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<b>Policy Manual/System</b>	<b>Clinical Policy</b>		
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## General Note

NHS Fife acknowledges and agrees with the importance of regular and timely review of policy/procedure statements and aims to review policies within the timescales set out.

New policies/procedures will be subject to a review date of no more than 1 year from the date of first issue.

Reviewed policies/procedures will have a review date set that is relevant to the content (advised by the author) but will be no longer than 3 years.

If a policy/procedure is past its review date then the content will remain extant until such time as the policy/procedure review is complete and the new version published, or there are national policy or legislative changes.

## 1. BACKGROUND

1.1 The Chief Nursing Officer (CNO) for Scotland issued a Director’s Letter in May 2017 [DL(2017)9] on the subject of ‘Verification of Death by Registered Healthcare Professionals’. This letter clarifies the professional and legal aspects of undertaking this role, and has the effect of rescinding any previous guidance on the subject issued in Scotland. In August 2018 the CNO published a “Framework for Implementation of DL (2017)9.

1.2 Previous guidance had limited the role to registered nurses only, and in expected circumstances only; these restrictions however are seen as unnecessary in relation to contemporary practise and the current context of care.

1.3 Whilst recognising that all registered healthcare professionals may undertake Confirmation of Death, and that this role can be undertaken in any circumstances, NHS Fife believes that, in most situations, the formal process of Confirmation of Death should be carried out by a Registered Medical Practitioner or Registered Nurse who has completed an appropriate level of competency.

## 2. SCOPE

2.1 This policy applies across all health and social care settings within NHS Fife; including domiciliary settings where healthcare professionals provide care.

2.2 NHS Fife affirms that Confirmation of Death should be carried out by the most appropriate Registered Healthcare Professional present.

### 3. Definition

3.1 There are a variety of terms used to describe the process by which the absence of life is formally acknowledged. Any event with legalistic or medical overtones is often couched in terms that make sense to respective legal and medical professions but are less understood by, or relevant to, the people we serve, particularly in times of distress. Using language that is sensitive to the needs of others, and an awareness of the impact of that language, is therefore an important consideration for healthcare professionals.

3.2 **Certification of Death** is the process of completing the “Medical Certification of Cause of Death” which must be completed by a Medical Practitioner.

3.3 **Confirmation of Death** (or verification) is the procedure of determining whether a patient has died and formally verifying that life is extinct. As noted in 3.3 Confirmation of Death can be undertaken by a Registered Healthcare Professional and does not require a Medically Registered Practitioner.

### 4. Purpose of the Policy

4.1 This policy is informed by “**DL (2017) 9; Verification of Death**”, the Scottish Governments “**Framework for Implementation of DL (2017) 9**” and the “**Certification of Death (Scotland) Act, 2011**”.

4.2 The purpose of this Policy is to;

- Formally acknowledge the role of Registered Healthcare Professionals in relation to Confirmation of Death
- Set out the core principles governing Confirmation of Death and provide a set of procedures to ensure good working practice.
- Define the roles, rights and responsibilities of the organisation in relation to the Confirmation of Death.
- Define the roles, remit and responsibilities of Registered Healthcare Professional in relation to Confirmation of Death.

### 5. FUNCTION

5.1 NHS Fife affirms the importance of good care which is provided, before, at and after death, to the deceased and the bereaved.

5.2 Confirmation of death is required so that the deceased may be removed to a suitable environment, such as a mortuary or a Funeral Directors premises. Funeral Directors and mortuary staff cannot facilitate removal of the deceased person until Confirmation of Death has been undertaken by a Registered Healthcare Professional.

5.3 This policy provides guidance (Appendix 1) and documentation (Appendix 2) to ensure good working practice by Registered Healthcare Professionals in relation to confirmation of death and care of the bereaved.

## **6. RESPONSIBILITY**

6.1 NHS Fife recognises that timely Confirmation of Death will minimise unnecessary distress for those who are bereaved, and if in a communal setting, to other patients or residents.

