<table>
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<tr>
<th>POLICY TITLE:</th>
<th>Verification of Life Extinct Policy</th>
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<tr>
<td>POLICY REFERENCE NUMBER:</td>
<td>Med01/009</td>
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<tr>
<td>IMPLEMENTATION DATE:</td>
<td>December 2009</td>
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<td>REVIEW DATE:</td>
<td>December 2011</td>
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<td>RESPONSIBLE OFFICER:</td>
<td>Medical Director</td>
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THIS POLICY HAS BEEN DEVELOPED WITH REFERENCE TO:

Sources / Evidence Base

HSS (MD) 8/2008 Verifying and Recording Life Extinct by Appropriate Professionals
CMO / CNO Circular March 2008

The Code: Standards of conduct, performance & ethics for Nurses & Midwives
Nursing & Midwifery Council

Births and Deaths Registration (Northern Ireland) Order 1976 para 25 (2)

Improving Patient Safety: Building Patient Confidence
A response by the DHSSPS to the Recommendations contained in the Shipman Inquiry Reports 3, 4 & 5 (2006)

Examples of Good Practice - Resource Guide 8 Verification of Death

THIS POLICY SHOULD BE READ IN CONJUNCTION WITH:

Last Offices Policy
Western Health & Social Care Trust (2009)

Infection Prevention & Control Guidelines
Western Health & Social Care Trust (2009)

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

Guidance on Death, Stillbirth & Cremation Certification
DHSSPS Ref: 20/2008 August 2008

Clinical Practice Guidelines for the Recognition of Life Extinct (ROLE)
Joint Royal Colleges Ambulance Liaison Committee (2008)

Breaking Bad News Regional Guidelines
DHSSPSNI (2003)

Coroners Post Mortem Examination Information for Relatives
Coroners Service for Northern Ireland (2007)
1.0 INTRODUCTION

1.1 Verification of Life Extinct has traditionally been carried out by medical staff; this policy has been developed in order to facilitate the extension of this role to appropriately trained registered nurses.

1.2 This policy outlines the procedures for verification of life extinct, which must be followed when a patient dies.

1.3 Verifying life extinct has no formal legal standing and there is no legal requirement for a doctor to verify life extinct; however doctors are required by law to issue a Medical Certificate of Cause of Death (MCCD), unless the death is referred to the Coroner.

1.4 A registered nurse may confirm or verify life extinct, providing there is an explicit local protocol in place to allow such an action, which includes guidance about when other authorities, e.g. the police or the Coroner, must be informed prior to removal of the body.

1.5 Registered nurses undertaking the responsibility of verifying life extinct must only do so providing they have received appropriate education and training and have been assessed as competent. They must also be aware of their accountability when performing this role.

2.0 BACKGROUND TO THE POLICY

2.1 In March 2008 the Chief Medical Officer and Chief Nursing Officer issued “Verifying and Recording Life Extinct by Appropriate Professionals” guidance to HSC to clarify the legal position, professional requirements, principles for practice, training and competence requirements for health care staff. This guidance was issued in response to recommendations contained in the Shipman Inquiry Reports 3, 4 & 5.

2.2 The information contained in this policy is based on this guidance.

2.3 When a person dies, a number of steps must be completed to allow legal registration of the death and for a funeral to take place. These steps are:
2.3.1 Verifying life extinct: This first step has no formal legal term and is referred to in a number of ways including: Recognition of Life Extinct (ROLE), verification of death, pronouncing death, confirming death.

2.3.2 Certifying the medical cause of death or referral to the Coroner: A doctor who had treated the patient in the last 28 days for a natural illness that caused their death may issue a Medical Certificate of Cause of Death (MCCD). If a doctor cannot complete an MCCD, either because the cause of death was not natural or because they were not treated in the final 28 days of life, then the death must be referred to the Coroner. 1

2.3.3 Registering the Death: The family (or certain other people) will provide the person's details to the local registrar, with either the MCCD or the Coroners' form giving the cause of death.

