

**VERIFICATION OF EXPECTED DEATH OF ADULTS  
BY REGISTERED HEALTH PROFESSIONALS POLICY**

**Please note amendments made for interim period during Covid 19 National Emergency**

***Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.***

Purpose of Agreement	This policy provides a framework for the verification of an inevitable and expected death by a competent Registered Health Professional (RHP) within Solent NHS Trust
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### Amendments Summary:

Amend No	Issued	Page	Subject	Action Date
1a	Apr 16	3	Addition of executive summary	Apr 16
1b	Apr 16	5	Clarification of 1.3.5	Apr 16
1c	Apr 16	6	Addition of 2.3, 4.3, 4.4, 4.5 and 4.6	Apr 16
1d	Apr 16	7	Change to 5.3, minor re-wording	Apr 16
1e	Apr 16	8, 9	6.3 change to appendices numbering, minor re-wording	Apr 16
1f	Apr 16	Appendix 1	Addition of appendix	Apr 16
1g	Apr 16	Appendix 4 and 5	Addition of NMC number	Apr 16
2a	July 19	Summary	Minor change and addition of Portsmouth SOP	Aug 19
2b	July 19	6	New scope wording, addition of DOLS advice, some definitions clarified	Aug 19
2c	July 19	7	Additional excluded issue of patient not at home etc., 4.15 deleted, references updated	Aug 19
2d	July 19	8	4.2.6-8 updated	Aug 19
2e	July 19	9	Addition of trapezius squeeze	Aug 19
2f	July 19	10	Amendment to allow competencies to be completed in real work activity, deletion of 6.5 (TNA), addition of DOLS statement	Aug 19
2g	July 19	App 1	Rewritten as updated guidance	Aug 19
2h	July 19			Aug 19
2i	July 19			Aug 19
2j	July 19			Aug 19
2k	21 April 2020 – version 4.1		Summary of new legislation contained at page 3	April 2020
2L			Changes relate specifically to 1.4.1	April 2020
2m			Changes relate specifically to 3.2	April 2020
2n			Changes relate specifically to section 4.2 and section 5.0 replacing all references to Nursing responsibilities and nursing to refer to Registered Health Professional	April 2020
2o			Change to 5.8.2 Organ donation	April 2020

2p	May 2022 – version 5		Changes relate to legislation contained at page 5 and Appendices 2, 4, 5 and 6.	
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**Review Log:**

Version Number	Review Date	Lead Name	Ratification Process	Notes
2	Sept 2012	Sarah Osborne	Verification of Death Working Party Governance groups Policy Group	Revised version of existing Portsmouth Policy
3	April 2016	Sarah Osborne	Reviewed by staff in Southampton and Portsmouth	Updated version
4	July 2019	Sarah Osborne	Routine review	
4.1	April 2020	Angela Anderson	Changes made in response to Covid 19 National Emergency and temporary changes in legislation. Changes agreed through Quality Impact Assessment (QIA)	
4.2	November 2020	Angela Anderson	Confirmed extension of temporary changes to July 2021, as National Guidance has not changed. Approved via Policy Steering Group.	
4.3	July 2021	Angela Anderson	Confirmed extension of temporary changes to January 2022, as National Guidance has not changed. Approved via Policy Steering Group Chair's action.	
4.4	January 2022	Angela Anderson	Confirmed extension of temporary changes to July 2022, as National Guidance has not changed. Approved via Policy Steering Group Chair's action.	
5	May 2022	Giselle Hudson	Policy Steering Group, Clinical Executive Group	Changes made in response to new law changes to Deaths Registrations and signing of MCCD's. Reviewed by staff in Southampton and Portsmouth. Interim changes extended to January 2023.
6	November 2022	Giselle Hudson with approval from AA	Confirmed extension of temporary changes to July 2023, as National Guidance has not changed. Approved via Policy Steering Group Chair's action.	

