

# Policy for Verification of Expected Death by a Registered Nurse Working Within the Community Setting (Community Nursing Service or Nursing Homes)

<b>Policy / SOP Title:</b>	Policy for Verification of Expected Death by a Registered Nurse Working Within the Community Setting (Community Nursing Service or Nursing Homes)		
<b>Executive Summary:</b>	<p>This policy provides guidance on Verification of Expected Death to Community Nurses and Registered Nurses working within Nursing Homes.</p> <p>This guidance will be supported by an appropriate training programme.</p>		
<b>Supersedes:</b>	Version 2.0		
<b>Description of Amendment(s):</b>	<ul style="list-style-type: none"> <li>• Updated verification of death form</li> <li>• Removal of requirement for patient to be on the ICP</li> <li>• Updating reference materials from AMoRC and RCN</li> <li>• Updated policy in line with new DOLs legislation</li> <li>• Updated reference to ICDs</li> <li>• Updated clinical check from sternal rub to trapezius squeeze</li> <li>• Removal of need for 2 year update</li> </ul>		
<b>This policy will impact upon: Community Nurses and Nursing Home Nurses.</b>			
<b>Financial Implications: Improved resource management.</b>			
<b>GP Out of Hours responsibilities will be delegated to nurses thus reducing GP call outs.</b>			
<b>Policy Area:</b>	Integrated Care	<b>Document Reference:</b>	ECT002434
<b>Version Number:</b>	3.0	<b>Effective Date:</b>	20/01/16
<b>Issued By:</b>		<b>Review Date:</b>	20/01/19
<b>Author: (Full Job title )</b>	Clinical Service Manager Care Homes Learning and Development Manager	<b>Impact Assessment Date:</b>	5 Oct 15
<b>APPROVAL RECORD</b>			
	<b><u>Committees / Group</u></b>	<b><u>Date</u></b>	
<b>Consultation:</b>	<b>End Of Life partnership Care Home Meeting</b>	<b>28/09/15</b>	
<b>Approved by :</b>	<b>Service Line 7, SQS</b>	<b>18/11/15</b>	

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## **1. POLICY STATEMENT**

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 who has undertaken education can perform this role (1). However certification of death remains the legal responsibility of the patient's General Practitioner.

This policy 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 policy is for patients dying at home or in a Care Home setting.

The flow diagram in Appendix 1 illustrates the Nurse Verification of Expected 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.

### **Certification of Cause of Death**

Medical certification of cause of death can only be carried out by a Medical Practitioner as defined by the Births and Deaths 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 12 months prior to death. Deaths of all patients subject to a DOLS (Deprivation of Liberty Safeguards) are also reportable to the coroner.

### **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 last 14 days prior to death. There must be no concerns regarding the care the patient has received and no requirement for the police to be called.

### **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." (4)

## **2. SCOPE OF THE POLICY**

**The following conditions apply.**

- The policy is for adults only aged 18 years and above.
- The patient/patient's death has been identified as expected.
- The patient is known to the nursing team providing care.
- There has been a documented discussion and agreement with the GP that when the patient dies the Nurse will be able to verify the death (see appendix 4). The GP must have visited the patient in the 14 days prior to death.
- The GP should have completed a Nurse Verification of Expected Death Form (appendix 4) OR the relevant section of the end of life care plan
- For patients who are subject to a DOLS, where death is expected the nurse may verify the death, however the coroner must be notified of all deaths of such patients.
- 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 12 months prior to death, the nurse may verify the death but the GP will need to refer the death to the coroner.

**The policy does not apply:**

- In cases of sudden or unexpected death
- In cases of expected death when death occurs in unexpected manner or unexpected circumstances.
- 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.

## **3 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 staff, patients and their families about clinical decisions. (5)

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

- Whether to attempt cardiopulmonary resuscitation
- 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.

## **4. ROLES AND RESPONSIBILITIES**

### **4.1 Medical Responsibilities**

Patients whose death is expected will be identified formally by either the GP or medical practitioner responsible for that patient and a written/electronic record made.

Discussions must include the views of patient, relatives and nursing staff responsible for the patient.

The decision that death is expected will be documented in the clinical notes using the Expected Death form (see appendix 4) or within an end of life care plan. This will be signed by the GP.

The doctor will communicate with the nursing staff regarding those patients whose death is expected and confirm by the above.

