Standard Operating Procedure	
Document Type	SOP
Document Name	Verification of Expected Death by a Registered Nurse or Allied Health Professional (AHP) Working Within the Community Setting
Version	8.0
Effective From	January 2021
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Owner	CCICP Head of Quality, Nursing and Professional Leadership
Prepared by	Head of Quality, Nursing and Professional Leadership
Approved by	*CCICP Integrated Governance Group*
Superseded documents	*7.0*
Relevant regulations/legislation/guidelines	*NMC, BMA and Hospice UK – as above*

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Version Control			
Date	*Version Number*	*Change Details*	*Approved by*
13/06/2018	*4.0*	*Updated reference material,* *Updated DOLS in line with regulation* *Removed the need for 2 yearly updates*	*CCICP IGG*

11/10/19	*5.0*	*Inclusion of Allied Health Professionals within scope of Policy*	*CCICP IGG*
11/10/20	*6.0*	*Amended to* 'Where there has been a recording within the patients EMIS record that the patient is receiving end of life care and/or the patient has a symptom Control Prescription Drugs and Administration Record for palliative care then when the patient dies the nurse/AHP will be able to verify death'	*CCICP IGG*
06/01/21	*7.0*	Included the verification of death process template.	*CCICP IGG*

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Procedure Pathway

1. INTRODUCTION / PURPOSE

It is the policy of MCHFT and Central Cheshire Integrated Care Partnership (CCICP) that no one will be discriminated against on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. The Trust will provide interpretation services or documentation in other mediums as requested and necessary to ensure natural justice and equality of access.

Within community services there will be those patients whose death becomes inevitable. These are expected Deaths.

In recent years there has been an acknowledgement that a Registered General Nurse (RGN) Allied Health Professional (AHP) who has undertaken education can perform this role (1) However, certification of death remains the legal responsibility of the patient's General Practitioner (GP).

This Standard Operating Procedure (SOP) is designed to provide a safe framework to enable qualified nursing staff to verify expected death within the community. It is also to improve care by reducing the delay between death occurring and verification taking place.

This SOP is for patient's dying at home or in a care home setting.

The flow diagram in Appendix 1 illustrates the Verification of Death process.

Verification of Death

The purpose of verification of death is to determine whether a patient is actually deceased. All deaths should be subject to professional verification that life has ended.

Verification of death is separate to the certification process and can be performed by a Medical Practitioner or other suitably trained and qualified professional, such as an approved Registered Nurse or Allied Health Professional.

Expected Death

An expected death is when the patient's death is anticipated to be in the near future and the Doctor will be able to issue a medical certificate as to the cause of death. The Doctor must have seen the patient within the previous 12 weeks (this is the responsibility of the certifying Doctor). There must be no concerns regarding the care the patient has received and no requirements for the police to be called.

Where a Nurse or Allied Health Professional has any concerns that the death is suspicious then the verification of death should be passed to a General Practitioner.

Legal Position

The law requires that:

''A registered Medical Practitioner who has attended a deceased person during their last illness is required to give a medical certificate stating the cause of death to the best of their knowledge and belief and to deliver that certificate forthwith to the Registrar. The certificate requires that the Medical Practitioner states the last date on which they saw the deceased person alive, and whether or not they saw the body after death''.

''The Medical Practitioner is not obliged to view the body but good practice requires that if they have any doubt about the fact of death, they should satisfy themselves in this way.''

Certification of Cause of Death

Medical certification of cause of death can only be carried out by a Medical Practitioner as defined by The Birth and Death Registration act 1953 (2). There is no legal requirement for a Medical Practitioner to verify death. The only legal requirement is to issue a death certificate stating the cause of death.

The Medical Practitioner will be responsible for informing the Coroner of reportable deaths, even when the death is expected. These 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 twelve months prior to death.

2. SCOPE

The following conditions apply.

The SOP is for adults only aged 18 years and above.

The patient death has been identified as expected.

Where there has been a recording within the patients EMIS record that the patient is receiving end of life care and/or the patient has a symptom Control Prescription Drugs and Administration Record for palliative care then when the patient dies the nurse/AHP will be able to verify death. This could be recorded on the Last Days of Life GP Template on EMIS or within the EMIS template. This will then be identifiable within the Last Days of Life Summery View record on the community EMIS system.

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 the patient has had a surgical procedure or significant injury in the twelve months prior to death, the nurse/AHP may verify the death but a GP will need to refer the death to the coroner.

