



## Mandatory Training Workbook 2015

### Basic Resuscitation Theory Level 1

#### Non-Clinical Staff

My



## Definition of Levels for Resuscitation Training

- Level 1 – BLS for non-clinical staff
- Level 2 – BLS for staff with direct patient contact
- Level 3 – ILS
- Level 4 – ALS

### Checklist

- *Read through this section of the workbook.*
- *Complete the on-line assessment via [My PACT](#).*
- *If further information is required please contact the Cardio-pulmonary Resuscitation Officer on 1444 or Bleep 2739*

## Level 1 Learning Outcomes – mapped to Core Skills Framework

All Staff should be able to:

- Summon emergency help to a collapsed patient

### Introduction

We are all duty bound (Clinical and Non-Clinical Employees of the Liverpool Heart & Chest Hospital NHS Foundation Trust), to provide care for any member of the public or staff that becomes unwell/collapses anywhere on the hospital site.

The hospital site is deemed as all buildings belonging to any hospital or organisation within the confines of the whole of the Broadgreen Hospital site enclosed by the boundary wall.

- There are approximately 700,000 cardiac arrests per year in Europe
- Bystander CPR is a vital intervention before the arrival of emergency services – double or triple the survival from sudden cardiac arrest.
- Early resuscitation and prompt defibrillation (within 1-2 minutes) can result in >60% survival.

## Resuscitation – Safe Approach First!

Assess the scene, make sure you are free from danger and identify any indications of why the patient may have collapsed i.e. bare electrical cable. If safe, approach the casualty and identify yourself.

## Managing the Collapsed Person in Non-Clinical Areas - Including the Grounds of the Hospital

The following sequence of actions will help deal with a potential emergency on site.

### *Section A: Managing the unwell / collapsed person in the grounds of the hospital*

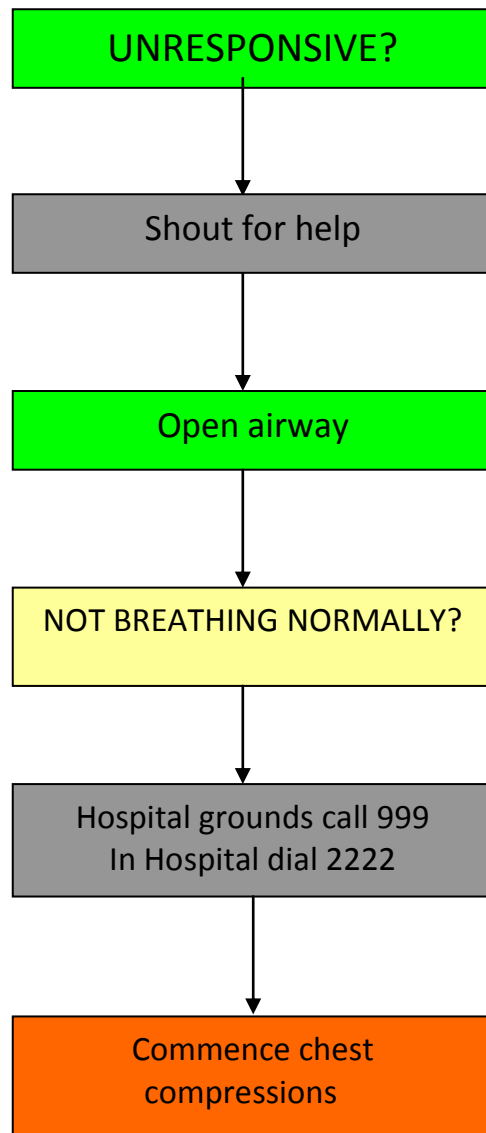
#### *Make sure the victim, any bystanders, and you are safe*

- Under no circumstances do you place yourself in **Danger**.
- Check the collapsed person's surroundings are safe. Therefore if you are unsure whether it is safe to approach a collapsed person ie. they are in a restricted area (construction site) then you do not approach the victim but contact the emergency services immediately. This also applies to road traffic accident victims.
- If you do not have an operational mobile phone on you and no one else does, then leave the victim and go to the nearest building on the hospital site, and contact the Paramedics directly or through the Hospital Switchboard.

