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Registered Nurse Verification of Expected Death Policy

Lead executive	Associate Director of Nursing and Therapies (Physical Health) Director of Infection Prevention and Control (DIPC)
Authors details	Professional Development Lead of Physical Health CWP West Clinical Service Manager for Ageing Well Head of Clinical Governance

Type of document	Policy
Target audience	Nursing Staff
Document purpose	*This policy has been developed to respond to the extended scope of nursing practice in relation to verfication of expected patient death and to enhance continuity of end of life care for individuals, their families and relatives.*

Approving meeting	Neighbourhood-Based Care Governance Group Clinical Practice & Standards Sub-Committee (Chair's Action)	Date 8-Apr-20
Implementation date	08-Apr-20	

CWP documents to be read in conjunction with	
HR6 CP30 IC10	Mandatory Employee Learning (MEL) policy Do not attempt resuscitation Orders (DNAR) Prevention management of exposure to health care associated infections and inoculation incidents.

Document change history	
What is different?	Following feedback from the End of Life Partnership: Self declaration introduced to determine competence and confidence of verification of death rather than a defined requirement to be signed off by another practitioner.
Appendices / electronic forms	N/A
What is the impact of change?	Reduce demand on clinicians

Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.

Document consultation	
Clinical Services	Senior Management Team
Corporate services	Head of Clinical Governance, Associate Director of Nursing and Therapies
External agencies	N/A

Financial resource implications	None

External references
1. 1. Hodder E. et al (2003) Death Certification and Investigation in England , wales and Northern Ireland : The Report of a fundamental Review 2003, TSO 2. 2. Nursing and Midwifery Council (NMC), 2012 Confirmation of death for registered nurses. NMC. England. 3. 3. Nursing and Midwifery Council (NMC), 2015 The Code: professional standards of practice and behaviour for Nurses and Midwives, London NMC 4. 4. British Medical Association (BMA) 2016 .GP practices : Confirmation and certification of death 5. 5. Births and Deaths Registration Act, 1953. 6. 6. HMSO Home Office (1971). Report of the committee on death Certification and Coroners. CMND 4810, London. Her Majesty Stationary Office (HMSO) 7. 7. Medical Protection Factsheet, (2014). http://www.medicalprotection.org/uk/england-factsheets/removal-of-medical-equipment-after-death. 8. 8. Age UK, (2014). Advance decisions, advance statements and living wills. Factsheet 72. 9. 9. Hospice UK (2017) Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoEAD) guidance. Hospice UK and National Nurse consultant Group (Palliative Care) 10. 10. Hospice UK (2015) Care After Death: Guidance for staff responsible for care after death (Second edition).

Equality Impact Assessment (EIA) - Initial assessment	**Yes/No**	**Comments**
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
Select		
Is the impact of the document likely to be negative? - If so can the impact be avoided? - What alternatives are there to achieving the document without the impact? - Can we reduce the impact by taking different action?	No N/A N/A N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted. If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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1. Introduction

This policy provides a safe framework for the timely verification of an expected death to enable Registered Nurses to verify an expected death of a patient aged 18 years and above. There may be lengthy delays before a General Practitioner (GP) is able to visit a patient to verify that death has occurred; this may be a source of distress to family and carers. The undertaking of verifying an expected patient death, Registered Nurses may improve the care journey experience of relatives and carers through established relationships and reduce the delay between death occurring and verification of death.

2. Verification of Death

The purpose of the procedure verification of death is to establish whether a person is actually deceased. Review of death certification for England, Wales and Northern Ireland (Hodder et al 2003). Recommended that nurses should be able to verify that an expected death has occurred. In the event of an expected death, a Registered Nurse may verify death has occurred, providing there is an explicit local protocol in place to allow such an action (NMC, 2012). Nurses undertaking this responsibility must only do so providing they have received appropriate education and training, and have been assessed as competent (NMC, 2015). There is no legal requirement for a Medical Practitioner to attend to verify that death has occurred, only to issue a death certificate (BMA, 2016).

