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Medical Emergency Management Policy

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Medical Emergency Management Policy

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Policy Purpose and Statement

The purpose of this policy is to ensure our organisation delivers an effective and timely response to all medical emergencies and cardiac arrest events, whilst ensuring the response is compliant with the latest legislation, guidance, and recommendations.
Our organisations policy will adhere to the Resuscitation Council UK (RCUK) Guidelines 2021 and relevant NICE guidelines As well as organisational procedures to ensure all staff are equipped to respond to any medical emergency to a level appropriate to their skill set. This will ensure the provision of safe and appropriate care for people who use our services prior to the arrival of the ambulance.

This policy also considers the Human Rights Act (1998) in decision making particularly relevant to decision about attempted cardiopulmonary resuscitation in the context of the following points:

- The right to Life (article 2)
- The right to be free from inhuman or degrading treatment (article 3)
- The right to respect for privacy and family life (article 8)
- The right to freedom and expression, which includes the right to hold opinions and to receive information (article 10)
- The right to be free from discriminatory practices in respect of these rights (Article 14)

Staff employed by our organisation must comply with the requirements laid out in this policy.

This policy and procedure will specifically cover medical emergencies and resuscitation events. It is expected that staff will respond quickly and appropriately to all medical emergencies and alert the appropriate emergency service(s).

Glossary of Terms

Definitions

- **ABCDE assessment "Airway, Breathing, Circulation, Disability, Exposure"**- The serial, clinical assessment process and structure to be followed when assessing a critically unwell or deteriorating person.
- **Advance Decision to Refuse Treatment (ADRT)**, (May also be referred to as a "living will"). A written statement of a person's wishes to refuse certain treatments in certain circumstances. Advance decisions that are both valid and applicable under the requirements of the Mental Capacity Act will be legally binding for everyone involved in the care of the individual.
- **Automated External Defibrillator (AED)**- A medical device which can analyse cardiac activity and deliver a shock upon recognition of a shockable cardiac rhythm. This machine will not allow a shock to be delivered inappropriately. The AED will verbally guide rescuers to the appropriate actions to be undertaken. If in the event of a paediatric cardiorespiratory arrest,

the AED should be used with paediatric pads. If none are available, use the standard AED pads (for all ages).

- **Basic Life Support (BLS)** The basic initial measure which must be undertaken in the event of finding a person collapsed and in cardiorespiratory arrest. These measures include early recognition of collapse, early call for help, early initiation of high-quality chest compressions and early application of the AED.
- **Cardio-Pulmonary Resuscitation (CPR)** The act of administering chest compressions to someone whose heart has stopped circulating blood around their body. This will be identified by an unresponsive person who is not breathing or not breathing normally (agonal breathing). It is applied as firm pushes on the centre of a person's chest (sternum) using both hands with one hand placed over the other. It should be delivered at a rate of 2 compressions per second, at a depth of 5-6cm of the persons chest, and rescuers should fully "recoil" in between each compression. CPR can be administered with or without ventilations (this is a mitigation of COVID-19 where rescuer safety is paramount). Only those with the training, equipment and PPE to deliver ventilations should administer as such, at a ratio of 30:2.
- **Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR)** -An advance decision (not to be confused with a legal ADRT decision) which outlines that CPR must not be undertaken in the event of a cardiorespiratory arrest. DNACPR orders are to be documented on the appropriate DNACPR forms.

Roles and Responsibilities

The Registered Manager is responsible for implementation of this policy throughout the organisation.

The Registered Manager will be responsible for ensuring a rolling programme of training and development to ensure a level of competence in staff that will adequately support this procedure.

Staff are responsible for making themselves aware of and complying with the requirements as outlined by this procedure.

- The roles and responsibilities of staff depends on their individual training
- It is the responsibility of all staff to ensure they undertake the correct training to support the implementation of this procedure.

Managing Medical Emergencies

In the event of any medical emergency, including cardiac arrest, help should be summoned immediately.

Staff responding to the events are expected to follow the RCUK (2021) algorithms (See appendix) as appropriate to the specific emergency and their skill set.

Staff should not hesitate in activating the relevant emergency services by calling 999, if they have any concerns regarding the health and safety of any person.

In the event of an emergency call being made, staff must ensure that the ambulance and other relevant personnel can gain access to the location of the incident where this is possible and safe to do so.

