

**VERIFICATION OF LIFE EXTINGUISHED POLICY 1.1**

**October 2017**

<b>Title:</b>	<b>Verification of Life Extinct Policy 1.1</b>	
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<b>Original Implementation Date:</b>	December 2009	
<b>Revised date:</b>	October 2017	<b>Next review: October 2020</b>
<b>Version no:</b>	<b>1.1</b>	<b>Supersedes:</b> Verification of Life Extinct Policy 1.0 Western Trust, December 2009
<b>Reference no:</b>	Med09/001	
<b>Links to other policies, procedures, guidelines or protocols:</b>	<ul style="list-style-type: none"> <li>• <b>HSS (MD) 8/2008 (March 2008)</b>, <u><i>Verifying and Recording Life Extinct by Appropriate Professionals</i></u> CMO / CNO Circular</li> <li>• <b>NMC (2015)</b>, <u><i>The Code: Standards of Conduct, Performance &amp; Ethics for Nurses &amp; Midwives</i></u></li> <li>• <b>Academy of Medical Royal Colleges (2008)</b>, <u><i>A Code of Practice for the Diagnosis and Confirmation of Death.</i></u></li> <li>• <b>Joint Royal Colleges Ambulance Liaison Committee (2006)</b>, <u><i>Clinical Practice Guidelines for the Recognition of Life Extinct (ROLE)</i></u></li> <li>• <b>PHA (2015)</b>, <u><i>Northern Ireland Regional Infection Prevention and Control Manual</i></u></li> </ul>	

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## 1.0 INTRODUCTION

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

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

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 such as the PSNI or the Coroner, must be informed prior to removal of the body.

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 (**NMC 2015**).

### 1.1 Background

**1.1.1** 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 (**Appendix 1**). This guidance was issued in response to recommendations contained in the Shipman Inquiry Reports 3, 4 & 5.

**1.1.2** The information contained in this policy is based on this guidance and focuses on the first step in this process, verification of life extinct.

**1.1.3** 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:

- **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.

- **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 the deceased was not treated in the final 28 days of life, then the death must be referred to the Coroner.
- **Registering the death:** The family (or other informants, as appropriate) will provide the deceased person's details to the local registrar, along with either the MCCD or the Coroners' form giving the cause of death.
- **Obtaining a burial or cremation order:** The registrar or Coroner can issue a burial or cremation order. Cremation requires the completion of a cremation certificate by two doctors in addition to the MCCD or Coroners' forms.

## 1.2 Purpose

1.2.1 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.

1.2.2 This policy must be read in conjunction with:

- HSS (MD) 8/2008 (March 2008), [Verifying and Recording Life Extinct by Appropriate Professionals CMO / CNO Circular](#)
- NMC (2015), [The Code: Standards of Conduct, Performance & Ethics for Nurses & Midwives](#)
- PHA (2015), [Northern Ireland Regional Infection Prevention and Control Manual](#)
- Western Health & Social Care Trust (2017), [Infection Prevention & Control Guidelines](#)
- Western Health & Social Care Trust (2010), [Guidelines for the care and removal of infected bodies after death](#)

### 1.3 Objectives

- To provide clear guidance and support for medical and nursing staff in relation to verification of life extinct.
- To achieve a consistent and standardised approach to verification of life extinct.
- To achieve delivery of high quality, safe, effective and compassionate care for patients at the end of life and for their bereaved families.
- To contribute to multi-disciplinary team working when providing end of life and bereavement care.
- To fulfill the requirements of *HSS (MD) 8-2008 Verifying and Recording Life Extinct by Appropriate Professionals*.

### 2.0 SCOPE OF THE POLICY

- 2.1** This policy applies to all doctors and appropriately trained registered nurses including those working in a community setting, employed by the Western Health and Social Care Trust, with a responsibility to verify life extinct
- 2.2** This Trust policy outlines and differentiates between the role and responsibilities of doctors and nurses in undertaking verification of life extinct. **Please note that while doctors can verify most deaths (see 5.4.3 - 5.4.5) a nurse can only verify expected death.** All staff must operate within the scope of this policy to remain accountable for his or her practice.
- 2.3** Registered nurses who have received appropriate training may verify expected death. This can be defined as:
- ‘... an acute or gradual deterioration in a patient’s health status, usually due to advanced progressive incurable disease which has been documented by a medical practitioner within the last two weeks. The death is anticipated, expected and predicted ’*
- Gold Standards Framework Programme (2006)**

