SWASFT will maintain good risk management arrangements by all managers and staff by encouraging the active identification of risks, and eliminating those risks or reducing them to the lowest level that is reasonably practicable through appropriate control mechanisms. This is to ensure harm, damage and potential losses are avoided or minimized, and the continuing provision of high quality services to patients, stakeholders, employees and the public. SWASFT employees are expected to support the identification of risk by reporting adverse incidents or near misses through the Trust web-based incident reporting system.



Contents

1. Purpose	5
2. Scope	5
3. Definitions.....	6
4. Duties, Responsibilities and Reporting	7
5. Resuscitation	10
6. Confirmation of Death.....	12
7. Dnar Instruction, Advanced Directives (Living Wills), and Advanced Decisions to Refuse Treatment Confirmation of Death	12
8. Deprivation Of Liberty	13
9. Actions Following Confirmation of Death.....	13
10. Documentation.....	13
11. Education and Training Requirements.....	13
12. Adverse Incidents	14
13. Monitoring	15
14. References	16
15. Associated Documents.....	16
Appendix A - Urgent Care Service Procedure	17
Appendix B - Verification Of Death DoI Algoritim	18
Appendix C - Aca Dnar Flowchart.....	19
Appendix D - Version Control Sheet	20



1. Purpose

- 1.1 South Western Ambulance Service NHS Foundation Trust (the Trust) recognises that the provision of resuscitation and dealing with death, are both vital components of the core clinical services provided. The Trust understands and acknowledges that the management of resuscitation and death can be highly emotive for staff, volunteer responders, patients, and their relatives. The Trust will endeavour to treat patients and those around them with dignity and respect under these potentially difficult and stressful circumstances.
- 1.2 Health Service Circular HSC 2000/028¹ placed a requirement on all NHS Trusts to have a resuscitation policy in place. As the circular focused primarily on resuscitation in hospital settings, the distinct differences in practice that apply to ambulance service operations are addressed within this policy.
- 1.3 The aim of this policy is to ensure a structured and systematic approach to resuscitation and the confirmation of death for all volunteer responders, honorary clinicians and clinical staff employed by the Trust.
- 1.4 The objectives of the policy are to ensure standardisation in the provision of the highest quality of safe care across the organisation, which meets all relevant national requirements. The Policy also provides concise, up-to-date evidence-based information that is readily available to all clinical staff. The policy must be read in conjunction with Clinical Guideline CG07 Cardiac Arrest.

2. Scope

- 2.1 This policy applies to all clinical grades of staff. Definitions of these grades are consistent with Trust job descriptions:
 - Doctors (including BASICS)
 - Specialist Paramedics Urgent and emergency Care (SPUEC)
 - Specialist Paramedic Critical Care (CCPs)
 - Paramedics
 - Nurses
 - Newly Qualified Paramedics (NQPs)
 - Advanced Technicians (Including Technicians and Ambulance Practitioners)
 - Student Paramedics (Employed and Student)
 - Emergency Care Assistants (ECA)
 - Ambulance Care Assistants (ACAs)
 - Responders



3. Definitions

- 3.1 Resuscitation:** The act of reviving an unconscious patient by any means, and the process of sustaining the vital functions of a person in respiratory or cardiac arrest, while reviving them using techniques of artificial ventilation; cardiac chest compressions and treating the cause of the arrest.
- 3.2 Confirmation of Death:** The act of confirming that the patient is dead.
- 3.3 Certification of Death:** A Certificate of the Cause of Death issued by a doctor, usually the patient's GP. Although the certificate states the likely cause of death, under UK law, it does not certify that the patient is dead. A Death Certificate can only be issued by the Doctor who attended the patient during their last illness within the past two weeks, or by a coroner.
- 3.4 Advance Care Planning:** A process of discussing and planning ahead for a patient, forming a document to aid future decision making on behalf of the patient, if they lose the capacity to make their own decisions.
- 3.5 Advance Decision to Refuse Treatment:** A legally binding document that is related to the Mental Capacity Act 2005², and formalises what the patient does not wish to happen to them e.g. Cardio-pulmonary Resuscitation.
- 3.6 Basic Life Support (BLS):** Basic Life Support refers to maintaining airway patency and supporting breathing and circulation without the use of equipment (may include AED, BVM and oropharyngeal airway) or other protective device (Resuscitation Council UK 2010)
- 3.7 Intermediate Life Support (ILS):** Intermediate Life Support includes all aspects of BLS, with the addition of nasopharyngeal airways, Laryngeal Mask Airways (LMAs), intravenous/intraosseous cannulation, and manual rhythm recognition and defibrillation.
- 3.8 Advanced Life Support (ALS):** Advanced Life Support refers to the management of cardiac arrest in accordance with Clinical Guideline CG07. It is the responsibility of ambulance clinicians to manage cardiac arrests within their scope of practice and in accordance with the ALS algorithm.
- 3.9 Do Not Attempt Resuscitation order:** A document that states that cardio-pulmonary resuscitation (CPR) should not be performed on a patient in the event of cardio-respiratory arrest. This document must be signed by a doctor or lead nurse.

