Basic Life Support, Resuscitation and DNAR Policy

Policy Statement

This policy applies to all situations in which basic life support including resuscitation may be indicated or needed in the context of care service delivery. It describes the responsibilities of staff present at the time and the limits to those responsibilities. Its purpose is to identify the policy and procedures on the resuscitation of service users requiring emergency care following sudden collapse or illness. It can be referred to by all care providers.

The policy needs to be implemented in the contexts of the care of terminally ill people, their palliative care and symptom and pain control, and in cases where a service user suddenly collapses and similar medical emergencies.

It is based on the principle that everyone has the right to make choices and decisions about their treatment in the event of their needing to be resuscitated and these wishes should be respected if the situation arises. As far as possible, people's wishes should be ascertained and recorded on their care and support plan; taking into account that this process will require sensitive and careful handling.

The person's capacity to take decisions for him or herself will need to be taken into account, but once taken it needs to be respected as will any associated wish such as keeping the decision confidential from relatives and others. The care service may need to clarify its ethical and legal position in cases, for example, where there are doubts about a person's capacity.

The current coronavirus (COVID-19) pandemic has raised specific challenges for care home service users, their families and staff. Care home service users are particularly vulnerable to the infection and those who contract the infection can deteriorate very quickly. Service users are known to be vulnerable to the infection due to advanced frailty and complex multimorbidity and the prognosis for most is poor if they become hypoxic secondary to COVID-19.

Service users will be encouraged to lodge any Advance Treatment Directive, DNAR, or Living Will with their medical practitioner and, where applicable their care provider, (see below) if they do not wish to be resuscitated in a life-threatening or emergency situation involving cardiac arrest.

During the COVID -19 pandemic the importance of services users having an advanced care plan (ACP) in place or being able to review existing ACPs is of high importance. This incorporates discussion around how COVID-19 may cause service users to become critically unwell, and a clear decision about whether hospital admission would be considered.

Consequently, advance care plans may also result in the discussion and completion of Do Not Attempt Resuscitation (DNAR) or Resuscitation Council UK Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms.

During the COVID-19 pandemic, some service users will become critically ill and their lack of clinical progress will induce regular review of their likelihood of benefitting from CPR. Royal College of Nursing (RCN) guidance states it is likely during the pandemic, more Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) decisions will be made for those critically unwell from COVID-19, based on clear clinical grounds that CPR would not be successful.

All staff will receive guidance and learning opportunities to clarify their attitudes and feelings over such issues and to understand their respective roles and responsibilities in such situations.

Basic Life Support Procedures

In incidents of sudden or unexpected collapse where a person has clearly not made any living will or given any indication of their views on resuscitation, best efforts to provide basic life support and, if needed, resuscitation, will be carried out in line with the competence and qualifications of available staff to offer emergency treatment or first aid.

The Resuscitation Council issued guidance on resuscitation of those with COVID-19 and are clear, unprotected CPR must be avoided. and staff should not commence CPR on a service user with suspected or known COVID-19 until they are wearing at least the locally/nationally agreed minimum level of PPE.

Guidance on PPE is available from Public Health England, COVID-19 — guidance on care home provision (2020).

Medical and nursing care for those who are at the end of life must follow local/national policy.

In these situations the service will follow as far as practically possible Resuscitation Council (2015) guidelines, which state as follows.

1. “Ensure it is safe to approach the victim.

2. Promptly assess the unresponsive victim to determine if they are breathing normally.

3. Be suspicious of cardiac arrest in any patient presenting with seizures and carefully assess whether the victim is breathing normally.

4. For the victim who is unresponsive and not breathing normally:

    a. Dial 999 and ask for an ambulance. If possible, stay with the victim and get someone else to make the emergency call.

    b. Start Cardiac Pulmonary Resuscitation (CPR) and send for an automated external defibrillator (AED) as soon as possible.

    c. If trained and able, combine chest compressions and rescue breaths, otherwise provide compression-only CPR.

    d. If an AED arrives, switch it on and follow the instructions.

    e. Minimise interruptions to CPR when attaching the AED pads to the victim.

5. Do not stop CPR unless you are certain the victim has recovered and is breathing normally or a health professional tells you to stop.

6. Treat the victim who is choking by encouraging them to cough. If the victim deteriorates give up to 5 back slaps followed by up to 5 abdominal thrusts. If the victim becomes unconscious – start CPR. In most cases, it will be imperative to summon medical help and the emergency services without delay".

Only staff who are available and who are competent and qualified to provide resuscitation, including the use of appropriate equipment and appliances, will be expected to do so, but all staff will be expected to provide normal standards of help and comfort, eg pending the arrival of the emergency services or medical help, including where it is known that the person has a DNAR.

Further interventions will then be directed by the medical practitioner and/or paramedical practitioners. If the staff are aware that the ill person has made a living will or clear statement that they do not wish to be resuscitated then this should be passed on to the medical team.

Advance directives

The service will always check if the victim has made an advance directive or DNAR. An advance directive states the sort of treatment a person would want for different levels of illness, such as a critical or terminal illness, permanent unconsciousness or dementia.

An advance directive will tell medical doctors and healthcare professionals that the person does not want certain types of treatment, such as to be put on a ventilator if in a coma. But

it can also say that the person would like a certain treatment or to receive whatever treatment is available that might keep the person alive.

A living will is one type of an advance directive, which only comes into effect when a person is terminally ill (which generally is held to mean less than six months to live), for example, with widespread cancer. A living will does not let the person choose another person to make decisions for them unless it specifically appoints a proxy.

Training

The manager is responsible for ensuring that all members of staff understand the resuscitation policy and their roles should a service user suffer a cardiopulmonary arrest. Staff will also receive training in basic life support procedures to respond competently and correctly in medical emergencies as described in this policy.

Reference

Adult basic life support and automated external defibrillation (2015), available from www.resus.org.uk.

Resuscitation Council UK Statements on COVID-19 (Coronavirus), CPR and Resuscitation (2020) https://www.resus.org.uk/.

COVID-19 — guidance on care home provision (2020) www.gov.uk.

Royal College of Nursing Guidance on DNACPR and verification of death (2020) www.rcn.org.uk.