Basic Life Support

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 12

Policy Statement

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

In the event of a cardiac and/or respiratory arrest, resuscitation procedures are implemented only for those service users without a DO NOT RESUSITATE (DNACPR) order in place. A decision will have been made between the service user, qualified staff, relatives/relevant person and the doctor about the service user's resuscitation status, according to clinical assessment and the service user's choice; this decision will be clearly documented in the care notes. A regular review of the service user's DNACPR status will be undertaken by the staff and GP in co-operation with the service user.

Procedure

- Ensure it is safe to approach the victim.
- Promptly assess the unresponsive victim to determine if they are breathing normally.
- Be suspicious of cardiac arrest in any person presenting with seizures and carefully assess whether the victim is breathing normally.
- For the victim who is unresponsive and not breathing normally:
- Dial 999 and ask for an ambulance. If possible stay with the victim and get someone else to make the emergency call.
- Start CPR and send for an AED as soon as possible.
- If trained and able, combine chest compressions and rescue breaths, otherwise provide compression-only CPR.
- If an AED arrives, switch it on and follow the instructions.
- Minimise interruptions to CPR when attaching the automated external defibrillator (AED) pads to the victim.
- Do not stop CPR unless you are certain the victim has recovered and is breathing normally or a health professional tells you to stop
- Treat the victim who is choking by encouraging them to cough. If the victim deteriorates give up to 5 back slaps followed by up to 5 abdominal thrusts. If the victim becomes unconscious – start CPR.

The same steps can be followed for resuscitation of children by those who are not specifically trained in resuscitation for children – it is far better to use the adult BLS sequence for resuscitation of a child than to do nothing.

Basic Life Support

Procedure

Adult Basic Life Support sequence

From: Resuscitation Council (UK) Resuscitation guidelines:

https://www.resus.org.uk/statements/rc-uk-resuscitation-guidelines-2015-published/

SEQUENCE	TECHNICAL DESCRIPTION
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
Send for AED	Send someone to get an AED if available If you are on your own, do not leave the victim, start CPR
Circulation	Start chest compressions Kneel by the side of the victim Place the heel of one hand in the centre of the victim’s chest; (which is the lower half of the victim’s breastbone (sternum))

	Place the heel of your other hand on top of the first hand Interlock the fingers of your hands and ensure that pressure is not applied over the victim's ribs Keep your arms straight Do not apply any pressure over the upper abdomen or the bottom end of the bony sternum (breastbone) Position your shoulders vertically above the victim's chest and press down on the sternum to a depth of 5–6 cm After each compression, release all the pressure on the chest without losing contact between your hands and the sternum; Repeat at a rate of 100–120 min^{-1}
Give Rescue Breaths	After 30 compressions open the airway again using head tilt and chin lift and give 2 rescue breaths Pinch the soft part of the nose closed, using the index finger and thumb of your hand on the forehead Allow the mouth to open, but maintain chin lift Take a normal breath and place your lips around his mouth, making sure that you have a good seal Blow steadily into the mouth while watching for the chest to rise, taking about 1 second as in normal breathing; this is an effective rescue breath Maintaining head tilt and chin lift, take your mouth away from the victim and watch for the chest to fall as air comes out Take another normal breath and blow into the victim's mouth once more to achieve a total of two effective rescue breaths. Do not interrupt compressions by more than 10 seconds to deliver two breaths. Then return your hands without delay to the correct position on the sternum and give a further 30 chest compressions Continue with chest compressions and rescue breaths in a ratio of 30:2 If you are untrained or unable to do rescue breaths, give chest compression only CPR (i.e. continuous compressions at a rate of at least 100–120 min^{-1})
If AED arrives	Switch on the AED Attach the electrode pads on the victim's bare chest