*Staff are expected to adhere to the processes and procedures detailed within this policy. During times of national or 'Gold command' emergency Solent NHS Trust may seek to suspend elements of this policy in order to appropriately respond to a critical situation and enable staff to continue to work in a way that protects patient and staff safety. In such cases Quality Impact assessments will be completed for process changes being put in place across the organisation. The QIA will require sign off by the Solent NHS Ethics Panel, which is convened at such times, and is chaired by either the Chief Nurse or Chief Medical Officer. Once approved at Ethics panel, these changes will be logged, and the names/numbers of policies affected will be noted in the Trust wide risk associated with emergency situations. This sign off should include a start date for amendments and a review date or step-down date when normal policy and procedures will resume.*

## Verification of death: Summary of key changes in legislation due to Covid 19

Verification of an expected death can be by a Registered Health Professional in a community or inpatient setting (see 4.2). Previously this was only performed by a Registered Nurse. This has now been extended to include other registered health professionals for example physiotherapists and occupational therapists. Training will be provided to staff who have not previously undertake this practice.

It is normally expected that a Do Not Attempt Cardiopulmonary Resuscitation Order or Respect form is in place.

### Medical certification

Previously the requirement was that any registered medical practitioner was required to provide a certificate provided they had attended upon the deceased in their last illness and had last seen the deceased within 14 days of death or after death.

New Law Changes to Deaths Registrations and signing of Medical certificate cause of death (MCCD's) (came into force March 25<sup>th</sup>, 2022)

- MCCD's can only be signed by the Doctor who was last in attendance within 28 days of the death – not **any** Doctor and not within 14 days as pre-covid rule.

COVID-19 is an acceptable direct or underlying cause of death for the purposes of completing the Medical Certificate of Cause of Death

COVID-19 is not a reason on its own to refer a death to a coroner under the Coroners and Justice Act 2009

COVID-19 is a notifiable disease under the Health Protection (Notification) Regulations 2010 does not mean referral to a coroner is required by virtue of its notifiable status

### Registration of death

There are new law changes in relation to the way in which deaths are registered from March 25<sup>th</sup>, 2022.

- All Deaths/Stillbirth registrations will go back to a face to face, pre-booked appointment.
- The '5 days to register' statutory requirement still applies (Monday to Sunday) unless the coroner has been involved.
- Once the Independent medical examiner group (IMEG)/Medical Examiner's Office have approved the cause of death with the doctor, the MCCD will be scanned and sent to [deathregistration@southampton.gov.uk](mailto:deathregistration@southampton.gov.uk) along with the Next of Kin contact information. This is a dedicated email address for Death registration paperwork only.
- Once Scanned, the original MCCD's must now be retained by the Hospital/Medical Examiner office and kept for a **minimum of 4 weeks**, before it can be securely disposed of in line with General Data Protection Regulations (GDPR) principles.
- From 25/03/2022. We will no longer require the originals MCCD's once they have been scanned.
- Families will need to be advised when the MCCD has been scanned to the Register Office and they will need to book an appointment to register the death online at [www.southampton.gov.uk/register-a-death](http://www.southampton.gov.uk/register-a-death)
- The Funeral Director can no longer register the death.

## **Organ / tissue donation during COVID-19 outbreak**

Following COVID-19 it is unlikely that tissue / organ donation is an option due to the potential for active systemic viral infection. It is important to check for the latest guidance as this is subject to change (see 5.9.2)

### **Verification of Death Policy Executive Summary:**

- This policy outlines the requirements for Registered Health Professionals (RHP) to be able to verify patients' death
- A death can only be verified by a Registered Health Professional if:
  - The death is expected, has been recorded as such by a Medical Practitioner in the patient's records and there is a valid Do Not Attempt Cardiopulmonary Resuscitation order in place.
  - There is a Registered Health professional available who has been deemed competent to undertake verification
  - The patient is known to the Clinical Team
  - There are no legal reasons why verification cannot take place
- Verification must follow the process outlined in this policy to ensure that life is extinct
- Verification must be recorded using the form included in this policy or as per local procedure
- Following verification, the Registered Health Professional must ensure that appropriate care after death is carried out, any relatives/next of kin are informed and the patients' medical practitioner or out of hours doctor is informed in order that a Medical Certificate of Cause of Death can be produced

NB: Portsmouth has an aligned SOP to outline the local procedures for recording as the GPs in the area use SystemOne for recording expected deaths. In Southampton, not all GP surgeries are on SystemOne so the GP would record in their record and the Community Nursing team record on SystemOne.

