Resuscitation Policy

<table>
<thead>
<tr>
<th>Originated by:</th>
<th>SHH Resuscitation Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Ratified:</td>
<td>12/2012</td>
</tr>
<tr>
<td>Ratified by:</td>
<td>Clinical Governance Committee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revised by: Lecturer/ Practice Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revision No. 008</td>
</tr>
<tr>
<td>Date: 08/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revised by: Clinical Policies and Procedures Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date ratified: 08/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of next review: 08/2019</th>
</tr>
</thead>
</table>

| Document Owner: Clinical Director |

Revision Summary

- 08/2016 Revised to reflect new working practices. Minor revisions, definitions of CPR and BLS added and Monitoring section clarified by Quality Lead in liason with Practice Educator.

Revision History

- 11/2015 Revised to reflect new working practices.

Policy Statement

What is this policy intended to achieve?

This policy is intended to prevent inappropriate, futile and/or unwanted attempts at cardiopulmonary resuscitation (CPR) for adult patients (aged over 16 years) under the care of St Helena Hospice (SHH). It does not refer to other aspects of care; for example,
analgesia, antibiotics, suction, treatment of choking, treatment of anaphylaxis or other interventions, which are sometimes loosely referred to as ‘resuscitation’.

To whom does this policy apply?
This policy applies to all of the multidisciplinary healthcare team involved in a patient’s care across the range of settings at SHH.

This policy applies to the care of all people over the age of 16 years, including members of the public.

Who should read this policy?
All clinical staff.

Definitions & Terminology

Basic Life Support (BLS) is ‘airway, breathing and circulation support without the use of equipment other than a protective barrier device.’

Cardiopulmonary Resuscitation (CPR) is an attempt to restart a patient’s heart function and breathing using emergency treatment, which can include

- repeatedly pushing down very firmly on the chest
- using electric shocks to try to restart the heart
- ‘mouth-to-mouth’ breathing; and
- artificially inflating the lungs through a mask over the nose and mouth or a tube inserted into the windpipe (Please note that this technique not practiced at SHH).

At SHH, all successful attempts to resuscitate will be followed by immediate transfer to hospital.

______________________________

1 Resuscitation Council (UK) (2015) “Recommended standards for recording decisions about cardiopulmonary resuscitation.”

Objectives of this Policy

- Provide a framework to ensure that Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions:
  - respect the wishes of the individual, where possible;
  - reflect the best interests of the individual;
  both of which will inform the decision whether the potential benefits of attempting CPR outweigh any likely burdens.

- Provide clear guidance for clinical staff.
- Ensure that DNACPR decisions refer only to CPR and not to any other aspect of the individual's care or treatment options.
- Help inform end of life care advance care planning for patients with a progressive life limiting illness.


All people are initially presumed to be for CPR unless a valid DNACPR decision or a valid Advance Decision to Refuse Treatment (ADRT), refusing CPR, has been made and documented.

All DNACPR decisions are based on current legislation and guidance.

In accordance with the recommendations in the Resuscitation Council (UK) Guidance 2015, we will ensure that there is

- effective recording of decisions about CPR in a form that is recognised and accepted by all those involved in the care of the patient
- effective communication and explanation of decisions about CPR to the patient or clear documentation of the reasons why it was impossible or inappropriate. In accordance with the British Medical Association (BMA), Resuscitation Council (UK), and Royal College of Nursing (RCN) Guidelines (2016), this will include
respecting the wishes of people who indicate that they do not wish to discuss CPR and documenting decisions relating to CPR accordingly. Furthermore, discussion about dying and about CPR will not be avoided to try to spare the patient distress unless there is good reason to believe that such distress will cause them harm. Where no such discussion and shared decision-making has taken place, clinicians will document clear reasons why discussion was impossible or why it was believed that it would cause the patient physical or psychological harm.

- effective communication and explanation of decisions about CPR with the patient’s family, friends, other carers or other representatives; or clear documentation of the reasons why it was impossible or inappropriate. According to the 2016 joint guidance statement of the BMA, Resuscitation Council UK, and RCN, this conversation will take place at the ‘earliest practicable and appropriate opportunity’. The fact that this may be inconvenient or undesirable does not, in itself, reach the threshold for being inappropriate.

- effective communication of decisions about CPR among all healthcare workers and organisations involved with the care of the patient

- effective communication concerning the individual patient’s resuscitation status will occur between all members of the multidisciplinary healthcare team involved in their care and across the range of care settings.

A standardised document for adult DNACPR decisions will be used (see Appendix 1 on Page 10 of this policy). This document can be downloaded from the address given under Reference No. 5 (see Page 8).

The majority of inpatients at SHH are unlikely to benefit from CPR. In the event that it is considered that the patient might still benefit from CPR, the senior doctor covering the ward should be informed. It will be this senior doctor who is responsible for making the decision and for clearly documenting it, both in the clinical record and on the ward board in the team room. The senior doctor should also ensure that the senior nurse in charge is informed so that the decision is cascaded to the team and handed over at the board round.

Resuscitation Policy

<table>
<thead>
<tr>
<th>Policy No:</th>
<th>Date ratified:</th>
<th>Revision No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>007a</td>
<td>08/2016</td>
<td>008</td>
</tr>
</tbody>
</table>
Patients attending the Therapy and Wellbeing Centres of SHH (i.e. the Joan Tomkins and Tendring Centres) will have their resuscitation status known to the clinical team. If a volunteer or member of a non-clinical team is with a patient who has a cardiac arrest, they will call for the immediate assistance of the clinical team, rather than attempt to resuscitate the patient themselves.

