Medical Emergency Management Policy

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Registered Manager	Robin Page
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Applicable to	All staff and contractors
Policy Signed By	RICHARD DRAKEFORD

Policy Purpose and Statement

The purpose of this policy is to ensure that Re-Pat Ltd delivers an effective and timely response to all medical emergencies and cardiac events, whilst ensuring that we are compliant with the latest legislation, guidance, and recommendations.

Re-Pat Ltd will adhere to the Resuscitation Council UK (RCUK) Guidelines 2021, relevant NICE guidelines to ensure that all staff are equipped to respond to medical emergencies which are appropriate to their skill set. This will ensure the provision of safe, effective and responsive care.

This policy also considers the Human Rights Act (1998) in decision making decisions regarding 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 Re-Pat Ltd must comply with the requirements laid out in this policy.

This policy 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 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.
- **Basic Life Support (BLS)** - the basic initial measures 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).
- **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. At Re-Pat Ltd, if a patient becomes very unwell during their routine transportation, the crew will either:

1. Stop and dial 999 or;
2. Travel to the nearest hospital with an emergency department

Staff responding to the events are expected to follow the RCUK (2021) algorithms (See Appendices 1-5) as appropriate to the specific emergency and their skill set.

Staff should not hesitate in contacting 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

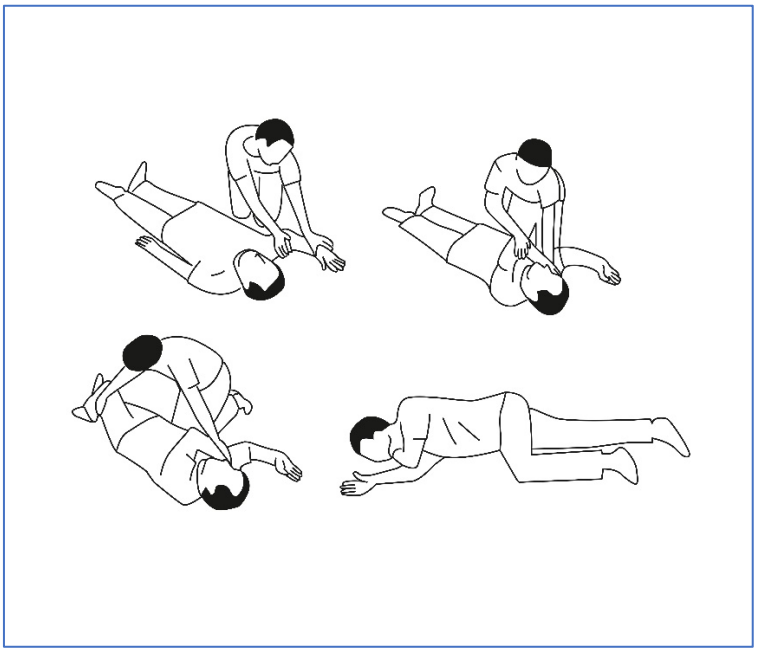
Recovery Position

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.

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 is 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 be commenced as a minimum until 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, 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 with a time frame of <3minutes.

Re-Pat Ltd staff have access to an AED onboard our vehicle. If there is more than one person present, one person should collect the AED whilst the other provides immediate support.

Do Not Attempt Cardiopulmonary Resuscitation (DNARCPR)

Staff working for Re-Pat Ltd should be aware of patients having a DNARCPR in place.

DNACPR means that 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 patient/their advocate/Lasting Power of Attorney and/or a Doctor/healthcare team.

The DNARCPR is usually recorded on a specific form. Different hospital trusts/care settings may use different forms.

Any DNARCPR forms should be easily recognisable so that everyone involved in the person's care is aware of what to do in an emergency.

This form should be carried by the patient with them from their care setting to their destination.

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 Emergency responder.
- If the emergency 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 emergency ambulance has still not arrived, staff should contact 999 again immediately.

If symptoms improve and the patient does not need 999, staff should advise an urgent same-day appointment for the patient see their GP.

