



Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Policy

(adults and young people aged 16 years and over)

This procedural document supersedes: PAT/EC 2 v.8(amended) - Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Policy

This policy should be used in conjunction with:

- Resuscitation Policy - PAT/EC 1
- Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) - PAT/PA 19
- Advance Decisions to Refuse Treatment (ADRT) Policy - PAT/PA 27
- Safeguarding Adults Policy - PAT/PS 8
- Safeguarding Children Policy - PAT/PS 10
- Rapid Response to Unexpected Child Deaths and Child Deaths Function Standard Operating Procedure – PAT/T 62
- Consent to Examination or Treatment - PAT/PA 2
- Doncaster Safeguarding Adults Procedures
- Nottinghamshire Safeguarding Adults Procedures
- Doncaster Safeguarding Children Procedures
- Nottinghamshire Safeguarding Children Procedures



Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Name and title of author:	Nicola Vickers – Senior Resuscitation Officer Lisette Caygill – Patient Safety & Quality Lead, Education Dr Jonathan Allen – Consultant Anaesthetist
Date revised:	February 2016
Approved by (Committee/Group): Date Approved	Patient Safety Review Group 1 st April 2016
Date issued:	27 April 2016
Next review date:	February 2018
Target audience:	Trust-wide

**Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Policy
(adults and young people aged 16 years and over)**

Amendment Form

Please record brief details of the changes made alongside the next version number.
If the procedural document has been reviewed without change, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 9	27 April 2016	Major changes made throughout the APD to support the implementation of the Decisions relating to Cardiopulmonary Resuscitation Guidelines (Resuscitation Council UK 2014). PLEASE READ IN FULL.	Nicola Vickers Lisette Caygill Dr Jonathan Allen
Version 8 (amended)	4 February 2015	Updated Appendix 5 – revised process for storage of DNACPR forms in the new Episode of Care folder.	Lisette Caygill
Version 8	1 April 2014	<ul style="list-style-type: none"> • Updated to version 13 of regional form. • Addition of valid until end of life in review section. • Change from triplicate to duplicate form. • Updated guidance on documentation/storage/communication. 	Lisette Caygill Dr Sudipto Ghosh Dr Jonathan Allen
Version 7	March 2012	To refine the storage, communication and documentation guidance following the initial implementation – Appendix 5.	Lisette Caygill
Version 6	September 2011	Title change Due to the introduction of a Regional single DNACPR form, this policy has been re-written to reflect the changes required – PLEASE READ IN FULL.	Lisette Caygill
Version 5	23/01/2009	Major changes made throughout the APD to support the implementation of the Mental Capacity Act 2005 and Decisions About Cardiopulmonary Resuscitation Guidelines (Resuscitation Council UK 2007). Please read in full.	Lisette Caygill Dr Jonathan Allen Kate Pears

Contents

Item		Page No.
1	Introduction	4
2	Purpose	5
3	Scope	6
4	Definitions	6-7
5	Equality Impact Assessment	8
6	Duties and Responsibilities	8
7	Main Messages BMA,RC (UK) RCN (2014)	8
8	Decision Making Framework	9
9	Young People Aged 16 And 17 Years – Special Considerations	10-12
10	Reviewing DNACPR Decisions	12
11	Communication with Patient/Relevant Others	12
12	Record Keeping and Internal/Interagency Communication	12-13
13	Training Requirements	13
14	Monitoring Compliance with the Procedural Document	13
15	References	14
Appendix 1	Storage of the DNACPR Form, Internal and Interagency Communication	15-16
Appendix 2	Equality Impact Assessment Form	17

