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**ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

**BOARD POLICY**

Date Issued **7/20**

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I. **APPLICATION:**

- SCCCMHA Board
- SCCCMHA Providers & Subcontractors
- Direct-Operated Programs
- Community Agency ~~Contractors~~Programs
- Residential Programs
- Specialized Foster Care

II. **POLICY STATEMENT:**

It shall be the policy of the St. Clair County Community Mental Health Authority (SCCCMHA) to provide a guideline for direct-operated staff members and contract provider agencies who under certain circumstances may accommodate an adult recipient's decision to receive and/or not receive cardiopulmonary resuscitation at a location outside of a hospital.

III. **DEFINITIONS:**

- A. **Adult Foster Care Facility:** Includes licensed facilities and foster care family homes for adults who are aged, mentally ill, intellectually/developmentally disabled, or physically disabled who require supervision on an ongoing basis, but who do not require continuous nursing care.
- B. **Declarant:** Means an individual who has executed a Do-Not-Resuscitate Order on his or her own behalf or on whose behalf a Do-Not-Resuscitate Order has been executed.
- C. **Do-Not-Resuscitate Order (DNR):** Means a properly (legally) executed document directing that, in the event an individual suffers cessation of both spontaneous respiration and circulation in a setting outside of a hospital, resuscitation will not be initiated.
- D. **Durable Power of Attorney for Healthcare or Mental Health Care:** Is the means by which a competent individual (person 18 years or older and of sound mind) can, in advance, designate how that individual wants health care decisions made when he/she is unable to participate in medical treatment decisions or is terminally ill. It is intended to ensure the individual's desire to accept or refuse health care or mental health care is honored when the individual is unable to participate in medical treatment decisions.
- E. **Guardian:** Is a person who has qualified as a guardian of a minor or a legally incapacitated individual under a parental or spousal nomination or a court appointment. For purposes of this

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policy, guardian means the Court has granted full guardianship or limited guardianship that specifically includes the ability of the guardian to make medical decisions for his/her ward.

- F. **Health Professional:** Is defined as a/an paramedic, emergency medical technician, emergency medical technician specialist, ~~a~~-physician, ~~a~~-nurse, ~~a~~-medical first responder, ~~a~~-respiratory therapist, or ~~a~~-physician's assistant.
- G. **Incapacitated Individual:** Means an individual who is impaired by reason of mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, not including minority, to the extent of lacking sufficient understanding or capacity to make or communicate informed decisions.
- H. **Licensed Hospice Program:** Means a health care program that provides a coordinated set of services rendered at home or in outpatient or institutional settings for individuals suffering from a disease or condition with a terminal prognosis.
- I. **Partial Guardian:** Means a guardian for an intellectually/developmentally disabled individual who possesses fewer than all of the legal rights and powers of a plenary guardian, and whose rights, powers, and duties have been specifically enumerated by court order.
- J. **Patient Advocate:** Means an individual designated to ~~make medical treatment decisions for a patient, exercise powers concerning another individual's care, custody, and medical or mental health treatment decisions or authorized to make an anatomical gift on behalf of another individual.~~ The inability of an individual to participate in medical treatment decisions must be determined by an attending physician and another physician, after an examination, in writing, and included as part of the individual's file. While an individual is unable to participate in medical treatment decisions, a physician may obtain informed consent from the individual's Patient Advocate.
- K. **Plenary Guardian:** Means a guardian for an intellectually/developmentally disabled individual who possesses the legal rights and powers of a full guardian of the individual, of the individual's estate, or both.
- L. **Recipient:** Means an individual who receives mental health services, ~~either in person or through telemedicine,~~ from the Department ~~of Health and Human Services,~~ a community mental health services program, or a facility or from a provider that is under contract with the Department ~~of Health and Human Services~~ or a community mental health services program.
- M. **Resident:** Means an individual who receives services in a facility.
- N. **Vital Sign:** Means a pulse or evidence of respiration.
- O. **Ward:** Means an individual for whom a guardian has been appointed.

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IV. STANDARDS:

