Resuscitation Council UK

Guidelines development Process Manual

Approved by Resuscitation Council UK Board of Trustees and Executive Committee

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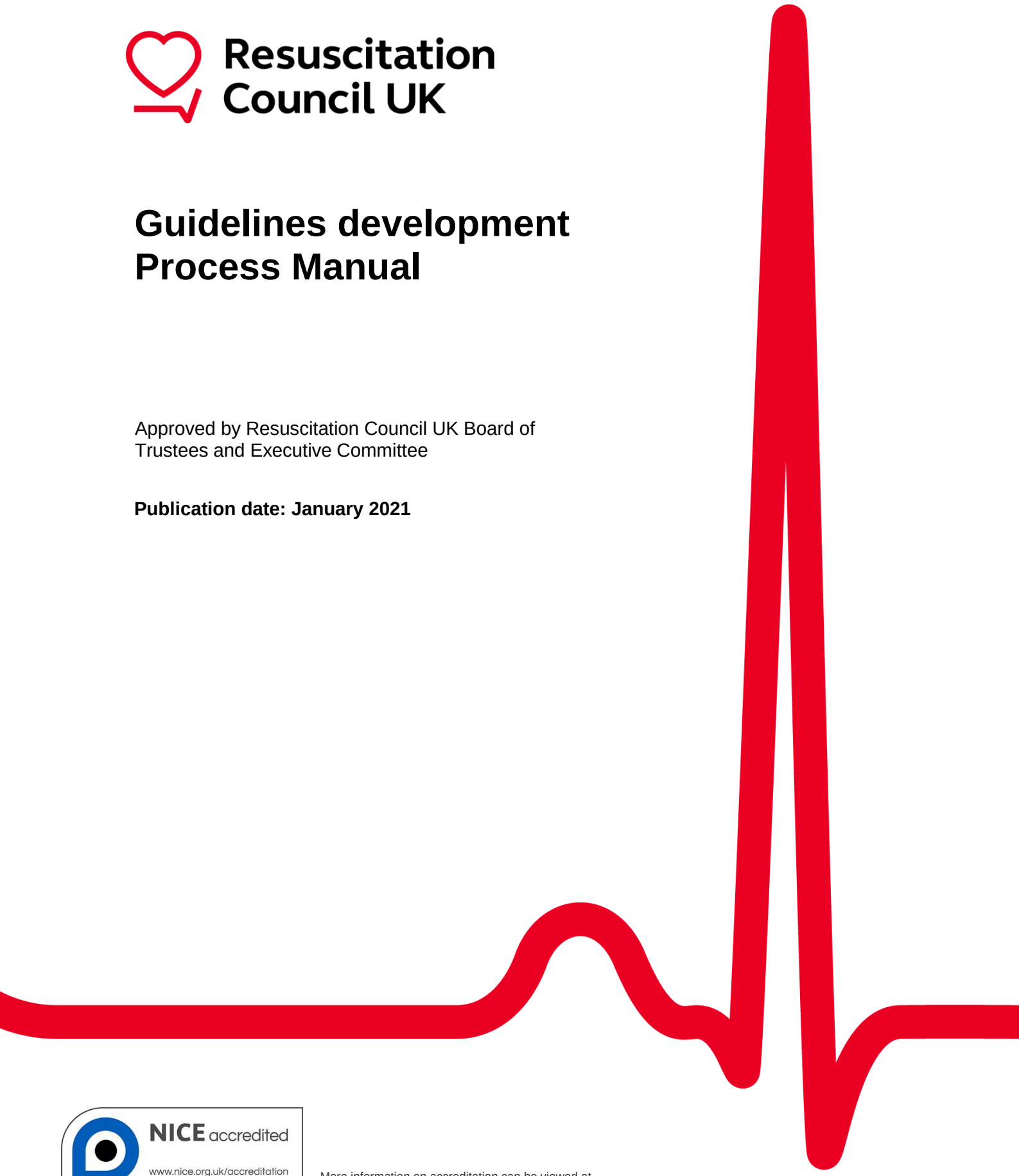

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Resuscitation Council UK

Contents

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Executive summary

1. This development process manual:
   - describes the process used by Resuscitation Council UK [RCUK] to develop and update its guidelines and standards consistent with global evidence methods
   - provides details of the technical aspects of guideline development and the methods used
   - supports and directs all those who are tasked with developing or updating RCUK guidelines and standards
   - ensures that quality assurance is key to this process
   - ensures stakeholder engagement is at the heart of the process
   - ensures that transparency is illustrated in the process used by RCUK to develop its guidelines and standards work programme.

2. All those involved in the production of RCUK guidelines, standards and statements will be required to follow the process described in this manual. The Process is summarised in Figure 1.

3. This manual replaces: Resuscitation Council UK Guidelines Development Process Manual. July 2014, amended December 2014 http://www.resus.org.uk/resuscitation-guidelines/

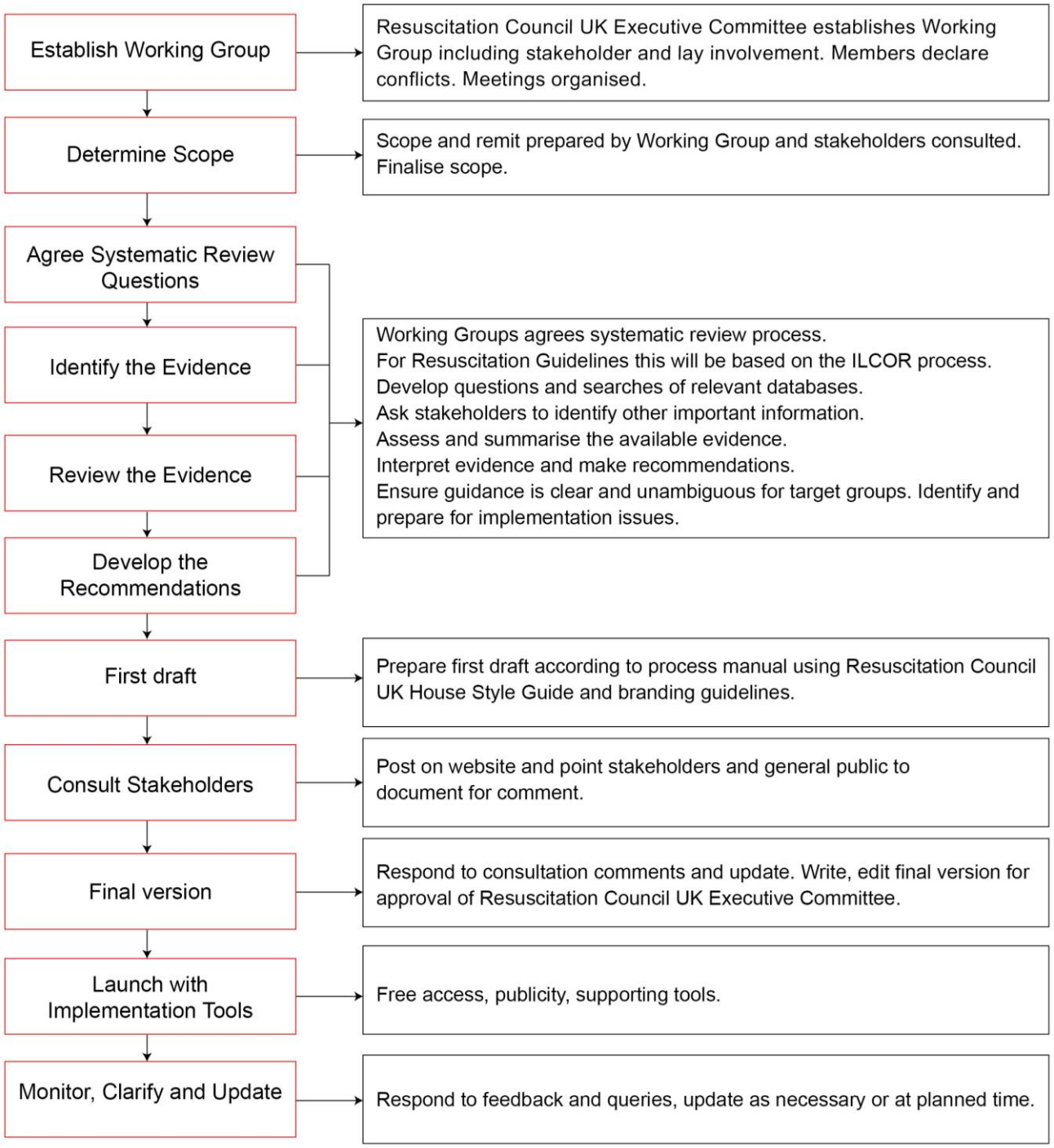

Figure 1. Summary of Resuscitation Council UK Development Process

Resuscitation Council UK

1. Introduction

1.1 About Resuscitation Council UK (RCUK)

RCUK was formed in August 1983. The objective of the Council was, and still is, to facilitate education of both lay and healthcare professional members of the population in the most effective methods of resuscitation appropriate to their needs and to ensure appropriate resuscitation for all. This includes conversations and planning in advance of need. RCUK aims to achieve its objective by:

- encouraging research into methods of resuscitation to create new knowledge
- leading evidence synthesis of published research to guide contemporary practice
- studying resuscitation teaching techniques
- establishing appropriate guidelines for resuscitation practice
- promoting the teaching of resuscitation using the established guidelines which remains a key implementation strategy of evidence-based guidelines
- establishing and maintaining standards for resuscitation
- fostering good working relations between all organisations involved in resuscitation
- producing and publishing teaching materials and literature associated with the organisation of resuscitation
- promoting and facilitating conversations and decision making

RCUK organisational chart is shown in Appendix 1.

1.2 Resuscitation Council UK Guidelines

RCUK adheres to the definition and standards set out by the Institute of Medicine:
Clinical practice guidelines are statements that include recommendations intended to optimise patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.
Consensus report, Institute of Medicine. Clinical practice guidelines we can trust. March 23, 2011.
www.ncbi.nlm.nih.gov/books/NBK209539/ (Accessed 27 January 2021)

RCUK guidelines are based on the best available evidence and are relevant to healthcare professionals, health service managers, patients, their families and carers, and lay persons involved in resuscitation. They provide source material for optimal implementation of evidence-based recommendations in shaping nationally recognised courses, focused on improving both the outcomes and an individual's experience of care.

RCUK has a long history of developing nationally accepted guidelines for cardiopulmonary resuscitation (CPR):

- Basic life support (BLS)
- Use of an automated external defibrillator (AED)
- Advanced life support (ALS)
- Paediatric life support (PLS)
- Newborn life support (NLS)
- Education
- Ethics

RCUK is committed to improve the quality of care and outcomes for those individuals who need resuscitation. This involves recommendations on managing: a 'deteriorating patient', 'cardiac arrest' and 'post cardiac arrest care'. This is achieved by the guidelines providing healthcare professionals and lay people with evidence-based clinical pathways for all patient groups (adults, children, newborn) in all settings. Our guidelines are the basis for resuscitation care throughout the UK.

RCUK will also produce guidance in other subject areas related to resuscitation as required (e.g. Guidance for cardiac arrest in times of COVID-19 pandemic)

All RCUK guidelines are freely available at www.resus.org.uk.

1.3 Quality standards for clinical practice and training

RCUK also produces quality standards for clinical practice and training, the aim of which is to improve care and outcomes for patients who are deteriorating or suffer cardiorespiratory arrest in a healthcare setting. There is a particular emphasis on simplification and standardisation to improve implementation and delivery of resuscitation care. Specifically, they:

- aim to lead to improvements in patient care and local resuscitation services
- are derived from existing guidance from RCUK and other bodies
- are written in collaboration with stakeholders
- have outcomes that can be measured either locally or as part of national audits.

The development of these standards follows the same rigorous process as for guidelines produced by RCUK. All RCUK standards are freely available at www.resus.org.uk.

1.4 Structure of the Resuscitation Council UK

RCUK comprises:

- a Board of Trustees; this consists of elected Trustees (President, Vice President, Honorary Treasurer, Honorary Secretary) and three appointed Trustees
- an Executive Committee; this consists of clinicians from a range of specialities, the lead educator, chairs of subcommittees, stakeholder representatives and patient/public representatives
- Subcommittees
- Patient /public advisors. E.g. Sudden Cardiac Arrest UK
- Working groups; these are 'task and finish' groups for specific project areas
- a paid body of staff led by the Chief Executive Officer and Senior Management Team

Resuscitation Council UK

2. Development process

The objective of this development process manual is to clarify and delineate the methods, principles, and processes used by RCUK to develop its guidelines and standards for use in the UK.

2.1 Topic selection

RCUK will produce:

1. Cardiopulmonary resuscitation guidelines on subjects including basic life support (BLS), use of an automated external defibrillator (AED), advanced life support (ALS), paediatric life support (PLS), ethics, epidemiology, neonatal life support (NLS) and education. The principle aim of these guidelines is to improve the quality of patient care and outcomes from cardiac arrest. RCUK guidelines, distilled from the ERC guidelines, provide healthcare professionals and laypeople with evidence-based clinical pathways for all patient groups (adults, children, newborn) and all settings. The scientific evidence supporting RCUK guidelines is reviewed every 5 years (most recently in 2015). Since 2017 ILCOR has commenced a continuous evidence evaluation process which will inform but not change the process for guidelines 2020.
2. Emergency treatment of anaphylaxis guidelines, updated every 5 years if necessary. The most recent version was first published in 2008 and was reviewed in 2020.
3. Quality standards for cardiopulmonary resuscitation practice and training in clinical settings (acute care, primary care, mental health inpatient, primary dental practice, community care). First published in 2013, updated versions have been published when new evidence or information has become available.
4. Guidance on specific topics relating to resuscitation (e.g. Cardiovascular Implanted Electronic Devices in people towards the End of Life, during Cardiopulmonary Resuscitation and after Death, Safer handling during resuscitation, Management of cardiac arrest during neurosurgery in adults). Most topics are chosen based on emerging issues or following liaison with other organisations. The final decision rests with the RCUK Executive Committee.

2.2 Establishing working groups

1. RCUK will establish working groups to develop guidelines and standards.
2. All members of the working group must adhere to the RCUK conflict of interest (COI) policy. Members will not acquire any financial gain or facilitate financial gain to others by being a member of the working group.
3. The Chair of each working group will usually be a member of the Executive Committee and appointed by the Executive Committee.
4. Other members of the working group will be appointed to ensure representation of all relevant stakeholder groups including:
    - subject matter experts
    - methodology experts
    - user groups
    - patient or carer representatives.
5. Where appropriate, the working group can appoint proxy membership from relevant specialist organisations, patient groups, colleges, and professional associations.

6. Working group members from relevant stakeholders will be identified by RCUK by consulting its committees and subcommittees, membership, other stakeholder organisations, and patient groups.
7. The patient, family or carer members could be from RCUK Patient Advisors, or members of Sudden Cardiac Arrest UK. These members have equal status with other members of the group.
8. The working group can add further individuals if gaps in the expertise of the working group are identified.
9. RCUK will provide administrative support for the process.
10. RCUK will cover reasonable travel costs for working group members.
11. Working group members will be expected to commit to the whole process, attend meetings and conference calls and respond to all email communications in a timely manner unless there are extenuating circumstances.
12. The working group chair is responsible for:
    a. working with RCUK staff to plan meetings
    b. ensuring all working group members contribute to the discussions and activities of the group
    c. ensuring all members declare any new conflicts of interest since their last declaration, and handling of any conflicts as they arise in line with the RCUK COI policy
    d. steering the discussions according to the agenda
    e. summarising the main points and key decisions from the debate
    f. signing off meeting minutes once approved by the working group
    g. leading the writing process and implementation of the final guideline or standard.

2.3 Scope and purpose

The working group will establish the scope of the guidance. The term guidance has been used generically to cover the range of guidelines and standards listed in section 2.1.

1. The scope must give an overview of what will and will not be covered.
2. The scoping process should follow 4 stages:
    a. identifying key issues and first draft
    b. working with stakeholders to ensure key issues are not missed. Stakeholders can help identify priority areas, and those areas where guidance already exists or is lacking
    c. consultation on the scope
    d. finalising the scope.
3. The final scope must state:
    a. the overall objective of the guidance
    b. the clinical, healthcare or social questions covered by the guidance
    c. the population and/or target audience to whom the guidance applies, (e.g. the Anaphylaxis guidelines clearly state the intended users are healthcare staff)
    d. the healthcare settings to which any guidance applies
    e. the methods that will be used to evaluate the available evidence (e.g. systematic review process)
    f. the likely timescale for development and consultation
    g. any equality issues that are identified.