### **6.2 Responsibility of Managers**

6.2.1 Managers have a responsibility for the effective implementation of this policy and in ensuring that appropriate arrangements are in place within their spheres of responsibility to ensure Registered Healthcare Professionals undertaking Confirmation of Death have the required knowledge, skills and competences.

6.2.2 Registered Healthcare Professionals should, where appropriate, be supported to develop new skills and competencies to enable the delivery of safe and effective care, which can include the Confirmation of Death in any circumstances.

### **6.3 Responsibility of NHS Fife Staff**

6.3.1 Registered Healthcare Professionals undertaking Confirmation of Death within their scope of practice must ensure they possess the requisite skills, knowledge and experience to undertake any element of their role, and:

- Maintain the knowledge and skills needed for safe and effective practice
- Complete the necessary training before carrying out a new role and be deemed competent to carry out this skill by manager
- Ensure knowledge and skills are up to date and relevant to their scope of practice through continuing professional development

## **7. Operational System**

7.1 In the circumstance of an unexpected death, the healthcare professional will use professional judgement to assess whether the initiation of life-preserving measures such as Cardiopulmonary resuscitation (CPR) should be attempted in accordance with the NHS Scotland DNA-CPR policy.

7.2 The cessation of circulatory and respiratory systems and cerebral function are recognised clinical signs to diagnose death and must be confirmed.

7.3 The Registered Healthcare Professional must observe the deceased for cessation of circulatory and respiratory systems and cerebral function, for a minimum of, five minutes to establish that irreversible cardio-respiratory arrest has occurred.

7.4 Any spontaneous return of cardiac or respiratory activity during this period of observation must prompt a further five minutes observation from the next point of cardio-respiratory arrest.

7.5 After the fact of death is confirmed, the healthcare professional can, if appropriate, commence Last Acts of Care (See Policy COD-04: Last Acts of Care)

## **8. Record keeping and documentation**

8.1 Confirmation of death must be recorded on the “Confirmation of Death” document (Appendix 2) and contemporaneously in the patient’s health record. The time and date of death must be recorded if the healthcare professional was present when death occurred.

8.1.1 Within community setting, if the healthcare professional was not present when death occurred then information from others, such as family or carers, who were present at the time of death, may be taken into account and the time of death that they indicate can be recorded, together with the date and time the healthcare professional completed the absence of clinical signs tests. This will acknowledge the input of family and carers, and will ultimately assist the certifying doctor in completing the Medical Certificate of Cause of Death (MCCD).

8.2 The Registered Healthcare Professional must record:

- observations in line with the agreed protocol as set out in the attached documentation (Appendix 2)
- the time and date that death was confirmed (subject to 8.1 above)
- the time and date that the appropriate medical practitioner, and/or wider clinical team was informed (i.e. palliative care community team).
- the time and date of any communications with other parties such as funeral directors or Police Scotland, or internal mortuary staff if the death occurs in a hospital

## **9. COMMUNICATION**

9.1 Specific information relevant to ensure the health and safety of other parties, such as Funeral Directors or mortuary staff, must be specifically recorded in the patient’s health record and communicated. Information related to indwelling medical devices such as pacemakers or defibrillators and any specific infection control issues or concerns must be effectively communicated whilst maintaining confidentiality of personal details. (See Policy COD-04: “Last Acts of Care”).

## **10. Unexpected Deaths**

10.1 Whether in the case of expected or unexpected death, the most appropriately available Registered Healthcare Professional should attend to confirm death in order to ensure that any unnecessary delay or distress is minimised.

10.2 Should the registered healthcare professional have any concerns in relation to the circumstances or context of death, then the registered healthcare practitioner should discuss the issues with a senior colleague or a medical practitioner. Following discussions, Police attendance may be required to provide support and advice.

10.3 It is for the certifying Medical Practitioner or Police Scotland to decide whether any reference to the Crown Office & Procurator Fiscal Service is required. Therefore effective written and verbal communication with the certifying Medical Practitioner is vital.

