Document Control

Title **Verification of an Expected Death Standard Operating Procedure (by a Registered Nurse)**			
Author			**Author's job title** End of Life Advanced Care Planning Lead Community Nurse Team Manager Clinical Tutor
Directorate Corporate Nursing			**Department** Nursing
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0.2	Dec 2012	Draft	Forwarded to Professional Practice Team, Coroner's Office, Bereavement Support Officer, Assistant Director of Workforce Development and Pathology Lab Team for comment
0.3	Feb 2013	Draft	Forwarded to Assistant Director of Workforce and Corporate Governance Manager for consideration. Approved on 8th February
0.4	Jun 2013	Draft	Minor amendments by Corporate Governance to formatting and table of contents.
1.0	Jun 2013	Final	Approved by Professional Practice Team on 20th June 2013.
1.1	Sept 2015	Revision	Amended to include Deprivation of Liberty (DoLs) for patients that have this in-situ. Forwarded to Interim Director of Nursing, Assistant Director of Workforce and Corporate Governance Manager for approval
1.2	March 2019	Revision	Three yearly review- Inclusion of updated information from the verification of expected death (VOED) for community settings clinical policy for Devon guidance document.
1.3	May 2019	Revision	The title has changed from Confirmation of an expected death to verification of an expected death.
1.4	October 2020	Revision	Inclusion of updated information from the Verification of Expected Death (VOED) Guidance for Devon.
2.0	Feb 2021	Final	Approved at Health & Social Care Governance 23rd February 2021.

<table>
<tr><td colspan="2">Main Contact
End of Life and Advance Care Planning Lead,
Northern Devon Healthcare NHS Trust
Level 5, Resuscitation Office,
North Devon District Hospital
Raleigh Park, Barnstaple
Devon, EX31 4JB</td><td>Tel: Direct Dial –
Tel: Internal -
Email:</td></tr>
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Chief Nurse</td></tr>
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1. Introduction

This Standard Operating Procedure (SOP) is to enable the process of verification of an expected death to be performed by registered nurses working for Northern Devon Healthcare NHS Trust.

This SOP relates to adults only (for the purpose of this policy this is over the age of 19).

2. Purpose

An expected death can be defined as following a period of illness which has been identified as terminal. Death is recognised as the expected outcome following discussions by the health care team, the patient if in a condition to express a view, the patient's relatives/close friends and it has been documented that no active intervention to prolong life is on-going.

The SOP has been written to:

- Identify which staff can verify an expected death.
- Identify the process for the verification of an expected death.

3. Scope

This SOP relates to registered nurses who have completed the appropriate training and competency assessment, who may be requested to verify an expected death as part of their clinical role. They will work in one of the following roles or clinical settings:

- Community Hospitals
- Community Nursing Teams
- Urgent Care
- Clinical Site Managers at North Devon District Hospital (in regard to Mesothelioma/industrial disease please seek medical advice before verifying death)

If a death is to be classified as **"expected"** then the following **MUST** have been recorded in the patient's medical notes by a Registered Medical Practitioner:

The individual has been recognised as dying by a medical practitioner and this has been recorded in the medical/GP notes. This includes when the person has died expectedly from or with COVID-19.

All required supporting documentation is in place that determines the death as expected and that the decision not to undertake resuscitation has been recorded and communicated e.g. TEP form, DNR order or advanced care plan or directive and the nurse verifying death must have accessed this documentation.

Staff undertaking this task must be able to demonstrate continued competence as per the Trust's policy on Assessment and Maintenance of Clinical Competence in Nurses, Midwives, AHP'S and Support Workers policy

It is the responsibility of the nurse verifying death to establish that the death is expected.

If the registered nurse verifying death is unable to establish that the death was expected then a medical practitioner must attend to certify death. A referral must then be made to a medical practitioner and a rationale for this must be documented in the patient's clinical records.

