



NHS EDUCATION FOR SCOTLAND
CONFIRMATION OF DEATH

**Guidance and supporting resources
for practitioners undertaking the
Confirmation of Death procedure
in Scotland**

About this Resource

The content of this document was developed by the national expert working group led by NHS Education for Scotland to support the implementation of the Scottish Government Confirmation of Death by registered healthcare professionals in Scotland - a framework for implementation of DL(2017)9 and includes:

This document is intended as a learning resource to support local training and preparation of practitioners undertaking the procedure to confirm death in any circumstance. Practitioners may also use this document as a resource to enhance and develop their knowledge, skills and ongoing practice.

Further information and resources around death and bereavement can found on the [**NES Support around death website**](#)

Confirmation of Death recording template

Section 1 - Patient's details: Attach addressograph label or complete below			
Circle as appropriate: Consultant /hospital/ GP practice:	First name:	Last name:	
	CHI number:	Date of birth: ____/____/____	
	Permanent address: (NB this may not be the place of death)		
	Post code:		
Section 2 - Clinical signs - observations and examination over minimum of 5 minutes			Tick when absence is confirmed
Absence of carotid pulse over one minute confirmed AND			
Absence of heart sounds over one minute confirmed AND			
Absence of respiratory sounds/effort over one minute confirmed AND			
No response to painful stimuli (e.g. trapezius squeeze) confirmed AND			
Fixed dilated pupils (unresponsive to bright light) confirmed?			
Date and time clinical signs noted to be absent		Date: ____/____/____	Time: ____ : ____ (24 hr)
Section 3 - Place of death and witness			
Place of death (address)			
Person present at death /person who found the deceased* (delete as appropriate).	Name: Contact details: Relationship to the deceased person:	Approximate time of death estimated by witness Date: ____/____/____ Time: ____ : ____ (24 hr)	
Section 4 - Clinical information: to the best of your knowledge and belief			
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, e.g. indwelling medical devices, or equipment remaining with the deceased?	Yes/Unknown/ No	If Yes - give details:	
Section 5 - Communication (a summary can be provided here; more significant communication should be recorded in the patients notes)			
Next of Kin present? Yes/No		If not present, have they been informed? Yes/No	
If Next of Kin not informed, detail reasons why:			
Name of Person Informed		Date: ____/____/____	
Relationship to Patient		Time: ____ : ____ (24 hr)	
Contact Details (phone)			
Professionals informed: GP / Consultant / Out of hours / Community Team / Funeral Director /Other (Circle as appropriate)	Name/details of professionals informed:		Date: ____/____/____ Time: ____ : ____ (24 hr)
Are you aware of any factors that may indicate need to report this death to Police Scotland / Procurator Fiscal?	Yes/ No	If Yes - Inform Dr and give details: Name of Dr informed: _____ Date: ____/____/____ Time: ____ : ____ (24 hr)	
Section 6 - Registered healthcare professional confirming death			
Name (Block Capital):		Designation:	
Signature:		Date: ____/____/____	Time: ____ : ____ (24 hr)

Guidance to support practitioners completing the confirmation of death recording template

Introduction

This guidance is to support registered healthcare professionals (practitioners) to complete the confirmation of death recording template as outlined in: [Confirmation of Death by registered healthcare professionals in Scotland – a framework for implementation of DL \(2017\) 9](#)

This template supersedes Appendix 1 template held in the original document DL (2017) 9.

Practitioners undertaking the procedure of confirmation of death in any circumstance must have completed appropriate training and met the competency requirements of their employer. This training should include guidance on clinical decision making in circumstances where the practitioner may have to make a judgment in relation to commencing CPR and knowledge of potentially reversible causes of apnoea and coma e.g. hypothermia, hypothyroidism, drug induced coma and required actions if this is suspected or identified.

Practitioners should also be aware of any restrictions, circumstances or defined criteria within their own organisation policy where it would not be appropriate for a nurse, midwife or allied health professional to undertake the confirmation of death procedure.

