

## POLICY - RESUSCITATION

ID No: FBCNW – 16 – 231

Version: 4.0

Applies to: All Staff

Applicable Standards:

- Aged Care Quality and Safety Commission
- Aged Care Quality Standards
- NDIS Quality and Safeguards Commission
- DHHS Quality and Safety Standards - Quality and Safety Framework for Tasmania's DHHS Funded Community Sector
- DHHS Consumer Related Reportable Incident Policy
- Department of Social Services Charter of Care Recipients Rights and Responsibilities

Applicable Legislation:

- Work Health and Safety Act 2012 (Tas)

### Purpose

The purpose of this Policy is to provide clarity to staff in situations where a client is found unresponsive and not breathing normally.

### Definitions

- Cardiopulmonary Resuscitation (CPR): The term CPR refers to a range of resuscitative efforts, including basic and advanced cardiac life support to reverse a cardiac or pulmonary arrest.
- Not for Resuscitation Orders (NFR): NFR orders are a component of current medical practice in Australia. They are implemented to prevent the use of CPR in situations when it is deemed futile or unwanted.
- Advanced Care Planning: Advanced Care Planning is a process of considering, discussing, and planning future health care decisions in the event an individual becomes unable to make or communicate these decisions. Decisions about Advanced Care Planning are documented in an Advance Care Directive.
- Advanced Care Directive (ACD): An ACD is a set of instructions about health care and treatment that is to be accepted or refused in the future. An ACD only comes into effect if the individual becomes unable to make decisions about health care and treatment, either permanently or temporarily.

### Legal Effect of NFRs and ADCs

Unlike most other Australian jurisdictions Tasmania has no legislation governing NFRs or ACDs. In Tasmania an individual can, however, make a legally valid NFR or ACD under common law. In general, doctors and other health practitioners and medical professionals such as paramedics are generally required to follow such directions if medically appropriate, and if they are sure an individual's refusal of

treatment was intended to apply in the circumstances at hand. However, medical and health practitioners are not obliged to provide treatment that would result in ineffective health care or would violate health care standards.

## General Provisions

Nothing in this Policy denies the right of the individual to choose not to be resuscitated and to issue formal instructions to that end. Staff, however, will not be bound by those instructions for the following reasons:

- There is no legal protection for those failing to take reasonable action to protect life in Tasmania (ie to do nothing might be unlawful).
- In accordance with the provisions of the Work Health and Safety Act 2012 Family Based Care Tasmania cannot lawfully instruct an employee not to take reasonable action to protect life.
- To resuscitate against a consumer's wish is not actionable whereas to comply with the consumer's wish may be actionable.

## Policy Direction for FBC Staff

### Clients

While staff may be aware of the client's wishes, the decision not to resuscitate is a medical decision and FBC employees are not qualified to decide whether a specific event meets the client's specific wishes. Staff are therefore directed to commence CPR on clients who are unresponsive and not breathing normally until directed otherwise, or relieved, by qualified medical professionals.

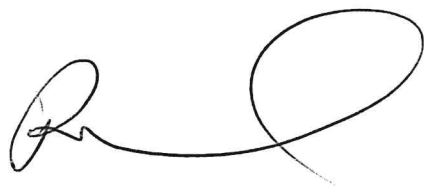
Employees will:

- Use their first aid training, and attempt to resuscitate a client who is unresponsive and not breathing normally.
- Call the appropriate emergency service for help.
- Contact their Manager or the On-Call Coordinator as soon as practicable.

### Other Individuals

In the case of individuals other than a client being supported at the time in question, the normal rules of commencing CPR apply as they would apply in the case of an appropriately qualified bystander. In these cases, a staff member may commence CPR, and would ordinarily be encouraged so to do (bearing in mind a staff member's primary Duty of Care is always towards the client), but it is not to be regarded as a formal direction as such.

Authorised  
by:



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President of the Board

Date:

21/6/21