## 11. Monitoring and Review

11.1 NHS Fife is committed to an ongoing process of monitoring and evaluation of this policy in consultation with all relevant parties. The policy will reflect and complement NHS Fife's corporate objectives, especially in relation to End of Life and Palliative Care and the stated priorities in relation to improving health, tackling inequalities and promoting equalities.

## 12. Risk Management

12.1 NHS Fife Board requires assurance that Confirmation of Death is provided in accordance with all appropriate policies and procedures;

12.2 Awareness of this policy will ensure that the deceased and the bereaved are respected at the time of death.

12.3 This policy will ensure operational systems are in place to support:

- Clarity in relation to Confirmation of Death.
- Awareness of the difference between Confirmation and Certification of death.
- Ensure that Registered Healthcare Professionals are aware of the policy and procedures in relation to Confirmation of Death
- Prevention of a deceased person being transferred to a "place of rest" without appropriate documentation and authorisation.
- Adverse events are reported and monitored.

## 13. RELATED DOCUMENTS

- Appendix 1: Summary of Confirmation of Death by Registered Healthcare Professionals in Scotland – a framework for implementation of DL (2017) 9
- Appendix 2: Confirmation of Death Documentation
- Certification of Death (Scotland) Act, 2011
- DL (2017) 9; Verification of Death
- SGHD / CMO (2016) 2 Management of Deaths in the Community
- National Infection Prevention and Control Manual (NIPCM); Key Infections from HSE Guidance 'Controlling the risks of infection at work from Human Remains'

<http://www.nipcm.hps.scot.nhs.uk/media/1295/nipcm-appendix12-20160322.pdf>

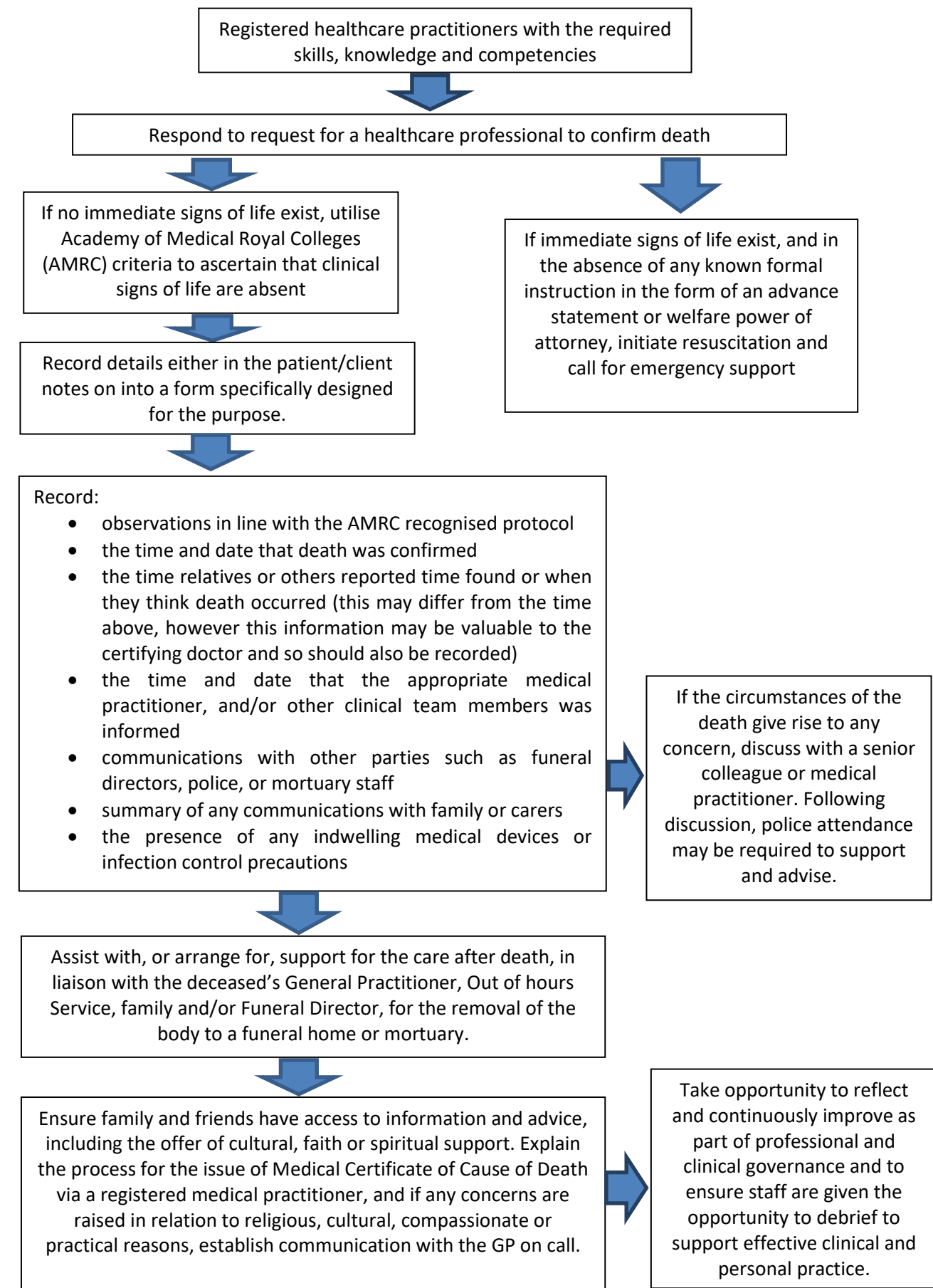
- NHS Scotland, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR); Integrated Adult Policy