The doctor should ensure that the patient is reviewed regularly and at least every 14 days.

If the relatives of a deceased patient wish to speak to a doctor, this request should be facilitated.

The responsible doctor of the deceased patient will complete the death certificate as soon as practical and within the timeframe required by law.

### **4.2 Nursing Responsibilities**

Verification of death can only be carried out by those Nurses 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 the doctor completes the appropriate Nurse Verification of Expected Death Form (appendix 4) OR the relevant section of the end of life care plan
- Inform the nursing team.
- Ensure that the decision is also clearly documented.

The Nurse verifying the death has the responsibility of informing the relevant medical practitioner. The Nurse should record the date and time this was carried out on the appropriate Nurse Verification of Expected Death Form (appendix 4) OR within the relevant section of the end of life care plan.

## 5 Procedure for Performing Nurse Verification of Expected Death

ACTION	RATIONALE
<p>1. The General Practitioner (GP) and the Nurse will identify patients whose death is expected.</p> <p>GP to sign and complete the appropriate Verification of Death form (see appendix 4) OR relevant section of the end of life care plan which will be kept with the patient.</p> <p>Nurse to record in the patient's notes that death is confirmed as 'expected' by the GP</p>	<p>1. To ensure good communication between GP and Nurse. To provide documented evidence of discussion.</p>
<p>2. Nurse to ensure that carers/relatives Have contact details for the district nursing service or nursing home .</p>	<p>2. To ensure that carers/relatives know how to contact the Nurse when the patient dies.</p>
<p>3. Nurse to discuss with carers/relatives any religious, cultural or spiritual requests before death.</p>	<p>3. To respect individual beliefs and wishes.</p>
<p>4. <b>At the time of death</b>-equipment required</p> <ul style="list-style-type: none"> <li>• pen torch</li> <li>• watch with second hand</li> <li>• stethoscope</li> <li>• sharps box</li> </ul>	
<p>5. <b>At the time of death the following checks will be required</b></p> <ul style="list-style-type: none"> <li>• The individual should be observed by the responsible person for a minimum of 5 minutes to establish that irreversible cardiorespiratory arrest has occurred.</li> <li>• Any spontaneous return of cardiac or respiratory activity during this period of observation should prompt a further 5 minutes observation from the next point of cardiorespiratory arrest.</li> <li>• After 5 minutes of continued cardio respiratory arrest, check the pupil reaction and whether there is any response to the trapezius squeeze.</li> </ul>	<p>To comply with AoMRC guidance (2008).(7)</p>
<p>a) palpate the carotid pulse for one minute</p>	<p>a) Absence of carotid pulse indicates that death has occurred</p>
<p>b) Listen for heart sounds using a stethoscope.</p>	<p>b) Absence of heart sounds indicates that death has occurred</p>

c) Check the absence of respiratory movement.	c) Absence of respiratory movement 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) indicate that death has occurred.
e) Check whether there is any motor response to the trapezius squeeze	e) Absence of motor response indicates that death has occurred
f) Confirm to the carer/relatives that the patient has died	f) To keep the carer/relatives informed
6. Record the time of death and complete the Verification of Death form (see Appendix) 4 OR the relevant section of the end of life care plan	6. In line with record keeping guidance and to meet legal requirements
7. Remove any equipment from the patient (i.e. syringe driver, catheter) and document in notes.  If removing parenteral medication, document drugs delivered by this route, amount remaining still to be infused and time of disconnection	7. To maintain patient's dignity and to minimize 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 carers/relatives	8. To initiate next steps
9. If death occurs within GP working hours inform GP immediately by telephone. If death occurs out of hours contact the GP at the earliest opportunity.	9. To allow GP to decide if he wishes to see the body before it goes to funeral director/undertaker.
10. Inform members all other relevant service providers/organisations	10. To maintain good communication with other service providers/organizations.
11. Notify the GP of the death using the chosen method of the service	11. To inform the GP of the death and the need for certification.

## 6. 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.

All registered Nurses verifying death must have the competencies, skills and knowledge to enable them to determine the physiological aspects of death. Competencies are summarized on the back of the certificate given after completion of the theoretical training. Nurses must have attended the appropriate theoretical training and be assessed and signed off as competent in practice.



