Policy and Procedure for the Verification of a Patient's Expected Death (by Registered Nurses)

To see details of policy reviews follow this link: - C21 Front sheet

1. Policy Statement

All Registered Nurses employed by Phyllis Tuckwell Hospice Care, who have been trained and assessed as competent, both in the Inpatient Unit (IPU) and in Hospice Care at Home (HCAH) are able to verify a patient's expected death if the patient is known to PTHC (and in the community if the GP is in agreement that an RN can verify the patient's death). This Policy and Procedure follows the recommendations from the Registered Nurse Verification of Expected Adult Death Guideline (Hospice UK et al, 2019)
Covid 19 changes- see Appendix 7 page 15.

2. Background

2.1 With the current emphasis on the provision of the right care at the right time by a member of the multi-disciplinary team and the national guidance on best practice for end of life care, (NICE, 2015, One Chance to Get It Right, 2014), it is appropriate for registered nurses who have been assessed as competent to be able to formally verify the expected death of a patient and improve the quality of care for patients and families at this difficult time.

2.2 Timely verification is a recommendation (Ambitions for Palliative and End of Life Care, 2015). The aim is to reduce delay between time of death and verification of death.

2.3 End of life care can be enhanced and sensitively managed through timely verification of expected patient death by registered nurses, to help minimise delay and further distress for carers and relatives.

2.4 Timely verification can minimise the distress caused by continued connection to clinical equipment which cannot be disconnected until the verification process takes place.

2.5 Following verification of expected death, such equipment can be disconnected and the funeral director contacted, or the patient transferred from Inpatient bed.

3. Definitions

3.1 Verification of the fact of death is the procedure of determining whether a patient is actually deceased. All deaths are subject to professional verification that life has ended. It documents the fact of death in line with national guidance and is associated with the responsibilities of identification, notification of infectious illnesses and implantable devices. It is recognised as the official time of death (Special Edition Registered Nurse Verification of Expected Adult Death Guidance, (RNVoEAD) Hospice UK, November 2020).

3.2 Certification of death is purely the process of completing the Medical Certificate of the Cause of Death (MCCD) and this can only be carried out by a Doctor. Currently, the Coronavirus Act (2020) allows for the issue of a MCCD where the medical practitioner has seen the deceased within the 28 days prior to death, including via video link. If the Medical Practitioner has not seen the person prior to death, they will need to view the deceased directly, and not via video link.

3.3 Expected Death is the result of an acute or gradual deterioration of a patient's health status, usually due to advanced progressive incurable disease (RNVoED guidance, 2020). The death is anticipated, expected and predicted. It is anticipated that Advance Care Planning (ACP) and Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) will have taken place and be documented. The patient should have been reviewed to eliminate reversible causes and the patient and family are aware of the dying phase (NICE 2015). For patients under the care of PTHC, the expected death will be of a person aged 18 or over.

3.4 Sudden or Unexpected Death is a death that is not anticipated or related to a period of illness that has been identified as terminal. Where the death is completely unexpected and the healthcare professional is present, then there is a requirement to begin resuscitation. The National Resuscitation Council (NRC) has issued clear guidance for circumstances where a patient is discovered dead and there are signs of irreversible death (2017), in which case the RN may make an informed clinical judgement not to commence CPR (RNVoEAD Guidance, 2020)

3.5 Sudden or Unexpected Death within a Terminal Period means a person with a terminal diagnosis can have a sudden death, such as an embolism. Death can be verified by an RN in these circumstances provided the DNACPR form is completed and the circumstance then discussed with the doctor. The death can be verified as long as the doctor has seen the patient within this illness, (Hospice UK guidance, 2020).

3.6 Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR)-is an advance decision not to attempt CPR to re-start cardio-respiratory function but to allow a natural death) (Resuscitation Council 2017).

3.6 Suspicious death is when a death happens unexpectedly due to an act of violence or an accident (Gov.uk, 2018). In this situation a PTHC RN must not verify the patient's death.

