Iowa Center for Assisted Living

Establishing Cardiopulmonary Resuscitation Policies in Assisted Living Programs

IHCA's Regulatory & Legal Team Work Group

May 2019

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Regulations Regarding CPR in Assisted Living Programs

The issue of resuscitation efforts in long term care profession is one that can be confusing to assisted living tenants and families simply based on incomplete and inaccurate information or false assumptions. Many consumers and families believe that assisted living programs are considered state regulated health care facilities, while in fact they are not treated so in rules.

Medicare/Medicaid certified nursing facilities are mandated to comply with federal regulations that require facilities to provide CPR to any resident that requests this procedure (subject to American Heart Association guidelines which states a provider is not required to initiate resuscitation procedures, where such efforts would be futile if clinical signs of irreversible death are present).

However, since Iowa certified assisted living programs are not subject to these federal requirements, and no state law or rule requires otherwise, ALPs are not required to perform CPR on tenants.

Options for AL Programs

In instances in which an ALP elects to provide CPR, tenants and may be unaware that the resuscitation procedures available by the program are limited to CPR (chest compressions and rescue breathing), and that programs do not have crash carts and rarely have automatic defibrillators.

In addition, research generally shows that CPR is ineffective in the elderly nursing home population. A 2006 research study from the Journal of the American Medical Directors Association (JAMDA) described post-CPR survival rates among nursing home residents ranged from 2 to 11 percent *(Cardiopulmonary Resuscitation (CPR) in Nursing Homes – S&C:14-01-NH [Revised 01.23.15].* See also, *CDC, Out-of-Hospital Cardiac Arrest Surveillance — Cardiac Arrest Registry to Enhance Survival (CARES), United States, October 1, 2005–December 31, 2010 (July 29, 2011)*[1] (showing a survival rate of 3.7% for cardiac arrests occurring in nursing homes and ALPs

A program **must** address this issue as a contractual issue between the ALP and its tenants where the program either (1) agrees to provide resuscitation services, subject to multiple protocols set forth below; **OR** (2) adopts a policy whereby the program agrees to immediately contact 911 emergency services, but staff will not initiate CPR services.

ALP Policy to NOT Provide Resuscitation:

An ALP may adopt a written policy that a program that identifies a tenant in respiratory or cardiac arrest, will NOT initiate CPR procedures, but will instead call 911 and let responding EMTs initiate resuscitation measures.

[1] http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6008a1.htm

If an ALP chooses this policy, it must be clearly identified to all tenants and their families/legal surrogates in writing as part of the Occupancy Agreement upon admission or an Addendum to the Occupancy Agreement post admission.

In addition, if a No-CPR policy is adopted, 30 days advance written notice must be given to tenants, to allow a tenant who disagrees with the policy sufficient time to transfer to another provider that provides resuscitation services.

An Addendum to the ICAL Occupancy Agreement has been prepared to establish a program's NO CPR policy, for use with both current tenants and new tenants. ICAL recommends having all existing tenants execute an Addendum to the Occupancy Agreement which sets forth the program's NO CPR Policy. For current tenants who sign the Addendum, the Program is required to give thirty days' notice to tenants regarding the change in CPR policy. For new tenants, the Addendum should be signed at the same time as the Occupancy Agreement and is effective upon signing the Occupancy Agreement and Addendum. The Addendum is available to all members who have purchased the ICAL Occupancy Agreement. Those who wish to purchase rights to the Agreement should contact IHCA office personnel and an electronic copy will be provided.

ALP Policy to Provide Resuscitation:

Although Iowa law does not require that ALPs provide CPR, interpretation of the rules likely provides that where an ALP agrees to provide resuscitation services, it must have written policies and procedures in place to assure that tenants are provided appropriate services. The policies and procedures must include consideration of all the following:

- Requirement to maintain documentation in each tenant's record of their resuscitation status, including, if issued, a do not resuscitation order executed by the tenant's attending physician;
- If a DNR Order is issued, a written acknowledgment from the tenant or legal surrogate/family representative agreeing to issuance of DNR order;
- Easily accessible documentation available to nursing staff regarding each tenant's resuscitation status;
- Procurement and maintenance of appropriate resuscitation equipment which may include such items as backboards, stethoscopes, bag valve mask (BVM) or barrier mask, suctioning equipment. The program would also be responsible to ensure routine inspection of the equipment to assure it is always present and in working condition.
- Staff training and certification in CPR are major considerations. If the ALP chooses to adopt a policy of conducting CPR, it must assure that staff members are initially trained and re-trained when CPR certification expires. The program must assure that sufficient numbers of CPR-trained staff are scheduled at all times and all shifts to assure that CPR will be provided. When the Iowa Board of Nursing recently revised its rules eliminating CEU credit for CPR, they expressed their expectation that nurses are expected to know how to perform CPR and did not need continuing education credits for keeping up on this basic skill. Nevertheless, it would be prudent for all nurses to be CPR certified, as that is a mechanism to ensure the nurse is knowledgeable about the most current standards which continue to evolve.

- Where ALP program staff transport tenants out of the program for medical appointments or activities, program staff involved in the transport must also be CPR certified and have access to documentation indicating which tenants are full code v. DNR;
- The AHA guidelines, referenced above, provides that CPR need not be initiated in circumstances where an assessment determines that death is irreversible (tenant has signs and/or symptoms of either dependent lividity or rigor mortis). **This determination, however, can only be made by nurse, NOT by unlicensed personnel.** In the circumstance where a nurse has not conducted an assessment, unlicensed nursing staff would be required to conduct CPR in all circumstances, until EMTs arrive and assume reasonability for additional assessments and resuscitation efforts.

Board of Nursing Considerations

An additional potential concern that ICAL has identified relates to potential licensed nurse sanctions from the Iowa Board of Nursing in situations where a nurse, following program policy and procedure, does not initiate CPR procedures where a tenant is found in cardiac or respiratory arrest.

ICAL has reached out to the Iowa Board of Nursing to discuss this issue. An IBON enforcement representative acknowledged that the Board does not have rules specific for CPR for its licensees, and while a program policy not to initiate CPR would make it less likely that the Board would find the nurse responsible if a complaint was made, the Enforcement representative noted that "all licensed nurses have an obligation to refrain from committing an act or omission which may adversely affect the physical or psychosocial welfare of the patient or client as described in Iowa Administrative Code 655-4.6(4)(e). The Board considers each complaint on a case-by-case basis and will consider the all the circumstances when deciding whether a nurse's act or failure to act warrants discipline. While a facility's policy will be one of many factors that the Board would consider in making its disciplinary decisions, a facility's policy alone will not immunize a licensee from discipline."

Just as important, the representative indicated the Board has disciplined licensees who failed to perform CPR in the absence of a DNR order. ICAL will continue to engage the Board on this issue, but it is important that programs factor the Board's position in their decision-making process regarding CPR v. No-CPR policies.