4. The working group should establish the timeline for comments on the scope, (e.g. stakeholders in advance of writing the guidance agreed the date of 2014 in the Cardiovascular Implanted Electronic Devices in people towards the End of Life, during Cardiopulmonary Resuscitation and after Death document scope).
5. The working group should update the scope based on comments received during the consultation.
6. The scoping process may identify additional stakeholder groups. In such circumstance, the working group membership may be updated.
7. The final scope and purpose should include a proposed timeline for the development process that informs a work plan.

2.4 Rigour of development

1. RCUK was a founding member of the European Resuscitation Council through which it is a member of the International Liaison Committee on Resuscitation (ILCOR) which publishes International Consensus on Science with Treatment Recommendations (CoSTR) documents based upon systematic reviews of PICOs (Population, Intervention, Comparator(s) and Outcomes) using the GRADE (Grading of Recommendations, Assessment, Development and Evaluation) process. This process incorporates public consultations on all CoSTRs (https://costr.ilcor.org). The RCUK guidelines process builds upon and incorporates these reviews ensuring that they are relevant and appropriate to UK practice and patients.
2. RCUK CPR and anaphylaxis guidelines follow the GRADE working group (https://www.gradeworkinggroup.org/). This system was developed by an international working group to rate the certainty of evidence across outcomes in systematic reviews and guidelines that examine alternative management strategies or interventions; these may include no intervention or current best management. It can also be used to grade the strength of recommendations in guidelines. The key difference from other assessment systems is that GRADE rates the certainty of evidence for a particular outcome across studies and does not rate the quality of individual studies.
3. Even, when there is little or no high certainty evidence, or no existing guidance (e.g. Safer handling during resuscitation), the working group should follow Evidence to Decision framework as recommended by GRADE.
4. In order to apply GRADE, the evidence must clearly specify the relevant setting using the PICO format. Review questions for systematic review will be developed from the scope. Questions can be about interventions, diagnosis and prognosis, based on the PICO format and will inform a protocol that determines evidence synthesis approach (e.g. outcome data extracted).
5. Details and dates of the search strategy including search terms, date of search, databases searched, and numbers of studies included and excluded should be included as an appendix to the guidance.
6. The working group will use existing systematic reviews or those from other organisations where these exist (e.g. the 2020 anaphylaxis guidelines used up to date Cochrane reviews, and the lead author of these systematic reviews was a member of the Anaphylaxis working group). When systematic reviews from other organisations are used, ensure they are conducted and reported according to AMSTAR (Assessing the methodological quality of systematic reviews http://amstar.ca/index.php) and PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses www.prisma-

statement.org/index.htm) recommendations, are in the public domain and have been peer reviewed. The RCUK process follows the GRADE Evidence to Decision (EtD) frameworks for adoption, adaptation, and de novo development of trustworthy recommendations:
GRADE-ADOLOPMENT
GRADE Evidence to Decision (EtD) frameworks for adoption, adaptation, and de novo development of trustworthy recommendations: **GRADE-ADOLOPMENT**.
Schünemann HJ, Wiercioch W, Brozek J, Etxeandia-Ikobaltzeta I, Mustafa RA, Manja V, Brignardello-Petersen R, Neumann I, Falavigna M, Alhazzani W, Santesso N, Zhang Y, Meerpohl JJ, Morgan RL, Rochwerg B, Darzi A, Rojas MX, Carrasco-Labra A, Adi Y, AlRayees Z, Riva J, Bollig C, Moore A, Yepes-Nuñez JJ, Cuello C, Waziry R, Akl EA.
J Clin Epidemiol. 2017 Jan;81:101-110. doi: 10.1016/j.jclinepi.2016.09.009. Epub 2016 Oct 3.

7. Specifically RCUK CPR guidelines are based on an international process coordinated by ILCOR (International Liaison Committee on Resuscitation) and the European Resuscitation Council. See Appendix 5 for further details of the ILCOR Consensus on Science and Treatment Recommendations (CoSTR) process.
8. Criteria and reasons for inclusion or exclusion of evidence identified by the evidence review should be clearly stated.
9. The strengths and limitations of the body of evidence, and acknowledgement of any areas of uncertainty, should be clearly stated.
10. The working group will ask stakeholders and its members to submit any evidence they are aware of, so that any 'grey' literature is part of its review. The 'grey' literature includes reports that are not formally published or have limited distribution and may not be identified by a systematic review.
11. The method used to arrive at recommendations is based on review and discussion of the evidence by the working group using an evidence to decision framework until consensus is achieved. In most cases, this will be through a process of informal consensus. The Chair must ensure that each individual on the working group can present and debate their views, and that discussions are open and constructive. All members of the group need to agree to endorse any recommendations. If the group cannot come to consensus, this should be made clear in the final wording of the recommendation.
12. Agreeing recommendations may be based on formal consensus methods. When this occurs a nominal group method will be used (i.e. the available treatment options are discussed and then ranked by the group). This allows the views of all the members of the group to be taken into account. The specific technique used is outlined in: Jones J, Hunter D. Consensus methods for medical and health services research. BMJ 1995;311:376-80. A common issue for disagreement is whether there is a good enough reason to change existing guidance, especially where there are important implementation issues (e.g. additional cost of equipment, training needs).
13. Cost impact and ease of implementation should be considered when making recommendations (e.g. the use of atropine was no longer recommended in the 2010 CPR guidelines based on no supporting evidence for or against its use in cardiac arrest).
14. The final draft of any guidance will be subject to stakeholder consultation. The duration of this consultation period is determined by the working group and agreed by the Executive Committee. The working group must actively ensure stakeholders are aware of the consultation through the working group members, stakeholders, the RCUK newsletter, website, and members of the Executive Committee (includes patients/family, clinicians).

15. Comments from stakeholders will be reviewed by the working group. Changes to the guidance will be based on feedback using the same consensus process as for when making initial recommendations (point 11 above). All feedback must be reviewed and the reasons for acting or not acting on the feedback recorded.
16. The final guidance will be peer reviewed and quality assured by the RCUK Executive Committee, which comprises up to 27 individuals including patients/family and representatives of key stakeholder groups. This is ratified by the Trustees.

3. Presentation

1. The layout, presentation and style should follow RCUK house style guide and RCUK Branding guidelines, Appendix 3
2. The presentation will include:
   a. title page
   b. summary
   c. summary algorithm(s) when appropriate
   d. when the guideline is an update, summary details of what has been updated
   e. list the authors and their affiliations
   f. the methodology and process
   g. a description of how stakeholders, the public and others were able to view and comment on the document
   h. the objectives of the guidelines including scope and purpose, target audience and target population are described
   i. evidence statements
   j. recommendations
   k. links to supporting evidence (e.g. systematic reviews)
   l. references
   m. measurable outcome when appropriate (e.g. the National Cardiac Arrest Audit (NCAA) for in-hospital cardiac arrest, www.icnarc.org/Our-Audit/Audits/Ncaa/About, The Out-of-Hospital Cardiac Arrest Outcomes study for out-of-hospital cardiac arrest https://warwick.ac.uk/fac/sci/med/research/ctu/trials/ohcao/)
   n. links to related guidance and other supporting materials
   o. statement of editorial independence Appendix 4
   p. declaration of COI. The form is shown in Appendix 2
   q. acknowledgements to those who have supported the development of the document
   r. contact details for queries and feedback.
3. As most RCUK guidelines will be used in emergencies where efficient, timely action is critical, they should include clear, succinct recommendations with easily understood algorithms. Considerable care should be taken to ensure that the guidelines are written in plain English and unambiguously; this includes review by non-medical individuals prior to publication. The implementation of the guidelines in support of new evidence benefits from multiple approaches. This can include updating training course curricula, manuals and other materials by RCUK. Specifically:
   a. Each section is clearly identifying the question being answered, with the key recommendations highlighted (e.g. the BLS guidelines clearly state ‘Give 2 ventilation breaths after every 30 chest compressions’).

