

Guideline			
Title: 12 Lead Electrocardiogram (ECG) Recording			
Ref No: 0195 Version 7			
Document Author:	Megan Clemence	Date	9 June 2017
Ratified by:	Resuscitation Steering Group	Date:	19 July 2017
	Care and Clinical Policies		16 August 2017
	Chief Nurse		28 August 2017
	Medical Director		23 August 2017
Review date:	31 August 2020		
Links to policies:			

1. Purpose of this document

- 1.1. This guideline is for all non-medical staff who are required to record ECGs in the clinical and non-clinical environment.

2. All non-medical staff who undertake this procedure should:

- 2.1. Attend the half-day session on ECG recording or access an on-line Trust version if available.
- 2.2. Demonstrate competence in the clinical environment by completing the ECG Recording competency package.
- 2.3. Have summative assessment in equipment management and lead application

3. The practitioner should:

- 3.1. Discuss rationale for the recording of 12-lead ECG with patient and gain consent
- 3.2. Correctly identify equipment for ECG recording
- 3.3. Prepare equipment appropriately
- 3.4. Prepare patient and environment for recording of 12-lead ECG
- 3.5. Be able to recognise and correct common problems with recording such as reducing artefact
- 3.6. Ensure correct labelling of ECG
- 3.7. Ensure that appropriate annotations are made on the ECG in relation to patient symptoms
- 3.8. Ensure ECG is taken to appropriately trained clinician for interpretation and initiation of treatment as required.

4. Guidelines for those being assessed

Following successful completion of the competency document and summative assessments, staff must retain documentation as evidence of competence and maintain their practice on a regular basis.

5. Guidelines for Assessors

When undertaking instruction and prior to completion of assessment, assessors should satisfy themselves that the practitioner has achieved an appropriate level of competency in respect of the procedure.

6. Guidelines for Community Hospital and Community-based Staff:

Community healthcare staff should follow the guidance above and remain familiar with undertaking ECGs through regular practice and updates using the ECG equipment available on the wards and Minor Injury Units.

Any staff member trained to record ECGs should be aware of where to access portable ECG equipment and how to report the ECG promptly to medical staff.

If there is evidence of adverse features such as chest pain, shock or syncope while an ECG is being performed, the member of staff should call (9)999 and arrange for transfer of the patient to the acute hospital.

7. Equality and Diversity

This document complies with Torbay and South Devon NHS Foundation Trust's Equality and Diversity statement

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1		1 October 1998	New	Director of Nursing, Medical Director
1		1 January 2001	Date Change	Director of Nursing and Quality
2		1 April 2001	Revised	Director of Nursing and Quality
2		26 March 2003	Amended	Director of Nursing and Quality
3		19 May 2005	Revised	Director of Nursing and Quality
4		28 June 2007	Revised	Director of Nursing and Quality
4		20 May 2010	Equality Impact added	
5		23 February 2012	Revised	Director of Nursing and Governance
5		1 December 2014	Updated	Care and Clinical Policies Sub-Group
7	Ratified	31 August 2017	Revised	Care and Clinical Policies Group Resuscitation Steering Group Medical Director Chief Nurse
7		26 January 2018	Review Date Extended 2 Years – 3 Years	

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		12-Lead Electrocardiogram Recording	Version and Date	Version 7 June 2017	
Policy Author		Resuscitation/ESCEL Lead			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.					
Who may be affected by this document?					
Patients/ Service Users <input checked="" type="checkbox"/>		Staff <input checked="" type="checkbox"/>	Other, please state... <input type="checkbox"/>		
Could the policy treat people from protected groups less favorably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Are the services outlined in the policy fully accessible ⁶ ?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Does the policy encourage individualised and person-centred care?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/>	
EXTERNAL FACTORS					
Is the policy a result of national legislation which cannot be modified in any way?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
To ensure appropriate recording of ECGs.					
Who was consulted when drafting this policy?					
Patients/ Service Users <input type="checkbox"/>	Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups) <input type="checkbox"/>			
Staff <input checked="" type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state... Education and Development <input type="checkbox"/>			
What were the recommendations/suggestions?					
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
ACTION PLAN: Please list all actions identified to address any impacts					
Action	Person responsible		Completion date		
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	Resuscitation/ESCEL Lead		Signature		
Validated by (line manager)			Signature		

Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [GDPR](#) page on ICON.