

<b>Document Title:</b>	<b>VERIFICATION OF EXPECTED ADULT DEATH BY REGISTERED NURSES/ ALLIED HEALTH PROFESSIONAL</b>		
<b>Document Reference/Register no:</b>	07016	<b>Version Number:</b>	3.2
<b>Document type:</b> (Policy/ Guideline/ SOP)	Guideline	<b>To be followed by:</b> (Target Staff)	All Registered Nurses & Allied Health Professionals
<b>Ratification Issue Date:</b> (Date document is uploaded onto the intranet)	4 <sup>th</sup> December 2018	<b>Review Date:</b>	3 <sup>rd</sup> December 2021
<b>Developed in response to:</b>	Best Practice		
<b>Contributes to HSC Act 2008</b> (Regulated Activities) Regulations 2014(Part 3); and CQC Regulations 2009 (Part 4) <b>CQC Fundamental Standards of Quality and Safety:</b>			10,11
<b>Issuing Division/Directorate:</b>	Nursing & Quality		
<b>Author/Contact:</b> (Asset Administrator)	Ian Edwards, Matron Trigger Response & Resuscitation Training		
<b>Hospital Sites:</b> (tick appropriate box/es to indicate status of policy review i.e. joint/ independent)	<input checked="" type="checkbox"/> MEHT <input type="checkbox"/> BTUH <input type="checkbox"/> SUH		
<b>Consultation:</b>	(Refer to page 2)		
<b>Approval Group / Committee(s):</b>	n/a	<b>Date:</b>	n/a
<b>Professionally Approved by:</b> (Asset Owner)	Hilary Bowring, Associate Director of Nursing Dr James Orpin, Consultant Geriatrician Clinical lead for Deteriorating Patients and End of Life	<b>Date:</b>	4 <sup>th</sup> December 2018  13 <sup>th</sup> November 2018
<b>Ratification Group(s):</b>	Document Ratification Group	<b>Date:</b>	28 <sup>th</sup> November 2018
<b>Executive and Clinical Directors</b> (Communication of minutes from Document Ratification Group)	<b>Date:</b> December 2018	<b>Distribution Method:</b>	Intranet, Trust Website

<b>Consulted With:</b>	<b>Post/ Approval Committee/ Group:</b>	<b>Date:</b>
Deborah Lepley	Warner Library	15 <sup>th</sup> November 2018
Jessica Mason	Trigger Response Practitioner	15 <sup>th</sup> November 2018
Lee Ellis	Trigger Response Practitioner	15 <sup>th</sup> November 2018
Nicola Boutilier	Trigger Response Practitioner	15 <sup>th</sup> November 2018

<b>Related Trust Policies</b> (to be read in conjunction with)	05111 Resuscitation Policy and Standards of Care 05102 Adult Do Not Attempt Cardiopulmonary Resuscitation 06059 Care of the Dying person and the handling and care of the Deceased 11040 Infection Prevention: Care of the Deceased 08071 Child Death Review & Rapid Response
----------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>Document Review History:</b>			
<b>Version No:</b>	<b>Authored/Reviewer:</b>	<b>Summary of amendments/ Record documents superseded by:</b>	<b>Issue Date:</b>
1.0	Catherine Morgan		April 2009
2.0	Lee Seager		1 <sup>st</sup> August 2015
3.0	Ian Edwards	Full Review	28 <sup>th</sup> November 2018
3.1	Ian Edwards	Amendment to section 8.3. 'Only one qualified member needs to be verification trained out of the two qualified members of staff present for the verification.'	23 <sup>rd</sup> August 2019
3.2	James Orpin	Clarification to points 2.2, 4.2 and 7.1 on DNACPR	6 <sup>th</sup> September 2019

## **Index**

- 1 Purpose**
- 2 Scope**
- 3 Definitions**
- 4 Legal Position**
- 5 Competencies**
- 6 Patients to Whom Guideline Refers**
- 7 Medical Responsibilities**
- 8 Procedure for Verifying Inevitable Expected Death**
- 9 Monitoring & Audit**
- 10 References**
- 11 Appendices**

Appendix 1 - Assessment of Competency for Verification of Expected Death

Appendix 2 - Equality Impact Assessment

## 1 Purpose

- 1.1 This policy sets out best practice for Registered Nurses/ Allied Health Professionals in verifying expected deaths within Mid Essex Hospital Services NHS Trust. It has been developed to provide timely, appropriate aftercare for patients, relatives and carers in a sensitive and caring manner whilst supporting the junior doctors in their role.

