

## **CQC guidance on agreed principles for defibrillators, oxygen and oximeters**

It is important that practices are able to respond immediately **in an appropriate manner** to meet the needs of a person who becomes seriously ill. There is no explicit guidance relating to what is contractually required for emergency equipment such as pulse oximeters, defibrillators and oxygen, but, having reviewed external guidance and national standards, the CQC has agreed the following with the BMA, RCGP, NCAS and MDU: CQC will consider the individual circumstances of the practice such as the practice's knowledge and assessment of the emergency services available to them.

**Defibrillators** Current external guidance and national standards suggest that it is best practice for practices to have rapid access to defibrillators, and whilst it is not a contractual obligation they should be encouraged to have them.

**Oxygen** The National Resuscitation Council has issued the following advice: *'Oxygen: Current resuscitation guidelines emphasise the use of oxygen, and this should be available whenever possible.'*

Oxygen is considered essential in dealing with certain medical emergencies eg acute exacerbation of asthma and other causes of hypoxaemia; if the practice does not have rapid access to oxygen they are unlikely to be able to demonstrate they are equipped for dealing with emergencies.

**Pulse oximeters** The 2009 British Thoracic Society (BTS) guidelines on the management of asthma recommend SpO<sub>2</sub> monitoring by pulse oximetry as an objective measure of acute asthma severity, particularly in children. In addition the Primary Care Respiratory Society states that it should be used to assess all acutely breathless patients in primary care. The need for pulse oximeters and a paediatric pulse oximeter should be risk assessed within a GP practice. In light of the above recommendations, it would be unlikely that a practice would be able to demonstrate that they are equipped for dealing with emergencies without a pulse oximeter being available for use when required.

**Training in CPR** It is mandatory for a practice to ensure that the staff that are working while the practice is open are trained to perform basic levels of CPR. Practices should have evidence that their staff would be able to respond immediately to a person who becomes seriously ill requiring resuscitation. It is for the practice to determine how frequently practice staff receive updates to their CPR skills.

**Practices should also be mindful of professional and contractual requirements in respect of having effective systems of clinical governance.**

The above guidance relates to Regulation 9 Outcome 4, of The Health and Social Care Act 2008, (Regulated Activities) Regulations 2009 which states that, *'The planning and delivery of care and, where appropriate, treatment in such a way as to...Ensure the welfare and safety of the service user,'*