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. Asphyxia arrests or respiratory arrests are also more common in young adulthood (e.g. trauma, drowning or 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 that a minimum of basic life support approach should be undertaken if 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 must be made to summon help.
- The emergency services must be notified that the emergency is 'Paediatric'.
- Paediatric medical emergencies must be managed in-line with 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 Basic Life Support algorithm when dealing with a paediatric cardiac arrest (See Appendix 3).
- Where staff have been trained in Immediate Life Support (ILS) or Advanced Life Support (ALS), the relevant support should be provided to support the patient, in-line with the staff member's professional scope of practice, qualifications and advanced skills.

Anaphylaxis

Anaphylaxis is a life-threatening allergic reaction which occurs very quickly. It can be caused by a severe reaction to food, medicine or insect stings.

Staff must always call 999 if they believe that a person is having an anaphylactic reaction.

Symptoms

Symptoms of Anaphylaxis usually start within minutes of a person coming into contact with something they are severely allergic to.

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
- a rash which is swollen, raised or itchy.

Responding to Anaphylaxis

Staff should follow these steps in the case of 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 emergency ambulance and state that the person 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.

- 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).

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 2)
Staff managing a paediatric choking event are to follow RCUK (2021) Paediatric Choking Algorithm (see Appendix 4)

Managing Drowning/Submersion Incidents

Re-Pat Ltd are a transport only ambulance service and do not transport urgent patients who may have been in a drowsing/submersion incident. However, the below is included for information purposes.

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 patient 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 Re-Pat Ltd's Incident Policy
- The safety of everyone involved to ensure that they are both physically and psychologically supported, including signposting them to relevant wellbeing support services.
- Any equipment used has 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 Re-Pat Ltd must be transferred to the appropriate acute services for ongoing investigation and management via emergency ambulance transfer.

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

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

Ordering, Location, Checking and Maintaining Emergency Equipment

Resuscitation Equipment and Medication
Medical emergency or resuscitation equipment will be ordered by the Registered Manager. Any item soon to-expire must be ordered in advance of expiry date.

Re-Pat Ltd's emergency medicine bag contents:

			EXP	BATCH
3	ADRENALINE 1,10,000		Aug-25	C101127
2	ADRENALINE 1,1000		Jan-26	149939
1	AMIODARONE		Jan-27	IA058
4	ASPRIN 300MGS		Apr-27	3416923
2	ATROPINE		May-25	221004
1	GLUCAGON INJECTION KIT		May-26	PS6KX30
3	GLUCOGEL		Nov-25	963201C
1	GTN SPRAY		May-26	T916780
3	ONDANSATRON		Jul-25	229007
1	PENTHROX	PGD	Feb-26	h508254
2	TRANEXANIC ACID	PGD	Oct-26	23L26
5	WATER FOR INJECTION 10ML		Nov-28	345506
1	IV PARACETOMOL 1000MG IN 100ML		Feb-25	23095453
2	SODIUM CHLORIDE 0.9% (500ML)	PGD	Mar-27	542908
1	GLUCOSE 10% (500ML)		Aug-27	451306L
5	IBRUTROPIUM 25MGS/1ML	PGD	Jun-25	PP332002
5	SALBUTAMOL 2.5MG/2.5MG	PGD	Sep-25	UK22D26

Re-Pat Ltd.'s emergency equipment list:

- Stryker power stretcher (8-point restraint with shoulder straps) with spare battery and on-board charging
- Child restraints for stretcher
- Carry Chair
- Adult airway kit
- Paediatric basic life support kit
- Wound care consumables (bandages/plasters/dressings)
- Clinell wipes
- Bodily fluid spillage kit
- AED
- 12 Lead ECG defibrillator and monitor (including charging)
- Immobilisation and extrication kit

- Up to paramedic scope cannulation and drug kit (including ambulance technician drug bag)
- Burns kit
- Maternity kit
- Trauma Kit
- Disposable blankets and sheets
- Manual handling kit
- Infection control kit
- Gloves (selection of sizes)
- Oxygen cylinder x 2 and selection of oxygen masks
- Entonox cylinder x 2 with demand valves and hosing
- Piped oxygen from a F size o2 cylinder
- Fire extinguisher x 2
- Suction unit (electric and manual)
- Patient report forms
- Clinical and domestic waste bins
- Sharps bin
- PPE
- Patient observation kit
- Primary medical grab bag

Medical devices are only to be sourced by approved procurement/supply channels. Devices must not be sourced from unapproved sources. All medical devices must be in current service date/serviced prior to use.

