

Confirmation of Death Policy



Title:

Confirmation of Death Policy

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Executive Lead:	Executive Director of Nursing, Midwifery and AHPs		
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Version Control

Date	Author	Version	Reason for change
28/01/19	Bereavement Coordinator	Draft 0.1	New policy development
01/02/19	Bereavement Coordinator	Draft 0.2	Amended draft as discussed at SLWG meeting
01/03/19	Bereavement Coordinator	Draft 0.3	Tracked comments and suggestions for discussion at meeting.
28/03/19	Bereavement Coordinator	Draft 0.4	Amended draft as discussed at SLWG meeting. Executive summary added.
12/06/19	Bereavement Coordinator	Draft 0.5	Amended draft as discussed at SLWG meeting.
25/07/19	Bereavement Coordinator	Draft 0.6	Amended draft as discussed at SLWG meeting.
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26/08/19	Bereavement Coordinator	Draft 0.8	Amended draft as discussed at SLWG meeting.
12/11/19	Bereavement Coordinator	Draft 0.9	Amended draft as discussed at SLWG meeting and further consultation with MP re: feedback from national group.
13/12/19	Bereavement Coordinator	Draft 0.10	Amended draft as discussed at SLWG meeting.
05/02/20	Bereavement Coordinator	Draft 0.11	Amended draft as discussed at SLWG meeting.
04/03/20	Bereavement Coordinator	Draft 0.12	Amended draft as discussed at SLWG meeting.

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Executive Summary

In 2018 the Scottish Government's Chief Nursing Officer (CNO) issued a framework for Confirmation of Death by Healthcare Professionals to support implementation of CNO letter DL(2017)9.

The letter confirmed that the ability to undertake confirmation of death can be widened to include all registered healthcare professionals and that this procedure can be undertaken in any circumstances. Previous guidance had limited the role to medical staff in all circumstances or to registered nurses in expected circumstances only.

This Policy establishes the framework for confirmation of death within NHS Lothian and sets out the responsibilities of relevant managers and staff in ensuring that confirmation is carried out in a timely, sensitive and caring manner as part of the dignified and compassionate care provided to patients, families and carers after a death.

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1.0 Purpose

To ensure quality provision of care to deceased patients and bereaved relatives by promoting a consistent approach to the confirmation of death by registered healthcare professionals.

To ensure that healthcare professionals have a clear understanding of best practice and requirements of their role in relation to confirmation of death, by:

- Supporting consistent, evidence-based practice for healthcare professionals confirming death in all care settings.
- Outlining the roles and responsibilities of relevant staff.
- Identifying the necessary competencies and education requirements for healthcare professionals to confirm death.
- Identifying associated policies, procedures and guidance to ensure high quality, person-centred care after death that meets professional and legal requirements.

2.0 Policy statement

Healthcare professionals will confirm death in a timely, sensitive and caring manner, respecting the dignity, religious / cultural needs and personal preferences of the patient, relatives and carers.

Suitably trained and competent registered healthcare professionals may confirm death following cessation of cardiorespiratory function in any circumstances.

The most appropriate registered healthcare professional should confirm the fact of death. It is preferable, but not always necessary, for the healthcare professional confirming death to have known or provided care for the person in life. They will require sufficient information to make informed judgements about whether or not to commence CPR and about the clinical process of confirming the death, as well as any further precautions, communication and / or notification that may be required e.g. the need to report to the police or Procurator Fiscal, any known infection risks or other hazards, and / or whether additional checks may be required to exclude potentially reversible causes of apnoea or coma.

3.0 Scope

This policy applies to registered healthcare professionals employed by NHS Lothian confirming the death of an adult, child or young person following cessation of cardiorespiratory function in any setting.

The policy's scope does not include confirmation of death following irreversible cessation of brain stem function using neurological criteria. In these circumstances, staff must follow the NHS Scotland process and documentation for the Diagnosis of Death using Neurological Criteria.

