

# The puzzle of CPR in senior living



Whether your community is/is not required to provide CPR as a service to residents who wish to receive it, there are many components to consider when developing your response.

Many of us have developed new interests and hobbies in the past year. A colleague recently introduced us to the wonder of wooden jigsaw puzzles, with complex, fascinating pieces, shaped like animals and flowers, that fit together in unexpected ways. We thought we knew (and didn't much enjoy) jigsaw puzzles, until this variation on a familiar theme opened our eyes and took us to the next level. So, too, is it for us in the senior living field. We set up systems to ensure that we are caring for our residents in ways that meet or exceed their expectations and find great benefit in those occasions which cause us to take a fresh look. Today, let's take a new look at CPR.

Depending on location and the level of care that your senior living community provides, you may be required by regulating bodies to provide CPR. While this seems like a straight-forward subject, there are important risk management nuances to consider when reviewing your program. Let's break it down by requirements.

## Your senior living community is:

### 1. Required to provide CPR to residents who wish to receive it

The components of your program are extensive and can present operational challenges. Once you have the basics covered like ensuring adequate staff are certified, that sufficient certified staff are present on all shifts, and the ever-evolving issue of making sure your staff have speedy and reliable methods of determining a residents' code status, look with a critical eye to your transportation program.

### CPR on community provided transportation

Do your drivers know what is expected of them in case of a resident code event in the vehicle? The nuances of your program will depend on your unique operational capabilities and needs. Will you ensure all drivers are CPR certified? Always staff the vehicle with a CPR certified staff person in addition to the driver? Instruct the driver to pull over and call 911? Whichever choices you make, memorialize them in a comprehensive policy and make sure your drivers understand what is expected of them by including this area in routine, documented driver training sessions.

### Code status considerations

In the instance of a code event in a company vehicle, how will staff know a resident passengers' code status? Again, the specifics of how you will handle this will reflect your communities' needs but developing a formalized policy and ensuring all involved staff understand how to proceed will be key. Resist the urge to rely on informal systems. If your staff have been with you for many years and know your residents well—congratulations! Don't be lulled into believing that an informal system which relies on staff memory in the time of an emergency (like a code event!) will be adequate.

### 2. Not required to provide CPR, but chooses to do so

The most common pitfall is best illustrated in the below scenario:

A senior living community not otherwise required to provide CPR decides they will offer this service when they have CPR certified staff on duty. On Monday morning, the nurse is on shift when a full code resident living on the 2nd floor has a code event. Following all applicable workplace policies, the nurse provides CPR and revives the resident. The residents' family and neighbors all hear about the heroic staff success.

The following Monday night, another 2nd floor neighbor who is also a full code has a code event. The nurse has gone home for the day, and staff scramble for several minutes to communicate with one another to determine if any certified staff are on schedule. Finding none they call first responders who arrive several minutes later.

Despite their best efforts, the resident passes away. The residents' daughter doesn't understand why her mom's neighbor promptly received CPR, but her mom did not. She wonders why the community says they provide CPR, when they didn't do so for her mom.

It isn't hard to imagine how challenging these types of conversations can be for providers when resident and family expectations around potential code events go unmet. The fix is simple: if you opt to provide CPR, provide it at all necessary times. This means that CPR certified staff must always be in the building and ready to respond.

### 3. Not required to, and does not provide CPR

Clear communication in matters related to emergency situations like code events is essential in establishing realistic expectations among residents and families. If your policy is to not provide CPR, here are a few risk management tips to consider.

- Work with your attorney in developing a document which explains that, in accordance with regulations, your community does not provide CPR. Discuss the actions which the community will take in the instance of a code event.
- Regularly educate your staff on the policy, and how they should respond to emergency situations. Consider additional training for staff who handle admissions and who will have to explain the policy to potential residents and their families.
- Include the above referenced CPR document in admissions paperwork. Staff should discuss the specifics of your policy in plain, easy to understand language with potential residents and their families.
- After having discussed the policy, new admissions should sign the document to acknowledge receiving and reviewing it.
- Work with your admissions staff in understanding the importance of having the right person sign. Does the resident have capacity to sign for themselves? Does the resident have a guardian or conservator who signs all documents? Who is the correct person to sign this (and other admissions-related) paperwork?

Whether or not your community is required to provide CPR as a service to residents who wish to receive it, there are many important components to consider when developing and reviewing your response. Consider the above risk management tips when trying to fit the intricate pieces of your program together.



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