Trust Policy	NHS Worcestershire Acute Hospitals NHS Trust

Verification of an Expected Adult Death by Registered Nurses

Department / Service:	Palliative & End of life care
Originator:	Avril Adams Palliative Lead Nurse Tess Makinson & Rachel Hodge End of life care facilitators
Accountable Director:	Vicky Morris
Approved by:	Clinical Governance Group
Designation:	Chief Nurse
Date of Approval:	2nd April 2019
Extension Approved:	
First Revision Due: **This is the most current document and should be used until a revised version is in place**	2nd April 2021
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All adult patient areas
Target staff categories	Registered Nurses

Purpose of this document:

The words confirmation and verification are interchangeable. For clarity of the wording of this policy and training purposes we will be using verification.

The aim of this policy is to ensure that expected adult deaths are verified by a competent Registered Nurse and comply with legal requirements.

The Nursing and Midwifery Council (2008) states "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 confirm or verify that death has occurred, providing that 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. Nurses undertaking this responsibility must only do so providing they have received appropriate education and training and have been assessed as competent".

Key amendments to this Document:

Amendment		By:
31/03/2011	Policy put into new format	S Ellson
08/07/2011	Policy approved by Patient safety & Quality Committee	
26/03/2014	Policy reviewed with no amendments made to content	S Murray
06/05/2016	Document extended for 12 months as per TMC paper approved on 22nd July 2015	TMC
June 2018	Significant amendments, updated re new national guidelines	AA,TM,RH,
April 2019	CGG approval	SK,VM

1. Introduction

The aim of this policy and the accompanying procedure and competency assessment tool (see Appendix) is to provide a framework for the timely verification of expected adult deaths by experienced and assessed as competent Registered Nurses.[1]

It will enable staff to care appropriately for the deceased, in line with local policy, and minimise distress for families and carers following an expected death at any time of the day / night / week. It is in line with the person and family centred care recommended in national documents.[2]

Timely verification, within one hour in a hospital setting, [3] is an important stage in the grieving process for relatives and carers and also a key time for support.

Families should be advised that there may be a difference between the times of the last breath and that which is recorded as the time of verification of death in the notes (the latter is the official time of death).

This guidance ensures that the death is dealt with:

- in line with the law and coroner requirements (See Appendix 1)
- in a timely, sensitive and caring manner respecting the dignity, religious and cultural needs of the patient and family members.
- It ensures the timely removal of the deceased to the mortuary / funeral directors.
- It also ensures the health and safety of others are protected, eg from infectious illness, radioactive implants and implantable devices.

2. Scope of the Policy

2.1 The term “expected death” is defined as ‘the result of an acute or gradual deterioration in a patient’s health status, usually due to advanced progressive incurable disease, which has been documented by a medical practitioner within the last two weeks’

2.2 The term “adult” is defined as a person 18 years of age or older.

2.3 Only a registered medical practitioner may **certify** a patient’s death.

2.4 In the absence of a medical practitioner designated nursing staff can **verify** an expected death.

2.5 The aim of this policy is to ensure that expected adult deaths are confirmed by a competent Registered nurse and comply with legal requirements. For the purpose of this policy a Registered nurse is a person who holds current nursing registration with the United Kingdom regulatory authority for nursing and midwifery, the Nursing and Midwifery Council (NMC).

2.6 Nurses may only verify death on adult patients who have been previously identified as being expected to die by medical staff and there is either,

2.6 (a) clear agreement for Registered nurse verification of death (RNVoED) written in the medical notes, and/or

2.6 (b) that the doctor will be available when informed of the death to confirm that a competent RN can verify the death as it is expected, and /or

2.6 (c) there is a completed Individualised Last days of life care plan for Adults WR5313 in the patient case notes.

The patient must also be recorded as not for cardio-pulmonary resuscitation in the medical notes using an appropriate form, signed in line with current guidance.

2.7 Worcestershire Acute Hospitals NHS Trust has agreed that Registered nurses may verify an expected death following training, assessment and sign off of relevant competencies.

3. Responsibility and Duties [4]

Medical staff

- It will be documented in the patient's clinical record that the patient is an expected death and that a RN can verify the death, and /or
- The doctor will be available (when informed of the death) to confirm that a competent nurse can verify the death as it is expected, which may be evidenced by the use of an Individualised Last Days of life Care plan for Adults WR5313
- A DNACPR decision is documented.