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## VERIFICATION OF EXPECTED DEATH OF ADULTS BY REGISTERED HEALTH PROFESSIONALS POLICY

### 1. INTRODUCTION & PURPOSE

1.1.1 For Clinical teams who provide care to adult patients at the end of their life, being able to verify an expected death will allow them to provide appropriate after care to relatives and carers and continuity at a time of stress and anxiety.

1.2 The expected outcomes of this policy are:

- The death of the patient is dealt with in a timely, sensitive, and caring manner, respecting the dignity of the patient and their relatives and carers
- The death of the patient is dealt with in accordance with the law
- There is appropriate use of Registered Health Professionals skills and competencies
- Reduction in delays following a patient's death
- Prevention of unnecessary emergency ambulance or Out of Hours GP call outs

1.2.1 This document will be available on the Trust Intranet and in relevant clinical areas. All new staff should be made aware of this procedure during induction into the workplace and will receive appropriate training as required to confirm death within their role

1.2.2 Legal position:

1.2.3 Certification of death is the process of completing the "Medical Certification of Cause of Death" which must be completed by a Medical practitioner who has attended the deceased during the last illness (they should have seen the patient in the 28 days preceding death)

1.2.4 Confirmation or verification of the fact of death does not require a medically registered practitioner

1.2.5 The certificate details cause of death and should be issued within 24 hours or the next working day following the death, by the medical practitioner

1.2.6 The medical practitioner does not have to view the body of the deceased person prior to issuing the certificate and does not have to report the death if it is an expected death, unless it is reportable (see **Appendix 1**)

1.3.5 Certain reportable deaths may still be verified by a non-medical practitioner including deaths due to Industrial disease, related to a patient's employment, or following a surgical procedure or significant injury in the previous 12 months. It is recommended however, that in such cases verification is discussed with the patients' medical practitioner and the results of that discussion recorded in the patient record

### 2. SCOPE & DEFINITIONS

2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and



secondes (including students), volunteers (including Associate Hospital Managers and Patient Safety Partners), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.

- 2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community, and our staff.
- 2.3 This policy relates to verification of death for adult patients over the age of 18 only
- 2.4.1 If a patient was under a Deprivation of Liberty Safeguard (DOLS), this will no longer influence whether death can be Verified, and the patient can be treated under the Policy

## 2.5 DEFINITIONS

- 2.5.1 **An expected death** is a death where a patient's demise is anticipated soon. For verification of death to occur, this must have been recorded in the patient record
- 2.5.2 Inevitable **expected death** is a death following on from a period of illness that has been identified as terminal and where no active intervention to prolong life is ongoing. The patients GP/Doctor will have attended during this illness
- 2.5.3 **Verification of death** is the procedure of determining whether a patient has died. All deaths should be subject to professional verification (Secretary of State for the Home Department, 2003). It is separate to the certification process and can be performed by either a medical practitioner or other suitably qualified professional
- 2.5.4 **Certification of death** is the process of completing the Medical Certificate of cause of death and can only be carried out by a medical practitioner according to rules defined by the Births and Death Registration Act 1953 where the doctor has seen the patient within the last illness, ideally within the last 28 days of life (Home Office 1971, Hospice UK 2022)
- 2.5.5 **Confirmation of death** - for the purposes of this document, the term Verification of death is used, but this is interchangeable with the term Confirmation of death

## 3 EXCLUDED ISSUES

- 3.1 Any death which is not expected, or which raises concerns
- 3.2 Any death where the medical practitioner has not attended the patient during their last period of illness and has not formally identified a patient as expected to die
- 3.3 The patient is not known to the clinical team being asked to verify death
- 3.4 An expected death where death has occurred in an unexpected manner or the circumstances provide a cause for concern.

