

NURSING MANUAL

POLICY: NMC006

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REVIEWED BY: DRC

APPROVED BY: Administrator

CPR - CARDIO-PULMONARY RESUSCITATION

PURPOSE:

To provide life-saving Cardio-Pulmonary Resuscitation (CPR) to residents, visitors, volunteers and/or staff ONLY when appropriate and required.

POLICY:

CPR will be initiated when:

- A resident who has indicated a desire to have resuscitation measures on the Advance Health Directive Form by choosing a number "4" is found to be unresponsive and no pulse or air intake is palpable/visible.
- A visitor, volunteer, or staff member is found to be unresponsive and no pulse or air intake is palpable/visible.

PROCEDURE:

1. When a situation such as the above occurs, the first staff member on site will call for help (via 911 and by alerting the charge nurse) and *then* initiate CPR. 'Ambu Bags' will be kept at the Communication Centre on each Resident Home Area for this purpose ('Ambu Bags' allow for air to be pumped into the lungs of an unconscious person without performing mouth-to-mouth.) There is an Automated
2. External Defibrillator (AED) on the first floor, in the Rose Room, next to the elevator (car 1).
3. Announce a 'Code Blue' three times over the PA system (as per Emergency Color Codes Policy FEE 003) to obtain further staff assistance, if required. All nursing staff (RN and RPN) are to move swiftly to the area of the code as soon as possible (i.e., when it is safe to leave assigned units, and other staff are notified of the need to leave the unit, if they are not already aware.)
4. If/when further staff help arrives, two-person CPR may be commenced until Emergency Medical Services arrive at the home.
5. When possible, one nurse should begin preparing transfer materials (MAR, face sheets, etc.) for EMS when they arrive, and should call the resident's family.
6. All Registered Staff are responsible for maintaining basic CPR skills on an annual basis. Proof of certification will be maintained by DRC.

This policy also appears in Emergency Plans Manual.