

# Resuscitation Policy

Ashley Centre Surgery

15<sup>th</sup> May 2026



## **Purpose and definitions**

The purpose of this policy is to provide guidance for staff and assurance to patients that Ashley Centre Surgery is committed to continually providing high quality healthcare for all patients and supporting the staff who provide this care. The aim of the policy is to outline our approach to resuscitation.

All patients regardless of age, gender, ethnic background, culture, cognitive function, sexual orientation, or marital status have the right to have their privacy and dignity respected.

## **Scope**

This policy applies to all relevant employees of Ashley Centre Surgery contractors, seconded staff, placements, and agency staff.

## **Roles, rights, and responsibilities**

### **All relevant staff**

Have a responsibility to adhere to remain up to date with the national guidelines, training, and align with the practice policy.

All visitors to Ashley Centre Surgery have the right to expect that appropriate resuscitation services are available and if required that cardiopulmonary resuscitation to be delivered to a

high standard. Ashley Centre Surgery is required to provide an effective Resuscitation Service and ensure that all staff in contact with patients receive regular training and updates appropriate to their role.

### **Principles of this policy**

This policy adheres to local and national Resuscitation council guidance and policy including NHS guidance.

Resuscitation is general term used to describe various emergency treatments to correct life threatening physiological disorders in a critically ill person. Cardiopulmonary resuscitation (CPR) is sometimes referred to as 'resuscitation' but is a specific type of emergency treatment used to try to restart the heart and breathing. Cardiopulmonary resuscitation includes all procedures, from basic first aid to advanced medical interventions used to try to restore circulation and breathing in someone whose heart and breathing have stopped. Initial procedures usually include repeated, vigorous compression of the chest, and blowing air or oxygen into the lungs to try to achieve some circulation and breathing until, for example, where appropriate, an attempt can be made to restart the heart with an electric shock (defibrillation).

### **Emergencies and CPR**

Emergencies can arise when there is no time to make a proper assessment of the patient's condition and the likely outcome of CPR; when no previous DNACPR decision is in place; and

when it is not possible to find out the patient's views. In these circumstances, CPR should be attempted, unless you are certain you have sufficient information about the patient to judge that it will not be successful.

### **CQC inspection and CPR**

Under guidance, our named resuscitation lead is Charlotte Hickery (Advanced Nurse Practitioner).

The resuscitation lead, delegated nursing and HCA staff ensure during monthly and daily checks.

- the practice has access to resuscitation advice, training, and practice
- quality standards are maintained
- basic checks of equipment.

### **CPR equipment**

The Resuscitation Council (UK) has compiled a list of minimum suggested equipment to support CPR in primary care settings.

The practice will have the following equipment to support CPR

- Protective equipment- gloves, aprons, eye protection
- Pocket mask (adult with oxygen port)
- Oxygen cylinder (with key where necessary)
- Oxygen tubing
- Automated external defibrillator (AED) - Type of AED and location determined by a local risk assessment.

- Adhesive defibrillator pads
- Razor
- Stethoscope
- Absorbent towel

### **CPR on children**

AEDs have two sizes of paddles: adult and infant. Regulations currently recommends using the largest paddles or self-adhering electrodes that will fit on the child's chest without touching (when possible, leave about 3 cm between the paddles or electrodes).

The UK and European Resuscitation Council Guidelines state that standard AEDs are suitable to use for children over eight years old.

For children between one- and eight-years use:

- paediatric pads with an attenuator or a paediatric mode if available
- if not, use the unmodified machine, taking care to ensure that the adult pads do not overlap.

It is not recommended to use AEDs for children less than one year old.

Therefore, it is not a requirement for most practices to carry paediatric defibrillator pads - this should be subject to local needs.

### **Distribution**

Employees will be made aware of this policy via TeamNet.

Patients will be made aware of this policy using patient leaflets and on the practice website.

### **Training**

All relevant staff will be given training on resuscitation at induction and at regular intervals thereafter.

Any training requirements will be identified within an individual's Personal Development Reviews. Training is available in the Training module within TeamNet.

### **Equality and diversity impact assessment**

In developing this policy, an equalities impact assessment has been undertaken. An adverse impact is unlikely, and on the contrary the policy has the clear potential to have a positive impact by reducing and removing barriers and inequalities that currently exist.

If, at any time, this policy is considered to be discriminatory in any way, the author of the policy should be contacted immediately to discuss these concerns.

### **Monitoring and reporting**

Monitoring and reporting in relation to this policy are the responsibility of the management team.

The following sources will be used to provide evidence of any issues raised:

- Complaints.
- Significant and learning events.

Any incidents relating to resuscitation will be monitored using incident reporting.

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**Role** Assistant Practice Manager

**Signature** N. Delacy

**Date:** 20/5/2026

**Approved by:** Charlotte Hickery

**Role** Resuscitation Lead

**Signature**



**Date:** \_\_\_\_\_

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