3.5 The death has not occurred in the patient's residence, a hospice, hospital, residential or Nursing Home or prison

## 4 ROLES & RESPONSIBILITIES

### 4.1 Medical responsibilities:

- 4.1.1 The patient's GP or doctor will formally identify patients whose death is expected and record this in the patient record. The doctor will communicate with the health professional regarding those patients identified as an expected death and confirm whether they have agreed to allow the health professional to confirm death
- 4.1.1 Will discuss verification of death, and consider the views, if appropriate, of the patient, relatives, and health professional responsible for the patient
- 4.1.2 The doctor of the deceased patient will complete the death certificate at the first reasonable opportunity in readiness for collection by relatives. Exceptions to this will occur when an expected death must be reported to the Coroner e. g. death due to asbestos related disease. In such cases, the medical practitioner will inform the Coroner
- 4.1.3 Will ensure they have attended the patient during the last expected illness, ideally within 28 days of the expected death

### 4.2 Registered Health Professional:

- 4.2.1 Registered Health Professionals (RHPs) will acknowledge the limits of their professional competence and only undertake practice and accept responsibilities for those activities in which they are competent and act according to the Nursing and Midwifery Council Code (NMC 2018) and Health Care Professionals Council (HCPC)
- 4.2.2 All RHPs confirming death must have the competencies, skills, and knowledge to enable them to determine the physiological aspects of death. It is expected that staff undertaking this procedure will have the necessary competencies and experience to do so
- 4.2.3 The RHP should be aware of the legal issues and accountability that relate to this extended scope of professional practice. Training to achieve these competencies will be provided by the Trust
- 4.2.4 The RHP verifying death must inform the medical practitioner of the death
- 4.2.5 A member of the primary care/clinical team should always be prepared to speak to relatives when they verify death and/or when the certificate is collected, if appropriate
- 4.2.6 The person Verifying death, including a RHP must inform the Funeral Director or Mortuary if there is a risk of infection, radioactive implants, implanted devices, and active implanted cardiac defibrillators
- 4.2.7 The RHP must refuse to verify death and request the attendance of a medic or the police if the situation of the death is unusual. In this case an incident reporting form should be completed

4.2.8 The decision that the patient is expected to die, and that verification of death can occur should be recorded in the Anticipatory Care Plan in addition to the main body of the patient record

## 5 THE PROCESS

5.1 The RHP should

5.1.1 Ensure the patient's records reflect that the death is expected

5.1.2 Note the exact time of death or the time that the patient was found, and who found the patient

5.1.3 Check for clinical signs of death, using a stethoscope and penlight or ophthalmoscope

5.1.4 Confirm and record cessation of circulatory and respiratory systems and cerebral function. These should be checked for a minimum of one minute and then a second check for a minimum of one minute after five minutes have elapsed. A recording form is given as **appendix 2**

5.1.5 The following are the recognised clinical signs used when verifying death:

- Cessation of circulatory system
  - No carotid pulse
  - No heart sounds – verified by listening with a stethoscope for a minimum of 1 minute, repeated after 5 minutes
- Cessation of respiratory systems
  - No respiratory effort
  - No chest sounds – verified by listening for a minimum of 1 minute, repeated after 5 minutes
- Cessation of cerebral function
  - Pupils fixed and dilated
  - Pupils not reacting to light
  - No eye movements
  - No response to trapezius squeeze

If the results are inconclusive, after a further 5 minutes, listen again for 1 minute. If still inconclusive contact the patients GP or Doctor for Verification.

5.2 Following verification of death:

5.2.1 The RHP must record in the patients' records:

- The date of death
- The time of death or time the patient was found
- Identity of any person present at the death or, if the deceased was alone, the person who found the body.
- Time of verification
- Place of death
- Clinical signs of death

- Name of doctor informed and the time and date this took place
- Confirmation of the identification of the deceased person using the term “identified to me as...”