1 INTRODUCTION

- 1.1 This policy is for adults and young people aged 16 and over and is intended for use alongside the Yorkshire & Humber regional form.
- 1.2 Where no explicit decision about CPR has been considered and recorded in advance there should be an initial presumption in favour of CPR. However, in some circumstances where there is no recorded explicit decision (for example for a person in the advanced stages of a terminal illness where death is imminent and unavoidable and CPR would not be successful) a carefully considered decision not to start CPR will be appropriate.
- 1.3 Furthermore some people may wish to make an Advance Decision or statement about treatment such as CPR stating they would not wish to receive such treatments in some future circumstances. These people should be managed in accordance with their wishes.
- 1.4 Making a decision not to attempt CPR that has no realistic prospect of success does not require the consent of the patient or those close to the patient however, **any decision about CPR should always be communicated to the patient if they have sufficient mental capacity or relevant others (subject to any confidentiality restrictions) if not.** Informing the patient and relevant others of the decision with a clear explanation will make conflicts of opinion highly unusual situations however should the decision not be accepted by the patient or their relevant others then a second opinion should be offered.
- 1.5 This policy is based on, and includes sections from, the guidelines produced in 2014 by the British Medical Association (BMA), Royal College of Nursing (RCN) and Resuscitation Council (UK) [Decisions relating to cardiopulmonary resuscitation](#) which **should be read in conjunction with this document.** It is written with due regard for the requirements of the Mental Capacity Act (2005).
- 1.6 This policy should also be read in conjunction with the relevant professional standards and guidelines including the Nursing and Midwifery Council (NMC) publication [The Code- Professional standards of practice and behaviour for nurses and midwives \(2015\)](#) and the General Medical Council (GMC) publication: [Treatment and care towards the end of life; good practice in decision making \(July 2010\)](#)

2 PURPOSE

- 2.1** The purpose of this policy is to ensure that Trust staff are aware of their responsibilities in relation to DNACPR decisions and processes and are fully supported in their role so that patients receive appropriate care. In particular the policy aims to achieve a coordinated approach across the Doncaster & Bassetlaw district so that the transfer of patients between services does not compromise dignity, quality of care or patient choice.
- 2.2** Specific objectives include:
- to avoid inappropriate CPR attempts
 - to ensure that decisions regarding CPR are made according to:
 - an assessment of whether CPR will be successful
 - the clinical needs of the patient
 - the patient's wishes and best interests
 - current ethical principles
 - legislation such as the Human Rights Act (1998) and Mental Capacity Act (2005)
 - relevant court judgments
 - to make DNACPR decisions transparent and open to examination;
 - to ensure patients, relevant others and staff have clear information about the DNACPR decision making process and their involvement;
 - to clarify that patients and relevant others will not be included in the decision making process when clinicians believe there is no realistic prospect of CPR being successful and therefore is not a treatment option, or when cardiac arrest is not predicted or reasonably foreseeable in the current treatment episode, but they must be informed of any decision taken.
 - to encourage and facilitate open, appropriate and realistic discussion with patients and their relevant others about CPR issues and to give guidance on good practice in having these discussions;
 - to ensure that a DNACPR decision is communicated to all relevant healthcare professionals and services involved in the patient's care;
- 2.3** This policy should be read alongside the following associated procedural documents:
- PAT/EC 1 - Resuscitation Policy
 - PAT/PA 19 - Mental Capacity Act 2005 Policy and Guidance
 - PAT/PA 27 - Advance Decisions to Refuse Treatment (ADRT) Policy
 - PAT/PS 8 - Safeguarding Adults Policy
 - PAT/PS 10 - Safeguarding Children Policy
 - PAT/PA 2 - Policy for Consent to Examination or Treatment

3 SCOPE

- 3.1** This policy addresses issues relating to the care of adults and young people aged 16 and over in respect of DNACPR decisions.
- 3.2** All staff employed by Doncaster & Bassetlaw Hospitals NHS Foundation Trust (DBHNHSFT) are expected to comply with this policy.

4 DEFINITIONS

4.1 Healthcare Professional

A Registered Nurse, Doctor or Allied Healthcare Professional.

4.2 Cardiopulmonary Resuscitation (CPR)

An emergency procedure that may involve the following actions in an attempt to restart the patient's heart and breathing:

- Chest compressions (external cardiac massage)
- Ventilation of the lungs
- Administration of drugs
- Defibrillation

4.3 Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)

A clinical decision not to commence cardiopulmonary resuscitation.

4.4 Mental Capacity

The ability of an individual to make decisions regarding specific elements of his life.

4.5 Mental Incapacity

A person lacks sufficient capacity in relation to a matter if, at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in, the functioning of the mind or brain. This lack of capacity may be permanent or temporary.

4.6 Advanced Decisions to Refuse Treatment (ADRT)

An advance decision made by any person aged 18 years or over, whilst having mental capacity, to refuse specified medical treatment or intervention for a time in the future when they may lack the capacity to consent to or refuse that treatment.

