# DNACPR

**Caretakers Southwest Ltd**

**Scope**

* **Policy Statement**
* **The Policy**
* Procedures
* Note:
* **Related Policies**
* **Related Guidance**
* **Training Statement**

**Policy Statement**

The policy needs to be implemented in the contexts of the care of terminally ill people, their palliative care, symptom and pain control, and in cases of sudden collapse and medical emergencies.

The policy also aims to be consistent with the Code of Practice developed under the *Mental Capacity Act 2005*, since people in need of resuscitation by definition might also be lacking capacity at the time to take key decisions on their subsequent treatment.

Because of the Tracey Judgement in 2014, all NHS trusts have a legal duty to consult with, give the individuals with capacity opportunity to express their views and inform the individual if a DNACPR orderor a Recommended Summary plan for Emergency Care and Treatment (ReSPECT) plan is placed on their records. As an organisation, we confirm with our service users and/or their responsible person that they are aware that a DNACPR or a Recommended Summary plan for Emergency Care and Treatment (ReSPECT) plan is in place and have had opportunity to discuss their views. This is an integral part of respecting an individual’s dignity. This takes place as part of our assessment process

# The Policy

This organisation works on the basis that everyone has the right to make choices and decisions about their treatment in the event of their needing to be resuscitated, and that these wishes should be respected if the situation arises. There is a prescribed DNACPR form issued by all GP surgeries and signed off by a health professional. This form must be regularly reviewed and amended where necessary to reflect any change in the service users wishes and a record must be kept and available to all staff.

Communication between this organisation and our multi-agency partners is crucial to ensuring that the service users wishes are conveyed and respected.

As far as possible, people’s wishes should be ascertained and recorded as ‘advance decisions’ (a term used in relation to the Mental Capacity Act 2005) on their service plan, taking into account that this process will require sensitive and careful handling.

The person’s capacity to take an advanced decision for her or himself regarding their possible resuscitation also requires consideration. For example, if there is any doubt about the validity of an advanced decision then it would be incumbent to attempt resuscitation or to seek medical help to do so.

If it is clear that the person has made an advance decision against being resuscitated under certain conditions then this needs to be respected, as should any associated wish such as keeping the decision confidential from relatives and others.

This organisation may need to clarify its ethical and legal position in cases, for example, where there are doubts about a person’s mental capacity to make advance decisions, or where there are doubts about the authenticity of any representation of the person’s views. (In such instances there can be no reasonable belief that the person has taken such an advanced decision and attempts at resuscitation would then follow)

# Procedures

* This organisation attempts to elicit from all of its Service Users, in relation to its contractual obligations to them and their care planning, whether:
	1. They have made an advance decision regarding their treatment, and if so whether this decision has been lodged with their medical practitioner
	2. They might wish to make such a decision.
* This organisation ensures such issues are dealt with, particularly in situations where there is a clear risk that the Service User could require resuscitation at some point;
* This organisation will clearly communicate to the Service User and their representatives its expectations of what its staff should do under those circumstances. These are recorded on the Service User care plan;
* In incidents of sudden or unexpected collapse, where a person has clearly not made any advanced directive or given any indication of their views on resuscitation, the organisation expects its staff to take all necessary steps to seek emergency help as promptly as possible;
* In all cases, organisation staff are instructed to summon medical help and the emergency services without delay;
* It is the policy of this organisation that no attempts at resuscitation are undertaken by its staff; however, they are expected to provide usual standards of help and comfort, e.g. pending the arrival of the emergency services or medical help;
* This organisation takes resuscitation and emergency care into account when allocating staffing resources; it cannot be guaranteed that staff will be fully competent or qualified to provide assistance in any given emergency situation, hence the emergency services will always be called; further interventions will then be directed by the medical practitioner and/or paramedical practitioners.
* If organisation staff are aware that the ill person has made an advance decision, or there is a reasonable belief that they do not wish to be resuscitated, then they should pass this information to the medical team;
* All staff 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.
* Health professionals have a duty to provide care based on the best available evidence or best practice and to recognise and work within the limits of their competence. Whilst death can be certified only by a registered doctor with a licence to practise or by a coroner, death may be confirmed by other health professionals, including paramedics and nurses. Nurses working in an environment in which they may encounter death or cardiac arrest must ensure that they have the necessary competence to recognise when CPR may be beneficial in restoring a person to a duration and quality of life that they would value and when, realistically, CPR would be of no benefit to the person and would deprive them of a dignified death or could potentially do them harm.

# Note:

An advance decision communicates the sort of treatment a person wants for different levels of illness, such as a critical or terminal illness, permanent unconsciousness or dementia in the event of their losing the capacity to communicate their wishes at the time. As a document, an advance decision might include a number of specific advance decisions, of which being either for or against resuscitation might be included.

An advance decision indicates to medical doctors and health care 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.

An advance decision only comes into effect when a person is terminally ill (which generally is held to mean less than six months to live), e.g. with widespread cancer. An advance directive does not let the person choose another person to make decisions for them, unless it specifically appoints a proxy.

**Related Policies**

Advance Care Planning

Advocacy

Autonomy and Independence

Basic Life Support (BLS)

Consent

Deprivation of Liberty Safeguards

Dignity and Respect

End of Life

Meeting Needs

Mental Capacity Act 2005

**Related Guidance**

* Do Not Attempt CPR[**https://www.resus.org.uk/dnacpr/**](https://www.resus.org.uk/dnacpr/)
* Resuscitation Council (UK) FAQ <https://www.resus.org.uk/faqs/faqs-dnacpr/>
* Respect <https://www.resus.org.uk/respect/>
* DNAR Forms and CPR Decisions Compassion in Dying <https://compassionindying.org.uk/making-decisions-and-planning-your-care/planning-ahead/dnar-forms/>

**Training Statement**

All staff, during induction are made aware of the organisations policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used including one to one, on-line, workbook, group meetings, individual supervisions and external courses are sourced as required.