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Review Sheet		
Last Reviewed 13 Dec '22	Last Amended 13 Dec '22	Next Planned Review in 12 months, or sooner as required.
Business impact	<p>Minimal action required circulate information amongst relevant parties.</p> <p><b>LOW IMPACT</b></p>	
Reason for this review	Scheduled review	
Were changes made?	Yes	
Summary:	This policy will support staff with the processes to follow where an expected death takes place at the service. It has been reviewed and information added in relation to the potential verification of death via remote clinical support to section 5.4. A new reference has also been added and minor updates to sections 5.2, 5.3 and 5.14.	
Relevant legislation:	<ul style="list-style-type: none"> <li>• The Notification of Deaths Regulations 2019</li> <li>• Policing and Crime Act 2017</li> <li>• The Care Act 2014</li> <li>• Care Quality Commission (Registration and Membership) (Amendment) Regulations 2012</li> <li>• Mental Capacity Act 2005</li> <li>• Mental Capacity Act Code of Practice</li> <li>• Coronavirus Act 2020</li> </ul>	
Underpinning knowledge - What have we used to ensure that the policy is current:	<ul style="list-style-type: none"> <li>• Author: Royal College of General Practitioners, (2022), <i>Guidance for Remote Verification of Expected Death (VoED) Out of Hospital</i>. [Online] Available from: <a href="https://www.bma.org.uk/media/2323/bma-guidelines-for-remote-voed-april-2020.pdf">https://www.bma.org.uk/media/2323/bma-guidelines-for-remote-voed-april-2020.pdf</a> [Accessed: 13/12/2022]</li> <li>• Author: Hospice UK, (2020), <i>Special Edition of Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoEAD) Guidance</i>. [Online] Available from: <a href="https://www.northerncanceralliance.nhs.uk/wp-content/uploads/2020/04/rnvoead-special-covid-19-edition-final_2.pdf">https://www.northerncanceralliance.nhs.uk/wp-content/uploads/2020/04/rnvoead-special-covid-19-edition-final_2.pdf</a> [Accessed: 13/12/2022]</li> <li>• Author: Royal College of Nursing, (2022), <i>Confirmation or verification of death by registered nurses</i>. [Online] Available from: <a href="https://www.rcn.org.uk/get-help/rcn-advice/confirmation-of-death">https://www.rcn.org.uk/get-help/rcn-advice/confirmation-of-death</a> [Accessed: 13/12/2022]</li> </ul>	
Suggested action:	<ul style="list-style-type: none"> <li>• Encourage sharing the policy through the use of the QCS App</li> </ul>	
Equality Impact Assessment:	QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.	

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## 1. Purpose

**1.1** To ensure that in the event of an expected death of a Service User, the death is managed sensitively and legally.

**1.2** To support Master Care Ltd in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
RESPONSIVE	R3: How people are supported at the end of their life to have a comfortable, dignified and pain free death?
SAFE	S3: How does the service make sure that there are sufficient numbers of suitable staff to support people to stay safe and meet their needs?
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?
WELL-LED	W3: How are the people who use the service, the public and staff engaged and involved?

**1.3** To meet the legal requirements of the regulated activities that {Master Care Ltd} is registered to provide:

- | The Notification of Deaths Regulations 2019
- | Policing and Crime Act 2017
- | The Care Act 2014
- | Care Quality Commission (Registration and Membership) (Amendment) Regulations 2012
- | Mental Capacity Act 2005
- | Mental Capacity Act Code of Practice
- | Coronavirus Act 2020



## 2. Scope

**2.1** The following roles may be affected by this policy:

- | All staff
- | Nurse

**2.2** The following Service Users may be affected by this policy:

- | Service Users

**2.3** The following stakeholders may be affected by this policy:

- | Family
- | Commissioners
- | External health professionals
- | Local Authority
- | NHS
- | Coroner
- | Police



## 3. Objectives

**3.1** To ensure that verification or confirmation of death is only carried out by professionals who are suitably trained, and deemed experienced and competent for the task, in line with best practice.

**3.2** This policy and procedure is based on the belief that all deaths should be managed in a dignified way.

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## 4. Policy

**4.1** Although some staff may be given training in emergency first aid, they are not expected to be qualified first-aiders. If staff are present when a Service User dies, they must summon professional assistance (either the GP or the ambulance service) and take only such immediate measures as they feel competent with, or are instructed to take by the person they contact. They must report to their Line Manager as soon as possible.

