## Verification of Expected Adult Death Policy

**Title**: Verification of Expected Adult Death Policy

**Trust Ref No**: 438-54190

**Main points the document covers**: This policy provides guidance on the process of verifying adult deaths.

**Who is the document aimed at?**: Registered Nurses who undertake verification of death in the community setting.

**Owner**: Anita Sharrad and Deana James – Community Practice Teachers

**Approval process**

- **Approved by (Committee/Director)**: Clinical Policy Group
- **Approval Date**: January 2019
- **Initial Equality Impact Screening**: Yes
- **Full Equality Impact Assessment**: N/A
- **Lead Director**: Director of Nursing and Operations
- **Category**: Clinical
- **Sub Category**: Review date
- **Review date**: January 2019

**Distribution**

- **Who the policy will be distributed to**: Service Leads, Clinical Leads, End of Life Operational Group, Community Practice Teachers, Locality Managers, Interdisciplinary Team Leads.

**Method**

**Document Links**

- **Required by CQC**: Verification, death, expected death, unexpected death, mortality, Funeral Director, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)

**Other**

**Amendments History**

<table>
<thead>
<tr>
<th>No</th>
<th>Date</th>
<th>Amendment</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>July 2007</td>
<td>Policy reviewed and updated to take account of information required by undertakers in Shropshire.</td>
</tr>
<tr>
<td>2</td>
<td>Jan 2014</td>
<td>Reviewed and updated to be specific to Registered Nurses working in community settings. Associated flowcharts and forms also reviewed and updated</td>
</tr>
<tr>
<td>3</td>
<td>Mar 2016</td>
<td>Review of policy - minor change to reflect organisational changes and change to abbreviation for Do Not Attempt Cardiopulmonary Resuscitation now referred to as DNACPR</td>
</tr>
<tr>
<td>4</td>
<td>Jan 2019</td>
<td>Review of policy – changes to reflect Hospice UK Care After Death Policy and updates</td>
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1 Introduction

This policy provides guidance for Registered Nurses working in community settings to verify expected deaths and additional related information for actions to be taken in circumstances, such as unexpected deaths, where responsibilities fall outside the Registered Nurses role.

Nurses working in community settings including in community hospitals and patients homes regularly provide palliative and supportive end of life care. The ability of the registered nurses to confirm the inevitable expected death of a patient will prevent delays and ensure appropriate timely aftercare to relatives, carers and loved ones at a time of stress and anxiety. Respect, care, dignity and compassion for the dying, the deceased and the bereaved are fundamental in delivery of high quality care at this time. Therefore this policy has been updated in line with the Care After Death Policy (Hospice UK, 2017 and Hospice UK, 2015).

Whilst someone other than a doctor cannot legally certify death as the law requires the Medical Practitioner to establish the cause of death, there is no legal requirement for a Medical Practitioner to confirm and verify that death has occurred and life is extinct (BMA, 2013).

A fundamental review of death certification and investigation in England, Wales and Northern Ireland (Secretary of State for the Home Department, 2003) recommends that nurses should be able to verify that a death has occurred, this is further backed by the Academy of Medical Royal Colleges Code of Conduct; (October 2008).

The Nursing and Midwifery Council Code of Professional Conduct place specific responsibilities on Registered Nurses with regards to maintaining their accountability, knowledge, skills and competence for safe and effective practice (NMC, 2015).

Shrewsbury and Telford NHS Trust has a Specialist Nurse for Organ Donation. Any patient wishes regarding organ or tissue donation/donating their body to medical science should have been discussed and formalised within the Advanced Treatment Plan and their wishes should have been discussed with the GP and relevant healthcare team.

2 Purpose

‘Confirmation or verification of death is defined as deciding whether a person is actually deceased’ (RCN, 2019). The ability of suitably trained Registered Nurses to verify expected deaths will make best use of resources and prevent the need to call out the General Practitioner or Out of Hours Service.