- A. An individual who is 18 years of age or older and, of sound mind, may execute a Do-Not-Resuscitate Order on his or her own behalf. A Patient Advocate of an individual who is 18 years of age or older may execute a Do-Not-Resuscitate Order on behalf of an individual if given the authority in the individual's Patient Advocate designation documents. A guardian with the power to execute a Do-Not-Resuscitate Order, may execute a Do-Not-Resuscitate Order on behalf of their ward after complying with the stipulations in Standard B. For the purposes of this policy, a partial guardianship arrangement or plenary guardianship arrangement for an individual with an intellectual/developmental disability must include a special designation by the Court prior to the partial guardian's or plenary guardian's execution of a Do-Not-Resuscitate Order for their ward.
- B. If an individual has a guardian, and a guardian has been granted the power to make medical and other professional healthcare decisions for their ward, to include the power to execute, reaffirm, and/or revoke a Do-Not-Resuscitate Order, the guardian shall complete the following:
1. Consent to medical or other professional care, counsel, treatment, or service. The power of a guardian to execute a Do-Not-Resuscitate Order does not affect or limit the power of a guardian to consent to a physician's order to withhold resuscitative measures in a hospital.
  2. If desired, eExecute, reaffirm, and revoke a Do-Not-Resuscitate Order on behalf of a ward, if authorized by court order to do so, subject to the following:
    - a. A guardian shall not execute a Do-Not-Resuscitate Order unless the guardian does all of the following:
      - (1) Not more than 14 days before executing the Do-Not-Resuscitate Order, the guardian visits the ward and, if meaningful communication is possible, consults with the ward about executing the Do-Not-Resuscitate Order.
      - (2) The guardian consults directly with the ward's attending physician as to the specific medical indications that warrant the Do-Not-Resuscitate Order.
    - b. If a guardian executes a Do-Not-Resuscitate Order, not less than annually after the Do-Not-Resuscitate Order is first executed, the guardian shall do all of the following:
      - (1) Visit the ward and, if meaningful communication is possible, consult with the ward about reaffirming the Do-Not-Resuscitate Order.
      - (2) Consult directly with the ward's attending physician as to the specific medical indications that may warrant reaffirming the Do-Not-Resuscitate Order.
- C. In those situations where an individual has a properly executed a Do-Not-Resuscitate Order and if the individual is enrolled in a licensed hospice program, an Adult Foster Care facility can contact the licensed hospice program, and honor the DNR Order, on the direction of the licensed hospice

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program, if the individual suffers cessation of both spontaneous respiration and circulation (breathing and heart stops).

- D. The execution of a Do-Not-Resuscitate Order and/or assignment of a Patient Advocate can be challenged in the courts if an interested party believes the individual is not competent and of sound mind, did not voluntarily execute the Order, or if the Order was issued by a guardian who does not have the authority to execute a Do-Not-Resuscitate Order on behalf of their ward, and/or the Order is contrary to the wishes or best interests of the ward.
- E. The Do-Not-Resuscitate Order must be on an appropriate form, and properly executed, meaning all necessary signatures, including attestation of witnesses, are present.
- F. A declarant, ~~or~~ Patient Advocate, or guardian who executes a Do-Not-Resuscitate Order shall maintain possession of the Order and shall have the Order accessible within the declarant's/ward's place of residence or other setting outside of a hospital, or, if applicable, provides a copy of the order to the administrator of a facility in which the ward is a resident.

V. PROCEDURES:

A. General

**Primary Case Holder**

1. Ensures all support staff are informed that a recipient designated a Patient Advocate, and ensures the name of the Patient Advocate is incorporated into the recipient's Individual Plan of Services (IPOS).
2. Ensures copies of a recipient's Durable Power of Attorney for Healthcare, Do-Not-Resuscitate Order, and/or Court Order granting a partial guardian or plenary guardian the authority to execute a Do-Not-Resuscitate Order are scanned into the recipient's electronic health record, if applicable. Please note: Do-Not-Resuscitate Orders are scanned into the Legal/Consents Section of the electronic health record, and are listed under the Advance Directives link.
3. Ensures a recipient/recipient's guardian understands that even with a properly executed Do-Not-Resuscitate Order, immediate first aid, including Cardiopulmonary Resuscitation (CPR), or other emergency assistance will be administered/completed by direct-operated or contract provider staff, until such time as a health professional determines the absence of vital signs.

**Support Staff**

4. Calls 911 immediately when a recipient's breathing and/or heart stops, and administers immediate first aid, including CPR or other emergency assistance, until a health professional arrives and takes over, or

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5. Calls 911 immediately when a recipient's breathing and/or heart stops, and does not administer immediate first aid if there is a written order by a physician on-file in the facility/program that directs staff to not perform medical treatment on a recipient, such as to not administer CPR, and awaits direction from 911.
  - a. This order would be uncommon, such as, if administering CPR would be just as lethal as not administering CPR.
6. Provides a health professional with a copy of the declarant's/recipient's Do-Not-Resuscitate Order upon their arrival to a location outside of a hospital.

#### Health Professional

7. Examines a declarant/recipient to determine if a declarant/recipient has one or more vital signs.
8. Reviews a declarant's/recipient's properly executed Do-Not-Resuscitate Order.
9. Determines if a declarant/recipient has vital signs, and whether a declarant/recipient is wearing a Do-Not-Resuscitate identification bracelet or has actual notice of a valid Do-Not-Resuscitate Order. If vital signs are absent, and if a declarant/recipient is wearing a Do-Not-Resuscitate identification bracelet or has a valid Do-Not-Resuscitate Order, the health professional shall not attempt to resuscitate a declarant/recipient in accordance with the Michigan Do-Not-Resuscitate Procedure Act.

