Title: Procedures during a medical emergency in the NIHR Imperial CRF

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Related SOPs and Policies:	ICRF CL11 Emergency Scenario training

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Document version numbering

Version	Date	Updated by	Reason for change
1	April 2013	n/a	New SOP
2	April 2015	B Lodge	Biennial review, update of procedures so that separate SOPs on specific emergencies are not needed
3	Aug 2017	S Fagerbrink	Routine review and update of procedures

1.0 Background

The NIHR Imperial Clinical Research Facility (ICRF) supports the conduct of a broad range of clinical research studies involving participants and healthy volunteers. The ICRF staff includes a team of Imperial College NHS Trust (ICHNT) nurses, doctors and other healthcare professionals. operating within an Imperial College London (ICL) building. The facility is embedded within Hammersmith Hospital, served by the hospital emergency response team and located within a short distance of the Intensive Care Unit (ICU).

All ICRF doctors and the Lead Nurse undergo ALS training provided by the Trust resuscitation team. This includes basic airway management and ventilation,. cannulation and fluid resuscitation, adrenaline administration, Cardio Pulmonary Resuscitation (CPR) and use of automated external defibrillator (AED).

All ICRF Research Nurses undergo ILS training provided by the Trust resuscitation team. This includes current Trust and national policies, guidelines and procedures. It covers recognition and escalation of care in deteriorating participants, initiating appropriate emergency response, basic airway management and ventilation, cardiac arrest management and Do Not Attempt Resuscitation policy, CPR and use of the AED. All ICRF operational staff undergo BLS training provided internally or by the Trust resuscitation team. This includes basic airway management, ventilation and CPR.

This document outlines the procedures and process to be followed, it is not intended to replace clinical decision making. All treatments and decisions are made by the attending doctors and nurses within the scope of their normal practice.

2.0 Purpose

The aim of this SOP is to detail procedures to be carried out in the event of a medical emergency arising in the ICRF.

3.0 Scope

This SOP applies to medical emergencies which may arise in the ICRF. It is relevant to all ICRF staff and ICRF Users carrying out work in the ICRF.

4.0 Responsibilities

4.1 The Principal Investigator (PI) is responsible for the clinical safety of participants in their research study. They must nominate a suitable delegate if they are unavailable at any time.

4.2 The ICRF Management Team are responsible for ensuring that appropriate procedures are in place to protect the safety and welfare of subjects, staff and visitors.

4.3 All ICRF Users and ICRF Clinical staff working on studies within the ICRF are responsible for escalating emergency procedures in a timely manner and, if necessary, initiating emergency resuscitation procedures.

4.4 The Lead Nurse or their delegate is responsible for ensuring that all ICRF nurses:

4.5 Receive regular training in cardiopulmonary resuscitation (CPR) and use of the Automated External Defibrillator (AED).

4.6 Are familiar with the SBAR (situation, background, assessment and response) form.

4.7 Are familiar with College security call procedures in emergency situations.

4.8 Collate information on the event and report incidents to the ICRF Quality, Health and

Safety Committee.

4.9 The QA and Governance Manager or their delegate is responsible for ensuring that the procedure is reviewed and updated as necessary and that relevant support documentation is maintained.

5.0 Glossary

A&E	Accident and Emergency
AED	Automated External Defibrillator
ALS	Advanced Life Support
BLS	Basic Life Support
ICHNT	Imperial College Healthcare NHS Trust
ICL	Imperial College London
ICRF	NIHR Imperial Clinical Research Facility
ICRF Clinical Team	ICRF Healthcare Professionals – including Doctors, Nurses and Healthcare Professionals
ICRF Doctor	Qualified Medic employed by the ICRF
ILS	Immediate Life Support
NEWS	National Early Warning Score – score used to standardise treatment and assessment of acutely ill patients.
PI	Principal Investigator
SAE	Serious Adverse Event
SBAR	Situation, Background, Assessment, Recommendation

6.0 Procedure

6.1 Emergency Procedures

6.1.1 On identifying an emergency situation or suspected emergency situation the person identifying the emergency should shout for assistance and activate the nearest emergency buzzer.

6.1.2 ICRF clinical staff should respond immediately on hearing the emergency buzzer or as soon as it is safe to leave their current participant (inconveniencing their current participant is not a reason to delay attending the emergency).