Unconscious Casualty

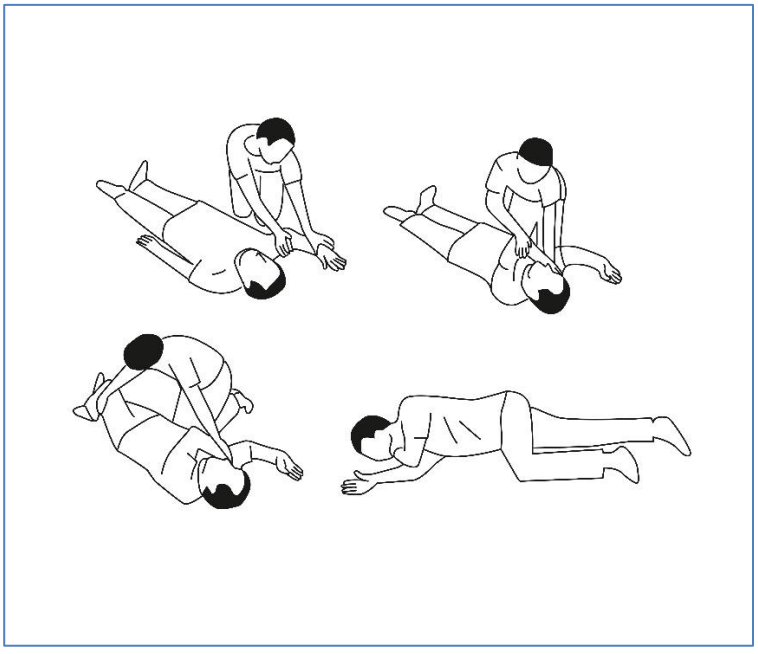
Recovery Position

If the casualty is unconscious but is breathing and has no other life-threatening conditions, they should be placed in the recovery position (see description and picture below).

Putting someone in the recovery position will keep their airway clear and open. It also ensures that any vomit or fluid won't cause them to choke.

Staff should follow these steps:

- With the casualty lying on their back, they should kneel on the floor at their side.
- The staff member should extend the casualty's arm that is nearest at a right angle to the casualty's body with their palm facing up.
- Then they should take their other arm and fold it, so the back of their hand rests on the cheek that is closest, and hold it in place.
- The staff member should use their free hand, to bend the person's knee farthest away from them to a right angle.
- The staff member should carefully roll the person onto their side by pulling on the bent knee towards them.
- The bent arm should be supporting the head, and the extended arm will stop them rolling the casualty too far.
- They must make sure the bent leg is at a right angle.
- The staff member should open the casualty's airway by gently tilting their head back and lifting their chin, then checking that nothing is blocking their airway.
- The staff member should stay with the casualty and monitor their condition until help arrives.



Spinal injury

If the casualty has a suspected spinal injury, staff should not attempt to move them until the emergency services arrive.

If it's necessary to open their airway, the staff member should place their hands on either side of the casualty's head and gently lift the jaw with their fingertips to open the airway. They should take care not to move the casualty's neck.

Staff should suspect a spinal injury if the person:

- has been involved in an incident that's directly affected their spine, such as a fall from height or being struck directly in the back
- complains of severe pain in their neck or back
- is not able to move their neck
- feels weak, numb or unable to move (paralysed)
- has lost control of their limbs, bladder or bowels

Cardiac Arrest

In the event of cardiorespiratory arrest, basic life support must commence by first responders until the emergency services arrive and take over.

Upon recognition of cardiac arrest, Automated External Defibrillators (AED), where available, must be summoned and applied at the earliest opportunity by staff, irrespective of whether they have been trained in their use. 'AEDs are safe and effective when used by laypeople, including if they have had minimal or no training.' (Resuscitation Council UK Guidelines 2021). National guidance directs a "collapse-to-application" of the AED goal time frame of <3minutes.

Due to the remote nature of Banquo Limited's service staff may not have immediate access to an AED or the knowledge of where to find one. If there is more than one person present and it is safe/viable to access an AED one person should go and collect the AED whilst life support commences.

Locations of AEDs in the UK can be found here: https://www.defibfinder.uk/

And upon dialling 999 the ambulance service operator will be able to sign post the staff member to the nearest functioning AED.

Banquo Limited will provide staff with disposable resuscitation face shields which can be used to protect the staff member and the service user, in an emergency which involves resuscitation.

Do Not Attempt Cardiopulmonary Resuscitation (DNAR)

Staff working for Banquo Limited should be aware if any service users in their care have a DNAR or ReSPECT form in place.