#### Support Staff

10. Documents the decision/directive of 911 or a health professional in the recipient's record.

### B. Adult Foster Care Facility

#### Primary Case Holder

1. Ensures copies of a resident's Durable Power of Attorney for Healthcare, Do-Not-Resuscitate Order, and/or Court Order granting a partial guardian or plenary guardian the authority to execute a Do-Not-Resuscitate Order are scanned into the recipient's electronic health record, if applicable. Please note: Do-Not-Resuscitate Orders are scanned into the Legal/Consents Section of the electronic health record, and are listed under the Advance Directives link.
2. Ensures a copy of the resident's Do-Not-Resuscitate Order is provided to the Specialized Residential Facility Supervisor/Licensee along with a copy of the Court Order granting the partial guardian or plenary guardian the authority to execute a Do-Not-Resuscitate Order for an individual with an intellectual/developmental disability, if applicable.

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#### **Specialized Residential Facility Supervisor/Licensee**

3. Ensures copies of the resident's Durable Power of Attorney for Healthcare form, Do-Not-Resuscitate Order, and/or Court Order granting a partial guardian or plenary guardian the authority to execute a Do-Not-Resuscitate Order are maintained in the facility.
4. Ensures all Do-Not-Resuscitate Orders, and, if applicable, Court Orders granting a partial guardian or plenary guardian the authority to execute a Do-Not-Resuscitate Order are maintained in a colored sleeve in the resident's binder, and that the binder is accessible to staff 24-hours a day/7 days a week.
5. Ensures all staff know where Do-Not-Resuscitate Orders and accompanying Court Orders are stored, as these Orders must be shown to a Health Professional (see Definitions) upon their arrival to the facility/location where a resident requires the assistance of a health professional.

#### **Specialized Residential Facility Support Staff**

6. Calls 911 or a licensed hospice program, if the resident is enrolled with a licensed hospice program, immediately when a resident's breathing and/or heart stops, and administers immediate first aid, including CPR, or other emergency assistance until directed to discontinue resuscitative measures by 911, the licensed hospice program, or until a health professional arrives and takes over, or
7. Calls 911 immediately when a resident's breathing and/or heart stops, and does not administer immediate first aid if there is a written order by a physician on-file in the facility which directs staff to not perform medical treatment on a resident, such as to not administer CPR, and awaits direction from 911.
  - a. This order would be uncommon, such as, if administering CPR would be just as lethal as not administering CPR.
8. Provides a health professional with a copy of a declarant's/recipient's Do-Not-Resuscitate Order, and, if the individual has an intellectual/developmental disability, Court Order granting a partial guardian or plenary guardian the authority to execute a Do-Not-Resuscitate Order.

#### **Health Professional**

9. Examines a declarant/resident to determine if a declarant/resident has one or more vital signs.
10. Reviews the declarant's/resident's properly executed Do-Not-Resuscitate Order, and, if the individual has an intellectual/developmental disability, Court Order granting a partial guardian or plenary guardian the authority to execute a Do-Not-Resuscitate Order.
11. Determines if a declarant/resident has vital signs, and whether a declarant/recipient is wearing a Do-Not-Resuscitate identification bracelet or has actual notice of a valid Do-Not-Resuscitate

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Order. If vital signs are absent, and if a declarant/resident is wearing a Do-Not-Resuscitate identification bracelet or has a valid Do-Not-Resuscitate Order, the health professional shall not attempt to resuscitate a declarant/resident in accordance with the Michigan Do-Not-Resuscitate Procedure Act.

#### **Specialized Residential Facility Support Staff**

12. Documents the decision/directive of 911, the licensed hospice program, or a health professional in the resident's record.

#### VI. REFERENCES:

- A. Michigan Do-Not-Resuscitate Procedure Act, Act 193 of 1996, as amended
- B. Estates and Protected Individuals Code, Act 386 of 1998, as amended
- C. Code of Federal Regulations, Section 422.128
- D. Mental Health Code, Public Act 258 of 1974, as amended
- E. Public Health Code, Public Act 368 of 1978, Section 333.20106(4)

#### VII. EXHIBITS:

None Available

#### VIII. REVISION HISTORY:

Dates issued 04/93; 07/94; 04/95; 03/98; 02/00; 02/02; 02/04; 02/06; 04/08; 06/10; 09/12; 02/14; 01/15; 03/16; 03/17; 03/18; 11/18; 03/19; 05/19; 7/20.