Best practice advises timely verification;

- Community setting - within 4 hours of death
- In-patient setting - within 1 hour of death

Nurses **must not verify** any deaths that are **unexpected**. Nurses must not verify death in the following circumstances:

- In cases of sudden or unexpected deaths.
- When the patient is a child.
- If the death cannot readily be certified as being due to natural causes.
- There are any suspicious circumstances or history of violence.
- The death may be linked to an accident (whenever it occurred) or a fall.
- There is any question of self-neglect or neglect by others.
- The death has occurred or the illness arisen during or shortly after detention in police or prison custody (including voluntary attendance at a police station).
- The death is due to a hospital acquired infection.
- The death occurred during an operation or before full recovery from the effects of an anaesthetic or was in any way related to the anaesthetic (in any event a death within 24 hours should normally be referred).
- The death may be related to a medical procedure or treatment whether invasive or not.
- The death may be due to lack of medical care.
- There are any other unusual or disturbing features to the case.
- The death occurs after admission to hospital within a 24 hour period. Unless the admission is purely palliative or where there is a clear recording of expected death.
- Treating those close to you is fraught with difficulties, largely caused by the lack of objectivity. And if it is shown that your actions were not in the patient's best interests, the penalties can be severe. You are welcome to call the professional on duty to say you feel the patient has died, but leave verification of death to the nurse or doctor on duty.

If a Mesothelioma/ Industrial disease diagnosis has been made, verification of death can be performed by a health care professional both in hours and out of hours after consultation with a GP – (See appendix 2) Where death has occurred in these circumstances it is an offence to move, or otherwise interfere with, a body or the surrounding evidence without instructions from the coroner.

There may be times when staff may be unable to perform VOED. Reasons being;

- Course timings
- Lack of observed VOED in clinical practice
- Deceased not on Community Nurse caseload

VOED should be performed in a timely manner and in these exceptional circumstances, may need to be performed by a GP. There should be no obligation on staff to perform VOED if they do not feel comfortable with the clinical situation.

Where a care home holds dual nursing and residential registration the registered health care professional, who is appropriately trained, competent available and employed by the home provider may undertake VOED for any expected death within that setting.

Verifying death as part of the End of Life care needs staff to have effective communication skills that recognise and take account of the impact of culture, faith and life choices.

4. Equipment:

- *Stethoscope
- *Pen torch
- *Watch with second hand
- Sterile sheet

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

5. Procedure

Appropriate PPE should be worn during verification and physical care after death. The latest guidance can be found here.

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

The patient is correctly identified.

Identify key persons present and determine their preference with regard to their role in the procedure. Where there are other members of the household present, a distance of at least 2 metres (6 feet) must be maintained between you.

Where applicable, ask a relative to ensure that a window is opened in the patient's home for ventilation.

Ensure that the deceased have the maximum possible privacy and dignity throughout the process.

Open sterile sheet onto clean surface and place suitably cleaned stethoscope and pen torch onto the sheet.

Leave all tubes, lines, drains, medication patches and pumps etc. in situ (switching off flows of medicine and fluid administration if in situ), and spigot off as applicable. These may be removed after the verification of death examination and only if the death is not being referred to the coroner.

VERIFICATION OF DEATH EXAMINATION

The individual should be observed by the person responsible for verifying death for a minimum of five (5) minutes to establish that irreversible cardio-respiratory arrest has occurred:

NOTE a change in the order of examination to minimise contamination of equipment

- For at least one minute, ensure absence of a central pulse on palpation
- Using a stethoscope through clothing/nightclothes; no heartbeat heard over a full minute. Place stethoscope on sterile sheet.
- Observe for any signs of respiratory effort over 5 minutes.
- After 5 minutes of continued cardio-respiratory arrest, absence of pupillary responses to light when tested using a pen torch. Place pen torch on sterile sheet.
- Test for the absence of motor response with a Trapezius squeeze to confirm no response to painful stimuli.

5.1. Record accurately the following information in the approved organisation documentation:

- Date and time of examination of the body.
- No palpable central pulse for 1 minute.
- No heart beat heard for 1 full minute.
- No respiratory effort observed for 5 full minutes.
- Pupils fixed, dilated and unresponsive to light.

- No response to painful stimuli.
- Time of death and time death is verified.
- Signature, name, designation and contact details of the person verifying the death.

Inform the bereaved of the death and advise the deceased relatives that a Doctor will issue a medical certificate. The bereaved should be advised to contact the following person(s) on the next working day in order to arrange collection of the death certificate. For deaths at NDDH – the Bereavement Support Office/ for deaths at Community Hospitals and in the Community – the deceased's GP Surgery.

Inform appropriate professional colleagues of the death.

Seek advice from medical staff if there are any concerns regarding the death
A Flow chart is provided for further information (see Appendix 2).