DNACPR stands for do not attempt cardiopulmonary resuscitation. It's sometimes called DNAR (do not attempt resuscitation) or DNR (do not resuscitate) but they all refer to the same thing.
DNACPR means if a person's heart or breathing stops no attempt should be made to try to restart it.
A DNACPR decision is made between the service user/their advocate and/or a doctor or healthcare team.
The DNAR is usually recorded on a special form. Different doctors or hospitals might use different forms, but they all serve the same purpose. Some examples are a DNACPR form, a treatment escalation plan, or a recommended summary plan for emergency care and treatment (ReSPECT) process.
All these forms are easily recognisable so that everyone involved in a person care knows what to do in an emergency.
This form will be kept somewhere secure and accessible within the service user#s care setting and must always go with them should they leave the setting for any reason.

Further details re DNAR and ReSPECT forms can be found in the Advanced Care Planning Policy.

Acute Exacerbation of Asthma

Acute asthma exacerbation is a term used to describe the onset of severe asthma symptoms. Acute exacerbation of asthma is potentially a life-threatening event and is considered a medical emergency that requires early recognition, escalation, and intervention to reduce significant morbidity/mortality risks.

Symptoms of an asthma attack

Signs that a person maybe having an asthma attack include:

- symptoms getting worse (cough, breathlessness, wheezing or tight chest)
- use of their reliever inhaler (usually blue) is not helping
- they are too breathless to speak, eat or sleep
- their breathing is getting faster and it feels like they cannot catch their breath
- children may also complain of a tummy or chest ache

Most of the attacks that require hospitalisation develop slowly over a period of six hours or more therefore early intervention can prevent further deterioration and potential hospitalisation.

Responding to an asthma attack

If staff suspect a person is having an asthma attack, they should:

- Encourage them to sit up straight – try to keep them calm.
- Assist them or ask them to have one puff of their reliever inhaler (usually blue) every 30 to 60 seconds up to 10 puffs.
- If they feel worse at any point, or do not feel better after 10 puffs, call 999 for an ambulance.

- If the ambulance has not arrived after 10 minutes and the symptoms are not improving, repeat step 2.
- If the symptoms are no better after repeating step 2, and the ambulance has still not arrived, staff should contact 999 again immediately.
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If symptoms improve and the service user does not need 999, staff should arrange for an urgent same-day appointment for the service user see a GP or asthma nurse.

Managing Paediatric Medical Emergencies

Paediatric cardiac arrests are rare. In children, secondary cardiopulmonary arrests, caused by either respiratory or circulatory failure, are more frequent than primary arrests caused by an arrhythmia. So-called asphyxial arrests or respiratory arrests are also more common in young adulthood (e.g., trauma, drowning, poisoning). Many paediatric cardiopulmonary arrests may be preventable and identification of the antecedent stages of cardiac or respiratory failure is a priority, as effective early intervention may be lifesaving. It is expected a first aid and basic life support approach be undertaken if and as required.

- In all instances where a staff member is concerned about the immediate physical health of a child or young person, an early call for help, including 999 or (9)999 must be made and local support summoned.
- The emergency services must be notified that the emergency is one of "Paediatric" (vs. Adult).
- Paediatric medical emergencies must be managed as per staff skill set and competence.
- Staff should attempt to obtain an immediate history to the event which may support in identifying the cause of collapse thus support identifying appropriate management.
- Staff should follow the Paediatric out-of-hospital Basic Life Support algorithm when dealing with a paediatric cardiac arrest (See appendix)
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Anaphylaxis

Anaphylaxis is a life-threatening allergic reaction that happens very quickly. It can be caused by food, medicine or insect stings.

Staff must always call 999 if they believe someone is having an anaphylactic reaction.

Symptoms

Symptoms of Anaphylaxis tend to happen very quickly and usually start within minutes of a person coming into contact with something they're allergic to, such as a food, medicine or insect sting.

Symptoms include:

- swelling of the throat and tongue
- difficulty breathing or breathing very fast
- difficulty swallowing, tightness in the throat or a hoarse voice
- wheezing, coughing or noisy breathing

- feeling tired or confused
- feeling faint, dizzy or fainting
- skin that feels cold to the touch
- blue, grey or pale skin, lips or tongue – if the person has brown or black skin, this may be easier to see on the palms of the hands or soles of the feet
- They may also have a rash that's swollen, raised or itchy.
- If the casualty is a child they may present as limp, floppy or not responding like they normally do (their head may fall to the side, backwards or forwards, or they may find it difficult to lift their head or focus)

Responding to Anaphylaxis

Staff should follow these steps if they think someone is having an anaphylactic reaction:

- Use an adrenaline auto-injector (such as an EpiPen) if the person has one – instructions are included on the side of the injector.
- Call 999 for an ambulance and say that they think someone is having an anaphylactic reaction.
- Lie the person down – raise the legs, and if they are struggling to breathe, raise the shoulders or sit up slowly (if the person is pregnant, lie them on their left side).
- If they have been stung by an insect, try to remove the sting if it's still in the skin.
- If the symptoms have not improved after 5 minutes, use a 2nd adrenaline auto-injector.
- Do not allow them to stand or walk at any time, even if they feel better.