Supporting guidance on CPR decisions is available via:

The NMC: [Joint NMC/RCN statement Regarding Decisions Relating to Cardiopulmonary Resuscitation](#)

The RCN: [Confirmation or verification of death by registered nurses](#)

The BMA, RCN and Resuscitation Council (UK) Full guidance document: [Decisions relating to cardiopulmonary resuscitation](#)

Section 1: Patient details

Complete all sections based on the best available information. Addressograph labels may be used. Include name of GP/GP Practice or Consultant/Hospital if known. As with all interventions the practitioner should confirm the name and identity of the deceased individual being sensitive to others who may be present.

Section 2: Clinical signs that death has occurred

These clinical signs have been agreed by an expert working group reflecting best evidence available and underpinned by the guidance developed by the Academy of Medical Royal Colleges (2008). [Academy of Medical Royal Colleges - A code of practice for the diagnosis and confirmation of death \(2008\)](#)

It is recommended that the procedure and checks to confirm death are undertaken over a **minimum** observation period of five minutes. Practitioners are required to apply clinical judgement to ensure they are able to undertake the procedure and confirm the absence of clinical signs of life.

The clinical signs checks detailed in section 2 must be adhered to, ensuring consistency of practice nationally. However, practitioners must be aware their employer may advise additional clinical sign checks and these can be added to this form if required. When the checks have been completed the date and time must be recorded.

A scenario based educational video has been developed by the national expert working group led by NHS Education for Scotland to demonstrate the confirmation of death procedure which can be used to support practitioner preparation provided by employer and will be available via the [NES Support Around Death](#) website from spring 2020.

Section 3: Place and witnesses

Place of death: The place that the person died as attended by the practitioner e.g. address of care home, private residence, community hospital, ward etc

Person present at death/found the deceased: e.g. name of family member or significant other, neighbour, care home staff, or other health care practitioner and contact details- phone/address

General Data Protection Regulation: As with any personal data collected it is important to ensure the relatives/carers/witnesses are aware that their contact details may be passed to a third party as per GDPR requirements e.g. the funeral directors or where appropriate the procurator fiscal.

Approximate time of death estimated by witness: In most circumstances, the practitioner attending to confirm death will not have been present when the death occurred. The extract below from the Scottish Government Framework DL(2017)9 provides guidance for practitioners in recording this additional information.

“The actual time and date of death should be recorded if the healthcare professional was present when death occurred.

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 appreciate and acknowledge the input of family and carers and will ultimately assist the certifying doctor in completing the Medical Certificate of Cause of Death (MCCD)”. Scottish Government (2017) p 4.

Section 4: Clinical information

Practitioners should adhere to their employer infection prevention and control policies.

Is there a potential risk of transmission of infection? Information should be recorded to the best available knowledge to ensure the health and safety of other partners such as funeral directors and mortuary staff. In most circumstances the funeral directors and mortuary staff undertake their care and procedures using a universal approach to prevention of infection transmission.

Is the use of a body bag required as per infection control policy? The information recorded is also based on best available information and practitioners should familiarise themselves with their employer’s policy guidance.

Are there any known hazards, indwelling medical devices, or equipment remaining with the deceased? Information related to indwelling medical devices such as pacemakers, defibrillators or specific infection control procedures must be effectively communicated as per employer’s policies.

Supporting guidance - The National Infection Prevention and Control Manual – Health Protection Scotland [Appendix 12](#) . Further information on management of specific infections risk can be found on the [Health Protection Scotland website](#).

Health and Safety Executive publication 2018: [Managing infection risks when handling the deceased](#).

Section 5: Communication and records

Informing next of kin, family/carers

The Scottish Government framework guidance states that it is good practice to record the time, date and a summary of any communication with family or carers. Where it is not possible to contact the deceased person’s family, next of kin or significant other, the practitioner must be guided by their employer’s policy as to who to inform in relation to communicating with the deceased’s family eg via Police Scotland or local Social Services.

