CARDIO - PULMONARY RESUCITATION POLICY

<table>
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<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Status</th>
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<td>Version 12</td>
<td>10.12.2015</td>
<td>Deputy Director Infection Control Lead Nurse Physical Health</td>
<td>Final</td>
<td>The Do Not Attempt Resuscitate Policy is now a separate policy</td>
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<tr>
<td>Version 11</td>
<td>October 2014</td>
<td>Lead Nurse Physical Health</td>
<td>Final</td>
<td>Review of CPR policy Governance responsibilities Trust risk assessment Inclusion of alternate methods of training as per resuscitation council quality standards 2014</td>
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<tr>
<td>Version 10</td>
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<td>Lead Nurse Physical Health</td>
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<td>DNAR form reviewed for clarity NHSLA audit compliance</td>
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<td>November 2010</td>
<td>Physical Health Group</td>
<td>Draft</td>
<td>Updated in line with Resuscitation Guidelines 2010</td>
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Cardio Pulmonary Resuscitation Policy

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<td>9</td>
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Appendices

Cardiac arrest Monitoring Form
INTRODUCTION

1. East London NHS Foundation Trust aims to provide the highest quality care to its patients and to minimise risk in all the services (clinical and non-clinical) it provides.

2. One of the main objectives of the workforce strategy is to develop a highly skilled, motivated and culturally competent workforce. In addition to this, the Trust also recognises its legal and ethical responsibilities to create and maintain a working environment that will ensure the welfare and health and safety of its employees, patients and the public.

3. East London Foundation Trust provides mental health and community services across a diverse area.

Mental Health

1.4.1 Service users in mental health (MH) and learning disability (LD) inpatient settings can be vulnerable to cardiac or respiratory arrest through coexisting physical illness, through self-harm, and through the effects of medication, including rapid tranquilisation, physical intervention, or seclusion in the short term management of disturbed or violent behaviour. Patients in MH & LD inpatient settings are also vulnerable to choking, through dysphagia associated with illnesses like dementia, behaviour such as food bolting, pica (attempting to eat non-food items) or intentional self-harm. NPSA 2010.

Community services

1.5.1 Dealing with a cardiorespiratory arrest is a rare event for the individual primary care clinician. The circumstances and skills available to assist at such a time may vary widely, as may the equipment available. Excellent results have been reported when defibrillation is carried out promptly, with survival rates exceeding 50% under favourable circumstances. All ELFT community sites hold an AED Automatic External Defibrillator.

1.5.2 Patients have very different characteristics, and are attended by professionals with varying skill sets. Staff working with a higher-risk patient case-load, or in Urgent Care, may have more skills in resuscitation and equipment required for routine home visits will vary.

1.5.3 Staff visiting clients in their own homes will carry; limited equipment and the provision of timely response by calling London Ambulance service and initiating basic life support ...

Scope

2.1 This policy is based on the Guidelines for Resuscitation published by the Resuscitation Council (UK) in 2010 and complies with NPSA guidance on resuscitation in Mental Health and NICE Guidance 25, Paediatric Basic Life Support Resuscitation Council 2010..The
Cardio Pulmonary Resuscitation Policy

Policy reflects recommendations within Resuscitation Quality standards for Mental Health 2014 and Quality Standards for Primary Care 2013.

2.2 This document provides guidelines for clinical practice and training for those with a responsibility for resuscitation services within East London NHS Foundation Trust.

2.3 The level of immediate life support provided is dependent on the location of the healthcare facility, the staff available and the type of healthcare provided by that facility.

3.0 Purpose

3.1 This policy provides direction and guidance for the planning and implementation of a robust, high-quality resuscitation response by Trust Staff. The strategy for resuscitation incorporates the current published guidelines for resuscitation (Resuscitation Council (UK), 2010). This policy should be read in conjunction with the resuscitation council guidelines on Basic Life Support, Use of Automated External Defibrillator and Management of Choking and Anaphylaxis.

