
**VERIFICATION OF EXPECTED DEATH OF ADULTS
BY REGISTERED NURSES POLICY**

Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.

Purpose of Agreement	This policy provides a framework for the verification of an inevitable and expected death by a competent Registered Nurse within Solent NHS Trust
Document Type	Policy
Reference Number	Solent NHST/Policy/CLS10
Version	Version 3
Name of Approving Committees/Groups	Policy Steering Group, Solent Assurance Committee
Operational Date	April 2016
Document Review Date	April 2019
Document Sponsor	Chief Nurse
Document Manager	Quality and Training Lead, Adults Southampton
Document developed in consultation with	Original policy: Modern Matrons, Associate MacMillan Nurse Specialist, Clinical Manager, Version 3: Community Matron, Palliative Care Governance Lead, Southampton Services Manager, Portsmouth Modern Matron, Portsmouth
Intranet Location	Business Zone / Policies, SOPs and Clinical Guidelines
Website Location	Publication Scheme / Policies and Procedures

Amendments Log:

Amend No	Issued	Page	Subject	Action Date
1a	Apr 16	3	Addition of executive summary	Apr 16
1b	Apr 16	5	Clarification of 1.3.5	Apr 16
1c	Apr 16	6	Addition of 2.3 , 4.3, 4.4, 4.5 and 4.6	Apr 16
1d	Apr 16	7	Change to 5.3, minor re-wording	Apr 16
1e	Apr 16	8, 9	6.3 change to appendices numbering, minor re-wording	Apr 16
1f	Apr 16	Appendix 1	Addition of appendix	Apr 16
1g	Apr 16	Appendices 4 and 5	Addition of NMC number	Apr 16

Review Log:

Version Number	Review date	Lead name	Ratification process	Notes
2	Sept 2012	Sarah Osborne	Verification of Death Working Party Governance groups Policy Group	Revised version of existing Portsmouth Policy
3	April 2016	Sarah Osborne	Reviewed by staff in Southampton and Portsmouth	Updated version

Verification of Death Policy
Executive Summary

- This policy outlines the requirements for registered Nurses to be able to verify a Patients' death
- A death can only be verified by a Registered Nurse if:
 - The death is expected, has been recorded as such by a Medical practitioner in the patient's records and there is a valid Do Not Attempt Cardiopulmonary Resuscitation order in place
 - There is a registered Nurse available who has been deemed competent to undertake verification
 - The patient is known to the Nursing Team
 - There are no legal reasons why verification cannot take place
- Verification must follow the process outlined in this policy to ensure that life is extinct
- Verification must be recorded using the form included in this policy
- Following verification, the registered Nurse must ensure that appropriate care after death is carried out, any relatives/next of kin are informed and the patients' medical practitioner or out of hours doctor is informed

Verification of Expected Death CONTENTS

1. INTRODUCTION AND PURPOSES	- 5
2. SCOPE	- 5
3. DEFINITIONS	- 6
4. EXCLUDED ISSUES	- 6
5. ROLES & RESPONSIBILITIES	- 6
6. THE PROCESS	- 6
7. EDUCATION AND TRAINING	- 9
8. EQUALITY IMPACT ASSESSMENT	- 9
9. SUCCESS CRITERIA	- 9
10. REVIEW	- 10
11. LINKS TO OTHER DOCUMENTS	- 10
12. REFERENCES	- 10

Appendices

Appendix 1	Reportable deaths
Appendix 2	Verification of Expected Death Recording Form
Appendix 3	Syringe Driver Removal Form
Appendix 4	Competency Form
Appendix 5	Competency Worksheet
Appendix 6	Competency Notes
Appendix 7	Equality Impact Assessment
Appendix 8	Audit tool

Verification of Expected Death

1. INTRODUCTION & PURPOSE

1.1 For nursing teams who provide care to adult patients at the end of their life, being able to verify an expected death will allow them to provide appropriate after care to relatives and carers and continuity at a time of stress and anxiety.