5.2. Remote Verification:

The RCGP and BMA have worked together to produce guidance supporting any staff to verify death remotely. They advise to follow your local pathway if available. More information on their remote verification protocol can be found here.

https://www.bma.org.uk/media/2323/bma-guidelines-for-remote-voed-april-2020.pdf

Further guidance on Covid -19 and verifying in an emergency can be found here.

https://www.gov.uk/government/publications/coronavirus-covid-19-verification-of-death-in-times-of-emergency/coronavirus-covid-19-verifying-death-in-times-of-emergency

6. References

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guide-to-coroner-service.pdf

Hospice UK (2020) special Covid-19 guidance
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

Hospice UK (2015). Care after death: guidance for staff responsible for care after death (second edition). Available at: https://www.hospiceuk.org/what-we-offer/
publications

National Council for Palliative Care (2015) Every moment counts: a narrative for person centred coordinated care for people near the end of life. Available at:
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Local Medical Committee (LMC) (2018) Verification of Expected Death (VOED) for Community settings – Clinical Policy for Devon Guidance Document.

RCN (2020) Special Edition of Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoED) guidance file:///C:/Users/fueryjul/Downloads/rnvoead-special-covid-19-edition-final_2.pdf

RCN (2020) 3rd Edition of care after death: Registered Nurse Verification of Expected Adult Death (RNVoED) guidance file:///C:/Users/fueryjul/Downloads/registered_nurse_verification_of_expected_death_guidance_3rd_ed-final_april-2020%20(1).pdf

7. Associated Documentation

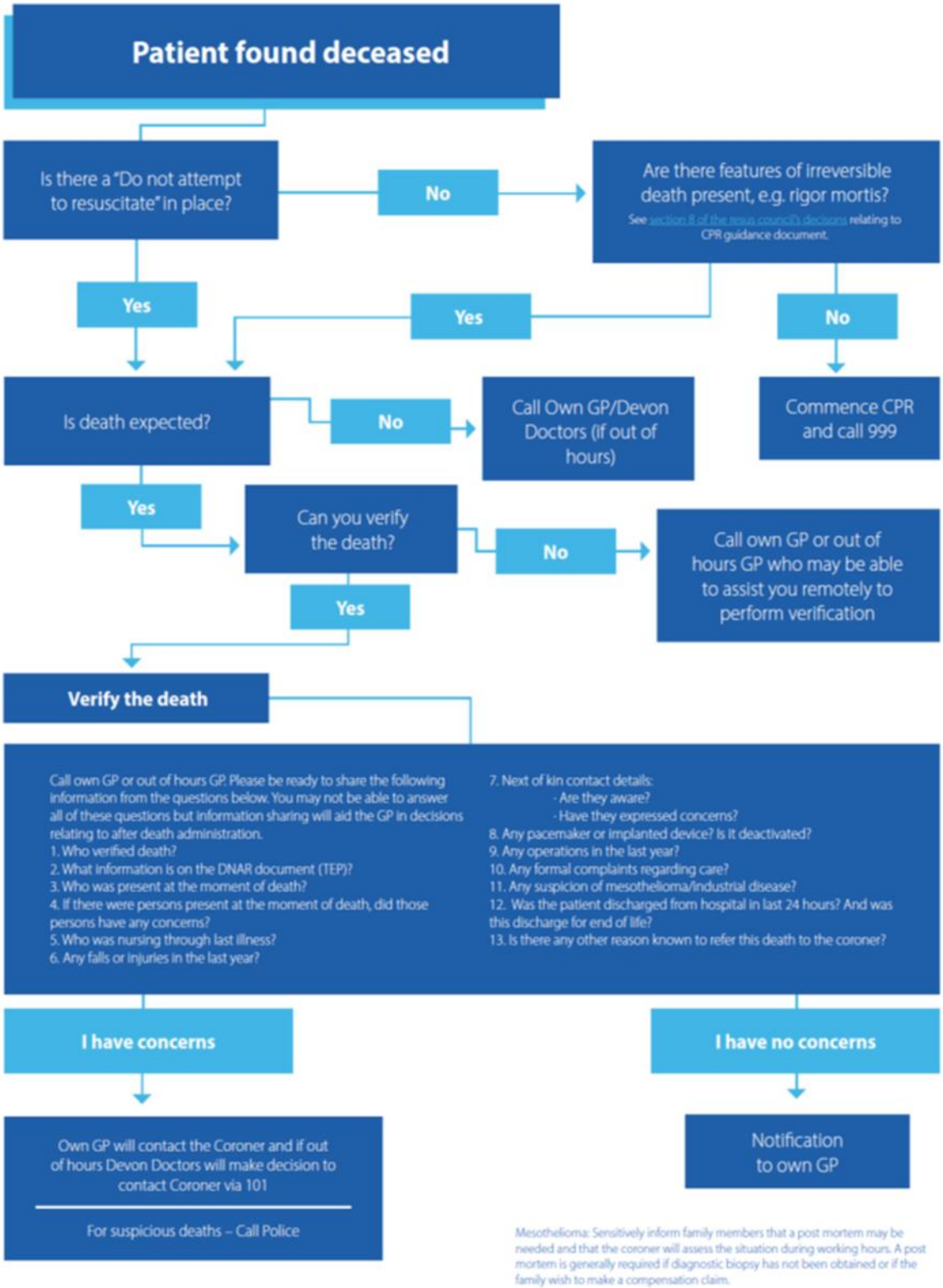
Assessment and Maintenance of Clinical Competence in Nurses, Midwives, AHP'S and Support Workers Policy