**2.4** Registered nurses **must not** verify death in the following circumstances:

- Sudden or unexpected death
- When the cause of death is unsure
- The death may be suspicious
- Death as a result of untoward incident, fall or drug error
- Death associated with active resuscitation
- If the deceased is to undergo a Coroner's post mortem examination
- If the deceased is to undergo a consented hospital post mortem examination
- If the deceased is under 18 years of age
- If the deceased is a potential 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 as necessary.

**2.5** Where the death is unexpected, the nurse has the responsibility to initiate resuscitative measures, as long as they are in the best interests of the patient, unless an agreed statement has been made that resuscitation is not to take place.

**2.6** Nursing staff who verify life extinct should check the patient's nursing documentation to establish that the death is expected and establish that there are no contra indications for the verification of life extinct.

### **3.0 ROLES AND RESPONSIBILITIES**

**3.1** It is the responsibility of all Western Trust doctors and appropriately trained nursing staff to adhere to this policy and codes of professional conduct when verifying life extinct.

**3.2** All staff employed by WHSCT whose duties involve coming into contact with and / or caring for dying people and their relatives should perform their duties with sensitivity, compassion and respect. Staff have a responsibility to consider any training or learning required in order to provide the best care.

## **4.0 KEY PRINCIPLES**

**4.1** This policy and procedure is based on the belief that:

- All deaths must be managed in a dignified manner.
- 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, ensuring the religious beliefs and customs of patients and relatives are respected.
- Verification of life extinct 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. A delay in verification of death may add to the distress of relatives, friends and carers.

## **5.0 VERIFICATION OF LIFE EXTINCT**

**5.1 Essential criteria to be followed:**

- All doctors registered with the General Medical Council; appropriately trained registered nurses and ambulance clinicians can verify life extinct.
- 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.
- Organisations must have in place an overarching policy, written protocol and staff training for dealing with the process following a death.
- 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.
- 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.

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

## 5.2 Legal Position

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*

**General Register Office (1976)**

More simply, the law **expects** a doctor to issue a certificate detailing the cause of death, unless the death is referred to the Coroner. 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

## 5.3 Professional Requirements

**5.3.1** All doctors registered with the General Medical Council can verify death.

**5.3.2** Registered nurses can undertake verification of death within the following parameters:

*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.*

**Nursing and Midwifery Council (NMC 2015)**

**5.3.3** 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). Ambulance clinicians include Emergency Medical Technicians and Paramedics in training who possess the relevant ASA / IHCD professional qualification, as well as Paramedics registered with the Health Professions Council.

#### **5.4 Clinical Procedures to Verify Life Extinct**

- Check the patient's armband against the health care record to ensure correct identification where appropriate. In community settings confirm the patient's name with the next of kin and the nursing records.
- In order to verify life extinct, cessation of circulatory and respiratory systems and cerebral function must be confirmed and documented on the verification of life extinct record sheet in the patient's health care record.
- This applies in all cases whether it is a doctor, nurse or ambulance clinician who undertakes the task.
- Parenteral drug administration or any life prolonging equipment must not be removed prior to verification of life extinct.
- The following systems must be examined for a minimum of five minutes to establish that irreversible cardio-respiratory arrest has occurred:

**Life extinct must always be verified by examining all of the following systems:**

**Cessation of circulatory system**

- No pulses on palpation x 1 minute – carotid pulse
- No heart sounds (verified by listening for heart sounds or asystole on an ECG tracing) x 1 minute

**Cessation of respiratory system**

- No respiratory effort observed x 1 minute
- No breath sounds (verified by listening for one full minute)

**Cessation of cerebral function**

- Pupils dilated and not reacting to light x 30 seconds
- No reaction to painful stimuli x 30 seconds

**Note:** If unable to check the carotid pulse due to a patient's medical condition, please check another pulse and document which one was used on the verification record form. The patient must show no response in **all** of the above tests. If there is any doubt the practitioner must not verify life extinct but must consult an appropriate medical practitioner.

