Lincolnshire Community Health Services NHS Trust

Policy for Verification of Death by an Emergency Care Practitioner, Autonomous Practitioner or Registered Nurse

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Name of responsible committee / individual:	Effective Practice Assurance Group
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Lincolnshire Community Health Services NHS Trust

Version Control Sheet

A Policy for Verification of Death and Confirmation of The Fact of Death by Emergency Care Practitioner, Autonomous Practitioner or Registered Nurse

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
1		New Policy	June 2010	Catherine Wylie
2		Review & revision	March 2014	Jill Anderson
2.1		Updated footers	June 2015	Jill Anderson
2.2		Extended for consultation	May 2016	Audit Committee
3		Review & revision to include addition of DOLS specification.	Oct 2016	Tim Balderstone
4		Removal of requirement for automatic referral to coroner through DOLS specification	Sept 2017	Tim Balderstone
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Background

All death should be subject to professional verification that life has ended. LCHS employees will be required in their line of work to verify that the death of a patient has occurred and to assist in the management of this event.

Policy Statement

This policy outlines This policy sets out the procedure to be followed in verifying death and management of the deceased thereafter, the required documentation and competency standard of employees undertaking this role.

Responsibilities

Compliance with the policy will be the responsibility of all Lincolnshire Community Health Services NHS Trust staff.

Training

LCHS provide training via the Education & Training Team for the verification of death.

Dissemination

Website/Intranet

Resource implication

Staff will require an understanding of process and time to complete training pack.

Abbreviations / Definitions

Acronym	Term / Definition
VOED	Verification Of Expected Death
OOHS	Out of Hours Service
ECP	Emergency Care Practitioner
AP	Autonomous Practitioners
EMAS	East Midlands Ambulance Service
GMC	General Medical Council
DOLS	Denial Of Liberty Safeguards
ADRT	Advanced Decision to Refuse Treatment
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation

Policy for Verification of Death and Confirmation of The Fact of Death by Emergency Care Practitioner, Autonomous Practitioner or Registered Nurse

Introduction and Summary

This policy provides guidance to employees who are required to verify an adult death and complete The Fact of Death Confirmation. The ability to undertake this task will provide continuity of care to relatives and carers when the patient dies at their place of residence. The policy will ensure that a death is dealt with in accordance with the law and in a timely and sensitive manner. Use of non-medical staff will reduce any delay in care of the deceased and their family.

Aims and Objectives

Completion of the Confirmation of The Fact of Death is undertaken in accordance with the law

The death of a patient will be dealt with in a timely and sensitive manner, respecting the dignity of the patient, relatives and carers.

The death of the patient is dealt with in accordance with the law.

To ensure the verification of death procedure is undertaken consistently, appropriate documentation is completed and timely communication is maintained with relevant health care professionals.

Detail the competencies and training required by registered practitioners undertaking verification of death.

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Scope

This policy has been developed to provide guidance for LCHS employees who may be required in their line of work to verify the fact of death. Such employees may be, but are not limited to, Out of Hours Service (OOHS) Emergency Care Practitioners (ECPs) or Autonomous Practitioners (APs), Complex Case Managers, Macmillan Nurses and other specialist nurses, all of whom are Registered Nurses (RNs) or Paramedics.

Only ECPs or APs working in the Out of Hours (OOH) time period will be required to verify unexpected death. This may be in conjunction with Paramedic colleagues from East Midlands Ambulance Service (EMAS) and the Police. (*EMAS NHS Trust Diagnosis of Death Procedure provides instruction for EMAS paramedics to diagnose death, and states 'when a diagnosis of death has been made, in accordance with procedure and/or an end of life care decision, the Police will be required to attend.'*)

This LCHS policy does not relate to the certification of death as defined in the following section.

Definitions

Certification of Death

This is the process of completing the ' Medical Certification of cause of Death' and has to be completed by a GMC registered medical practitioner.

Verification of Death

Verification of the fact of death is defined as determining whether a patient is deceased and does not require a medical practitioner to undertake verification. The documentation requiring completion, The Confirmation of The Fact of Death, is provided in this policy.

Expected Death

This is defined as death following on from a period of illness that has been identified as terminal, and where no active intervention to prolong life is ongoing.

