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BASIC LIFE SUPPORT		

Introduction

These resuscitation procedures are implemented for staff, visitors 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 automatically implemented for those service users unless a DO NOT RESUSITATE (DNR) 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 DNR status will be undertaken by staff and the GP in co-operation with the service user.

A qualified member of staff must check emergency equipment before use.

A doctor or GP will ensure the availability of emergency drugs where applicable.

Many similarities exist between the BLS guidelines for Adults and Children. Their main differences are:

For children, if two rescuers are available to do CPR, the compression to breaths ratio is 15:2; if only one rescuer is available, the ratio is 30:2 for all age groups.

For very small children, one-handed chest compressions should be used.

The depth of compression may be different. For a child, compress the chest at least one-third the depth of the chest. This may be less than two inches for small children, but will be approximately two inches for larger children.

If you are the only person at the scene and find an unresponsive child, perform CPR for two minutes BEFORE you call EMS or go and look for an AED.

In children, primary cardiac events are not common. Cardiac arrest is most commonly preceded by respiratory problems. Survival rates improve with early intervention for respiratory problems.

Remember that prevention is the first link in the Pediatric Chain of Survival!

If you witness cardiac arrest in a child, call EMS and get an AED just as you would if it were Adult.

Resuscitation Council (RC) (UK) Resuscitation Guidelines 2015

“RC says that the publication of the new and revised treatment recommendations does not necessarily imply that current care is either unsafe or ineffective. SJD Homes follows the RC guidelines and continue to have staff trained to current standards until such time as our organisation’s training company has updated its content in line with the following guidelines as required in our service. The following Resuscitation Council (UK) course material is available:

Advanced Life Support

Immediate Life Support

Newborn Life Support

SJD Homes aims to implement these guidelines.

Key messages from Guidelines

- 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 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 than to do nothing.

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	<p>Check the victim for a response</p> <p>Gently shake his shoulders and ask loudly: "Are you all right?"</p> <p>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</p>	
Airway	<p>Open the airway</p> <p>Turn the victim onto his back</p> <p>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</p>	
Breathing	<p>Look, listen and feel for normal breathing for no more than 10 seconds</p> <p>Within a few minutes of 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</p>	
Dial 999	<p>Call an ambulance (999)</p> <p>When possible, ask a helper to call, otherwise call them yourself. If possible, stay with the victim when making the call. Activate the speaker function on the phone to aid communication with the ambulance service</p>	
Send for AED	<p>Send someone to get an AED if available.</p> <p>If you are on your own, do not leave the victim, start CPR</p>	
Circulation	<p>Start chest compressions</p> <p>Kneel by the side of the victim</p> <p>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)</p> <p>Place the heel of your other hand on top of the first hand</p> <p>Interlock the fingers of your hands and ensure that pressure is not applied over the victim's ribs</p> <p>Keep your arms straight</p> <p>Do not apply any pressure over the upper abdomen or the bottom end of the bony sternum (breastbone)</p> <p>Position your shoulders vertically above the victim's chest and press down on the sternum to a depth of 5–6 cm</p> <p>After each compression, release all the pressure on the chest without losing contact between your hands and the sternum;</p> <p>Repeat at a rate of 100–120 min⁻¹</p>	

<p>Give Rescue Breaths</p>	<p>After 30 Compressions open the airway again using head tilt and chin lift and give 2 Rescue Breaths</p> <p>Pinch the soft part of the nose closed, using the index finger and thumb of your hand on the forehead</p> <p>Allow the mouth to open, but maintain chin lift</p> <p>Take a normal breath and place your lips around his mouth, making sure that you have a good seal</p> <p>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</p> <p>Maintaining head tilt and chin lift, take your mouth away from the victim and watch for the chest to fall as air comes out</p> <p>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</p> <p>Continue with chest compressions and rescue breaths in a ratio of 30:2</p> <p>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)</p>
<p>If AED arrives</p>	<p>Switch on the AED</p> <p>Attach the electrode pads on the victim's bare chest</p> <p>If more than one rescuer is present, CPR should be continued while electrode pads are being attached to the chest</p> <p>Follow the spoken/visual directions</p> <p>Ensure that nobody is touching the victim while the AED is analysing the rhythm</p> <p>If a shock is indicated, deliver shock</p> <p>Ensure that nobody is touching the victim</p> <p>Push shock button as directed (fully automatic AEDs will deliver the shock automatically)</p> <p>Immediately restart CPR at a ratio of 30 compressions : 2 rescue breaths</p> <p>Continue as directed by the voice/visual prompts</p> <p>If no shock is indicated, continue CPR</p> <p>Immediately resume CPR</p> <p>Continue as directed by the voice/visual prompts</p>

