

111

CPR POLICY AND PRACTICE IN AUSTRALIAN RESIDENTIAL AGED CARE FACILITIES (RACFS)

M Sellars,¹ W Silvester,¹ R Fullam,¹ R Sjanta,¹ L Jackson,¹ D Mawren,¹ R Mountjoy¹ ¹*Respecting Patient Choices, Austin Health, Melbourne*

10.1136/bmjspcare-2013-000491.111

Background International literature suggests current Cardiopulmonary Resuscitation (CPR) policy and practice is highly variable and often ad-hoc in aged

care settings. At present, there is no comparable published research on CPR policy and practice in Australian RACFs.

Aim To conduct a national survey on staff knowledge and attitudes, and policies and practices regarding CPR in Australian RACFs.

Methods An online survey was distributed to Australian RACF managers to examine the above.

Results Of 541 RACF managers, only 19% agreed that CPR should be initiated in a witnessed cardiac arrest yet 83% reported that their facility would provide CPR. However, no CPR was administered in 75% of the facilities in the last 12 months and only once in 15%. Only 63% of facilities had a CPR policy and, of these 44% believe that the policy is inadequate. 98% agreed that it is important to discuss resuscitation status with the resident or family, 96% agreed that a resident CPR plan would help to reduce staff uncertainty and 82% supported the introduction of government CPR guidelines. 75% of respondents believed that survival rate of CPR in RACFs is <10% and 35% (correctly) that survival is <2%.

Discussion CPR policy and practice is highly variable between RACFs in Australia, is inconsistent with the recognised outcomes and does not always reflect managerial attitudes and beliefs regarding CPR.

Conclusion The development of a national CPR guideline in Australian RACFs, and provision of education, will assist services in providing consistent and appropriate CPR practices to residents.