

Initial Confirmation of Death Competency Checklist

This document should be used by registered healthcare practitioners who have completed the NHS Lothian Confirmation of Death training.

This self-assessment must be supported and supervised by a colleague holding a current clinical competence for **confirmation of death** – which must include an in-date competency for "**confirmation of death**".

Once competence in confirming death is achieved, the practitioner should discuss, review and sign-off this competency document with their line manager.

Title: Confirmation of Death competency check list		
ID: Competency Version 2.0 July 2024	Author; Liz McPherson, Jen Campbell,	
	Delia McPhillips	
Category: 1	Document Version: 2	
Status Draft/Final: Final	Review Date: 31/08/2026	
Authoriser: Lindy Manson	Date Authorisation: 15/08/2024	
Date added to intranet:		
Key Words: Confirmation of Death competency statement		
Comments:		

Confirmation of Death competency checks	Competence achieved yes/no	Comments /further additional learning identified
Demonstrates knowledge of the current	J • • • • • • • • • • • • • • • • • • •	
policies and procedures in relation to		
confirmation of death by a registered health		
care professional		
Demonstrates knowledge of the underpinning		
rationale that informs the confirmation of death		
procedure.		
Receives referral and clarifies key information		
from referring agent in line with policy and		
procedure		
Critically analyses any potential risks or		
concerns and responds or escalates		
accordingly		
Selects appropriate equipment and		
documentation required to undertake		
confirmation of death including any additional		
requirement in response to infection risks		
Provides appropriate explanation and		
information to the bereaved family or carers,		
involving them in the decision-making process		
appropriately		
Demonstrates ability to undertake the		
confirmation of death procedure:		
 Adheres to the required procedural 		
checks in a timely and efficient manner.		
 Adheres to all required infection 		
prevention measures.		
 Recognises any limitations in 		
knowledge or ability and seeks		
assistance and escalates as required		
Demonstrates knowledge of circumstances		
that might require referral to procurator fiscal or		
police and the procedure to escalate to		
responsible medical practitioner		
Accurately completes the confirmation of death		
recording document(s).		
Sensitively informs the family/ cares that the		
death has now been confirmed and provides information booklets.		
Communicates the completion of procedure to referring agent: GP, Out of Hours team as per		
local procedural requirements highlighting any		
identified hazards, indwelling devices etc.		
Signature of practitioner:	<u> </u>	date:
Print name:		dato.
Signature of supervisor:		date:
Print name:		dato.
i iiit iiaiiie.		

Registered Healthcare professional statement

I confirm that I have participated in the NHS Lothian Confirmation of Death Training and have successfully completed all course requirements. I can confirm I have the necessary theoretical knowledge and competence to confirm death in a consistent, timely, sensitive and caring manner respecting the dignity, religious and cultural needs and preferences of the patient, relatives and carers.

I understand (please tick below)

Practitioner signature:

- o the difference between confirmation of death and certification of death
- the roles and responsibilities of Registered Health Care Professionals who are undertaking confirmation of death.
- o the importance of keeping knowledge and skills up to date
- the process of making clinical decisions/informed judgements about whether or not to commence CPR.
- how to recognise potentially reversible causes of apnoea, coma and required actions if this is suspected or identified.
- the policy, procedure for confirming death including any local standard operating procedures and the associated documentation requirements
- the most up to date policy, procedure and documentation for the identification and communication of risks related to care of deceased patient
- how to provide support and information to the bereaved
- o resources to support confirmation of death including own support requirements

I am satisfied that I am competent to confirm death. I will also continue to update and maintain my competency in this area of practice in accordance with the NMC Code (2018) and will demonstrate my ongoing competence as required by my employing organisation.

radiation digitatare.
Name (print):
Title / Grade:
Clinical area:
Date of completion:
MANAGER statement: I confirm that the above participant has met the required standard of competence for Confirmation of Death and therefore can undertake this role in practice. Manager/charge nurse signature:
Name (print):
Position:
Clinical area
Date

Please retain this for your own records and give a copy to your manager to be inserted in your personnel file.

Your manager will also log completion of the competency statement in your electronic training record file.