- 3.10 Advance Directive/Living Will:** A legally binding document that includes details of what the patient wishes to happen to them in the future.
- 3.11 Clinical Staff/Clinicians:** Doctors, Emergency Care Practitioners (ECPs), Critical Care Paramedics (CCPs) Paramedics, Nurses, Advanced Technicians, Student Paramedics Employed and student), Emergency Care Assistants (ECA) and Ambulance Care Assistants (ACAs) acting on behalf of the Trust, and including when acting as a staff responder.
- 3.12 Responder:** Volunteer who is dispatched to an incident on behalf of the Trust, and has been trained to attend medical emergencies, and deliver basic life support, oxygen therapy and defibrillation, using an automated external defibrillator.
- 3.13 Senior Clinician:** The clinical member of staff on-scene with the highest clinical skill level. If two clinicians of the same grade are present, then the first on scene, or the attendant if two clinicians of the same grade are part of an ambulance crew, will be regarded as the senior clinician for the purpose of this policy.

4. Duties, Responsibilities and Reporting

4.1 Chief Executive

- 4.1.2 The Chief Executive is responsible for ensuring the full implementation of this policy, to ensure the Trust achieves the highest possible standard of care for patients and support for all clinical staff during the resuscitation decision making process. This responsibility is delegated to the Executive Medical Director.

4.2 Executive Medical Director

- 4.2.1 The Executive Medical Director has been nominated by the Board to have executive responsibility for ensuring the full implementation of this policy, to ensure that it is disseminated in a timely manner and regularly reviewed.

4.3 Clinical Director/Consultant Paramedic

- 4.3.1 The Clinical Director/Consultant Paramedic, as the lead Paramedic within the Trust, is responsible for maintaining and authorising any changes to the policy, and ensuring that it continues to reflect the latest clinical evidence.



4.4 Executive Director of Operations

4.4.1 The Executive Director of Operations is responsible for providing sufficient operational support to enable the full implementation of appropriate guidelines within the specified timelines and for compliance with the policy within the A&E Service Line.

4.5 Executive Director of Nursing and Quality

4.5.1 The Executive Director of Nursing and Quality is responsible for providing sufficient operational support to enable the full implementation of appropriate guidelines within the specified timelines and for compliance with the policy within the UCS Service Line.

4.6 Head of Education and Professional Development

4.6.1 The Head of Education and Professional Development is responsible for ensuring that all staff receive training and education in line with the Trusts Training Needs Analysis.

4.7 Pharmaceutical Advisor

4.7.1 The Pharmaceutical Advisor is responsible for providing expert guidance on the appropriate prescribing, supply and administration of medicines used in resuscitation, according to national guidelines.

4.8 Head of Research, Audit and Quality Improvement

4.8.1 The Head of Research, Audit and Quality Improvement is responsible for ensuring the appropriate audit of cardiac arrests as an integral part of the reporting of the Ambulance Quality Indicators (AQIs) and through an annual resuscitation audit. The post holder is also responsible for ensuring that audit project findings are widely disseminated to staff, to highlight generalised deviations from clinical legislation and guidance.

4.8.2 The post holder is responsible for undertaking an annual resuscitation audit of procedures included within this policy, to ensure compliance with guidelines and local monitoring processes. This may be delegated to a Consultant Paramedic/Clinical Development Officer.