## 7. PATIENTS WITH SYRINGE DRIVERS

- Whilst awaiting verification and certification of death, the syringe driver and contents should be left in place, BUT the battery can be removed being meticulous not to alter settings.
- If the nurse is trained and assessed as competent to Verify Death **AND** has been assured by the patients G.P of their ability to issue the death certificate without seeing the patient or referral to coroner, the syringe driver may be removed.
- In the event of an unexpected death or unexpected circumstance the G.P. should be contacted immediately and everything, including the syringe driver and contents, should be left in place untouched.
- Unused Controlled drugs should be disposed as per East Cheshire NHS Trust Controlled Drug Standard Operating Procedure, or for nurses employed within a nursing home in accordance with their Home's policy.

## 8. AUDIT, MONITORING AND REVIEW

Clinical team leaders will be expected to assess individuals practice and peer review. This will include evaluating individual's skills and the frequency with which the skill is performed.

Nurse verifiers will be expected to update their theoretical training and practical competency in verifying expected death as required. Training and updates on the procedure will be available from the End of Life Partnership-contact number 01270 758120.

The current policy should be available in all clinical areas and will be available on the East Cheshire NHS Trust Internet and Cheshire epaige website, (link below).

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

Evidence of theoretical training and practical skills will be documented on the certificate and evidence will be maintained in the Nurse's personal file and in their own profile/ KSF Appraisal

Staff wishing to comment or suggest changes to the policy should complete the suggestion sheet in Appendix 3 and return to the Community Nurse Lead or in the case of nursing homes the End of Life Partnership.

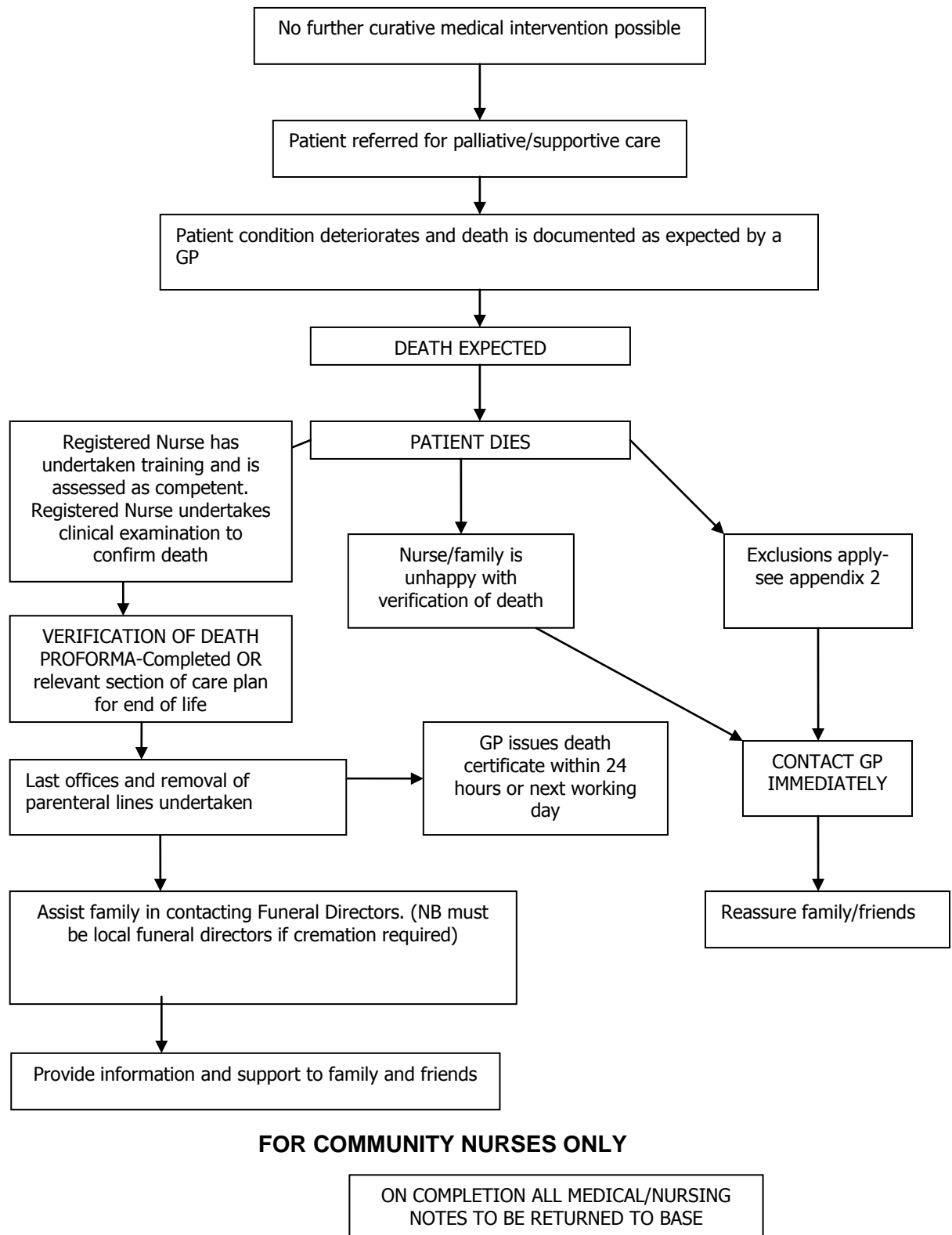
The policy will be reviewed by the End of Life partnership every 3 years.