End of Life Policy for Adult and Paediatrics (2018)

Deprivation of Liberty (DOLS) Policy

Performing Last Offices SOP

8. Appendix 1: Flow Chart for verification of expected death (VOED) with no suspicious circumstances



9. Appendix 2: Protocol for Registered Nurse- Verification of Expected Death (VOED) of patients with Mesothelioma

In acute hospital setting

In regard to Mesothelioma/industrial disease please seek medical advice before verifying death.

In community or community hospital setting

1. Procedure for Normal Working Hours

1.1 Contact patient's GP Surgery or Devon Doctors, as appropriate, to inform of the death and establish the following:

- The Medical Practitioner is aware of the reportable diagnosis.
- The death will be reported to the Coroner's Office by the GP.
- Permission is obtained for nurse verification of the death.

Arrangements will be made for transfer of the patient's body to the premises of a local funeral director in accordance with the family's preference and choice.

2. Procedure for Out of Hours

2.1 Sensitively inform any family members/friends present that a post mortem may or may not be needed and that the Coroner will assess the situation on the following working day and advise as to whether or not a post mortem is required.

Contact the Devon Doctors Out of Hours GP Service and inform the operator of the following details:

- Patient's name.
- Date of birth.
- GP name and practice.
- Contact name for the Duty Devon Doctor to call back.
- The expected death of the patient with a diagnosis of mesothelioma.

Confirm the death directly with the Doctor On Call and establish the following details:

- Police attendance is not required.
- Permission for nurse to verify the death.
- The Coroner will be notified of the death by the patient's GP.

Following nurse verification ensure professional title and organisation are documented for the purpose of traceability for HM Coroner.

The procedure for personal care after death may be carried out and:

- Notify GP to request Coroners Officers are informed of the location of the patient.
- The patient's body transferred to the premises of a local funeral director in accordance with the family's preference and choice.

3. Coronial Guidance

3.1 The Coroner will open an investigation/inquest.

The Coroner may accept the cause of death if a diagnostic histological biopsy is confirmed.

The Coroner may accept a letter from the GP stating the following:

- Their involvement in the patient's care.
- Confirmation that biopsies have been taken.
- That they can confirm cause of death was due to (or as a consequence of) mesothelioma.

In certain circumstances a post mortem may be required. The Coroner's Officers will discuss this with the patient's next of kin.

3.2 **Note: A post mortem <u>will</u> be required in circumstances where:**

- Diagnostic biopsy has not been obtained.
- The family wish to make a fatal Mesothelioma compensation claim (even if the diagnosis is confirmed).

3.3 Where appropriate, inform the family that a member may be asked to identify the patient at the hospital mortuary.

3.4 A post mortem <u>will not</u> be required in circumstances where diagnosis is confirmed by biopsy and a compensation claim has been completed.

3.5 The Coroner's aim is to conclude the investigation or inquest within 6 months. If the cause of death is confirmed, the inquest conclusion would likely be returned as death due to industrial disease (Coroners and Justice Act 2009; HSE 2014).