Every Adult in Shropshire, Telford and Wrekin is supported by high quality person centred care, which is recognised and delivered early and collaboratively. Meeting the individual wishes and preferences of those in the last year(s) of life and those who are important to them (Shropshire Community Health Trust, 2017)

Undertaking timely verification within 1 hour in a hospital setting and within 4 hours in a community setting is known to be an important stage in the grieving process for relatives, carers and loved ones and a key time to support. (Hospice UK, 2017). This should be undertaken in line with the law and coroner requirements, in a timely, sensitive and caring manner whilst respecting the dignity, religious and cultural needs of the patient and family members or loved ones.
Undertaking verification ensures timely removal of the deceased to the mortuary/funeral directors.

Undertaking verification of death according to this policy ensures the health and safety of others are protected, eg from infectious illness, radioactive implants and implantable devices.

3 Definitions

**Adult:** A person over the age of 18 years

**Community Settings:** This includes community hospitals, patient’s homes, residential homes and prisons. (RCN, 2019)

**Expected Death:** An expected death is the result of an acute or gradual deterioration in a patient’s health status, usually due to advanced progressive incurable disease. The death is anticipated, expected and predicted. In addition a doctor must have seen the patient within the last 14 days both from a care perspective and in order that a Medical Certificate of Cause of Death (MCCD) can be appropriately issued without involving the Coroner (Hospice UK, 2015). A Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) should be signed and in place in line with current guidance. The verifier should also be confident that there are no suspicious circumstances regarding the death (RCN, 2019).

**Sudden or unexpected death:** An unexpected death is a death that is not anticipated or related to a period of illness that has been identified as terminal. Where the death is completely unexpected there is a requirement to begin resuscitation (unless the circumstances for not doing so can be justified) (Hospice UK, 2017).

**Sudden or unexpected death within a terminal period:** A patient with a terminal diagnosis can have a sudden death, eg an embolism. Death can be verified by a Registered Nurse in these circumstances provided the DNACPR form is completed and the doctor has written in the notes that the Registered Nurse can verify the death and the circumstances are discussed with the doctor. (Hospice UK, 2017)

4 Duties

**4.1 Nursing and Operations Director, Deputy Director and Locality Managers**

Directors and Locality Managers are responsible for ensuring the safe and effective delivery of services they manage; this includes securing and directing resources to support staff to deliver safe care.

**4.2 Locality Managers**

Managers will ensure that a system is in place within the services they are responsible for, for the implementation of this policy and monitoring compliance

**4.3 Team Leaders**

Individual Team leaders will identify suitable staff to undertake verification of death within their teams and ensure that they have successfully completed appropriate verification of death training.

They are responsible for informing staff of this policy and any associated policies, guidelines and documents and that the appropriate education, supervision, and
mechanisms are in place to ensure safe practice. Any further training requirements must be raised and addressed via appraisal or supervision and a record of competencies kept for audit purposes.

4.4 Staff
This guidance applies to all Registered Nurses employed by Shropshire Community Health NHS Trust who undertake verification of expected death. They must adhere to this policy and the associated policies, guidelines and professional codes of conduct. Registered Nurses working to this policy, have the authority to verify death only where this was an expected outcome.

5 Verification of Expected Death

- Where death is expected records should indicate that the patient is suffering from an illness which has been identified as terminal and they have been issued with a DNACPR (soon to be replaced by the ReSPECT document) order by the patient’s General Practitioner (GP) or an appropriately qualified registered practitioner. This should be recorded using a recognised Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form (see Appendix 1: Example DNACPR form).

- To undertake verification of death the GP/Out of Hours Medical Practitioner should be informed of the intention to do so. When death occurs inform the medical practitioner (or out of hours medical practitioner) primarily responsible for the person’s care (Hospice UK, 2015).

- Record keeping is an integral part of the process and there is an expectation that the nursing and medical records must reflect that the death is expected and that nurse verification/confirmation has been agreed (RCN, 2019).

- In considering undertaking verification of death, the practitioner must ensure that the death is expected and is without any suspicious or unexpected circumstances (see Appendix 2: Verification of Death Flow Chart). This includes when the person has died expectedly from mesothelioma. (Hospice UK, 2017 and Hospice UK, 2015).

- The Registered Nurse should only undertake verification of death where the patient is active on the community caseload or within the community hospital.

- The Registered Nurse can undertake verification of death where a patient dies under the Mental Health Act including Deprivation of Liberty (DOLS) where all other criteria are met.

- Best practice would include relatives/carers/loved ones being made aware of imminent expected death of the patient (RCN, 2018).