4.9 Consultant Paramedics/Clinical Development Officers

4.9.1 Consultant Paramedics/Clinical Development Officers are responsible for supporting the Clinical Director/Consultant Paramedic in the review and implementation of guidelines that support the policy. The Consultant Paramedic (West Division) is responsible for the on-going review of this policy and for supporting the annual resuscitation audit.

4.10 Responder Manager

4.10.1 The Responder Manager is responsible for ensuring that responders adhere to this policy. The post holder will support the Research and Audit Manager in the inclusion of first responder resuscitation attempts within the annual resuscitation audit.

4.11 Operational Officers

4.11.1 Operational Officers are responsible for ensuring that this policy is adopted by clinical staff within their designated stations, within the specified timelines. They are responsible for ensuring that all staff based at their stations have been informed of and supported in practice, according to this policy. They are also expected to perform a local clinical review of documentation, including the Patient Clinical Record, Cardiac Arrest and Confirmation of Death forms. Deviations from this policy must be identified and investigated accordingly.

4.12 Head of Logistics

4.12.1 The Head of Logistics is responsible for ensuring the continuing availability of resuscitation equipment in all environments (including non-operational areas), in accordance with the Standard Vehicle Equipment Policy. This includes ensuring that all Trust defibrillators and associated batteries are continually available, serviced and maintained according to the manufacturer recommendations or Trust agreement.

4.13 Clinical Staff

4.13.1 All clinical staff are responsible for ensuring that any decisions regarding resuscitation and all care delivered is performed in accordance with this policy and the latest evidence base.

4.13.2 Clinical staff must ensure that all operational vehicles are equipped with the necessary resuscitation equipment, as stated in the Standard Vehicle Equipment Policy.



5. Resuscitation

- 5.1 Under the Human Rights Act 2005, individuals have the right to life. Clinical staff have a duty of care that requires them to exercise all reasonable care in the management of their patients, and failure to undertake resuscitation when necessary could be deemed negligent. It is important that clinical staff apply all reasonable resuscitative measures to prevent avoidable death, unless the termination of resuscitation/confirmation of death criteria detailed in Section 7 are fulfilled.
- 5.2 All responders and clinicians are required to remain competent in the recognition of cardio-respiratory arrest, and in the range of life support techniques commensurate with their clinical grade.
- 5.3 All grades of clinical staff and responders must be capable of performing Basic Life Support (BLS) on adult and paediatric patients. Basic Life Support includes ventilation and chest compressions, including the use of oropharyngeal airways and, if appropriate, an automated external defibrillator.
- 5.4 Emergency Care Assistants (ECAs) must be capable of performing BLS on adult and paediatric patients, including identification of patients in cardiac arrest, ventilation and chest compressions, the use of oropharyngeal airways and an automated external defibrillator. ECAs must also be proficient in supporting the lead clinician, assembling drugs and equipment where necessary.
- 5.5 In addition to BLS, Advanced Technicians (autonomously) and Student Paramedics (Level 2-4 under direct supervision only) are required to practice Intermediate Life Support (ILS). Intermediate Life Support includes all aspects of BLS, with the addition of nasopharyngeal airways, supraglottic airways, intravenous/intraosseous cannulation (if trained), and manual rhythm recognition and defibrillation.
- 5.6 In addition to BLS and ILS, all Specialist Paramedics, Paramedics and appropriately trained and authorised Nurses, are required to practice Advanced Life Support (ALS). Advanced Life Support consists of all aspects of BLS and ILS, with the addition of endotracheal intubation, needle cricothyroidotomy and the administration of resuscitation drugs.
- 5.7 In addition to ALS, Critical Care Paramedics and appropriately trained clinicians are required to practice enhanced skills such as surgical airway and finger thoracostomy. Staff will have undergone the Trust's approved training requirements and have received written authorisation to practice the advanced skill under the Enhanced Skills Policy.



5.8 Doctors must practice the level of resuscitation appropriate for their role within the Trust and within their own competencies:

- Out of Hours GPs - Basic Life Support with AED is the minimum accepted standard, with ILS encouraged.
- Urgent Care Centre GPs - ILS.
- BASICS Doctors - Advanced Life Support or equivalent.
- Air Ambulance Doctors - Advanced Life Support or equivalent. Enhanced skills (e.g. thoracostomy) where they are competent and confident to do so, have the required support on-scene from appropriately trained individuals, and have met the Trusts requirements for the skill. Where published, Trust guidance should be followed.