4.0 Definitions

Confirmation of death is the physiological assessment to confirm the fact that a person has died. There are a variety of other terms used to describe this process such as 'Verification of Death' (or VoD), 'Pronouncing Life Extinct' (or PLE) and 'cessation of life', however 'Confirmation of Death' is recommended by Scottish Government as the preferred term for this process and is therefore the term that will be used in NHS Lothian.

Confirmation of death precedes and is distinct from certification of death, which is the completion of the Medical Certificate of Cause of Death (also known as the MCCD or Form 11). Death certification can only be carried out by a medical practitioner.

Registered healthcare professionals are those who are registered with a UK healthcare regulator.

5.0 Implementation roles and responsibilities

5.1 Executive Nurse Director

The Executive Nurse Director has overall responsibility for the development, dissemination and implementation of the NHS Lothian Confirmation of Death Policy.

5.2 Heads of Service / Service Managers / Senior Clinical Managers

Heads of Service / Service Managers / Senior Clinical Managers are responsible for the implementation of the NHS Lothian Confirmation of Death Policy within their areas of responsibility, including the development of local standard operating procedures as necessary.

5.3 Senior Charge Nurses / Team Managers

Senior Charge Nurses / Team Managers are responsible for:

- Ensuring that confirmation of death takes place in a timely, sensitive and caring manner within their area of responsibility.
- Identifying staff within their teams who would be appropriate practitioners to undertake confirmation of death and ensuring that these staff have successfully completed education to achieve and maintain competence (as defined in section 5.5).
- Ensuring clinical staff who have been identified to undertake confirmation of death know how to access confirmation of death policy, procedures and guidance.
- Keeping up to date records of training.
- Ensuring clinical staff know how to notify risks or escalate concerns in and outwith normal working hours.
- Providing support so staff involved in confirmation of death are given opportunity to debrief.

5.4 Registered Healthcare Professionals

Registered healthcare professionals are accountable for their practice in the clinical process of confirming death and the communication and notification of key information regarding risks and care of the deceased person.

Individual healthcare professionals must follow their regulatory body's Code of Practice regarding standards of behaviour, training and education, and ensuring that they have the knowledge, skills and competence for safe practice. The General Medical Council (GMC), Nursing & Midwifery Council (NMC) and the Health & Care Professionals Council (HCPC) in their respective Codes expressly require that a registered healthcare practitioner should, within their scope of practice, ensure they possess the requisite skills, knowledge and experience to undertake any element of their role and:

- 'You must keep your professional knowledge and skills up to date'¹
- 'Maintain the knowledge and skills you need for safe and effective practice'²
- 'Complete the necessary training before carrying out a new role'³
- 'You must keep your knowledge and skills up to date and relevant to your scope of practice through continuing professional development'⁴
- 'Ask for help from a suitably qualified and experienced healthcare professional to carry out any action or procedure that is beyond the limits of your competence'⁵

Healthcare professionals who confirm deaths are responsible for ensuring that they:

- Complete appropriate NHS Lothian training programme if their line manager has identified the requirement to undertake confirmation of death, seeking any support from line manager that may be required to achieve and maintain competence following completion of training.
- Keep a record of education activities completed as part of their Personal Development Planning and Review Process.
- Are aware of up-to-date policy and procedure for confirming death., including any local SOPS.
- Are aware of the documentation required and ensure that this is completed.
- Are aware of different religious and cultural needs and wishes around the time of death and know how to access further information and support.
- Are aware of bereavement information resources and sources of further advice and support around death.
- Are aware of additional actions that may be required if there are circumstances around the death that raise concerns and require escalation or referral to other agencies.

¹ GMC Good Medical Practice (2013), s8

² NMC Code (2015), s6.2

³ NMC Code (2015), s13.4

⁴ HCPC Code (2016), s3.3

⁵ NMC Code (2015), s13.3

- Are aware of opportunities available to reflect and debrief following confirmation of death.

5.5 Education and training for staff

Training and support will be made available for registered healthcare professionals to undertake confirmation of death in any circumstances.

