



**ASPECTS CARE**

**DNAR/CPR**

**POLICY AND PROCEDURE**

Date Policy Implemented December 2010 by Paul Graham – Registered Care Manager  
Reviewed in line with Mental Capacity Act 2005  
Policy reviewed January 2023 by Paul Graham – Director of Services

## **Aspects Care**

### **Do Not Attempt Resuscitation (DNAR) Policy**

#### **Introduction**

Aspects Care Ltd (ACL) is committed to providing all service users with the best care possible in accordance with best practice guidelines, procedures and protocols.

#### **Aims and Objectives**

This Policy is relevant to all service users to whom ACL delivers services to and who have a valid DNAR order in place. It must be used in conjunction with the End of Life Policy and the expressed preference contained within any End of Life completed by the service user.

In October 2007 The British Medical Association, The Resuscitation Council (UK) and the Royal College of Nursing published a document entitled "Decisions relating to cardiopulmonary resuscitation" which deals specifically with DNAR orders.

Support workers and Aspects Care staff in general have a responsibility for the continuation of service user care. This would include care for those service users with valid DNAR decisions if they have been put in place by the responsible clinician.

It must be understood that ACL staff cannot make DNAR decisions.

DNAR decisions will have been made following, where appropriate, discussion and consultation with the service user and in most cases with consideration of the views of the service users family/next of kin. This process will have taken place following full consideration of the service user's condition and based on set standards. It is the responsible clinician's duty to ensure these standards are adhered to.

#### **Definitions**

ADRT – Advanced Directives of Refusal of Treatment – a service user's document which refuses specific treatments, which commonly (but not always) includes CPR. It is specific to a defined situation.

Cardiopulmonary Arrest – The sudden and complete loss of cardiac and pulmonary function.

CPD - Continued professional development.

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CPR - Cardiopulmonary Resuscitation.

DNAR – Do Not Attempt Resuscitation; an order agreed within a health care delivery setting which informs health and social care professionals not to resuscitate the service user.

Respiratory Arrest – The complete loss of respiratory function.

Responsible Clinician – See Appendix A.

Resuscitation – The act of reviving or condition of being revived.

ROLE – Recognition of Life Extinct.

### **Policy Statement**

This policy is intended to implement a standard response by all ACL staff when dealing with service users who have a Do Not Attempt Resuscitation (DNAR) order in place.

### **Arrangements**

Delivery of education and training to ACL staff responsible for dealing with service users who have a valid DNAR order in place will be in accordance with the local Council guidelines.

The schedule of education and training will be determined through the Training Needs Analysis, and agreed the Senior Management Team.

All service users with valid DNAR orders will be recorded within the Support Plan and End of Life Plan and all staff working with service user are required to read these in full before commencing support.

The ACL staff assigned to the service user will assess and manage the service user in accordance with their training and guidance.

Resuscitation of the service user will be carried out as required unless a valid DNAR is in place, or the service user meets the criteria for ROLE procedure or an Advanced Decision to Refuse Treatment which includes refusal of CPR is in place.

The DNAR order if valid, is relevant regardless of the reason for the death. It should not be confused with an ADRT, which is specific to the context to which it refers. For example, an ADRT may be present which clearly refers to artificial resuscitation in the event of a worsening chest infection in a service user with

COPD. This would not however, preclude treatment if the service user chokes on a food bolus.

ACL staff must check the service users support plan and end of life plan for DNAR paperwork regularly to see if the service user DNAR status changes at all and ensure that any DNAR documentation is current, valid and signed by the responsible clinician in charge of the service user's care, e.g. the Consultant, or General Practitioner or senior nurse or specialist registrar. Photocopies are only acceptable if the responsible clinician has signed the photocopy in ink.

If there is doubt about the validity of the DNAR or if the ACL staff member is unsure whether ROLE criteria is met resuscitation must be commenced until validation is obtained.

With the exception of CPR, if indicated, all other care and treatments must be carried out as normal. DNAR decisions apply only to CPR and not any other aspects of treatment.

Where the expected benefit of attempted CPR may be outweighed by the burdens, the service user's informed views are of paramount importance. If the service user lacks capacity, those close to the service user should be involved in discussions to explore the service user's wishes, feelings, beliefs and values. They may, however, not make the decision on the service user's behalf unless they have the authority of a lasting power of attorney registered with the Public Guardian which specifically includes health and welfare and includes refusal of resuscitation.

If the service user has a time critical condition and there is any uncertainty, resuscitation should not be delayed.

## **Responsibilities**

The company directors retain overall responsibility for this policy.

The Director of Services will be responsible for ensuring that the training and education provided is matched to the requirements and role of ACL staff concerned.

This will be based on the job description and profile of the role. The training will be delivered to ensure competency in areas of DNAR procedures. The induction process will ensure that training is made available to all staff involved in resuscitation and DNAR procedures and that they will reflect any changes or developments in clinical practice with notifications and annual refreshers.

The Director of Care will be responsible for the monitoring and implementation of any national changes to DNAR practice, e.g. National Institute for Health and Clinical Excellence.

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All staff are given First Aid training which includes CPR training.

The HR manager is responsible for maintaining up to date training records for all staff. All staff will be responsible to ensuring they are competent and that their training is up to date.

### **Audit and Review**

The policy will be reviewed on three yearly basis by the Director of Services and/or Director of Care and amended accordingly if required.

Any such incidents will be monitored in accordance with the ACL Incident Reporting Procedure

## **Appendix A:**

Who can be the responsible clinician?

“The overall responsibility of implementing a DNAR rests with the most senior clinician in charge of the service user’s care. It could be a General Practitioner, a Consultant, a Registrar or suitably experienced nurse. They should always be prepared to discuss the DNAR for the service user with other health professionals involved in the service user’s care.”