   b. The certainty of the underlying evidence for any recommendation will be clearly identified and articulated in the form of evidence to recommendation discussions.
   c. (e.g. 2015 Advanced Life Support guidelines state - ‘A single precordial thump has a very low success rate for cardioversion of a shockable rhythm. Its routine use is therefore not recommended.’)
   d. Recommendations will demonstrate analysis and discussion of the health benefits, side effects and risks (e.g. to survival or quality of life).
   e. Key priority recommendations will be emphasised, with targeted implementation, including the use of algorithms.
   f. Recommendations that an intervention ‘must’ or ‘must not’ be used are solely included if there is a legal duty to apply this (e.g. adverse events that would be supported by statutory regulation).
4. It is made clear if guidance is new or an update to previously published guidance. For updated guidance previous versions should be referenced (e.g. the 2015 guidelines documents clearly lists in the introduction which documents it is replacing).
5. The different options for management of the condition or options for intervention are clearly presented (e.g. use of an automated external defibrillator is recommended for use by all rescuers, whilst only those rescuers who are confident and experienced in emergency interpretation of ECG rhythms can use manual defibrillators).
6. The purpose of the guidelines is to provide evidence-based interventions that are most likely to be successful (e.g. increase the chances of successful resuscitation from cardiac arrest with full neurological recovery). Equality issues should be integral to the interpretation of evidence and translation of this into national clinical guidelines is consideration of equality issues. See Appendix 6 for the Equality Impact Assessment Tool used.
7. The date of search, the date of publication or last update and the proposed date for review are clearly stated.
8. The content and style of the guidance is suitable for the specified target audience. Members of the user groups should be involved in reviewing the final document. Use of everyday language for patients, their family and carers, and the wider public.
9. RCUK guidance aims to be practical and user friendly. Detailed supporting evidence will usually be linked or referenced, rather than included in the main text of any guidance.

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4. Implementation

The working group will produce an implementation plan ensuring:

1. Stakeholders are aware there will be new CPR guidelines (e.g. all NHS). All NHS bodies and voluntary groups with an interest in CPR were informed that new/updated CPR guidelines would be published in 2021.
2. A timeline for implementation and sharing this with stakeholder groups is included
3. Any implementation issues such as resource and cost issues have been raised with relevant stakeholders and individuals, and solutions identified to ensure there are no delays in the release of updated training and implementation materials. For example, the voluntary aid organisations (St John Ambulance, Red Cross, British Heart Foundation), who run first aid courses, were informed of key changes to CPR guidelines in advance of the final publication to enable them to update their teaching materials in a timely and coordinated manner.
4. Implementation is assessed (e.g. RCUK has collaborated with the Intensive Care National Audit & Research Centre to establish the National Cardiac Arrest Audit (https://ncaa.icnarc.org/Home) for in-hospital cardiac arrest). It has also established an Out-of-hospital cardiac arrest outcomes project in partnership with Warwick University, the British Heart Foundation, and the Ambulance Service. These registries enable RCUK to evaluate impact of the guidance and develop time series measurements relating to patient outcome, epidemiology and trends in cardiac arrest.
5. The Communications Manager publicises guidance.
6. Free supporting tools are provided:
    a. free access on RCUK website www.resus.org.uk
    b. posters (e.g. algorithm posters freely available on RCUK website)
    c. applications on web, and commonly available smart phones (iPhone, Android devices) and tablet devices (e.g. www.life-saver.org.uk)
    d. iResus app for algorithms
    e. free videos on RCUK YouTube channel (e.g. www.youtube.com/watch?v=jQYHQr3ebLo)
    f. free video podcasts (e.g. www.youtube.com/watch?v=uuQERzOOzI8)
    g. use of PowerPoint™ presentations (e.g. anaphylaxis)
    h. social media on Facebook and https://en-gb.facebook.com/ResuscitationCouncilUK and Twitter https://twitter.com/resuscouncilUK
    i. work with stakeholders to establish implementation tools (e.g. RCUK worked with Save a Life Cymru on CPR animation (https://www.resus.org.uk/watch)).
7. Guideline updates are included on the programme for RCUK Annual Conference and there is liaison with the stakeholder group to present updates at other national meetings.
8. Where appropriate, teaching and relevant course materials are developed to support new guidelines.
9. In addition, for its resuscitation guidelines, RCUK will develop updated teaching and course materials. RCUK currently has over 16,500 volunteer instructors and each year over 148,000 healthcare staff attend one or more of the following RCUK courses:
    - Advanced Life Support (ALS) course
    - European Paediatric Advanced Support (EPALS) course

- Immediate Life Support (ILS) course
- Paediatric Immediate Life Support (PILS) course
- Newborn Life Support (NLS) course
- Generic Instructor course (GIC)
- Focused Echocardiography in Emergency Life support (FEEL) course
- Advanced Resuscitation of the Newborn Infant (ARNI) course.

All RCUK courses are quality assured, and taught and assessed by trained instructors.

5. Evaluation

Evaluation on the effectiveness of the guidance is collected by:

1. ensuring guidance includes RCUK contact information for feedback
2. developing a common frequently asked questions (FAQ) section with guidance if necessary
3. collect feedback from stakeholders and its instructors
4. assessment of data from national registries and audits such as the National Cardiac Arrest Audit
5. working with the National Reporting and Learning System to assess patient safety incidents related to resuscitation.

6. Updating of guidance

1. RCUK guidelines are updated every 5 years in line with the release of ERC Guidelines. The next update will be in 2021. See Appendix 5 for further details of this process.
2. Both RCUK and ERC guidelines are based on the ILCOR continuous evidence evaluation process.
3. Since 2017, ILCOR have conducted annual reviews as part of the continuous process. Updates to UK guidelines occur only if there is new evidence for an interim statement. This is usually when a study shows a significant treatment benefit or harm (e.g. the beneficial effects of therapeutic hypothermia were published in 2002 and ILCOR made an advisory statement in early 2003).
4. Other RCUK guideline and standards will be reviewed at the review date which is usually at 5 years, unless new information or new implementation issues arise, as for CPR guidelines. Identification of new information or new issues should continue through the working group members, stakeholders, and end users.
5. RCUK will reconvene a working group to review guidance when an update is due.
6. For RCUK guidelines the working group will be formed and base its decisions on the ILCOR, CoSTR and ERC Guidelines process. See Appendix 5 for details.
7. For its other guidance the working group will revisit the scope of the original document, through consultation with stakeholders, and a further systematic review will identify if there is any new evidence. This may lead to revision of the whole or part of the previous guidance. If the initial systematic review was produced by another organisation, and an updated review is not available, RCUK will conduct its own systematic review.

8. Decisions to update a guideline must balance the need to reflect changes in the evidence against the need for stability, because frequent changes to guideline recommendations would make implementation difficult.

7. Editorial independence

1. RCUK is a charity. Its income is derived from training and education activity. It is completely independent from any commercial organisation. It is solely responsible for the content of the RCUK guidelines and standards.
2. RCUK guidance on COI is applied to all new development activity (see Appendix 2). Specifically:
    a. all working group members will need to complete a COI form before joining the group
    b. COI declarations of working group members will be shared with the rest of the group at the beginning of every meeting, and updated if necessary
    c. COI declarations will be tabled in the final document.
3. The COI guidance states a ‘member may still participate in discussions that relate to this topic but should not be involved in decisions. In some circumstances, and at the discretion of the Chair of the relevant committee, if there is a major COI for a given topic, it may be appropriate to exclude that individual from the whole discussion. A COI will expire after one year after the COI no longer exists. If the Council discovers that an individual has a COI that has not been declared, this will be reviewed by the COI panel (i.e. the Officers). Failure to declare an interest may result in expulsion of the individual from his or her role(s) in the Council’.

