

## Appendix 2 Assessment of competence for Registered Nurse Verification of Expected Adult Death

**Name of registered nurse:**

**Name and signature of trainer:**

**Date of training:**

### Assessor guidance:

- The competencies are a mixture of practical skills, knowledge and understanding.
- All criteria must be achieved during training to achieve competency.
- Registered nurses (RNs) will self-assess at the completion of the training that they feel competent to perform this skill independently. Competence can be achieved at the first assessment, which can occur as part of the training.
- It is recommended that RNs reflect on this skill within their clinical practice at least annually during the appraisal process.

		In training		
	Criteria	Not yet competent or competent?	Not yet competent or competent?	Competent
<b>Standard 1: The registered nurse is aware of their role and associated guidance</b>				
	Guidance for staff responsible for care after death.			
	Guidance re RN verification of death.			
<b>Standard 2: The registered nurse is aware of the following definitions</b>				
	Who can recognise a death?			
	Who can verify a death?			
	Who can certify a death?			
	What is an expected death?			
	What is a sudden or unexpected death?			
	What is a sudden or unexpected death in a terminal period?			
	Individualised agreement to DNACPR documented in the clinical notes.			

		In training		
	Criteria	Not yet competent or competent?	Not yet competent or competent?	Competent
	What is the definition of the official time of death?			
	Deaths requiring coroner involvement, <i>noting COVID-19.</i>			
	Notification of infectious diseases, <i>noting COVID-19.</i>			
<b>Standard 3: The registered nurse is aware of the medical and nursing responsibilities</b>				
	The four medical responsibilities.			
	The five nursing responsibilities.			
<b>Standard 4: The registered nurse understands the procedure for verification of a patient's death</b>				
	Risk assessment of PPE and equipment requirement prior to attending the bedside, or home.			
	Demonstrates universal infection control precautions, appropriate donning of PPE, equipment decontamination, and correct hand hygiene procedure, and in the correct sequence. <i>Note precautions relating to COVID-19.</i>			
	The patient is identifiable from available documents.			
	There is a completed DNACPR form, or equivalent. Where there is not a DNACPR form, demonstrate clear clinical rationale that the death is irreversible.			
	Infections, implantable devices and radioactive implants are identified, for example, from the medical notes.			
	Where applicable, a window is opened for ventilation.			
	To instigate the process for deactivation of Implantable Cardiac Defibrillator, if not already deactivated.			
	Stethoscope and pen torch are placed on the sterile sheet ready for use.			

		In training		
	Criteria	Not yet competent or competent?	Not yet competent or competent?	Competent
<b>Standard 5: The registered nurse is able to follow the procedure and carry out a patient examination to verify death</b>				
	Position the patient for examination and verification of the fact of death.			
	Understands that the patient must be observed for a minimum of five minutes to establish that irreversible cardiorespiratory arrest has occurred.			
	Ensures absence of heart sounds on auscultation.			
	Ensures both eyes are tested for the absence of pupillary response to light.			
	Ensures absence of respiratory effort by observation over the five minutes.			
	Ensures absence of a central pulse on palpation.			
	Ensures that after five minutes of continued cardio-respiratory arrest the absence of motor response to trapezius squeeze is tested.			
	Ensures that if any spontaneous return of cardiac or respiratory activity during this period of observation that this would prompt a further five minutes observations.			
	Ensure stethoscope and pen torch are placed ready for cleaning.			
	Demonstrates universal infection control precautions by correctly doffing first set of gloves to decontaminate stethoscope and pen torch.			
	Knows how to correctly label the deceased for identification.			
	Know what to do with tubes, lines, drains, patches and pumps			
	Demonstrates universal infection control precautions by correctly doffing PPE and correct hand hygiene procedure, and knows how to dispose of the waste.			

		In training		
	Criteria	Not yet competent or competent?	Not yet competent or competent?	Competent
<b>Standard 6: The registered nurse completes appropriate documentation in a timely way</b>				
	How to complete the local verification of death form.			
	How to record the time of death.			
	How to notify the doctor.			
<b>Standard 7: The nurse knows how to support and provide appropriate information to the bereaved family and friends</b>				
	Understands the potential/actual emotional impact of a bereavement on the family and friends, <i>noting the impact of COVID-19 at this time.</i>			
	Can demonstrate how they would support the bereaved at the time of death.			
	Understand the potential / actual emotional impact on surrounding patients and residents in communal setting, <i>and in relation to a COVID-19 related death.</i>			
	Can demonstrate how they would support surrounding patients / residents without breaching confidentiality.			
	Understands the potential/ actual emotional impact of a bereavement for colleagues and paid carers.			
	Can demonstrate how they would support colleagues and paid carers, <i>including in a COVID-19 related death.</i>			
	Knows the support information available for bereaved family and friends.			
	Knows how to signpost relatives to where to collect paperwork and the next steps.			

## Competency statement

I..... (Name) feel competent to perform RNVoEAD unsupervised.