Provision of support and information for those who are bereaved is an important aspect of the role of the healthcare practitioner who attends to confirm death.

It is recommended that practitioners address their learning and development needs by accessing training and appropriate resources as part of their preparation for this role.

The following documents are available to support and inform the family/carer/next of kin.

[‘What to do after a death in Scotland’](#) Offers practical advice and information.

[‘When someone has died –information for you’](#) Offers practical advice as well as guidance on dealing with feelings around grief and bereavement.

GP/Consultant/Out of hours/Community Team/Funeral Director/Others informed?

It is essential that the practitioner attending informs the Medical Practitioner, GP or Out of Hours service that the death of the person has been confirmed. Where the practitioner is involved in communication with other agencies e.g. funeral director, this should also be recorded.

The practitioner should familiarise themselves with local arrangements in relation to the respectful removal of the deceased’s body, communication protocols and records management.

Is there a requirement to inform Police Scotland/Procurator Fiscal?

There are a range of criteria that would indicate a death should be reported to the Procurator Fiscal which involve circumstances surrounding a death that are sudden, suspicious, accidental or unexplained. **Reporting to the Procurator Fiscal is the responsibility of the doctor** with the most detailed knowledge of the circumstances of the death. It is therefore important that the practitioner undertaking the procedure to confirm death communicates any concerns or circumstances they are aware of that might indicate the need to report to the Procurator Fiscal.

Supporting guidance on involvement of the Procurator Fiscal, circumstances that would indicate the requirement for reporting to the Procurator Fiscal and information about the process can be found via: [Crown Office of the Procurator Fiscal Service](#) website - Specifically [‘Reporting deaths to the Procurator Fiscal-Information for medical practitioners’](#)

Additional information may be found via: <http://www.sad.scot.nhs.uk/atafter-death/involvement-of-the-procurator-fiscal/>

Support for the practitioner

Care and support for practitioners through reflection and debrief should be an integral part of professional practice. Practitioners should be aware of and access support mechanisms available within their employing organisation. The opportunity to improve practice through feedback, reflection and organisational clinical governance will support continuous improvement in the review of the confirmation of death practice and procedure.

For further information and guidance related to wider aspects of care and support related to death and dying, visit the [NES Support Around Death website](#)

Additional Resources

Supporting Videos: [‘Delivering news of a death by telephone’](#) and [‘Talking and being with those who are bereaved’](#) as well as the range of videos available on the [video wall](#) may be useful to help prepare practitioners for this aspect of their role.

Supporting guidance in relation to faith, spirituality, religious and cultural requirements can be accessed in the NES [Multi-Faith Resource for Healthcare staff](#) along with further information within the [NES Spiritual Care](#) webpage.

There is additional information the [Faith, Spirituality and Cultural considerations](#) page within the [NES Support Around Death](#) website.

Bereavement support in specific circumstances:

[Talking to children about dying. Dying Matters, National Council for Palliative Care](#)

[After a suicide Scottish Association for Mental Health, 2012. Tel 0800 917 3466 for printed copies](#)

[Loss and bereavement in people with dementia Alzheimer Scotland, 2011](#)

[Sudden Unexpected Death in Epilepsy Bereavement Support Leaflet](#)

[Supporting LGBT+ people around death and bereavement](#)

Death Certification Review Service:

[Public Information Leaflets on \(including easy read and translated versions\) Healthcare Improvement Scotland](#)

Post Mortem Examination:

[Post-Mortem Examination of an Adult: Basic information leaflet Scottish Government 2004](#)

Post-Mortem Examination of an Adult: More detail about authorisation, the examination, tissue blocks and uses of the medical record Scottish Government 2004 (pdf available).

Frequently Asked Questions for confirmation of death procedure

Introduction

The frequently asked questions were created the national expert working group from discussions with practitioners. The aim is to help clarify some of the various circumstances or questions that practitioners may have in relation to their practice. They are not exhaustive, and practitioners should always refer to local policy.

