

Verification of Expected Death with clinical remote support for a care worker during Covid-19 time of emergency



The Coronavirus Act 2020 makes special arrangements for verifying an expected death in a community setting, such as care home, supported living accommodation or when a person is supported in their own home by a care worker or personal assistant.

i You must be able to answer 'yes' to every question to proceed. If at any point the answer is 'no', refer to the person's GP practice, out of hours service or NHS 111.



How to Verify an Expected Death with clinical remote support

i This process assumes that resuscitation has been ruled out!

This guide does not replace existing practice and agreed local pathways for verifying a death in the community but provides an opportunity for safe, timely and clinically supported process during this period of crisis.

i If you are not comfortable, have any doubts or concerns or are not equipped to verify, speak to your manager and refer to the person's general practice, another provider of primary medical services or NHS 111.

Obtain clinical remote support by calling the person's GP practice or Out of Hours / NHS 111 to report the death

Before

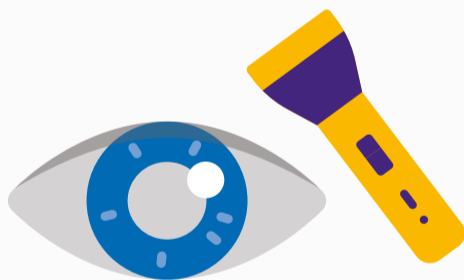
- ✓ Introduce yourself, ask who they are (It is important to document who was present at the time of death)
- ✓ Offer your condolences and explain the need to confirm the death
- ✓ Offer the opportunity for the family to wait outside of the room and ask if they have any concerns or questions
- ✓ When you are ready, call the GP / healthcare professional for remote video support
- ✓ Enter the room of the person, introduce yourself 'Hello Mr/Mrsmy name isI am your care worker'.
- ✓ Confirm the identity of the person
- ✓ Look for any obvious signs of life, check skin colour, are they breathing?
- ✓ Try to ensure that the person is lying flat (It may not be possible to move them if Rigor Mortis has already set in)

Equipment Needed
 Mobile phone with camera and torch, pen torch (optional), appropriate PPE* and a bag to dispose PPE

Gather together the care plan, any care notes and VOED paperwork, including any advance care plan/DNA CPR

*Disposable apron and gloves, fluid repellent surgical mask

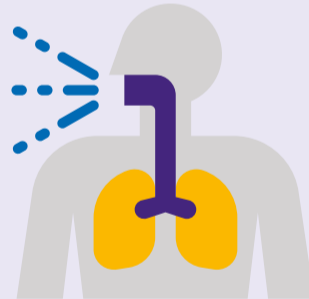
During - with guidance from a clinician



Check the person's pupils by shining the pen torch into the eyes. The pupils should not react to light and will appear black, fixed and dilated.

Check there is no response to painful stimuli. If you squeeze the muscle between the neck and the shoulder (the trapezius), do they respond?

Observe: There should be no response, sound or movement.



Check the chest wall movements for 3 minutes.

Observe: Breathing is not present and the chest is not rising and falling. Place one hand on the person's chest. There should be no breath sounds or movement of the deceased person. When a person is moved after death, sometimes there is an exhalation of residual air and a sound can accompany this. This is natural. If a breath occurs, repeat the process.



Locate the carotid pulse on the person's neck to the side of the windpipe using your index and middle fingers. Check that the pulse is absent for at least one minute.

Observe: No pulse can be found. The body feels cold to touch. The person has obvious pallor (obvious in all skin tones).

Wait 10 minutes and repeat the above actions



After verification

- ✓ Complete accurate records as required
- ✓ Ensure care of the deceased and care of the family
- ✓ Take care of yourself and others involved