1.2 The expected outcomes of this policy are:

- The death of the patient is dealt with in a timely, sensitive and caring manner, respecting the dignity of the patient and their relatives and carers
- The death of the patient is dealt with in accordance with the law
- There is appropriate use of Registered Nurses skills and competencies
- Reduction in delays following a patient's death
- Prevention of unnecessary emergency ambulance or Out of Hours GP call outs

1.3 Legal position:

1.3.1 Certification of death is the process of completing the "Medical Certification of Cause of Death" which must be completed by a Medical practitioner who has attended the deceased during the last illness

1.3.2 Confirmation or verification of the fact of death does not require a medically registered practitioner

1.3.3 The certificate details cause of death should be issued within 24 hours or the next working day following the death

1.3.4 The medical practitioner does not have to view the body of the deceased person prior to issuing the certificate and does not have to report the death if it is an expected death, unless it is reportable (see Appendix 1)

1.3.5 Certain reportable deaths may still be verified by a non-medical practitioner including deaths due to Industrial disease, related to a patient's employment or following a surgical procedure or significant injury in the previous 12 months. It is recommended however, that in such cases verification is discussed with the patients' medical practitioner and the results of that discussion recorded in the patient record

2. SCOPE

2.1 This document applies to all directly and indirectly employed staff within Solent NHS Trust and other persons working within the organisation in line with Solent NHS Trust's Equal Opportunities document

2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards

demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff

2.3 This policy relates to verification of death for adult patients over the age of 18 only

3. DEFINITIONS

3.1 **An expected death** is “a death where a patient’s demise is anticipated in the near future and the doctor will be able to issue a medical certificate as to the cause of death (i.e. the doctor has seen the patient within the last 14 days before death)” (*Home Office 1971*)

3.2 **Inevitable expected death** is “a death following on from a period of illness that has been identified as terminal and where no active intervention to prolong life is ongoing. The patients GP/Doctor will have been attending regularly to provide medical support”

3.3 **Verification of death** is the procedure of determining whether a patient has died. All deaths should be subject to professional verification (*Secretary of State for the Home Department, 2003*). It is separate to the certification process and can be performed by either a medical practitioner or other suitably qualified professional

3.4 **Certification of death** is the process of completing the Medical Certificate of cause of death and can only be carried out by a medical practitioner according to rules defined by the *Births and Death Registration Act 1953*

3.5 **Confirmation of death** - for the purposes of this document, the term Verification of death is used, and this is interchangeable with the term Confirmation of death

4. EXCLUDED ISSUES

4.1 Any death which is not expected or which raises concerns

4.2 Any death where the medical practitioner has not attended the patient during their last period of illness within the last 14 days, and has not formally identified a patient as expected to die

4.3 The patient is not known to the nursing team being asked to verify death

4.4 An expected death where death has occurred in an unexpected manner or the circumstances provide a cause for concern

4.5 As this policy refers to expected deaths only, it is not expected that any death verified by nurses will require a mortality review

4.6 This policy does not require a change in the reporting of deaths process on SystemOne

5. ROLES & RESPONSIBILITIES

5.1 Medical responsibilities:

- The patient’s GP or doctor will formally identify patients whose death is expected and record this in the patient record. The doctor will communicate with the nursing staff regarding those patients identified as an expected death

and confirm whether s/he has agreed to allow the nursing team to confirm death.

- Will discuss verification of death, and consider the views, if appropriate, of the patient, relatives and nursing staff responsible for the patient
- The decision that death is expected will be documented in the medical and nursing clinical notes and there is a valid Do Not Attempt Cardiopulmonary Resuscitation order in place
- Will ensure they have visited the patient within 14 days of the expected death
- The doctor of the deceased patient will complete the death certificate at the first reasonable opportunity in readiness for collection by relatives. Exceptions to this will occur when an expected death must be reported to the Coroner e. g. death due to asbestos related disease. In such cases, the medical practitioner will inform the Coroner

5.2 Nursing Responsibilities:

- Nurses will acknowledge the limits of their professional competence and only undertake practice and accept responsibilities for those activities in which they are competent and act according to the Nursing and Midwifery Council Code (NMC 2015)
- All registered nurses confirming death should be aware of the legal issues and accountability that relate to this extended scope of professional practice (Royal College of Nursing 2004, National End of Life Care Programme, 2011). Training to achieve these competencies will be provided by the Trust.
- This document containing the Guidelines and Procedure for Confirmation of Death by Registered Nurses will be available on the Trust Intranet and in clinical areas. All new staff should be made aware of this procedure during induction into the workplace and will receive appropriate training if required to confirm death within their role
- A member of the primary care/nursing team should always be prepared to speak to relatives when they collect the certificate

5.3 Nurses' Line Manager Responsibilities:

- Appropriate staff to undertake this extended role will be identified by their line manager, who will ensure the nurse is aware of the role requirements and is likely to be able to meet them, following training

6. THE PROCESS

6.1 The nurse should:

- Ensure the patient's records reflect that the death is expected
- Note the exact time of death or the time that the patient was found, and who found the patient
- Check for clinical signs of death, using a stethoscope and penlight or ophthalmoscope

- Confirm and document cessation of circulatory and respiratory systems and cerebral function. These should be checked for a minimum of one minute and then a second check for a minimum of one minute after five minutes have elapsed

6.2 The following are the recognised clinical signs used when verifying death:

Cessation of circulatory system

- No carotid pulse
- No heart sounds – verified by listening with a stethoscope for a minimum of 1 minute, repeated after 5 minutes

Cessation of respiratory systems

- No respiratory effort.
- No chest sounds – verified by listening for a minimum of 1 minute, repeated after 5 minutes

Cessation of cerebral function

- Pupils fixed and dilated.
- Pupils not reacting to light.
- No eye movements.

If the results are inconclusive, contact the patients GP or Doctor for Verification.

6.3 Following verification of death

- The nurse must record in the patients' records:
 - The date of death
 - The time of death or time the patient was found
 - Identity of any person present at the death or, if the deceased was alone, the person who found the body.
 - Time of verification
 - Place of death
 - Clinical signs of death
 - Name of doctor informed and the time and date this took place
 - Confirmation of the identification of the deceased person using the term "identified to me as..."
- A form for recording is included as Appendix 2
- The record of the nurse's visit should be formally communicated to the patient's GP as soon as possible, to the surgery during normal working hours and to the Out of Hours Service at other times, who should notify the GP by Fax the next working day. It is recommended that the verifying nurse checks that the GP has been made aware at the first available opportunity
- The nurse should advise the deceased's relatives that, except in exceptional circumstances, the patient's own doctor will issue a medical certificate of the cause of death within 24 hours of the patient's death, except at weekends and bank holidays when the certificate should be produced on the next working day

- Parenteral drug administration equipment or any life prolonging equipment should not be removed prior to confirmation of death, but may be removed after verification except in the case of deaths reported to the coroner (see appendix 1). A form for confirmation of removal of syringe driver medication is included as Appendix 3. Batteries may be removed from electronic equipment in all cases
- Advise relative or next of kin that the patient has died and give information regarding what to do after death.

6.4 Organ donation

- The NHS Blood and Transplant service has a 24 hour national helpline available for advice on 0300 123 23 23 or via www.nhsbt.nhs.uk
- When a person dies at home, tissue donation may be able to be made depending on diagnosis and cause of death but it is not possible to donate organs. This will have been pre-arranged and documented in the patient's record
- Tissue including corneas, skin and bone can be made by a patient of any age, within 24 hours of death, donation of heart valves, by patients up to age 60, can be made within 48 hours of death

7. EDUCATION AND TRAINING

7.1 Training will focus on the following areas:

- Legal aspects
- Skills of verifying death
- Application of the policy
- Meeting the needs of relatives and carers

7.2 Training will be given to those staff identified as appropriate by their line manager

7.3 Training will comprise a 2 hour session comprising theoretical input followed by an observation assessment of competency in the classroom setting

7.4 A copy of the competency framework is included as appendix 4, the competency worksheet as appendix 5 and the worksheet notes as appendix 6

7.4 Update sessions will be run if staff identify to their line manager that their competencies have not been maintained by undertaking the procedures contained in this document

7.5 Solent NHS Trust recognises the importance of appropriate training for staff. For training requirements and refresher frequencies in relation to this policy, please refer to the Training Needs Analysis on the intranet

8. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

8.1 As part of the development of this Policy, an Equality Impact assessment was completed. A copy of this assessment is attached as Appendix 7. The result of this assessment was "no negative impact"

9. SUCESS CRITERIA/MONITORING EFFECTIVENESS

9.1 There is a suggested audit form which services who adopt this policy may wish to use as appendix 8

9.2 Any non-compliance with this policy must be reported using the non-compliance form found in the Policy on Procedural Documents Policy on the intranet

10 REVIEW

10.1 This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 yearly unless organisational changes, legislation, guidance or non-compliance prompt an earlier review

11. LINKS TO OTHER DOCUMENTS

11.1 This policy links to:

- Deprivation of Liberty Standards and Mental Capacity Policy
- Unified Do Not Attempt CPR Policy
- Management of Resuscitation Policy
- Information Governance Policy
- Advanced Decision to Refuse Treatment Policy

12. REFERENCES

Academy of Medical Royal Colleges 2008, *Associated code of practice for diagnosis and confirmation of death*

British Medical Association, April 1999 *Confirmation and Certification of Death*

Home Office 2001, *Report of the Home Office Review of Death Certification, Executive Summary and Recommendations*

JRCALC March 2003. *Recognition of Life Extinct (ROLE) by Ambulance Staff*. The Joint Royal Colleges Ambulance Liaison Committee (JRCALC)

Milton Keynes End of Life Care Team, 2011 *Verification of death by Registered Nurses*

National End of Life Programme and National Nurse Consultant Group (Palliative Care), 2011, *Guidance for staff responsible for care after death*

NMC 2000, NMC Advice, *Confirmation of Death*

NMC 2015 *The Code: Standards of practice and behaviour for Nurses and Midwives*

North Somerset Community Trust, Feb 2010 *Verification of death by Registered Nurses*

RCN 2004, *Confirmation (verification) of Expected Deaths by Registered Nurses*, Royal College of Nursing available at RCN Direct online

The Shipman Enquiry, 2003, Third Report – *Death Certification and the Investigation of Deaths by Coroners*.

With thanks to The Rowans Hospice for the use of some of their documentation, Lisa Barton, End of Life Co-ordinator and Milton Keynes Community Health Services, and North Somerset NHS Trust.

Reportable Deaths

Deaths must be reported to the Coroner by the Medical Practitioner or the Police in the following circumstances (NB only relevant circumstances are given):

1. The cause of death is unknown.
2. It cannot readily be certified as being due to natural cause.
3. The deceased was not attended by the doctor during the last 14 days of life.
4. There are any suspicious circumstances or history of violence.
5. The death may be linked to an accident (wherever and whenever it occurred).
6. There is any question of self-neglect or neglect by others which may have caused or contributed to the death.
7. The death has occurred or the illness arose during or shortly after detention in police or prison custody (including voluntary attendance at a police station and remand to a Bail Hostel).
8. The deceased was detained or was a voluntary patient under the Mental Health Act 1983.
9. The death might have been contributed to by the actions of the deceased (such as a history of drug or solvent abuse, self injury or overdose).
10. The death could be due to an industrial disease or related in any way to the deceased's current or previous employment.
11. The death occurred during an operation or before full recovery from the effects of an anaesthetic or was in any way related to an anaesthetic (in any event a death within 24 hours of admission to hospital should normally be referred unless it was for terminal care).
12. The death occurs within 1 year of surgery and the cause of death is implicated to the medical procedure/treatment (whether invasive or not).
13. There is an actual or potential expression of concern or complaint about a patient's treatment, care or management.
14. The death occurs in the surgery of a GP.
15. The cause of death refers to Neutropenic sepsis and where the deceased has recently undergone chemotherapy.
16. The cause of death refers to Clostridium Difficile.
17. The cause of death refers to Aspiration Pneumonia.
18. The deceased was subject to a deprivation of liberty safeguarding order

Nurse Verification of an Expected Death

The patient has been identified to me as:

Patients Name:

Date of Birth:

Address:

GP:

NHS No:

Place of Death:	Time:	Date:	
Persons present at death/person who found the deceased* * please delete as appropriate			
Patient has died in the absence of a doctor	Yes	No	
GP has documented in patients notes that consent given for nurse verification of expected death	Yes	No	
Patient is known to the primary care team	Yes	No	
Clinical signs		Initial	5mins
No response to painful stimuli (e.g. sternal rub) confirmed?			
Absence of carotid pulse over one minute confirmed?			
Absence of heart sounds over one minute confirmed?			
Absence of respiratory movements and breath sounds over one minute confirmed?			
Fixed dilated pupils (unresponsive to bright light) confirmed?			
Relative or carer present If not present have they been notified		Yes Yes	No No
Name of person informed: Relationship to patient: Contact Number:			
GP/Out of Hours informed (name of doctor)		Time informed	

Name of Nurse verifying death	
Signature	
Date and time of verification	
Status	

In the event of the patient having drugs administered continuously via a syringe driver complete the following:			
Infusion removed from (state site)			
Name of drug(s)			
Amount of fluid remaining in syringe			
Set up at (date and time)			
I confirm the infusion was calculated and was delivering the correct amount.			
I confirm that the contents of the syringe have been made unusable			
Verified by		Witnessed by	
Name		Name	
Signature		Signature	
Status		Status	
Date		Date	
Time		Time	

**Competency Framework for Registered Nurse Verification of Expected Adult Death in the
Community Setting**

Name..... NMC Number.....

Date of completion

Competency	Trainers signature	Date
The Registered nurse:		
Demonstrates a clear understanding of their own responsibilities and accountabilities including legal implications for nurse verification of expected death		
Can advise on the relevant documentation and equipment required to complete the verification		
Is able to recognise potential clinical signs of death		
Can locate the carotid pulse		
Can use a stethoscope to listen for heart sounds		
Can use a stethoscope to listen for breath sounds		
Demonstrates the ability to examine the response of the pupil to light		
Is able to indicate anatomical regions suitable to administer painful stimuli and assess response		
The registered nurse demonstrates completion of relevant paperwork and actions following examination		

I certify that the above named Registered Nurse has demonstrated a satisfactory level of competence in the verification of Expected Adult Death.