The doctor will be available if necessary to speak to families of the patient after death and this should be arranged at the soonest mutually convenient time.
The responsibility for certifying death lies with the attending medical team. A registered medical practitioner who has attended the patient during his last illness is required to give a medical certificate of the cause of death "to the best of his knowledge and belief" (Births and Deaths Registration Act 1953) and be available to explain the cause of death they have written on the medical certificate.

Nursing

All RNs verifying death must have read and understood the Care after death: Registered nurse verification of expected Adult death, Hospice UK (2017) and WHAT policy, received appropriate training and be deemed competent.
The RN carrying out this procedure must inform the doctor of the patient's death and document the date and time this was carried out in the clinical record.
The RN has the right to decline to verify death and to request attendance of the responsible doctor as they determine.

4. Policy Detail

All expected deaths verified by nurses should conform to procedure protocol – see Appendix 2.

5. Implementation of Key Document

Plan for Implementation and dissemination

The Professional Development lead will oversee the effective communication of the approved policy to all relevant staff. This includes emailing copies of the policy to the Matrons so that they may discuss in ward and department meetings, as well as to key heads of service who are involved. Matrons are responsible for circulating details of the policy to ward and department managers, who are then responsible for notifying ward and department healthcare workers. The policy is accessible via document finder on the Trust Intranet.

Staff may print key documents at need but must be aware that these are only valid on the day of printing and must refer to the Intranet for the latest version. Hard copies must

not be stored for local use as this undermines the effectiveness of an intranet-based system.

Individual members of staff have a responsibility to ensure they are familiar with all key documents that impinge on their work and will ensure that they are working with the current version of a key document. Therefore, the Intranet must be the first place that staff look for a key document.

Line managers are responsible for ensuring that a system is in place for their area of responsibility that keeps staff up to date with new key documents and policy changes.

6. Training and awareness

It is the responsibility of the individual professional to ensure that they are aware of the contents of this policy. It is the responsibility of matrons to identify any training needs and to release relevant staff for training. Nurses undertaking this role must only do so providing they have received appropriate education and training and have been assessed as competent. Nurses must retain records of competence within their personal portfolio and send a copy to training and development so that a central record of competence can be maintained.

Competence may be assessed by a registered medical or non- medical practitioner already competent in the skill, using the agreed competency document (Appendix 3). Competence must be reviewed annually as part of the Trust personal development review process.
Accreditation by RCN will be applied for and if successful CPD points attached to completion of training.

7. Monitoring and compliance

Ward managers/Senior nurses are responsible for monitoring compliance with this policy by ensuring that:

- Only Registered Nurses who have received training and have been assessed as competent are performing this role.
- Competence is reviewed annually as part the personal review process.
- Initial 6 month audit then annual audit to review notes across all sites to review compliance with policy and training competencies to be registered and undertaken by EOLC facilitators.

It is the responsibility of the individual undertaking this role to ensure that they comply with the policy.

8. Policy Review

The policy will be reviewed after two years by the Palliative and end of life care team and professional development.

9. References

1. Royal College of Nursing (2017) Confirmation of verification of death by registered nurses. Available at https://www.rcn.org.uk/get-help rcn-advice confirmation- of- death (Downloaded on 30.05.2018)	
2. National council for palliative care (2015) Every Moment counts: a narrative for person centred coordinated care for people near the end of life.	

3. Hospice UK and National Nurse consultant group (2017) Care after Death: guidance for staff responsible for care after death (second edition) Available at https://www.hospiceuk.org/what- we- offer publications. (Downloaded on 30.05.2018)	
4. Resuscitation Council(UK) (2016) Decisions relating to cardiopulmonary resuscitation (third edition-first revision) Available at https://www.resus.org.uk/dnacpr/decisions-relating-to-cpr/ Downloaded 30.05.2018	
5. British Heart foundation (2013) ICD deactivation at the end of life :principles and practice. Available at https://www.bhf.org.uk/publications/living-with-a-heart-condition/icd-ctivation-at the-end-life.	
6. Key document WAHT-CAR-048 Implantable cardioverter-defibrillator	
7. Academy of Medical Royal Colleges (2008.) A code of practice for the diagnosis and confirmation of death. Available at http://www.aormc.org.uk/publications/reports-guidance/ukdec-reports-and-guidance/code-practice-diagnosis-confirmation-death/	
8. Ministry of Justice (2014). Guide to coroner services. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/363879/guide-to-coroner-service.pdf	
Office for National Statistics (2010). Guidance for doctors completing Medical certificates of Cause of Death in England and Wales. Available at http://www.gro.gov.uk/images/medcert July 2010.pdf (Downloaded on 30.05.3018)	
Nursing and Midwifery Council (2008) ***The Code, Standards of conduct, performance and ethics for nurses and midwives***, NMC London	

10. Background

10.1 Equality requirements

The content of this policy has no adverse effect on equality and diversity – see supporting document 2.