3.3 For the purpose of this policy and procedure, the term clinical staff refers to all health care staff employed in the direct care and treatment of patients. In the event of a cardiopulmonary arrest, clinical staff should initiate resuscitation in accordance with the Resuscitation Council (UK) 2010 Guidelines.

3.4 Non-clinical staff, if not trained in Basic Life Support, should summon the assistance of clinical staff as quickly as possible by dialling 2222 and/or 9999 and request the Resuscitation Team and/or ambulance depending upon locality and local protocols.

3.5 Decisions relating to resuscitation are covered in the Do Not Attempt Resuscitation attached section.

4.0 Responsibilities

4.1 The Trust Board has a responsibility to ensure that staff are trained in cardio pulmonary resuscitation and receive regular updates to meet their expected clinical responsibilities for maintaining a level of competence appropriate to each individual’s employed role.

4.2 The Medical Director is the executive responsible for overseeing resuscitation services within the trust and delegates this responsibility to the Physical Health Lead Nurse.

4.3 The quality committee will oversee resuscitation within the Trust receiving audit reports, updated guidance, MHRA alerts regarding resuscitation equipment and reviewed policies.

4.4 Directors must ensure systems are in place to check and verify that relevant staff have attended resuscitation training as recommended by professional bodies.

4.5 Resuscitation training is provided through a contract with A+A training. A+A are responsible for ensuring the training delivered meets the standards set out by the resuscitation council.

5.0 Staff

5.1 It is the responsibility of individual staff members to ensure they maintain their professional competence in resuscitation procedures.

5.2 Bank staff must maintain their mandatory training as per Trust training needs analysis.
Cardio Pulmonary Resuscitation Policy

5.3 All agency staff must be up to date with mandatory training and it is the responsibility of the agency to manage staff training compliance.

5.4 Duty senior nurses should attend annual immediate life support training.

5.5 Staff who look after young children and babies should be up to date with adult basic life support and paediatric basic life support.

6.0 Training Department

6.1 The Training Department is responsible for ensuring adequate provision of training in resuscitation and for maintaining accurate records of staff who have attended training.

7.0 Training:

7.1 In East London NHS Foundation Trust relevant staff will receive Basic Life Support training which includes management of choking and the use of Automatic External Defibrillators, so that they can:

- Recognise cardiorespiratory arrest;
- Summon help;
- Start CPR;
- Attempt defibrillation within 3 minutes of collapse using an automated external defibrillator or manual defibrillator.

7.2 Clinical staff have annual updates that includes assessment.

7.3 In addition, staff that undertake electroconvulsive therapy (ECT) follow the latest standards for staff training and practice set by The ECT Accreditation Service (ECTAS).

7.4 Local risk assessment may be undertaken to assess the likelihood of staff encountering a patient requiring resuscitation.

7.5 For all staff, various methods to acquire maintain and assess resuscitation skills and knowledge can be used for updates (e.g. life support courses, manikin/simulation training, mock-drills, ‘rolling refreshers’, and e-learning, video-based training/self instruction). The choice should be determined locally. For example, training materials such as Lifesaver (http://www.life-saver.org.uk/), developed by the Resuscitation Council (UK), or very brief videos aimed at lay people may be appropriate for non-clinical staff. (Quality standards for Primary Care 2013)

7.6 All resuscitation training will follow the current guidelines published by the Resuscitation Council (UK).

7.7 Training in the use of modified early warning scoring system will help in the identification of such patients.

7.8 Staff involved in administering or prescribing rapid tranquillisation, or monitoring service users to whom parenteral rapid tranquillisation has been administered, should receive ongoing competency training to a minimum of immediate life support covering early recognition of the deteriorating patient, airway management, basic life support, automated external defibrillation, and medical emergencies.
Cardio Pulmonary Resuscitation Policy

7.9 Staff who employ physical intervention or seclusion should as a minimum be trained in basic life support.

7.10 All Mental Health Duty Senior Nurses attend Immediate Life Support training as soon as possible after taking up post and receive half day update annually.