**4.2** It must not be assumed that a person is dead until formal verification has taken place, even if the death is expected. Where relevant, and in the absence of a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) order, resuscitation procedures may be necessary and the Care Worker must contact the Emergency Services for advice if they are unsure what action they need to take in such circumstances.

**4.3** Verification of death may only be carried out by a person who is appropriately qualified and deemed to be an experienced competent person. This can be a Doctor or a Registered Nurse.

**4.4** Certification of death requires a Registered Medical Practitioner.

**4.5** The procedure does not apply in any other situation, e.g. sudden or unexpected death which is defined as:

- | Death within 24 hours of admission or service commencement
- | 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
- | Paediatric death

If a death does not fit the criteria for verification by a registered nurse, the procedure must be carried out by a doctor. Additionally, the following will need referral to a coroner and therefore a nurse will not verify death:

- | Death of a child, under supervision, on the Child Protection register, or being in care
- | Deaths as a result of neglect/fault
- | Deaths from notifiable industrial/infectious diseases
- | Deaths under medical or dental care
- | Deaths while subject to compulsory treatment under mental health legislation
- | Any death not falling into any of the foregoing categories where the circumstances surrounding the death may cause public anxiety

Any of these exceptions, or any cause for concern, require referral to a coroner through immediate notification to the Police.

### **4.6 Deprivation of Liberty and Policing and Crime Act 2017**

Master Care Ltd understands that changes introduced through the Policing and Crime Act 2017 mean that people who die whilst deprived of their liberty under a Deprivation of Liberty Safeguard or a Court of Protection Order are no longer classed as having died in 'state detention'. This means the deaths do not trigger an automatic requirement for an inquest. However, coroners will still investigate where there is a concern about the death, such as a concern about the care or treatment the person received before they died, or where the medical cause of death is unknown. Therefore, the death of a Service User who is subject to a DoLS authorisation will not be verified by a nurse.



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## 5. Procedure

**5.1** If a Care Worker discovers a Service User whom they think is dead, whatever the circumstances, the Care Worker will make a note of the time. If death was expected, the Care Worker will follow the agreed plan for who to contact. If no plan is in place, the Care Worker will contact the GP or 111. Unless cardiopulmonary resuscitation is required, the Care Worker will not move the person or touch any of their possessions unless it is to make a potential hazard safe e.g. turning off the cooker.

**5.2** Routinely, Care Workers are not insured if they are in a Service User's home when they are not present. Furthermore, being in the home when a Service User is not present may leave both the Care Worker and Master Care Ltd exposed to safeguarding allegations. Where a Service User is deceased and all the necessary appropriate calls and actions have been taken, if there is no-one else there, the Care Worker must lock the door behind them and wait outside for the Emergency Services/the doctor/emergency contact/ or other person on duty.

Master Care Ltd understands the need to support Care Workers and the duty officer will attend the Service User property to support the Care Worker in this instance.

**5.3** The Emergency Services or GP will be made aware of any cultural or religious considerations regarding death that will have been already recorded in the Service User's Care Plan.

**5.4** The GP will attend at the earliest possible moment to certify the death. In the case of expected death, this may not be until the next morning if the call is made during the night.

In circumstances where the NHS is at capacity, the Care Worker may be asked by 111 to assist in verification of death with remote clinical support from a GP. This is only applicable if the Care Worker feels comfortable to do so, no member of staff should feel under pressure to complete this. Verification of death is not the same as certification of death.

**5.5** Where Care is commissioned by , Master Care Ltd will contact the duty team and agree who will take responsibility for contacting the Service User's emergency contact.

The 'agreed responsible person' will phone the emergency contact, saying that they believe the individual has died but that this has not been certified by a GP.

The Care Worker will, in the interest of privacy and dignity, try to ensure that only people who have an appropriate need to approach the individual, their room and belongings have access to do so.

The Care Worker or Master Care Ltd will not contact the emergency contact unless this has been agreed.

**5.6** In the event of a referral to the Police, do not move the body or make any changes to the environment or surroundings before the Police attend and authorise any movement. Before the Police state otherwise, the place of death is a potential crime scene.

In the event of an unexpected death, and/or referral to the Police, and where the death has taken place in a public space, clear and seal the space of other persons in order to preserve the scene.