#### *If it is safe to approach then check the victim for a response*

- If they don't respond (**Please refer to Box C**)
- If they do respond but are complaining of difficulties like chest pain or shortness of breath then contact the Paramedics directly by dialling '**112**' or '**999**'. Then stay with them until the Paramedics arrive or other clinical personnel passing take over from you.
- If you do not have an operational mobile phone on you and no one else does, then leave the victim and go to the nearest building on the hospital site and contact the Paramedics directly, or through the Hospital Switchboard. Then return to the victim and stay with them until the Paramedics arrive or other clinical personnel who may be passing take over from you.

## Adult Basic Life Support Algorithm



### *Section B: Managing the unwell / collapsed person, either a member of staff or a member of the public, inside non-clinical areas of the hospital*

- If they don't respond (**Please refer to Box C**)
- If they do respond but are complaining of difficulties like chest pain, shortness of breath then in a non-clinical part of the LHCH phone Switchboard by dialling '0', and ask them to contact the Hospital Co-ordinator on **Bleep '2707'**.
- The Hospital Co-ordinator will determine the level of response by contacting and directing the appropriate clinical personal to assess the person. If near a clinical area ask for assistance from clinical personnel in that area.

*Section C: Unresponsive - Confirming no signs of life*

- Gently shake their shoulders and ask loudly **'are you alright?'**
- No response - **'shout for help'** turning the victim onto his back and open the airway using the head tilt chin lift:

**The Head Tilt Chin Lift Manoeuvre**

- Place your hand on their forehead and gently tilt their head back.
- With your fingertips under the point of the victim's chin, lift the chin to open the airway.

Keeping the airway open, LOOK, LISTEN and FEEL for NORMAL BREATHING for **No more than 10 seconds**

- Look for obvious chest movement.
- Look for signs of life (obvious movements)
- Listen at the victim's mouth for breath sounds.
- Feel for air on your cheek.

If they are breathing normally in the grounds of the Hospital summon help by mobile phone (**999**) or if in a non-clinical building phone Switchboard by dialling **'0'**, and ask them to contact the Hospital Co-ordinator.

**(Please refer to boxes A & B)**

**Caution!**

In the first few minutes after cardiac arrest, a victim may be barely breathing, or taking infrequent, noisy, gasps. Do not confuse this with normal breathing.

**If there is any doubt whether a person is breathing or not, always treat it that they are not breathing and immediately summon help (Please refer to Box D)**

### *Section D: If the person is not breathing normally*

- Immediately call the Paramedics and if you are on your own do this yourself. Leave the victim if there is no other way of obtaining help.

#### *Where to go on the Hospital site to get help?*

- Broadoak Hospital and the Renal Dialysis Unit are not connected to the Hospital Cardiac Arrest Call System. If you access any of these buildings, contact the Paramedics directly by dialling '112' or '999'.
- State clearly it is a '**Cardiac Arrest**', giving the 'exact location', and requesting that they also inform the LHCH Switchboard so the Trust's Cardiac Arrest Team can also respond.
- All other building on the Broadgreen Hospital Site are connected to one of the Hospitals Cardiac Arrest Call System (it doesn't matter which one!)
- The number you dial is '**2222**'. Do not place any other numbers like 0 or 9 before this number.
- Upon dialling '**2222**' you must clearly say '**Cardiac Arrest**' and then state clearly your location describing where you are. If you are in a non-clinical area such as the Nursing Annex Building you must describe how to access your location, for this information can then be voiced over to the Cardiac Arrest Team.
- If the Cardiac Arrest Call is within the grounds of the Hospital site or a satellite building follow the above steps but also ensure that you ask Switchboard to place a 'Cardiac Arrest Call' to the Paramedics.
- Then return to the victim and commence basic life support until qualified help arrives and takes over.