4.7 Independent Mental Capacity Advocate (IMCA)

An independent advocate appointed to support vulnerable patients who lack mental capacity and have no one appropriate to act on their behalf. IMCAs can also become involved if staffs conclude that relatives/other carers may not be acting in a patient's best interests.

4.8 Lasting Power of Attorney (LPA)

A legal document whereby an individual (the donor) authorises another person (the donee) to act on his behalf, in the event that the donor should lose the capacity to make his own decisions. This authority can be in respect of decisions regarding

personal welfare and consent to medical treatment. In order to be valid an LPA should be executed on the prescribed form and registered with the Public Guardian. If it applies to end of life decisions this must be clearly stated.

4.9 Young Person

Within the context of this policy, the term young person refers to any patient aged 16 or 17 years of age.

4.10 Best interests

Any act done for, or any decision made on behalf of a person who lacks capacity must be done, or made, in that person's best interests. If the decision concerns life-sustaining treatment or withholding treatment such as CPR, healthcare professionals should not make assumptions about the person's quality of life and, if it is practical and appropriate to do so, should consult other people for their views about the person's best interests and to see if they have any information about the person's wishes and feelings, beliefs and values. Mental Capacity Act Code of Practice 2005.

4.11 Patient's responsible Consultant

The Consultant currently in charge of the patient's care.

4.12 Relevant other

For the purpose of this policy, relevant other may include: spouses, partners, relatives, carers (who are not acting in a paid, professional capacity), representatives, advocates, people with lasting power of attorney, IMCAs and court appointed deputies.

5 EQUALITY IMPACT ASSESSMENT

- 5.1 This procedural document has been assessed for equality and diversity as described in CORP/EMP 27.