How to use an adrenaline auto-injector

There are different types of adrenaline auto-injectors and each one is given differently.

- Emerade instructions (Emerade website)
- EpiPen instructions (EpiPen website)
- Jext for adults instructions (Jext website)
- Jext for children instructions (Jext website)

Staff managing suspected/confirmed anaphylaxis in paediatrics must follow their training and administer rescue medications (adrenaline autoinjector) if available and if no other person (i.e., parent/caregiver) is present to administer as such (see appendix).

Choking

Choking is a potentially life-threatening medical emergency and must be managed swiftly, appropriately, and as per protocol.

Staff managing an adult choking event are to follow the RCUK (2021) Adult Choking Algorithm (see appendix)

Staff managing a paediatric choking event are to follow RCUK (2021) Paediatric Choking Algorithm (see appendix)

Managing Drowning/Submersion Incidents

Staff must make special considerations when responding to any medical emergency occurring as a result of drowning or submersion. Considerations need to be made for service user and staff safety, quick extrication, and use of appropriate and available manual handling equipment.

Undertake a dynamic risk assessment considering feasibility, chances of survival and risks to the rescuer. Submersion duration is the strongest predictor of outcome.

Assess consciousness and breathing. If conscious and/or breathing normally, aim to prevent cardiac arrest. If unconscious and not breathing normally, start resuscitation.

Full resuscitation will be possible once the person has been extricated from the water. Designated manual handling equipment must be available and persons trained in its use prior to extrication.

Post Incident

It is the responsibility of the Registered Manager to ensure the following as soon as possible after a medical emergency event:

- The privacy and dignity of the person has been maintained.
- Relevant documentation has been completed as per Banquo Limited's Incident Management Policy
- The safety of everyone involved and that they are both physically and psychologically supported, including signposting them to relevant wellbeing support services.
- Any equipment used ie disposable Face Sheilds have been checked, replenished, and replaced as necessary.
- Any delay in replacement or equipment issues identified must be escalated to the Registered Manager.

Any person who has suffered and survived a cardiac arrest event within Banquo Limited's services must be transferred to the appropriate acute services for ongoing investigation and management via ambulance transfer.

A staff member should always remain with the person, until advised further by the emergency services.

Senior staff who have a knowledge of the person using our services should be involved in the transfer and appropriate staff escorts provided. This is the responsibility of the Registered manager or a pre-arranged, designated person in their absence.

Relatives and carers should be informed about the event and transfer at the earliest opportunity.

Training

- The training requirements for different staff groups will be described in Banquo Limited's Training Matrix. The process for managing staff compliance with the training requirements is described in the Training and Development Policy.
- All training will be conducted in accordance with latest national guidance and as per relevant organisational policies.
- All staff have a responsibility to maintain their knowledge and skills and keep up to date with training requirements.

All staff employed by Banquo Limited must undertake annual Basic Life Support which includes AED training.

