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**Verification of Death**

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1. **Purpose & Application**

This policy has been developed to provide guidance and information about verification of death.

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The policy will apply to:

* **Permanent employees**
* **Temporary employees**
* **Agency workers**

It will be the responsibility of managers to take any necessary action if this policy is not adhered to, taking into account the relevant regulatory responsibility.

1. **Responsibilities**

**The nominated individual** is accountable for the implementation of this policy in its entirety. They are a key contact for the service.

**The registered manager and any trained nurses** are responsible for the implementation of this policy.

1. **Legislation and Regulation**

**Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12**

The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

Providers must make sure that the premises and any equipment used is safe and where applicable, available in sufficient quantities.

Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety and welfare.

CQC understands that there may be inherent risks in carrying out care and treatment, and they will not consider it to be unsafe if providers can demonstrate that they have taken all reasonable steps to ensure the health and safety of people using their services and to manage risks that may arise during care and treatment.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation if a failure to meet the regulation results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm. They do not have to serve a Warning Notice before prosecution.

1. **Verification of Death**

**Requirements for Registered Nurses to be able to verify service users’ death**

A death can only be verified by a Registered Nurse if:

* The death is expected, has been recorded as such by a Medical Practitioner in the service user’s records and there is a valid Do Not Attempt Cardiopulmonary Resuscitation (DNACR) order in place.
* There is a Registered Nurse available who has been trained and deemed competent to undertake verification of death and the service user is known to them.
* There are no legal reasons why verification of death cannot take place.
* Verification must follow the process to ensure that life is extinct as per requirements gained through training.
* Following verification, the Registered Nurse must ensure that appropriate care after death is carried out, any relatives/next of kin are informed and the service users’ Medical Practitioner or out of hours doctor is informed in order that a Medical Certificate of Cause of Death can be produced.

**Definitions**

**An expected death** is a death where a service user’s demise is anticipated in the near future. For

verification of death to occur, this must have been recorded in the service user’s record.

**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 service user’s GP/doctor will have attended during this illness.

**Verification of death** is the procedure of determining whether a service user has died. All deaths

should be subject to professional verification. It is separate to the certification process and can be performed by either a Medical Practitioner or other suitably qualified professional

**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.

**Exclusions**

* Any death which is not expected, or which raises concerns.
* Any death where the Medical Practitioner has not attended the service user during their last period of illness and has not formally identified a service user as expected to die.
* The service user is not known to the nursing team being asked to verify death.
* An expected death where death has occurred in an unexpected manner, or the circumstances provide a cause for concern.

**Medical Responsibilities**

The service user’s GP or doctor will formally identify service users whose death is expected and record this in the service user record. The doctor will communicate with the nursing staff regarding those service users identified as an expected death and confirm whether they have agreed to allow the nursing team to confirm death, will discuss verification of death, and consider the views, if appropriate, of the service user, relatives and nursing staff responsible for the service user, and will ensure they have attended the service user during the last expected illness, ideally within 14 days of the expected death.

**Nursing Responsibilities**

* Nurses must 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.
* All registered nurses confirming death must have the competencies, skills and knowledge to enable them to determine the physiological aspects of death. Any staff undertaking this procedure must have the necessary competencies and experience to do so.
* The Registered Nurse verifying death must inform the medical practitioner of the death and speak to relatives when they verify death.
* The Nurse verifying death must inform the Funeral Director if there is a risk of infection and any implanted devices.
* The Registered Nurse must refuse to verify death and request the attendance of a Medical Practitioner or the police if the situation of the death is unusual.
* The decision that the service user 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 service user’s record.

**The Process**

The nurse should ensure the service user’s records reflect that the death is expected and note the exact time of death or the time that the service user was found, and who found them.

The service user should be checked for clinical signs of death, using a stethoscope and penlight or ophthalmoscope to 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.

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 and not reacting to light, no eye movements and no response to trapezius squeeze.

**Following Verification of Death**

The nurse must record in the service users’ records:

* The date of death,
* The time of death or time the service user 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 and place of death,
* Clinical signs of death,
* Name of the doctor informed and the time and date this took place,
* A Verification of Death form to be completed, pertinent to the service.

The death should be formally communicated to the service user’s GP as soon as possible, to the surgery during normal working hours, and to the Out of Hours Service at other times.

The nurse should advise the deceased’s relatives that the service user’s own doctor will issue a medical certificate of the cause of death. It is important that the Nurse advises the relative or next of kin that the service user has died and give immediate emotional support and information regarding what to do after death.

Parenteral drug administration equipment or any life prolonging equipment may be removed after verification, except in the case of deaths reported to the coroner. Batteries may be removed from electronic equipment, and equipment stopped in all cases.

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| **Service Specific Information** | |
| Does the service have a list of all staff who are trained and deemed competent to carry out verification of death? |  |
| Stethoscope, penlight or ophthalmoscope available in the service? Where are they kept? |  |

**5. Equality Impact Assessment**

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| **Equality Impact Assessment Checklist** | | **Yes/No?** | **Comments** |
| **1.** | Does the procedural document affect one group less or more favourably than another on the basis of: |  |  |
| * Race? |  |  |
| * Ethnic origins (including gypsies and travellers)? |  |  |
| * Nationality? |  |  |
| * Gender? |  |  |
| * Culture? |  |  |
| * Religion or belief? |  |  |
| * Sexual orientation, including lesbian, gay and bisexual people? |  |  |
| * Age? |  |  |
| **2.** | Is there any evidence that some groups are affected differently? |  |  |
| **3.** | If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? |  |  |
| **4.** | Is the impact of the procedural document likely to be negative? |  |  |
| **5.** | If so, can the impact be avoided? |  |  |
| **6.** | What alternatives are there to achieving the procedural document without the impact? |  |  |
| **7.** | Can we reduce the impact by taking different action? |  |  |

If you have identified a potential discriminatory impact of this procedural document or need advice, please document the action required to avoid/reduce this impact.