Any faulty/damaged resuscitation medical devices must be escalated to the Registered Manager as a matter of priority.

The Registered Manager is accountable for ensuring any medical emergency and resuscitation equipment is checked by an appropriate member of staff and signed for.

Defibrillators and all other medical devices for the monitoring physical health will be listed on the Medical Devices asset register and checked annually under the asset register audit.

Training

- The training requirements for different staff groups will be described in Re-Pat Ltd'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 Re-Pat Ltd must undertake Basic Life Support as a minimum, which includes AED training.

Related Policies and Procedures

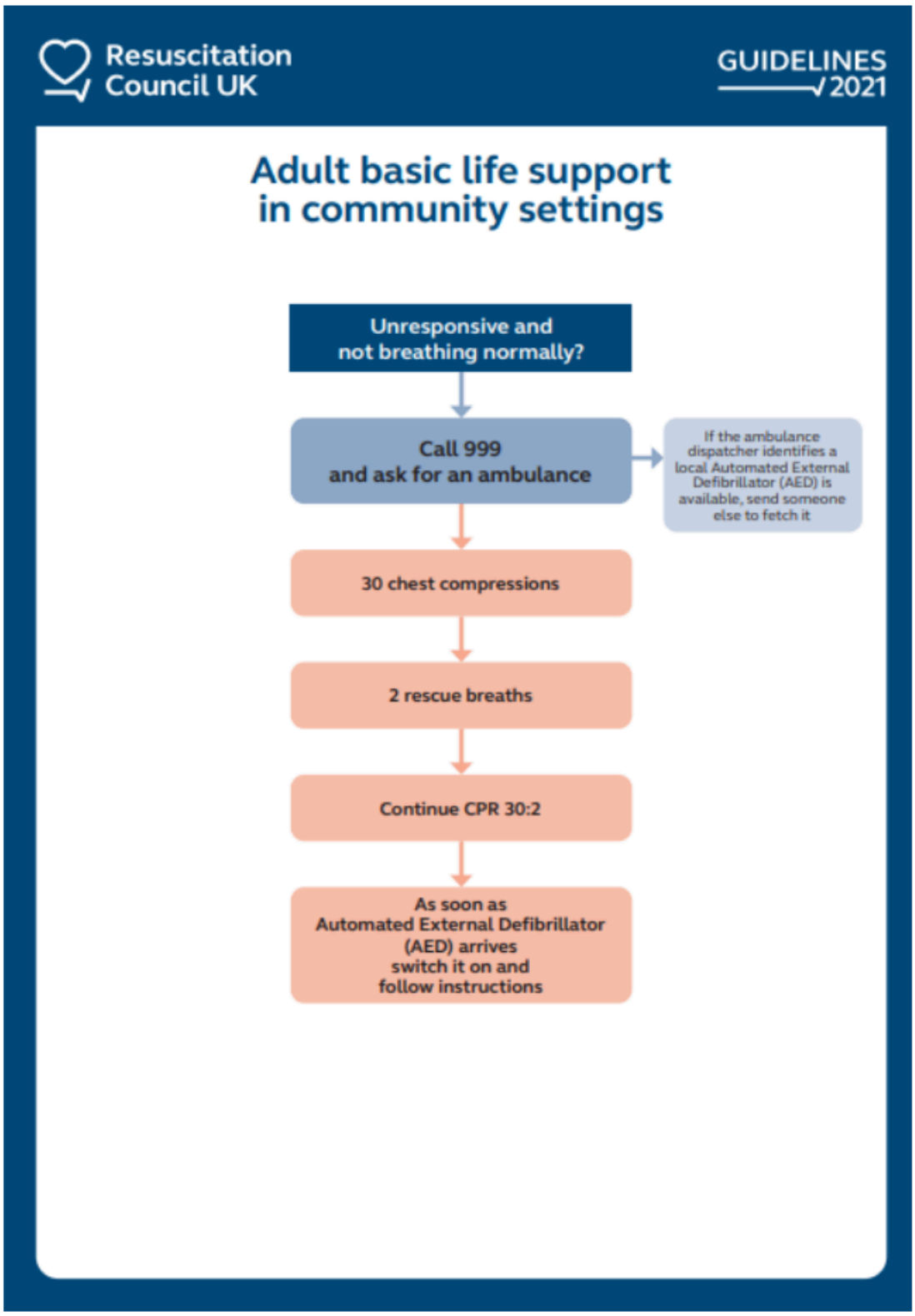
Incident and Accident Policy
Training and Development Policy
Quality, Governance and Risk Policy
Medicines Management Policy
IPC Policy