Related Policies and Procedures

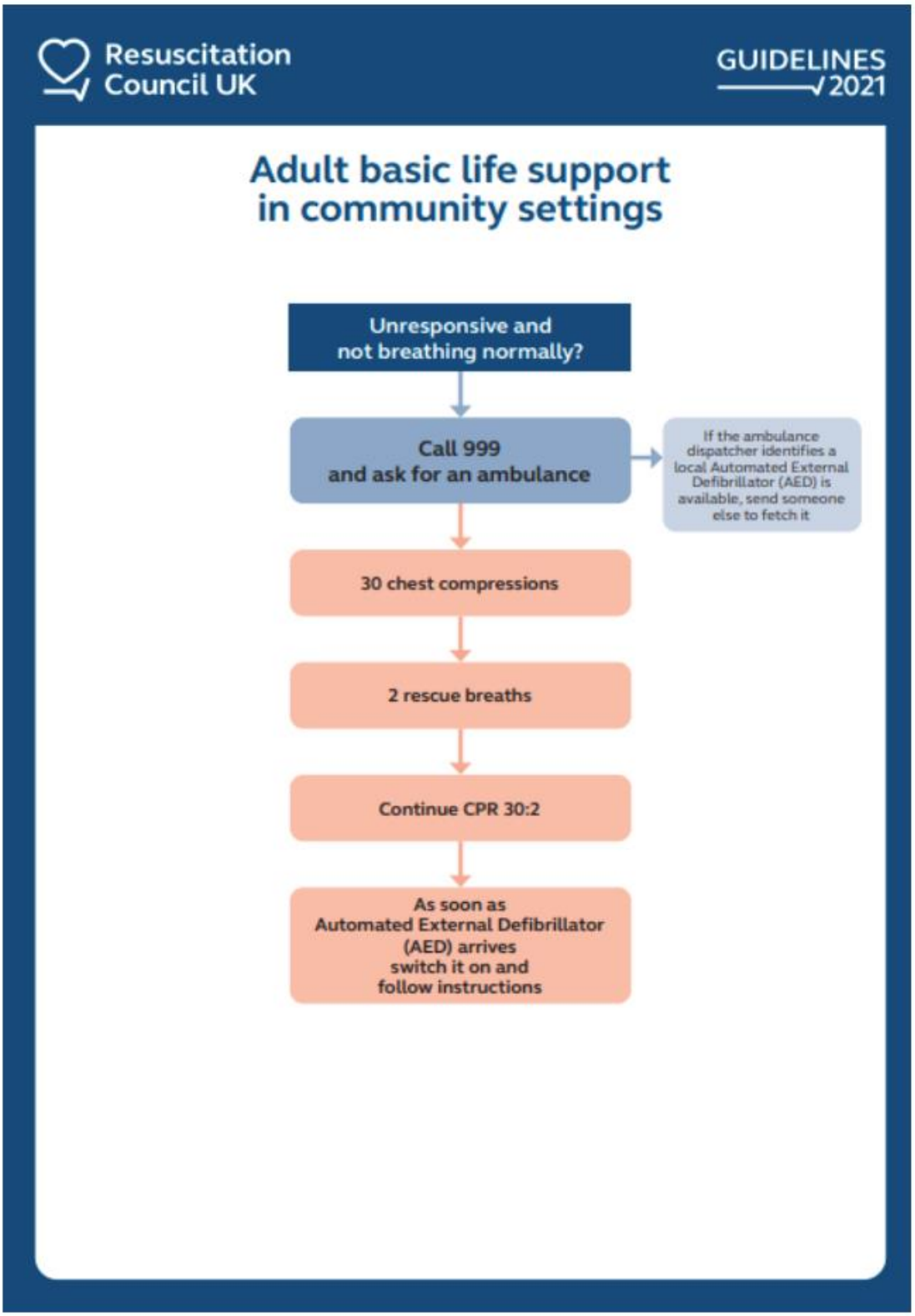
Incident Management Policy
Advanced Care Planning Policy
Training and Development Policy
First Aid Policy

Legislation and Guidance

Resuscitation Council UK (RCUK) Guidelines and Quality Standards 2021
National Patient Safety Agency Rapid Response Report (26NovNPSA?2008/RRR010)
NICE Guidelines: CG50 "Acutely ill adults in hospital: recognising and responding to deterioration". July 2007
Human Rights Act 1998
Guidance from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing 2016 (previously known as the HSC2000/028 'Joint Statement')
Mental Capacity Act 2005
British Medical Association (2007) "Advance decisions and proxy decision-making in medical treatment and research"
NHS (2024) Accidents, first aid and treatments - NHS (www.nhs.uk)
NHS (2024) Do not attempt cardiopulmonary resuscitation (DNACPR) decisions - NHS (www.nhs.uk)

