

CRWIA – Stage 3

CRWIA title: <u>Out of Hospital Cardiac Arrest Strategy</u> Publication date: 23rd March 2021	
Summary of policy aims and desired outcomes	The Out of Hospital Cardiac Arrest Strategy 2021-2026 sets out key aims and actions to be taken by the Save a Life for Scotland partnership in order to increase awareness of out of hospital cardiac arrest, equip people in Scotland with CPR and defibrillation skills, and ultimately, improve survival rates from OHCA.
Executive summary	<p>The Out of Hospital Cardiac Arrest Strategy 2021 – 2026 sets the strategic direction for the Save a Life for Scotland partnership (SALFS) to improve survival rates from out of hospital cardiac arrest. SALFS is a partnership including representation from statutory organisations including Scottish Government, Scottish Ambulance Service, Scottish Fire and Rescue and Police Scotland. It also includes representation from a number of third sector and academic partners.</p> <p>The top 10 aims of the strategy are:</p> <ul style="list-style-type: none">● An additional 500,000 people in Scotland will be equipped with CPR skills.● All school aged children in Scotland will be equipped with CPR skills.● Our work is targeted towards addressing inequalities in OHCA outcomes.● Bystander CPR rates will be increased to 85%.● Public Access Defibrillators will be placed optimally and as accessible as possible.● 20% of all cardiac arrests will have a defibrillator applied before the arrival of ambulance service.● Survival from OHCA will increase to 15%.● All individuals who experience an OHCA will be well supported afterwards, there will be support available for bystanders who witness an OHCA and the wellbeing of emergency service and volunteer community responders will also well be supported.● We will support innovative solutions to the key challenges relating to OHCA, including addressing the challenge of timely communication of anticipatory care plans and decision support for front line ambulance service crews in dealing with complex end of life care decisions.● We will use data to understand and address variation and improve outcomes after OHCA.

Background	<p>Every year in Scotland over 3,000 people experience an out of hospital cardiac arrest. Without application of high quality CPR and, where available, a defibrillator, the individual in distress will not survive.</p> <p>The original out of hospital cardiac arrest strategy ran from 2015 – 2020 with the aim of equipping 500,000 people with CPR skills and increasing bystander CPR rates from under 50%. Both these actions were reached; at the end of the strategy, over 640,000 people had been equipped with CPR skills and the bystander CPR rate was at 64%, both fantastic achievements and a solid foundation for future work.</p> <p>This refreshed iteration of that strategy aims to expand those original goals and more, including a specific focus on reaching seldom-heard communities.</p>
Scope of the CRWIA, identifying the children and young people affected by the policy, and summarising the evidence base	<p>The available evidence shows that the strategy has the potential to affect anyone in Scotland, including children and young people. This is because out of hospital cardiac arrest can affect anyone at any age – in fact, in 2018, 12% of OHCA in Scotland were experienced by people under the age of 45.</p> <p>Every week in the UK, 12 seemingly fit and healthy young people under the age of 35 die from sudden cardiac death. In around 80% of cases, there were no signs or symptoms before deathⁱ. Within that age range, it is likely that the sudden cardiac event is due to either a structural problem or an electrical fault in the heart and may be inherited from heart conditions that run in families. For example, the most common cause of sudden death in young people is Hypertrophic Cardiomyopathy, affecting some 10,000 people across the UK.</p> <p>In 2017, Circulatory system diseases were the third most common cause of death for young people in the UK, after external causes and cancerⁱⁱ.</p> <p>In addition, we know from international literatureⁱⁱⁱ that a majority of out of hospital cardiac arrests happen in the home^{iv}. This means that young people and children, their friends, parents, grandparents or guardians all have the potential to experience or witness an OHCA event. In addition, 4% of children and young people aged 4 – 15 provide unpaid care for a family member^v, again meaning that they have the potential to witness an OHCA event in a loved one.</p> <p>It is important then to ensure that as many people as possible (including children and young people) are ready and able to act when needed. The strategy itself contains specific measures to work with local authorities, schools and community groups to equip school aged children with CPR.</p> <p>The Save A Life For Scotland (SALFS) partners are very aware of how big the ask is around taking action when witnessing an OHCA event, but by equipping young people and children with CPR skills,</p>

