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.