**5.4.1** The exact time of death must be recorded and **must be established as closely as possible** for the accuracy of the legal record and for the benefit of relatives.

**5.4.2** The documentation recording the examination undertaken - the Verification of Life Extinct Record form must be completed and placed in the patient's health care record.

(See appendix 4) This form can be downloaded from the [Western Trust Bereavement Care SharePoint site](#).

**5.4.3** Critical Care, Emergency Departments and other such acute settings present further issues related to verification of life extinct; senior nursing and medical should be consulted before commencing verification of life extinct.

**5.4.4** 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.

**5.4.5** Certain situations can make the clinical confirmation of life extinct more difficult for medical practitioners, in particular drowning, hypothermia, drug overdose and pregnancy. In these situations active resuscitation must continue until an experienced doctor has verified life extinct.

## **5.5 Actions to be taken after verification of life extinct**

**5.5.1** After verifying life extinct, the healthcare professional must consider the next step, which will depend on the circumstances of the death. They will 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 PSNI, as necessary
- 
- If not present at the death, the next of kin must be informed immediately. The communication needs of the patient's relatives / carers must be assessed, as necessary and any communication support needed must be identified.
  - The patient, following last offices, may be transferred to the mortuary, unless relatives have arranged to visit the ward.
  - On call chaplaincy should be contacted for the hospital patient and in a community setting, the relevant faith representative, as appropriate.
  - **NB** The deceased person's GP **must be informed of the death as soon as possible.**
  - Nursing staff should:
    - Assess any known / disclosed infection prevention and control risk and inform relevant parties

- If a death is associated with C.Difficile, MRSA or MSSA, monitoring in accordance with Trust guidelines must be completed
- Advise on removal of the body to the family funeral director, as appropriate
- Provide the Western Trust bereavement booklet '*When someone close to you dies*' for relatives
- The nurse in charge is responsible for ensuring communication to other members of the team (including the Consultant responsible for the patient's care or the Doctor responsible for completing the Medical Certificate of Cause of Death) that the death has occurred.

**5.5.2 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.

**5.5.3 Hospital deaths only: Body Transfer Form 1A - Section A** must be completed by nursing staff before the body is moved from the place of death. **Section B** of this form must be completed at time of transfer from place of death. Body transfer form triplicate books are available on all wards. (See appendix 5)

**5.6 Referral to the Coroner**

**5.6.1** 'If the death is unexpected or unexplained, but non-suspicious, the death should be reported to the Coroner, who will consider the need for Coronial PM and police involvement; if there are any suspicious circumstances or the death is thought to be due to violence, trauma (including RTC), negligence, misuse of drugs or suspected suicide, the PSNI should be

contacted immediately. If the circumstances are unclear, advice can be sought directly from the Coroner's office during normal working hours or PSNI out of hours'.

### **Coroner's Service for Northern Ireland**

**5.6.2** In the event of a Coroner's post mortem examination being sought medical staff must:

- Document all contact / discussion with the Coroner in the patient's health care record
- Inform the PSNI that a Coroner's post mortem has been ordered
- Communicate sensitively with the deceased patient's family, explaining clearly the reasons for the referral. The information booklet [Coroners Post Mortem Examination Information for Relatives](#) is available, to print out for relatives, as required
- Inform relevant nursing and mortuary staff about referral to the Coroner as this will affect the performance of last offices
- **Invasive devices such as endotracheal tubes and central lines must remain in situ for a Coroner's unconsented or a hospital consented PM examination**
- If there are concerns about the death, the body and the area around it **must be secured and not disturbed**. The PSNI must be contacted and they will direct how the death should be handled
- **Any patient found deceased after a suspected fall must not be moved until a doctor has verified life extinct and the Coroner has been contacted for guidance**
- For deaths occurring in the community setting, the patients' GP and named community nurse **must** be contacted on the next working day