5.3 A form for recording verification is included as **Appendix 2**

5.4 The record of the RHP’s visit should be formally communicated to the patient’s GP as soon as possible: to the surgery during normal working hours and to the Out of Hours Service at other times, who should notify the GP by Fax the next working day. It is recommended that the verifying RHP checks that the GP has been made aware at the first available opportunity

5.5 The RHP should advise the deceased’s relatives that, except in exceptional circumstances, the patient’s own doctor will issue a medical certificate of the cause of death within 24 hours of the patient’s death, except at weekends and bank holidays when the certificate should be produced on the next working day

5.6 Parenteral drug administration equipment or any life prolonging equipment should not be removed prior to confirmation of death but may be removed after verification except in the case of deaths reported to the coroner (see **appendix 1**). Batteries may be removed from electronic equipment, and equipment stopped in all cases

5.7 Advise relative or next of kin that the patient has died and give immediate emotional support and information regarding what to do after death

5.8 Risk Assessment:

5.8.1 To maintain the safety of the HCP carrying out the verification of death, guidelines should be used in conjunction with local policy and applied to all verifications of expected adult death irrespective of any infection status, by using surgical mask, gloves and apron as a minimum when carrying out the verification of death procedure.

5.8.2 The RHP verifying the expected adult death should undertake a risk assessment with regards to all PPE selection.

5.8.3 If verification is to take place in a patient’s home, ensure hand gel and alcohol wipes are available to ensure suitable hand hygiene.

5.8.4 It is helpful if a distance of at least 2 metres can be maintained between you and any family members present, particularly if they are unwell.

5.8.5 Following the COVID-19 supplement to the infection prevention and control resource for adult social care where infection is suspected or confirmed, ensure small plastic waste bags are taken into the patient’s home. Waste bags no longer need to be left for 72 hours.

5.8.6 Procedure Guide is included as **Appendix 9**

5.9 **Organ donation**

5.9.1 The NHS Blood and Transplant service has a 24 hour national helpline available for advice on 0300 123 23 23 or via [www.nhsbt.nhs.uk](http://www.nhsbt.nhs.uk)

- 5.9.2 When a person dies at home, tissue donation may be able to be made depending on diagnosis and cause of death, but it is not possible to donate organs. This will have been pre-arranged and documented in the patient's record. Due to the potential for active systemic viral infection it is unlikely during Covid-19 outbreak that tissue/organ donation is an option.
- 5.9.3 Tissue including corneas, skin and bone can be made by a patient of any age, within 24 hours of death, donation of heart valves, by patients up to age 60, can be made within 48 hours of death

## 6 EDUCATION AND TRAINING

- 6.1 Training will focus on the following areas:
- Legal aspects
  - Skills of verifying death
  - Application of the policy
  - Meeting the needs of relatives and carers
- 6.2 Training will comprise a session comprising theoretical input followed by an observation assessment of competency. This may be completed in the classroom setting
- 6.3 A copy of the competency framework is included as **appendix 3**, the competency worksheet as **appendix 4** and the worksheet notes as **appendix 5**
- 6.4 Update sessions will be run if staff identify to their line manager that their competencies have not been maintained by undertaking the procedures contained in this document

## 7 EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

- 7.1 As part of the development of this Policy, an Equality Impact assessment was completed. A copy of this assessment is attached as **Appendix 6**. The result of this assessment was "no negative impact"
- 7.2 As stated above, a patient who was subject to a DOLS, is still able to have their death verified under this policy

## 8 SUCCESS CRITERIA/MONITORING EFFECTIVENESS

- 8.1 There is a suggested audit form which services may wish to use to identify themes from incidents (**Appendix 8**)
- 8.2 Any non-compliance with this policy must be reported using the non-compliance form found in the Policy on Procedural Documents Policy on the intranet

## 9 REVIEW

- 9.1 This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 yearly unless organisational changes, legislation, guidance, or non-compliance prompt an earlier review

## 10 LINKS TO OTHER DOCUMENTS

This policy links to:

- Deprivation of Liberty Standards and Mental Capacity Policy
- Do Not Attempt Cardiopulmonary Resuscitation Adult Policy
- Resuscitation and Deteriorating Patient Policy
- Information Request Policy
- Data Protection Compliance Policy
- Advanced Decision to Refuse Treatment Policy
- Incident Reporting, Investigation and Learning Policy

## 11 REFERENCES

Academy of Medical Royal Colleges 2008, Associated code of practice for diagnosis and confirmation of death

British Medical Association, January 2019 Confirmation and Certification of Death

Home Office 2001, Report of the Home Office Review of Death Certification, Executive Summary and Recommendations

5<sup>th</sup> Edition, April 2022, Care After Death: Registered Nurse Verification of Expected Adult Death Guidance .

