POL56 – Resuscitation Policy and Procedure

Serendipity Healthcare Ltd
Unit 5, Millennium Way, Dunston, Chesterfield, Derbyshire
S41 8ND

1. Purpose

1.1 To ensure that Service Users are properly informed about resuscitation and that their choices made around this subject are acknowledged and respected.

1.2 To ensure that when the Service User does not have capacity, all plans and decisions regarding resuscitation are made in their 'best interests' and follow the principles of the Mental Capacity Act 2005.

1.3 To ensure that staff are supported by legislation, regulation and current guidelines in relation to decisions of resuscitation. This policy is underpinned by the current Resuscitation Council (UK) published guidelines for resuscitation.

1.4 To ensure that staff understand the variation to guidelines due to the COVID-19 pandemic.

1.5 To support Serendipity Healthcare Ltd in meeting the following Key Lines of Enquiry:

EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
EFFECTIVE	E7: Is consent to care and treatment always sought in line with legislation and guidance?

1.6 To meet the legal requirements of the regulated activities that Serendipity Healthcare Ltd is registered to provide:

- Mental Capacity Act 2005
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012
- Coronavirus Act 2020

2. Scope

2.1 The following roles may be affected by this policy:
- All staff

2.2 The following Service Users may be affected by this policy:
- Service Users

2.3 The following stakeholders may be affected by this policy
- Family
- Advocates
- Representatives
- Commissioners
- External health professionals

- Local Authority
- NHS

3. Objectives

3.1 The recording of resuscitation decisions is clear, lawful, up to date and appropriately shared with relevant staff.

3.2 The Service User is fully informed and aware of decisions around resuscitation at all stages of the process. For those unable to be involved in decision-making, the Mental Capacity Act 2005 and best interest decision process is followed.

3.3 Staff have full access to the latest best practice guidelines, resources and equipment in relation to resuscitation.

4. Policy

4.1 This policy applies to everyone. Service Users, staff and members of the community are at risk of cardiopulmonary arrest to some degree.

Therefore, in the event of a resuscitation decision being unknown, staff will commence resuscitation until advised further by the paramedics or the General Practitioner.

4.2 All Service Users will be given the opportunity to discuss their wishes regarding cardiopulmonary resuscitation. In line with informed decision-making principles, the following will apply:

- Service Users will be supported to fully understand what cardiopulmonary resuscitation involves
- Service Users will be given the time and opportunity to discuss this further with others before delivering their views
- Serendipity Healthcare Ltd will always support the Service User in a person-centred way, and respect their decisions

4.3 Staff at Serendipity Healthcare Ltd will be prepared for a cardiac arrest situation by:

- Being supported, trained (dependent on role) and prepared for a cardiac arrest
- Having access to resources and guidelines to assist actions to take
- Having a system in place to be aware of every Service User's resuscitation decisions
- Having equipment ready in order for a timely response
- Being given an opportunity to debrief, reflect and feel supported after an event

5. Procedure

5.1 Where a decision about CPR is not documented for an individual, staff will be expected to commence CPR until advised further by an appropriate medical professional.

5.2 Staff will be clear of the context and boundaries of the DNACPR placed and, where possible, the Service User will also have an Advance Care Plan in place that details when, and in what situations they would request the DNACPR. For the avoidance of any doubt in relation to decision making at the time of a cardio-respiratory arrest, staff should familiarise themselves with the Resuscitation Council Guidelines 2015.

5.3 **Decision-Making Process**

Staff will facilitate discussions on Service Users' resuscitation views at an appropriate time at the start of the service and the Registered Manager will ensure that any reviews also discuss any changes in relation to end of life or emergency planning.