Qualifications required	To be a registered healthcare professional.
Additional requirements	<p>To have completed appropriate training on confirmation of death and be able to demonstrate that they meet the required 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. This will include understanding:</p> <ul style="list-style-type: none"> – The difference between confirmation of death and certification of death. – The roles and responsibilities of registered healthcare professionals who undertake confirmation of death. – 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. – The policy and procedure for confirming death including any local standard operating procedures and the associated documentation requirements. – How to recognise potentially reversible causes of apnoea, coma and required actions if this is suspected or identified. – The most up to date policy, procedure and documentation for the identification and communication of risks related to care of deceased patients. – How to provide support and information to the bereaved. – Resources to support confirmation of death including own support requirements.

Continuing education requirements	<p>Achievement and maintenance of competence should be reviewed by the registered healthcare professional and with their line manager during Personal Development Planning & Review.</p> <p>Staff who have previously undertaken training in Nurse Verification of Expected Death may continue to confirm deaths within the scope of their competence but require additional training to confirm deaths in any circumstances.</p>
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6.0 Associated materials

Associated materials can be found on Policy Online

[NHS Lothian Confirmation of Death Procedure](#)

NHS Lothian Confirmation of Death documentation

NHS Lothian Confirmation of Death local SOPs

NHS Scotland Form for the Diagnosis of Death Using Neurological Criteria

7.0 Evidence base

Academy of Medical Royal Colleges (2008) A Code of Practice for the Diagnosis and Confirmation of Death

8.0 Supporting references

[Chief Nursing Officer Letter \(2017\) Verification of Death DL\(2017\)9](#)

[Chief Nursing Officer Letter \(August 2018\) Confirmation of death by registered healthcare professionals in Scotland](#)

[Scottish Government \(2018\): Confirmation of death by registered healthcare professionals in Scotland – a framework for implementation of DL\(2017\)9 v.1.0.](#)

[CMO, COPFS & Police Scotland Letter \(2016\) Management of Deaths in the Community \(in hours and out of hours\) SGHD/CMO\(2016\)2](#)

9.0 Stakeholder consultation

Invitations to participate in the Confirmation of Death Short Life Working Group were sent to senior clinical managers for all areas and professional groups to which it applies. The membership of the Short Life Working Group included:

- Clinical Nurse Manager, Older People’s Mental Health

- Clinical Director & Professional Nursing Support, Lothian Unscheduled Care Service
- Clinical Educator, Clinical Education & Training Department
- NES Practice Educator, Professional & Practice Development
- Bereavement Coordinator, Bereavement Service
- Service Manager for Acute Services, East Lothian Community Health Partnership
- Palliative & Dementia Care Practice Development Nurse, Innovation & Quality Team HBCCC
- District Nursing Team Manager (Edinburgh)
- Senior Nurse Practitioner, WGH Hospital at Night Team
- Senior Charge Nurses (Acute Hospitals)
- Clinical Academic Mental Health Nurse
- Trainee ANP, Royal Edinburgh Hospital
- Medicine of the Elderly Consultant

The Short Life Working Group also engaged with external stakeholders including NHS Education Scotland, Marie Curie Hospice Edinburgh & West Lothian, MCN Educators' Group for Palliative Care and the Scottish Ambulance Service.

The draft policy developed by the Short Life Working Group will be placed on the NHS Lothian Consultation Zone for a period of one calendar month for NHS Lothian staff to comment on. Feedback from this consultation will be considered by the Short Life Working Group in the final policy.

10.0 Monitoring and review

The responsibility for local implementation and monitoring of this policy is at service level. This includes taking appropriate action to address local risk and support ongoing quality improvement.

Complaints related to confirmation of death will be monitored through the NHS Lothian Complaints Procedure.

Staff completion of education required for competence will be monitored locally as part of the Personal Development Planning and Review Process.

Care and support for professional staff, including the opportunities for reflection and debrief should be an integral part of professional practice, and this may be especially relevant when involved in confirmation of death. The opportunity to improve through feedback, reflection and organisational clinical governance mechanisms will support continuous improvement in the review of the confirmation of death process.

This policy, along with the *NHS Lothian Confirmation of Death Procedure*, will be reviewed by a Short Life Working Group every 3 years or as a result of any changes in legislation or guidance which may occur before this.