6.1.3 Staff must assess the immediate environment and ensure their personal safety before approaching the participant.

6.1.4 The Nurse In Charge is responsible for leading the emergency response until such time a medical doctor or the ICHNT resuscitation team takes over

6.1.5 If appropriate an emergency 2222 call should be made as soon as possible. The caller should state which team they require i.e. adult cardiac arrest or medical emergency. The location of the unit, stating “Imperial Clinical Research Facility, L Block, Ground Floor, South Corridor, past Echo”

6.1.6 College Security must be called immediately after the 2222 call has been made in order to ensure emergency care teams have uninhibited access to the ICRF. Security staff will also attend until swipe card access can be reinstated.

6.1.7 An orange card with the wording to be used in an emergency is available by all phones in the clinical areas.

6.1.8 If an ICRF Doctor has not attended they should be fast bleeped without any unnecessary delay.

6.1.9 All ICRF nurses should be familiar with the SBAR tool to assist in briefing medical colleagues effectively. SBAR laminates are available at the nurses' station.

6.1.10 The emergency phone calls may be made in sequence by one person or, if sufficient staff have attended, they may be made in parallel. Anyone leaving the immediate participant area to make a call or collect the emergency trolley must announce this clearly to ensure procedures are neither duplicated nor omitted.

6.1.11 On arrival of the resuscitation team the ICRF Clinical team will provide a comprehensive handover including information relating to the research study in which the participant was participating and discuss the take-over of care of the participant. ICRF staff should continue to support the resuscitation team as directed.

6.2 The Nurse in Charge or their delegate will:

- Ensure the PI is informed as soon as possible.
- Liaise with the PI regarding informing the next of kin.
- Ensure all events and actions related to the event are clearly documented in the participant's health care records
- Ensure the ICRF Clinical Project Manager (if allocated) is informed and work with them as required to ensure governance and regulatory requirements are met
- Ensure that an AE or Serious Adverse Event (SAE) report is completed as appropriate.
- Document the event for ICRF records on the ICRF incident reporting form
- If the resuscitation team has been called, ensure the ICHNT resuscitation audit tool is completed.
- If applicable, complete a Datix entry

6.3 Deteriorating Participant

6.3.1 The ICHNT and ICRF use the National Early Warning Score (NEWS) recognition score to aid in the identification of a deteriorating participant.

6.3.2 Where an ICRF nurse or researcher becomes concerned about a participant they should call for help immediately by calling out for help and pushing the emergency call buzzer.

6.3.3 During 9-5 working hours the ICRF Doctor should be called or fast bleeped to provide help if required. If outside these hours then the research team responsible for the care of the participant, namely the PI or delegate as identified on the study contacts list, should be contacted as soon as feasibly possible.

6.3.4 If outside 9-5 hours the Clinical Site Management Team (Bleep 9335) must be informed as soon as possible and alerted to the situation.

6.3.5 The Nurse in Charge, ICRF Doctor and PI or delegate will discuss the situation and suitability of continuing treatment on the ICRF. All such discussions and decisions must be noted in the participant's health care records.

6.3.6 If there is no consensus on treatment, then the Head of Clinical Studies or delegate must

be informed immediately irrespective of the time.

6.3.7 Where the decision is to admit/transfer the participant from the ICRF to a ward in ICHNT this must be clearly documented in the participant's health care records and the PI or delegate must request and arrange a suitable ward bed with the ICHNT Clinical Site Management Team.

6.3.8 If the participant is being transferred to an ICNHT site then the health care records can be transferred with the participant. Copies of relevant paperwork will be taken before transfer to enable research procedures such as SAE reporting to take place.

6.3.9 Before transfer to another ICNHT site the participant must have had a suitable transfer note written, including as a minimum a medical history, current medication therapy and medical plan to accompany the participant on transfer.

6.3.10 The Nurse in charge is responsible for arranging transport via the ICHNT patient transport. This must be highlighted that it is an emergency transfer and that the participant is ready to be transferred. If deemed necessary by the ICRF Clinical Team or when there is no pre-arranged ward, a 999 ambulance may be the preferred transport option to the nearest A&E.

7.0 Related Documents and References:

- 2010 Resuscitation Guidelines. Resuscitation Council (UK).http://www.resus.org.uk/pages/GL2010.pdf
- DATIX http://source/source/resource/datix/index.htm
- JCRO/SOP/001 Recording, Managing and Reporting Adverse Events in the UK http://www.imperial.ac.uk/media/imperial-college/research-and-innovation/joint-research-compliance-office/public/JRCO_SOP_001_Safety_Reporting-Final-2015.pdf