

Client DNAR Policy

Version 2

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Title	Client DNAR Policy
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Author	Francesca Hill, DCEO
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Responsibility	Francesca Hill, DCEO
Responsibility for development, review and implementation	Francesca Hill, DCEO
Target audience	All staff, volunteers, clients, students on placement with Mind in Bradford, visitors to Mind in Bradford, our funding bodies, job and volunteer applicants and the Board of Trustees
Accessibility	Staff: OneDrive – Shared Staff Folder – Policies & Procedures Volunteers: People HR Clients and others: Mind in Bradford website If you would like this policy in another format, such as large print or audio, please contact us on 01274 730815 or at email admin@mindinbradford.org.uk or speak to a member of staff
Associated policies	

1. Purpose

The purpose of this policy is to provide guidance and support to Mind in Bradford staff if they are presented with a client, staff member or volunteer who has a DNAR document which they have chosen to share.

DNACPR stands for do not attempt cardiopulmonary resuscitation. DNACPR is sometimes called DNAR (do not attempt resuscitation) or DNR (do not resuscitate) but they all refer to the same thing.

DNACPR means if your heart or breathing stops your healthcare team will not try to restart it.

2. Protocol

If a client provides you with a DNAR form, speak with the client

- a. ask them to confirm the contact details of their next of kin/emergency contact
- b. have a sensitive conversation with them about why they have the order, what their underlying condition is, what staff should expect in terms of progression of their condition and what we should expect if they collapse. This is about gathering information to help staff understand and support the client as best they can. If you do not feel confident having this conversation, please speak with a Service Director who will provide support.
- c. advise the client to keep the DNAR form on their person at all times

Please give a copy to your line manager or the relevant service manager.
Managers should follow the protocol below:

Notify the Service Directors on the day or next working day that a DNAR form has been received and then verify the DNAR form

- a. has it been documented on an official form? (see appendix)

- b. has it been signed by a Doctor or Nurse Consultant
 - c. are there any concerns about the individual's capacity to make the decision?
1. If you are confident the DNAR form is official and the client has the mental capacity to make this decision, please scan the DNAR form and save it to the Clients MYMUP. If you have any concerns about the validity of the DNAR form or the individual's capacity to make the decision, please speak to the DCEO.
2. Inform all staff who are likely to have contact with the clients that there is a DNAR form in place for the individual in question, explain what this means and what process they should follow if the client does collapse (see section 4 below).

Explain to staff the individual's rationale, underlying condition and what might happen as their condition progresses and/or they collapse. Reiterate that this information is highly confidential and sensitive and is being shared so they can provide the best possible support to the individual.

We are here to support all staff and we encourage them to approach to their manager or a Service Director if they want to discuss further any concerns or difficulties they may be experiencing regarding the situation.

- a. Complete a DNAR Plan (see Appendix I)
3. Save a copy of the DNAR form and the DNAR plan to the clients MYMUP
4. Add a note on the safe working alert on MYMUP file room stating "DNAR in place. There should also be a copy of the plan on OneDrive

3. Process to follow if a client with a DNAR collapses

If a client with a DNAR form collapses, please follow the procedure below:

1. If possible, take the client to a private area
2. Do not attempt to resuscitate
3. Contact 999 immediately and inform them of the DNAR form in place. They have electronic access to care records.
4. Notify the individual's next of kin/emergency contact
5. Contact your manager for support and guidance – if it has not been possible to contact the next of kin or emergency contact this must be clearly communicated to your manager at this point so they can take responsibility for completing this task
6. Complete an incident report and submit on the same day as the incident. The incident report should record in detail the sequence of events and any outstanding tasks to be followed up.
7. Staff and volunteers involved will be offered support from their line manager and also have access to independent, confidential counselling services provided by simply health;
 - a. Line managers should debrief and offer support to any staff or volunteers affected, either individually or as a team, as soon as possible.
 - b. debriefing for the whole team may be necessary where death has occurred in traumatic circumstances or has left staff/volunteers feeling distressed.
8. Where appropriate, the [DCEO](#) or delegated person should write to the next of kin to offer their condolences on behalf of Mind in Bradford.