The patient will have been seen by a GP or hospital doctor in the 14 days prior to death and will have been receiving regular medical management of their condition (industrial related disease is classes as an un-natural death and practitioners must follow the unexpected death process).

For patients who are subject to a DOLS, where death is expected practitioners may verify the death and WEF 1st April 2017 the coroner does not require automatic notification

The patient may have a DNACPR order or advanced directive (ADRT) in place, and may have a personalised end of life care plan.

Note: If there is no DNACPR/ADRT/Advanced Care Plan in place, providing the clinician has demonstrated a rationale process in decision making for not attempting CPR, the employing organisation will support the member of staff if this decision is challenged. Consideration of the following will help to form a decision, but it must be stressed that professional judgement that can be justified and later documented must be exercised.

> *What is the likely expected outcome of undertaking CPR? For example, it would be inappropriate to start CPR if it will not re-start the heart and maintain breathing.*
>
> *What is the balance between the right to life and the right to be free from inhuman and degrading treatment? (Human Rights Act, 1998)*

Unexpected Death

This is **any death that does not fit the definition of an expected death**, where there is clearly no chance of survival and or where resuscitation would be both futile and distressing.

If there are **any signs of life** or uncertainty about death having occurred, and in the absence of a DNACPR order or advanced directive, then resuscitation must commence and 999 emergency ambulance assistance be called for.

Suspicious Death

A suspicious or unexplained death may include unnatural causes such as manslaughter, signs of violence, poisoning, suicide or safeguarding concerns such as neglect or abuse.

This policy provides guidance to any practitioner of the actions required of them if they are concerned that the death may not be from natural causes or if there are circumstances surrounding it they consider suspicious.

Duties within the organisation

The Chief Executive:

has overall responsibility for the strategic and operational management of Lincolnshire Community Health Services NHS Trust, including ensuring that the organisation's policies comply with all legal, statutory and good practice requirements.

***Heads of Clinical Service*:**

Responsible for identifying and implementing policies relevant to their area of responsibility. They are also responsible for ensuring that all staff have access to and are made aware of, policies that apply to them.

All staff

Responsible for the implementation of LCHS policies as part of their core Duties.

All clinical professionals

Who undertake the verification of death procedure have responsibility to have adequate knowledge of the legal requirements for the verification of death and the skills and education to determine the physiological aspects of death to adequately discharge their professional liability to patients and the Trust

Monitoring Compliance

The line manager is responsible through the process of clinical supervision to monitor clinical adherence to the terms of the policy.

Competence for Practice

All registered professionals must abide by their professions' code of practice and conduct. These require professionals to acknowledge the limits of their professional competence and only undertake practice and accept responsibility for those activities in which they are competent.

Staff groups with additional post registration qualifications in respect of autonomous and or advanced clinical practice particularly relating to clinical examination skills will be expected to have the competencies to verify the fact of death in line with this policy.

Staff without these post registration qualifications will be required to develop their skills and knowledge in order to equip them to verify the fact of death in line with the policy and have the competence added to their electronic staff record.

They must firstly successfully complete the Trust VOED competency programme or provide evidence of equivalent competency. (Appendix 3)

This includes the demonstrating competence in performing physical examination. Clinical examination to include:

- Examination of the fundi and pupil Chest examination
- Examination of the neck for bruising
- Examination of the eyes for petechiae
- Complete body assessment for exclusion of possible foul play

And demonstrate the knowledge and understand and performance criteria outlined in CHS54 Verify an expected death (Skills for Health, June 2010)

Procedure – Verification of Death

"For people suffering cardiorespiratory arrest (including failed resuscitation), death can be diagnosed when a registered medical practitioner, or other appropriately trained and qualified individual, confirms the irreversible cessation of neurological (pupillary), cardiac and respiratory activity.

Diagnosing death in this situation requires confirmation that there has been irreversible damage to the vital centres in the brain-stem due to the length of time in which the circulation to the brain has been absent."

Academy of Medical Royal Colleges, 2008

All clinical processes to be followed by LCHS staff in the verification of death are to fulfil the requirements of the statement above.