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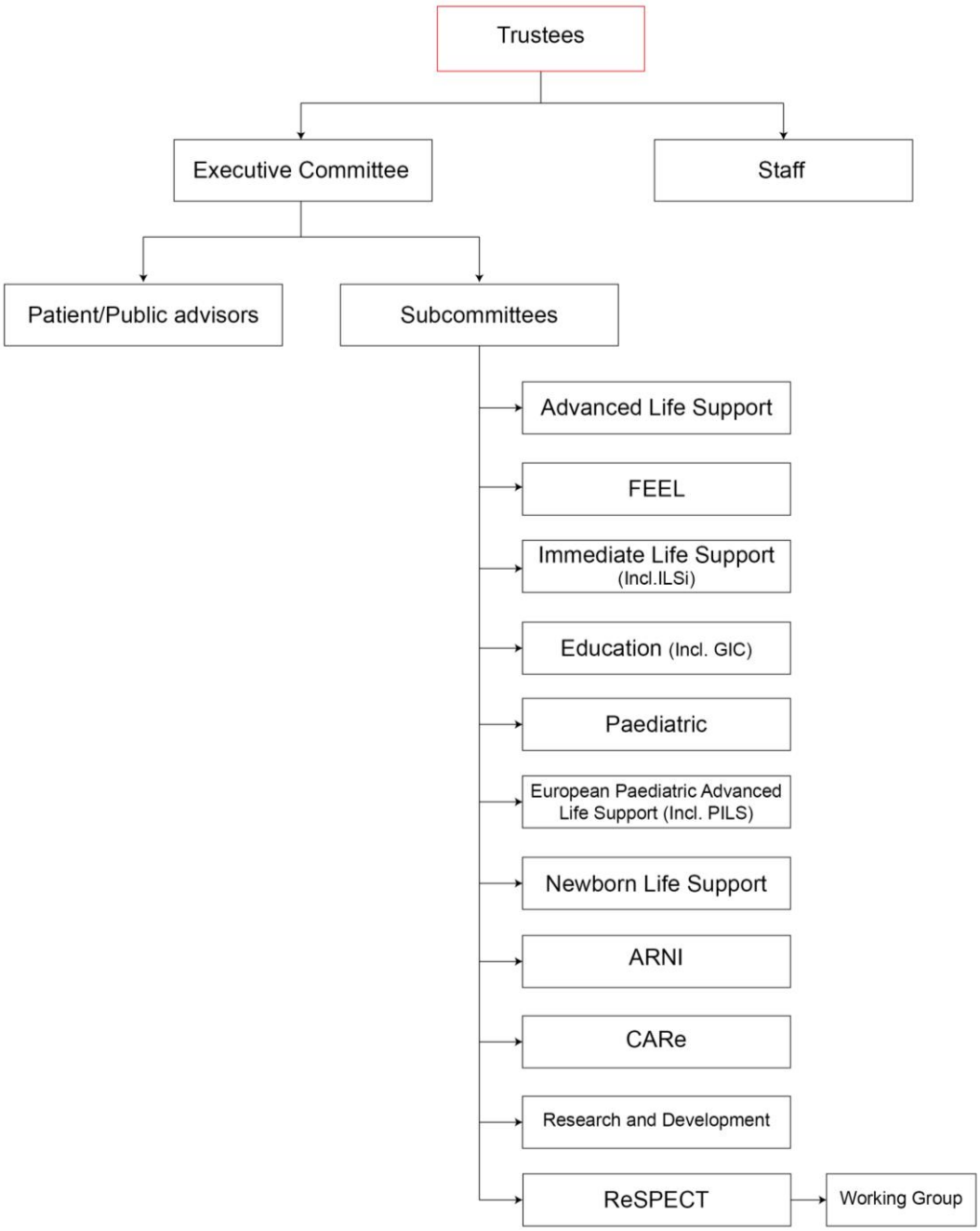
Appendices

Appendix 1 - Organisational chart



www.resus.org.uk/_resources/assets/attachment/full/0/24917.pdf

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Appendix 2 - Conflict of interest (COI) Policy

Conflict of Interest policy

Resuscitation Council UK [RCUK] is a Charitable Incorporated Organisation. As such, public and professional trust in the integrity and independence of its scientific and decision-making processes, and its adherence to high standards for the conduct of its charitable activities is essential. RCUK recognises that those representing the Council (see below) may have relationships, interests, and memberships that support and benefit the objects of RCUK. However, there may be occasions when these relationships give rise to or give the appearance of an actual or potential conflict of interest. To protect both RCUK and those representing the organisation, this policy is designed to allow disclosure of any such relationships. The aim of the policy is to ensure that actions taken by those representing the organisation are in the best interest of the RCUK), thereby protecting RCUK and its representatives from the appearance of bias or improper influence by individual personal or business interests, family or close associates within RCUK.

Definition of Representatives of RCUK

This term is used to include, but not be limited to Trustees, members of the Executive Committee, members of the Subcommittees, members of Working Groups set up by RCUK, and other individuals appointed to represent RCUK.

The Conflict of Interest Policy

1. RCUK wishes to ensure that all those who contribute to its scientific, educational, administrative and professional activities declare any activities that could potentially influence their judgement or contribution. Any declaration should be within the time period of 18 months prior to, or 18 months following the date of signature.
2. This policy is for use by those defined above as Representatives of RCUK.
3. A conflict of interest (COI) is defined as ‘any circumstance or set of circumstances that creates or has the potential to create a risk that professional judgement or actions may or will be influenced by the said circumstances’.
4. The following are conditions in which Representatives of RCUK must declare an interest which may or have the potential to conflict with their responsibilities to RCUK:
    a. Employment: All representatives should make a full declaration of their paid employment. Details of salaries received are not required.
    Any voluntary positions must also be declared for full transparency.
    b. Associated intellectual or business relationships: All representatives should make a full disclosure about paid or unpaid relationships with other organisations. In addition, if representatives or close family have a business relationship with a company that is directly related to the possible areas under discussion, this must be declared.
    c. All representatives should make a full disclosure about paid or unpaid relationships with other organisations including other charities. In addition, if representatives or close family have a business relationship with a company that is directly related to the possible areas under discussion, this must be declared.
    d. Boards or consultancies (paid or not), honoraria, payment for lectures received: if you are a board member or consultant (paid or not paid), or if representatives received an honorarium or were paid for one or more lectures, for an external

party and directly related to the possible areas under discussion, these must be declared.

e. Equity, shares, ownership: Equities, shares and ownerships by representatives or immediate family[1] if directly related to the possible areas under discussion, must be declared. If you participate in an investment fund over which you have no control how the fund is managed, this does not need to be declared.
f. Funding of research grant received: Regardless of the kind of funding (industry or charitable), funding of research grants received must be declared.
g. Miscellaneous disclosures: Other relationships directly related to the possible areas under discussion, which may be perceived by the public or colleagues to be a COI (e.g. medicolegal practice).

Where applicable, only the source of the income and the nature of the COI are to be disclosed; the amount of any payment or grant etc. is not required.

5. When should a COI be declared?
    a. All of the individuals defined as Representatives of RCUK will have a COI Declaration record established. All Representatives must update their COI declaration annually, immediately when there is a new COI as defined in 4c, or after being reminded by RCUK Office. Alternatively, COI declarations can be submitted to RCUK Office for entry onto the record at any point during the year.
    b. If the representative has no potential conflicts, this also must be declared.
    c. Individual members are responsible for keeping their COI declaration up to date and to amend their COI declaration in case of new potential COIs.
    d. When an agenda point is discussed in official meetings of RCUK, where one of the members present has a COI, this member should declare his COI before this agenda point is discussed.
6. Consequences of a COI
    Having declared a COI, a member may still participate in discussions that relate to this topic but should not be involved in decision making. In some circumstances, it may be appropriate to excuse that person from the whole discussion.
    If it is noticed that an individual has a relevant COI that has not been declared, this will be reviewed by the Trustees. Failure to declare an interest may result in the Representative being asked to relinquish their role within RCUK.
7. Record of interests and their publication
    RCUK will keep an electronic COI record for all representatives including the Definition of Representatives. The COI record will be made available to the Trustees and CEO.

Note:

[1]Someone's spouse, partner, civil partner, parents and grandparents, children and grandchildren, brothers and sisters, mother in law and father in law, brothers in law and sisters in law, daughters in law and sons in law. Adopted, half, and step members are also included in immediate family.