5.9 The priorities during adult and paediatric resuscitation are to:

- Maintain the safety of yourself, the patient and others;
- Ensure that good quality chest compressions are maintained throughout the resuscitation, with minimal interruptions. Chest compressions are the most important intervention during any resuscitation and must not be interrupted unless absolutely necessary;
- Defibrillate when appropriate;
- Always use defibrillators in manual mode when an appropriately trained clinician (as defined in Section 5) is present, to prevent unnecessary interruption in chest compressions while the defibrillator analyses the ECG;
- Maintain a patent airway (advanced airway in adults and using a step-wise approach in paediatrics as detailed within Clinical Guideline CG03 Airway Management)
- Ensure adequate ventilation;
- Consider and treat reversible causes;
- Access early ALS. If an ALS clinician is not present initially, then BLS must be commenced and the appropriate clinical hub contacted, at the earliest opportunity, to request the attendance of an ALS clinician.

5.10 Whenever possible, patients should be treated where they are found, as it is normally easier to take equipment to the patient, than the patient to the equipment (or ambulance). Any transfer, even from a house to ambulance, is likely to cause an interruption of chest compressions and should be avoided whenever possible, until there is a Return of Spontaneous Circulation (ROSC). It is vital that staff follow the post-ROSC guidance detailed within Clinical Guideline CG07 Cardiac Arrest, to ensure that patients transferred to the ambulance following achievement of ROSC are more likely to maintain ROSC.



5.11 It is recognised that maintaining good quality chest compressions is difficult to achieve whilst transporting a patient in cardiac arrest to hospital. Transport of an adult or paediatric patient still in cardiac arrest should therefore only be initiated if **any** of the following criteria are met:

- Interventions are required which are only available by a Critical Care Doctor or CCP and such a resource is unlikely to arrive at scene within a clinically appropriate timeframe, or the intervention is only available within hospital;
- Based on the ETA provided by the Clinical Hub, the time taken for an ALS clinician to arrive is greater than the time it would take non-ALS clinicians on-scene to convey the patient to hospital;
- The patient is unlikely to satisfy the criteria for stopping resuscitation (e.g. persistent Ventricular Fibrillation or Pulseless Electrical Activity despite on-scene ALS).

5.12 Within the Trust, resuscitation should be provided according to the Trust Clinical Guideline CG07 Cardiac Arrest and CG03 Airway Management. These guidelines have primacy above any other publications including JRCALC and RCUK publications. Critical Care should be delivered according to Trust clinical guidelines (where published) or in their absence other appropriate published guidance.

5.13 It is expected that all patients, including paediatrics, will receive full resuscitation up to the scope of practice of the staff on-scene.

6. Confirmation of Death

6.1 Trust Clinical Guideline CG07 Cardiac Arrest details the situations in which resuscitation may either not be commenced or be stopped once started. The guideline also covers the grades of staff authorised to apply each procedure.

6.2 In addition to the factors listed within the guideline, it is also permissible not to commence resuscitation when this would unduly compromise the safety of ambulance staff.

7. Do Not Attempt Resuscitation (DNAR) Instruction, Advanced Directives (Living Wills), and Advance Decisions to Refuse Treatment (ADRT)

7.1 Guidance on Do Not Attempt Resuscitation (DNAR) Instruction, Advanced Directives (Living Wills), and Advance Decisions to Refuse Treatment (ADRT) is provided within Clinical Guidelines CG07 Cardiac Arrest and CG29 Palliative Care.



8. Deprivation of Liberty

- 8.1 The Deprivation of Liberty Safeguards (DoLS) form part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home, hospital or supported living arrangement only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them.
- 8.2 The safeguards apply to vulnerable people aged 18 or over who have a mental health condition (this includes dementia), who are in hospitals, care homes and supported living, and who do not have the mental capacity (ability) to make decisions about their care or treatment.
- 8.3 As such a patient who is subject to a DoLS could be considered to be subject to detention by the state and as such any subsequent death must be reported to the Coroner. Reporting the death to the Coroner must be undertaken in the normal manner. The nature of the death, expected or otherwise has no bearing on this requirement. Please refer to Appendix C for algorithm that informs of this process.