Verification of Expected Death

Utilise the flowchart provided within 'Verification of expected death by ECP's, AP's or RNs' (Appendix 1) to confirm the following:

- Absence of a carotid pulse over one minute
- Absence of auscultated heart sounds over one minute
- Absence of respiratory movements and breath sounds over one minute
- Fixed, dilated pupils (unresponsive to bright lights)
- No response to painful stimuli

The patient should be observed whilst implementing the above, for a minimum of 5 minutes to confirm the fact of death.
<u>This procedure should not be rushed and can be repeated if required.</u>

It is important to remember that for some patients their disease process may complicate verification of death. For example, head and neck tumours may make it difficult to detect a carotid pulse. Another pulse point should be used but this variance should be documented on the verification of death checklist.
Additionally in obese / bariatric patients heart sounds may be difficult to hear and so extra care should be taken.

When death is confirmed Complete 'Confirmation of The Fact of Death' form (Appendix 2). Practitioners must satisfy themselves all criteria for "Expected Death" have been met (if not proceed as for Unexpected Death).

Verification of Unexpected Death

Unexpected deaths will be verified by ECPs or Aps working in the OOH service only. The OOH service provides GP medical services outside of normal GP practice working hours and thus unexpected deaths at home come under their remit.

Follow flowchart for verification of death (Appendix 1).

Complete 'Confirmation of the Fact of Death' form (Appendix 2).

Referral to the Coroner

A referral is made by contacting the Coroners office direct during working hours, or via the police using the 101 non-emergency number out of office hours.

Referral to the Coroner is required if any of the following apply;-

- Any unusual or disturbing features, suspicious or cause for concern at the scene or from relatives or carers.
- The deceased had not been seen by their own doctor in the 14 days prior to death.
- The cause may be unnatural such as (but not limited to) accident, manslaughter, suicide, use of illegal drugs or excess alcohol.
- Deaths related to problems or concerns with medical treatment, or within 28 days of surgery.
- There are suspicions of neglect by patients or carers.

IF STAFF ARE IN ANY DOUBT REGARDING THE CIRCUMSTANCES OF A DEATH, THEN REPORT IT!

If a referral to the Coroner is necessary the following should occur:

- Preserve the scene – it is important that nothing that may help establish the facts is disturbed
- Inform relatives/carers of the action you are taking
- Remain at the scene until police arrive if at all possible – the medical demands of the living would take precedence

Complete Confirmation of the Fact of Death form (Appendix 2).

Communication

Relatives should be sensitively informed that death has been verified and that the GP will complete certification and issue the death certificate as soon as possible (unless reportable to the coroner).
Staff will signpost relatives and carers to bereavement support and provide information as appropriate. If the relatives of a deceased patient wish to speak to a doctor, this request should be facilitated by referral to the GP.

Transfer of the deceased to the Funeral Director

Once the death has been verified, the deceased may be transferred to the Funeral Director, but the GP / Responsible Medical Officer must be informed so that arrangements can be made to complete the death certificate.

Monitoring

This document will be reviewed every two years, to ensure compliance with legal requirements.

Audit

Audit will be undertaken via the Mortality Review Panel process for **all** deaths that occur within a community hospital ward environment or Urgent Care Centres, Minor Injury/Illness Unit, Minor Injury Unit or Walk in Centre.

The Mortality Review Panel may however at their discretion require services to complete Stage 1 mortality Review Templates for the death of any, or all, patients within our care when LCHS staff are present or treatment is in progress.

The Effective Practice Assurance Group will be used to provide additional assurance that the death is reviewed, appropriate actions taken with lessons learned identified to ensure patients remain safe within services should any issues with the use of this policy by individual members of staff be identified.

References & Further Reading

Code of practice for the diagnosis and confirmation of death. Academy of Medical Royal Colleges. (2010)

The Code for Nurses and Midwives (2015) Nursing & Midwifery Council
https://www.nmc.org.uk/standards/code/
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Standards (2016) Health & Care Professions Council
http://www.hcpc-uk.org/aboutregistration/standards/
Last accessed 21/10/16

CHS54 Verify an expected death.(2010) Skills for Health
https://tools.skillsforhealth.org.uk/competence/show/pdf/id/2231/
Last accessed 21/10/16

Confirmation or verification of expected death by registered nurses. RCN
https://www.rcn.org.uk/get-help/rcn-advice/confirmation-of-death
Last accessed 21/10/16

Guide to Coroner Services. Ministry of Justice.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/363879/guide-to-coroner-service.pdf
Last accessed 21/10/16