5.1 Exceptions and Unexpected Deaths
If the practitioner is at any time in doubt about the circumstances of the death they must inform a medical practitioner or, during out of hours, contact 111.

The medical practitioner will then decide if the case needs to be referred to the coroner or the police.
Deaths requiring coronial investigation: (Hospice UK, 2017)

- The cause of death is unknown.
- There is no attending practitioner(s) or the attending practitioner(s) are unavailable within a prescribed period.
- The death may have been caused by violence, trauma or physical injury whether intentional or otherwise.
- The death may have been caused by poisoning
- The death may be the result of intentional self harm
- The death may be the result of neglect or failure to care
- The death may be related to a medical procedure or treatment
- The death may be due to an injury or disease received in the course of employment or industrial poisoning.
- The death occurred while the deceased was in custody or state of detention, whatever the death.

Please note you need to discuss with GP before verifying any person if the deceased is to be moved out of the coroner’s district.

Actions to be taken if an unexpected death occurs:

‘Where the death is completely unexpected and the healthcare professional is present then there is a requirement to begin resuscitation. The National Resuscitation Council has issued clear guidance for the circumstances where a patient is discovered dead and there are signs of irreversible death.’ (Resuscitation Council, 2017)

- Check clinical signs to ascertain that death has occurred and if clinically justified ring 999 and commence Cardio Pulmonary Resuscitation (CPR) according to current Resuscitation Policy and annual mandatory training advice. At earliest possible opportunity advise GP or during Out of Hours via 111 the situation you have found and actions taken. Inform your Line Manager of the situation.
- Or according to your clinical decision making (you determine commencement of CPR to be inappropriate) report immediately to a medical practitioner (eg GP) or, during Out of Hours to 111, who will then refer to the coroner or police as appropriate. Record all decisions at earliest possible opportunity to justify your decision making. Inform your Line Manager of all of the above.
- If a death is unexpected it is important to preserve the scene ensuring that nothing that may help establish the facts is disturbed and inform relatives/carers or loved ones of the actions you are taking. Remain at the scene until advised otherwise and inform your Line Manager.
- In Community Hospitals a Medical Practitioner must attend to verify/certify a death.
A Datix incident report needs to be raised for all Unexpected Deaths and report to your Line Manager.

In Community Hospitals the Locality Manager must be informed so they can undertake an Unexpected Death Review. This process will include notifying the Mortality Group.

Seek Clinical Supervision as necessary.

If staff are in any doubt regarding the circumstances of a death, then report it!

5.2 Clinical Verification of Death

Parenteral drug administration should not be removed or stopped prior to verification of death.

- If the Patient is unresponsive and there are no signs of life, e.g. movement, swallowing or coughing, they must then be checked for each of the following clinical signs and this must be repeated after a minimum of five minutes:
  - There is no sign of spontaneous respiration for 1 minute
  - There is no palpable pulses, Carotid or Femoral – palpate for 1 minute
  - The pupils are fixed and unresponsive to light (using a pen torch or ophthalmoscope)
  - No heart sounds for 1 minute (verification by use of a stethoscope)

Additionally with patient who are obese/bariatric respiration/pulses/ heart sounds may be more difficult to detect so extra care must be taken.

The patient must show no response in all of the above tests. If there is any doubt the practitioner must not verify death but must consult an appropriate medical practitioner.

5.3 Actions following Verification of Expected Death

Once the practitioner has verified that death has taken place they should ensure that:

- Any parenteral drug administration equipment such as syringe pumps and subcutaneous access devices attached to the patient should be removed and documented accordingly.
- The date and time of death and who is present must be recorded in the medical and nursing records using the appropriate documentation
- A copy of the Verification of Expected Death form (see Appendix 3) should be emailed or delivered in person to the GP within 24 hours or the earliest opportunity allowing for out of hours and bank holidays.
- If out of hours or bank holiday, 111 should also be informed of the death. The verifier should take a copy of this form on their Trust smartphone to upload to the patient’s electronic record.
The verifier should complete the Funeral Directors Verification of Death Form (see Appendix 4) and leave with deceased person for the funeral director to collect. The verifier should take a copy of this form on their Trust smartphone to upload to the patient’s electronic record.