4. Responsibility/Accountability

Responsibility	Title and detail of responsibilities
Accountability	Chief Executive
Overall responsibility	Director of Patient Services (Registered Manager) to ensure this policy and procedure is ratified and disseminated to all Nurse Managers. Local community primary care teams are made aware of this policy.
First line Responsibilities	Nurse Managers in the IPU and Community are familiar with the content and ensure all RNs comply with this policy and procedure. Ensure evidence of all RNs training and competence is completed and that all RNs share competency paperwork and experience as part of appraisal and revalidation Education team design and provide training is to ensure best practice takes place. Collate numbers of training and review and evaluate. The authors to update Quality and Audit lead with an updated version and disseminate to Managers.
All Registered Nurses	Act in accordance with this policy and procedure and work within their NMC Code (2018) Competent to undertake open and sensitive communication with families and carers to gain an understanding of preferences, religious and cultural needs and processes following death. Completed training which includes theory and discussion and practice. Completed assessment for their formative and summative competence with the practical elements being completed on a dead person/ simulated manikin. RNs are supported in practice to embed competence to ensure that the wider scope of verifying includes managing relatives and difficult situations. Quality and Audit lead to support RNs for audit and share any feedback on variance of practice to the Managers
Medical Responsibilities	Primary Medical Practitioner to include multi-professional discussions and agreed no reversibility from this last illness. Ensure that DNACPR or ReSPECT form is completed. Families and carers should be made aware by the medical practitioner or appropriate competent member of the multi-professional team that death is expected.

5. Scope

5.1 This policy applies to all PTHC Registered Nurses working within the In Patient Unit (IPU) and Hospice Care at Home (HCAH) working as part of the community team.

5.2 Verification is an extended role that requires evidence of training and competence to be able to verify that a person is dead.

5.3 Verifying a death is the undertaking of a physiological assessment confirming that a patient has died. It does not involve nurses deciding what caused the death. Expected death can be verified by a registered nurse and must not be mistaken for the certification process.

5.4 There is no legal requirement for the Doctor to attend to verify that death has Occurred (Academy of Medical Royal Colleges, 2010, Hospice UK, 2020), however they do need to have seen the deceased within the last 28 days of this illness or if not they need to view the body after death to be able to issue a death certificate stating the cause of death. (Travers 2019, Hospice UK 2020).

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5.6 This policy and procedure set out the process that nurses should adhere to when verifying the expected death of a patient with a chronic progressive irreversible terminal illness.

5.7 It includes where the patient dies under the Mental Health Act including Deprivation of Liberty (DOLS).

5.8 HCAH RN staff should always liaise with the GP in advance of the patient's death to establish if the GP is in agreement for a competent RN to verify the expected death. RNs undertaking this role will have been trained and assessed as competent to verify the person's expected death.

5.9 The content of this policy sets out, practical, evidence-based guidance on verification of expected death for registered nurses.

6. Expected Death

6.1 Recognition of the fact that the patient is dying and death is expected, which needs to be communicated to the patient and family, agreed with the multi professional team (including the GP) and documented (One Chance to Get it Right 2014).

6.2 If a patient has been discharged from hospital to die, there must be supporting documentation from a medical practitioner to clarify that the patient is expected to die in their preferred place of care.

6.3 Where death is anticipated, expected and predicted the following conditions apply:

- 6.3.1 The Registered Nurse verifying the expected death will adhere to the PTHC Verification of Expected Death Policy and Procedure
- 6.3.2 The patient should be receiving clinical care provided by Registered Nurses employed by PTHC
- 6.3.3 There is agreement within PTHC that the IPU Doctor recognises that a Registered Nurse who has undertaken a programme of training and assessment is able to verify the expected death. In the community there will be evidence of discussion with the GP that death is expected and the RN can verify
- 6.3.4 DNACPR or ReSPECT documentation for the patient is written by the Senior Responsible Clinician and is visible within the care setting
- 6.3.5 Where indicated, the patient should have documentation in their clinical records from a Doctor regarding the deactivation of their Implantable Cardio defibrillator (ICD) (BHF 2013). Advice about ICD deactivation can be obtained from the local heart failure specialist nurse or Acute Hospital Trust
- 6.3.6 The patient should have an individualised care plan for care delivery in the final days of life in line with the 5 Priorities of Care (NICE 2015)

6.3.7 If death is expected, the patient needs to have been reviewed by their General Practitioner (GP) or a Doctor within the period of this illness to enable a medical certificate stating cause of death to be issued by the Doctor

6.3.8 If the patient has been diagnosed with an industrial disease or a disease related to the deceased's employment e.g. asbestosis or mesothelioma, arrangements **must** be made and documented, before the patient dies, about the appropriate instructions following death, as the patient may need a post-mortem. In this situation the Doctor at PTHC or the GP will have a conversation with the Coroner, and arrangements must be documented on EMIS or in the notes in the patient's home. **If no such arrangements are in place,** the registered nurse verifying the expected death of the patient **must** discuss with the patient's own GP or out of hours Doctor about the plan of whether the person is to be cared for by the local funeral director and taken to the hospital if a post mortem is required, or any other instructions as directed by the Coroner. This conversation is required **before** the person is removed from the care setting.