10.2 Financial Risk Assessment

There are no financial risks associated with this policy – see supporting document 3

10.3 Consultation Process

Senior nursing and medical staff have been consulted – see supporting document 1

10.4 Approval Process

This document will be reviewed and approved by the Patient Safety and Quality Committee prior to publication.

Appendix 1

Deaths requiring coronial investigation

 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 of 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 detention, whatever the death.

More detailed information is available from the Ministry of Justice publication, 'Guide to coroner services'.[7]

Appendix 2

Procedure for the verification of expected death by Registered Nurses.

Equipment

- Pen torch
- Stethoscope
- Watch with a second hand

Verification of expected death will require the nurse to assess the patient for a minimum of Five (5) minutes to establish that irreversible cardio pulmonary respiratory arrest has occurred, as well as specific additional observations.[6]

Any spontaneous return of cardiac or respiratory activity during this period of observation should prompt further five minutes observations.

Action	Rationale
The RN must notify the doctor of the death (including date / time)	**To ensure consistent communication**
Check written notes that a registered medical practitioner has authorised RN verification of expected adult death, or gain confirmation from a medical practitioner, and that a DNACPR form is in place.	**To ensure agreement of process.**
Check that the NHS number of patient's clinical records and deceased correlate and patient is identified correctly with identity band – name, date of birth, address or NHS number and that there are two identity name bands in situ.	**To correctly identify deceased**
Instigate process for deactivation of implantable cardiac defibrillator (ICD) if not already deactivated.	**To ensure the timely deactivation of ICD**
Adopt standard infection prevention precautions, and where indicated due to risk of infection adopt contact or respiratory precautions.	**To ensure protection of RN.**
Lie the patient flat. Leave all tubes, lines, drains, medication patches and pumps, etc in situ.	**To ensure the patient is flat ahead of rigor mortis, and all treatments are in situ ahead of verifying death**
The nurse confirming death should observe the patient for a minimum of five minutes to establish that irreversible cardio respiratory arrest has occurred, to include, • **Cessation of the circulatory system, ie no carotid (or central) pulse for at least one full minute.** • **Listen to heart sounds with a stethoscope for at least one full minute.**	**The absence of mechanical cardiac function is confirmed using a combination of the following:** • **The absence of a central pulse on palpation** • **The absence of heart sounds on auscultation *(Academy of Medical Royal Colleges 2008)***

• Cessation of respiratory system, ie no respiratory effort or no breath sounds. **Verified by listening for at least one full minute.**	**To ensure there are no signs of cardiac output** **Place the stethoscope on the patient's anterior chest wall (the bell or diaphragm may be used) and listen for breath sounds over each lung for one minute** **To ensure there are no visible respirations. Any respirations indicate the patient is breathing.**
Assessment of cessation of central pulse, cessation of heart sounds and cessation of respiratory effort should total five minutes	
Cessation of cerebral function. Check that both pupils are fixed (not reacting to light or to any other stimulus) and dilated using a pen torch or ophthalmoscope.	**To ensure there is no cerebral activity. Any pupil or eye movements indicate the patient remains having cerebral function.**
No reaction to trapezius squeeze.	**To ensure no cerebral activity.**
The RN verifying the death needs to complete the verification of death documentation in the clinical notes. Time of death is recorded as when verification of death is completed (ie not when death was first reported)	**For legible documentation and legal requirements.**
The RN verifying the death must acknowledge the emotional impact of the death and ensure the bereaved family and friends are offered written information about "the next steps".	**To ensure the family are supported during this difficult time.**

Auditing and monitoring

RNs will be expected to update competency by reflection on practice annually and keep this in their portfolio.
Evidence of audit – both organisational in terms of the processes of care after death including RNVoEAD,

Appendix 3:

Assessment of competence for Registered Nurse Verification of Expected Death

Name of registered nurse:
Name and signature of trainer:
Date of training:
Date of first clinical assessment:
Name and signature of clinical assessor:
Date of second clinical assessment:
Name and signature of second clinical assessor:
Assessor guidance:

• The competencies are a mixture of practical skills and knowledge and understanding.
• All criteria must be achieved during training to achieve competency ahead of two clinical observations.
• Registered nurses (RNs) will self-assess at the completion of the two observed clinical practice that they feel competent to perform this skill independently.
• It is recommended that RNs reflect on this skill within their clinical practice at least annually during the appraisal process.