7.11 Clinical staff that may be expected to attempt resuscitation of children attend annual training in Paediatric Life Support.

7.12 Non Clinical staff should have the resuscitation skills that would be expected from a lay person must know how to summon help and be aware of the protocol for the settings in which they work. This could be dialling 999 or calling a hospital based resuscitation team.

7.13 Mock medical emergencies are carried out bi annually in all wards.

8.0 Recognition of ‘at-risk’, or critically ill, adult patients

8.1 When patients deteriorate, they display common signs that represent failing respiratory, cardiovascular, and nervous systems. This is the basis for monitoring patients’ vital signs.

8.2 Regular physical monitoring, an appreciation of the meaning and potential consequences of physical observations and the taking of appropriate action are considered the first line in prevention of cardiac arrest.

9.0 Resuscitation Equipment, Replenishment and Cleaning:

9.1 Equipment provision will vary from site to site according to the response available in that area...

9.2 The minimum requirement for clinical and community based services is the provision of pocket masks for home visits. All community services will retain an AED and pocket mask.

9.3 All adult inpatient wards will have as standard AED, bag valve mask, oxygen, cannulae, fluids, suction and first-line medications”.

9.4 City and Hackney Centre for mental health receive medical emergency response from Homerton medical response team and equipment and drugs will reflect the high level response.

9.5 Older adults and continuing care where rapid tranquilisation is not used and medical support is limited will provide basic life support with AED and oxygen.

9.6 All emergency equipment must be maintained in a state of readiness at all times. All emergency equipment, including defibrillators, suction and oxygen cylinders must be checked to ensure the required items are available and in full working order.

9.7 Equipment should be checked by an appropriate member of the team at least once every 24 hours and immediately following conclusion of a resuscitation event. Unsafe/expired or used equipment must be replaced immediately.

9.8 Equipment must be stored safely and securely with access only to staff.

10. Initiation of Resuscitation
10.1 Any patient whose Airway Breathing or Circulation is compromised should be considered a medical emergency.

10.2 A cardiac arrest is the ultimate medical emergency – the correct treatment must be given immediately if the patient is to have any chance of surviving. The interventions that contribute to a successful outcome after a cardiac arrest can be conceptualised as a chain – the Chain of Survival.

10.3 Cardiopulmonary resuscitation (CPR) is an emergency procedure which is performed in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person in cardiac arrest. It is indicated in those who are unresponsive with no breathing or not breathing normally.

10.4 On finding someone collapsed, staff should immediately assess the casualty as per training in Resuscitation Council (UK) 2010 Guidelines, and summon further assistance.

10.5 The sooner CPR is initiated, the more likely it is that a better outcome is achieved.

10.6 Composition of the Emergency Team:

10.7 This will vary according to site – please refer to local guidelines.

10.8 The emergency team in inpatient mental health wards comprises of:

- The on call duty senior nurse;
- Rapid response team.

11.0 Summoning Help

11.1 All trust areas should advertise how to call for help and where to get equipment.

11.2 Calling for help clearly and loudly is the immediate and response. Mental health inpatient sites are serviced by emergency response teams. The emergency team will be summoned by pulling the alarm and using the radio. The universal number 2222 is used in Eastwing City and Hackney Centre for mental health is based within the premises of Homerton Hospital. When calling for help the precise location of the patient must be communicated promptly and clearly to the switchboard operator: All areas dial 9-999 and summon the London Ambulance service. The Lodge will call 9-999 directly Community Health Newham will dial 9-999 directly. All community teams will call 9-999.
Cardio Pulmonary Resuscitation Policy

For adult patients clearly state:

- “adult cardiac arrest”;
- Location: Ward/Department, e.g., “Willow”.

For paediatric patients clearly state:

- “Paediatric cardiac arrest”
- Location: Ward / Department e.g. “......”