1 Policy and governance

1.1 What is the difference between certification and confirmation of death?

A death can be **confirmed by a suitably trained and competent registered health care professional**. Confirmation of death makes no reference to cause of death.

Every death in Scotland must also be **certified by a doctor who completes a form called a Medical Certificate of Cause of Death (MCCD)**. This is also known as the Form 11. The MCCD confirms that the death has occurred and records key information about the death (including the cause of death). The MCCD is normally given to the person registering the death (often the next of kin or another family member) by a certifying doctor or other member of the healthcare team. The person registering the death can then take the MCCD to the local office of registrar of birth, deaths and marriages and obtain a certificate of registration of death. This is also known as the Form 14 and confirms that the death has been registered. The Form 14 is required to enable a cremation or a burial to take place.

1.2 What guidance is provided by professional bodies and regulators (NMC/HCPC) in relation to confirmation of death by registered healthcare professionals?

The RCN: [Joint statement on CPR decision from RCN and NMC](#)

The NMC: [Joint NMC/RCN Statement Regarding Decisions Relating to Cardiopulmonary Resuscitation](#)

The BMA, RCN and Resuscitation council (UK): [Decisions relating to cardiopulmonary resuscitation](#)

1.3 What support can I expect for this aspect of my role?

You should access your local training to prepare you for this role. In addition, there are a range of resources to support your clinical decision making which can both enhance and develop your knowledge and skills. It is recommended that you access local support available through your employer and colleagues. You may also access support through facilitated reflective practice/clinical supervision as available.

2 Training and preparation for practitioners

2.1 If I haven't done the training can I confirm death?

It is essential that any practitioner undertaking the procedure to confirm death in any circumstance has the appropriate knowledge, skills and competencies. Your employer will have training to prepare you for this role and will have local policies and procedure that you must adhere to.

2.2 I have previously been verifying expected death - can I confirm death in any circumstance without further training/competencies?

Additional training is required before you can undertake the procedure to confirm death in any circumstance as there are changes to both policy and procedure. Your employer will guide you as to the additional preparation required.

2.3 Do I need to have supervised practice/achieve competencies before I can do this?

An aspect of your preparation to undertake this role will require that you have the appropriate knowledge and skills to undertake this role. How your level of competence will be measured is determined by your employer.

2.4 Can I access support to shadow more experienced practitioners?

As an accountable professional you must ensure you work within your scope of practice and ensure you possess the requisite knowledge, skills and experience to undertake any element of your role. Therefore, this may be an aspect of preparation that will support you that can be organised locally, but it is not an essential requirement of preparation.

2.5 What level of registered healthcare professional can do this e.g. enrolled, length of time qualified?

The Scottish Government have advised that all suitably prepared and competent registered health care professionals can undertake this role. This however does not include registrants of the Scottish Social Services Council (SSSC).

2.6 Does the Confirmation of Death by registered health care professionals in Scotland - a framework for implementation of DL (2017) 9 apply to confirming the death of children?

The DL (2017) 9 framework states "the ability to undertake such a role can be widened to include all registered healthcare professionals and this role can be undertaken in any circumstances" (p 2). Therefore, as a practitioner you would need to ensure you adhere to your employer's policies, work within your scope of practice and undertake appropriate preparation to obtain the requisite knowledge, skills and experience to confirm the death of a child or infant.

3 Clinical scenarios

3.1 If the deceased person hasn't been seen by a medical practitioner for some time can I still confirm death?

Yes, you can. Your role is to confirm the death of the person. However, you must be familiar with criteria that would highlight any concerns that might require reporting to the procurator fiscal or require police involvement. Communication with the GP or responsible medical practitioner is essential.

3.2 If the person has fallen prior to their death can I still confirm?

Yes, although, you must be familiar with circumstances and criteria that would highlight any concerns that might require reporting to the procurator fiscal or require police involvement. Communication with the GP or medical practitioner responsible for certifying the death is essential as they have responsibility for reporting to the procurator fiscal.