6.3.9 Where there is a drug error or fall there needs to be discussion with the doctor/ and or pharmacist as to whether the incident has made a material contribution to the death, taking into account the association of level of harm to the patient and likelihood that it could have more than minimally contributed to the death. Clinical judgement should be documented in the patient records and on the incident form. (Travers 2019).

6.4 These guidelines do **not** include sudden or unexpected deaths. Where the death is unexpected and not predicted and a DNACPR is **not** in place, the nurse has a responsibility to initiate resuscitative measures. (NMC 2018). However, where the patient is found deceased and there is no DNACPR in place, but there are signs of irreversible death (such as rigor mortis), Verification of Expected Death may be carried out after discussion with the Medical Practitioner. (Hospice UK, 2020, Coronavirus Act, 2020).

6.5 The nurse will **not verify the death** of the patient if the following conditions apply:

- The death is not expected
- The patient is under 18 years
- The patient is unidentified
- The patient is not known to a PTHC nursing/multi-disciplinary team
- The death follows any post-operative/post invasive procedure
- The death follows an untoward incident e.g. drug error
- The death is within 24 hours of an unseen fall
- There is a suspicion or concern of negligence or malpractice
- Death occurs within 24 hours of discharge from hospital, **unless** the patient has been transferred for end of life care and there is documentation supporting planning for an expected death and agreement for verification
- If the patient has not been reviewed within their present illness by their GP /Medical Practitioner
- The patient is known to have an implantable cardio defibrillator (ICD) and there is no record in the clinical notes that it has been deactivated. In this situation liaison with the duty Doctor is required.

6.6 If there is a suspicion that the death may be due to unnatural causes, tactful and diplomatic handling of the situation is required. **Do not** try to determine the cause of death, as this is for the police and coroner. Therefore:

- Risk assess the situation ensuring protection for yourself and others
- Inform the patient's GP or out of hours medical service, Medical Practitioner or if appropriate call 999
- Preserve the scene
- Always be tactful and sympathetic with family and relatives
- Make detailed notes of events including who was present, anyone who has left the scene and what happened
- Inform senior manager
- Complete appropriate incident reporting documentation as advised by a senior manager.
- Once the police arrive they will take responsibility and carry out an investigation on behalf of the coroner.

7. Procedure for Verifying an Expected Death

Blue type applies to the community setting

7.1 An agreement must take place between appropriate medical and nursing staff prior to the patient's death and a record documented in line with the 5 priorities (NICE 2015) which includes:

- Further intervention would be inappropriate
- Death is expected and imminent
- The death is not listed as one of the exceptions
- The Doctor is agreeable to the registered nurse verifying the expected death

7.2 The nurse must ensure the other health care professionals know of the medical decision about the expected death. Within the community documentation is to be available for day and night nurses and out of hours services involved in the patient's care throughout the 24 hour period so they are prepared with all shared information.

7.3 Information is at hand for patients who have wished for Tissue donation and that the Organ Transplant team are aware of the expected death and have left a plan of care. Further information available from Human Tissue Act (2004) (Appendix 1).

7.4 If the death is expected at night, it is good practice to contact the patient's Next of Kin or carers in advance to ascertain whether they wish to be contacted during the night or the following morning.

7.5 The professional verifying the expected death is responsible for confirming the identity of the deceased person. This requires name, date of birth, address and NHS number (Hospice UK 2020), where known, otherwise in the community using the terminology of "identified to me as…".

7.6 The nurse verifying the death has the responsibility for informing the relevant Doctor and for recording the date and time this took place in the clinical records (Home Office 2004). A record of who was present at the time of death should also be recorded if the patient is to be cremated. Families should be advised that there may be a difference between the time of the last breath and the official time of death recorded as the time of verification (Hospice UK, 2020)

7.7 Clinical equipment e.g. urethral catheters or syringe drivers should not be removed from the deceased before the death has been verified.

7.8 Where the nurse is in any doubt about any aspect of the verification she/he should liaise with the duty doctor.

7.9 If the relatives or carers of a deceased patient wish to speak to a doctor at the time of death, this request should be respected, documented and communicated to the MDT, Out of hours medical and nursing services as appropriate.

7.10 Death will be verified using the following the Standard Operating Procedure (SOP) (Appendix 2)

7.11 Following verification:

- Parenteral drug administration may only be removed after verification of the expected death. However the syringe driver can be stopped and switched off while waiting for a suitable nurse/doctor to verify, as occlusion may occur and trigger the alarm.