2.3.4 Obtaining a burial or cremation order: The registrar or Coroner can issue a burial or cremation order. Cremation requires the completion of special forms by doctors in addition to the MCCD or Coroners' forms.

2.4 This policy focuses on the first step in this process, verification of life extinct.

3.0 PURPOSE

3.1 The purpose of this document is to provide guidance to medical and nursing staff on verifying life extinct. This task can be undertaken by all doctors and by registered nurses who are appropriately trained and supported by organisational policy and protocols.
4.0  LEGAL POSITION

4.1 The legal position for registering a death is that:

“Where any person dies as a result of any natural illness for which he has been treated by a registered medical practitioner within 28 days prior to the date of his death, that practitioner shall sign and give forthwith to a qualified informant a certificate in the prescribed form stating to the best of his knowledge and belief the cause of death, together with such other particulars as may be prescribed”\(^2\)

4.2 More simply, the law does expect a doctor to issue a certificate detailing the cause of death, unless the death is referred to the Coroner

4.3 However, the law does not require a doctor to:
   - confirm death has occurred or that life is extinct
   - view the body of a deceased person or
   - report that a death has occurred

5.0  OBJECTIVES

5.1 To provide clear guidance and support for medical and nursing staff in relation to verification of life extinct.

5.2 To achieve a consistent and standardised approach to verification of death.

5.3 To achieve delivery of high quality, safe, effective and compassionate care for patients at the end of life and for their bereaved families.

5.4 To contribute to multi disciplinary team working when providing end of life and bereavement care.

5.5 To fulfill the requirements of HSS (MD) 8-2008 Verifying and Recording Life Extinct by Appropriate Professionals.
6.0 PRINCIPLES

6.1 This policy and procedure is based on the belief that:

6.1.1 All deaths must be managed in a dignified manner.

6.1.2 The family / next of kin must be communicated with sensitively at all times throughout the process of dealing with the death. Their feelings and preferences must be explored and respected.

6.1.3 Verification of death is an important stage in the process of grief; until this has been performed, no further action can be taken with regard to the Deceased. This may add to the distress of relatives, friends and carers.

7.0 SCOPE

7.1 This policy applies to all doctors and appropriately trained registered nurses employed by the Western Health and Social Care Trust with a responsibility to verify life extinct.

7.2 Appropriately trained registered nurses **must not** however verify death in the following circumstances:

- Sudden death
- When the cause of death is unsure
- The verifying nurse feels that there may be a suspicious circumstance
- Death as a result of untoward incident, fall or drug error
- If the deceased is to undergo a Coroner’s or a consented hospital post mortem examination
- If the deceased is under 18 years of age
- If the deceased is an organ donor

In these circumstances the responsible medical practitioner must be informed of the death and it is his/her responsibility to refer the death to the Coroner if necessary.
8.0 ROLES AND RESPONSIBILITIES

8.1 It is the responsibility of all Western Trust doctors and appropriately trained nursing staff to adhere to this policy when verifying life extinct.

9.0 TRAINING AND COMPETENCE REQUIREMENTS

9.1 All staff whose role it is to verify life extinct must have education and training in this area.

9.2 In addition nurses and ambulance clinicians require assessment of competence in this task.

9.3 Education and training for this role must include:
  • Accountability
  • Ethics
  • Legislation
  • Role of other agencies/personnel
  • Skills and knowledge to determine the physiological signs of death
  • Process for pronouncing life extinct including use of documentation
  • Professional responsibilities
  • Awareness of different cultural sensitivities
  • Awareness of different communication support needs

10.0 PROFESSIONAL REQUIREMENTS

10.1 All doctors registered with the General Medical Council can verify life extinct.

10.2 Registered nurses can undertake this task within certain parameters.
10.3 The advice on verifying life extinct given to nurses by the Nursing and Midwifery Council (NMC. 2006) is that:

“In the event of death, a registered nurse may confirm or verify life extinct, providing there is an explicit local protocol in place to allow such an action, which includes guidance on when other authorities, e.g. the police or the coroner, should be informed prior to removal of the body. Registered nurses undertaking this responsibility should only do so providing they have received appropriate education and training and have been assessed as competent. They must also be aware of their accountability when performing this role.”