3. Certification of cause of Death

Medical Certification of Death is the process of completing the medical certificate stating the cause of death. Certification of Death can only be carried out by a Medical Practitioner as defined by the Births and Deaths Registration Act 1953. The Medical Practitioner will be responsible for informing the coroner of reportable deaths, even when death is expected. Those would include deaths due to industrial disease, those related to the patient's employment, or when the patient has had a surgical procedure or significant injury in the last 12 months prior to death. From April 2017, deaths of patients subject to a Deprivation of Liberty Safeguard (DOLS) are not automatically to be reviewed by the coroner. However, if there is any suspicion whatever around a death then the coroner must be informed.

4. Expected Death

An expected Death is when the expected and inevitable outcome is death. A doctor will be able to issue a medical certificate as to the cause of death and the doctor must have seen the patient within the last 14 days prior to death.

5. Legal Position

The law requires that:

A Registered Medical Practitioner who has attended a deceased person during his last illness is required to give a medical certificate stating the cause of death 'to the best of his knowledge and belief' and to deliver that certificate forthwith to the Registrar. The certificate requires that the doctor state the last date on which he saw the deceased person alive, and whether or not he saw the body after death''. "He is not obliged to view the body but good practice requires that if he has any doubt about the fact of death, he should satisfy himself in this way'' (1971).

6. Scope of the policy

The following conditions apply;

- If an expected death may be due to an industrial disease or related to the deceased's employment, for example Asbestosis or mesothelioma, or when a patient has had a surgical

procedure or significant injury in the 12 months prior to death, the nurse may verify the death but the GP will need to refer the death to the coroner.

7. The purpose

The expected outcomes of this policy are as follows:

- For the death of a patient to be managed within a professional, caring, sensitive and timely, manner;
- The death is dealt with in accordance with the law;
- The Registered Nurses skills and competencies are used appropriately;
- The distress of relatives can be reduced by having parenteral medication devices disconnected promptly and appropriately following the death of a patient;
- If a patient dies and the death is reportable to the coroner, you should leave all equipment in place until you have discussed the case with the coroner's officer (Medical Protection, 2014)
- Timely verification within four hours in a community setting (Hospice UK, 2015)

All religious and cultural preferences of the patient must be clearly identified and be recorded in the patients nursing documentation prior to death.

8. Circumstances of death

8.1 Expected death for this policy is:

- When the patient has a naturally occurring illness, which has been identified as terminal, and where there is no active intervention to prolong life;
- The patient has been seen by a Medical Practitioner within the previous 14 days;
- Patient, family and relatives have been notified of expected death, if appropriate.

8.2 Unexpected death for this policy is:

- The death of a child;
- Death of unidentified persons ;
- Death which occurs within 24 hours of onset of illness or where no firm clinical diagnosis has been made;
- Death following post-operative or post invasive procedures;
- Death which follows an untoward incident, fall or drug error;
- Death that may be as a result of deliberate self-harm;
- Death that may be due to poisoning or physical injury;
- Death which occurs as a result of negligence or malpractice;
- Any unclear or remotely suspicious death;
- Death is not due to a terminal illness or a death that the family were not expecting;
- Medical Practitioner has not attended the patient within the previous 14 days.

9. Training

All registered nurses verifying an expected death must have the competencies, skills and knowledge to enable them to determine the physiological aspects of death. Only registered nurses who have the knowledge to undertake the verification of expected patient death may perform this role; the nurse must complete the self-declaration that they have the practical skills and knowledge concordant with the requirements and deem themselves to be competent within their scope of practice (see appendix

1). The Registered Nurse should be aware of the legal issues and related accountability to this area of professional practice (NMC, 2018).

10. Verification criteria

- Nurses must have current NMC registration prior to undertaking the verification of expected death training.
- Individual nurses must be competent and confident in this practice as per the NMC code 2018.
- Nurses must be competent in the skills required to verify death as set out within this policy and self-declare as such.

