Verification of Expected Death in During Covid-19 Standardised Policy for Nursing Homes

Background and summary

It is important that Health care staff should feel supported to prioritise the needs of those who have died and the needs of their families, so that they are cared for with the same dignity, respect and high standards in death as they were in life. There is also a duty to ensure that the risk of exposure to COVID-19 is minimised for other residents, health care staff and the wider public through social distancing and appropriate use of PPE.

In recognition of this, this standardised policy, developed as part of a package of measures to support VoED in Leeds, details how verification of expected death is managed within your organisation. It clarifies that only registered nurses with additional training in VOED can verify expected deaths and that national guidance during the Covid-19 pandemic supports self- assessment of competence to undertake this skill following training. It also sets out how registered nurses who have not had additional training, can support GPs via VC to verify an expected death. The policy includes reference to relevant national guidance which are listed below:

- **Hospice UK**, (2019), Care After Death: registered nurse verification of expected death guidance (2nd edition) available from: https://www.hospiceuk.org/what-we-offer/publications
- **NICE**, (2018), Decision- making and mental capacity – Guidelines NG108. Available from: https://www.nice.org.uk/guidance/ng108
- **Royal College of Nursing** (2019), Confirmation or verification of death by registered nurses. Available from: https://www.rcn.org.uk/get-help/rcn-advice/confirmation-of-death
- **Department of Health and Social Care**. Coronavirus (COVID-19): verifying death in times of emergency. Available from: 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
- **British Medical Association:** https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2020/covid19/RCGP-guidance/BMA-RCGP-Guidelines-For-Remote210420.ashx?la=en
- For further reading refer to NHS England and guidance relating to COVID–19

This standardised policy for nursing homes, should be utilised as a guide and health care professionals should use this in conjunction with their professional judgement, current national guidance and any additional organisational polices.

Objectives

To ensure that verification of expected death is carried out by the registered nurse that has been suitably trained and self-assessed as competent for the task in line with the national guidance and best practice.

Unexpected Death

An unexpected death is not anticipated or related to a period of illness that has been identified as terminal. Where the death is completely unexpected and the healthcare professional is present then there is an expectation that resuscitation will commence. There is further clear guidance from Resuscitation Council UK for circumstances where a patient is discovered dead and there are signs of irreversible death. In such circumstances, the RN may make an informed clinical judgement not to commence CPR, for example clear signs of rigor mortis. The RN must be able to articulate and document clearly their actions and reasoning.

It is the right of the verifying registered nurse to refuse to verify death and to request the attendance of the responsible doctor/ police if there is any unusual situation. The verification of expected death procedure does not apply to other situations e.g. suspicious, sudden or unexpected death which could include:

- Death within 24 hours of admission
- The presence of suspicious circumstances
- Death following an untoward incident, e.g. drug error, accident
- Death following an operation or invasive procedure
- Death following equipment failure or misuse

If a death does not fit the criteria for verification by a registered nurse, then the procedure should be carried out by a registered medical practitioner. Additionally, the following circumstances will need a referral to a coroner by a medical practitioner or police officer and therefore a nurse must not verify death.

- the cause of death is unknown
- there is no attending practitioner(s) or the attending practitioner(s) are unavailable within a prescribed period
- the death may have been caused by violence, trauma, or physical injury, whether intentional or otherwise
- the death may have been caused by poisoning
- the death may be the result of intentional self-harm
- the death may be the result of neglect or failure of care
- the death may be related to a medical procedure or treatment
- the death may be due to an injury or disease received in the course of employment or industrial poisoning
- the death occurred while the deceased was in custody or state detention, whatever the death.
- A person who dies from a notifiable infectious disease, e.g. COVID-19, is not a reason on its own to refer the death to the coroner

Expected Death

An expected death is the result of an acute or gradual deterioration in a patient's health, usually due to advanced progressive incurable disease. The death is anticipated, expected and predicted. In these circumstances advance care planning and the consideration of DNACPR will have taken place. The death can be verified even if the doctor has not seen the patient in the previous 28 days. Confirmed or suspected COVID-19 does not by itself make the death sudden or unexpected.

When a resident dies, the nurse has a duty to inform the resident's doctor who has been treating and reviewing the resident, as the doctor is the only professional authorised to certify the death. The resident's doctor may have pre-arranged to be informed at another time. For example, when expected deaths occur at night, the residents' doctor may be informed the following morning.

When a discussion has taken place between the responsible medical practitioner, wider care team and nursing staff and it has been agreed that further intervention would be inappropriate and death is expected to be imminent, registered nurses may verify the death. Wherever possible, the relatives should be informed of the residents deteriorating condition and of their personalised care plan.

Record keeping is a fundamental part of the process and there is an expectation that the nursing and medical records must reflect that the resident has recognised palliative and end of life care needs and the death is expected. Records should also show details of the confirmation of death, with the time, date, and any other observations that were recorded in line with an identified protocol, whether in the NHS or independent sector. The time and date the doctor was informed must also be included.

In the event of an expected death, best practice is to verify death within four hours. Verification of expected death requires the registered nurse to assess the resident to establish that irreversible cardio- respiratory arrest has occurred, as well as specific addition observations, specified below (Table 1). Any spontaneous return of cardiac or respiratory activity during this period of observation should prompt an additional five minutes of observations.

Although it is in the best interests of the resident and family to have their death verified by a person who they know and has cared for them in life, there may be times when this is not possible. Sources of support with VoED in Leeds are detailed below in table 2.

Procedure

Where a nurse who is caring for a resident who has died has not received additional VoED training, they can support a GP or trained and competent Nurse to verify the expected death using video conferencing facilities. This way the GP or trained Nurse is the lead practitioner and the on-site nurse is not. The standards to be used in these circumstances are also outlined in table 1.

Table 1

VoED Clinical Procedure – Equipment you will need: a stethoscope, a pen torch, a watch/clock, blood pressure cuff, pulse oximeter and appropriate PPE				
Role	**Heart Sounds**	**Neurological**	**Respiratory**	**Central Pulse**
RN Standards	Using a stethoscope, through clothing to confirm absence of cardiac output.	Using Pen torch, confirm absence of pupillary response to light in both eyes.	Observe for any signs of respiratory effort over five minutes.	Palpate for a central pulse and if necessary through the clothing.
GP Standards	Option to use stethoscope to confirm absent heartbeat.	Using pen torch, confirm both pupils are dilated and do not respond to light.	Check no chest wall movements for 3 minutes by observing the chest Absence of breath sounds using a stethoscope may provide further confirmation.	Locate site of carotid pulse and check that pulse is absent for at least 1 minute.
Video Consultation Standard (for agreement at time of VoED)	**RN standard** Using a stethoscope, through clothing to confirm absence of cardiac output.	**GP standard** Using pen torch, confirm both pupils are dilated and do not respond to light.	**RN standard** Observe for any signs of respiratory effort over five minutes.	**GP standard** Locate site of carotid pulse and check that pulse is absent for at least 1 minute.
	Non-registered standard Show person's body including a close up of their face	**Non-registered standard** Use a pen torch to confirm both pupils are dilated and do not respond to light	**Non-registered standard** Show absent chest movement via VC	**Non-registered standard** Use a pulse oximeter to confirm absent breathing Use an automatic blood pressure cuff to confirm absent circulation
	Repeat steps after 10 minutes			

Table 2

Order	VOED to be performed by:	Nursing Home	Residential Home	Own Home	CCB
In Hours					
1st line	Own Nurse trained and either assessed as competent or self-certified as competent.	**Y**	**N**	**N**	**Y**
2nd	Immedicare VoED pathway. VC supported by clinician in hub. *only If care home is part of Immedicare scheme*	**Y***	**Y***	**N**	**N**
3nd	**a** - LCH EOL care home facilitators F2F or via VC where appropriate. **b** - LCH Neighbourhood Team F2F or via VC where appropriate	**Y, a**	**Y, b**	**Y, b**	**Y, b**
4th	GP from patients practice supporting Nurse (or other on site professional as appropriate) to verify death using video link (not telephone)	**Y**	**Y**	**Y**	**Y**

Table 3

Order	VOED to be performed by:	Nursing Home	Residential Home	Own Home	CCB
Out of Hours					
1st line	Own Nurse trained and either assessed as competent or self-certified as competent.	**Y**	**N**	**N**	**Y**
2nd	Immedicare VoED pathway. VC supported by clinician in hub. *only If care home is part of Immedicare scheme*	**Y***	**Y***	**N**	**N**
3rd	LCH Neighbourhood Nights team F2F or via VC where appropriate on 0300 003 0045 from 21.30-07.00	**N**	**Y**	**Y**	**N**
4th	GP from LCD (OOH provider) supporting Nurse (or other onsite professional as appropriate) to verify death using VC. OOH services should only be used where the wait for in house/in hours services would be unacceptably long.	**N**	**Y**	**Y**	**N**

Support for families

Care homes should consider discussing the process for verification of expected death with the families of residents when patients are approaching the end of their life, as part of advances care planning processes. They should understand that the home staff who have cared for their much loved relative will be a key part of the care of their relative even after their death and including in the verification of their death. It is important that the understand that this is not just a medical role but a nursing and caring role too, as supported by national guidance and examples of best practice.

Governance

This guidance has been developed on behalf of nursing homes in conjunction with commissioners, nursing homes, Leeds community healthcare trust and Leeds city council. The policy can be used as

part of a package of measures to support the quick implementation of VoED in a nursing home. It should be adapted and updated locally. This version is correct of May 2020.