A member of the general public, attending any area of SHH, may receive immediate first aid support from the person who is first on the scene, provided that person is trained in Basic Life Support (BLS) and use of an Automated External Defibrillator (AED). This should be unless and until a clinically qualified member of staff is available.

A patient cannot demand to receive CPR if the medical opinion is that it will not be successful. This should be explained sensitively and a second opinion sought if agreement is not reached.

The DNACPR decision-making process will be measured, monitored, and evaluated to ensure a robust governance framework (see Monitoring (Including Audit) and Frequency of Review, Page 8).

Training will be available to enable staff to meet the requirements of this policy.

This policy will be available to the general public via the hospice external website, in accordance with Department of Health (2000) guidelines.

**Associated Policies and Procedures**

- Resuscitation Procedure [007b]
Compliance with Statutory Requirements

Under the Mental Capacity Act (2005), clinicians are expected to understand how the Act works in practice and the implications for each patient for whom a DNACPR decision is made. The following sections of the Human Rights Act (1998) are relevant to this policy:

- the individual’s right to life (Article 2)
- freedom from inhuman or degrading treatment (Article 3)
- respect for privacy and family life (Article 8)
- freedom of expression, which includes the right to hold opinions and receive information (Article 10)
- freedom from discriminatory practices in respect to these rights (Article 14)

Responsibilities/Accountabilities

<table>
<thead>
<tr>
<th>Title</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive Officer</td>
<td>To ensure</td>
</tr>
<tr>
<td></td>
<td>• governance compliance for the policy and procedure</td>
</tr>
<tr>
<td></td>
<td>• procuring and / or providing legal support.</td>
</tr>
<tr>
<td>Directors and Managers</td>
<td>To ensure</td>
</tr>
<tr>
<td></td>
<td>• staff are aware of the policy and how to access it</td>
</tr>
<tr>
<td></td>
<td>• the policy is implemented</td>
</tr>
<tr>
<td></td>
<td>• staff understand the importance of issues regarding DNACPR</td>
</tr>
<tr>
<td></td>
<td>• staff are trained and updated in managing DNACPR decisions</td>
</tr>
<tr>
<td></td>
<td>• the policy is audited and the audit details are fed back to the QAAG</td>
</tr>
</tbody>
</table>

Resuscitation Policy

Page 6 of 12

Policy No: 007a
Date ratified: 08/2016
Revision No. 008
<table>
<thead>
<tr>
<th>Title</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultants, other senior doctors and appropriately trained senior nurses are responsible for making DNACPR decisions. The decision to complete a DNACPR form should be made by the most senior clinician in charge of the patient’s care. This may be a Consultant (or another Doctor, or Specialty Trainee ST3 or above, who has been delegated the responsibility by their employer), or a suitably experienced senior nurse with appropriate accreditation from SHH designated as Senior Responsible Officer in their Job Description (JD).</td>
<td>• that DNACPR forms, patient leaflets, and this policy are available as required. They must • be competent to have discussions pertaining to resuscitation with the patient and to make the decision. • must verify any decisions made by junior medical staff / other accredited healthcare professionals at the earliest opportunity • document the decision (see procedure) • make every effort to provide the patient with information, involve the individual in the decision, and if appropriate involve relevant others in making the decision • communicate the decision to other healthcare providers • review the decision if necessary.</td>
</tr>
<tr>
<td>Clinical staff delivering care. (This policy and its forms / appendices are relevant to all clinical staff across all care settings and applies to all designations and roles. It applies to all people employed in a clinical capacity employed by SHH.)</td>
<td>They must • adhere to the policy and procedure • notify their line manager of any training needs • sensitively enquire as to the existence of a DNACPR or an ADRT • check the validity of any documentation • notify other services of the DNACPR decision or an ADRT on the transfer of a person • participate in the audit process.</td>
</tr>
<tr>
<td>Patients</td>
<td>Patients who have made a decision that they would not want CPR should inform, where able, those looking after them that there is a valid documented DNACPR decision about themselves and where this can be found.</td>
</tr>
</tbody>
</table>

**Resuscitation Policy**

Page 7 of 12

Policy No: 007a
Date ratified: 08/2016
Revision No. 008
Staff Training Requirements

- Annual BLS training.
- Regular training will be offered about resuscitation guidance.

This training will be arranged through the Education team.

Monitoring (Including Audit) and Frequency of Review

There will be a case review of all significant events requiring reference to this policy.

Investigation of all significant events relating to resuscitation will be reported via the Sentinel system to the Risk and Incident (Significant Event Audit) Group and, if necessary, from there to the Clinical Governance and Compliance Group (CGCG). The CGCG will, in turn, report incidents and outcomes to the Senior Management Team (SMT) and the Patient and Family Services (PFS) Committee of the Board of Trustees. Incidents reported to CGCG, SMT, and PFS Committee will be anonymised as required.

This policy will be reviewed every three years or more frequently if legislation or guidance requires.

References:


2. British Medical Association, Resuscitation Council (UK), Royal College of Nursing (2016) “Decisions relating to Cardiopulmonary Resuscitation, A Joint Statement from the British Medical Association, the Resuscitation Council (UK), and the Royal College of Nursing”, London, available from:


Appendix 1 – DNACPR Form