The patient’s relatives, carers or loved ones should be sensitively informed that death has been verified and that the GP will complete certification and issue the death certificate as soon as possible (unless reportable to the coroner).

The relatives/carers or loved ones may contact a funeral director at this point – the Registered Nurse can signpost relatives/carers and loved ones to bereavement support and provide information as appropriate.

The body should not be removed out of the Coronial boundary / GP locality until the GP has issued a death certificate which may mean the body is temporarily held at a funeral director that may not be the first choice of the family. The exception to this is where a local undertaker agreement is in place.

It is the team leader’s responsibility to review the cases of verification of death with the verifier. They should check the verification of expected death form has been sent to the GP and the fact that it was an expected death has been documented in the patient record, if not the GP must be contacted immediately.

In Community Hospitals, a Local Mortality Review should be carried out on all expected deaths and reported to the relevant Locality Manager. Guidance on this can be found in the Community Hospitals Mortality Review Process.

6 Consultation

This policy was distributed to the following individuals & groups for consultation and comment:

- End of Life Lead – Cath Molineux
- Director of Nursing and Operations – Steve Gregory
- Head of Nursing and Quality – Angela Cook
- Clinical Lead – Georgina English
- Community Practice Teachers: Anita Sharrad, Deana James and Tracey Fisher
- Clinical Practice Educator (End of Life) – Maggie Garmson
- Clinical Services Manager: Sally Crighton
- Records Manager and Quality Facilitator: Alan Ferguson
- Medical Director – Dr Jane Povey
- Jules Lewis End of Life Care Facilitator – Shrewsbury and Telford NHS Trust
7 Dissemination and Implementation

Dissemination and implementation of these guidelines will be via the following methods:

- Managers informed via Trust email
- Disseminated to team leads and relevant staff.
- Published on the Staff Zone of Trust website

7.1 Training

All staff undertaking verification of expected death must have their Service Managers approval and have completed appropriate training to become verifiers. Training should include assessment of the individual's knowledge and ability to determine the physiological aspects of death and explore their accountability. Training should be accessed from local in house trainers who are already competent as verifiers or have undertaken training from Trust trainers on the verification of death process. It would be the team leader’s responsibility to determine the suitability of staff who may wish to become verifiers.

8 Monitoring Compliance

It is the team leader’s responsibility to review the cases of verification of death with the verifier. Compliance will also be monitored through the Quality and Safety Group and the Trust’s Mortality Group. In order to assist in this process the following will be monitored:

- Feedback from staff
- Review and investigation of related reported incidents
- Audits of the verification of expected deaths process

9 Associated Policies/Procedures

- Cardiopulmonary Resuscitation (CPR) and Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) Policy
- Clinical Record Keeping Policy
- Community Hospitals Mortality Review Process
- Infection Prevention and Control Arrangements and Responsibility Policy
- Adults End of Life Care Strategy

All Trust policies can be found on the Trust’s Website: [http://www.shropsccommunityhealth.nhs.uk/rte.asp?id=10667](http://www.shropsccommunityhealth.nhs.uk/rte.asp?id=10667)

10 References

- Academy of Medical Royal Colleges (2008) A Code of Practice for the Diagnosis and Confirmation of Death: Academy of Medical Royal Colleges.
- Hospice UK (2017) Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoEAD) guidance.
- Nursing and Midwifery Council (2015), The Code - Professional standards of practice and behaviour for nurses, midwives and nursing associates.
  https://www.resus.org.uk/media/statements/fitness-to-practice-statement/
- Royal College of Nursing (2019) Confirmation of Verification of Death by Registered Nurses.
Appendix 1: Example of a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form
Appendix 2: Verification of Death Flow Chart

**Was the Death Expected?**

**Expected Death**
An expected death is the result of an acute or gradual deterioration in a patient’s health status, usually due to advanced progressive incurable decease. The death is anticipated, expected and predicted. In addition a doctor must have seen the patient within the last 14 days.