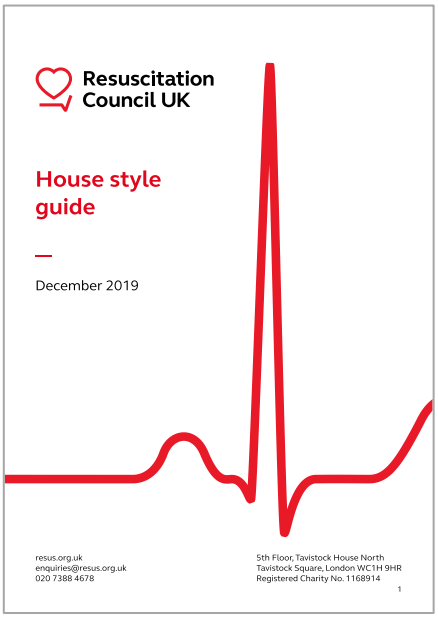
Resuscitation Council UK

January 2018

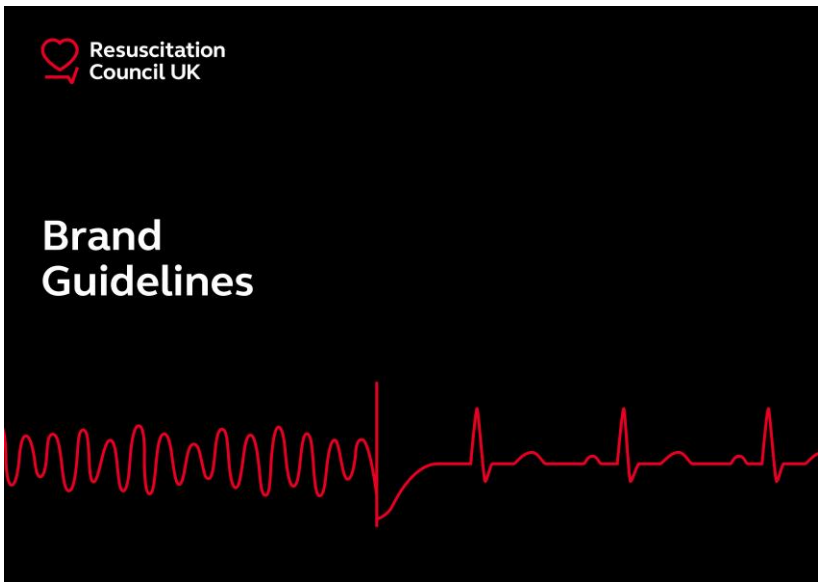
Declaration of Conflict of interest/medicolegal record

Contact details		
Name		
Email		
Address		
Telephone number(s)		
Position(s) held within RCUK		
Conflict of interest/medicolegal record		
Subject	**Details**	**Paid/unpaid**
Employment		
Associated intellectual or business relationships		
Boards or consultancies		
Equity/shares/ownership		
Research funding		
Miscellaneous (including other charities not listed above where you hold positions)		

Appendix 3 - House style guide



https://we.tl/t-FKGLZF5gaK



https://resus.sharepoint.com/:b:/g/image_library/EX4ZBhz9ih9KtImsON9N2cABEuF85RvHLTj18G0ze8sNEQ?e=t2MBt5

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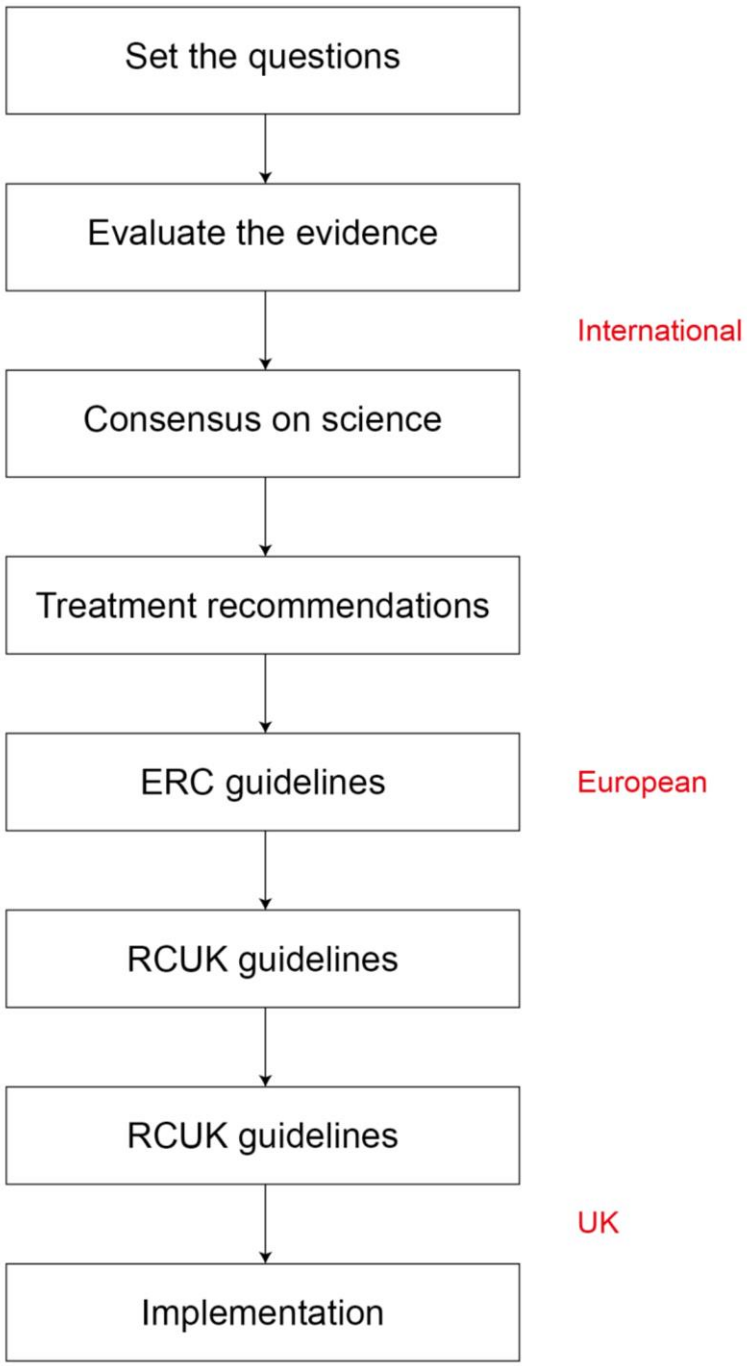
Appendix 4 - Statement of editorial independence

Resuscitation Council UK is a charity. Its income is derived mainly from life support courses. It has no financial relationships with the industry and is completely independent from any commercial organisation. The charity is solely responsible for the content of RCUK.

Appendix 5 - Step by step process for developing Resuscitation Council UK resuscitation Guidelines

Guideline Development Process RCUK resuscitation Guidelines



1. The international process for guideline review and publication can be viewed here - https://www.youtube.com/watch?v=X7l9cwLX6Ec
2. The International Liaison Committee on Resuscitation (ILCOR) establishes the scientific evidence base that underpins the guidance and creates treatment recommendations. The detailed process used by ILCOR for the 2015 Guidelines is published in the peer reviewed literature and forms the basis of the previous RCUK Resuscitation Guidelines, Guidelines Process Manual (2014).
3. ILCOR has a website for this process that includes tools and guides for all participants involved in the evidence evaluation process.
4. ILCOR convenes its science task forces (ALS, BLS, PLS, NLS, first aid and Education, Implementation and Teams (EIT)). Membership of these task forces is determined by identification of expertise in the related area. The task forces are responsible for generating the questions for all the systematic reviews. They are helped in this process by national Resuscitation Councils from around the world (ILCOR has representation from all regions of the world, see www.ilcor.org) and stakeholder groups.
5. The ILCOR website allows any individual to propose questions for evidence evaluation.
6. ILCOR works with Knowledge Synthesis Units, Expert Systematic Reviewers, members of the GRADE working group, and Information Specialists, and content experts, and enforces a strict COI process to ensure a rigorous evidence evaluation process.
7. Once there is a systematic review and if warranted a meta-analysis, the process for drafting a consensus on science and treatment recommendations is based on GRADE methods using an evidence to decision framework.
8. This process includes periods for stakeholder input and public comment (e.g. https://costr.ilcor.org/).
9. The final ILCOR manuscript undergoes full peer review by up to 5 independent peer reviewers for each section. The editorial staff of the journal Circulation handles this peer review process independently from ILCOR.
10. Once CoSTR is created, it is disseminated to the five continents for context specific translation by a collaborative of National Resuscitation Councils. The European Resuscitation Council (ERC) uses these recommendations to develop the ERC guidelines. The ERC Guidelines are written by members of the ERC ALS, BLS, PLS and Education Working Groups.
11. Members of RCUK Executive, Guidelines Working Group (GPG) and RCUK guideline authors sit on the ILCOR and ERC processes to ensure a smooth evidence translation process and to ensure that the knowledge and experience of RCUK plays an active role in these processes.
12. Thus, RCUK derives its guidelines by taking the ILCOR source statements that inform ERC guidelines and then translates this evidence base into treatment and practice recommendations that are relevant for UK clinical practice. Reasons for differences in guidelines between countries are mainly due to differing availability of certain drugs and also differences in how healthcare is delivered (e.g. doctor versus paramedic staffed ambulance services). Where there is lack of consensus RCUK GPG uses a nominal group method for decision-making, i.e. the available treatment options are discussed and then ranked by the group. Conflicts between ILCOR and ERC guidance and that from UK bodies (e.g. NICE) are avoided by ensuring any relevant UK guidance and the supporting evidence for it is included in the ILCOR guidelines process. RCUK ensures its guidance

is in accordance with NICE guidelines; furthermore, RCUK ensures it is a stakeholder for relevant NICE guidance so that its views are taken into account.