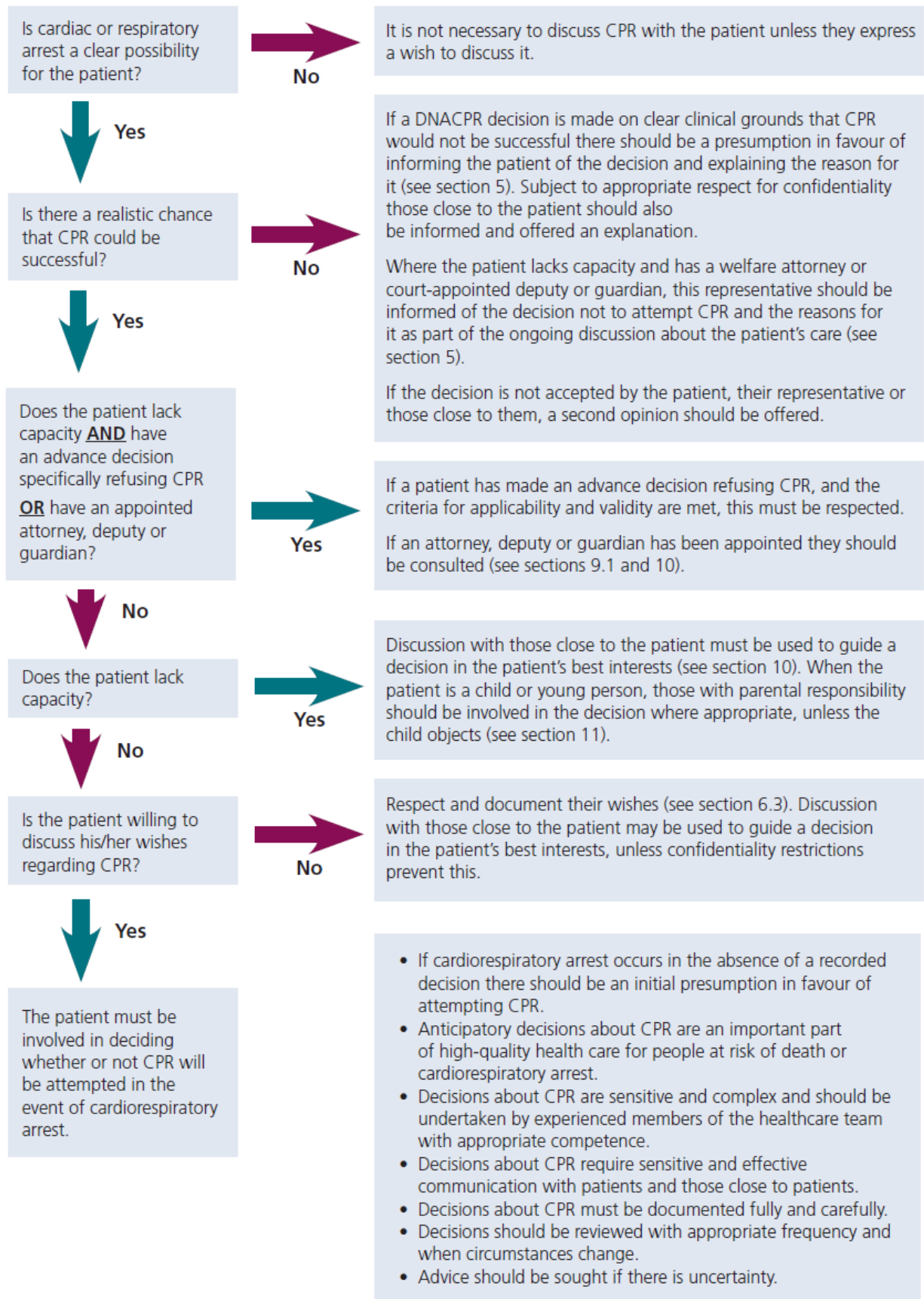
6 DUTIES AND RESPONSIBILITIES

- 6.1 It is the responsibility of the Resuscitation Services team and Patient Safety Review Group to ensure implementation. The Policy Co-ordinator is responsible for policy distribution. Compliance against policy will be monitored and reported by the Senior Resuscitation Officer.
- 6.2 It is the responsibility of Care Group Directors, Heads of Nursing/Midwifery, General Managers and Matrons to ensure that ALL clinical staff are aware of this policy.
- 6.3 It is the responsibility of all clinical staff to familiarise themselves with this policy and apply its principles in clinical practice.
- 6.4 In Doncaster & Bassetlaw Hospitals NHS Foundation Trust responsibility for making the DNACPR decision lies with the patient's Consultant after consultation with the Multi-Disciplinary Team where possible. In their absence, the most senior Healthcare Professional (middle grade or above) is responsible for the immediate decision and for the notification to the patient's Consultant as soon as is practical to do so.
- 6.5 It is the responsibility of the patient's Consultant to ensure that DNACPR decisions are communicated to the patient and/or relevant others. Whilst the Consultant caring for the patient carries the ultimate responsibility, there may be situations where another member of the healthcare team is best placed to discuss and explain the decision to the patient and/or relevant others so this may be delegated.

7 MAIN MESSAGES FROM BMA, RC (UK) & RCN (2014)

- 7.1 The main messages contained on pages 4-5 of the [Decisions relating to cardiopulmonary resuscitation](#) document are not designed to be read in isolation but act as a useful aide-mémoire to highlight some of the main points arising from the guidance.

8 DECISION MAKING FRAMEWORK



Decisions relating to cardiopulmonary resuscitation (2014) Guidance from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing.

9 YOUNG PEOPLE AGED 16 AND 17 YEARS – SPECIAL CONSIDERATIONS

9.1 Some special considerations apply where patients are aged 16 or 17 years

Current practice relating to young person's:

The Association for Children's Palliative Care (2004) recommends that every young person with a life limiting condition should be helped, with their family, to decide on an end of life or palliative care plan.

In Doncaster & Bassetlaw, the large majority of children (16-18 years) needing Palliative care are under Specialists in Sheffield.

9.2 Who should or could initiate discussion, and when?

It can be appropriate for professionals caring for young people with life limiting or life threatening conditions to initiate discussion about end of life planning well before the young person is terminally ill. It may also be appropriate to begin discussions if a young person has an acute illness or repeated illness as a result of which it becomes clearer to professionals and/or the parents that the young person is moving into a terminal phase of their illness, or that they are at an increased risk of a more sudden life threatening illness/event. Usually the most appropriate professional to initiate this discussion is the named paediatrician or palliative care practitioner.

If professionals initiate discussion, consideration should be given to the sensitive timing of this and further support for the family and young person may be necessary. Decision making should not be forced on a young person or family. If a professional initiates a discussion about DNACPR and the young person/family indicate they do not wish to continue, their wishes should be respected and the details recorded in the young person's medical record.