	If more than one rescuer is present, CPR should be continued while electrode pads are being attached to the chest Follow the spoken/visual directions Ensure that nobody is touching the victim while the AED is analysing the rhythm If a shock is indicated, deliver shock Ensure that nobody is touching the victim Push shock button as directed (fully automatic AEDs will deliver the shock automatically) Immediately restart CPR at a ratio of 30:2 Continue as directed by the voice/visual prompts If no shock is indicated, continue CPR Immediately resume CPR Continue as directed by the voice/visual prompts
Continue CPR	Do not interrupt resuscitation until: A health professional tells you to stop You become exhausted The victim is definitely waking up, moving, opening eyes and breathing normally It is rare for CPR alone to restart the heart. Unless you are certain the person has recovered continue CPR
Recovery Position	If you are certain the victim is breathing normally but is still unresponsive, place in the recovery position Remove the victim's glasses, if worn Kneel beside the victim and make sure that both his legs are straight Place the arm nearest to you out at right angles to his body, elbow bent with the hand palm-up Bring the far arm across the chest, and hold the back of the hand against the victim's cheek nearest to you With your other hand, grasp the far leg just above the knee and pull it up, keeping the foot on the ground

	Keeping his hand pressed against his cheek, pull on the far leg to roll the victim towards you on to his side Adjust the upper leg so that both the hip and knee are bent at right angles Tilt the head back to make sure that the airway remains open If necessary, adjust the hand under the cheek to keep the head tilted and facing downwards to allow liquid material to drain from the mouth Check breathing regularly Be prepared to restart CPR immediately if the victim deteriorates or stops breathing normally

The resuscitation Council has provided further "Guidance for safer handling during cardiopulmonary resuscitation in healthcare settings" issued in July 2015

It aims to provide guidance for care providers and resuscitation officers involved in delivery of cardiopulmonary resuscitation

https://www.resus.org.uk/publications/guidance-for-safer-handling-during-cpr-in-healthcare-settings/

Choking

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

Sequence	Technical description
Suspect chocking	Be alert to choking particularly if victim is eating
Encourage to cough	Instruct victim to cough
Give back blows	If cough becomes ineffective give up to 5 back blows Stand to the side and slightly behind the victim Support the chest with one hand and lean the victim well forwards so that when the obstructing object is dislodged it comes out of the mouth rather than goes further down the airway

	Give five sharp blows between the shoulder blades with the heel of your other hand
Give Abdominal Thrusts	If back blows are ineffective give up to 5 abdominal thrusts Stand behind the victim and put both arms round the upper part of the abdomen Lean the victim forwards Clench your fist and place it between the umbilicus (navel) and the ribcage Grasp this hand with your other hand and pull sharply inwards and upwards Repeat up to five times If the obstruction is still not relieved, continue alternating five back blows with five abdominal thrusts
Start CPR	Start CPR if the victim becomes unresponsive Support the victim carefully to the ground Immediately activate the ambulance service Begin CPR with chest compressions

Resuscitation of children and victims of drowning

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

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

Actions after the Event - Documentation

- following successful treatment for choking, foreign material may nevertheless remain in the upper or lower respiratory tract and cause complications later

- victims with a persistent cough, difficulty swallowing, or with the sensation of an object being still stuck in the throat should therefore be referred for an immediate medical opinion
- if the service user is taken into hospital their Care Passport will be required to go with them, a member of staff will accompany them if staffing levels permit
- relatives or their representatives will be contacted and informed of where the service user has been taken
- if a member of staff has required Basic Life Support their next of kin will be contacted
- if the next of kin is unknown or unable to be contacted the police should be informed and they will find and inform
- all records in the service user's care plan will be updated immediately and the manager informed
- accident or incident reports must be completed
- a notification will be sent to CQC if required by Regulation 20 of the Health and Social Care Act 2008 Regulated Activities.(Regulations 2014)

Training Statement

All staff receive mandatory training in basic life support (BLS) during their induction period and before they work with service users. This training consists of both a theoretical session with a competence test and a practical session with observations conducted by a trained first aid instructor. ENS care and support workers are required to update this training every 3 years as a minimum.

All staff, during induction are made aware of the organisations policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used including one to one, on-line, workbook, group meetings, individual supervisions and external courses are sourced as required.

Related Guidance

Resuscitation Council www.resus.org.uk/resuscitation-guidelines/

Related policies
Advance Care Planning Assessment of Need Care and Support Planning DNACPR First Aid Training and Development