5. Appendix 2

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION				
Yorkshire & Humber Regional Form for Adults and Young People aged 16 and over (v13)				
In the event of cardiac or respiratory arrest NO attempts at cardiopulmonary resuscitation (CPR) will be made. All other treatment should be given where appropriate.				
NHS No	Hospital No	Next of Kin / Emergency Contact		
Name		Relationship		
Address				
Postcode	Date of Birth	Tel Number		
Section 1 Reason for DNACPR decision: Select as appropriate from A - D				
<i>Details of all discussions, mental capacity assessments and MDT decisions must be recorded in the patient's notes.</i>				
<i>(Guidance overleaf)</i>				
A. <input type="checkbox"/> CPR has been discussed with this patient. It is against their wishes and they have the mental capacity to make this decision.				
<i>(Guidance overleaf)</i>				
B. <input type="checkbox"/> CPR is against the wishes of the patient as recorded in a valid advance decision The right to refuse CPR in an Advance Decision only applies from the age of 18.				
<i>(Guidance overleaf)</i>				
C. <input type="checkbox"/> The outcome of CPR would <i>not</i> be of overall benefit to the patient <u>and</u> :				
i) They lack the capacity to make the decision <input type="checkbox"/> or				
ii) They have declined to discuss the decision <input type="checkbox"/>				
This represents a best interests decision and must be discussed with relevant others				
This <u>has</u> been discussed with (name) on (date/time) Relationship to patient:				
<i>(Guidance overleaf)</i>				
D. <input type="checkbox"/> CPR would be of <i>no clinical benefit</i> because of the following medical conditions:				
.....				
In these situations when CPR is not expected to be successful, it is good practice to explain to the patient and/or relevant others why CPR will not be attempted.				
This <u>has</u> been discussed with the patient <input type="checkbox"/> Date: / / Time:				
This <u>has not</u> been discussed with the patient <input type="checkbox"/> Specify Reason:				
This <u>has</u> been discussed with (name) on (date/time) Relationship to patient:				
Section 2 Review of DNACPR decision: Select as appropriate from i OR ii				
i) DNACPR decision is to be reviewed by: (specify date)				
Review Date	Full Name and Designation	Signature	DNACPR still applies	Next Review Date
			<input type="checkbox"/> (tick)	
			<input type="checkbox"/> (tick)	
			<input type="checkbox"/> (tick)	
ii) DNACPR decision is to remain valid until end of life <input type="checkbox"/> (tick)				
Section 3 Healthcare professionals completing DNACPR form <i>(Guidance overleaf)</i>				
Date: Time:		(Countersignature if required)		
Signature:		Date: Time:		
Print name:		Signature:		
Designation & Organisation		Print name:		
GMC / NMC No:		Designation & Organisation		
		GMC / NMC No:		

6. Appendix 3

These guidelines are based on an agreement within the Yorkshire and Humber region.

This form can be red or black-bordered.

For more details refer to your local policy relating to DNACPR.

This is not a legally binding document; the decision may change according to clinical circumstances

Section 1 Guidance (Please write legibly and with black ink)

Option A

Record details in the patient's notes, including the assessment of the patient's mental capacity to make this decision.

Option B

The Mental Capacity Act (2005) confirms that an advance decision refusing CPR will be valid and therefore legally binding on the healthcare team, if:

1. The decision is in writing, signed, witnessed and the patient is aged 16 or over;
2. It includes a statement that the advance decision is to apply even if the patient's life is at risk;
3. The advance decision has not been withdrawn;
4. The patient has not, since the advance decision was made, appointed a welfare attorney to make decisions about CPR on their behalf;
5. The patient has not done anything clearly inconsistent with its terms; and
6. The circumstances that have arisen match those envisaged in the advance decision.

16 and 17-year-olds: Whilst 16 and 17-year-olds with capacity are treated as adults for the purposes of consent, parental responsibility will continue until they reach age 18. Legal advice should be sought in the event of disagreements on this issue between a young person of 16 or 17 and those holding parental responsibility

Option C

1. The term "overall benefit" is used in the context defined by GMC Guidance 2010 (Treatment & Care towards the End of Life; pg. 40-46; paragraphs 6, 13) and takes into account "best interests" as defined by the Mental Capacity Act, 2005.
2. Whenever possible, this situation must be discussed with relevant others before completing the form. Record details of your discussion in the patient's notes.
3. The term "relevant others" is used to describe a patient's relatives, carers, representatives, people with lasting power of attorney, independent mental capacity advocates (IMCAs), advocates, and court appointed deputies (refer to Mental Capacity Act) <http://www.dh.gov.uk>

Option D

Record underlying condition/s (e.g. poor Left Ventricular Function, End stage obstructive airway disease, disseminated malignancy) and complete necessary discussions with patient and/or relevant others as soon as possible

Section 2 Review – In accordance with your Local Policy

It is considered good practice to review DNACPR status in the following circumstances:

- At the consultant ward round, MDT or Gold Standards Framework meeting;
- On transfer of medical responsibility (e.g. hospital to community or vice versa); or
- Whenever there are significant changes in a patient's condition.

Cancellation of DNACPR: When the form is no longer valid, either because the patient is for CPR or because a new form has been completed, it must be marked as cancelled by making two thick, dark, diagonal lines across the form, writing CANCELLED in large capitals and adding your signature and date. It should then be filed in the patient's notes.

Section 3 Authorisation

Responsibility for making the DNACPR decision lies with a senior doctor (e.g. Consultant, GP) who has responsibility for the patient. In some localities, other healthcare professionals who have undertaken the necessary training may make the DNACPR decision.

Countersignature: If junior medical staff or other authorised professionals have been instructed to sign the form by a senior clinician, the form should be countersigned by the senior doctor, as soon as possible or as per local policy.

Any supplementary information (e.g. family informed by nursing staff at later stage) should be signed and dated by the entry.

COMMUNICATING DNACPR DECISIONS

It is the responsibility of the healthcare team completing the form to ensure that the DNACPR status is communicated to all who need to know.

For patients being transferred between different care settings, it is essential that:

1. Where patients are being transferred to community (e.g. home or care home): the DNACPR status and an explanation of the role of the form in an emergency should be communicated to patient (if appropriate) and 'relevant others'.
2. Send the original form with the patient. A photocopy or carbon copy version should be retained in the patient's notes for audit, marked with the words 'COPY' in large capitals, signed and dated.
3. For discharges to community settings: communicate to the GP, Out of Hours service and any other relevant services as appropriate.



Your local mental health charity in Bradford, Airedale, Wharfedale and Craven