Where an expected death occurs Out of Hours and the Verification of death template on EMIS has not been completed the Nurse will be able to undertake the verification of death as long as it has been recorded within the patients EMIS record that the patient is receiving end of life care and/or the patient has a symptom Control Prescription Drugs and Administration Record for palliative care then when the patient dies the nurse/AHP will be able to verify death.

The policy does not apply:

In cases of sudden or unexpected death.

In cases of an expected death, where the death occurs in an unexpected manner or unexpected circumstances.

A death that has occurred as a result of untoward incident, fall or drug error.
Any unclear or remotely suspicious death.

In these circumstances the police and the Coroner must be informed prior to removal of the body.

Clinical Decisions

When the patient's death has been identified as expected, it is important (if this has not already happened) that communication takes place between medical and nursing/AHP staff, patients and their families about clinical decisions (5).

It should be ensured that all decisions are documented and there is patient and family agreement where possible.

These decisions can include: -

Whether to attempt cardiopulmonary resuscitation and if not ensure a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) lilac form is in place.

Whether treatment ceilings are required (specific decisions on the appropriate levels of treatment for individual patients).

Whether organ/tissue donation is an option.

Whether any implanted cardiac defibrillator should be deactivated as these may be triggered in the dying phase and cause discomfort.

Whether the preferred place of death has been ascertained.

3. PROCEDURE

ACTION	RATIONALE
1. The GP and the nurse/AHP will identify the patients whose death is expected. GP to complete section within the Last Days of Life Template on EMIS to confirm a verification of death can be undertaken wherever possible. Where there has been a recording within the patients EMIS record that the patient is receiving end of life care and/or the patient has a symptom Control Prescription Drugs and Administration Record for palliative care then when the patient dies the nurse/AHP will be able to verify death.	1. To ensure good communication between the GP and Nurse/AHP and Out of Hours services. To provide documented evidence of discussion.
2. Nurse/AHP to ensure that carers/ relatives have contact details for the Community Nursing Service & District Nurse Out of Hours Services.	2. To ensure that the carers/relatives know how to contact the nurse/AHP when the patient dies.
3. Nurse/AHP to discuss and if appropriate document with carers/relatives any religious, cultural or spiritual requests before death.	3. To respect individual beliefs and wishes.
4. At the time of death equipment required: Pen Torch Watch with second hand Stethoscope	
5. At the time of death the following checks will be required: The individual should be observed by the responsible person for a minimum of 5 minutes to establish that irreversible cardiorespiratory arrest has occurred. Any spontaneous return of cardiac or respiratory activity during this period of observation should prompt a further 5 minutes of observation from the next point of cardiorespiratory arrest. After 5 minutes of continued cardiorespiratory arrest, check the pupil reaction and whether there is any response to the trapezius squeeze.	5 To comply with AoMRC guidance (2008). (7)
a) Palpate the carotid pulse for 1 minute.	a) Absence of carotid pulse indicates that death has occurred.
b) Listen to heart sounds using a stethoscope.	b) Absence of heart sounds indicates that death has occurred
c) Check the absence of respiratory movement.	c) Absence of respiratory movements indicates that death has occurred.
d) Check the patient's pupil reaction with a pen torch. Pupils should be fixed, dilated and unresponsive to light.	d) Pupils that do not respond to light (fixed and dilated) indicates that death has occurred.

e) Check whether there is any motor response to the trapezia squeeze.	e) Absence of motor response indicates that death has occurred.
f) Confirm to the carers/relatives that the patient has died.	f) To keep the carers/relatives informed.
6. Record the time of death and complete the Verification of Death template on EMIS.	6. In line with record keeping guidance and to meet legal requirements.
7. Remove any equipment from the patient (i.e. syringe pump, catheter) and document in nursing record. If removing parenteral medication, document drugs delivered by this route, amount remaining still to be infused and time of Disconnection.	7. To maintain patients dignity and to minimise distress for carers/relatives. To maintain accurate record of drugs infused immediately prior to death.
8. Inform the carer/relatives that they should contact funeral director/undertaker, care homes may do this on behalf of relatives.	8. To initiate next steps
9. If death occurs within GP working hours inform GP immediately. If death occurs out of hours contact the GP at the earliest opportunity.	9. To allow GP to decide if they wish to see the body before it goes to the funeral director/undertaker.
10. Inform members of any other relevant service providers/organisations.	10. To maintain good communication with other service providers/organisations.
11. Notify the GP of the death.	11. To inform the GP of the death and the need for certification.