Registered Nurse Follows Steps to Verify Death

**Check Clinical signs to ascertain that death has occurred**
If the Patient is unresponsive and there are no signs of life, e.g. movement, swallowing or coughing, they must then be checked for each of the following clinical signs and this must be repeated after a minimum of five minutes:

- There is no sign of spontaneous respiration for 1 minute
- There is no palpable pulses, Carotid or Femoral – palpate for 1 minute
- The pupils are fixed and unresponsive to light (using a pen torch or ophthalmoscope)
- No heart sounds for 1 minute (verification by use of a stethoscope)
- Patient must show no response in all of the above tests, if any doubt do not verify death, consult medical practitioner

- Nurse records the date and time of death nursing notes and completes the Verification of Expected Death form – inform GP and provide a copy
- If OOH inform 111
- Funerals directors confirmation of death form to be completed and left with the body and take a copy for patient records
- Inform patient’s relatives/loved ones and carers and provide appropriate leaflets and emotional support
- Advise the relatives/carers/loved ones they may contact a funeral director
- Inform team leader in community teams
- In hospital a mortality review will take place

The patient’s relatives, carers or loved ones should be sensitively informed that death has been verified and that the GP will complete certification and issue the death certificate as soon as possible (unless reportable to the coroner).

**Unexpected Death**
An unexpected death is a death that is not anticipated or related to a period of illness that has been identified as terminal. Where the death is completely unexpected there is a requirement to begin resuscitation (unless the circumstances for not doing so can be justified).

Registered Nurse Not to Verify Death

- Establish no signs of life and if clinically justified ring 999 and commence CPR according to Trust Policy
- If a death is unexpected it MUST be reported to the GP or during OOHs to 111 who will then refer to the coroner or police as appropriate
- A Datix incident report needs to be raised for all Unexpected Deaths
- In Community Hospitals, a Medical Practitioner must attend to verify / certify death
- In Community Hospitals, the Locality Clinical Manager must be informed so they can undertake an Unexpected Death Review

GP issues death certificate within 24 hours or next working day (taking into account weekends and bank holidays)

**Note:** Body must not be removed out of county until GP issues death certificate. The exception to this is where a local agreement is in place.
Verification of Expected Death

<table>
<thead>
<tr>
<th>Patient's Details:</th>
<th>First Name:</th>
<th>Last Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>NHS Number: <em><strong>/</strong></em>/____</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient's GP and Surgery Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>History:</th>
<th>Tick Box:</th>
</tr>
</thead>
<tbody>
<tr>
<td>There have been no vital signs of life for a period in excess of ........ minutes</td>
<td></td>
</tr>
</tbody>
</table>

1. There are no signs of spontaneous respiration
2. There are no palpable pulses, Carotid or Femoral
3. The pupils are fixed and unresponsive to light
4. No heart sounds

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
</table>

Life extinct verified by (Please Print Clearly):

Signature:  
Designation: GP/ Registered Nurse

Verification of Death: Date:  
Time:  

Persons present at time of death:

Information leaflets given to relatives/carers/loved ones?  
Yes*  No  

*If Yes please give details of relative(s) and information leaflets given:

Carer/loved one informed of death if not present  
Yes  No  

Name of person informed:

Is the coroner likely to be involved?  
Yes  No  

Please provide this form to the patient’s General Practitioner within 24hrs

Note: If out of hours or Bank Holiday ensure 111 are informed.

Date and Time Form Provided:
# Funeral Directors Verification of Death Form

Verifier to complete and leave with deceased person for the funeral director to collect and take a copy to scan in to the patient’s record

<table>
<thead>
<tr>
<th>Full Name of Deceased:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Date of Death:</td>
</tr>
<tr>
<td>Place of Death:</td>
</tr>
<tr>
<td>Usual GP and Practice:</td>
</tr>
<tr>
<td>Deceased Next of Kin:</td>
</tr>
<tr>
<td>Contact Details:</td>
</tr>
<tr>
<td>Verification of Death:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Time:</td>
</tr>
<tr>
<td>I confirm that this is an expected death and all appropriate “life extinct” assessment procedures have been carried out. I confirm I am a qualified verifier and have received the appropriate training.</td>
</tr>
</tbody>
</table>

**Verifier Details**

<table>
<thead>
<tr>
<th>Name (please print):</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designation:</td>
<td></td>
</tr>
<tr>
<td>Contact Details (Base and Telephone number):</td>
<td></td>
</tr>
</tbody>
</table>

Additional Information (e.g. implantable devices, notifiable infections, any jewellery or religious mementoes left on deceased), or any valuables removed by the relative/carer/loved one?