## 5.7 Verification of Life Extinct in Community Settings

### 5.7.1 The following guidance must be followed:

- Nurses who have completed relevant training and assessment of competence can confirm verification of life extinct, for those patients on their caseload. At weekends and out of hours, the death of a patient known to be at end of life and on a community nursing caseload, may also be verified
- For patients identified as inappropriate for 'verification of life extinct' by community nursing, this information, where possible, must be documented in the Nursing Care Plan. If there is any doubt, the opinion of the GP should be sought.
- For expected death, subcutaneous parenteral drug(s) to be discontinued and discarded, as per Trust policy
- For suspicious death - do not proceed with verification; do not discontinue the syringe driver, and if in use remove battery. Ensure the environment is not disturbed
- For a death that must be reported to the Coroner, the patients' Doctor / GP must also be contacted in addition to the PSNI
- The nurse should assess any known / disclosed infection prevention and control risk and inform the relevant parties
- The nurse should confirm the patient's death with relatives and carers and inform the patient's GP
- The nurse should advise on removal of the body to the family funeral director, as appropriate
- The nurse must inform relatives / carers about obtaining the medical certificate of cause of death and should advise them to contact the deceased's GP on the next working day

- The nurse must provide the Western Trust bereavement booklet '*When someone close to you dies*' for relatives
- Verification of life extinct details must be recorded in the patient's health care record:
  - That death has occurred
  - Date and time of death
  - Name and designation of nurse recording the details

## **5.8 Training and Competence Requirements**

**5.8.1** All staff with a responsibility to verify life extinct must have attended appropriate training in verification of life extinct. In addition, nurses and ambulance clinicians require assessment of competence in this procedure.

**5.8.2** Education and training for verification of life extinct must include:

- Accountability
- Ethics
- Legislation
- Role of other agencies / personnel
- Skills and knowledge to determine the physiological signs of death
- Process for verification of life extinct
- Completion of documentation
- Professional responsibilities
- Awareness of different cultural sensitivities and requirements
- Awareness of different communication support needs

## **6.0 IMPLEMENTATION**

### **6.1 Dissemination**

Dissemination of the policy will be the responsibility of the originating directorate and will include acute and community nursing teams. The policy will be placed on the Trust's internet and intranet sites as appropriate.

## 6.2 Resources

Training is available for all nursing staff who will undertake this procedure. This policy is available on the Trust Intranet and Bereavement Care SharePoint site.

## 7.0 MONITORING

7.1 This policy will be subject to review every three years. Compliance with this policy will be monitored at Directorate level.

## 8.0 EVIDENCE BASE / REFERENCES

- HSS (MD) 8/2008 (March 2008), [Verifying and Recording Life Extinct by Appropriate Professionals CMO / CNO Circular](#)
- NMC (2015), [The Code: Standards of Conduct, Performance & Ethics for Nurses & Midwives](#)
- The Gold Standards Framework (2006), [Examples of Good Practice - Resource Guide 8 Verification of Death.](#)
- HMSO (1976), [Births and Deaths Registration \(Northern Ireland\) Order 1976](#)  
para 25 (2) legislation.gov.uk
- DHSSPS (2006), [Improving Patient Safety: Building Patient Confidence](#)  
[A response by the DHSSPS to the recommendations contained in the Shipman Inquiry Reports 3, 4 & 5.](#)
- Academy of Medical Royal Colleges (2008), [A Code of Practice for the Diagnosis and Confirmation of Death.](#)
- Joint Royal Colleges Ambulance Liaison Committee (2006), [Clinical Practice Guidelines for the Recognition of Life Extinct \(ROLE\)](#)
- PHA (2015), [Northern Ireland Regional Infection Prevention and Control Manual](#)
- Western Health & Social Care Trust (2017), [Last Offices Policy](#)
- HSC Bereavement Network (2017), [Care of the deceased patient and their family: guideline for Nursing Practice in NI](#)
- Western Health & Social Care Trust (2017), [Infection Prevention & Control Guidelines](#)

- DHSSPS (2003), [Breaking Bad News Regional Guidelines](#)
- Coroners Service for Northern Ireland (2006) [Coroners Post Mortem Examination Information for Relatives](#)
- Western Health & Social Care Trust (2010), [Guidelines for the care and removal of infected bodies after death](#)

## 9.0 CONSULTATION PROCESS

The following have been consulted with regard to this document:

- Dr Dermot Hughes, Medical Director, WHSCT
- Anne Witherow, Executive Director of Nursing, WHSCT
- General Practitioners, WHSCT area
- Western Urgent Care, GP Out of Hours Service
- Northern Ireland Ambulance Service
- Dr Gemma Andrew, Coroner's Medical Advisor
- Anne Witherow, Assistant Director of Nursing and Governance PCOP
- Lead Nurses (including community nursing) via WHSCT Trust Nursing and Midwifery Group