10.4 Ambulance Clinicians, when responding on behalf of the Northern Ireland Ambulance Service, can verify that death has occurred in accordance with the Joint Royal Colleges Ambulance Liaison Committee (JECALC) Clinical Practice Guideline for the Recognition of Life Extinct (ROLE).

10.5 Ambulance Clinicians include Emergency Medical Technicians and Paramedics in training who possess the relevant ASA/IHCD professional qualification, and Paramedics registered with the Health Professions Council.

11.0 VERIFICATION OF LIFE EXTINCT POLICY STATEMENT

11.1 All doctors registered with the General Medical Council; appropriately trained registered nurses and ambulance clinicians can verify life extinct.

11.2 All staff whose role it is to verify life extinct must have education and training in this area. In addition nurses and ambulance clinicians require assessment of competence in this task.

11.3 Organisations must have in place an overarching policy, written protocol and staff training for dealing with the process following a death.
11.4 There must be awareness of the roles of Health and Social Care, the Police Service of Northern Ireland and the Coroner’s Office in the process of dealing with a death.

11.5 The feelings and wishes of the family must be explored and respected. They must be communicated with sensitively at all times throughout the process of dealing with the death.

11.6 If there are additional support needs required to ensure effective communication, these must be provided eg foreign language interpreting, signing interpreting or information in different formats.

11.7 Although most deaths, even sudden deaths, are not suspicious, it is important that the professional who has verified life extinct considers the general circumstances of the death and is completely satisfied that it is not accompanied by any suspicious circumstances.

12.0 CLINICAL PROCEDURES TO VERIFY LIFE EXTINCT

12.1 In order to verify life extinct, cessation of circulatory and respiratory systems and cerebral function must be confirmed and documented in the patient’s notes.

12.2 This applies in all cases whether it is a doctor, nurse or ambulance clinician who undertakes the task.

12.3 Parenteral drug administration or any life prolonging equipment must not be removed prior to verification of death.

12.4 The following systems must be examined for a minimum of five minutes to establish that irreversible cardio-respiratory arrest has occurred.
12.5 Life extinct must always be verified by examining all of the following systems:

12.5.1 Cessation of circulatory system e.g.
- No pulses on palpation x 1 minute
- No heart sounds (verified by listening for heart sounds or asystole on an ECG tracing) x 1 minute

12.5.2 Cessation of respiratory system e.g.
- No respiratory effort observed x 1 minute
- No breath sounds (verified by listening for one full minute)

12.5.3 Cessation of cerebral function e.g.
- Pupils dilated and not reacting to light x 30 seconds
- No reaction to painful stimuli x 30 seconds

12.6 The patient must show no response in all of the above tests. If there is any doubt the practitioner must not verify death but must consult an appropriate medical practitioner.

12.7 The exact time of death must be recorded and must be established as closely as possible for the benefit of relatives.

12.8 The documentation recording the examination undertaken and verifying life extinct must be completed and placed in the patient’s notes.³ Forms will be available on all wards and will be downloadable from Trust Intranet.

12.9 Certain situations can make the clinical confirmation of life extinct more difficult, in particular drowning, hypothermia, drug overdose and pregnancy. In these situations active resuscitation must continue until an experienced doctor has verified life extinct.
12.10 There are some special circumstances, including brain-stem death in ventilated patients, where medical consultants will be involved in verifying life extinct under more detailed protocols.

12.11 Critical Care, Accident and Emergency and other such acute settings present further issues related to verification of death; senior nursing and medical should be consulted before commencing verification of death.