## *Section E: Performing Basic Life Support*

### *Start chest compressions as follows:*

- Knee by the side of the victim
- Place heel of your dominant hand onto the centre of the patient's chest. Use the 'Nipple' method to find the 'Centre of the Chest' or alternatively place your hand in the patient's armpit and slide directly across from the armpit to the breast bone (Sternum).
- Do not apply any pressure over the upper abdomen or the bottom end of the sternum.
- Place the heel of your other hand on top of the first hand.
- Position yourself vertically above the victim's chest and, with your arms straight, press down on the sternum.
- You should attempt to **compress** the chest **down** approximately 5 – 6 cms
- After each compress relax your downward pressure to allow the chest to recoil. You can do this without removing your hands from the chest
- Repeat the compression and relaxation steps as above – allowing equal amounts of time for each. You should aim for a **compression rate of 100 – 120 bpm.**
- Stop to recheck the victim only if they start to show signs of regaining consciousness, such as coughing, opening his eyes, speaking, or moving purposefully AND starts to breathe normally; otherwise **do not interrupt resuscitation** unless you just become exhausted.

**Please remember you can do no harm to a person who is having a cardiac arrest by performing chest compressions on them. If you are physically capable of performing them as described above, and demonstrated on Corporate Induction, it can only benefit them if you attempt chest compressions and maybe just maybe you may help save a life!**

**Please contact the Trusts Resuscitation Training Officer on Ext 1444 or Bleep 2739 for further advice on this or to arrange a practical refresher training session.**

## **Managing the Patient Who is Choking**

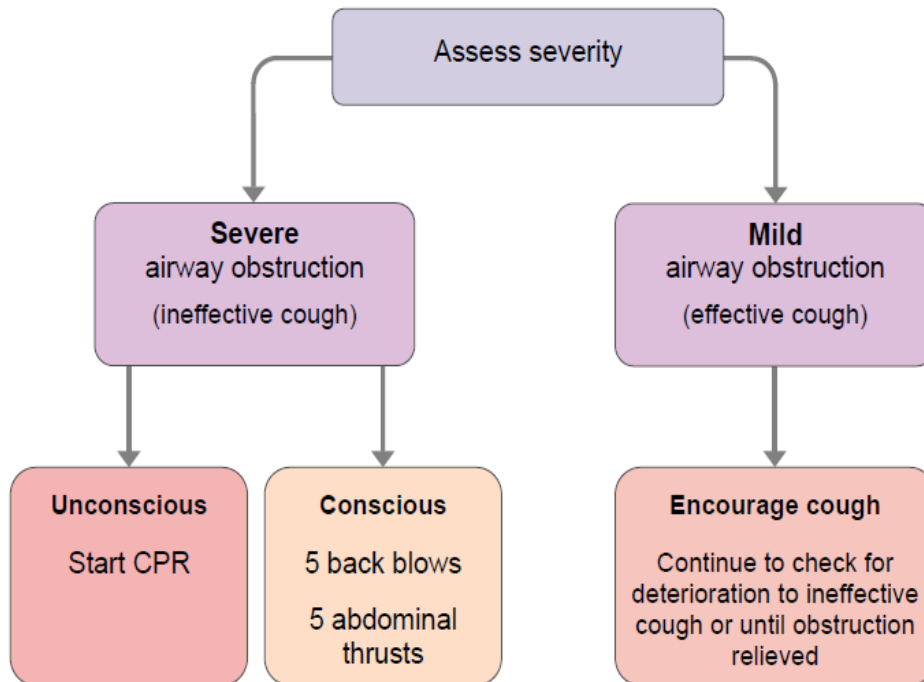
### *Recognition*

Because recognition of choking (airway obstruction by a foreign body) is the key to successful outcome, it is important not to confuse this emergency with fainting, heart attack, seizure, or other conditions that may cause sudden respiratory distress, cyanosis, or loss of consciousness.

## Adult Choking Algorithm

(This sequence is also suitable for use in children over the age of 1 year)

### Adult Choking Treatment Algorithm



Please contact the Trusts Resuscitation Officer on Ext 1444 or Bleep 2739 for further advice on this or any aspect of Resuscitation you would like to know more about.

Resuscitation Guidelines 2010 - Resuscitation Council (UK)

### **ACTIVITY: RESUSCITATION – ADULT BASIC LIFE SUPPORT**

Do not forget to complete the on-line assessment [My PACT](#)



#### Please note:

- If you achieve 80% or more you have been successful. Please print off your certificate as evidence for your portfolio .
- If you do not achieve 80% you will not be deemed as compliant with your essential mandatory training and will need to repeat the test.