3.3 If the death was unexpected; can I still confirm?

Yes, although you must be familiar with circumstances and criteria that would highlight any concerns that might require reporting to the procurator fiscal or require police involvement. Communication with the GP or medical practitioner responsible for issuing the Medical Certificate of the Cause of Death is essential, as they have the responsibility for reporting to the procurator fiscal.

3.4 Do I need a second person to confirm the death?

There is no legal requirement to have a second person or witness in order to undertake the confirmation of death procedure. However, employer policies may vary and this may be a local requirement.

3.5 What do I do if the family want to see a doctor?

This is a very emotional and stressful event and families may wish to speak with a doctor or have a doctor undertake the confirmation of death procedure. It is important to acknowledge the family's wishes, explain your role and provide emotional and practical support. It may be appropriate to continue the procedure of confirmation of death and where the family still wish the doctor to visit, then the practitioner should attempt to progress this on the family's behalf.

3.6 If the deceased is not on my caseload or registered to my GP practice can I confirm their death.

There is no legal requirement for the deceased person to be known by or registered to a specific GP practice. However, employer policy will be required to ensure there are effective communication methods in place to report the confirmation of death to the appropriate medical practitioner/team.

3.7 In what circumstances should I call ambulance?

In circumstances where you have confirmed death it is not necessary to call the ambulance service. However, should you identify signs of life and there is no known advance directive/do not attempt cardiopulmonary resuscitation (CPR) documentation as part of an anticipatory care plan and you consider attempted resuscitation (CPR) appropriate, you should call for emergency support. In a community setting, a 999 call must be made to the ambulance service and you should commence CPR. In hospital you should call for help using existing procedures and commence CPR.

3.8 Are there situations or criteria when I should not confirm death?

The Scottish Government framework proposes that appropriately prepared health care professionals can confirm death in any circumstances. However, as a registered practitioner you must ensure you have the required knowledge, skills and competencies to undertake this role. If you are presented with circumstances where you feel you do not meet this requirement then you should seek assistance and guidance from appropriate colleagues and services as per local policy. This could involve situations where you have concerns about your personal safety, where you believe there may be hazards or potentially suspicious circumstances. Practitioners should also be aware of any restrictions, circumstances or defined criteria within their own employer policy where it would not be appropriate for a nurse, midwife or allied health professional to undertake the confirmation of death procedure.

4 Communication and documentation

4.1 Who is responsible for organising uplift of the body?

In the home situation, this is usually the responsibility of the family and next of kin or significant other. The booklets 'What to do after a death in Scotland' and 'When someone has died - information for you' offers guidance on this and should be given to the relatives at the time. In a care environment there will be guidance and procedures in place. In a situation where there are no family or next of kin available then contact local social services as detailed in your local policy.

4.2 If there are no relatives or next of kin identified what do I do?

Continue with confirmation of death procedure and then notify the person's GP if known or contact the police or social services as indicated in your local policy.

4.3 Whose responsibility is it to contact family/next of kin if person lives alone?

If the deceased individual is known to the healthcare professional who confirms death and the death was expected, then it may be appropriate for them to contact the family or liaise with the medical practitioners to arrange this.

4.4 What do I do about implanted devices in deceased's body to de-activate?

This would be the responsibility of the doctor completing the Medical Certificate of Cause of Death (MCCD) but if you are aware of implanted devices then you should note this on the Confirmation of Death recording template.

The Scottish Government framework DL 9 states "Information relevant to ensure the health and safety of other parties, such as Funeral Directors or hospital mortuary staff, must be specifically recorded and communicated. Where known, information related to hazards e.g. indwelling medical devices such as pacemakers or any other implantable device, or to any specific infection control procedures (whilst maintaining confidentiality of personal details) must be effectively communicated by the healthcare professional confirming death." (p 5)

4.5 How do I inform the GP/Out of Hours service?

You should follow local process within your organisation

ALTERNATIVE FORMATS

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or e-mail: **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.



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