	<p>we are ensuring that if they choose, they can act when necessary to help those around them.</p>
Children and young people's views and experiences	<p>This draft document is an initial assessment of the impact Out of Hospital Cardiac Arrest Strategy. We will continue to review and update this document where required during the implementation of the strategy. Any future iterations will reflect an increased understanding of impacts as the amount of data and research available continues to increase.</p> <p>This impact assessment should be read in conjunction with the other strategy impact assessments, which can be found on the Scottish Government website.</p> <p>Children and young people groups will be consulted by partner groups during the lifetime of the strategy to ensure that their views are met and included within wider planning.</p>
Key Findings, including an assessment of the impact on children's rights, and how the measure will contribute to children's wellbeing	<p>We have identified that this strategy applies to the following articles in relation to the UNCRC, National Performance Framework and Scotland's wellbeing indicators:</p> <p>Article 3 - Best interests of the child - Every decision and action taken relating to a child must be in their best interests. Governments must take all appropriate legislative and administrative measures to ensure that children have the protection and care necessary for their wellbeing - and that the institutions, services and facilities responsible for their care and protection conform with established standards.</p> <p>Article 24 - Health and health services - All children have a right to the highest attainable standard of health, and to health care services that help them to attain this. Governments must provide good quality health care, clean water, nutritious food and a clean environment so that children can stay healthy.</p> <p>Article 29 - Goals of education - Education must aim to develop every child's personality, talents and abilities to their fullest potential. It must encourage the child's respect for human rights, their origins and identity, for other cultures around the world, and for the natural environment.</p> <p>National Performance Framework Scotland's National Performance Framework aims for Scotland to be a society which treats all our people with kindness, dignity and compassion. There are four national outcomes within the framework which the strategy must work to:</p> <ul style="list-style-type: none"> • We are healthy and active • We live in communities that are inclusive, empowered, resilient and safe

	<ul style="list-style-type: none"> • We are well educated, skilled and able to contribute positively to society • We grow up loved, safe and respected so that we realise our full potential <p><u>Scotland's Wellbeing indicators</u></p> <p>Respected - Having the opportunity, along with carers, to be heard and involved in decisions which affect them SALFS partners know how important it is to engage with children and young people around this area. Equipping as many younger people as possible is key to the long-term creation of a culture of action.</p> <p>Responsible - Having opportunities and encouragement to play active and responsible roles in their schools and communities and, where necessary, having appropriate guidance and supervision and being involved in decisions that affect them Providing young people with the skills to perform CPR, enables them to share that knowledge and to step in if they witness an OHCA event. Although we are aware of how great the ask is, we want to ensure that Children and Young People have the knowledge and confidence to feel like they could step in to help be it for a family member at home or a stranger on the street.</p> <p>This strategy will allow children and young people to ensure they are getting their rights around health and education; specifically, SALFS will provide education on CPR, OHCA and where appropriate Public Access Defibrillators, and will be ensuring that they are aware of how to help others during an emergency. Given that OHCA can occur at any age, it is important that children and young people are equipped to help their friends/family/strangers if needed.</p>
Monitoring and review	The strategy is monitored by the Out of Hospital Cardiac Arrest Reference group, chaired by the Scottish Government, which holds to account the partners of the strategy.
CRWIA Declaration	
Authorisation	
Policy Unit Clinical Priorities Unit 1	Date 09/03/2021
Deputy Director or equivalent Lynne Nicol Deputy Director (interim) Healthcare Quality and Planning	Date 04/05/2021

ⁱ Cardiac Risk in the Young, 'Research into the causes of young sudden cardiac death' [Research in the causes of young sudden cardiac death - Cardiac Risk in the Young \(c-r-y.org.uk\)](https://www.c-r-y.org.uk/research-reports/research-in-the-causes-of-young-sudden-cardiac-death) [accessed 16 February 2021]

ⁱⁱ Hagell, A., and Shah, R., *Association for Young People's Health – Key Data on Young People 2019* (London, 2019) pp. 24

ⁱⁱⁱ Karlsson, M., Karlsson, N. and Hilli, Y., 'Ethical dilemmas during cardiac arrest incidents in the patient's home' *Nursing Ethics* (2019) 26(2) pp. 625 – 637

^{iv} Life After Cardiac Arrest.org, Home Page, [OHCA – Life After Cardiac Arrest](https://www.lifeaftercardiacarrest.org/) [accessed 9 March 2021]

^v The Scottish Government, *The Scottish Health Survey 2018 (amended 2020)* (Edinburgh, 2020) pp.33