



## Requirements for resuscitation training and facilities for cardiovascular prevention and rehabilitation programmes

A joint statement by the Resuscitation Council (UK) and the British Association for Cardiovascular Prevention and Rehabilitation

January 2018

This joint statement was developed initially in 2008 in response to enquiries about the facilities and level of resuscitation training required for staff supervising the structured exercise component of comprehensive cardiovascular prevention and rehabilitation programmes. It was reviewed and updated in 2013, and again in 2018.

The current statement covers exercise sessions, both in the early (core) cardiovascular prevention and rehabilitation programmes and in longer-term management. It replaces previous joint statements by the Resuscitation Council (UK) [RC (UK)] and the British Association for Cardiovascular Prevention and Rehabilitation [BACPR] on resuscitation training and facilities, and the 2009 supplementary statement on automated external defibrillators [AEDs] and exercise.

The statement refers specifically to attempted resuscitation from cardiorespiratory arrest and assumes that procedures are in place during cardiovascular prevention and rehabilitation programmes for the management of other potential clinical problems, including chest pain, cardiac arrhythmia and syncope.

The statement applies the RC (UK)'s core standards for cardiopulmonary resuscitation practice and training to the specific setting of cardiovascular prevention and rehabilitation programmes. These core standards and more detailed guidance on appropriate facilities for and training in resuscitation in various settings can be found in **Quality standards for cardiopulmonary resuscitation practice and training**: [www.resus.org.uk/quality-standards](http://www.resus.org.uk/quality-standards).

The RC (UK) and BACPR recognise and wish to draw attention to the potentially valuable role of cardiovascular prevention and rehabilitation programme staff in encouraging patients and their families to receive training in cardiopulmonary resuscitation [CPR] and AED use, and in promoting involvement of the public in the immediate response to out-of-hospital cardiorespiratory arrest



(Cartledge et al. A systematic review of basic life support training targeted to family members of high-risk cardiac patients. *Resuscitation* 2016; 105: 70–78).

Requirements for the management of cardiorespiratory arrest occurring during cardiovascular prevention and rehabilitation programmes, both in acute hospitals and elsewhere:

1. Staff should participate in regular and appropriately frequent resuscitation training to a level commensurate with their expected clinical responsibilities and professional code of practice.
2. Irrespective of venue, all staff supervising patients participating in structured exercise, both in early cardiovascular prevention and rehabilitation programmes and in long-term management, must have received training in and have maintained their competency in CPR to at least the level of Basic Life Support [BLS] and AED use.
3. All venues in which cardiovascular prevention and rehabilitation programmes are held must have a defibrillator immediately available on site, with staff trained and competent in its use. In most venues, an AED will be the appropriate choice of defibrillator.
4. The minimum standard for immediate response to cardiac arrest in any setting is that:
  - there is prompt recognition of cardiorespiratory arrest
  - CPR is started immediately
  - appropriate help is summoned without delay
  - clear directions to the exercise venue are provided to the emergency response team
  - a defibrillator is available, applied without delay and (if an AED) its instructions are followed
  - defibrillation is attempted for a shockable rhythm within 3 minutes of collapse.
5. All cardiovascular prevention and rehabilitation programmes must have a clear policy defining the procedures to be followed in response to cardiorespiratory arrest. All staff working on a cardiovascular prevention and rehabilitation programme should be familiar with this policy and know how to implement these procedures.
6. Cardiovascular prevention and rehabilitation programme staff should make every effort to



deliver person-centred care by:

- being aware of those patients who have plans in place for their emergency care, including but not limited to a recommendation about whether or not to attempt CPR
  - ensuring that those plans are available and accessible without delay whenever patients attend a cardiovascular prevention and rehabilitation programme
  - promoting emergency care planning among patients and their families, and among other health professionals
  - receiving training in having the important conversations that underpin the development of an emergency care plan.
7. Cardiovascular prevention and rehabilitation programmes based in hospitals, and those others where a resuscitation team exists, should have procedures in place to ensure rapid access to the team. The resuscitation team must include individuals who have been trained and have current competency in Advanced Life Support [ALS].
8. For cardiovascular prevention and rehabilitation programmes based outside hospitals, or where there is no immediate access to a resuscitation team, there is a need to provide a prompt response via a '999' emergency protocol. The following should be in place to facilitate an optimum response:
- prior identification of the cardiovascular prevention and rehabilitation programme venue with the local emergency services
  - a telephone or mobile telephone to summon a paramedic ambulance
  - easy access for ambulances and ambulance trolleys to the cardiovascular prevention and rehabilitation programme venue
  - immediate on-site access to an AED.
9. Each patient must undergo an individual risk assessment before entering a cardiovascular prevention and rehabilitation programme. The risk classification for each patient should determine the appropriate exercise intensity, staffing and resources required to allow safe and effective participation in the exercise programme. For more information visit:
- <http://acpicr.com/sites/default/files/ACPICR%20Standards%202015.pdf>



Further advice and response to specific queries not covered by the above guidance may be obtained from [enquiries@resus.org.uk](mailto:enquiries@resus.org.uk) or [bacpr@bcs.com](mailto:bacpr@bcs.com).

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<b>2013</b>	<i>BACPR</i> : Samantha Breen, Kathryn Carver, Sally Hinton <i>RC (UK)</i> : Jerry Nolan, David Pitcher, Gary Smith, Jasmeet Soar
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