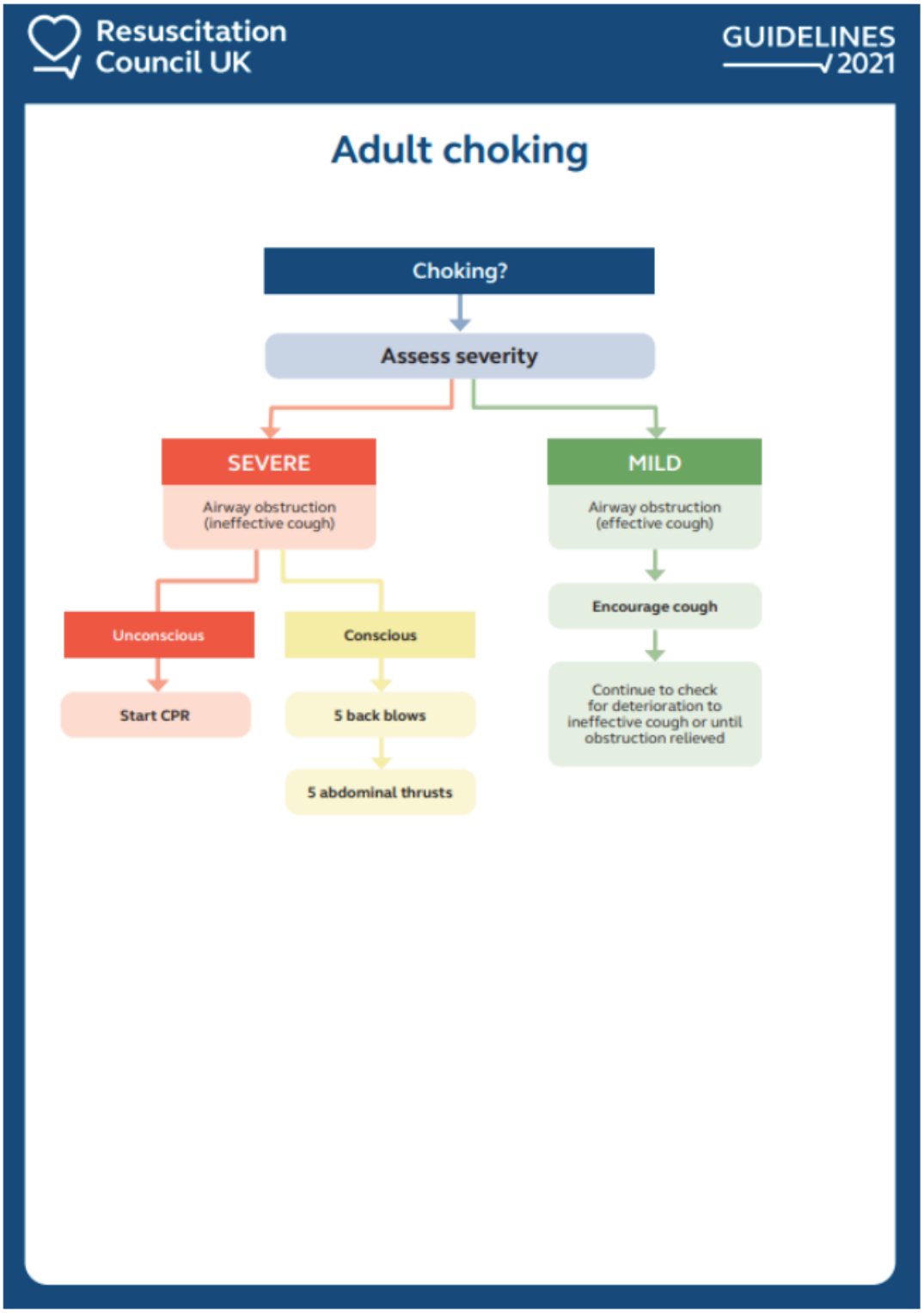
Appendix 1: Adult Basic Life Support Algorithm

