



## **Cardiopulmonary Resuscitation**

The purpose of this Health and Safety Alert is to provide guidance on how to prepare staff to access Emergency Medical Services and perform Cardiopulmonary Resuscitation (CPR) in the event of a life-threatening emergency. The following actions should be taken to promote any possibility of survival when a person is unconscious and not breathing:

- Know how your agency responds to life threatening emergencies;
- Immediately call 911;
- Initiate CPR whenever possible; and
- Utilize an Automated External Defibrillator (AED) if available.

### **Responding to an Individual Who Is Unresponsive and Not Breathing**

When a person is found unresponsive and not breathing, staff should initiate CPR consistent with the agency's emergency response procedures, **unless the individual has a Do Not Resuscitate (DNR) order.**

If there is a DNR order, staff should not perform CPR. Staff should be aware of whether an individual has a DNR order and where to access it so that it can be provided to EMS if a copy of the order is requested. A DNR order would be part of the Medical Orders for Life-Sustaining Treatment (MOLST), found on a bright pink paper in an individual's medical/program record.

### **Policies and Procedures for Accessing EMS and Performing CPR**

OPWDD requires agencies to address access and availability to Emergency Medical Services and CPR in a written plan, pursuant to 14 NYCRR Part 633.10, as follows:

*The agency/facility shall develop a plan for addressing the life-threatening emergency needs of the persons served. Such a plan shall be based on the needs of the persons in the facility, and shall address the availability of first aid, cardiopulmonary resuscitation (CPR) techniques and access to emergency medical services. Where staff training is part of the plan, there shall be provision to keep such training up to date.*

**An agency must have a policy that requires staff to immediately call 911 to notify EMS when an individual receiving services is unresponsive and not breathing. Staff should be trained to call 911 first, rather than contact agency staff, such as the agency nurse.**

It is important that agencies clarify expectations to staff regarding calling 911 and initiating CPR, and provide staff with both classroom and practical education in CPR

implementation. These strategies will help staff to act appropriately when faced with a life-threatening emergency.

### **Staff Training and Debriefing After Life-Saving Measures are Taken**

Agencies should ensure that staff are up to date on training on the agency's policy for responding to life-threatening emergencies, including immediately calling 911 to contact EMS, performing CPR, and utilizing an Automated External Defibrillator (AED) when there is one available to staff. It is important that training thoroughly covers the policies, procedures, and expectations regarding these lifesaving measures. CPR should be initiated and performed in accordance with criteria in the CPR curriculum issued by either the American Heart Association, American Red Cross or the National Safety Council.

Practical CPR drills, including role play activities, can help clinical staff and management identify potential problems and recommend strategies for implementing CPR in actual situations. For example, staff can practice with mannequins in a bed or on a hard surface, or simulate taking people out of beds and wheelchairs, depending on the needs of the individuals.

The agency should conduct a debriefing after any incident when life-saving measures are performed and as needed, with the appropriate supervisory staff, clinicians, and involved staff, for quality improvement purposes (e.g. technique, equipment and training). The agency should also address the emotional support needs of staff and individuals involved in the situation.