4. RESPONSIBILITIES / DUTIES

Medical Responsibilities

Patients whose death is expected will be identified formally by either GP or Medical Practitioner responsible for that patient and a written/electronic record made (which may be through completing the tick box on the Verification of Expected Death template on EMIS.

A record that death is expected will be documented on the EMIS system within the Last Days of Life GP Template and identifiable to the Community Nurses/AHP on the Last Days of Life summary view template.

If the relatives of a deceased patient wish to speak to a GP, this request should be requested to the GP practice.

Nursing/AHP Responsibilities

Verification of death can only be carried out by those Nurses/AHP's who have received appropriate training, who have read and understood this policy and have been assessed as competent in identifying clinical signs of death.

All Nurses should adhere to the NMC Code for Nurses and Midwives (2015). (6)

The Nurse who is informed of the medical decision to identify a patient as an expected death must:

Ensure there is recording within the patient records that the patient is end of life.

Inform the day and out of hours nursing teams.

Ensure that the decision is also clearly documented onto Emis and an alert set up to notify the multidisciplinary team.

The Nurse/AHP verifying the death has the responsibility of informing the relevant Medical Practitioner. The Nurse/AHP should record the date and time this was carried out on the appropriate Verification of Expected Death template on EMIS

Where a GP has appropriately completed the Last Days of Life template on EMIS and the patient meets the appropriate criteria then the Out of Hours Nursing Service will be able to undertake verification of death within a nursing home setting when there is not a suitably trained nurse on duty within the nursing home setting.

Implementation

The NMC code 2015 places specific responsibilities on Nurses to maintain professional knowledge and competence. Nurses are asked to recognise and work within the limits of their competence and complete the necessary training before carrying out a new role.

The HCPC standards of proficiency set out the clear expectations of registrants to work within the scope of practice by only practicing in the areas you have appropriate knowledge, skills and experience for. It also states the responsibilities of the registrants to keep their knowledge and skills up to date and relevant to their scope of practice through continued professional development.

All registered Nurses/AHP's verifying death must have the competencies, skills and knowledge to enable them to determine the physiological aspects of death.
Nurses must have attended the appropriate theoretical training and be assessed and signed off as competent in practice.

PATIENTS WITH SYRINGE PUMPS

Whilst awaiting verification of death, the syringe pump and contents should be left in place, but the battery can be removed being meticulous not to alter settings.

The syringe pump may be removed if the nurse is suitably trained and assessed as competent.

In the event of an unexpected death or unexpected circumstances, the GP/Police should be contacted immediately and everything, including the syringe pump and contents should be left in place untouched.

Unused Controlled drugs should be disposed as per Central Cheshire Integrated Care Partnership (CCICP) Controlled Drugs Policy- Safe and secure handling (2016), or for nurses employed within a nursing home in accordance with their Home's policy.

The current policy will be available on the CCICP intranet and Cheshire Epaige website, (link below)

http://www.cheshire-epaige.nhs.uk/SitePages/Home.aspx

5. ASSOCIATED DOCUMENTS

Royal College of Nurses – Confirmation of Death: Advice Guides
https://www.rcn.org.uk/get-help/rcn-advice/confirmation-of-death

6. Consultation and Communication with Stakeholders

The SOP was reviewed by the following stakeholders:
CCICP District Nurse Team Leaders
MCHT/ CCICP GP Out of Hours Clinical Lead & Service Manager
South & Vale Royal GP
CCICP Care Community Service Managers

7. MONITORING AND REVIEW

Standard/process/issue required to be monitored	Monitoring and Audit			
	Process for monitoring e.g. audit	Responsible individual /group	Frequency of monitoring	Responsible committee
1. Duties	Policy review		3 years	

8.1 Internal References

(1). Central Cheshire Integrated Care Partnership (CCICP) . Controlled Drugs Policy- Safe and secure handling (2016)


Controlled_Drugs_Po
licy_-_Safe_and_Sec

8.2 External References

(1) Confirmation of Death for Registered Nurses. Royal College of Nursing (RCN0 2012.

(2) Births and Deaths Registration Act 1953.

(3) British Medical Association (BMA). (2018). Confirmation and Certification of Death – Guidance for GP's in England and Wales. London BMA.