## 2 Scope

- 2.1 Registered Nurses & Allied Health Professionals within Mid Essex Hospital Services Trust are permitted to perform the role of verifying the death of adult patients (aged 18 or over) in cases when the patient's death is expected.
- 2.2 This guideline does not allow a nurse/ practitioner at any time to certify a death that has occurred in unexpected circumstances. These include:
- Where the patient has no valid DNACPR form.
  - Death in the immediate post-operative or post invasive procedure period.
  - Death in which there are concerns about clinical practice.
  - Deaths of unidentified persons.
  - Where there is cause to believe that there is a suspicion of unnatural death.
  - Where there has been a serious untoward incident e.g. death following a fall, drug error.
  - Neonatal deaths.
  - Paediatric deaths, including children under 18 who have not been viewed as paediatric or cared for in a paediatric area but are covered under the "Child Death Review and Rapid Response Policy".
  - Stillbirths.
  - Patients under Deprivation of Liberty Safeguards.
  - Patient detained under the Mental Health Act.
  - Any death that is likely to be referred to the coroner e.g. within 24 hours of admission, overdose, under general anaesthetic, asbestosis, tuberculosis, road traffic accident within 24 hours of surgery, head injury.

In such circumstances a doctor must be called.

- 2.3 This guideline applies to all those registered staff who have achieved the Trust's Verification of Expected Death competency.

## 3. Definitions

- 3.1 **Certification of Death** is the process of completing the "Medical Certificate of Cause of Death" this must be completed by a medical practitioner.
- 3.2 **Verification of the fact of death** is defined as deciding whether a patient is actually deceased and does not require a medical practitioner to undertake verification.

Traditionally, a medical practitioner has always been called upon to pronounce life extinct although a certifying doctor is required only to certify the cause of death and not the fact of death and does not need to have examined the body in order to sign the death certificate.

## **4 Legal Position**

- 4.1 The legal position regarding certification of death is determined by the Births and Deaths Registration Act 1953. A registered medical practitioner who has attended a deceased person during his last illness is required to give a medical certificate of the **cause** of death “to the best of his knowledge and belief”.
- 4.2 Verification of expected death is a procedure that can be undertaken by Registered Nurses to establish the irreversible cessation of all vital functions in a patient who has been designated ‘Not for Resuscitation’ and a DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) form completed by their responsible medical practitioner, and whose death is expected.
- 4.3 In summary English Law:
  - Does not require a doctor to confirm that death has occurred.
  - Does not require a doctor to view the body of a deceased person.
  - Does not require a doctor to report the fact that death has occurred.
  - Does require the doctor who attended the deceased during the last illness to issue a certificate detailing cause of death.

## **5 Competencies**

- 5.1 The NMC Code of Conduct (2015) places specific responsibilities on nurse practitioners to maintain professional knowledge and competence. To practice competently within these procedures, nurses must possess the knowledge, skills and abilities required for lawful, safe and effective practice without direct supervision. Nurses will acknowledge the limits of their competence and only undertake practice and accept responsibility for those activities in which they are competent.
- 5.2 All registered nurses/ AHP verifying death must have the competence, skills and knowledge to enable them to determine the physiological aspects of death. A self-assessment should be carried out by the nurse initially and a formal assessment completed by a nurse with the required competency to do so – see Appendix 1.
- 5.3 Registered Nurses must be aware of the legal issues and related accountability that relates to this extended scope of professional practice.
- 5.4 Registered nurses/ AHP are required to record their competency and the details of training or updating received in their Personal File.
- 5.5 The HCPC Standards of Conduct (2016) states that practitioners must keep within their scope of practice by only practising in the areas they have appropriate knowledge, skills

and experience for. They must keep their knowledge and skills up to date and relevant to their scope of practice through continuing professional development.