RCUK (2021) Adult Basic Life Support Algorithm



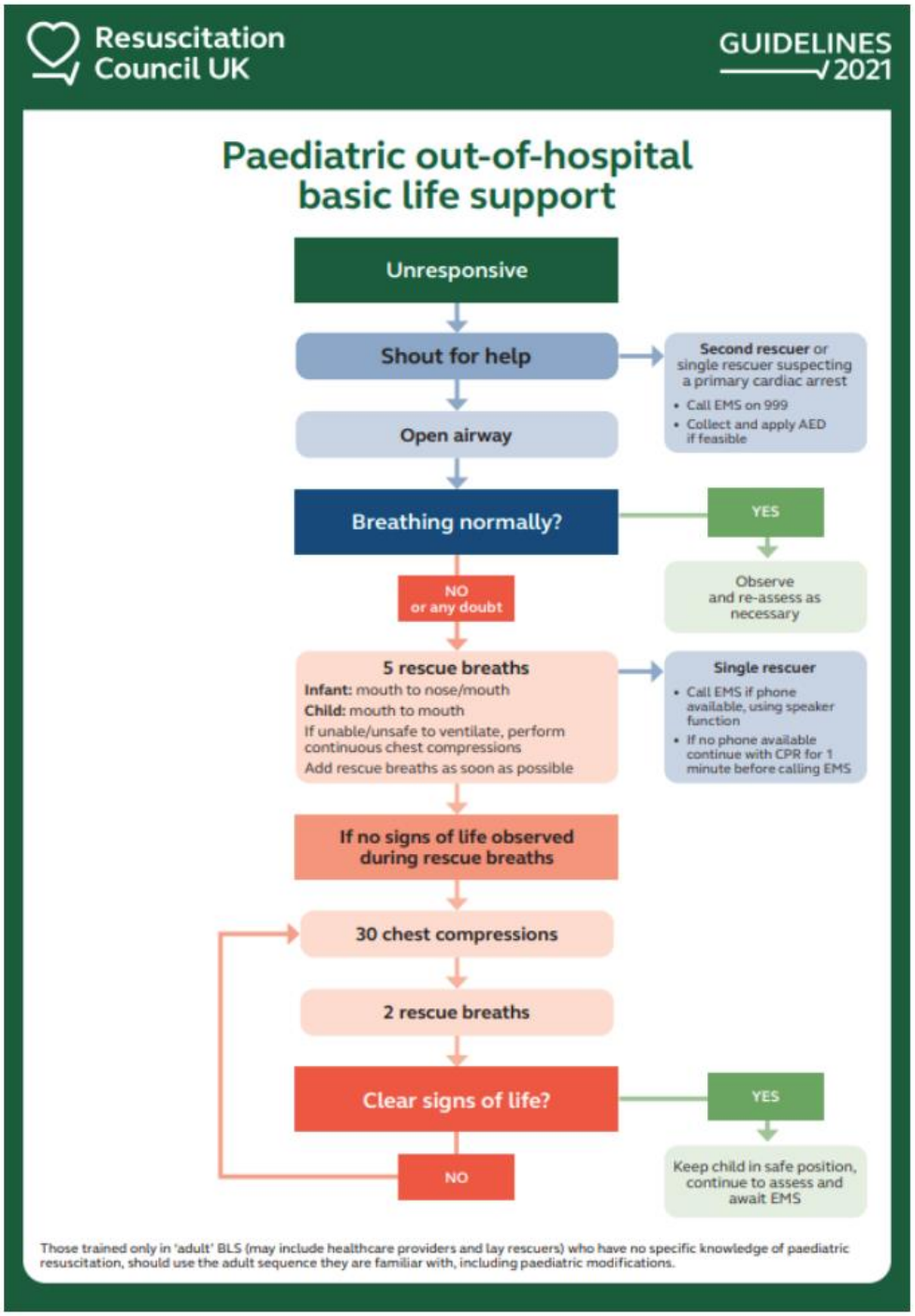
Appendix 2: Adult Advanced Choking Algorithm