Discussion may also be initiated by the young person or family at any time.

9.3 Who can make decisions?

The Department of Health (2009) state that:

By virtue of section 8 of the Family Law Reform Act 1969, young people aged 16 and 17 are presumed to be capable of consenting to their own medical treatment. As for adults, consent will be valid only if it is given voluntarily by an appropriately informed young person capable of consenting to the particular intervention. However, unlike adults, the refusal of a competent person aged 16–17 may in certain circumstances be overridden by either a person with parental responsibility or a court.

In exceptional circumstances it may be impossible for all concerned to reach a united decision regarding the best interest of the young person. If this cannot be resolved by the patient's Consultant, the Consultant should request further advice from regional experts, Trust Medical Director and Trust Legal Services Department.

To establish whether a young person aged 16 or 17 has the requisite capacity to consent to the proposed intervention, the same criteria should be used as for adults. If a young person lacks capacity to consent because of an impairment of, or a disturbance in the functioning of, the mind or brain then the Mental Capacity Act 2005

will apply in the same way as it does to those who are 18 and over (Department of Health 2009).

Where a young person lacks capacity to decide, a person with parental responsibility for the young person may make a DNACPR decision where they consider that to be in the young person's best interests.

If a 16 or 17 year old is capable of making an informed decision then it is not legally necessary to obtain additional consent from a person with parental responsibility. It is, however, good practice to involve the young person's family in the decision-making process – unless the young person specifically wishes to exclude them.

If a young person decides that he/she does not wish to be resuscitated and that the family should not be involved with or informed about the decision this must be urgently referred to the Trust Medical Director and Legal Services Department.

9.4 What is, and who has, parental responsibility?

Refer to PAT/PA 2 - Policy for Consent to Examination or Treatment.

9.5 Children in local authority care

Where a child is in the care of the local authority the child's social worker must be involved in all of the discussions as well as parents, as the local authority shares parental responsibility with the parents. However, when a child is in voluntary care (Section 20, Children Act 1989) the parents retain full parental responsibility.

9.6 What happens when a young person and a person with parental responsibility disagree about a DNACPR decision?

Decision-making with young people may be a matter of negotiation between the child, those with parental responsibility and clinicians. Inevitably there will be times when young people and those with parental responsibility for them do not agree about whether a DNACPR decision should be made. If there is disagreement between the patient and those with parental responsibility despite attempts to reach agreement, legal advice should be sought.

9.7 What happens when medical staff and a young person or persons with parental responsibility disagree about a DNACPR decision?

Where medical staff are strongly of the opinion that cardiopulmonary resuscitation should not be attempted but the young person or people with parental responsibility disagree, or vice versa, a legal opinion should be sought.

9.8 Safeguarding issues

Where there is doubt about whether a person with parental responsibility is acting in the interest of the young person, then local Safeguarding Children Board procedures must be instigated. For further advice please contact the Trust Safeguarding Team.

9.9 Education Establishments

Potentially a young person may wish to continue at school with an agreed DNACPR decision in place. This can potentially cause anxieties for both the family and staff supporting that young person. Advice can be sought from a palliative care

practitioner in dealing with those anxieties and what measures can be put in place to support the child and family during this period.

10 REVIEWING DNACPR DECISIONS

10.1 Whenever a DNACPR decision is made a review date must be selected by the person making the decision and documented in accordance with the following:

- DNACPR status is to be reviewed at least fortnightly at the consultant ward round or MDT meeting.
- DNACPR status is to be reviewed on each admission to hospital
- DNACPR status is to be reviewed prior to discharge or transfer from DBH to another care setting.
- DNACPR decision is to remain valid until end of life.

11 COMMUNICATION WITH PATIENT/RELEVANT OTHERS

11.1 Changes following the Tracey Court of Appeal Judgment.

The 2014 Court of Appeal decision resulted in major changes to DNACPR guidelines. When a clinical decision is made that the patient will not benefit from CPR, this decision must be communicated to the patient or, if the patient lacks capacity, the relevant others. It is not acceptable to omit discussing do not resuscitate decisions with patients except in the highly unusual situation that the doctor feels that this discussion would cause the patient physical or psychological harm and in this case they must document and, where possible, evidence this decision in the medical notes.