## **6 Patients to Whom Guideline Refers**

- 6.1 For the purpose of this guideline inevitable expected death can be defined as death following on from a period of illness that has been identified as terminal, and where no active intervention to prolong life is on-going.
- 6.2 Discussions should have taken place between the relevant medical practitioners and nursing staff, it should be clearly agreed that further intervention would be inappropriate, and death is expected to be imminent. Wherever possible the relative should be made aware of the patients deteriorating condition and of the patient's care plan.

## **7 Medical Responsibilities**

- 7.1 The fact that the death is an expected, inevitable outcome and that the patient is "not for resuscitation" must be recorded in the patient's medical records and a DNACPR form completed by a doctor or suitably qualified nurse practitioner. It must also be recorded in the nursing notes by nursing staff. This information should be discussed and acknowledged by all concerned with the care of the patient, including the patient's close relatives and where possible the patient themselves.
- 7.2 It must also be recorded that the relatives of the patient are fully aware that death is expected and may be imminent and that steps are no longer being taken to avoid it. This information must be conveyed to the relatives by a doctor and **must** be recorded in the medical and nursing notes and communicated to all members of the health care team.

## **8 Procedure for Verifying Inevitable Expected Death**

- 8.1 The nurse/ AHP should ensure the patient's medical records reflect that the death is expected.
- 8.2 Experienced registered nurses/ AHP will complete the attached Assessment of Competency (Appendix 1) which must be signed off by a qualified and competent member of staff.
- 8.3 The process of verification will be carried out by two Registered Nurses/ AHP, one of whom have completed the Trust's Verification of Expected Death competency document and have been assessed as competent. If the nurse/ AHP considers it inappropriate for them to verify the death or has concerns about verifying death e.g. organ donation, litigation etc. the doctor must be informed immediately.
- 8.4 Time of death should be noted.
- 8.5 Assessment of the patient must be carried out in the following way to verify death using a stethoscope and a penlight.
- 8.6 All of the following signs should be apparent before death is verified:

- no response to painful stimuli (trapezius pinch)
  - absence of a carotid pulse over one minute
  - absence of heart sounds over one minute
  - absence of respiratory movement and breath sound for one minute
  - presence of fixed, dilated pupils

If all the above are present the nurse may verify that the patient has died.

8.7 When verifying death the nurse/AHP must record in the medical notes

- The date and time of death
- Time of verification of death
- Clinical signs of death (absence of pupillary reaction, heart and respiratory sounds)
- Both nurses should sign and print their name and position.

8.8 Following verification of death the nurse must inform the appropriate medical practitioner at the earliest convenient time (not between 12 midnight and 7am).

8.9 The relatives should be informed in accordance with their expressed wishes if not present at the time of death.

8.10 The Death Notice, which is attached to the sheet wrapping the body, should indicate that the death, although verified, has not been certified by a doctor.

8.11 The Nurse in Charge of the Ward is responsible for ensuring communication to other members of the team (including the Consultant responsible for the patient's care or the doctor responsible for Certifying Death) that the death has occurred.

8.12 The name of the doctor informed and the date and times of this communication should be entered in the nursing notes and medical notes.

8.13 It will be the doctor's responsibility to issue a death certificate and speak to relatives if requested to do so at an agreed time.

8.14 Appropriate arrangements should be made by the ward or in conjunction with the Bereavement Office for the relatives to collect the Death Certificate and speak with medical staff, if desired, as soon as possible. Any arrangements made or to be made must be documented in the nursing notes.