Ministry of Justice February 2014, Guide to Coroner Services

National End of Life Programme and National Nurse Consultant Group (Palliative Care), 2011, Guidance for staff responsible for care after death

NICE Quality Standard 13, March 2017, End of Life Care for Adults

NMC October 2018 The Code: Standards of practice and behaviour for Nurses and Midwives

The Shipman Enquiry, 2003, Third Report – Death Certification and the Investigation of Deaths by Coroners.

## 12 GLOSSARY

MCCD's	Medical Certificate Cause of Death
IMEG	Independent Medical examiner group
GDPR	General Data Protection Regulations
GP	General Practitioner
RHP	Registered Health Professionals
DOLS	Deprivation of Liberty Safeguard
NMC	Nursing and Midwifery Council Code
HCPC	Health Care Professionals Council

## Appendix 1

### Reportable Deaths

Deaths must be reported to the Coroner by the Medical Practitioner or the Police in the following circumstances (NB only relevant circumstances are given):

- no doctor saw the deceased during his or her last illness
- although a doctor attended the deceased during the last illness, the doctor is not able or available, for any reason, to certify the death
- the cause of death is unknown
- the death occurred within 24 hours of admission to hospital
- the death occurred during an operation or before recovery from the effects of an anaesthetic
- the death was due to industrial disease or poisoning
- the death was sudden and unexplained
- the death was unnatural
- the death was due to violence or neglect
- the death was in other suspicious circumstances; or
- the death occurred in prison, police custody or another type of state detention
- the deceased was detained or was a voluntary patient under the Mental Health Act 1983
- the death occurs within 1 year of surgery and the cause of death is implicated to the medical procedure/treatment (whether invasive or not)

### Health Professional Verification of an Expected Death

The patient has been identified to me as:

**Patients Name:**

**Date of Birth:**

**Address:**

**GP:**

**NHS No:**

Place of Death:	Time:	Date:	
Persons present at death/person who found the deceased* * please delete as appropriate			
Patient has died in the absence of a doctor	Yes	No	
GP/Medical Professional involved in the patient's care has agreed that the patient death is expected	Yes	No	
Patient is known to the primary care team	Yes	No	
<b>Clinical signs</b>		<b>Initial</b>	<b>5mins</b>
No response to painful stimuli (e.g. trapezius squeeze) confirmed?			
Absence of carotid pulse over one minute confirmed?			
Absence of heart sounds over one minute confirmed?			
Absence of respiratory movements and breath sounds over one minute confirmed?			
Fixed dilated pupils (unresponsive to bright light) confirmed?			
Relative or carer present If not present have they been notified	Yes Yes	No No	
Name of person informed: Relationship to patient: Contact Number:			
GP/Out of Hours informed (name of doctor)		Time informed	
Name of RHP verifying death			
Signature			
Date and time of verification			
Status			



<b>In the event of the patient having drugs administered continuously via a syringe driver complete the following:</b>			
Infusion removed from (state site)			
Name of drug(s)			
Amount of fluid remaining in syringe			
Set up at (date and time)			
<b>I confirm the infusion was calculated and was delivering the correct amount.</b>			
<b>I confirm that the contents of the syringe have been made unusable</b>			
Verified by		Witnessed by	
Name		Name	
Signature		Signature	
Status		Status	
Date		Date	
Time		Time	

**Appendix 4**

**Competency Framework for Registered Health Professional Verification of Expected Adult Death in the Community Setting**

Name..... Date of completion .....

<b>Competency</b>	<b>Trainers signature</b>	<b>Date</b>
The Registered Health Professional demonstrates a clear understanding of their own responsibilities and accountabilities including legal implications for RHP verification of expected death		
The registered Health Professional can advise on the relevant documentation and equipment required to complete the verification		
Can recognise potential clinical signs of death		
Can locate the carotid pulse		
Can use a stethoscope to listen for heart sounds		
Can use a stethoscope to listen for breath sounds		
Demonstrates the ability to examine the response of the pupil to light		
The registered Health Professional can indicate anatomical regions suitable to administer painful stimuli and assess response		
The registered Health Professional demonstrates completion of relevant paperwork and actions following examination		

I certify that the above-named Registered Health Professional has demonstrated a satisfactory level of competence in the verification of Expected Adult Death.