11. Living wills and do not resuscitate orders

Do Not Resuscitate (DNAR) orders are a legal order which tells a medical team not to perform cardiopulmonary resuscitation (CPR) on a patient. See CWP policy Do not attempt resuscitation Orders (DNAR).However this does not affect other medical treatments.

A living will is a statement expressing your views on how you would or would not like to be treated if you are unable to make decisions about your treatment yourself at the relevant time in the future. It is concerned only with the refusal of medical treatment (Age UK, 2014).

12. Process

12.1 Medical responsibility

The Medical Practitioner, in collaboration with the nursing team, will formally identify patients whose death is expected.

The Medical Practitioner will discuss the views, if appropriate, of the patient, relatives and nursing staff responsible for the patient.

The clinical decision that death is expected and that no further medical interventions are appropriate should be clearly documented and signed within medical and nursing notes by the Medical Practitioner; without this statement, the Registered Nurse is unable to perform the verification of expected death.

CWP – West Out of Hours service should be informed by the GP practice of an expected death via a Patient Alert Form.
Following verification of an expected death by a Registered Nurse:

- Doctor will complete death certificate at first reasonable opportunity in readiness for collection by relative / Funeral Director;
- When a Doctor is unable to provide a death certificate and a post mortem may be required, a full explanation should be provided to the relatives.

12.2 Nursing responsibilities and Professional Accountability

Experienced Registered Nurses will have the authority to verify death, notify the relatives, and arrange for last offices and the removal of the body to funeral directors. The patient health records must reflect that the death is expected.

The patient health records must show details of the verification of death with the time, date and any other observations that were recorded in line with an identified protocol - whether in NHS or Independent sector - and must include the time and date when the doctor was informed.

A nurse cannot legally certify death - this is one of the few activities required by law to be carried out by a registered Medical Practitioner. In the event of death, a Registered Nurse may verify death has occurred, providing there is an explicit local protocol in place to allow such an action, which includes guidance on when other authorities, e.g. the police or the coroner, should be informed prior to removal of the body.

As Registered Nurses undertaking the procedure verification of an expected death must only do so providing they have received appropriate education and training, read and understood this policy and declare that they are competent in identifying clinical signs of death.

All Nurses should adhere to the NMC Code for Nurses and Midwives (2018). As Registered Nurses undertaking the responsibility of verifying an expected death professional accountability is paramount and the NMC Code (2018) states nurses are:

- Personally accountable for actions and omissions in your practice and must always be able to justify your decisions
- Must maintain professional knowledge and competence
- Must take part in appropriate learning and practices activities that maintain and develop your competence and performance

13. Procedure for Verification of an expected death by a Registered Nurse

- Ensure all nursing staff are aware of expected death i.e. record within care plan ;
- Following expected death of patient. Ensure the appropriate equipment is available:
    - Stethoscope
    - Pen torch
    - Sharps box for disposal of parenteral / subcutaneous medication administration equipment.
    - Watch with a second hand

- To establish that irreversible cardiorespiratory arrest has occurred using a stethoscope, penlight and a watch with a second hand. The following are recognised clinical signs used for verification of death, all the signs should be apparent before death is verified and recorded on the relevant paperwork.
    - Patient unresponsive and no vital signs of life e.g. movement, coughing, swallowing, for a minimum of one minute;
    - No carotid pulse palpable for a minimum of one minute;
    - Absence of heart sounds over one minute using stethoscope;
    - Absence of respiratory movement over one minute;
    - Fixed, dilated pupils which do not react to light (determined by shining a pen torch into a patients eyes and observing for any change in shape or size. This should be repeated in both eyes;
    - No response to painful stimuli, verified by application of pressure to nail bed for 10 seconds;

    - Any spontaneous return of cardiac or respiratory activity during the period of observation should prompt a further 5 minute observation from the next point of cardiorespiratory arrest.