Resuscitation decisions will be subject to review in the following circumstances:

- When moving into a new service
- When there is a change in condition
- At the Service User's request
- At the decision of the Service User's General Practitioner or other treating medical professional

5.4 **Advance Decisions and Mental Capacity Considerations**

Where a Service User lacks the capacity to make decisions regarding resuscitation, a decision may be made in the best interest of the Service User. In agreeing what the best interests of the Service User are, the Mental Capacity law would require staff to consult with any known relatives or friends to try to determine what the Service User would have regarded as being in their best interest if they had capacity. Such consultations will include the Service User's GP. If someone has appointed a Lasting Power of Attorney (under the provisions of the Mental Capacity Act 2005) to handle health and welfare decisions, then they must be consulted in the first instance.

Where a Service User has made an Advance Decision Refusing Treatment (ADRT), and this includes CPR, this must be respected, even if at the time of using the service they are judged not to have capacity in this area.

Staff can refer to the End of Life Care Planning Policy which details the Resus Council ReSPECT process.

5.5 Recorded decisions about CPR must travel with the Service User when transferring between services. This will ensure that all professionals in contact with the Service User are aware of the decisions made about whether to undertake CPR.

5.6 **Manual Handling**

In situations where the collapsed Service User is on the floor, in a chair or in a restricted/confined space, the guidelines at Serendipity Healthcare Ltd and the advice from the Resuscitation Council (UK) for the movement of a Service User must be followed to minimise the risk of manual handling and related injuries to both staff and the Service User. Please refer to the Resuscitation Council (UK) guidance.

5.7 **Medical Devices**

Any equipment used as part of basic life support (such as observation equipment, masks, defibrillation machines (AED)) will be:

- Clean and well maintained
- Only used by staff trained to do so
- Used in accordance with the manufacturer's instructions
- Reported via local incident reporting systems and through the MHRA, if there is failure in use

Any Service User with an altered means of airway management (such as a tracheostomy) will have an emergency bag containing spare airway management equipment held in close proximity to them.

Staff can refer to the Management of Medical Devices Policy and Procedure for further details.

5.8 T**raining**

All Care Workers must be adequately and regularly trained in CPR appropriate to their role. Serendipity Healthcare Ltd will ensure that staff as a minimum are trained to comply with Standard 12 of the Care Certificate, Basic Life Support.

5.9 **Resources**

- All decisions concerning CPR will be formally recorded using the templates provided by the Resuscitation Council (UK). The forms will be fully completed and signed by appropriate individuals
- The Resuscitation Council (UK) has produced detailed guidance to ensure a wide understanding of the issues surrounding CPR decisions and has also produced information to support the completion of documentation. Serendipity Healthcare Ltd will always consider this information when completing decision forms with the Service User or their representatives
- Staff can read this policy in conjunction with other relevant Serendipity Healthcare Ltd policies

5.10 **Anaphylaxis**

All Service Users having an anaphylactic reaction will be managed following the current Resuscitation Council (UK) guidance.

5.11 **Cross Infection**

Whilst the risk of infection transmission from the Service User to rescuer during direct mouth-to-mouth resuscitation is extremely rare, isolated cases have been reported. It is therefore advisable that direct mouth-to-mouth resuscitation be avoided in the following circumstances:

- For all Service Users who are known to have or suspected of having an infectious disease
- For other persons where the medical history is unknown

6. Definitions

6.1 **CPR**

Cardiopulmonary resuscitation, commonly known as CPR, is an emergency procedure that combines chest compression often with artificial ventilation in an effort to restore breathing in a person who is in cardiac arrest

6.2 **DNACPR**

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) is the decision not to perform CPR on a person in cardiac arrest. The purpose of a DNACPR decision is to provide immediate guidance to those present (mostly healthcare professionals) on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly

6.3 **Mental Capacity Act**

The Mental Capacity Act 2005 (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It provides the legal framework for actions to take, and puts the person receiving services at the centre of all decision- making processes

6.4 **ADRT**

Advance Decision Refusing Treatment (ADRT) is sometimes called a 'living will' and is a formal process that people follow to record that they do not want to receive medical treatment for specific conditions or in certain situations. The ADRT is legally binding and has to be made when the person has the capacity to decide, but it continues to be in place even if the person subsequently is assessed as not having capacity

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