Legislation and Guidance

Resuscitation Council UK (RCUK) Guidelines and Quality Standards 2021
National Patient Safety Agency Rapid Response Report (26NovNPSA?2008/RRR010)
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



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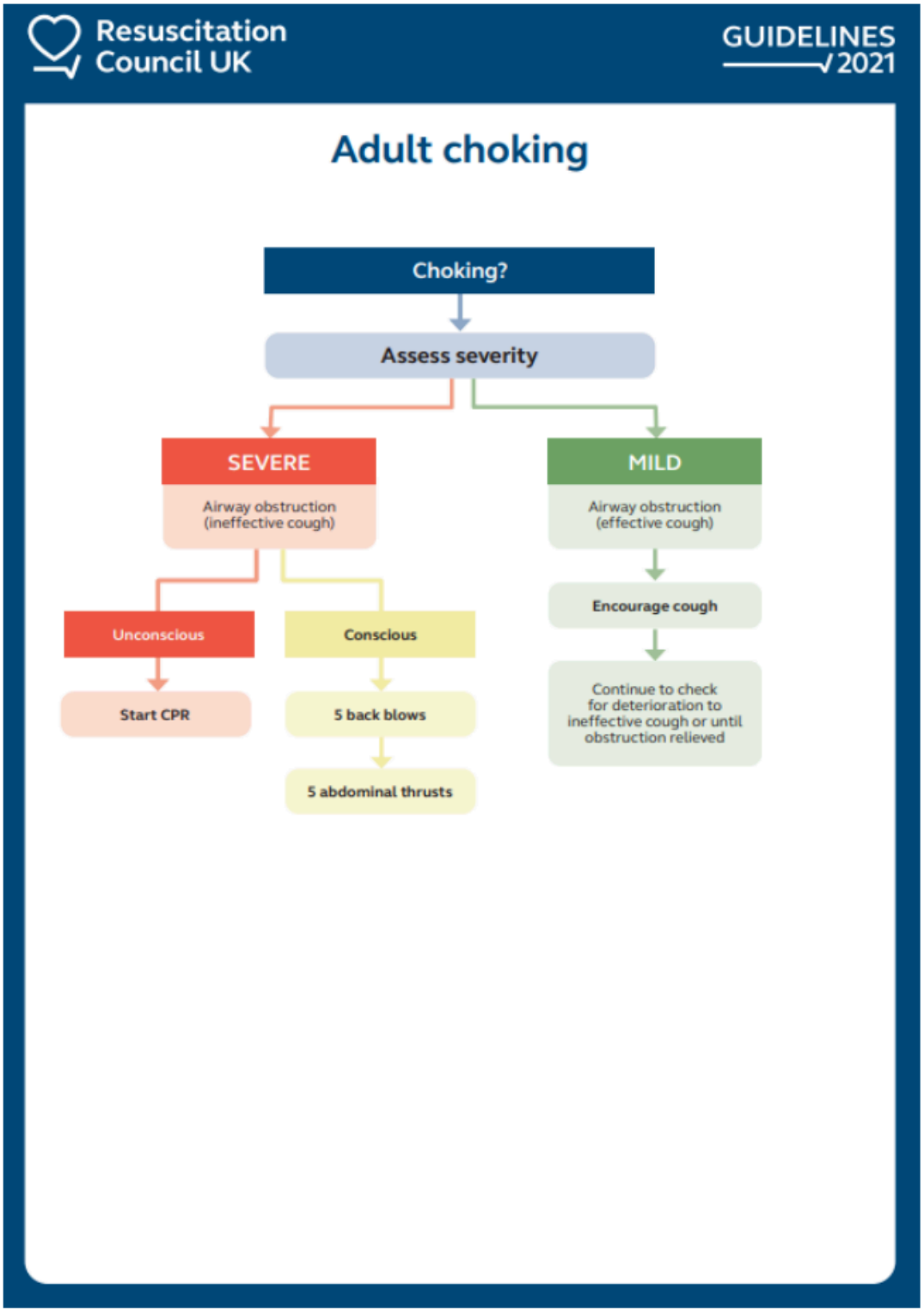
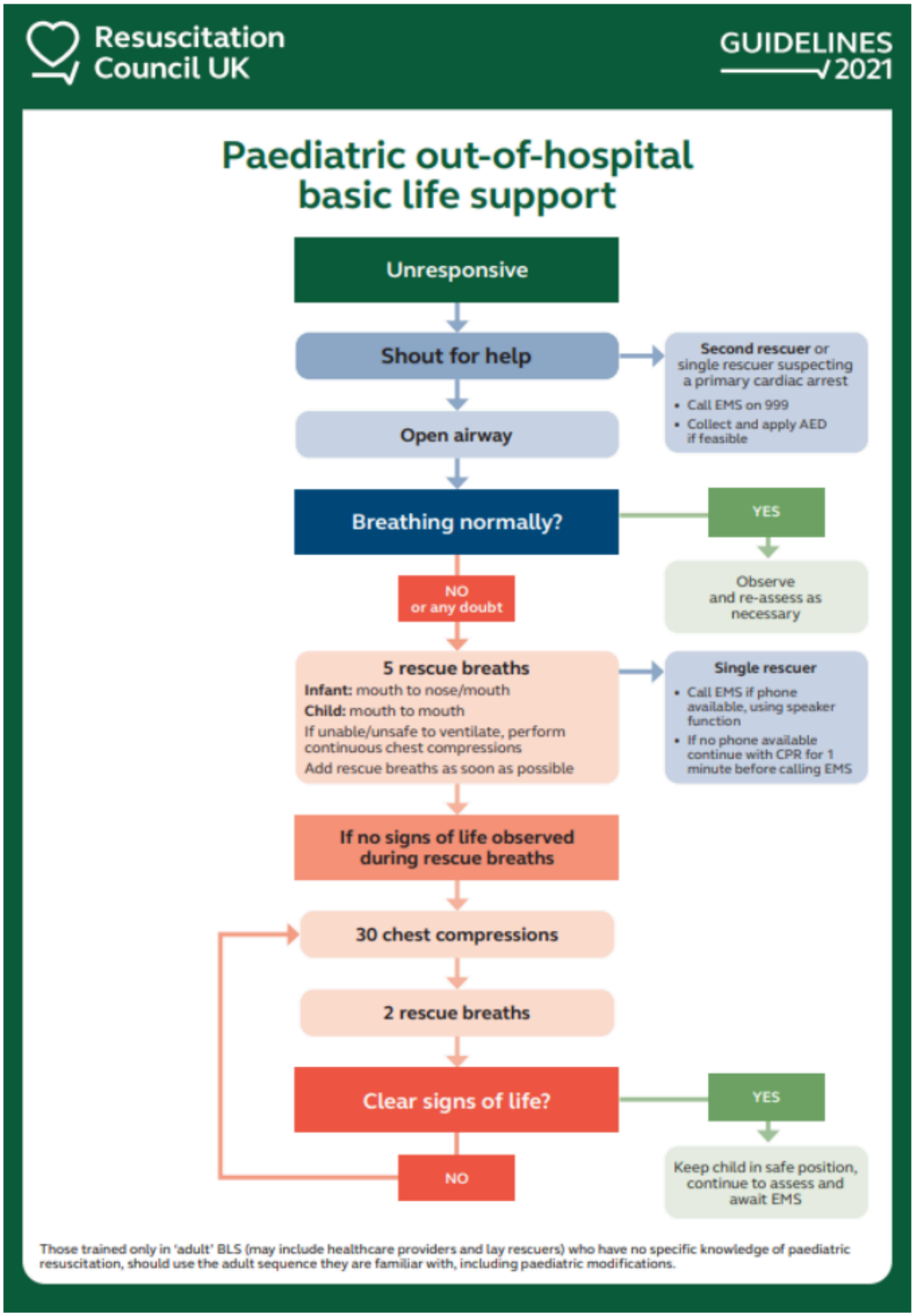
Appendix 2: Adult Advanced Choking Algorithm