- Record the clinical observations within clinical records / using template (see appendix 2):
    - The date of death;
    - The time of death (ascertained if necessary from relative / carer);
    - 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 (listed above);
    - Name of Doctor informing, time and date this took place;
    - Signature of Nurse verifying death with the printed name of the Nurse underneath signature and designation.

- Contact family / next of kin, if not present;
- Perform laying out duties, if required and contact Funeral Director.

If this is an expected death, the Nurse should advise the relatives that the patient's own Doctor will be able to issue a medical certificate of the cause of death within 24 hours of the patient death, except at weekends or bank holidays when the certificate should be made available the next working day.

Appendix 1 – Self declaration Competency framework for Registered Nurses Verification of Expected Death

Name	
Base	

As a registered nurse I declare that I:

- Have a clear understanding of my professional responsibilities and accountabilities.
- Have a clear understanding of the verification of expected death as set out within the policy.
- I am competent and confident to assess the body:
    - identify the absence of signs of respiration, circulation, and heart sounds.
    - eyes and pupils response to light
    - assess an anatomical area suitable to administer painful stimuli.
- Understand and will accurately complete of the end of life pathway
- Have an awareness of the supportive information that is to be given to the bereaved.

Registered Nurse Signature	
Line Manager confirmation	
Date	

Appendix 2 - Verification of expected death form

To be completed by Registered Nurse only

Full name of patient		Date of Birth	
Home address			
NHS Number			
GP and practice address			

Note. Has GP recorded expected death within patient's health record?	☐ Yes	☐ No
If no, follow local protocol for unexpected death.		

CLINICAL OBSERVATION OF ABSENCE OF LIFE
(to be repeated after five minutes in accordance with Trust policy):

	Tick box	
	1st	2nd
1. There are no vital life signs	☐	☐
2. There is no response to painful stimuli	☐	☐
3. There are no signs of spontaneous respiration	☐	☐
4. There are no palpable carotid pulse	☐	☐
5. The pupils are fixed and widely dilated	☐	☐
6. No heart sounds	☐	☐
Comments		

Life extinct verified by	
Print name	
Designation	
Signature	

Time of verification		Date of verification	

Tick relevant box:
☐ GP Practice informed (in hours)
☐ CWP – West out of Hours service informed

Name of GP in hours	
Name of GP out of hours	
Identity of any person present	
If deceased alone, the person who found the body	

Patients name		NHS No		Date	

Care after death			
GP practice / out of hour's service contacted re patients death	☐ Yes	☐ No	
Spiritual, religious, cultural rituals / needs met at death	☐ Yes	☐ No	
Family aware cardiac device (ICD) Pacemakers must be removed prior to cremation	☐ Yes	☐ No	☐ N/A
Where a known or suspected infectious disease present CWP West policy to be adhered to Policy IC10	☐ Yes	☐ No	☐ N/A
Post mortem discussed if appropriate	☐ Yes	☐ No	☐ N/A
Necessary documentation and information given to appropriate person	☐ Yes	☐ No	
Night sitters cancelled	☐ Yes	☐ No	☐ N/A
Evening / Night service, Macmillan nurse, Matron, Crisis and Re-ablement Team, Palliative care team at COCH, Hospice, Social services, Crossroads, and significant others involved in the patients care are informed of death	☐ Yes	☐ No	
Syringe pump removed	☐ Yes	☐ No	☐ N/A
Medication stock balance	☐ Yes	☐ No	☐ N/A
Medication for destruction as per CWP policy	☐ Yes	☐ No	☐ N/A
Family carers aware to take medication to chemist	☐ Yes	☐ No	
Family / carers aware of what to do with equipment (wheelchair returnable, items with a plug on returnable, all other items to be disposed of or thoughtfully recycled)	☐ Yes	☐ No	

Designation of verifier		Date and time	
Signature of verifier		Print name	

Preferred place of care	☐ Yes	☐ No	☐ Not known

If you have answered no to any of the above, please explain: