

## Confirmation of Death by Registered Healthcare Professionals

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<b>Governance or Assurance Committee</b>	<b>NHS Lanarkshire NMAHP Professional Governance Committee</b>
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<b>Distribution:</b>	•
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<b>CHANGE RECORD</b>			
<b>Date</b>	<b>Author</b>	<b>Change</b>	<b>Version No.</b>

Uncontrolled when printed

## Confirmation of Death by Registered Healthcare Professionals

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### 1. INTRODUCTION

Timely confirmation of death by registered healthcare professionals facilitates the removal of the deceased to a suitable environment and minimises unnecessary distress to the bereaved. The Chief Nursing Officer (DL 2017 9) advocates that registered healthcare professionals should have the knowledge and skills required to confirm death has occurred, in any circumstance. This policy has been produced to provide registered healthcare professionals employed by NHS Lanarkshire, with guidance to support the implementation of confirmation of death.

### 2. AIM, PURPOSE AND OUTCOMES

The aim of this policy is to ensure the provision of high quality care to the deceased person and families and carers. The policy provides NHS Lanarkshire employed registered healthcare professionals with clear guidance on the procedure for confirming death in any circumstance.

The policy applies in all settings including clinical areas and the deceased person's place of residence. NHS Lanarkshire will provide registered healthcare professionals with the required education and training to enable them to competently confirm death has occurred.

### 3. SCOPE

#### 3.1 Who is the Policy intended to Benefit or Affect?

- Deceased persons
- Families and carers of the deceased
- Registered Healthcare Providers undertaking the confirmation of death process
- Medical staff
- Funeral Directors
- Police
- Scottish Ambulance Services
- General Practitioners
- Out of Hours Services
- NHS 24

#### 3.2 Who are the Stakeholders

NHS Lanarkshire has consulted with the stakeholders listed in section (i)

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### 4. PRINCIPAL CONTENT

Registered healthcare professionals must undertake a programme of education before undertaking the process of confirming death. The registered healthcare professional should undertake this process under the supervision of a competent practitioner before performing this process unsupervised.

#### 1.1 What do we mean by a registered healthcare professional?

This includes Registered Nurses, Midwives, Allied Health Professionals, Pharmacists, Doctors and Dentists

#### 1.2 How do we need to prepare staff to undertake this process?

Healthcare Registrants should participate in a Confirmation of death education session. In addition, the registrant should familiarise themselves with all relevant NHS Lanarkshire clinical records, policies and guidelines and standard operating procedures relating to the confirmation of death process before undertaking supervised clinical practice to gain sufficient competence and confidence to carry out this procedure independently.

#### 1.3 Explain 'all circumstances'. This refers to both expected and unexpected deaths.

An expected death is the result of an acute or gradual deterioration in a patient's health status, usually due to advanced progressive incurable disease. The death is anticipated, expected, and predicted. It is anticipated in these circumstances that advance care planning and the consideration of DNACPR will have taken place. When a person is dying, it is essential that the care team take time to prepare the person and their family. This requires sensitive communication and planning about what to expect before, at and after death. This should form part of anticipatory care planning conversations which are essential person-centred palliative care.

- Provide the leaflet: [What can happen when someone is dying](#)
- Inform them how to access services and support especially out of hours
- What to do when the person dies

Death is always distressing no matter how much it is expected. Staff need to be sensitive to family members' distress and be prepared to reassure and support them. These actions and conversations are essential to the delivery of the highest standard of palliative care for our most vulnerable patients.

In the case of an unexpected death, the Scottish Fatalities Investigation Unit (FSIU) is a specialist team within the Crown Office and Procurator Fiscal service and are responsible for investigating all sudden, suspicious, accidental and unexplained deaths, including children. Where staff have concerns regarding the circumstances of a death, senior advice should be sought from a medical practitioner or duty manager. Please refer to the section on reporting a death to the procurator Fiscal section for more detail.

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1.4 The registered healthcare professional must have the appropriate equipment (including appropriate personal protective equipment) and the record of confirmation of death to complete the process. Equipment includes a stethoscope and a pen torch.

### The process of confirming death

Guidance is provided from the Academy of Medical Royal Colleges for diagnosing and confirming death: A Code of Practice for the Diagnosis and Confirmation of Death to inform confirmation of death in specific circumstances.

[https://aomrc.org.uk/wp-content/uploads/2016/04/Code\\_Practice\\_Confirmation\\_Diagnosis\\_Death\\_1008-4.pdf](https://aomrc.org.uk/wp-content/uploads/2016/04/Code_Practice_Confirmation_Diagnosis_Death_1008-4.pdf)

- Diagnosing and confirming death after cardiorespiratory arrest See section 3
- Diagnosing and confirmation of death of a person in a coma See section 4
- Conditions necessary for the diagnosis and confirmation of death following irreversible cessation of brain-stem function See section 5

Requests to confirm a death may come from family directly / GP / Medical staff / Police/ Out of Hours / NHS 24 / Other. When such a request is received the healthcare practitioner should attend to the patient's location and follow the procedure outlined below.

The registered healthcare professional should introduce themselves to the deceased person's relative / carer and seek consent to undertake the process of confirming death. If the deceased's relative wishes to be present, the healthcare registrant should explain the formal procedure for confirming death.

The following process should be undertaken:

1. Confirm the identity of the deceased person
2. Confirm when they were found and who found them
3. Assess all relevant information regarding the person's condition and resuscitation status (e.g DNACPR or Advanced Directive)
4. Wearing appropriate PPE and after completing hand hygiene measures, undertake the 5 step procedure to confirm that death has occurred.
5. NHS Education for Scotland (NES) has agreed with representatives from health boards nationally and the Scottish ambulance service on the following observations as the clinical signs for confirming death (over a minimum period of five minutes):
  - Absence of a carotid pulse over one minute confirmed and
  - Absence of heart sounds over one minute confirmed and
  - Absence of respiratory sounds and respiratory effort over one minute and
  - No response to painful stimuli e.g trapezius squeeze confirmed and
  - Fixed dilated pupils unresponsive to bright light confirmed

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6. Complete the NHS Scotland record of confirmation of death (Appendix 1) including the date and time clinical signs noted to be absent.
7. Sensitively communicate with relatives / carers that you have confirmed the death
8. Advise the family on the steps they should take in relation to funeral arrangements
9. Provide verbal and written information on what to do after a death.
10. Communicate with the deceased person's GP or consultant to advise them that you have confirmed the death
11. Inform those with direct contact of the deceased's body of any potential risk of transmission of infection, known hazards, radioactive implants, indwelling medical devices\* or equipment remaining with the deceased.
12. The record of confirmation of death should be stored in the deceased person's medical record / provide a copy to their GP and a copy retained in the nursing/ clinical record.

\*In the case of an implantable cardiac defibrillator (ICD) if the device has not been deactivated follow the procedure for contacting cardiac physiology team through switchboard at University Hospital Hairmyres.

The process of confirming death should take a minimum assessment period of five minutes. Exceptions to this are in cases of hypothermia or drug related incidents where the assessment period should be doubled and resuscitation commenced if appropriate, where there is a reversible cause. The record of confirmation of death should be completed in full.

Once death has been confirmed the registered healthcare professional should advise the deceased person's consultant or GP at the earliest opportunity. If out of hours, for deaths in community, contact the Out of Hours service. Please see Community Standard operating procedure (Appendix 2).

In the event of any unexplained circumstances including but not limited to death after a fall, mesothelioma diagnosis or industrial accident, the healthcare registrant should alert medical staff and record this on the record of confirmation of death.

All communication should be clearly recorded. The record of confirmation of death should be retained with the deceased's notes. One copy should be sent to the deceased's GP or Consultant and a copy should be retained in the nursing / clinical record.

### Medical Certificate of Cause of death

Death certification remains the responsibility of fully GMC registered medical staff. It is also the responsibility of medical staff to alert the Police and /or Procurator Fiscal of any unexplained circumstances around the death.

### Deaths reportable to the Procurator Fiscal



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Any death which is considered to be suspicious or unnatural must be reported to the Procurator Fiscal. Please see below for link to the guidance provided for medical practitioners and which clarifies the circumstances in which a death should be reported.