## 9. REFERENCES

- (1) Confirmation of Death for Registered Nurses. Nursing and Midwifery Council (2012).
- (2) Births and Deaths Registration Act 1953.
- (3) British Medical Association (BMA). (1999). 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 Corners. CMND 4810. London. Her Majesty Stationary Office (HMSO).
- (5) Hospice UK. Care After Death. Guidance for Staff Responsible for Care After Death. (2015)
- (6) The Code for Nurses and Midwives (2015) Nursing and Midwifery Council
- (7) A Code of Practice for the Diagnosis and Confirmation of Death. Academy of Royal Medical Colleges (2008)

**APPENDIX 1**

**NURSE VERIFICATION OF EXPECTED DEATH – FLOW DIAGRAM**



## APPENDIX 2

### Reportable Deaths

Deaths are to be reported to the Coroner in the following circumstances:

1. The cause of death is unknown
2. The death was violent, unnatural or suspicious or unexpected
3. The deceased has not been seen by the doctor within 14 days before death.
4. The death may be linked to poison or drugs
5. The death may be due in whole or part to an accident, no matter when the accident occurred
6. The death may be due to self neglect or neglect by others, including poor care in a residential or nursing home
7. The deceased has had a surgical procedure or significant trauma (i.e. pathological fracture) in the last 12 months.
8. The death may be due to an industrial disease or related to the deceased's employment or the deceased was in receipt of industrial injury or disablement pension or war pension, even if the death does not appear to be related to the condition for which the pension has been awarded. E.g. asbestosis or mesothelioma.
9. The death may be linked to a fracture. It is best practice to report a death when the deceased has suffered a fracture within the last 12 months.
10. All children under 18 years of age

- 11 The death may be due to a lack of medical care or allegations of medical mismanagement have been made
- 12 The death may be due to the actions of the deceased, including suspected suicide, drug or solvent abuse.
- 13 The death occurred within 30 days of SACT (Systemic Anti Cancer Therapy), ie chemotherapy or radiotherapy.
- 14 The death is one where the resident was subject to a DOLS

(For the full list of reportable deaths see reverse of death certificate form)

### APPENDIX 3

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

GP Authorisation	
Patient Name.....	DOB.....NHS No.....
Address .....	
In the event of this patient dying, then a qualified nurse trained in the procedure, may verify death, following the East Cheshire NHS Trust procedure relating to verification of death by a nurse Yes/ No	
<b>After death the undertaker can remove the body. The GP will issue a death certificate on the next working day.</b>	
GP signature.....	
Date/time .....	
GP Name (please print).....	
Surgery Name and Address.....	
Verification of death	
<b>NB: BEFORE PROCEEDING ENSURE THERE ARE NO CAUSES FOR CONCERN REGARDING THE CIRCUMSTANCES OF DEATH (follow local policy for procedures whereby concerns are raised)</b>	
Date of death .....	Time of death .....
Persons present at time of death & relationship to the deceased.....	
.....	
Notes/Comments .....	
<b>If not present, has the individual's relative or significant other been informed?</b>	
Name of relative informed: ..... Yes <input type="checkbox"/> No <input type="checkbox"/> No relative/carer <input type="checkbox"/>	
<b>Name of professional verifying death</b> .....	<b>Signature</b> .....
Role .....	Date/ Time of verifying .....
Is discussion with, or review by, the coroner required Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 <input type="checkbox"/> No <input type="checkbox"/>
• Heart sounds absent on auscultation	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Respirations absent for one minute	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><u>AFTER 5 minutes</u> of continued cardiorespiratory arrest the following checks should be made:</b>	
• Absence of pupillary response to light and corneal reflexes	Yes <input type="checkbox"/> No <input type="checkbox"/>
• No motor response to painful stimuli (trapezius muscle squeeze)	Yes <input type="checkbox"/> No <input type="checkbox"/>