13. Simultaneously with the ILCOR and ERC processes RCUK convenes its CPR Guidelines Working Group. This will convene at least 18 months before new guidelines are published. The Chair will be chosen from the Executive Committee and should be involved in the ILCOR process.
14. RCUK Patient Advisors and Sudden Cardiac Arrest UK represent patients' and family views. ILCOR processes actively encourage patient groups through stakeholder engagement, with opportunity to comment on systematic reviews and their clinical interpretation once posted on the Internet. For RCUK CPR guidelines, patient/carer representation is achieved through representation on the group and RCUK Executive Committee. A sub-group of the Executive is responsible for supporting patient participation and reviewing the terms of reference supporting their involvement to ensure they have equity and a voice within RCUK. UK Patient Groups will be alerted to the publication of the ILCOR consultation period to allow them the opportunity to feed into the process at an early stage, and t RCUK has established audit trails in addressing and responding to comments provided.
15. The final RCUK Guidelines are published at the same time as the ILCOR Consensus on Science with Treatment Recommendations (CoSTR) and the ERC guidelines. The ILCOR CoSTR and ERC guidelines are published in the journal Resuscitation. Instructors, members, and stakeholder organisations are advised of this date.
16. The final guidelines are posted on RCUK website with free access. Within the document, where applicable, live links to relevant evidence, references or documents are provided. All RCUK instructors and members, and stakeholder organisations are notified by email, and other means. The American and European guidelines are published in the journals Circulation and Resuscitation respectively and are also available free of charge.
17. Release of the guidelines also includes planned press releases to both the medical and lay press to ensure wide dissemination. Stakeholders are also provided with advance copies of the guidance to enable implementation on the release date.

Resuscitation Council UK

Appendix 6 - RCUK equality impact assessment tool

RCUK is committed to promoting equality, eliminating unlawful discrimination and actively considering the implications of its guidance for human rights. It aims to comply fully with the Equality Act (2010)

		Yes/No	Comments
1.	**Does the guidance affect one group less or more favourably than another on the basis of:**		
	• Race		
	• Ethnic origins (including gypsies and travellers)		
	• Nationality		
	• Gender		
	• Culture		
	• Religion or belief		
	• Sexual orientation including lesbian, gay and bisexual people		
	• Age		
	• Disability – learning disabilities, physical disability, sensory impairment and mental health problems		
2.	**Is there any evidence that some groups are affected differently?**		
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**		
4.	**Is the impact of the policy/guidance likely to be negative?**		
5.	**If so, can the impact be avoided?**		
6.	**What alternatives are there to achieving the policy/guidance without the impact?**		
7.	**Can we reduce the impact by taking different action?**		

Resuscitation Council UK

Appendix 7 - Conflict of interest statements of manual authors

Name	Conflict of interest
Dr Jasmeet Soar	Consultant in Anaesthetics & Intensive Care Medicine, Southmead Hospital, North Bristol NHS Trust, Bristol - paid Chair ALS subcommittee, Executive Committee, Member ILS and Research Subcommittees. Previous chair - working groups for standards, anaphylaxis, guidelines **Paid positions** Anaesthetic private practice - paid Editor, Resuscitation - paid Medicolegal work - paid Clinical lead NAP7 (peri-operative cardiac arrest), Royal College of Anaesthetists - North Bristol NHS Trust receives 1 PA **Represents RCUK on following:** OHCAO project at Warwick University – Chair Steering Committee Royal College of Anaesthetists CPD Board NCAA Steering committee member **In addition –** ILCOR - ALS Task Force Chair ERC – ALS SEC Co-chair ERC – Scientific Program Committee Chair for Congresses
Sue Hampshire	Director of Clinical and Service Development – paid **In addition -** ERC - Governance Committee Vice-Chair ERC - Congress Committee member National Advisory Board, the Circuit – Co Chair

Professor Jonathan Wyllie	Consultant Neonatologist, James Cook University Hospital, South Tees NHS FT – paid **RCUK positions** President – Paid one day per week Member NLS Subcommittee **In addition** Vice chair ILCOR NLS Task Force Member ERC NLS SEC Chair Northern Paediatric Cardiology Network
Dr Andrew Lockey	Consultant in Emergency Medicine, Calderdale & Huddersfield NHS Trust, Halifax - paid Associate Postgraduate Dean, Health Education England **RCUK positions** Vice President Chair – Restart a Heart Subcommittee **In addition** Medical Advisor, First at Scene First Aid Company – Honorarium
Elizabeth Yeates	Self-employed physio – paid **RCUK positions** CARe subcommittee member – member
Kevin Mackie	Private training provider - Director KCM Training Ltd - Self-employed **RCUK positions** Lead Educator, Executive Committee member Chair Education Subcommittee ARNI, CARe and ILS Subcommittee member, GIC Education Group Co-Chair **In addition** Honorary lecturer - Keele University

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Appendix 8 - Guidance for co-authorship, endorsement and support of publications

Endorsement policy

Introduction

This policy document covers the arrangements for RCUK in its working and interacting with for-profit organisations, companies and business (collectively referred to as 'industry'), and with not for-profit organisations (NPO) or individuals, in all activities related to:

- project/product development or research
- branded products
- projects/products initially developed by industry, not for-profit organisations or individuals that further the aims of both the applicant wanting to work with RCUK
- education and training products.

In this policy, the different categories of the working relationships that RCUK may have with industry/NPO/individuals (partnership or endorsement or statement of support) are defined and the requirement for each of those categories (and accompanying RCUK action) is made clear.

The processes involved in establishing and maintaining those relationships are made explicit, so as to avoid difficulties arising through inappropriate relationships, and to ensure that the relationships of endorsement or partnership or statement of support are in line with the stated policies and aims of RCUK (www.resus.org.uk/about-us/).

Establishing a relationship with industry/NPO/an individual

An application by industry/NPO or an individual for endorsement or partnership or statement of support with RCUK is made by completion of the proforma below.

The application will be reviewed and ratified by the Executive Committee and Trustees after its assessment by the Senior Management Team (SMT) along with named subject matter expert/s (SME). Any decisions will be reported at the next Executive Committee meeting and formally minuted.

Legal requirements

Legal consultation may be required as part of the application, and all applicants should take RCUK Corporate partnership policy into consideration when considering submission.

RCUK will always fully meet the requirements of the Charity Commission for England and Wales.

RCUK will meet any other requirements including requirements for contracts, Service Level Agreements (SLAs), Memoranda of Understanding (MOU) and HM Revenue and Customs legislation. Each product/project will be assessed, and the correct lawful course of action will be followed.

Data protection requirements

The application will be stored electronically within RCUK systems. Unsuccessful applications will be deleted after six months. Successful applications will be stored for the duration of the agreement and then deleted one year after the discontinuation of the agreement.

Relationship of members of RCUK to partnership, endorsement or statements of support

All members of RCUK including staff, the Executive Committee and Board Trustees must apply this policy each occasion that a relationship with industry/NPO or an individual is considered.

Chairs of RCUK subcommittees and working groups must ensure that their subcommittees and working groups adhere to this policy by declaration at each meeting and with any other activities that they are engaged upon whilst acting on behalf of RCUK. Each committee and group member must provide an annual updating of their COI as required within the COI policy.

Equality

RCUK will not enter any relationship intended specifically to give one member of industry, NPO or individual competitive advantage over another. Reference to a particular product/service by generic or trade name in RCUK's publications or information services never, in itself, constitutes partnership, endorsement or acts as a statement of support for that product or service. Within RCUK's publications, this applies also to pictures of products/service, including items of equipment.

Openness and transparency

RCUK will report collaborations and financial contributions received from industry, NPO and individuals in its financial report and accounts, and within its annual report. Wherever RCUK has received assistance from industry, be that financial or in kind, this will be stated on publicity and any other materials associated with the particular project, service, activity or education material, whether these be printed or digital or in some other format.