## 10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability Discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the equality screening for this policy, procedure, guideline or protocol is:

Major impact       Minor impact       No impact

## 11.0 APPENDICES

- **Appendix 1:** Verifying & Recording Life Extinct by Appropriate Professionals  
HSS (MD) 8/2008
- **Appendix 2:** Actions to be taken after a Death - Flowchart
- **Appendix 3:** Protocol for Actions to be taken after a Death
- **Appendix 4:** Verification of Life Extinct Record Sheet
- **Appendix 5:** Body Transfer Form 1A

## Appendix 1

From the Chief Medical Officer

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Your Ref:  
Our Ref: HSS (MD) 8/2008  
Date: 4 March 2008

Chief Executives HSC Trusts  
Chief Executives HSS Boards  
Directors of Nursing HSS Boards and HSC Trusts Medical Directors HSC Trusts  
Directors of Public Health HSS Boards All General Practitioners  
Directors of Primary Care for cascade to  
*Out-of-Hours Services*  
Head of School of Nursing and Midwifery, QUB  
Head of School of Medicine, QUB  
Head of School of Nursing, UU  
Director of Nursing, Beeches Management Centre  
EDUCARE  
Open University  
NIPEC  
NIMDTA  
Police Service for Northern Ireland Coroners Service for Northern Ireland  
Regulation and Quality Improvement Authority  
National Association of Funeral Directors for distribution to  
*Funeral Directors*

Dear Colleagues

### VERIFYING AND RECORDING LIFE EXTINCT BY APPROPRIATE PROFESSIONALS

#### Background

When a person dies, a number of steps need to be completed to allow legal registration of the death and for a funeral to take place. These steps are:

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. **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.

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.
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.

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

Verification of life extinct has traditionally been carried out by doctors, but it can be carried out by any doctor, nurse or ambulance clinician who has had appropriate training. If an appropriately trained health professional is present at the time of death they should verify life extinct.

The Department's response to the recommendations contained in Shipman Inquiry Reports 3, 4 & 5 "Improving Patient Safety: Building Public Confidence", included a commitment to issue guidance on appropriate verification and recording of the fact of death. This guidance has been drafted by a small multiprofessional group with representation from primary care, secondary care, the ambulance service and the Coroners service and is attached to this circular. Trusts may find it a useful basis for developing protocols. Trusts are asked to undertake the following:

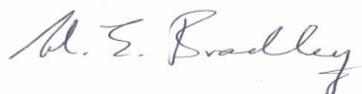
#### **Actions**

1. Develop or update an organisational policy in relation to deaths of patients/ clients.
2. Clarify protocols regarding verification life extinct to include provision for doctors, nurses and ambulance clinicians to undertake this role. The protocols should include:
  - Examination and recording of verification of life extinct.
  - How this information is passed to a doctor qualified to complete a Medical Certificate of Cause of Death (MCCD) or the Coroner.
  - Training provided in verifying and recording life extinct, including legal issues, exemptions to normal verification of life extinct and appropriate onward referral.
  - Agreement with Trust clinicians and with local GPs, GP out-of-hours services and Police Forensic Medical Officers about verification of life extinct in different situations.
3. Trusts should ensure that training and protocols are in place by 1<sup>st</sup> August 2008 in hospitals and 1<sup>st</sup> February 2009 in community settings.

Yours sincerely



**Dr Michael McBride**  
Chief Medical Officer



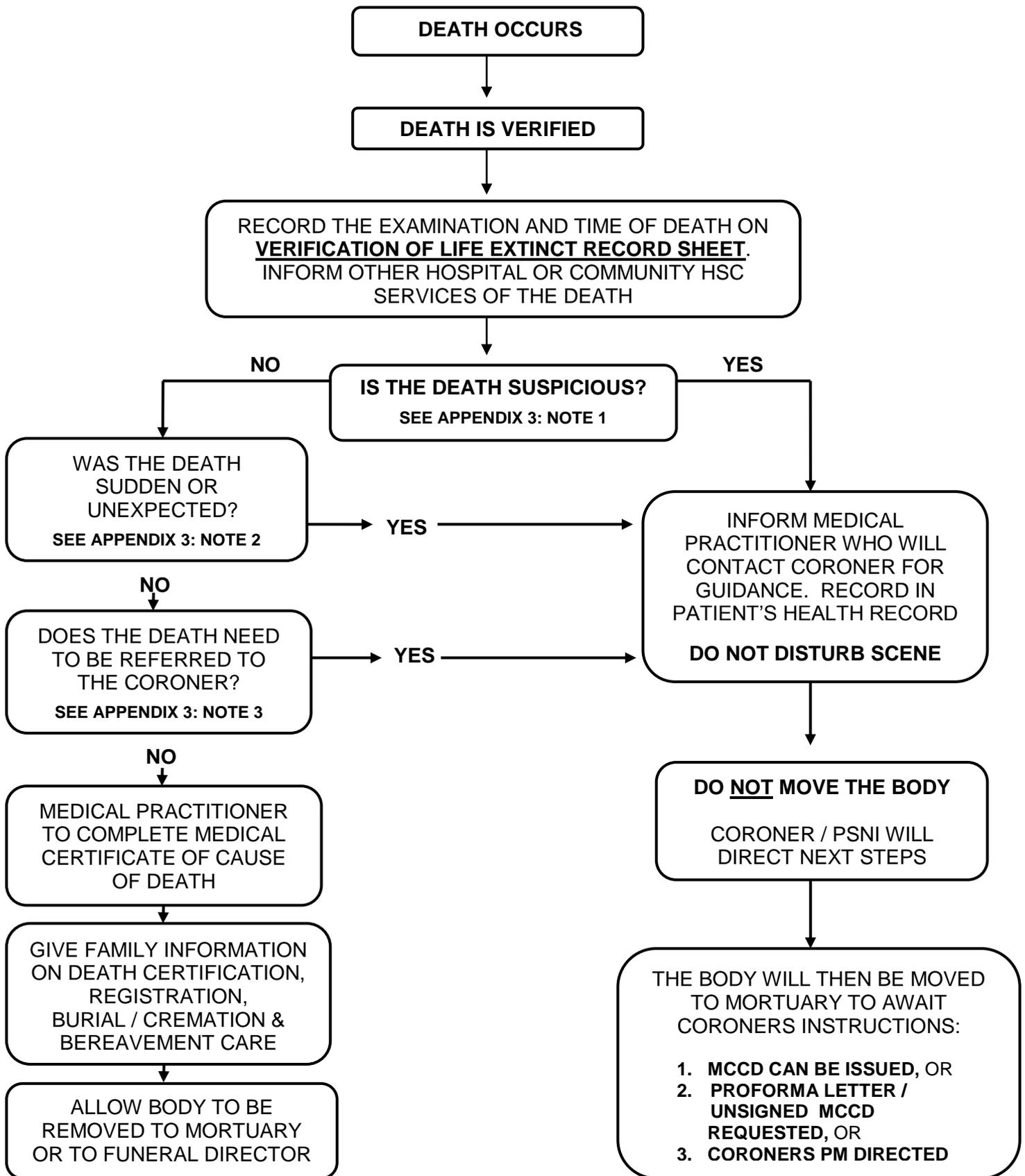
**Mr Martin Bradley**  
Chief Nursing Office

Working for a Healthier People



**ACTIONS TO BE TAKEN AFTER A DEATH FLOWCHART**

**Appendix 2**



### Protocol for actions to be taken after a death (within Trust facility or home of patient)

#### 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 PSNI and the appropriate medical practitioner (GP, Out of Hours Service or hospital medical staff). The PSNI or medical practitioner must contact the Coroner. The body will require a post mortem examination by State Pathology. The PSNI 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 deceased's normal GP is available to discuss the case) the body should be taken to the designated hospital mortuary. The PSNI 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 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 deceased person's normal GP is available to discuss the case) the body should be taken to the designated hospital mortuary. The PSNI will arrange transfer to a mortuary on behalf of the Coroner.