**Name of assessor:** .....

**Signature of assessor:** .....

**Date:** .....

**Competency Work sheet for Registered Health Professional Verification of Expected Death following training.**

**Name**.....

**Date**.....

1. What is the difference between Verification and Certification?
  
2. What records should have been completed to allow for RHP verification of death?
  
3. In what circumstances can Verification of death NOT be carried out?
  
4. What equipment is required to carry out Verification of death?
  
5. What are the clinical signs of death?
  
6. What actions should be taken following Verification of death?

### Competency Worksheet Notes

1. Ensure the registered Health Professional name is recorded on sheet.
2. Date of completion of competency important, from that date the Health Professional is deemed competent to carry out this procedure if required and that she/he is happy to do so.
3. It is important that the Health Professional has an awareness of why the training is needed and the background to it. This should include:
  - Improving end of life care for patients.
  - The reduction of delays that lead to distress for relatives
  - The prevention of potentially distressing and unnecessary ambulance call outs where resuscitation would be inappropriate.
4. Consider:
  - Who wants to be present?
  - Their understanding of the RHP role
  - Any language or communication barriers that will impede the understanding of the key persons involved
  - Privacy and prevention of interruption.
5. Legal implications - The RCN guidance should be quoted so the assessor is certain the RHP has full awareness of their role.
6. List equipment required: - stethoscope, torch, patient notes, all documentation pertaining to the procedure.
7. Checking identity - ensure that this is the patient, according to local guidelines. (name, address, NHS number, date of birth)
8. Check no signs of life: observation of the chest, calling their name, holding their hand to stimulate a response.
9. Check where a carotid pulse can be found, and other reasons why it may be difficult to find. The RHP to indicate where their carotid pulse is.
10. Use of a stethoscope - ensure RHP knows how to use one and where heart sounds should be heard, and to listen to their own
11. Use of stethoscope – RHP to show where breath sounds can be heard and to listen to his or her own.
12. Examination of pupils-why they are fixed and dilated, RHP to demonstrate how this would be carried out.
13. Considerations for the completion of the procedure:

- Ensure written documentation is completed in line with Trust Policy
- Last offices are undertaken according to policy and procedure
- The primary health care team/GP is notified of the death
- The patient's death is communicated to appropriate services across organisations
- The relatives/carer can express an understanding of what they will need to do next and are given relevant written information

Once the trainer/assessor is happy that the Health Professional is competent they can sign off the competency.

In some circumstances this can take more than one attempt. Competency can also be achieved in real work activity by a joint visit to verify a death.

## Appendix 7

### Quality Analysis and Equality Impact Assessment

**Equality Analysis** is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

**Equality Impact Assessment (EIA)** is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

You can find further information via the e-learning module [here](#)

### Equality Impact Assessment (EIA)

#### Step 1: Scoping and Identifying the Aims

Service Line / Department	Solent NHS Trust	
Title of Change:	Verification of Expected Deaths of Adults	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes	This policy sets out the required standard to be delivered by Solent NHS Trust staff for verifying expected death.	

#### Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
Sex			x	

Gender reassignment			x	
Disability			x	
Age			x	
Sexual Orientation			x	
Pregnancy and maternity			x	
Marriage and civil partnership			x	
Religion or belief	x			Promotion of improved care and communication at end of life for appropriate patients.
Race			x	

*If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.*

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	Community Matrons and staff from Portsmouth and Southampton. Nurse Verification of expected death is seen as good practice nationally (NICE, RCN, Hospice UK).
Have you taken into consideration any regulations, professional standards?	Please select	NICE, RCN, Hospice UK.

### Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	Decisions made by/on behalf of the patient will have been recorded prior to their death.		
Who will be responsible for monitoring and regular review of the document / policy?			