9. Actions Following Confirmation of Death

- 9.1 Trust Clinical Guideline CG07 Cardiac Arrest details the actions that must be taken following the confirmation of death.

10. Documentation

- 10.1 The documentation required is detailed within Clinical Guideline CG07 Cardiac Arrest, and within the Management of Clinical Records Policy. The Adastra system may be used as an alternative within the Urgent Care Service.

11. Education and Training Requirements

- 11.1 The Trust's Head of Education and Professional Development is responsible for ensuring that all responsibilities detailed in Section 5 are discharged.
- 11.2 The Trust's Head of Education and Professional Development, in consultation with the Medical Directorate, is responsible for ensuring that clinical staff are trained in current resuscitation procedures relevant to their skill level, and for maintaining appropriate training records.

- 11.3 The Head of Education and Professional Development is responsible for ensuring that identified non-clinical staff receive resuscitation training in accordance with the Trust's training needs analysis.
- 11.4 The Responder Manager is responsible for ensuring that the Trust's Responders (including static sites) are trained in current resuscitation procedures relevant to their skill level and in accordance with the Trust's Training Needs Analysis, and for maintaining records to that effect. Responders will be assessed in basic life support and defibrillation every six months.
- 11.5 Training will reflect the Trusts internal clinical guidelines, which are based on the Resuscitation Council UK guidance and in accordance with the Trust's Training Needs Analysis;
- 11.6 Clinical staff will receive resuscitation training and assessment as appropriate to their training needs and scope of practice. Resuscitation assessment is received on joining the Trust as well as annually thereafter, in accordance with the Trust Training Needs Analysis.
- 11.7 Staff who fail to attend training and assessment in accordance with the Training Prospectus are followed up and any deficiencies rectified;
- 11.8 For paramedics working in roles where they do not come into physical contact with patients, i.e. paramedics working exclusively in a clinical hub, ILS will be the minimum standard of resuscitation training required."

12. Adverse Incidents

- 12.1 Adverse Incidents (AIs) related to resuscitation or death should be reported according to Trust procedures. It is recommended that the advice of a Operations Commander should be sought due to the sensitivity of the incident, the possibility of evidence collection, the involvement of other agencies (such as the police) and to provide support for the staff involved.
- 12.2 All investigations relating to resuscitation should be reviewed by a Consultant Paramedic/Clinical Development Officer (CDO), to ensure that lessons learnt can be acted upon throughout the organisation.



13. Monitoring

- 13.1 The Trust's Resuscitation Group will receive an Annual Resuscitation Report from the Consultant Paramedic (West)/Clinical Development Officer (West), which will provide assurance that all aspects of this policy continue to be effectively implemented in practice. The report will include:
- Summary of a confirmation of death audit, to demonstrate compliance with this policy.
 - Summary of the cardiac arrest national Ambulance Quality Indicators.
 - Assurance provided by the Head of Education on compliance with staff education and where appropriate, assessment, according to the Trusts Training Needs Analysis.
 - Assurance that all core Trust responding vehicles continue to be equipped with appropriate resuscitation equipment, according to the Standard Vehicle Equipment Policy.
 - Summary of all incident reports, serious incidents, making experiences count (previously known as complaints) received which are related to resuscitation or the confirmation of death.
- 13.2 The Consultant Paramedic/Clinical Development Officer (West) will review adverse incidents, serious incidents and complaints relating to the availability of resuscitation equipment and identified trends.
- 13.3 Any recommendations made by the Resuscitation Group will be reviewed by the Clinical Effectiveness Group.
- 13.4 Any individual identified exceptions to this policy will be addressed with the staff concerned. In instances where wider exceptions are identified these will be addressed by the Clinical Effectiveness Group and may result in the provision of guidance and training.



14. References

1. Department of Health, 2002. Health Service Circular HCS 2000/028. Resuscitation Policies. Department of Health.
2. Mental Capacity Act, 2005. Department of Health. Available Online: http://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga_20050009_en.pdf TSO. [Accessed 1st February 2013].
3. Joint Royal Colleges Ambulance Liaison Committee, 2013. Clinical Practice Guidelines. JRCALC.
4. The Resuscitation Council UK, 2010. Available Online: <http://www.resus.org.uk/> [Accessed 3rd February 2013].
5. The European Resuscitation Council, 2010. Available Online: <https://www.erc.edu/index.php> [Accessed 3rd February 2013].