- Once VoED has taken place the nurse should measure the medication in the syringe driver (SD), record the remaining volume and ensure it tallies with the McKinley volume to be infused rate. The 'removal of equipment section' on the Verification of Expected Death form should then be completed.(Appendix 3) The contents of the syringe should be disposed of in accordance with the PTHC Disposal of Medicines Policy and Syringe Driver Guidelines in the IPU, and the local guideline in the community .

- Leave vascular access devices in situ e.g. midline/PICC line

- Where appropriate the registered nurse should notify the next of kin that the patient has died if they have not already been informed, and the death has been verified/confirmed.

- The RN should advise the relatives of the deceased to contact the GP surgery to make an appointment to obtain the death certificate, before making an appointment with the Births and Deaths Registry office. On the inpatient Unit, the relevant staff member is to inform the relatives about the processes following the death of the patient.
- The verifying nurse should document all relevant information on the EMIS template. (Appendix 4) Within the community RNs to also complete the Verification of Expected Death form (Appendix 3) and inform others involved in the patient's care of the death. The Verification of Expected Death form is left in the patient's home for collection by the community nurses.
- HCAH are responsible to inform the relevant health care professionals and other agencies involved in the patient's care in the community that the death has taken place including the patient's GP or the Out of Hours Medical Service.
- The Funeral Director can be contacted, by the family or if they choose by the RN and should be alerted to the presence of any infections, notifiable diseases and any internal cardiac devices or pacemakers. For IPU patients, once the death has been verified the body can be moved to Rose Cottage in line with the PTHC Care after Death guidelines.

8. Absence of Next of Kin or designated person responsible for care after death.

8.1 In the event of an expected death where there is no next of kin or designated other (able or willing) to deal with care after death, under section 46 (1) of the Public Health (Control of Disease) Act 1984 it is the responsibility of the local authority to bury or cremate the dead person where it appears that no other suitable arrangements will be made.

8.2 If a patient wants to die at home and they do not have a next of kin or designated person responsible for their care after they die, the community nursing team should ensure arrangements have been made in advance for what to do in the event of the patient's death. All arrangements and contact numbers should be located in the patient's home and on their electronic record. The out of hours nursing and GP services should also be notified. This should include which funeral directors are to be used and which local authority is responsible for the burial or cremation.

8.3 Social services should be involved in advance of death if there is no next of kin as an advocate/social care manager may need to be appointed.

8.4 Should the patient die outside office hours without any next of kin present the verification of expected death guidance should be followed:

8.4.1 Nominated Funeral directors contacted in the community, and the out of hours GP should also be notified.

8.4.2 In IPU, the allocated social worker to be informed and Funeral Directors contacted for transporting the body.

8.5 In the community, if the deceased patient has to be left in the home alone, liaise with the DN team and the police should be notified using the 101 telephone number. The property must be left secure with details of how to access the property given to the funeral directors and police.

8.6 If none of the above process is in place, verification needs to be completed by a GP/ Doctor

9. Education and Training

9.1 To ensure a high standard of practice the registered nurse must:

- Have the underpinning knowledge and skills for safe and effective practice when working without direct supervision
- Recognise and work within the limits of his/her competence
- Keep knowledge and skills up to date throughout his/her working life
- Take part in appropriate learning and practice activities that maintain and develop competence and performance (NMC 2018)
- Be competent using a stethoscope and be competent in identifying heart sounds and breath sounds

9.2 Training and education will be provided by PTHC to enable registered nurses to attain the knowledge and skills required to undertake VoED.

9.3 'Assessor support' sessions will be offered for appropriate staff e.g. team leaders/managers/ who are qualified mentors/practice assessors, who will then be able to assess the competence of their staff in their work bases using the PTHC VoED competency document. **(**Appendix 5)

9.4 Training will comprise both theoretical and practical components including:

- Relevant policies, protocols and guidelines
- The dying process and identification of death
- Roles and Responsibilities
- Professional accountability
- Legal and ethical issues
- Communication and psychological aspects of care
- Cultural and faith based information
- Practical knowledge of how to assess someone

9.5 Following training the nurse will be assessed a minimum of twice for competence by an experienced RN with a mentor/ Practice Assessor qualification, or by a Doctor. Both the assessor and the person being assessed must sign and date the PTHC VOED competence document. The completed document should be copied and sent by the nurse to their manager, and Learning Development team for filing in the evidence folder, as evidence for PTHC and the CQC.