	In training		**In observed clinical practice**		
Criteria	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**
Standard 1 **The registered nurse is aware of their role and associated guidance**					
Guidance for staff responsible for care after death					
Guidance re RN verification of death					

Standard 2:
The Registered Nurse is aware of the following definitions,

	In training		**In clinical practice**		
Criteria	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**
Who can recognise a death?					
Who can verify a death?					
Who can certify a death?					

What is an expected death?					
What is a sudden or unexpected death?					
What is a sudden or unexpected death in a terminal period?					
Indications for DNACPR and the correct completion of documentation.					
What is the definition of the official time of death?					
Deaths requiring coronial involvement.					

Standard 3: The registered nurse is aware of the medical and nursing responsibilities

	In training		In clinical practice		
Criteria	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**
The four medical responsibilities					
The four nursing responsibilities					

Standard 4: The registered nurse understands the procedure for verification of a patient's death

	In training		In clinical practice		
Criteria	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**
There is documented evidence that the medical practitioner has authorised RNVoED, and there is a completed DNACPR form					
The patient and associated clinical record is correctly identified.					

Infections, implantable devices and radioactive implants are identified from the medical notes					
To instigate the process for deactivation of implantable cardio defibrillator if not already de-activated 5.6.					
For universal infection control precautions					

Standard 5: The registered nurse is able to follow the procedure and carry out a patient examination to verify death.

	In training		In observed clinical practice		
Criteria	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**
How to position the patient for examination and verification of fact of death.					
What to do with tubes, lines, drains, patches and pumps.					
To check the carotid pulse for one full minute.					
To monitor heart sounds for one full minute					
To listen to the chest for at least one full minute, and observe to ensure no respiratory effort.					
To ensure checks take place over five minutes .					
To check pupils are fixed and dilated					
To apply trapezius squeeze					
That any spontaneous return of cardiorespiratory function, or doubt should prompt an additional five minute observation .					

Standard 6: The registered nurse completes appropriate documentation in a timely way

	In training		In clinical practice		
Criteria	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**
How to complete the verification of death form in the clinical notes					
To record the time of death					
To notify the doctor					

Standard 7: The nurse know how to support and provide appropriate information to the bereaved family and friends

In training			**In clinical practice**		
Criteria	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**
Understands the potential/actual emotional impact of a bereavement on the family, and friends.					
Can demonstrate how they would support the bereaved at the time of death					
Understand the potential / actual impact on surrounding patients**.**					
Can demonstrate how they would support surrounding patients / residents without breaching confidentiality					
Understands the potential/ actual emotional impact of a bereavement for colleagues.					
Can demonstrate how they would support colleagues.					
Knows the support and written information available for bereaved family and friends.					
Knows how to signpost relatives to where to collect paperwork / what the next steps.					

Competency statement

I……...(name and designation) feel competent to perform RNVoED unsupervised.

Signed……..

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance 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	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	NA	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	NA	
7.	**Can we reduce the impact by taking different action?**	NA	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, 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 Human Resources.

Supporting Document 2 - Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

Supporting Document 3 - Plan for Dissemination of Key Documents

To be completed by the key document author and attached to any document, which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	Policy For Confirmation of Expected Adult Deaths by Registered Nurses		
Date finalised:	2018	**Dissemination lead: Print name and contact details**	Kate Knight, Professional Development
Previous document already being used?	**Yes**		
If yes, in what format and where?	Nursing guideline		
Proposed action to retrieve out-of-date copies of the document:	Out of date on intranet		

To be disseminated to:	**How will it be disseminated, who will do it and when?**	**Paper or Electronic**	**Comments**
Matrons	Professional Development Lead after ratification of the document	Electronic	
Ward and department managers	Matrons after receipt of document from Professional Development Lead	Paper	
Ward and department healthcare workers	Ward / department managers after receipt of document from Matrons	Paper	
Bereavement Services	Palliative Care Lead Nurse after ratification of the document	Electronic	