Guidance No.16A, Deprivation or Liberty Safeguards (DoLS).Chief Coroner
https://www.judiciary.gov.uk/wp-content/uploads/2013/10/guidance-no-16a-deprivation-of-liberty-safeguards-3-april-2017-onwards.pdf
Last accessed 18/8/2017

Equality Analysis

Name of Policy/Procedure/Function*
Policy for Verification of Death and Confirmation of The Fact of Death by an Emergency Care Practitioner, Autonomous Practitioner or Registered Nurse

Equality Analysis Carried out by: Tim Balderstone
Date: 18th August 2017
Equality & Human rights Lead: Rachel Higgins

Director\General Manager: Lisa Green

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

Section 1 – to be completed for all policies

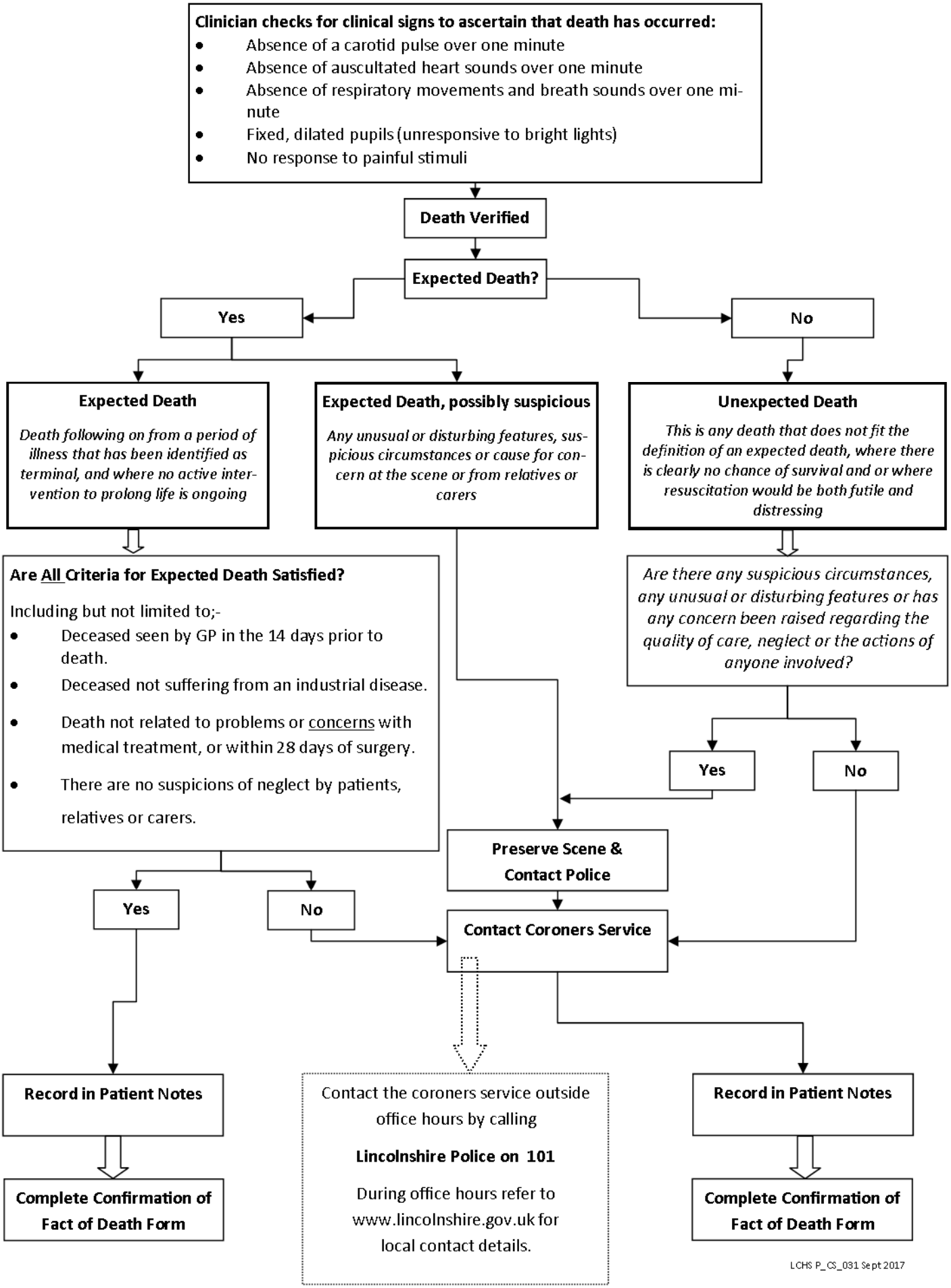
A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	The objectives of the policy are to provide guidance to LCHS employees who are required to verify the fact of death and ensure this is undertaken in accordance with the law. Ensuring: The death of a patient will be dealt with in a timely and sensitive manner, respecting the dignity of the patient, relatives and carers. The death of the patient is dealt with in accordance with the law. The verification of death procedure is undertaken consistently, appropriate documentation is completed and timely communication is maintained with relevant health care professionals.		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? **Please give details**	Impacts on patients and staff		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details**	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?			
		Yes	No	
	Disability		x	
	Sexual Orientation		x	
	Sex		x	
	Gender Reassignment		x	
	Race		x	
	Marriage/Civil Partnership		x	
	Maternity/Pregnancy		x	
	Age		x	
	Religion or Belief		x	
	Carers		x	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Tim Balderstone		
Date:		18/8/17		