(4) HMSO. Home Office (1971). Report of the committee on Death Certification and Coroner. CMND 4810. London. Her Majesty Stationary Office (HMSO).

(5) Hospice UK. Care After Death. Registered Nurse Verification of expected Adult Death Guidance. (2017)

(6) The Code for Nurses and Midwives (2015) Nursing and Midwifery Council. (NMC)

(7) A Code of Practice for the Diagnosis and Confirmation of Death. Academy of Royal Medical Colleges (2008)

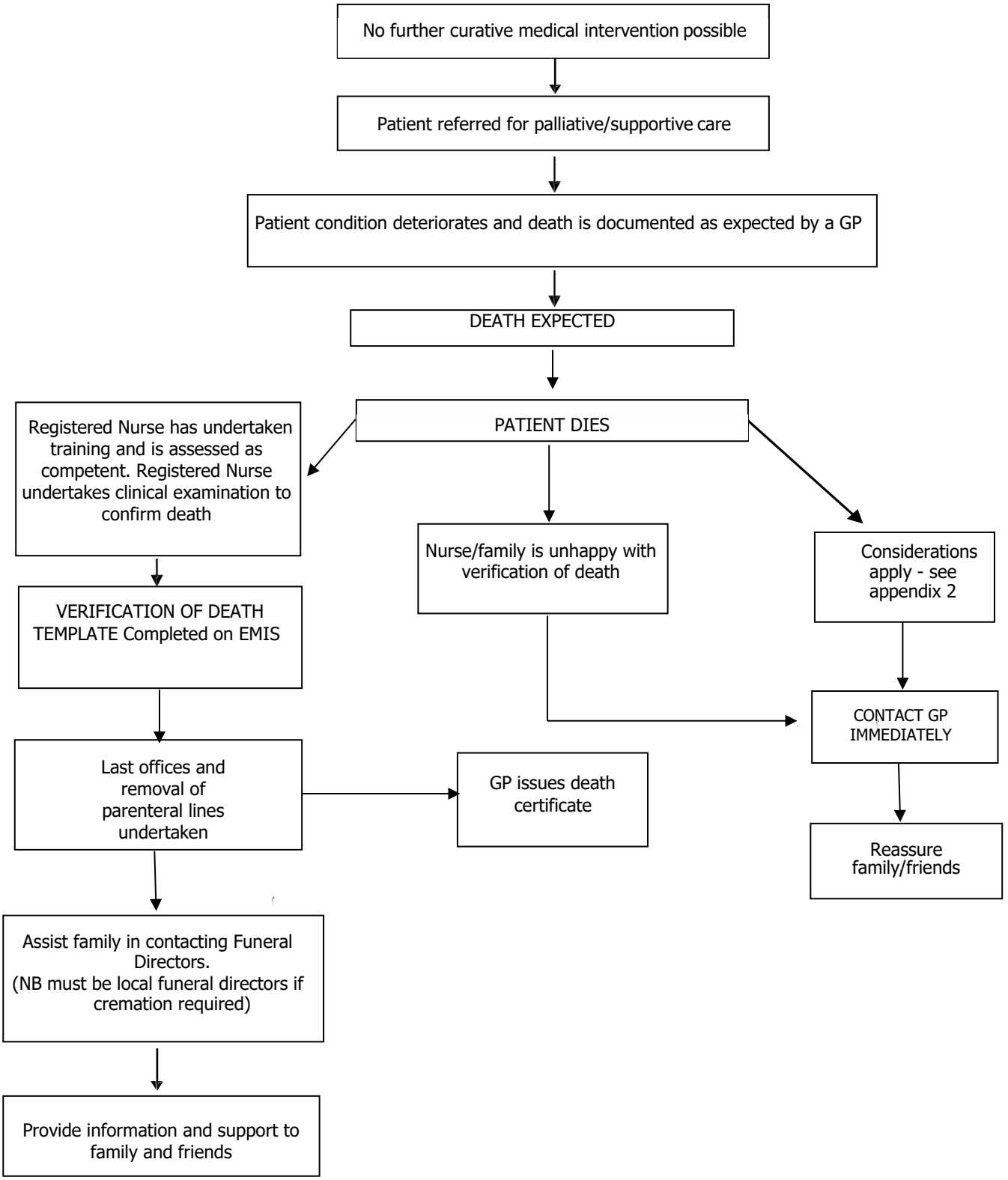
9.0 APPROVAL

Approving Committee:	CCICP Integrated Governance Group
Date of Approval:	11th January 2021
Renewal Date:	January 2024

NOTE: Should the SOP be a cross divisional document then approval must be sought from all affected divisions to ensure it is a valid and sufficient document. It is the responsibility of the lead division to ensure that this is completed and evidence of such is obtained.