11.2 Communicating DNACPR decisions where CPR will not be successful.

Communicating DNACPR decisions is a challenge for all health care professionals and not just clinicians. Failure to explain clearly to patients, or those close to them, that a DNACPR decision has been made along with the rationale for that decision can lead to misunderstanding, distress, and in some cases complaints and litigation. As with any aspect healthcare, professionals must be able to justify their decisions.

11.3 Communicating DNACPR decisions where CPR will not be successful and the patient lacks capacity.

When a person lacks capacity and a decision is made that CPR will not be attempted because it will not be successful, it is essential (subject to any confidentiality restrictions expressed when the patient had capacity) that those close to patients are informed of this decision and of the reasons for it. Sensitive and careful explanation is needed to help people to understand that the intention is to spare the patient traumatic and undignified treatment that will be of no benefit, not to withhold life-saving treatment, and not to withhold any other care or treatment that they need.

12 RECORD KEEPING AND INTERNAL/INTERAGENCY COMMUNICATION

12.1 All DNACPR decisions must be documented using the regional form. The circumstances surrounding the decision must be clearly stated together with who was involved in the decision making process. The decision and decision making

process should be evidenced with full and clear documentation in the patient's medical notes.

12.2 Communication of information both internally and externally is essential.

See Appendix 1 for agreed Trust procedures.

12.3 The following principles apply:

- The person who makes a DNACPR decision is ultimately responsible for ensuring that the decision is communicated effectively to other relevant health professionals in both primary and secondary care. The task of disseminating information about the decision to others providing care to the patient may be delegated to another member of the healthcare team, but it should be clear who has responsibility for ensuring that this task is undertaken.
- The senior nurse is responsible for ensuring that every DNACPR decision is recorded in the nursing records (where medical and nursing records are held separately) and that all those nursing the patient are aware of the decision.
- Whenever a patient is transferred between establishments or discharged home it is imperative that DNACPR decisions are communicated between all who need to know, including the ambulance crew, relevant others and the receiving organisation/team, and that this is managed in a sensitive manner.

13 TRAINING REQUIREMENTS

Training on this policy will be incorporated within all resuscitation training sessions delivered within the Trust. All training will be recorded centrally on OLM.

14 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Overall compliance with the policy.	Senior Resuscitation Officer in conjunction with all clinical areas & the clinical audit department.	Monthly	Findings reported to the Patient Safety Review Group quarterly.

Any other audit which is undertaken within the Trust will be shared collaboratively with Resuscitation Services.

15 REFERENCES

Association for Children's Palliative Care (2004) *A framework for the development of integrated multi-agency care pathways for children with life threatening and life-limiting conditions*. Association for Children's Palliative Care, Bristol.

British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing (2014) [Decisions relating to cardiopulmonary resuscitation](#)

British Medical Association (2007) *The mental capacity act 2005- guidance for professionals*.

Department of Health (2009) *Reference guide to consent for examination or treatment, second edition*
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103643 accessed 13.07.10

General Medical Council (2010). *Treatment and care towards the end of life: good practice in decision making*.
http://www.gmc-uk.org/guidance/ethical_guidance/end_of_life_care.asp

HM government (1989) *The Children ACT 1989* HMSO London

HM Government (2010) *Working Together To Safeguard Children 2010*_DCSF London.

Human Rights Act (1998). London, HMSO.

Mental Capacity Act (2005) *Mental Capacity Act 2005*

Nursing and Midwifery Council (NMC) publication [The Code- Professional standards of practice and behaviour for nurses and midwives \(2015\)](#)

Tracey Court of Appeal Decision
<https://www.judiciary.gov.uk/wp-content/uploads/2014/06/tracey-approved.pdf>

Appendix 1

STORAGE OF THE DNACPR FORM, INTERNAL AND INTERAGENCY COMMUNICATION

Process to communicate and implement the regional Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form across Doncaster & Bassetlaw

Introduction

The flow of information and correct documentation is crucial to the success of this process. Where an individual may move care settings, including on discharge to the patients home, and the DNACPR decision has been reviewed and still applies, the following core principles are applicable:

Whilst in Hospital

- Whilst in Hospital, any current DNACPR form (both copies) must be filed at the front of the Episode of Care folder.
- In areas where Episode of Care folders have not yet been implemented, the DNACPR will remain in the case notes, which should be documented on and filed behind the yellow hazard warning sheet at the front of the medical records. If the patient dies whilst in hospital, both copies should be filed within the main body of the medical records.
- If the DNACPR is valid on discharge, the original copy should be sent with the patient and the 'copy' filed at the front of the case notes.

