To: All Wales Medical Directors
To: All Wales Nursing Directors
To: Brendon Lloyd, Welsh Ambulance Service

All Wales DNACPR policy during Covid-19 Outbreak

I'm writing to inform you that the All Wales Advance and Future Care Planning Strategy Group met on the 25th March to review issues that have been raised regarding the All Wales DNACPR policy during Covid 19. We are reviewing the policy at present, a process that started before the outbreak began. But focus at our meeting turned to the current crisis, and a requirement for front line staff to have guidance. In particular, there has been significant concern about acute situations that arise in Covid-19, where no prior DNACPR or Advance +Future Care Plan exists.

The group have agreed on an emergency update to the policy:

Addendum to the All Wales DNACPR Policy in the context of the COVID-19 outbreak

This statement constitutes an emergency update regarding the existing All Wales DNACPR Policy during the outbreak.

CPR can work to preserve life while steps are taken to reverse underlying causes of deterioration. It does not work in people with serious illness where those underlying causes cannot successfully be treated.

The current All Wales policy (v.2017) clarifies situations when a DNACPR conversation takes place and is recorded. It is less explicit on situations when there is no existing DNACPR/ACP form and am emergency arises that may have progressed rapidly.

A person with severe COVID-19 infection may deteriorate quickly. For some patients (e.g. see NICE guideline https://www.nice.org.uk/guidance/ng159/chapter/1-Admission-to-hospital) it can be reliably predicted that escalation to intensive care will not help them survive. For these people, there is no prospect that CPR will help. All it can offer in COVID-19 is a bridge to intensive care. For others, it might be known that where the probability of success is quite low, they would not want it. In any case, CPR in COVID-19 infection requires the donning of full PPE including an FFP3 mask and visor, and the time taken to safely apply equipment, would significantly reduce any remaining prospect of success. But to perform CPR without this protection would generate a high risk that the team and any bystanders will become infected, harming other patients, as well as them.

At the earliest opportunity, clinicians should seek to talk with the patient and those close to them about realistic outcomes. They should ensure that if CPR would not work, then a DNACPR decision is reflected on the proper form and that an Advance & Future Care Plan (AFCP, see All Wales Resources), is completed when appropriate.

But the COVID-19 pandemic presents exceptional circumstances. The difficulty foreseeing a patient's illness and the risk of sudden deterioration mean that for some people it will not have been possible to get a decision discussed and signed off by a clinician physically at a patient's bedside, before their heart/breathing stops, even if the patient has previously

expressed that they would refuse any future CPR. As regulators, including the Nursing and Midwifery Council have acknowledged, exceptional circumstances can mean that the usual rules and practices do not work. During the pandemic it may not be possible to discuss decisions and explore views with a patient. Delirium is common in this disease. It may not have been possible to consult family members/proxy (because of isolation and, in times of crisis, extreme pressure of work) as would normally be expected, but attempts to do so should be timed, dated and annotated. It is accepted that even if these things are not possible, CPR should not be done if it would not work, particularly given the harm it would cause.

For patients with severe COVID-19 infection with no treatment options to reverse the disease, or who are known not to want escalation, CPR offers no benefit. In the exceptional circumstances of the current pandemic, clinicians of all professions may try to secure a doctor's decision not to attempt CPR. But we must recognise that this may not be possible. **Such clinicians, at the coalface of clinical decision making, should not perform CPR that will not work, and that will cause harm to the patient, resuscitators and bystanders, even if no DNACPR decision has been recorded in advance. They should be supported in deciding not to do so. Such a decision should be rapidly discussed with fellow attendees at the scene of an acute deterioration where there is no DNACPR or ACP in place, agreed and recorded very clearly in contemporaneous notes**. An informed and balanced decision to withhold CPR, as has been made abundantly clear in our All Wales DNACPR Policy, does not preclude the individual from other forms of treatment if they are needed, or from maximum comfort measures and dedicated care that places dignity as a top priority, and these should be continued in all circumstances.

I have shared this with Chris Jones, DCMO, who is in agreement with this text.

We plan to publish this text on the All Wales DNACPR policy site, but in order for this to be disseminated, I would be grateful if you can share with your usual channels.

Yours faithfully,

Dr Mark Taubert, Chair, All Wales AFCP Strategy Group
Dr Idris Baker, Clinical Lead, End of Life Care Implementation Board

Cc Chris Jones DCMO, Welsh Government