13.0 ACTION TO BE TAKEN AFTER VERIFICATION OF LIFE EXTINCT

13.1 After verifying life extinct, the healthcare professional must consider the next step, which will depend on the circumstances of the death and make contact with either:

- A doctor who can provide a Medical Certificate of Cause of Death (MCCD)
- A senior colleague for guidance
- The Coroner or the Police

13.2 In all circumstances, the doctor to whom the death has been reported must:

- Issue a Medical Certificate of Cause of Death without delay
  
  or

- Give that responsibility directly to a colleague who can legally complete the MCCD
  
  or

- If circumstances of the death require that referral to the Coroner is necessary, a foundation doctor must consult a more senior colleague before reporting the death.

13.3 In the event of a Coroner’s post mortem examination being sought medical staff must also:

- Document all contact / discussion with the Coroner on the Verification of Life Extinct Record Sheet and in the patients medical notes.
Advise the deceased patient’s family if the death is being referred to the Coroner and the reasons why. The booklet ‘Coroners Post Mortem Examination Information for Relatives’ must be given to relatives to supplement verbal information. These booklets are available in the ward bereavement resource pack on each ward. Where possible these must be made available in different formats.

Ensure that Nursing and Mortuary teams are informed if the Coroner has directed a post mortem examination as this will affect the performance of ‘last offices’ in that invasive devices such as endotracheal tubes and central lines must remain in situ.

13.4 If there are concerns about the death, the body and the area around it must be secured and not disturbed, the Police must be contacted and they will direct how the death should be handled.6

13.5 For deaths occurring in the community setting, the patients’ doctor / GP must also be contacted in addition to the police.

13.6 If a death is associated with C.Difficile, MRSA or MSSA, monitoring in accordance with Trust guidelines must be completed.7

14.0 REFERENCES

1 For guidance please refer to Guidance on Death, Stillbirth & Cremation Certificates DHSSPS August 2008. Copies available on all wards

2 Births and Deaths Registration (Northern Ireland) Order 1976 para 25 (2)

3 See appendix 2: Verifying Life Extinct Record Sheet

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

5 See appendix 1: Protocol for Action after Verification of Life Extinct

6 See appendix 1: Protocol for Action after Verification of Life Extinct

7 WHSCT Infection Prevention & Control Guidelines
15.0 EQUALITY AND DIVERSITY STATEMENT:

The Western Health & Social Care Trust can no longer be reactive in its response to demographic changes within society. There is now a positive duty to be proactive and ensure that the Trust provides services and develops policies that are accessible and appropriate to all sections of the community.

The development of this policy has undergone an Equality Impact Screening Assessment and does not warrant a full EQIA to be undertaken.
**APPENDIX 1**

**PROTOCOL FOR ACTIONS TO BE TAKEN AFTER A DEATH**

**DEATH HAS OCCURRED**

**DEATH VERIFIED**

**RECORD THE EXAMINATION AND TIME OF DEATH IN LIFE EXTINCT RECORD SHEET. INFORM OTHER HOSPITAL OR COMMUNITY HSC SERVICES OF THE DEATH**