**VERIFICATION OF LIFE EXTINCT RECORD SHEET**

Appendix 4

To be completed by the registered health professional verifying life extinct  
 Hospital: file in patient's health care record. Community: Original to GP / Copy to district nurse

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ H&C Number: \_\_\_\_\_

I have checked for cessation of:					
CIRULATORY	√	RESPIRATORY	√	CEREBRAL	√
No pulse felt <b>x 1 minute</b>		No respiratory effort <b>x 1 minute</b>		Pupils dilated and not responding to light <b>x 30 seconds</b>	
No heart sounds on palpation <b>or</b> asystole on ECG <b>x 1 minute</b>		No chest sounds <b>x 1 minute</b>		No reaction to painful stimuli <b>x 30 seconds</b>	
<b>Please state pulse taken:</b>					

**Please complete either Section A or Section B as appropriate:**

**Section A:** This patients' death was expected and the circumstances of the death do not appear suspicious. I have informed the doctor responsible for the patients' care (named below) that the death has occurred.

**Name of Doctor informed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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

**Section B: To be completed by doctors only**

This death was unexpected / sudden / meets the criteria for reporting to Coroner or PSNI and I have concerns about the circumstances of this death. I have contacted the PSNI 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.

**Name of Doctor informed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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

Confirmation of Verification of Life Extinct	
<b>I have confirmed the death of the patient named above following the clinical procedures to verify life extinct</b>	
<b>Date:</b> _____	<b>Time of Death:</b> _____
<b>Signature:</b> _____	<b>Designation:</b> _____
<b>PRINT NAME:</b> _____	<b>GMC / NMC Number:</b> _____
<b>Contact Details:</b> _____	

**BODY TRANSFER FORM (1A)  
USE TO TRANSFER ALL DECEASED CHILDREN AND ADULTS**

ID number

<b>Section A - To be completed before body is moved from place of death</b>	
Hospital/Facility:	Ward/Dept:      Consultant:
Name	Address:
DOB:	
Male <input type="checkbox"/> Female <input type="checkbox"/> H&C no.	Date of Death:      Time of Death:
Death Certificate issued: Yes <input type="checkbox"/> <b>IF NOT</b> , specify reason: _____	
Has death been reported to the Coroner?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes, has Coroner ordered PM examination?	No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/>
Is a hospital PM examination to take place?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Organ retrieval has occurred/is to take place.	No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Specify: _____
<u>Additional Information</u> - if yes please specify.	Detail:
Infection Risk (if pathogen 3 apply sticker)	No <input type="checkbox"/> Yes <input type="checkbox"/> _____
Property left on body	No <input type="checkbox"/> Yes <input type="checkbox"/> _____
Drains, tubes left in situ	No <input type="checkbox"/> Yes <input type="checkbox"/> _____
Cardiac pacemaker/implantable defibrillator in situ	No <input type="checkbox"/> Yes <input type="checkbox"/> _____
Spiritual/religious/cultural requirements	No <input type="checkbox"/> Yes <input type="checkbox"/> _____
<b>Section B - To be completed at time of transfer from place of death to:</b>	
Hospital mortuary <input type="checkbox"/> State Pathology <input type="checkbox"/> Family funeral director <input type="checkbox"/> Own home <input type="checkbox"/> Other <input type="checkbox"/>	
Patient's Name checked by person releasing: _____ and person removing the body: _____ Time: _____	
<b>(PRINT NAMES AND DESIGNATIONS)</b>	
Any significant information in Section A has been shared Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>Section C - To be completed ONLY if body is transferred to hospital mortuary</b>	
<b>C1</b> Patient named above admitted into mortuary	<b>Date:</b> <b>Time:</b>
By: _____ <b>(PRINT NAME AND DESIGNATION)</b>	
<b>C2</b> Patient released from mortuary	<b>Date:</b> <b>Time:</b>
Patient's Name checked by person releasing: _____ and person removing the body: _____ Company Name: _____	
<b>(PRINT NAMES AND DESIGNATIONS)</b>	
Any significant information in Section A has been shared Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Release authorisation: Death Certificate issued <input type="checkbox"/> Coroner authorised <input type="checkbox"/> Transferring for PM <input type="checkbox"/>	

**12.0 SIGNATORIES**

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**Name**  
**Title**

**Date:**\_\_\_\_\_

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**Name**  
**Title**

**Date:**\_\_\_\_\_