In this situation, the coroner will inform the registrar who will proceed to register the death in the usual way. The family should be advised that the Coroner's Officer will make contact to inform of the appropriate procedure for registration of the death.

4. Further Information

4.1 For further advice the local Coroner's Officers can be contacted:

Cornwall: The Lodge Penmount Newquay Road Truro Cornwall TR4 9AA Telephone: 01872 227191 cornwallcoronersofficers@dc.police.uk	**Exeter:** Devon County Hall Topsham Road Exeter EX2 4QD Telephone: 01392 225682 exetercoronersofficers@dc.police.uk
Barnstaple: Barnstaple Police Station North Walk	Plymouth, Torbay and South Devon: Derriford Business Park Plymouth

Barnstaple EX31 1DU Telephone: 01271 311356 barnstaplecoronersofficers@dc.police.uk	Devon PL6 5QZ Telephone: 01752 487401 plymouthcoronersofficers@dc.police.uk

4.2 Out of hours death reporting contact: Devon and Cornwall Police via 101.

4.3 For more information about coroner's services:
www.plymouth.gov.uk/home/birthsmarriagesanddeaths/death/coroner

Ministry of Justice (2014). Guide to coroner services. Accessed: 28/03/19. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/363879/guide-to-coroner-service.pdf

10. Appendix 3: Top Tips for VOED (Verification of Expected Death)

Verification vs certification

Verification of death is different to certification. Medical certification of cause of death (MCCD) must only be carried out by a medically trained doctor. BMA Guidance aims to clarify this distinction.

The latest Hospice Care national guidance can be found here.

The RCGP and BMA have worked together to produce guidance supporting any staff to verify death remotely. They advise to follow your local pathway if available. More information on their remote verification protocol can be found here.

We advise that staff may perform remote verification when they have attended a training course (which may be online) and are yet to have a witnessed VOED in practice or if they do not feel confident in the skills required and there are no other trained and competent members of staff to witness VOED on site.

The process of VOED in respect of timings and procedure should be identical in both witnessed VOED on site or via video remotely to achieve competency. You may then witness other members of staff and support a greater available workforce to perform VOED.

When not to perform VOED

VOED should not be performed in cases of sudden and unexpected deaths, when the patient is a child, or if there are any suspicious circumstances.

Sometimes patients with a terminal illness can have a sudden death, e.g. pulmonary embolism. Even though the deceased may not have been been seen by their GP within the last 28 days, verification can still be performed if a DNACPR decision is in place.

Guidance will be updated in the future to align with any new coronial legislative change.

Mesothelioma

VOED in a patient with mesothelioma does not need to be performed by a doctor. It is the responsibility of the doctor to report and discuss the case with the coroner. Remember to inform the family and carers of this as a post-mortem may be required and, in some cases, this may involve police visiting and transporting the deceased to a hospital mortuary.

Who can perform VOED?

In 2016, CQC advised that any adult can perform VOED, if that person is suitably trained, and deemed competent. They must adhere to strict local policy. Across Devon, staff require a minimum NVQ level 3 and be proficient in clinical observations before attending training. But remember, there is no obligation for staff to perform VOED.

In order to be deemed competent, you must have at least one witnessed successful verification in practice.

If you are not competent in verification, please inform the doctor of this as soon as possible.

Care homes

CQC recommend where a care home holds dual nursing and residential registration the registered health care professional who is appropriately trained, competent, available and employed by the home provider may undertake VOED for any expected death within that setting.

It is advisable to issue an ID bracelet for the deceased.

When to perform VOED

Registered nurses can verify adult deaths who require a referral to the coroner, if that death is expected and there are no suspicious circumstances. It is the responsibilty of the doctor to discuss the details with the coroner. You can find reasons to report a death to the coroner here.

You must observe for no cardiorespiratory effort for a full 5 minutes before proceeding to check for motor response by performing a trapezius squeeze.

11. References

- BLF (2007) ASBESTOSIS an Unnatural death. A report into investigations of Mesothelioma death and their impact on bereaved families. British Lung Foundation. Available at www.blf.org.uk.
- Devon Verification of Expected Death (VOED) guidance. Accessed 22 October 2020 Available at: https://teamnet.clarity.co.uk/Topics/Public/bb6e3554-a053-49e9-96f5-abb200a4e9b5
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