Independence and impartiality

Before seeking financial contributions from industry, RCUK will ensure it has a thorough understanding of the other party through a due-diligence process. Where financial support is offered, RCUK will seek to be clear about the company's expectations, ensuring that these are in line with RCUK's charitable aims. RCUK name, logo or any of its materials may not be used by industry without our written agreement and RCUK will retain editorial control over any content that refers to the relationship.

Avoidance of conflict

RCUK reserves the right to be judicious about its collaboration with and support to external bodies. RCUK has a policy not to have industry partnerships, relationships or match-funding bids with organisations that are not aligned with RCUK's aims (www.resus.org.uk/about-us/).

This includes, but is not limited to tobacco and alcohol companies, betting agencies, weapons industry, or any company or organisation whose activities conflict with RCUK's mission statement (www.resus.org.uk/about-us/). RCUK expects all partner organisations to be forthcoming about new relationships that may undermine or conflict with RCUK's aims or activities (www.resus.org.uk/about-us/).

Right to withdraw endorsement or support

RCUK reserves the right to withdraw endorsement or support should information become available indicating that the product, project, publication, statement or involvement of the other organisation is contrary to aims of RCUK. This decision will be made in consultation with the Executive Committee and Trustees. Should this happen, all reference to RCUK must be removed from the organisation's website/literature or other promotional material with immediate effect as its association with RCUK will have ceased.

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1. Products and projects

Levels of engagement

RCUK will allocate differing categories of approval depending on increased public/professional profile of the organisation and its level of engagement in the project or product. These categories will determine how RCUK's position is acknowledged and whether RCUK logo may be used.

Approval category	Level of engagement
Partnership	RCUK has been involved from the outset, has influenced the project or product development from the planning phase to completion and is satisfied that the work on the project/product has been carried out properly and completed as intended and agreed. RCUK has had the opportunity to comment throughout the process and recommend/discuss/agree changes. A contract SLA or MOU would be expected to be in place. RCUK would normally allow its logo to be used on any associated material following discussion and agreement with the Executive Committee and Trustees.
Endorsement	RCUK was not involved at the outset but has influenced (or had ample opportunity to influence) the progress of the project/product and is satisfied that the work on the project/product has been carried out properly. Contracts, SLA or MOU may or may not be in place. RCUK would normally allow its logo to be used on any associated material following discussion with and agreement of the Executive Committee and Trustees.
Support	The project/product was developed by another organisation but is in line with RCUK aims. RCUK would not usually allow its logo to be used on any associated material, but the developer may state that the project/product or its use is 'supported' by RCUK.
Not supported	RCUK is asked to support or assess a finished project/product but does not agree with one or more of its scope, relevance, method or recommendations. The project/product is not supported by RCUK and its developer must not state or imply otherwise or use RCUK logo on any associated materials.

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Review

Any level of engagement by RCUK in a project or product involving one or more external organisations or persons shall be reviewed annually and reported to the Executive Committee and/or board of Trustees. A decision will be made to continue that engagement or otherwise (if the work is ongoing) and the decision process will be documented. RCUK reserves the right to terminate any contract/agreement/MOU if the relationship is seen to be contrary to the aims of RCUK. When that arises, any reference to continued involvement of RCUK, any mention of support or endorsement by RCUK, and any use of RCUK logo must be withdrawn by the other party.

1. Publications and statements

Levels of engagement

RCUK will allocate differing categories of approval, depending on its level of engagement in development of the publication or statement. These categories will determine how RCUK's position is acknowledged and whether RCUK logo may be used.

Approval category	Level of engagement
Joint Authorship (Co-authorship)	RCUK has been involved from the outset in development of the publication or statement and is presented as co-author throughout the publication or statement. A contract, agreement or MOU will usually be in place. RCUK has had the opportunity to comment on the final draft of the document and recommend, discuss and agree changes. The final document has been approved by RCUK Executive Committee and that approval ratified by the Trustees. The publication or statement will bear the RCUK logo.
Endorsement	RCUK is asked to review and comment on a finished or near-finished document and believes that the document is valuable and has no significant reservations regarding its content or its likely impact. Where there has been opportunity to influence, RCUK will endorse it and allow the use of the RCUK logo.
Supported	RCUK is asked to review a finished document but is given no opportunity to influence or change it. RCUK believes that the general principles are of value but may have some reservations (e.g. about aspects of the scope or relevance of the

	document, or of the method used). Where RCUK has reservations, an individual decision will be made by the Executive Committee and/or Trustees as to whether those reservations are strong enough to warrant the document being 'not supported' or to require acknowledgement of the reservations in the document if it is to be supported. RCUK would not usually allow its logo to be used on any associated material, but the developer may state that the project/product or its use is 'supported' by RCUK.
Not supported	RCUK is asked to review a finished document but does not agree with one or more of its scope, relevance, method, conclusion or recommendations. The document is not supported by RCUK and the document must not state or imply otherwise.

Review

Any level of engagement by RCUK with a publication or statement involving one or more external organisations or persons shall be reviewed annually by the senior management team and the review's conclusions reported to the Executive Committee and/or board of Trustees. Whilst engagement cannot be withdrawn from a single publication, it may be that further support for future documents is withheld if circumstances or the statements change and RCUK does not agree with the subsequent wording.

January 2021

Resuscitation Council UK

Application form

Partnership/endorsement/statement of support Policy

Name	
Position within organisation/company	
Email	
Telephone number	
Contact address	
Short summary of company/organisation aims and activity, including website address	
Proposal/request	
Proposed length of relationship with RCUK (e.g. ongoing or for a specific project, therefore time-limited)	
Benefits for the applying organisation (including any potential financial gain or increased profile arising from the proposal)	
Potential benefits for RCUK as identified by company/organisation (including any potential financial gain or increased profile arising from the proposal)	
How will RCUK be informed about progress/development? Include outline plans for review schedule where possible	

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Response from RCUK

Decision summary (including individual products included in the agreement)	
Decision made by/ratified by	
Level of agreement	☐partnership ☐endorsement ☐support ☐not supported
Use of RCUK logo	☐Yes ☐No
Use of logo on promotional material/website. If yes, list any limitations on this.	☐Yes ☐No
Reasons for decision (in more detail)	
What input has RCUK had to date in the development?	
Review date	
Subsequent information/update (e.g. withdrawal of endorsement, yearly review).	
If unsuccessful, what was the process for informing the applicant?	
How long will records be kept?	

Appendix 9 – References

2018 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations Summary.
Soar J, Donnino MW, Maconochie I, Aickin R, Atkins DL, Andersen LW, Berg KM, Bingham R, Böttiger BW, Callaway CW, Couper K, Couto TB, de Caen AR, Deakin CD, Drennan IR, Guerguerian AM, Lavonas EJ, Meaney PA, Nadkarni VM, Neumar RW, Ng KC, Nicholson TC, Nuthall GA, Ohshimo S, O'Neil BJ, Ong GY, Paiva EF, Parr MJ, Reis AG, Reynolds JC, Ristagno G, Sandroni C, Schexnayder SM, Scholefield BR, Shimizu N, Tijssen JA, Van de Voorde P, Wang TL, Welsford M, Hazinski MF, Nolan JP, Morley PT; ILCOR Collaborators. Resuscitation. 2018 Dec;133:194-206. doi: 10.1016/j.resuscitation.2018.10.017.

Part 2: Evidence evaluation and management of conflicts of interest: 2015 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations.
Morley PT, Lang E, Aickin R, Billi JE, Eigel B, Ferrer JM, Finn JC, Gent LM, Griffin RE, Hazinski MF, Maconochie IK, Montgomery WH, Morrison LJ, Nadkarni VM, Nikolaou NI, Nolan JP, Perkins GD, Sayre MR, Travers AH, Wyllie J, Zideman DA. Resuscitation. 2015 Oct;95:e33-41. doi: 10.1016/j.resuscitation.2015.07.040.

Part 1: Executive summary: 2015 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations.
Nolan JP, Hazinski MF, Aickin R, Bhanji F, Billi JE, Callaway CW, Castren M, de Caen AR, Ferrer JM, Finn JC, Gent LM, Griffin RE, Iverson S, Lang E, Lim SH, Maconochie IK, Montgomery WH, Morley PT, Nadkarni VM, Neumar RW, Nikolaou NI, Perkins GD, Perlman JM, Singletary EM, Soar J, Travers AH, Welsford M, Wyllie J, Zideman DA. Resuscitation. 2015 Oct;95:e1-31. doi: 10.1016/j.resuscitation.2015.07.039.