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Nearly all staff at Emeritus at Liberal Springs are certified to perform CPR if needed to help residents. L&T photo/Larry Phillips

By RACHEL COLEMAN • Leader & Times Talk has buzzed nationwide about the death of an 87-year-old California woman who died at her assisted living center last week while a 911 dispatcher pleaded with a caregiver at the center to provide CPR until the ambulance arrived. People in Liberal who find the story unsettling should remember two important facts: the story from Bakersfield, Calif., is not as bad as it initially sounded, and even if it was, the event won't be replicated here.

“That’s just nuts. That’s crazy. I can’t imagine an institution having a policy that ‘we’re not going to do basic life support until help arrives,’” said Seward County Emergency Medical Services director John Ralston. “Legally, we are always going to err on the side of (providing) care.”

Lu Volden, resident care director of Emeritus/Liberal Springs, an assisted living facility in Liberal, agreed. The policy at her facility supports a default setting of more care, not less.

“All of our direct care people, the CNAs and the CMAs, are certified to perform CPR,” she said. “We’re actually working on getting every employee certified.”

The local response should be reassuring to local people unsettled by the highly-publicized news from California.

Early reports of the death of Lorraine Bayless, 87, aired on FOX news and various Internet

outlets, featured by a recording of the exasperated 911 dispatcher who tried to persuade the caller from Glenwood Gardens, an assisted living facility where Bayless lived, to perform CPR.

“Yeah we can’t do CPR,” the 911 transcript reports the nurse saying.

“Then hand the phone to the passerby. Anybody there can do CPR, give them the phone please,” the dispatcher replied.

The caller then said, apparently to another person in the room, “She (the dispatcher) is yelling at me and saying that we have to have one of our other residents perform CPR, and she’ll instruct, and I am not gonna do that.”

Bayless died. Authorities said later that the cause of death was a stroke, not a heart attack, that CPR would not have made a difference, and that no charges will be filed in the case because no laws were broken.

A few days later, the family of Bayless released a statement to the Associated Press.

“It was our beloved mother and grandmother’s wish to die naturally and without any kind of life-prolonging intervention. We understand that the 911 tape of this event has caused concern, but our family knows that mom had full knowledge of the limitations of Glenwood Gardens and is at peace,” her family said in its statement.

Even with its apparently lawsuit-free ending, the story raises important end-of-life issues, Ralston said. Individuals and families tend to avoid conversations about what kinds of emergency care might be offered, and whether or not a person wants that level of intervention.

“People have the right to either accept or deny care once (EMS) arrives on the scene,” he said. “If they are awake and talking, we can’t force them to come in the ambulance, but if they’re unconscious, in cardiac arrest or not breathing, the situation assumes they have given informed consent. You do everything you can to save them.”

Ralston said tricky situations arise when a person does not want certain types of care.

“They might have advance directives — what we used to call a DNR or ‘Do Not Resuscitate’ form — and they’ve already made decisions about whether or not they want a ventilator, or CPR,” he said. In such cases, EMS workers are still going to try to provide care “until we have a legal document that clearly states we can’t continue.”

Such orders must be updated annually, Ralston said, “or else we’re caught in a window where we are required to continue with lifesaving efforts, even if a person said 18 months ago that they didn’t want to be resuscitated.”

Assisted living facilities aim to help residents live with the greatest level of independence possible, Volden said, so staff workers are not highly involved with individual health care decision-making.

“We’re not like nursing homes,” she said. “Some people live in their apartments and don’t want or need us to do much for them. Then we have some who need a little help with bathing or personal care, or some housekeeping, and of course we are making sure they get meals.”

If emergency situations arise, Volden pointed out, Emeritus’ location, just a block down 15th Street from Southwest Medical Center, is a real advantage.

“It’s great,” she said. “We’ve had to call 911 for people when they’ve had a fall — so far, not because of heart problems or those kinds of things — and they get here fast, and the people get what they need. We’re very blessed.”

Situations that occur at a greater distance, or that require immediate care, will always raise the issue of what bystanders can, and should do to help save lives, Ralston noted.

“If you’re walking down the street and someone falls down and goes into cardiac arrest, there’s no legal obligation for you to step in,” he said. “Now, there’s a moral obligation. When we’re dealing with people who work with others, like in an assisted living home or a care agency, it becomes a little higher obligation, and that’s probably why they sometimes decide, ‘Hey, we’ll train everyone.’”

Locally, Ralston has seen the benefits of such broad-brush training and certification. He routinely trains employees at the Seward County Health Department. He also approves of the installation of portable defibrillator machines, which can help “jump start” the heart of a person experiencing cardiac arrest.

“Those are becoming more common, and they’re encouraged in public places even if they are not required,” he said. Several schools in USD 480 have added AED machines to the “emergency toolbox” basics of fire alarms, lighting and extinguishers.

“There was an incident a couple years ago where one of the refs went down with a heart attack right in the middle of a game at a local school,” Ralston recalled. “People were there who knew CPR, they also had that defibrillator available to get things going, the first responders arrived, and the guy was waving at the crowd when they carried him out.”

Whether in the senior care setting or in the public arena, people who need emergency care are likely to get what they need in Liberal, Ralston said.

“I always say, it’s better to do what you can than to do nothing because you don’t want to cause harm. The chance of a person surviving a heart attack if you do nothing is zero percent. You can’t make zero percent any worse. Doing something is better than doing nothing,” he said. “I can’t say something like that would never happen in Liberal, but people here generally want to help.”

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