## **9 Monitoring and Audit**

9.1 Audit of compliance with this guideline should be considered on an annual basis in accordance with the Clinical Audit Strategy. As part of the directorate audit work planning process, the directorate audit lead will liaise with appropriate staff to prioritise audit activity including audit of compliance with Clinical Guidelines. Where patient safety incidents or complaints highlight non-compliance with this document, the directorate audit lead should be informed, and where appropriate, an audit undertaken.

## 10. References

NMC (2015) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. London: Nursing and Midwifery Council . Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

RCN (2018), Confirmation Verification of death by registered nurses. London: Royal College of Nursing.  
Available at: <https://www.rcn.org.uk/get-help/rcn-advice/confirmation-of-death>

Department of Health and Social Care (2016) Guidance: An overview of the death certification reforms. London: Department of Health and Social Care  
Available at: <https://www.gov.uk/government/publications/changes-to-the-death-certification-process/an-overview-of-the-death-certification-reforms>

2nd Edition of Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoEAD) guidance  
Available at <https://www.hospiceuk.org/what-we-offer/publications?cat=72e54312-4ccd-608d-ad24-ff0000fd3330>

**Appendix 1**

**Assessment of Competency for Verification of Expected Death**

---

I confirm that I have self-assessed as competent to practice Verification of Death of adult patients:

Practitioner's Name: .....

Practitioner's Qualification: .....

Practitioner's Signature: ..... Date: .....

**I confirm that I have assessed the practitioner named above as competent to verify expected death in adult patients.**

**Name & Title:** .....

**Signature:** ..... **Date:** .....

Upon successful completion of your assessment of competency please send a copy to your line manager and retain a copy for yourself.

KNOWLEDGE AND SKILLS FOR VERIFICATION OF EXPETED DEATH	Initial self/mentor assessment level		Date of initial assessment	Date of review	Date final level achieved	Final level achieved	Comments/Action Plan	Signature of preceptor/mentor
	self	mentor						
Aware of the legal requirements to maintain prescribed treatment until either the prescription has been cancelled or death has been verified.								
Aware of the circumstances when nurses cannot verify death.								
Aware of the circumstances when death should be referred to a coroner.								
Aware of the clinical procedure for cessation of cerebral function, respiration and circulation.								
Competent in the clinical procedure for verifying cessation of cerebral function, respiration and circulation in accordance with local policy								

Key for Assessment

1 = Novice

2 = Advanced Beginner

3 = Competent

4 = Proficient

5 = Expert

- Initial self- assessment should be the level the individual believes they are achieving at the beginning of the assessment process
- Initial mentor assessment should be the level the mentor believes the individual is achieving at the beginning of the assessment process
- Final level achieved should be the individuals competence at the end of the review process – if the individual is still failing to achieve adequate competence further action planning should be put in place
- Please note some competencies may remain unachievable because of lack of exposure to the skill/knowledge – in this instance please ensure the comments explain the rationale for the level not being achieved

## Appendix 2: Preliminary Equality Analysis

This assessment relates to: (please tick all that apply)

A change in a service to patients		A change to an existing policy		A change to the way staff work	
A new policy		Something else (please give details)	✓ An existing guideline review		

Questions	Answers
1. <b>What are you proposing to change?</b>	The only change relates to encompassing Allied Health Professionals as well as nurses.
2. <b>Why are you making this change? (What will the change achieve?)</b>	This will allow a more diverse range of staff to be able to utilise this guideline.
3. <b>Who benefits from this change and how?</b>	Ward staff will benefit from an increased number of staff who can utilise this guideline.
4. <b>Is anyone likely to suffer any negative impact as a result of this change?</b> If no, please record reasons here and sign and date this assessment. If yes, please complete a full EIA.	No. This only refers to personnel who can utilise the guideline.
5. a) <b>Will you be undertaking any consultation as part of this change?</b> b) <b>If so, with whom?</b>	Yes, refer to page 2

Preliminary analysis completed by:

<b>Name</b>	Ian Edwards	<b>Job Title</b>	Matron Trigger Response/ Resuscitation Training	<b>Date</b>	15/11/2018
-------------	-------------	------------------	----------------------------------------------------	-------------	------------