RCUK (2021) Adult Choking Algorithm



Appendix 3: Paediatric Out of Hospital Basic Life Support Algorithm

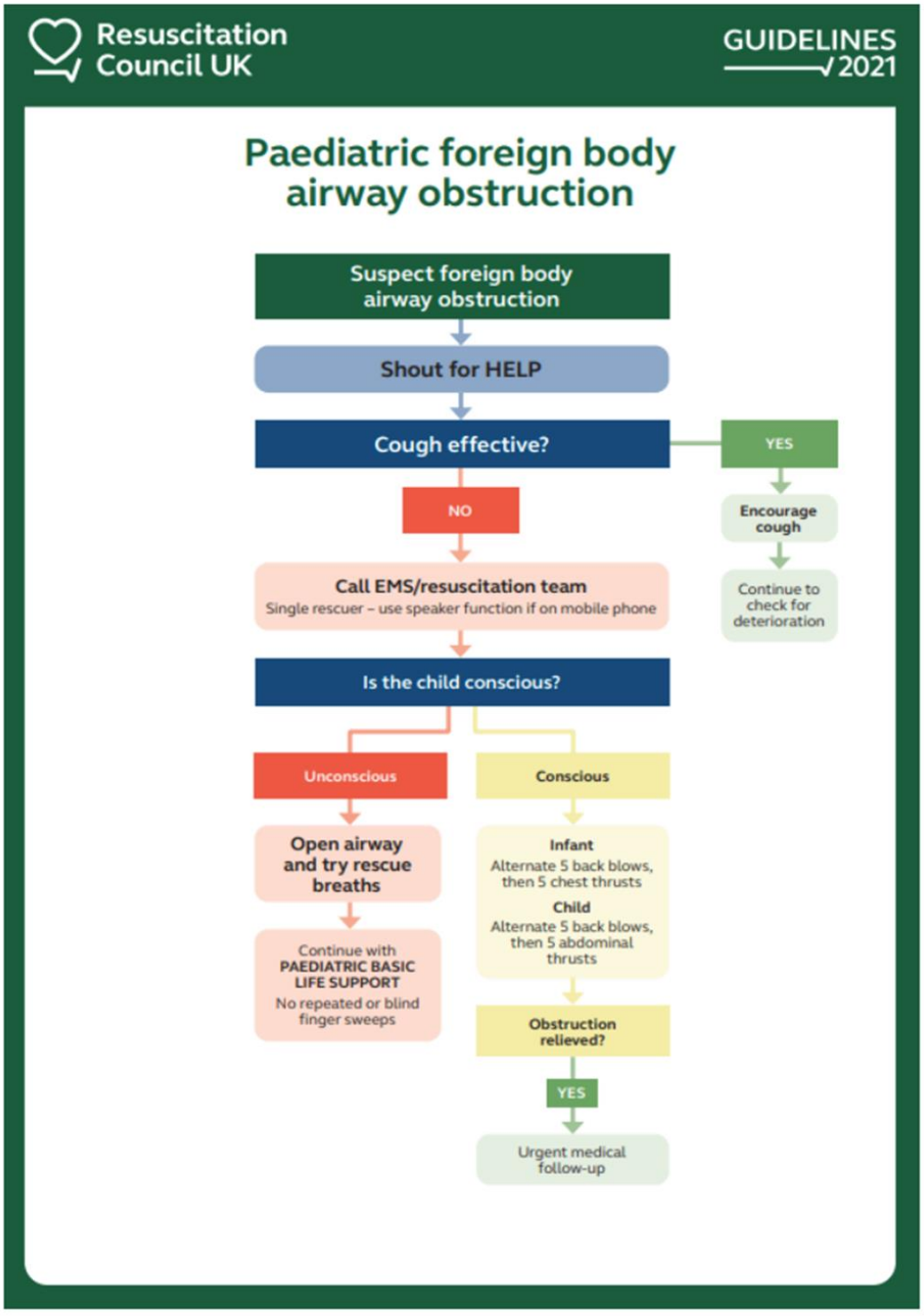
RCUK (2021) Paediatric Out-of-hospital Basic Life Support Algorithm



Appendix 4: Paediatric Choking

Algorithm

RCUK (2021) Paediatric Choking Algorithm



Appendix 5: Anaphylaxsis

Anaphylaxis

Anaphylaxis?

A = Airway **B** = Breathing **C** = Circulation **D** = Disability **E** = Exposure

Diagnosis – look for:

- Sudden onset of Airway and/or Breathing and/or Circulation problems[1]
- And usually skin changes (e.g. itchy rash)

Call for HELP

Call resuscitation team or ambulance

- Remove trigger if possible (e.g. stop any infusion)
- Lie patient flat (with or without legs elevated)
  - A sitting position may make breathing easier
  - If pregnant, lie on left side

Give intramuscular (IM) adrenaline[2]

Inject at **anterolateral aspect** – middle third of the thigh

- Establish airway
- Give high flow oxygen
- Apply monitoring: pulse oximetry, ECG, blood pressure

If no response:

- Repeat IM adrenaline after 5 minutes
- IV fluid bolus[3]

If no improvement in Breathing or Circulation problems[1] despite TWO doses of IM adrenaline:

- Confirm resuscitation team or ambulance has been called
- Follow REFRACTORY ANAPHYLAXIS ALGORITHM

1. Life-threatening problems

Airway
Hoarse voice, stridor

Breathing
↑work of breathing, wheeze, fatigue, cyanosis, SpO_2 <94%

Circulation
Low blood pressure, signs of shock, confusion, reduced consciousness

2. Intramuscular (IM) adrenaline
Use adrenaline at 1 mg/mL (1:1000) concentration

Adult and child >12 years:	500 micrograms IM (0.5 mL)
Child 6–12 years:	300 micrograms IM (0.3 mL)
Child 6 months to 6 years:	150 micrograms IM (0.15 mL)
Child <6 months:	100–150 micrograms IM (0.1–0.15 mL)

The above doses are for IM injection **only**.
Intravenous adrenaline for anaphylaxis to be given **only by experienced specialists** in an appropriate setting.

3. IV fluid challenge
Use crystalloid

Adults: 500–1000 mL
Children: 10 mL/kg