**IS THE DEATH SUSPICIOUS?**

**YES**

**SEE NOTE 1**

**INFORM MEDICAL PRACTITIONER**

**MEDICAL PRACTITIONER TO CONTACT CORONER FOR GUIDANCE**

**RECORD IN NOTES**

**DO NOT DISTURB SCENE**

**NO**

**WAS THE DEATH SUDDEN OR UNEXPECTED?**

**YES**

**SEE NOTE 2**

**DOES THE DEATH NEED TO BE REFERRED TO THE CORONER?**

**NO**

**YES**

**SEE NOTE 3**

**MEDICAL PRACTITIONER TO COMPLETE MEDICAL CERTIFICATE OF CAUSE OF DEATH**

**GIVE FAMILY INFORMATION RE DEATH CERTIFICATION, REGISTRATION AND BURIAL / CREMATION ORDER**

**ALLOW THE BODY TO BE REMOVED TO MORTUARY**

**THE BODY WILL THEN BE MOVED TO MORTUARY TO AWAIT CORONERS INSTRUCTIONS:**

1. MCCD CAN BE ISSUED, OR
2. PROFORMA LETTER / UNSIGNED MCCD REQUESTED, OR
3. CORONERS PM DIRECTED

**DO NOT MOVE THE BODY**

**CORONER / POLICE WILL DIRECT NEXT STEPS**
APPENDIX 2

PROTOCOL FOR ACTIONS TO BE TAKEN AFTER A DEATH

Note 1
Death involving suspicious circumstances e.g. injuries, apparent suicide, or the scene of death raises concerns about break-in, fire or struggle. **The body must not be moved. Do not disturb the scene.** There must be immediate contact with the Police and the appropriate medical practitioner (GP, Out of Hours Service or hospital medical staff). The Police or medical practitioner must contact the Coroner. The body will require Post Mortem examination by State Pathology. The Police will arrange transfer to a mortuary.

Note 2
Sudden/unexpected death without suspicious circumstances e.g. person found dead at home or initial resuscitation is unsuccessful but circumstances do not raise concerns. Contact the appropriate medical practitioner who must contact the Coroner. The Coroner may direct a post mortem examination either by a hospital pathologist or by State Pathology. If the Coroner is content that post mortem examination is not required the doctor can complete a pro-forma letter to the Coroner, and the body can be released to the family’s funeral director. If the medical practitioner and Coroner cannot immediately deal with the death (e.g. if the Coroner needs to wait until the persons normal GP is available to discuss the case) the body should be taken to the designated hospital mortuary. The Police will arrange transfer to a mortuary on behalf of the Coroner.

Note 3
Death related to specific conditions which need to be referred to the Coroners Service. In addition to suspicious and unexpected deaths there is a statutory requirement to refer to the Coroner any death due to: Industrial disease such as asbestosis or mesothelioma, during or shortly after an anaesthetic, any injury, including fractures, neglect. Contact the appropriate medical practitioner who must contact the Coroner. The Coroner may direct a post mortem examination either by a hospital pathologist or by State Pathology. If the Coroner is content that post mortem examination is not required the doctor can complete a pro-forma letter to the Coroner and the body released to the family’s funeral director. If the medical practitioner and Coroner cannot immediately deal with the death (e.g. if the Coroner needs to wait until the persons normal GP is available to discuss the case) the body should be taken to the designated hospital mortuary. The Police will arrange transfer to a mortuary on behalf of the Coroner.
APPENDIX 3

VERIFICATION OF LIFE EXTINCT RECORD SHEET

To be completed by the Registered Health Professional Verifying Life Extinct and to be filed in the Patient’s Medical Record

Patient’s Name: __________________________________________________________

Hospital Number: _________________________________________________________

I have checked for cessation of:

<table>
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<th>CIRULATORY</th>
<th>RESPIRATORY</th>
<th>CEREBRAL</th>
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<td>No pulse felt x 1 minute</td>
<td>No respiratory effort x 1 minute</td>
<td>Pupils dilated and not responding to light x 30 seconds</td>
</tr>
<tr>
<td>No heart sounds or asystole on ECG x 1 minute</td>
<td>No chest sounds x 1 minute</td>
<td>No reaction to painful stimuli x 30 seconds</td>
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I have confirmed the death of the patient named above following the Guidelines for Verifying Life Extinct on:

Date: ________________________ Time of Death: ______________________________

Signature: __________________________ Designation_____________________________

Print Name: ________________________________________________________________

Contact Details: ____________________________________________________________

EITHER

☐ This death was unexpected / sudden / meets the criteria for reporting to Coroner or Police and I have concerns about the circumstances of this death. I have contacted the Police and the Doctor responsible for the patients’ care (named below) or the most senior doctor on duty at night. I have advised them that I think this death may need to be referred to the Coroner.

OR

☐ This patients’ death was expected and the circumstances of this death do not appear suspicious. I have informed the Doctor responsible for the patients’ care (named below) that the death has occurred.

DOCTOR INFORMED:

Name of Doctor: ___________________________________________________________

Date Informed: ________________________ Time Informed: _______________________

How have you made contact (delete as appropriate)?
Spoken to Doctor / Contacted Out of Hours Service / Other: ________________________