Name of assessor:

Designation of assessor:

Signature of assessor:

Date:

Competency Work sheet for Registered Nurse Verification of Expected Death following training.

Name..... NMC Number.....

Date.....

1. What is the difference between Verification and Certification?

2. What records should have been completed to allow for nurse verification of death?

3. In what circumstances can Verification of death NOT be carried out?

4. What equipment is required to carry out Verification of death?

5. What are the clinical signs of death?

6. What actions should be taken following Verification of death?

Competency Worksheet Notes

1. Ensure the registered nurse's name is recorded on sheet.
2. Date of completion of competency important, from that date the nurse is deemed competent to carry out this procedure if required and that she/he is happy to do so.
3. It is important that the nurse has an awareness of why the training is needed and the background to it. This should include:
 - Improving end of life care for patients.
 - The reduction of delays that lead to distress for relatives
 - The prevention of potentially distressing and unnecessary ambulance call outs where resuscitation would be inappropriate.
4. Consider:
 - Who wants to be present
 - Their understanding of the nurse's role
 - Any language or communication barriers that will impede the understanding of the key persons involved
 - Privacy and prevention of interruption.
5. Legal implications - The NMC guidance should be discussed so the assessor is certain the nurse has full awareness of their role.
6. List equipment required: - stethoscope, torch, patient records, all documentation pertaining to the procedure.
7. Checking identity - ensure that this is the patient, according to local guidelines. (name, address, NHS number, date of birth)
8. Check no signs of life: observation of the chest, calling their name, holding their hand to stimulate a response.
9. Check where a carotid pulse can be found, and state reasons why it may be difficult to find. The nurse to indicate where their carotid pulse is.
10. Use of a stethoscope - ensure nurse knows how to use one and where heart sounds should be heard, and to listen to their own/an other's
11. Use of stethoscope - nurse to show where breath sounds can be heard and to listen to his or her own/an other's
12. Examination of pupils - why they are fixed and dilated, nurse to demonstrate how this would be carried out
13. Considerations for the completion of the procedure:
 - Ensure written documentation is completed inline with Trust Policy.
 - Last offices are undertaken according to policy and procedure
 - The primary health care team/GP is notified of the death
 - The patient's death is communicated to appropriate services across organisations
 - The relatives/carer can express an understanding of what they will need to do next and are given relevant written information

Once the trainer/assessor is happy that the nurse is competent they can sign off the competency. A second attempt is acceptable if competency is not shown at the first attempt

Equality Impact Assessment**Step 1 – Scoping; identify the policies aims**

Question	Answer
1. What are the main aims and objectives of the policy?	This policy sets out the required standard to be delivered by Solent NHS Trust staff for verifying expected death
2. Who will be affected by it?	All Registered nurses who train to perform Verification of death and verify death. Patients who are at end of life and expected to die and those important to them
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Portsmouth Solent staff currently verify and the process is being rolled out across Southampton. This is an update of a current policy which was due for updating.
4. What information do you already have on the equality impact of this policy?	None
5. Are there demographic changes or trends locally to be considered?	No
6. What other information do you need?	None

Step 2 - Assessing the Impact; consider the data and research

<u>Step 2 - Assessing the Impact; consider the data and research</u>	Yes	No	Answer (Evidence)
1. Could the document unlawfully discriminate against any group?		x	
2. Can any group benefit or be excluded?		x	Only exclusions are those outlined in the policy. Verification of death by Registered Nurses will only occur if there are appropriately trained staff available
3. Can any group be denied fair & equal access to or treatment as a result of this document?		x	Generic Policy for all appropriate patients with proviso of appropriate availability of staff
4. Can this actively promote good relations with and between different groups?	x		Promotion of improved care and communication at end of life for appropriate patients
5. Have you carried out any consultation internally/externally with relevant individual groups?	x		Working Party
6. Have you used a variety of different methods of consultation/involvement	x		E-mail, face to face, working group
Mental Capacity Act implications			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		x	Not applicable

No negative impact, end of assessment

Appendix 8

Suggested audit tool Verification of Expected Death

Name of area/service	
Date of audit	
Time frame covered by audit	
Number of staff who have attended verification of expected death training	
Number of staff who have completed verification of expected death training competencies	
Number of patients whose death has been verified	

An extension audit could be completed to check accurate completion of the verification form (Appendix 2)