Management of DNACPR forms initiated outside the Trust

- When a patient is admitted to hospital with an existing valid form, this should be copied and the word 'copy' should be written on it. The copy should be filed with the original in the case notes. If the patient is discharged the original should be returned to the patient prior to leaving the hospital. If the decision is cancelled the same process should be applied as for all DNACPR forms.

On Discharge/ Transfer

- On discharge, the top copy of the form will follow the patient to their destination (this could be patients own home, nursing home or other care facility). When the top copy (original copy with ink signature) of the form is following the patient to another setting, the second copy of the form (watermarked COPY) is to remain in the medical records. As the patient moves between care settings (including the patients home), the **DNACPR** form moves with the patient in a clearly marked envelope and remains in their possession.
- When a patient travels by ambulance, the discharging ward/department will give the original **DNACPR** form to the ambulance crew in a clearly marked envelope who will formally hand-over the **DNACPR** form to the member of staff receiving the patient, or to the patient/relevant others.

- When a patient travels by other means i.e. with relevant others, it is essential that the **DNACPR** is given to the patient or relevant others (as appropriate) and that they understand its importance. This is the final part of the discharge process regarding **DNACPR** and should not be the first time the patient and if appropriate relevant others are made aware of its existence. Discussion regarding the decision should have taken place in a timely manner.
- In all other care settings (which may include the patient's home) the **DNACPR** form should be located in the front of the care record / nursing record. If no nursing record exists, the patient/family/carer will determine the best place to store it, and communicate this to appropriate health care professionals i.e. warden/carer/district nurse for future access if required.
- It is essential that as part of discharge planning, the doctor responsible for the patients care informs the patient's GP (this must be included in the discharge letter in the future management GP section on the JAC system) and out of hours service as appropriate for the patient's **DNACPR** status. This role may be delegated but is paramount to the communication process.
- The 'copy' version of the form must be faxed to the patients GP by the ward clerk and the transmission report and 'copy' version of the form must then be filed in the case notes as per policy.
- All other care providers must also be informed PRIOR to discharge i.e. carers/ wardens/ district nurse etc., this role may be undertaken by the ward nursing staff as part of discharge planning.

Liaison with Ambulance Services

- Ambulance control must be informed that a **DNACPR** form exists at the time of booking a patient transport services (PTS) ambulance.
- Ambulance crew (the registration clerk) will routinely request the **DNACPR** status at the point of booking patient transport services, and communicate this to the crew.
- If an ambulance is called in an emergency that is not life threatening but requires transfer to A&E, i.e. from a community hospital or home, the crew will be handed the care record with the **DNACPR** form at the front of it, **or** a clearly marked envelope with the **DNACPR** form in. On arrival at A&E the crew will formally hand-over the **DNACPR** form to the member of staff responsible for the patient.

Cancelling a DNACPR Form

To cancel a **DNACPR** form, both must be marked with two thick diagonal lines and the word **CANCELLED** should be written across the form with the date and the signature of the clinician cancelling the form. The rationale for cancelling the form should be documented within the medical records and should state who this has been discussed with. Both copies (where available) should be filed within the main body of the medical records.

APPENDIX 2 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
DNACPR Policy - PAT/EC 2 v.9	Resuscitation Services	Nicola Vickers	Existing policy	February 2016
1) Who is responsible for this policy? People & Organisational Development, Education, Resuscitation Services				
2) Describe the purpose of the service / function / policy / project/ strategy? To prevent inappropriate resuscitation attempts				
3) Are there any associated objectives? This policy reflects national guidelines in decisions relating to cardiopulmonary resuscitation				
4) What factors contribute or detract from achieving intended outcomes?				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact N/A 				
6) Is there any scope for new measures which would promote equality? N/A				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>				
Date for next review: February 2018				
Checked by: Nicola Vickers		Date: February 2016		