

# VERIFICATION OF EXPECTED ADULT DEATH (VOEAD) FOR REGISTERED NURSES

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In response to COVID-19



Leeds Palliative  
Care Network



# Aim of the training

For experienced Registered Nurses providing end of life care to be able to verify the expected death of a resident/ patient

# Objectives

1. Understand the differences between
  - Verification and certification
  - Expected and unexpected death
2. Recognise when it is not appropriate for Registered Nurses to verify death
3. If feel confident - to move on to the next step & demonstrate competency in your own organisation in checking death has occurred
4. Understand the roles & responsibilities of other professionals
5. Understand the legal issues, accountability and documentation
6. Maintaining infection prevention and control and person-centred care within the context of COVID-19

# Why should nurses verify expected deaths?

The ability for registered nurses to verify an expected adult death, will enhance the care of the patient, their family and carers; making best use of resources, with care being delivered in a timely manner by the most appropriate person.

# Timely Verification

- This is within one hour in a hospital/ hospice/ nursing home setting and within 4 hours in a community setting
- This is supportive to bereaved families and is necessary prior to the deceased being moved to either the mortuary or funeral directors.
- This timeframe may not be achievable under current COVID-19 pandemic circumstances

# Verification of Expected Death

## **Special Edition of Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoEAD) guidance (2020)**

This revised guidance / video includes additions and changes to verifying death in relation to COVID-19

This guidance ensures that the death is dealt with:

- In line with the law and coroner requirements
- In a timely, sensitive and caring manner
- Respecting the dignity, religious and cultural needs of the patient and family members as far as is practicable,
  - e.g. it will not be possible to offer cremation if a pacemaker or implantable cardiac defibrillator is in place, due to the infection risks of removal & necessary precautions needed in relation to COVID19
- Ensuring the health & safety of others e.g. from infectious illness including COVID-19, radioactive implants & implantable devices

# Context

- A fundamental review of death certification and investigation (Shipman Inquiry 2003) recommended that a Registered Nurse RN should be able to verify that a death has occurred
- The CQC (2015) state that ‘any competent adult can diagnose death’.
- This is supported by the Nursing and Midwifery Council (Archived Documents NMC 2004 & 2008a) which stated: “that whilst legally a nurse cannot certify death they may verify that death has occurred, providing that there is an explicit local policy”.

# Verification of death – what it is...

- Physical examination to confirm death has taken place
- Statement of fact that death has occurred
- The presence of a doctor is not a legal requirement
- The time of verification is recognised as the official time of death
- Associated responsibilities include;
  - identification of the deceased
  - notification of any infectious diseases e.g. COVID-19
  - and / or implantable devices.



# Certification of death – what it is...

- This is the process of completing the “Medical Certificate of Cause of Death.” (MCCD)
- Legal document
- Required to register a death
- In response to COVID-19 pandemic the Medical Certificate of Cause of Death (MCCD) must be completed by a doctor who is not obliged to view the dead body, but who must have seen the deceased during the period of illness up to 28 days prior to death (previously was 14 days), including by video link/ consultation

# Expected death – what it is...

- This is the result of an acute or gradual deterioration in a patient's health status, usually due to advanced progressive incurable disease
- It is anticipated, expected, & predicted
- Anticipated that ACP & consideration of DNACPR will have taken place & recorded in patient's notes
- If it is an anticipated/expected/ predicted death and the person is found deceased without a DNACPR conversation documented, verification of death by the RN can be carried out

# Sudden or unexpected death

- An unexpected or unusual death is not anticipated or related to a period of illness identified as terminal
- Where the death is completely unexpected and the healthcare professional is present there is an expectation resuscitation will commence (unless DNACPR in place)
- It is not appropriate for a nurse to verify an unexpected death (doctor to verify)

# Deaths requiring coronial investigation

- Cause of death unknown or suspicious
- Violence, trauma, or physical injury
- Result of poisoning, self-harm, neglect or failure of care
- Related to a medical procedure or treatment
- Injury or disease received due to employment or industrial poisoning e.g. mesothelioma
- A person who is suspected of, or confirmed with, COVID-19 at the time of death is not a reason on its own to refer the death to the coroner