12.0 Urgent Care Centre

12.1 The Urgent Care Centre (UCC) is based within the premises of Newham University Hospital NHS Trust. Staff at the UCC must familiarise themselves with the resuscitation equipment in the UCC and with the Resuscitation Policy at NUHT.

In the event of cardiac arrest staff should initiate basic life support measures and call the Cardiac Arrest Team at NUHT by dialling 2222, clearly stating three times “Cardiac Arrest Urgent Care Centre”.

It may be decided that the best place to continue with the resuscitation attempt is the Resuscitation Room within the Emergency Department of NUHT. This is a clinical decision and lies with the most senior clinical person dealing with the emergency. UCC clinical staff may require additional resuscitation training. This should be discussed with the Senior Resuscitation Officer and Service Director for the urgent care centre and NUHT.

13.0 Emergency Response

13.1 Each member of the appropriate emergency team must respond immediately.

13.2 Staff trained in resuscitation and employed by the should be able to ensure that cardiopulmonary arrest is recognised, basic life support is started immediately and, the automated external defibrillators is deployed.

13.3 Staff present at a cardiac arrest should also ensure that the nearest resuscitation equipment is brought to the patient and that emergency team and/or ambulance staff have clear access and are directed to the area and patient.

14.0 Safer Handling:

14.1 In situations where the collapsed patient is on the floor, in a chair or in a restricted confined space the Trust Manual Handling Policy must be followed to minimise the risks of manual handling related injuries to both staff and the patient.

15.0 Post-resuscitation care:

15.1 Following successful resuscitation staff involved must ensure ongoing care of the patient is optimised.
Cardio Pulmonary Resuscitation Policy

15.2 Full and complete hand-over of care either to London Ambulance Service or Homerton Emergency Team or Newham Emergency team.

15.3 Assist the in-hospital (Homerton) emergency team or Ambulance team with preparation of equipment, oxygen, drugs and monitoring systems.

15.4 Accompany patient and team to the Accident and Emergency Department.

15.5 Patients notes, drug chart and observation charts should accompany transfer.

15.6 Personal effects/valuables should be stored safely and with dignity.

16.0 Informing Relatives

16.1 In the event of the death of service user/patient, ward staff will inform the next of kin / nearest relative/ civil partner of the incident, outcome and location of the person resuscitated.

16.2 In the event of the death of a staff member the on call manager will inform the nearest relative/ civil partner of the incident, outcome and location of the person resuscitated.

16.3 In the event of the death of a visitor the duty manager will take steps to find out who the emergency contact is and inform them of the incident, outcome and location of the person resuscitated.

17.0 Documentation

17.1 All incidences of sudden deterioration of physical health requiring emergency response must be clearly documented and reported. A Trust Incident form must be completed in the event of resuscitation.

17.2 A full account of the circumstances, actions, medication administered and outcomes of treatment must be recorded by the most senior member of staff present.

17.3 In City and Hackney Centre for Mental Health the Cardiac Arrest team will record additional notes of the treatment given.

17.4 A cardiac arrest form must be completed and sent to Assurance Department in all instances

18.0 Reflective practice following a Cardiac Arrest

18.1 The Local manager is responsible for ensuring systems are in place to ensure that reflection and learning following cardiac arrest is carried out. This must be handled sensitively. The objective is to learn from the incident and allow those involved the opportunity to discuss the event in a constructive way and provide psychological first aid.

18.2 Reflection should, where possible, take place as soon as possible and within seven days of the incident. Staff should not be forced to attend

18.3 If the incident happens in a ward or Trust residential setting, clients should be offered psychological first aid within 24 hours.
19.0 Do Not Attempt Resuscitation DNAR

19.1 There is separate Trust guidance on decision making relating to Cardio-Pulmonary Resuscitation. This document must be referred to when considering a decision not to attempt resuscitation.