# Equality Analysis (Impact assessment)

## 1. What is being assessed? Verification of Expected Death by a Nurse Policy

### Details of person responsible for completing the assessment:

- *Name: Elaine Griffiths*
- *Position: Care Homes Learning and Development Manager*
- *Team/service: Long Term Care*

### State main purpose or aim of the policy, procedure, proposal, strategy or service:

*(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)*

This policy is designed to support approved Registered Nurses to confirm the expected death of appropriately identified patients. 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. This policy is for patients dying at home or in a Care Home setting. With the current emphasis on the provision of the right care at the right time, by the right member of the multidisciplinary team it is appropriate for Nurses to be able to formally verify the expected death of their patients. Current Nursing and Midwifery Council and Royal College of Nursing advice states that Nurses undertaking this responsibility should have received appropriate training and evaluation of their competency and must be aware of their accountability when performing this role.

## 2. Assessment of Impact

### RACE:

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, racial groups differently? **No**

#### Explain your response:

Prior agreement is obtained so staff are aware of the needs of the patients and families/carers, and language and cultural needs are documented in the patient notes. Notes & signed papers are kept in the patient's house or nursing home, these include GP agreement. Staff are aware of how to access translation services available.

### GENDER (INCLUDING TRANSGENDER):

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, different gender groups differently? **No**

#### Explain your response:

No impact identified, the policy applies equally across genders.

### DISABILITY

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, disabled people differently? **No**

#### Explain your response:

Staff are aware that there could be capacity issues which would affect understanding. A capacity assessment would be undertaken by the registered nurse earlier in the process. If relatives have learning disabilities, to ensure they have an understanding of what will happen a discussion will have taken place earlier around support needed and this would be documented in the notes. Staff

are aware of how to access a British Sign Language interpreter and this would be picked up earlier in the process.

**AGE:**

From the evidence available does the **policy, procedure, proposal, strategy or service**, affect, or have the potential to affect, age groups differently? **Yes**

**Explain your response:**

The policy will be applicable to over 18 years only. The policy supports the family because the nurses involved are aware of the situation and know the patient. The District Nursing service or Nursing Home Nurses will verify the death. This means that doctors from out of hours, who are not known to the patient and family, should not need to be called upon.

**LESBIAN, GAY, BISEXUAL:**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, lesbian, gay or bisexual groups differently? **No**

**Explain your response:**

Prior agreement is obtained about who is next of kin and who is to be involved.

**RELIGION/BELIEF:**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, religious belief groups differently? **Yes**

**Explain your response:**

Prior discussion has taken place about religion/beliefs so staff are aware of the patient's religious needs and the procedures they need to follow - staff have access to information about the requirements of different religions and cultures.

**CARERS:**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, carers differently? **No**

**Explain your response:**

The process of communicating with the patient and family and the decision making to ensure all relevant people have been involved in the discussions around death and dying means that carers have the opportunity to ask questions and discuss as necessary. Interpretation services will be used throughout as required.

**OTHER:** EG Pregnant women, people in civil partnerships, human rights issues.

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect any other groups differently? **No**

**Explain your response:**

No other impacts identified.

**3. Safeguarding Assessment - CHILDREN**

<b>a. Is there a direct or indirect impact upon children?</b> <b>No</b>
<b>b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:</b>
<b>c. If no please describe why there is considered to be no impact / significant impact on children – adult policy only</b>

#### 4. Relevant consultation

Having identified key groups, how have you consulted with them to find out their views and that the made sure that the **policy, procedure, proposal, strategy or service** will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

Consultation has taken place with GPs, clinicians, Macmillan, coroner

**5. Date completed: 26/3/14      Review Date: 26/3/17**

**6. Any actions identified:** Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

Action	Lead	Date to be Achieved

**7. Approval –** At this point, you should forward the template to the Trust Equality and Diversity Lead

Approved by Trust Equality and Diversity Lead: 

Date: 5.10.15