<https://www.copfs.gov.uk/publications/reporting-deaths/>

### GDPR

Under GDPR legislation the person present / witness to the time of death must be advised that their contact details will be recorded on the record and that this may be seen by others.

### Support for the bereaved

The NHS Scotland document 'When Someone Has Died' is available in various languages, British sign language, and in an audio version and large print version. It can be accessed via the below link and on Firstport.

The national Support Around Death web site is a good source of resource.

<http://www.sad.scot.nhs.uk>

The NHS Inform 'Bereavement Zone' also contains helpful information.

<https://www.sands.org.uk/>

<https://www.goodlifedeathgrief.org.uk/>

Resources to support healthcare professionals in their role

[Home - Spiritual Care and Wellbeing](#)

<http://www.sad.scot.nhs.uk>

<https://www.childbereavementuk.org/pages/category/working-with-bereaved-families>

<https://www.sad.scot.nhs.uk/wellbeing/reflective-practice-and-debrief/>

<https://sudc.org.uk/>

<https://www.mind.org.uk/information-support/guides-to-support-and-services/bereavement/bereavement-by-suicide/>

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<https://www.rcn.org.uk/Get-Help/RCN-advice/confirmation-of-death>

### 5. ROLES AND RESPONSIBILITIES

The NHS Lanarkshire NMAHP Professional Governance Committee will oversee the development, implementation, monitoring and review of this policy. Healthcare Registrants are responsible for familiarising themselves with the content of this policy and following the confirmation of death procedure as per the NHS Scotland record of confirmation of death.

### 6. RESOURCE IMPLICATIONS

1. Equipment
2. Education and training

### 7. COMMUNICATION PLAN

Once endorsed, this policy will be launched through the following mechanisms:

- Senior Charge Nurse/Midwife / Professional Forums
- AHP Professional Leads Forum
- Medical Education
- Staff Brief
- The Pulse
- Firstport site
- Communication with partner organisations
  - Partnership representatives
  - GP's

North and South Health and Social Care Partnerships

### 8. QUALITY IMPROVEMENT – Monitoring and Review

NHS Lanarkshire's NMAHP Professional Governance Group will monitor and review this policy.

### 9. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

This policy meets NHS Lanarkshire's EDIA



(tick box)

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### 10. Summary or Frequently Asked Questions (FAQs)

<https://learn.nes.nhs.scot/28679/coronavirus-covid-19/death-and-bereavement/guidance-and-supporting-resources-for-practitioners-undertaking-the-confirmation-of-death-procedure>

### 11. REFERENCES

**Confirmation of Death by registered healthcare professionals in Scotland – a framework for implementation of DL (2017) 9**

[https://aomrc.org.uk/wp-content/uploads/2016/04/Code\\_Practice\\_Confirmation\\_Diagnosis\\_Death\\_1008-4.pdf](https://aomrc.org.uk/wp-content/uploads/2016/04/Code_Practice_Confirmation_Diagnosis_Death_1008-4.pdf)

### 12. Appendix 1

[Confirmation of Death recording template for design 18.3.20](#)

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### Appendix 2

## Standard Operating Procedure

### Confirmation of Death within a community / home environment

#### **Introduction**

Confirmation of adult death is the process of ascertaining whether a patient is deceased based on a physical examination

#### **Background**

The Chief Nursing Officer for Scotland guidance (DL9) allows Registered healthcare professionals to undertake the procedure of confirming a death, once appropriate education and preparation has been undertaken. In addition, confirmation of death should no longer be restricted to only expected deaths and that a death in any circumstance could be confirmed.

#### **Aim**

To support Registered health care professionals to undertake confirmation on death in a community or home environment.

#### **Purpose**

Provide guidance for Registered health care professionals within NHSL to confirm an adult death and accurately complete the associated confirmation of death documentation.

#### **Scope**

This procedure applies to all Registered health care professional within the community setting who are required to confirm a death.