9.6 Nurses already competent in VoED will be expected to read updated guidelines to ensure their practice is up to date.

9.7 The Registered Nurse will be required to submit an annual reflection of their practice (with respect to VoED) as part of their annual appraisal and build evidence towards the NMC Revalidation

9.8 The Learning and Development Team will record attendance of training (from a signed delegate list), onto the Learning and Development database and CIPHr.

9.9 Line managers will be informed of non-attendance should a delegate fail to attend the booked training event. The line manager is required to discuss with the delegate the reason for non-attendance and ensure that delegates attend a future event.

10. Monitoring and Review

10.1 This policy and procedure will be reviewed every three years and at any time in the event of new legislation, information or National Guidance.
10.2 Senior Clinical Team to identify compliance through incident reporting
10.3 Adherence to this policy will be audited through completion of forms and EMIS, and signed competencies of the RNs who have completed their training.

Related PTHC policies/procedures

Guidelines for the Care and Support of Patients in the Last Days of Life
Syringe Driver Guidelines
Care after Death Guidelines including religious preference chart
Resuscitation policy and procedure

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Equality Impact Assessment (EIA)

Phyllis Tuckwell Hospice Care aims to design and implement services and policies that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Equality Act 2010 and aims to promote equal opportunities for all. This policy has been assessed to ensure that no service user receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, race, religion or belief, marriage and civil partnership, pregnancy and maternity.

Equality Impact Assessment	Yes/No	Comments
Does the policy affect one group more or less favourably than another on the basis of:		
Age	Yes	Policy is for adults 18 years and over referred to PTHC
Disability: Learning Difficulties / Hearing Impairment / Visual Impairment / Physical Disability / Mental Illness	No	
Sex (gender)	No	
Gender Re-assignment	No	
Sexual Orientation	No	
Race	No	
Religion or Belief	No	
Marriage or Civil Partnership	No	
Pregnancy & Maternity	Yes	A pregnant lady would be cared for in the maternity unit
Is there any evidence that some groups are affected differently?	No	

Created By	Sian Williams and Nicola Harding
Previous reviews	Complete update from 2013
Latest Review	May 2019
Reviewer	Sian Williams and Nicola Harding
Consulted for comment	Caroline Rogers, Jayne Holland, Sally Ward, Nick Dando, Claire Delaney
Approved By (name and job title)	Jayne Holland Director of Patient and Family services
Approval Date	October 2019
Version Number	V3
Next Review Date	October 2022
Minor Amendments made within the review period	Added motor sensor assessment after 5 minutes and competence document v1.2
Amendment details Include paragraph & page number	
Amendment date	15/4/2020
New version number	V 3.1
Minor Amendments made within the review period	Added Covid-19 Caveat Appendix 7 Added competency v1.3
Amendment details Include paragraph & page number	
Amendment date	28.04.2020
New version number	V 3.2
Minor Amendments made within the review period	Updated in line with Special Edition of RNVoEAD Guidance, November 2020
Amendment Details	Amended Covid Caveat and Competency V 1.4
Amendment Date	15/12/20
New version Number	V 3.3

Appendix 1

Tissue Donation

If an individual's wishes regarding organ and tissue donation were not formally recorded before death as part of their advance care planning, consent can be sought from a nominated representative or someone else in a qualifying relationship, if they believed the deceased wanted to donate (Human Tissue Act 2004).

1. Advice is available from NHS Blood and Transplant (NHSBT) specialist nurses organ donation (SNOD) who are based in acute trusts, or by contacting NHSBT at www.organdonation.nhs.uk,
2. South East Organ Donation can be contacted at 0300 1232323

3. Only tissues can be donated if the patient dies in the community. Patients may only donate organs if they are in an acute hospital setting.

4. To donate corneal tissue either the nurse or family will need to contact the transplant coordinators at the Queen Victoria Hospital Eyebank (East Grinstead) on the oncall number 07712 305268 (or in office hours and alternative number is 01342 414220) , email QVH.eyebank@nhs.net They will then make all the necessary arrangements.

Appendix 2

Standard Operating Procedure for Verifying Expected Death for adults

Please see Appendix 7 for changes to procedure due to Covid 19 (updated December 2020)

Preparation and 5 criteria step by step guide

Equipment (cleaned according to local procedure):

- Pen torch
- Stethoscope
- Watch with second hand

Verification of expected death will require the nurse to assess the patient for a minimum of **FIVE (5) MINUTES** to establish that irreversible cardio-respiratory arrest has occurred, as well as specific additional observations (Academy of Royal Medical Colleges, 2010)

Where the RN is in any doubt, they should liaise with the duty doctor. Any spontaneous return of cardiac or respiratory activity during this period of observation should prompt further five minutes observations.