15. Associated Documents

15.1 This policy has been written to comply with relevant NHS guidelines and the law of England and Wales. The policy is consistent with the latest national and international guidelines for resuscitation (including updates) published by:

- Clinical Guideline CG03 Airway Management
- Clinical Guideline CG07 Cardiac Arrest
- Clinical Guideline CG29 Palliative Care
- Joint Royal College Ambulance Liaison Committee ('JRCALC')³
- The UK Resuscitation Council⁴
- The European Resuscitation Council⁵
- The Stationary Office (TSO). For example: The Mental Capacity Act 2005, Code of Practice²

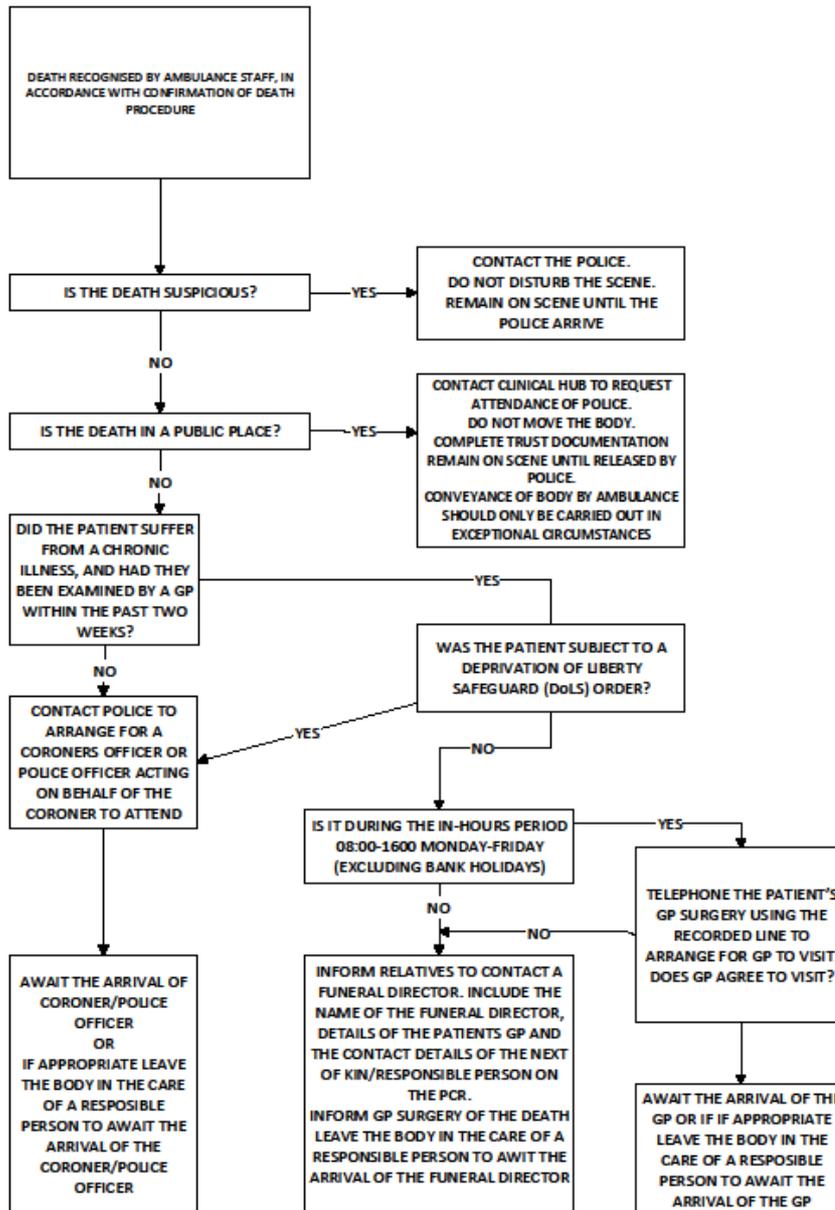


Appendix A - Urgent Care Service Procedure

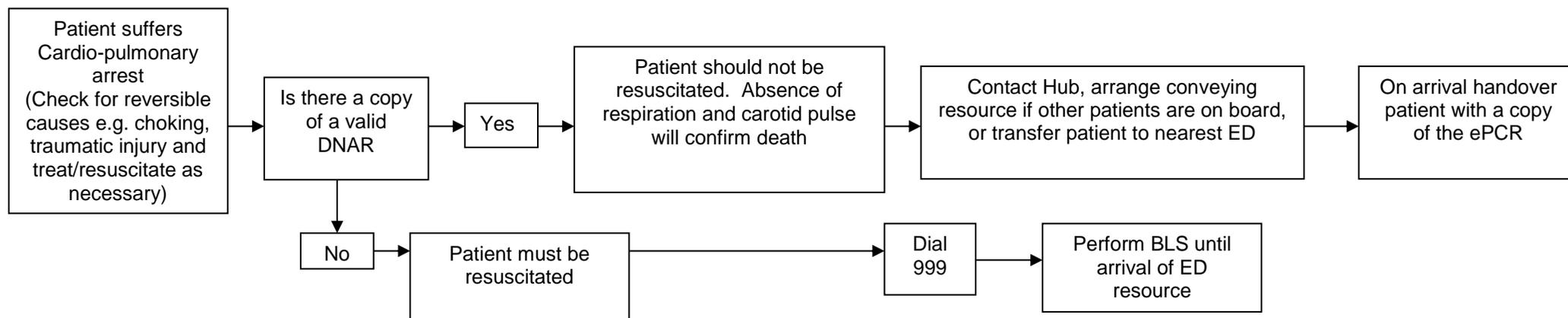
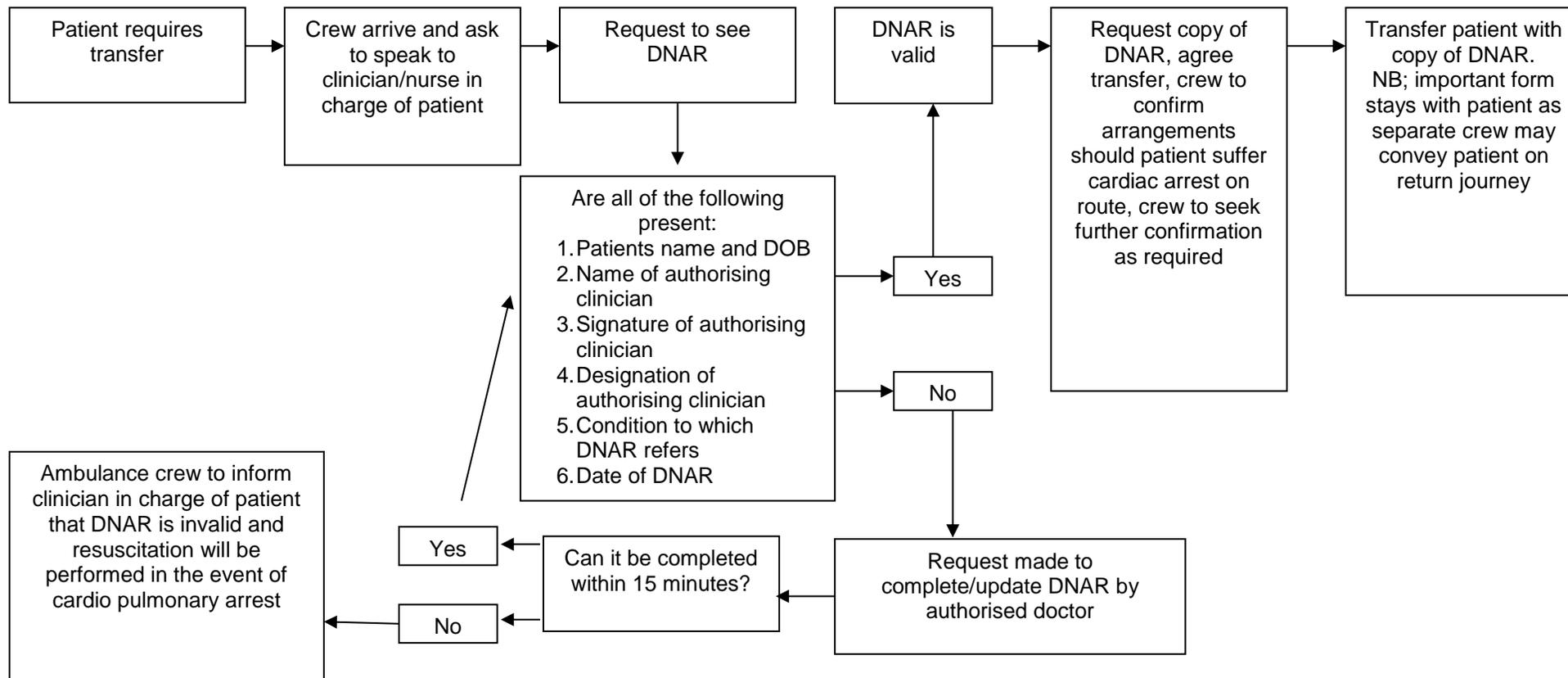
- 1.1 Calls received into the 111 service will be triaged through the Pathways decision support software tool. On receipt of a telephone call reporting a cardiac arrest or death, the Call Advisor must establish whether the death was expected or unexpected
- 1.2 In the case of expected deaths, the call may be completed by the Call Advisor if someone is present with the body who can verify life extinct. In this case the call will close in the 111 service and a Post Event Message (PEM) will be sent to the patient's GP practice. If there is no-one to verify life extinct the call will be referred via the Directory of Services (DoS) to the appropriate service. The case will then close in 111.