Continue CPR	<p>Do not interrupt resuscitation until:</p> <p>A health professional tells you to stop</p> <p>You become exhausted</p> <p>The victim is definitely waking up, moving, opening eyes and breathing normally</p> <p>It is rare for CPR alone to restart the heart. Unless the person has recovered continue CPR</p>
Recovery Position	<p>If the victim is breathing normally but is still unresponsive, place in the recovery position</p> <p>Remove the victim’s glasses, if worn</p> <p>Kneel beside the victim and make sure that both his legs are straight</p> <p>Place arm nearest to you at right angles to his body, elbow bent with hand palm-up</p> <p>Bring the far arm across the chest, and hold the back of the hand against the victim’s cheek nearest to you</p> <p>With your other hand, grasp the far leg just above the knee and pull it up, keeping the foot on the ground</p> <p>Keeping his hand pressed against his cheek, pull on the far leg to roll the victim towards you on to his side</p> <p>Adjust upper leg so that both hip and knee are bent at right angles</p> <p>Tilt the head back to make sure that the airway remains open</p> <p>If necessary, adjust the hand under the cheek to keep the head tilted and facing downwards to allow liquid material drain from the mouth</p> <p>Check breathing regularly</p> <p>Be prepared to restart CPR immediately if the victim deteriorates or stops breathing normally</p>

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

It provides guidance for care providers/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 choking	Be alert to choking particularly if victim is eating
Encourage to cough	Instruct victim to cough
Give back blows	<p>If cough becomes ineffective give up to 5 back blows</p> <p>Stand to the side and slightly behind the victim</p> <p>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</p> <p>Give 5 sharp blows between shoulder blades with the heel of your other hand</p>
Give Abdominal Thrusts	<p>If back blows are ineffective give up to 5 abdominal thrusts</p> <p>Stand behind victim and put both arms round upper part of abdomen</p> <p>Lean the victim forwards</p> <p>Clench your fist and place it between the umbilicus (navel) and ribcage</p> <p>Grasp hand with your other hand and pull sharply inwards and upwards</p> <p>Repeat up to five times</p> <p>If the obstruction is still not relieved, continue alternating five back blows with five abdominal thrusts</p>
Start CPR	<p>Start CPR if the victim becomes unresponsive</p> <p>Support the victim carefully to the ground</p> <p>Immediately call the ambulance service</p> <p>Begin CPR with chest compressions</p>

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, lay people are taught that the adult sequence may also be used for children who are not responsive and not breathing normally. The minor modifications to the adult sequences suitable for use in children:

HOMES

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.

The same modifications of 5 initial breaths and 1 minute of CPR by the lone CPR provider before getting help may improve outcome for victims of drowning. **This modification should be taught only to those who have a specific duty of care to potential drowning victims (e.g. lifeguards).**

Actions after the event: Documentation

- Following successful treatment for choking, foreign material may nevertheless remain in the upper or lower respiratory tract and cause complications later
- Victims with a persistent cough, difficulty swallowing, or 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, inform the Unit
- NOK or their representatives will be contacted and informed of where client has been taken
- If a member of staff has required Basic Life Support their next of kin will be contacted
- If NOK are unable to be contacted, the police should be informed and they will find and inform
- All records in the service users care plan will be updated immediately and the manager informed
- Accident or incident reports must be completed
- Other service users will be reassured as required
- A notification will be sent to CQC if required by Regulation 20 of the Health and Social Care Act

Training Statement

Staff will receive training in Basic Life Support (BLS). Knowledge and skills to be updated every 3 years.

Related policies

Assessment of Need

Care and Support Planning / Advanced Care Planning

Training and Development