ACTION	RATIONALE
Check for completed DNACPR documentation and that the MDT is in agreement that there are no reversible causes and that there is recognition of expected death. Doctor is in agreement of competent RN verifying the expected death.	To ensure agreement of process and to check that: • Further intervention would be inappropriate • Death is expected and imminent • The death is not listed as one of the exceptions
Check that the NHS number of the patient's clinical records and deceased correlate and patient is identified correctly with name band including: Name, date of birth, NHS number, EMIS number in situ. Or in the community "Identified to me as…"	To correctly identify deceased
Identify from the clinical notes, any infectious diseases, radioactive implants, implantable medical devices.	To enable correct information for others involved in the care of the deceased are protected for example, the Funeral Directors
Check if any documentation is recorded in the notes regarding a diagnosis of Mesothelioma and that referral to a Coroner has taken place.	So that the deceased can go to the funeral directors, knowing that there has been a discussion and plan should a diagnosis still be required.
Ensure that Implantable cardiac defibrillator ICD has been deactivated (BHF, 2013).	To enable RN to verify the expected death.
Adopt universal infection control precautions.	To ensure protection of RN.
Lie the patient flat. Leave all tubes, lines, drains, medication patches and pumps, etc. in situ (switching off flows of medicine and fluid administration if in situ) and explain to those present why these are left until Verification of Expected Death has taken place.	To ensure the patient is flat ahead of rigor mortis. All treatments are insitu ahead of verifying death so that medication delivered can be checked and recorded at time of verification and then can be removed.

Lines and catheters can then be removed after Verification, leaving PICCS and Central lines in place for removal by the Funeral Directors	Risk for further bleeding from main vessels if removed close to death
Death will be verified using the following 5 criteria	**To insure standardisation of practice according to the RNVoEAD Guidance (Hospice UK 2019)**
1. Cessation of the circulatory system, i.e. confirming the absence of palpable carotid pulse, for one full minute. (timed by clock/watch)	To ensure there are no signs of cardiac output.
2. Confirming the absence of heart sounds and apex beat over one minute using a stethoscope. • Listen for heart sounds over the cardiac apex • In the healthy adult, the apex beat lies in the 5th intercostal space, within the mid clavicular line (although various conditions will result in an abnormal position of the apex) • Verified by listening over one full minute timed with a clock/watch	To ensure there are no signs of cardiac output.
3. Confirming the absence of breath sounds or chest movement for one minute using a stethoscope examining both sides. • Look for respiratory effort or respiratory movement • Listen for breath sounds in mid-axillary line 3rd intercostal space bilaterally • Verified by listening for one full minute timed by clock/watch, on each side of the chest sides • Be aware of high dose opioid use	To ensure there are no visible respirations. Check both sides as medical condition may mask breath sounds on one side. As their respiratory rate could be very slow.
4 Confirming the cessation of cerebral function, that pupils are fixed and dilated and not responding to light. • Check that both pupils are fixed (not reacting to light or to any other stimulus) and dilated by shining a light from the side of the patient • The reaction or absence of reaction of the pupils to light should be assessed in each eye separately, shielding the other eye from the light whilst doing so	To ensure there is no cerebral activity. *To be assessed after 5 mins of checking the heart, breath sounds and pulse. Noting the response in each pupil to ensure fixed and dilated
5. Confirming absence of response to stimuli Assess using: • Alert (A) • Response to verbal stimuli (V) • Response to physical stimuli (P) - no reaction to trapezium squeeze. • Or unresponsive (U)	To ensure no cerebral activity. *To be assessed after 5 mins of checking the heart, breath sounds and pulse. Assessing for painful stimuli by Trapezium squeeze (use the thumb and two fingers to grasp trapezium muscle where the neck meets the shoulder and twist).
The RN verifying the death needs to complete the verification of expected death documentation in the clinical notes. The recorded time of death is when verification of death is completed (i.e. not when the death is first reported).	Audit trail of procedure and medicine management of disposal of waste

