Norfolk Safeguarding Adults Board

What to do if you believe someone may have died: Guidance for staff in care homes and nursing homes

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What to do if you believe someone may have died: Guidance for staff in care homes and nursing homes

It can be very distressing to find someone who may have died, and it can be hard to think clearly about what to do when you might be experiencing shock or stress. This guidance should be kept in an accessible place so it can be accessed quickly and easily when needed.

Establishing resuscitation status: advance planning
ReSPECT, which stands for Recommended Summary Plan for Emergency Care and Treatment is a process used within the Norfolk health and care systems to ensure a person's preferences and clinical recommendations for emergency care are documented and respected.

This process involves creating a plan through conversations between the person and their healthcare professionals about the person's clinical care if they lose capacity to make or express choices. The plan includes recommendations on whether or not cardiopulmonary resuscitation should be attempted if the person's heart or breathing stops.

It is vitally important that everybody who lives in a care provider unit has a ReSPECT conversation and relevant documentation completed, and their resuscitation status assessed when they are admitted to the provider. This means that the person's care team in the provider (including the person themselves and/or their family, depending on whether they have mental capacity to be involved in decision-making), has worked with them to establish their preferences regarding emergency care and whether resuscitation should be attempted if the person has a cardiopulmonary arrest.

The DNACPR element of the ReSPECT form does not necessarily require a doctor's signature to be valid, however it is recommended that a doctor is involved to ensure its validity and acceptance in clinical settings. **'Do not attempt cardiopulmonary resuscitation' (DNACPR)** forms may be issued for a number of reasons, including if someone has a long-term condition or a terminal illness, and would not benefit from CPR if they had a cardiopulmonary arrest.

Respect info for nursing and care staff a4 factsheet 202108.pdf

It is also important that the entire staff group working in the care provider setting knows which residents have DNARs and which do not, so they will know who they should attempt to resuscitate and who they should not.

Frequently asked questions

If I think a person may have died, should I attempt CPR (cardiopulmonary resuscitation)?
You should only attempt resuscitation if you know that the person who may have died does **not** have a DNACPR in place. If the person has a DNACPR in place, and this has been confirmed, you must **not** commence resuscitation, but instead, should call for a manager or a nurse on duty. If you do CPR against someone's wishes (ie if they have a DNACPR), it can be seen as an infringement of the person's wishes and potentially an assault.

If the person does **not** have a DNACPR in place, even if you are not sure if the person has died, you should always attempt to resuscitate them if you can safely do so. No-one should be criticised for trying to resuscitate someone who may have died if they did not have a DNACPR in place.

What if the person has a DNACPR (do not attempt cardiopulmonary resuscitation) in place and I observe them choking?
There are certain conditions that are considered 'treatable or reversible' for example if someone is witnessed choking on food/foreign objects or drowning in the bath. Even if the person has a DNACPR in place, if the condition is 'treatable or reversible', you **should** carry out CPR.

Who should I contact if I think someone may have died?
Care home residents are often suffering from extreme frailty and are at the end of their life. Even if they are not actually dying, their death would not always be unexpected. When a death is expected and a DNACPR is in place, care provider staff should follow their death policy. Deaths can be **verified** by individuals who have been trained to identify that there are no longer signs of life. This could be the resident health care professional, a doctor, nurse or a registered care home manager or their deputy, in a care provider, who has had training to be able to do this. There is no need to call out a doctor or paramedic if someone in the care provider has been trained to identify there are no signs of life and the death was expected. Once the death is **verified** the funeral director can be contacted.

The death must also be **certified,** and this must be done by a doctor who will not necessarily need to visit to do this. If a DNACPR is in place, the GP should be notified by the care provider that their patient has died. The GP then decides if they feel that they have enough information to complete a death certificate or not. This can involve a conversation with the coroner's officer to confirm. The GP will then either complete the death certificate or pass the matter to the coroner to investigate the cause of death.

If the person does not have a DNACPR in place, the organisation to contact if you think someone may have died is the ambulance service, by ringing 999. If you are attempting CPR, shout for help and get someone to ring for an ambulance straight away.

If the death is unexpected, the police must be called.

What if I cause some injury to the person's body by performing CPR?
You should not be criticised for trying to resuscitate the person, even if the process causes an injury, provided they do not have a DNACPR in place.

The person is very cold and not breathing and I think they are dead. Should I still carry out CPR?
Providing the person does not have a DNACPR in place, you should carry out CPR until the paramedics arrive and confirm whether the person is dead. People can appear cold and pale but still have signs of life that are hard to detect, so if there is no DNACPR in place, the paramedics should be contacted, and a suitably trained person must confirm whether they have died or not.

What is the role of the police?
When there is no DNACPR in place, the police act on behalf of the coroner and unless a doctor is able to certify a cause of death, the police need to attend. This would usually be when life has been declared extinct by a paramedic or doctor. The paramedic at the scene will contact the police via 101 and the police will attend and complete a Sudden Death form which is then submitted to the coroner. If anyone has concerns, the person has collapsed or died as a result of suspicious circumstances or an assault, the police should be contacted as soon as possible. It's important to recognise that the police would always expect CPR to come before preserving a potential crime scene.

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