- 1.3 In the case of unexpected death, NHS Pathways will establish whether it is appropriate to make any resuscitation attempts. If appropriate, the system will suggest an ambulance response. If however the patient is unconscious and has a DNAR; or an ambulance response appears to be inappropriate, the Call Advisor will alert a Clinical Supervisor and if necessary warm transfer the case to them in order to reduce the number of un-necessary ambulance activations. The Clinical Supervisor will validate the information already received and use professional judgment to determine if an ambulance response is appropriate. In some circumstances, it will be appropriate to send out a resource to verify life extinct, and in all circumstances the case will be referred to the Police.
- 1.4 In the event of an ambulance being dispatched, any 'Special Patient Notes' attached to the patient's Ad Astra records are clearly communicated and included in the ITK message. If not available at the time of Ambulance dispatch, they must be passed verbally as soon as the message transfer has completed.
- 1.5 If an Out of Hours resource attends a death they should fill out a Confirmation of Death form which must be faxed to the patient's GP, using a safe fax in the Clinical Hub. This may not always be possible but a PEM message will always be sent to the surgery by 08:00 the next day.
- 1.6 Out of hours Doctors cannot issue a death certificate; they are only able to recognise life extinct, in the same manner as ambulance clinicians. UCS GPs should not conduct home visits in the case of a death, unless the purpose is to address the healthcare needs of others on-scene.



Appendix B - Verification of Death/DoLS Algorithm



Appendix C - PTS DNAR Flowchart





Appendix D - Version Control Sheet

Version	Date	Author	Summary of Changes
2	Aug 10	J Wenman	<ul style="list-style-type: none"> • Complete rewrite.
2.1	Dec 13	J Wenman	<ul style="list-style-type: none"> • 3.7 Definition of Intermediate Life Support added. • Job titles updated throughout document to reflect new structure. • Emergency Care Assistant responsibilities added. • 'if trained' added to cannulation, for Technician resuscitation responsibilities. • 6 and 8. Policy text replaced with a link to the new Trust Clinical Guideline CG07 (Cardiac Arrest). • 10. Education and Training sections combined.
2.2	Oct 14	J Wenman	<ul style="list-style-type: none"> • Trust Clinical Guidelines referenced throughout, with duplicate text removed so that the guideline covers operational practice, and the policy provides an overarching framework. • Job titles updated throughout document to reflect new structure. • 5. Clinical scope of practice updated, with clear scope of Doctors added.
2.3	June 17	J Wenman	<ul style="list-style-type: none"> • Job titles amended where required to, reflect structure changes. • Addition of clinical hub training expectations. • Reference made to new SOP and CGs.