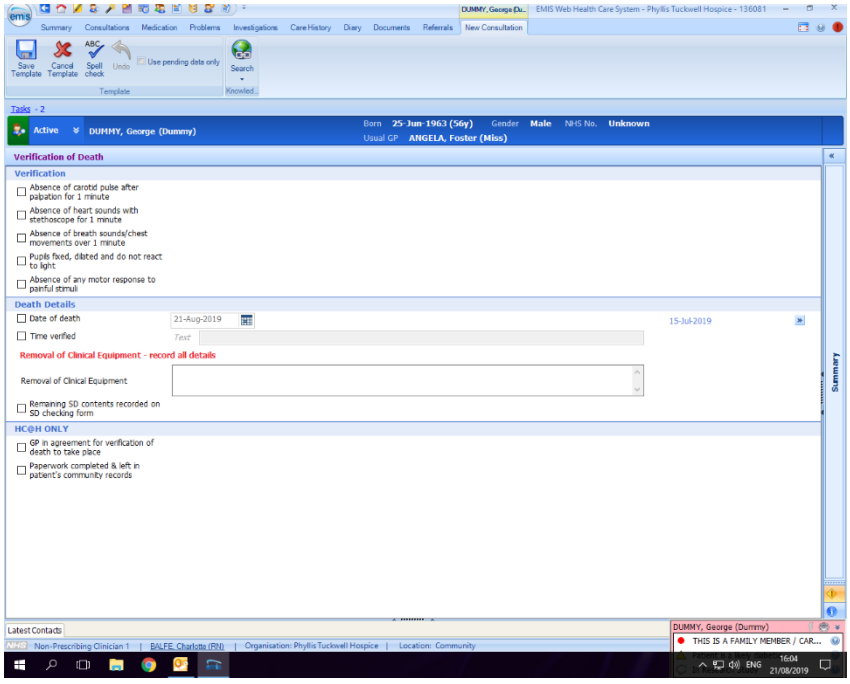
Community: paperwork needs to be available to the DN team, placed in the syringe driver box, along with syringe driver. Document on EMIS template (appendix 4)	Community team are the primary care givers and need to record and collate the information
The RN must notify the GP and DN team of the death (including date / time)	To ensure consistent communication and requirement for cremation paperwork
The RN verifying the death must acknowledge the emotional impact of the death and ensure the bereaved family and friends are offered written information about "the next steps".	To ensure the family are supported during this difficult time. This may include offering to ring the funeral director

Appendix 3 Community Verification of Expected Death Form

Only verify if MDT agreement (including GP) of expected death

Community Verification of Expec

Appendix 4 Verification of Expected Death - EMIS template screen



Appendix 5 PTHC Competency for Verification of expected death with Covid 19 Caveat

v1.4 COVID 19 caveat- 8th Decembe

Appendix 6 Reporting Deaths which occur in the County of Surrey to the Coroner ……Guidance for General Practitioners (Travers,R. July 2019)

Reporting Deaths which occur in the Co

Appendix 7
Caveat for Covid 19 (April 2020)

Following the release of the Special Edition of Care After Death: Registered Nurse Verification of Expected Ault Death (RNVoEAD) guidance, (November 2020), the following changes have been made to the Operating procedure to ensure that Infection Control procedures are maintained throughout the Verification of Expected Death process.
It is acknowledged that timely verification of within one hour (in an inpatient setting) and four hours within a community setting may not be achieved. In these circumstances it may be appropriate to offer guidance to families regarding the positioning of the deceased person and the maintenance of a cool environment.

The following changes have been made to the national guidance in response to Covid 19

- Infection Control precautions: Personal Protective Equipment (PPE) should be worn when carrying out verification of death on all adults, including those suspected of, or confirmed to be, COVID-19 positive, and by following UK Infection Prevention and Control (IPC) guides for safe PPE selection and for donning and doffing PPE in non-aerosol generated procedures).

- Revised Procedure**:** Use of PPE for carrying out the verification has been updated, and the order of the examination for verification of death has changed to protect the practitioner, and minimise infection risk of contamination of equipment and PPE (see following Procedure Guidelines).

- Medical Certificate of the Cause of Death (MCCD**):** can be issued where a medical practitioner has seen the deceased up to 28 days prior to death, and includes via video link. If the Medical Practitioner has not seen the patient, they will need to view the body after death.

- Referral to a Coroner: a person who is suspected of, or confirmed with, COVID-19 at the time of death is not a reason on its own to refer the death to the coroner.

- Notifiable Diseases**:** Diagnosis of suspected (or confirmed) COVID-19 is a notifiable infectious disease, and must be reported to the Health Protection team by the registered Medical Practitioner at the time of the suspected diagnosis. An RN can verify the expected death of a patient who died with or from COVID-19 where there are no suspicious circumstances.

- Where the person is found deceased without a DNACPR conversation documented and there are signs of irreversible death, verification of death by the RN can be carried out.