### Step 4: Authorisation and sign off

*I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.*

Equality Assessor:	Giselle Hudson	Date:	29/06/2022
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## Additional guidance

Protected characteristic		Who to Consider	Example issues to consider	Further guidance
1.	<b>Disability</b>	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Communication formats (visual &amp; auditory)</li> <li>• Reasonable adjustments.</li> <li>• Vulnerable to harassment and hate crime.</li> </ul>	Further guidance can be sought from: Solent Disability Resource Group
2.	<b>Sex</b>	A man or woman	<ul style="list-style-type: none"> <li>• Caring responsibilities</li> <li>• Domestic Violence</li> <li>• Equal pay</li> <li>• Under (over) representation</li> </ul>	Further guidance can be sought from: Solent HR Team
3	<b>Race</b>	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Language</li> <li>• Cultural traditions</li> <li>• Customs</li> <li>• Harassment and hate crime</li> <li>• "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic</li> </ul>	Further guidance can be sought from: BAME Resource Group
4	<b>Age</b>	Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above	<ul style="list-style-type: none"> <li>• Assumptions based on the age range</li> <li>• Capabilities &amp; experience</li> <li>• Access to services technology skills/knowledge</li> </ul>	Further guidance can be sought from: Solent HR Team
5	<b>Gender Reassignment</b>	" The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011	<ul style="list-style-type: none"> <li>• Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use.</li> </ul>	Further guidance can be sought from: Solent LGBT+ Resource Group
6	<b>Sexual Orientation</b>	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> <li>• Lifestyle</li> <li>• Family</li> <li>• Partners</li> <li>• Vulnerable to harassment and hate crime</li> </ul>	Further guidance can be sought from: Solent LGBT+ Resource Group
7	<b>Religion and/or belief</b>	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	<ul style="list-style-type: none"> <li>• Disrespect and lack of awareness</li> <li>• Religious significance dates/events</li> <li>• Space for worship or reflection</li> </ul>	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8	<b>Marriage</b>	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	<ul style="list-style-type: none"> <li>• Pensions</li> <li>• Childcare</li> <li>• Flexible working</li> <li>• Adoption leave</li> </ul>	Further guidance can be sought from: Solent HR Team
9	<b>Pregnancy and Maternity</b>	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	<ul style="list-style-type: none"> <li>• Employment rights during pregnancy and post pregnancy</li> <li>• Treating a woman unfavourably because she is breastfeeding</li> <li>• Childcare responsibilities</li> <li>• Flexibility</li> </ul>	Further guidance can be sought from: Solent HR team



**Appendix 8**

**Suggested audit tool Verification of Expected Death**

<b>Name of area/service</b>	
<b>Date of audit</b>	
<b>Time frame covered by audit</b>	
<b>Number of staff who have attended verification of expected death training</b>	
<b>Number of staff who have completed verification of expected death training competencies</b>	
<b>Number of patients whose death has been verified</b>	

**An extension audit could be completed to check accurate completion of the verification form (Appendix 2)**

## Appendix 9

### Procedure Guide

ACTION	RATIONALE
Perform hand hygiene prior to donning selected PPE	
Check identification of the patient against available documentation, for example, clinical records and NHS number	To correctly identify deceased patient.
Check for documented individualised agreement to DNACPR or equivalent in the clinical notes.	To ensure a decision has been made.
Identify any suspected or confirmed infectious diseases, radioactive implants, implantable medical devices.  NB: COVID-19 may not have been documented in the notes.	To enable correct information to be passed on to ensure others involved in the care of the deceased are protected.
Where applicable, instigate the process for deactivation of Implantable Cardiac Defibrillator (ICD), if not already deactivated.	To ensure the timely deactivation of ICD
Open a clean disposable sheet onto a cleaned surface, place suitably cleaned stethoscope and pen torch onto clean disposable sheet.  For home visits, this may be a dressing pack.  Lie patient flat  Where COVID-19 is suspected or confirmed, place a barrier such as a face mask over the mouth of the patient when moving them.  Leave all tubes, lines, drains pumps in situ (switching off flows of medicine and fluid administration currently.	In readiness for the verification  To ensure the patient is flat prior to rigor mortis.  To prevent the potential release of respiratory tract droplets on movement.  These may be removed after the verification of death examination and only if the death is not being referred to the coroner.