



**Faculty of Family Planning and Reproductive Health Care  
of the Royal College of Obstetricians and Gynaecologists**

**SERVICE STANDARDS FOR RESUSCITATION  
IN  
SEXUAL HEALTH SERVICES**

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# SERVICE STANDARDS FOR RESUSCITATION IN SEXUAL HEALTH SERVICES

## **1. Standard Statement on Training in Resuscitation** **Page 5**

Training and regular updating in resuscitation is essential for all staff dealing with emergencies arising during the provision of sexual health services.

## **2. Standard Statement on Emergency Drugs** **Page 6**

Essential drugs required for resuscitation must be available, accessible, clearly labelled, adequately maintained and their location known to all staff.

## **3. Standard Statement on Emergency Equipment** **Page 7**

Essential resuscitation equipment should be available, accessible, well-maintained and its location known to all staff.

## **4. Standard Statement on Co-ordination** **Page 8**

One named individual should be responsible for the overall co-ordination of resuscitation services.

## **5. Standard Statement on Risk Management** **Page 9**

Locally agreed risk management policies for the treatment of emergencies should be in place and take into account national recommendations.

## Introduction

This document addresses standards for resuscitation in the context of sexual health service provision.

Resuscitation in sexual health services may be required in a number of situations:

- Collapse during or following any clinical procedure. Hyperventilation syndrome, vasovagal episodes, bradycardia, anaphylaxis or epileptic seizures may occur during IUD and subdermal implant insertion, instrumentation of cervix, any injection, or vasectomy operations.
- Anaphylactic response to administered medication or as a result of contact with another provoking agent, e.g. latex gloves.
- Spontaneous collapse of any person on the premises related to other underlying medical conditions such as diabetes, epilepsy, cardiac or pulmonary problems<sup>1,2</sup>.

This document should be used in conjunction with national guidelines from other relevant professional bodies and locally agreed policies and procedures.

## 1. Standard Statement on Training in Resuscitation

**Training and regular updating in resuscitation is essential for all staff dealing with emergencies arising during the provision of sexual health services.**

- 1.1 All staff providing a sexual health service should receive appropriate training and regular updating, at locally agreed intervals, in 'Basic Life Support'<sup>3</sup>.
- 1.2 A named individual should be responsible for maintaining a record of the training of each member of staff in basic life support and management of anaphylaxis.
- 1.3 All staff providing a sexual health service must be prepared, adequately trained and equipped to recognise collapse requiring basic life support<sup>3</sup>.
- 1.4 All staff must ensure that they are aware of the facilities in each clinical area, their location and how to call for assistance in the event of an emergency.
- 1.5 All clinical staff must be prepared, adequately trained and equipped to recognise and treat an anaphylactic reaction<sup>4, 5</sup> following the administration of substances by injection or other routes, or contact with another provoking agent e.g. latex gloves.
- 1.6 All clinical staff must be prepared, adequately trained and equipped to recognise and manage other medical emergencies which may arise as a result of sexual and reproductive health procedures, e.g. vaso-vagal attack or persistent bradycardia.

## 2. Standard Statement on Emergency Drugs

**Essential drugs required for resuscitation must be available, accessible, clearly labelled, adequately maintained and their location known to all staff.**

- 2.1 Essential drugs required for resuscitation are:
  - Epinephrine (Adrenaline) 1 in 1000 injection (1ml) for the management of anaphylaxis.
  - Atropine (0.6 mg/ml) for intravenous use for the management of persistent bradycardia.
- 2.2 Desirable emergency drugs:
  - Oxygen
  - Diazepam
- 2.3 Emergency drugs should be labelled with the recommended dosage regimes.
- 2.4 Epinephrine (Adrenaline) 1 in 1000 injection must be available or carried whenever drugs are administered by injection or other routes with rapid absorption, even when the recipient is not considered to be at risk.
- 2.5 It is the responsibility of all those providing sexual health services to ensure that in-date drugs to treat emergencies are available.
- 2.6 All clinical staff must know the precise location of emergency drugs.
- 2.7 Emergency drugs should be stored in tamperproof containers, which once opened should be replaced.

### 3. Standard Statement on Emergency Equipment

**Essential resuscitation equipment should be available, accessible, well-maintained and its location known to all staff.**

- 3.1 All clinical staff must know the precise location of emergency equipment.
- 3.2 Basic resuscitation equipment for managing the airway and administering drugs should be available and accessible in clinic premises where IUD and subdermal implant insertion, removal or instrumentation of the cervix, and the administration of injections is performed.
- 3.3 Essential Emergency Equipment  
  
In addition to standard equipment, i.e. sphygmomanometer, sharps box, non-latex gloves, scissors, the following should be available and accessible:
  - Appropriate selection of needles and syringes
  - Pocket mask with one-way valve
- 3.4 Desirable emergency equipment
  - Oxygen mask with reservoir bag
  - Automated external defibrillator
  - Adjustable couch with ease of access in case of an emergency situation

#### 4. Standard Statement on Co-ordination

**One named individual should be responsible for the overall co-ordination of resuscitation services<sup>3</sup>.**

- 4.1 A named individual should be responsible for maintaining all emergency equipment and drugs.
- 4.2 A named individual should be responsible for facilitating training in resuscitation (see also 1.2).
- 4.3 Local protocols for the management and referral of medical emergencies should be clearly displayed in all clinical areas.
- 4.4 All staff should know how to access emergency services.
- 4.5 Emergency telephone numbers should be clearly displayed.
- 4.6 A local protocol for the use of drugs by nurses for the purpose of saving life in an emergency should be in place.

## 5. Standard Statement on Risk Management

**Locally agreed risk management policies for the treatment of emergencies should be in place and take into account national recommendations<sup>6</sup>.**

- 5.1 A risk assessment should be performed in all clinical situations, including where staff are working in isolation<sup>6</sup>.
- 5.2 All significant adverse clinical events should be recorded and reported according to local policies.
- 5.3 Significant untoward incidents (or events) should be discussed with the individual(s) involved and there should be a process for the whole team to learn from them<sup>7</sup>.
- 5.4 An appropriately trained assistant should be available during IUD/IUS insertions to help in the event of an emergency<sup>1, 8</sup>.

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