- There is new guidance from the Resuscitation Council UK in relation to CPR on suspected or confirmed COVID-19 patients, including the use of PPE and managing airways: ‘PPE, including face mask and eye protection should be worn when carrying out resuscitation, and mouth-to-mouth or pocket mask airways management should not be undertaken. An oxygen mask, cloth or towel (depending on what is available) should be placed over the person’s face to help reduce possible air contamination’.(Resuscitation UK 2020)

Procedure Guide
Personal Protective Equipment (PPE):
To maintain the safety of the RN carrying out the verification of death, these guidelines should be used in conjunction with Public Health England PPE Guidelines and applied to all verifications of expected adult death irrespective of any COVID-19 status (i.e. not suspected, suspected, confirmed), by donning surgical mask, gloves and apron as a minimum when carrying out the verification of death procedure.

Equipment: (cleaned in accordance with local procedure):
- *Pen torch
- *Stethoscope
- *Watch with second hand
- Surgical face mask
- Eye protection
- Disposable plastic apron
- 2 pairs of disposable gloves
- Sterile sheet /dressing pack
- 2 small waste bags

**For visits to patient's own home, this equipment should be suitably cleaned prior to entering the home and prior to leaving.*

- Eye protection/Face visor: Where there is a risk of contamination to the eyes from splashing secretions including body fluids, a surgical mask with visor or surgical mask and goggles should be worn, along with a single-use gown in line with PTHC PPE policy
- Disposable apron/gown: plastic aprons must be worn for all iterations to protect staff uniform from contamination. Fluid-resistant gowns should be worn where there is a high risk of extensive splashing of secretions or body fluids, and where a plastic apron would not be sufficient.
- Equipment: Ensure stethoscope and pen torch are thoroughly cleaned with a 70% alcohol wipe.
- Clinical Notes: should be accessible to the RN in clinical settings, or care homes ahead of the process of verifying death.

Home Visits:

- Where there are other members of the household present, a distance of at least 2 metres (6 feet) must be maintained between you. Where possible, ask the family member(s) to leave the room, explaining why.
- Ensure two small waste bags are taken into the patient's home. Any waste should be disposed of in the first bag, then double bagged prior to leaving the home. Advise relatives that it should be left for 72 hours and then placed in the general waste.

Standard Operating Procedure for Verifying Expected Death for adults

Covid-19 Caveat (December 2020)

ACTION	RATIONALE
Explain to family the importance of maintaining a cool environment Positioning of the deceased, lying flat to assist with dignity knowing rigor mortis will happen and assist funeral directors.	Timely verification within the confines of COVID 19
Cleaning of hands and ensuring disposable handtowels and alcohol hand gel available Use of aprons/ gowns, gloves, and masks for the HCP 2 pairs of gloves is required when verifying Double bagging of waste and leave 72 hours in house (as per COVID waste guidance)	Help family understand that the persons chosen religious cultural needs may not be possible due to infection risk Adopt standard infection control precautions Competent with donning PPE appropriate for all patient circumstances To enable subsequent cleaning of stethoscope and torch before leaving area.
End of life care planning has been discussed and MDT involved to reflect a deterioration in the persons condition and death is irreversible. MDT review in this illness period.	'To work in line with One change to get it Right' Where a DNACPR document not available, a clear clinical judgement is evident
If there is an ICD present, liaise with heart failure team for deactivation within timely period of time Know where to find magnets (Drs Office on both sites) Explain to patient and family Know how to place on patient Explain why these are required to stop the defibrillator activating if person still in VF/VT	To promote a dignified death and reduce anxiety for the family/carers Process for deactivation of implantable Cardiac Defibrillator if not already achieved
The dressing pack will have a sterile sheet, clean waste bag and gloves in readiness	Use a dressing pack to create a clean surface for stethoscope
Change to Examination Order Heart sounds Neurological Response Pupils Respiratory Effort observe for movement over 5 minutes; Do Not listen for breathing to avoid risk of contamination. Central pulse (Carotid) Motor Response – AVPU	Verification examination order changed to minimise cross infection
Remove syringe driver line and syringe driver and discard medication as per waste policy and document	Ensure that the device is removed and cleaned. Capture destruction of waste for audit purposes
Leave any cannula/lines insitu and spigot	To minimise cross infection

References to support COVID Caveat

Hospice UK (Nov 2020) Special Edition of Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoEAD) Guidance (4th Edition) https://www.hospiceuk.org/docs/default-source/What-We-Offer/Care-Support-Programmes/Care-after-death/rnvoead-special-covid-19-edition-final_2.pdf?sfvrsn=2 accessed 15/12/20

Resuscitation Council UK (2020). Resuscitation Council UK Statements on COVID-19 (Coronavirus), CPR and Resuscitation Available at: https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/ (Accessed on 30.03.20).