# The Coroner's role

To ascertain the cause of death where unknown

- If **satisfied** with nature of death on basis of available facts then the coroner informs the registrar and doctor of decision and allows a doctor to certify
- If **not satisfied** arranges a post mortem examination to determine the cause of death and /or a public inquest

# Medical Responsibilities in VoEAD

- The doctor will be available if necessary to speak to the family after death of the patient – arrange at the soonest mutually convenient time – telephone / video call/ face to face
- The responsible doctor will endeavour to be available to explain the cause of death they have written on the medical certificate
- Notification of infectious diseases, statements relevant to cremation and MCCDs

# Nursing Responsibilities in VoEAD

- All RN's fully understand the local/national guidance/ policy on VoEAD and undertaken appropriate training and be deemed competent through a specific framework
- RN feels confident and competent to carry out this role
- RN understands what verification of death is (procedure, what it isn't...)
- RN must inform the doctor of the patient's death, using locally agreed systems and document the date and time the verification was carried out in the clinical record

# Nursing Responsibilities in VoEAD cont'd

- The RN must instigate the process for deactivation of the Implantable Cardiac Defibrillator (ICD)
- The RN carrying out the procedure must notify the funeral director/ mortuary of any confirmed or suspected infections, radioactive implants, implantable devices and whether and ICD is still active
- It is the right of the verifying nurse to refuse to verify a death and to request the attendance of the responsible doctor/ police if there is any unusual situation



# VoEAD – Procedure Guide: Protective Personal Equipment

- To maintain RN safety carrying out this procedure, these guidelines should be used in conjunction with local policy and applied to all verifications of expected adult death irrespective of any Covid-19 status, by donning:
  - Surgical mask
  - Gloves
  - Apron

This is a minimum when carrying out verification of death procedure

# Equipment

- Pen torch
- Stethoscope
- Watch with second hand
- Surgical face mask
- Eye protection (where risk of contamination to the eyes)
- Disposable plastic apron (Fluid resistant gown where risk of secretions/  
body fluids)
- 2 pairs of disposable gloves
- Sterile Sheet
- 2 small waste bags

## Procedure – preparation:

- Wash hands prior to donning selected PPE
- Apply a second pair of disposable gloves
- Check identification of the patient against available documentation
- Check for documented DNACPR – where not available or not in place, ensure clear clinical judgement that death is irreversible

## Procedure: Preparation

- Identify any infectious diseases/ radioactive implants, ICD's
- Where applicable open window for ventilation
- Where applicable instigate the process for deactivation of ICD if not already deactivated (follow your local policy)
- Open sterile sheet onto a clean surface & place suitably cleaned stethoscope & pen torch onto the sheet

## Procedure: Verification of Expected Adult Death Examination

- The individual should be observed by the RN carrying out the procedure 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

# Procedure: Verification of Expected Adult Death Examination

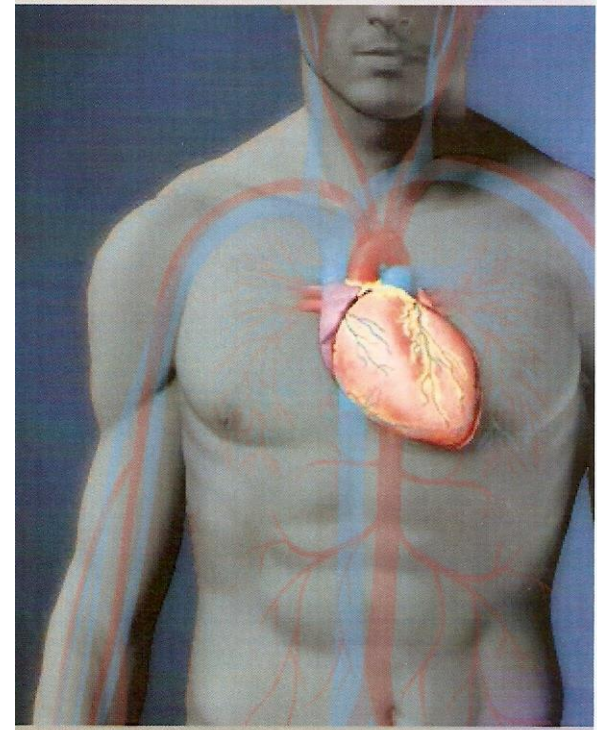
- Five key areas:
- **Heart Sounds**
- **Neurological response**
- **Respiratory Effort**
- **Central Pulse**
- **Motor Response**