APPENDIX 1

NURSE VERIFICATION OF EXPECTED DEATH – FLOW DIAGRAM



Appendix 2

This form needs to be completed if teams are:
For any reason unable to comply with the policy
You feel there is an area of the policy that needs review

DOCUMENT FEEDBACK FORM		
Title of document	Comments	Suggested solutions/changes

If you are a Community Nurse please return this form to the Care Community Service Manager. If you are a nurse working in Nursing Homes please return this form to the End of Life Partnership.

Appendix 3

Verification of Death
NB: BEFORE PROCEEDING ENSURE THERE ARE NO CAUSES FOR CONCERN REGARDING THE CIRCUMSTANCES OF DEATH *(follow local policy for procedures whereby concerns are raised)*
Date of death ..... Time of death .....
Persons present at time of death & relationship to the deceased.....
.....
Notes/Comments .....
If not present, has the individual's relative or significant other been informed?
Name of relative informed:…… Yes No No relative/carer
Name of professional verifying death ..... **Signature** …….....
Role ..... Date/ Time of verifying .....
Is discussion with, or review by, thecoroner required **Yes** **No**

The overall duration of the assessment of cardiac and respiratory function must be **at least 5 minutes**. Any spontaneous return of cardiac or respiratory activity should prompt another 5 minutes of checks.

Vital signs checked:

- Carotid pulse absent on palpation **Yes** **No**
- Heart sounds absent on auscultation **Yes** **No**
- Respirations absent for one minute **Yes** **No**

AFTER 5 minutes of continued cardiorespiratory arrest the following checks should be made:

- Absence of pupillary response to light and corneal reflexes **Yes** **No**
- No motor response to painful stimuli (trapeziusmuscle squeeze) **Yes** **No**

Communication & support after death		***Signature/date***
Care & Dignity	**Initial care after death is undertaken in accordance with policy** Consider: • Spiritual, religious, cultural rituals/needs met • The facilitation of quality time with the deceased as appropriate for the care setting and to meet the needs of the family/significant others • Individual is treated with respect & dignity if any care is provided after death • If CSCI/Syringe Driver in use, following verification of death, it is removed & drug contents disposed of in accordance with policy.	

Relative/Carer/Information

The relative/carer understands what is required to do next & given relevant written information

Consider relative/carer information needs relating to the next steps, where appropriate

- Contacting a funeral director, how a death certificate will be issued, registering the death
- Acting on patient's wishes regarding tissue/organ donation
- Discuss as appropriate, the need for a post mortem, or removal of cardiac devices or when discussion with the coroner required.
- Bereavement support/services, including child bereavement services
- Disposal of drugs & equipment
- Provision of supportive leaflet/booklets
- Local bereavement booklet/services contacts/other bereavement information
- DWP1027 (England & Wales) 'What to do after a death' booklet or equivalent

Organisation Information

The GP Practice is notified of the patient's death — Enter date/time of notification

Other services involved notified of patient's death:

Out of hours services (i.e GP's, Nursing, other services)	Yes ☐ No ☐ N/A ☐
Hospice	Yes ☐ No ☐ N/A ☐
Macmillan Nurses	Yes ☐ No ☐ N/A ☐
Other Specialist Nurse	Yes ☐ No ☐ N/A ☐
Hospital	Yes ☐ No ☐ N/A ☐
Out Patient Services e.g Chemotherapy, endoscopy	Yes ☐ No ☐ N/A ☐
Community Matron	Yes ☐ No ☐ N/A ☐
Allied Health Professionals (i.e Physio, OT, Dietician)	Yes ☐ No ☐ N/A ☐
Social Services	Yes ☐ No ☐ N/A ☐
Continuing Health	Yes ☐ No ☐ N/A ☐
Other care agencies (i.e Crossroads, Marie Curie	Yes ☐ No ☐ N/A ☐
Continence	Yes ☐ No ☐ N/A ☐
Hospital Care at Home	Yes ☐ No ☐ N/A ☐
Community equipment	Yes ☐ No ☐ N/A ☐
Other, please state	

When this section is complete. Healthcare Professional name *(print)* ……

Signature……Role …… Date/time ……