<http://www.gov.scot/resource/doc/312784/0098903.pdf>

## 14. REFERENCES

- Academy of Medical Colleges (2008) *A Code of Practice for the Diagnosis and Confirmation of Death*
- Hospice Uk (2015) *Care After Death: guidance for staff responsible for care after death (2<sup>nd</sup> edition)*
- Nursing and Midwifery Code (2015) S6.2 & S 13.4
- Royal College of Nursing (2016) *Confirmation of Verification of Death Registered Nurses*

**Appendix 1 Flowchart: Confirmation of Death**



## Appendix 2: Confirmation of Death Documentation

Patients Name	
CHI Number	
Address	
Date of Birth	
Consultant / GP	

Clinical Signs	Initial Examination	Repeat Examination (after 5 minutes)
Absence of carotid pulse over one minute confirmed AND		
Absence of Heart Sounds over one minute confirmed AND		
Absence of respiratory sounds over one minute confirmed AND		
No response to painful stimuli (e.g. sternal rub) confirmed AND		
Fixed dilated pupils (unresponsive to bright light) confirmed?		
<b>Time and date clinical signs noted to be absent</b>	date	Time

Place of Death			
Person present at death / person who found the deceased* (delete as appropriate).		Approximate time of death estimated by witness	

Clinical Information	
Is there a potential risk of transmission of infection?	Yes / Unknown / No
Is the use of a body bag required as per infection Control Policy?	Yes / Unknown / No
Are there any known hazards, indwelling medical devices, or equipment remaining with the deceased?	Yes / Unknown / No

<b>Communication</b> (a summary can be provided here; more significant communication should be recorded in the patients notes)			
Next of Kin present? If not have they been informed?	Yes / No Yes / No	If no detail reasons:	
Name of Person Informed		Date / Time:	
Relationship to Patient		Date / Time:	
Contact Details		Date / Time:	
GP / Consultant / Out of hours / Community Team / Funeral Director informed?	Person(s) informed:	Date / Time:	
Is there a requirement to inform Police Scotland / Procurator Fiscal?	If yes – give brief details:		

<b>Registered Healthcare Professional Confirming Death</b>	Designation:		
Name (Block Capital)	Signature		
Date		Time	