# Procedure: **Verification of Expected Adult Death Examination**

- **Heart Sounds**
- Using the stethoscope, listen for heart sounds (approx. 1 min) through the clothing/ nightclothes – place over apex of heart (next slide)
- Place the stethoscope on the sheet ready for cleaning
  
- **Neurological response**
- Using the pen torch, test both eyes for the absence of pupillary response to light
- Place pen torch on the sterile sheet

# Position of the heart

- Palpate sternal angle
- Space below is 2<sup>nd</sup> intercostal space
- Count down to 5<sup>th</sup> intercostal space
- Locate intersection of mid clavicular line and 5<sup>th</sup> intercostal space





# Procedure: **Verification of Expected Adult Death Examination**

- **Respiratory Effort**

- Observe for any signs of respiratory effort over the five minutes
- NB Do NOT place your ear near the person's nose/ mouth to listen for breathing (avoids risk of contamination)

- **Central Pulse**

- Palpate for a central pulse & if necessary through the clothing/ night clothes
- Carotid Pulse: Using 2nd & 3rd fingers locate the angle of your jaw, work downwards onto neck approx. 1". Feel for one minute.

# Procedure: Verification of Expected Adult Death Examination

- **Motor Response**
- After five minutes of continued cardio-respiratory arrest, test for the absence of motor response with the trapezius squeeze 1-2 seconds (through clothing/ night clothes)
- Any spontaneous return of cardiac or respiratory activity during this period of observation should prompt a further five minutes observations

## Procedure: post examination

- Take off first pair of gloves and dispose of in the small waste bag
- Clean the stethoscope & pen torch with 70% alcohol wipes and place in a clean bag
- Attach bracelet to wrist / ankle with Name, DOB, Address and NHS No (in hospital this is 2 bands)
- Lie the patient flat
- Leave all tubes, lines, drains, medication patches & pumps etc. insitu (switching off flows of medicine and fluid administration if in situ) and spigot off as applicable
- Remove gloves and dispose of in waste bag
- Remove PPE in correct order, including hand hygiene and place in waste bag

# Procedure: post examination

- Dispose of waste in line with local policy for waste management of clinical waste
- Perform hand hygiene following removal and disposal of PPE
- RN needs to complete the local verification of death form. Time of death is recorded as when verification of death is completed (i.e. not when the death is first reported)
- RN must notify the doctor of the death (including date/ time) by secure email or locally agreed procedure
- RN acknowledges the emotional impact of the death on any surrounding patients/ residents
- RN acknowledges the potential/ actual emotional impact of bereavement for colleagues and carers – guide right support

# Competency

- Appropriate training in VoEAD/ certificate available to show you have accessed this video (link below) – this is not deemed competency on it's own
- CHANGE: Can undertake a self-assessment - National self-assessment competency tool (link below)/ local competency NB. This will change back after the duration of the pandemic
- Assessed by a Registered Nurse competent in VoEAD either face to face or remotely if required by the individual RN or organisation
- Own organisation has a VoEAD policy in place, including training (may need to be modified to include changes in relation to COVID-19).
- (<https://leedspalliativecare.org.uk/professionals/education-training/verification-of-expected-adult-death-training/>)

# References & Resources

<https://leedspalliativecare.org.uk/professionals/education-training/verification-of-expected-adult-death-training/>

- Community Palliative, End of Life and Bereavement Care in the COVID-19 Pandemic (2020)
- Special Edition of Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoEAD) guidance (2020)  
(<https://leedspalliativecare.org.uk/professionals/education-training/verification-of-expected-adult-death-training/>)
- COVID-19 and Palliative, End of Life and Bereavement Care in Secondary Care (2020)
- Refer to own organisation VoEAD Policy