RCUK (2021) Adult Choking Algorithm



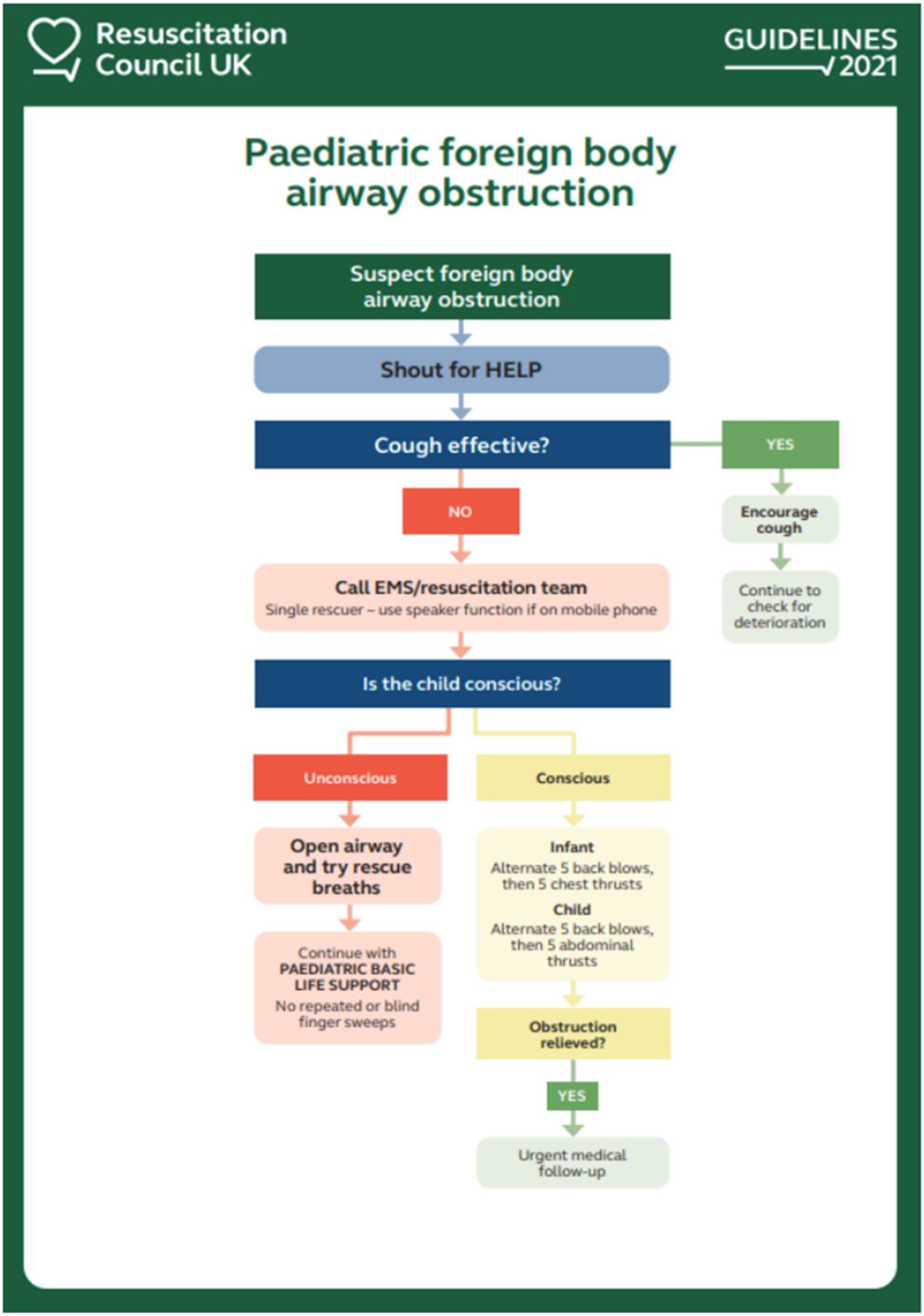
Appendix 3: Paediatric Out of Hospital Basic Life Support Algorithm

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



Appendix 4: Paediatric Choking Algorithm

RCUK (2021) Paediatric Choking Algorithm



Appendix 5: Anaphylaxsis

Resuscitation Council UK

GUIDELINES 2021

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

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