Monitoring Template

Minimum requirement to be monitored	**Process for monitoring e.g. audit**	**Responsible individuals/ group/ committee**	**Frequency of monitoring/ audit**	**Responsible individuals/ group/ committee (multidisciplinary) for review of results**	**Responsible individuals/ group/ committee for development of action plan**	**Responsible individuals/ group/ committee for monitoring of action plan**
All deaths in community hospitals/ Urgent Care Settings	Mortality Review Panel	Practitioner Performance Assurance Committee	Monthly	Practitioner Performance Assurance Committee	Practitioner Performance Assurance Committee	Practitioner Performance Assurance Committee

FLOWCHART FOR VERIFICATION OF DEATH BY ECP'S, ANP'S or RGN'S

APPENDIX 1



LCHS P_CS_031 Sept 2017

Appendix 2…..Confirmation of The Fact of Death Form

Confirmation of the Fact of Death Form

Date and Time	Reported by Family	Confirmed by Practitioner
Patients Name		
Age or DOB		
Patient's Address		
GP Name and Address		

☐ Patient in Collapsed state with no signs of life

	Confirmed
Absence of carotid pulse 1 minute	
Absence of hear sounds 1 minute	
Absence of respiratory movements 1 minute	
Fixed dilated pupils	
No response to painful stimuli	

OR ☐ Condition incompatible with life. (state which) ----------

OR ☐ DNACPR, ADRT

OR ☐ No evidence of CPR in past 15 minutes

AND ☐ No signs of (**exclude these potentially treatable and reversible causes of cardiac arrest*)

Drowning
Hypothermia
Poisoning or Overdose
Pregnancy

Police / Coroners Officer contacted	Yes/No at -----/-----hrs	
Relatives / neighbour contacted	Yes/No at -----/-----hrs	
Minister of religion contacted	Yes/No at -----/----hrs	
Relative/carer/other present	Name Contact Information	
Death Confirmed by (Print Name)	Signature	Qualification (e.g. RGN / ECP)
Witnessed by:		
Burial or Cremation:	Undertakers name:	

Appendix 3…..Confirmation of Competence Form

COMPETENCY CONFIRMATION

Competency	Signature	Date
Demonstrate knowledge of local and national policy / guidelines		
Describe what would constitute an expected death.		
Describe an unexpected/suspicious death and give examples		
Discuss the key factors to consider when carrying out this procedure.		
Discuss the role of the practitioner in verification of death and the legal requirements		
Demonstrate knowledge of the equipment and paperwork that are required to carry out this procedure		
Demonstrate how to check the patient's identity according to local policy		
Demonstrate how to check there are no signs of life		
Demonstrate the location of the carotid pulse		
Discuss the circumstances when it may be impractical to examine the carotid pulse and explain what you would do as an alternative		
Demonstrate use of a stethoscope to listen for heart sounds		
Demonstrate use of a stethoscope to listen for breath sounds		

This is to confirm that ……,
payroll number……..meets all the competencies listed above and is authorised to undertake the process of verification of death and completion of The Fact of Death on behalf of Lincolnshire Community Health Services NHS Trust.

Assessor
Name……. Designation .....

Signed ..... Date.....

Learner signature…….Designation……..