#### **Related Documents**

1. Confirmation of death by Registered Healthcare Professionals in Scotland - a framework for implementation of DL (2017) 9'.  
<https://www.gov.scot/publications/confirmation-of-deathby-registered-healthcareprofessionals-framework/>

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Date Approved		Issue No:	1.1
Author:	J.Butchart	Reviewer:	J.Fox
Review date			
Identifier			

2. The Code, Professional Standards and Behaviour for Practice for Nurses and Midwives NMC (2018) <https://www.nmc.org.uk/standards/code/>
3. NES Confirmation of Death by registered healthcare professionals in Scotland - a framework for implementation of DL(2017)9 <https://learn.nes.nhs.scot/28679/coronavirus-covid-19/death-and-bereavement/guidance-and-supporting-resources-for-practitioners-undertaking-the-confirmation-of-death-procedure>

Date Approved		Issue No:	1.1
Author:	J.Butchart	Reviewer:	J.Fox
Review date			
Identifier			

### **Procedure**

1. Diagnosis and confirmation of death – if no clinical signs of life are apparent.
  - Check for absence of carotid pulse over one minute.
  - Check for absence of heart sounds over one minute.
  - Check for absence of respiratory sounds/effort over one minute.

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- Check there is no response to painful stimuli (e.g. trapezium squeeze or sternal rub)
- Check for fixed and dilated pupils.

If all of the above are negative death can be confirmed.

If immediate signs of life exist, and in the absence of any known formal instruction in the form on an advanced statement or DNACPR, initiate resuscitation and call emergency support.

2. Complete confirmation of death documentation ensuring all sections are completed accurately.

3. Communication


- Inform GP if in-hours
- Inform OOH's GP if out of hours
- Forward Confirmation of death form to patients GP (as per local guidelines)
- Document in clinical records the date time confirmation of death was carried out.
- Consider informing any other services involved in the deceased care e.g. Homecare, Marie Curie etc.
- \*\* prison staff should follow specific guidance for HMP Shotts\*\*
- Care homes follow this SOP. Care Home Liaison share the policy and updates with Care home staff.

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### Appendix 3

### Standard Operating Procedure

<b>Topic:</b>	<b>Death in Custody</b>
<b>Implementation Date:</b>	Dec 2021
<b>Review Date:</b>	Dec 2022
<b>Author:</b>	Elaine Rogerson Clinical Nurse Manager
<b>Version:</b>	2.0
<b>Approved by:</b>	Clinical Nurse Manager/Senior Nurse Allison Pettigrew

<b>Purpose</b>	The purpose of this procedure is to provide guidance to nursing staff when responding to a death in custody.
<b>Scope</b>	This procedure applies to all Nursing staff within Prisoner Healthcare Teams
<b>Procedure</b>	<p>Once death has been confirmed by either the GP or paramedics, the following should be completed: -</p> <ul style="list-style-type: none"> <li>• Inform Clinical Nurse Manager/Nurse in charge. They will then inform Service Manager/General Manager and senior nurse.</li> <li>• If no Service Manager/Senior Nurse or Clinical Nurse Managers on duty when death occurs i.e. Out of hours, then On Call Manager should be contacted to advise of death in custody – Monklands switchboard <b>01236 748748</b> and ask to speak to the <b>Primary Care On Call Manager</b></li> <li>• VISION medical records updated</li> <li>• Complete police statement, e-mail to Clinical Nurse Manager and save a copy for your own records. (attached copy of statement format)</li> </ul> <p style="text-align: center;">               Police Witness              Statement blank.doc         </p> <p>Complete DATIX on DATIX system- CAT1 to be selected.</p> <p>*please note at present there is no facility in drop down box to select “Death” as an option therefore staff must select an alternative from the drop down list. Staff must then add narrative into the description section of the form to highlight this*</p>

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- Complete Initial Briefing Note



Briefing Note  
Template.doc

- Collect all paperwork for deceased patient i.e. GP records, medical paper records, NEWS, care plan, drug kardex and any treatment plans. These should then be given to Health Centre Administrator.
- The Administrator will then photocopy 3 copies of all paperwork for Police, Procurator Fiscal and one copy retained by healthcare staff to complete extended briefing notes.
- Record on safety brief, which is e-mailed to all health care staff and Senior NHS managers. (attached copies of blank safety briefs)



New Safety Brief  
Template.docx