

**Policy applies to:**

Mercy Hospital clinical staff are required to hold CPR certification appropriate to their area of work. Support staff may complete an optional update in Bystander CPR (basic training).

**Related Standards**

- *Nga Paerewa standards 2021*
- *New Zealand Resuscitation Council Guidelines*

**Rationale**

To ensure that patients receive an appropriate and timely response to clinical emergency situations that is based on Best Practice recommendations and the New Zealand Resuscitation Council (NZRC) guidelines.

**Cultural Considerations**

Optimal care for seriously ill patients should be individualised; reflect each patient's preferences, hopes, and values; and be shaped by each patient's unique physical, emotional, social, spiritual, and cultural needs. In Te Ao Māori, the head is considered tapu which requires care and attention to be made in relation to shared goals of care. Culture shapes a person's experience of illness and death in clinically meaningful ways. See clinical services work manual for further information.

**Objectives**

- ◆ Clinical staff will be appropriately trained and assessed in CPR competence, as per NZRC recommendations
- ◆ All Clinical Staff will be familiar with emergency equipment, which will be accessible and appropriately maintained.

It is the expectation of Mercy Hospital that staff will respond to a clinical emergency to the level of their competence. For instance, a registered practitioner (e.g., Nurse practitioner, anaesthetic technician, nurse, physiotherapist, etc) who has completed the NZRC Core Advanced Rescuer course (within the past three years) is expected to follow the NZRC Algorithm/protocol for that emergency. This may involve commencing CPR, defibrillating a shockable rhythm and administering some medications or adjuncts such as oxygen, adrenaline, atropine, intravenous 0.9% Saline, or hydrocortisone, as per their level of CPR Training. This may occur before any external support arrives.

**Implementation**

**A. Clinical Staff**

The Clinical Learning and Development Coordinator facilitates the provision of and attendance on NZRC CORE Advanced courses, CORE Immediate courses, and Immediate Life Support (ILS), for the clinical staff at Mercy Hospital. This is supported by the Recognition and Response Committee and the NZRC CORE advanced instructors.

- \* The overall coordination of ongoing updates and annual refreshers sits with the Clinical Learning and Development Co-ordinator. Instruction is provided by Emergency Care Instructors (ECI) with support from CORE advanced instructors.
- \* The Recognition and Response Committee will review annually the contents of emergency trolleys. This includes standardising content between all the emergency trolleys and review of contents with the anaesthetic credentialed specialists.
  - All clinical staff receive a minimum of Immediate Life Support (ILS) training, provided at clinical orientation, with annual refreshers provided in clinical areas.

- Each clinical area will have at least one staff member who holds a current NZRC Core Advanced Rescuer qualification, on each shift. For example, if a patient remains out of hours in PACU two CORE Advanced staff members need to be available to this patient. This qualification is valid for three years and is assessed by a certified instructor.
- Achievement of an NZRC CORE Advanced qualification is required by; all anaesthetic technicians, and all registered nurses working in clinical areas (excluding Main Operating Theatre) across the Mercy campus.
- A CORE Immediate qualification is also available for staff who do not require CORE Advanced (e.g. Enrolled nurses or Theatre RNs). CORE Immediate is mandatory for enrolled nurses.
- Scenario training will be provided each year. This will be planned / advertised / delivered by the Simulation Committee and professional development committee.

#### B. SUPPORT SERVICES, MARINOTO CLINIC AND NON-CLINICAL HOSPITAL STAFF

Immediate Life Support training for non-clinical staff will be planned by the Professional Development Committee and offered during clinical orientation and as an annual update. Sessions will be run by Emergency Care Instructors or CORE Advanced Instructors.

#### Evaluation

- Clinical debrief and process review will be conducted after any resuscitation events. This will be initiated by Senior Clinical staff in conjunction with Recognition and Response Committee. This process includes;
  - a review of processes followed and
  - exploration of what occurred with staff, to ensure that staff involved have the opportunity to explore the sequence of events as they occurred and to raise any questions that require further clarification/review of systems for improvement.

The three questions to ask are;

- What went well?
  - What could have been done differently?
  - Action Points going forward.
- Incident form will be completed.
  - **Arrest records will be completed immediately after the event**

#### Internal Documents

- Cardiac arrest/patient emergency process- work manual (SharePoint)
- NZRC Advanced Life Support for Adults/Infants algorithms on Emergency Trolleys
- Emergency trolley contents - work manual (SharePoint)
- Emergency equipment- work manual (SharePoint)
- Emergency procedures poster beside all phones.
- Shared Goals of Care Policy
- Recognition and Response Committee TOR
- Sim committee TOR

#### External References:

- ◆ NZRC Policies and guidelines and algorithms - accessed online at <http://www.nzrc.org.nz/www.anzcor.org>
- ◆ NZRC (2024). Standards for resuscitation: clinical practice and education
- ◆ Lippincott Procedures- NZRC guidelines