20.0 Process for Monitoring Compliance With and the Effectiveness of This Policy

20.1 All events to which a cardiac arrest team or emergency ambulance is summoned will be recorded on Datix and reported to the directorate Quality Group by the most senior nurse. The cardiac arrest audit form must be completed in all cases. The Incident Review Group will review all incidents. All cardiac arrests should have Cardiac Arrest form completed.

20.2 Equipment will be audited by the resuscitation provider and a report provided to the Physical Health Lead Nurse and assurance. bi annually.
## Monitoring

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<th>NHS LA Standard</th>
<th>Name</th>
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<td>Assistant Director of Nursing</td>
<td>Health care records audit</td>
<td>Annual</td>
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<td>The Safety Sub Committee will receive and discuss the report and monitor the action plan within six weeks of the audit</td>
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**Use of an early warning system within the organisation to recognise patients at risk of deterioration**

Actions to be taken to minimise or prevent further deterioration in patients

**Do not attempt resuscitation orders (DNAR)**

How the organisation documents that resuscitation equipment is checked, stocked and fit for use

- Requirement for a documented plan for vital signs monitoring that identifies which variables need to be measured, including the frequency of measurement

- Do not attempt resuscitation orders (DNAR)
Cardio Pulmonary Resuscitation Policy

References:

This policy is based on the guidance provided in the following documents:

1. Resuscitation Council (UK): Decisions Relating To Cardiopulmonary Resuscitation a Joint Statement from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing February 2001;
2. Resuscitation Council (UK) Guidelines 2010;
3. European Resuscitation Council Guidelines for Resuscitation 2010;
10. The Human Rights Act (1998);
11. Mental Capacity Act (2007);
CARDIAC ARREST RECORDING FORM

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| Ward | Locality | Reason for admission |

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Cardio Pulmonary Resuscitation Policy

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Appendix 2 – Definitions

**Anaphylaxis** - Anaphylaxis is a severe, life-threatening, generalised or systemic hypersensitivity reaction. This is characterised by rapidly developing life-threatening airway and/or breathing and/or circulation problems usually associated with skin and mucosal changes.

**Automated External Defibrillator (AED)** Equipment giving a controlled electric shock, only when the patient's heart is in ventricular fibrillation, a rhythm that is most likely to respond to a shock.

**Basic Life Support (BLS)** Basic airway management, mouth-to-mouth/mask to mouth? Ventilation and chest compressions with further assistance called to help.

**Cardiopulmonary Arrest (CPA)** A cardiopulmonary arrest (CPA) is the sudden and complete loss of cardiac function. Not breathing, no palpable pulse detected or signs of circulation or life.

**Cardiopulmonary Resuscitation (CPR)** Basic airway management, mouth-to-mouth/mask to mouth? ventilation and chest compressions.

**Do Not Attempt Resuscitation Order (DNAR)** A declaration in the patient’s notes that staff should not attempt BLS / CPR in the event of a CPA.

**Medical Emergency**
(i) A person in a state of significant deterioration or collapse requiring immediate medical intervention.

(ii) Serious physical injuries (trauma).

Respiratory Arrest/Not breathing but there is a palpable carotid pulse or signs of circulation / life.
**Cardio Pulmonary Resuscitation Policy**

**Procedure title:**  Cardio Pulmonary Resuscitation Policy  
**Lead Director:**  Dr Kevin Cleary  
**Procedure lead:**  Carol Shannon  
**Sponsor Group:**  

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| 1. The procedure is properly disseminated throughout the Trust. | Disseminate to borough lead nurses managers and matrons  
Resuscitation provider  
Training department  
Matrons meetings  
Deliver to all staff | Physical Health Lead Nurse  
“  
“  
“  
Matrons | December 2014 | |
| 2. Appropriate training is provided to staff. | Contract provider is required to ensure all training is up to date and in line with local guidance | A+A | December 2014 | |
Cardio Pulmonary Resuscitation Policy
EQUALITY ANALYSIS
TEMPLATE

A Template for Undertaking Equality Analysis of New and Existing Policies, Functions, Service Redesign, Internal Reorganisations or Restructuring Processes