**5.7** Master Care Ltd must ensure that details about the date, time and circumstances of the death are recorded.

**5.8** will ensure that a 'Death of a Person Using the Service' notification form is submitted to the Care Quality Commission (CQC) without delay.

**5.9** Master Care Ltd will ensure that other Care Workers involved in the Care of the Service User are informed and that any further visits are cancelled.

**5.10** The Care Worker will not keep or dispose of any medicines. This is the responsibility of the next of kin/representative or the Police/Coroner.

**5.11** Master Care Ltd will ensure that Care Workers are supported and, where required, signposted to bereavement counselling services.

**5.12** If a safeguarding issue becomes apparent after death, clearly documented concerns will be raised with the 's Safeguarding Team in line with local procedures and guidance. The CQC must also be notified in line with statutory reporting requirements.

**5.13** Master Care Ltd will need to consider how to support Service Users in communal settings about the death of the Service User within the boundaries of Service User confidentiality. If the Service User has died in an environment where other people may be distressed by the death, then Master Care Ltd will, if required, need to inform them sensitively, using relevant resources as appropriate. Master Care Ltd will consider signposting to bereavement support in these settings.

### **5.14 Death due to Coronavirus**

If a Service User dies due to suspected or confirmed coronavirus (COVID-19), staff will:

- 1 Ensure that all individuals maintain a distance of at least 2 metres (3 steps) or are in another room

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from the deceased person

- | Avoid all non-essential staff contact with the Service User to minimise the risk of exposure. If a member of staff does need to enter the room where the Service User is, this must be kept to a minimum and the correct PPE used, as per HS11 - Personal Protective Equipment (PPE) Policy and Procedure at Master Care Ltd
- | Staff must follow the usual processes for dealing with an expected death, ensuring that infection prevention and control measures are implemented

Contact with the body must be restricted to those who are wearing PPE and who have been trained in the appropriate use of PPE. Current [GOV.UK guidance](#) states that there is no requirement for body bags when supporting a Service User with confirmed COVID-19. However, there may be other practical reasons for their use. Placing a cloth or mask over the mouth of the deceased when moving them can also help to prevent the release of aerosols.

Where staff are required to deal with any waste, this must be handled in line with government guidelines. For further information refer to HS16 - Coronavirus Policy and Procedure at Master Care Ltd.



## 6. Definitions

### 6.1 Unexpected Death and/or Suspicious Death

- | This is where death has not been an expected outcome, for example, heart attack or suicide

### 6.2 Expected Death

- | The death following on from a period of illness, which has been identified as terminal, and where no active intervention to prolong life is ongoing. Death is recognised as the expected outcome by the Service User's family/representative/advocate, by the healthcare team and by the person if in a condition to express a view

### 6.3 Coronavirus

- | Novel coronavirus is a new strain of coronavirus first identified in Wuhan City, China. The virus was named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease it causes is called COVID-19

### 6.4 Confirmation or Verification of Death

- | Confirmation or verification of death is defined as deciding whether a person is actually deceased

### 6.5 DoLS

- | The Deprivation of Liberty Safeguards (**DoLS**) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom



## Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | If staff are present when a Service User dies, they must summon professional assistance (either the GP or the Ambulance Service)
- | Verification of death may only be carried out by a person who is appropriately qualified and deemed to be an experienced, competent person. This can be a Doctor or Registered Nurse
- | The Emergency services or GP will be made aware of any cultural or religious considerations regarding death that will have been already recorded in the Service User's Care Plan



## Key Facts - People affected by the service

People affected by this service should be aware of the following:

- | Any cultural or religious considerations regarding death will be recorded in your Care Plan
- | Service Users will be treated with dignity and respect even after death

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## Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

**Bereavement Advice Centre - What to do When Someone Dies at Home or in a Care Home:**

<https://www.bereavementadvice.org/topics/what-to-do-when-someone-dies/at-home-or-in-a-care-home/>

**CQC - GP Mythbuster13: Verification and Certification of Death** (although aimed at care homes, there is reference to domiciliary care):

<https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-13-who-can-confirm-death>

**GOV.UK - Coronavirus Verifying Death in Times of Emergency:**

<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#annex-1>



## Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- 1 The wide understanding of the policy is enabled by proactive use of the QCS App
- 1 The 'Do Not Attempt Cardiopulmonary Resuscitation' document is signed in line with current guidance where applicable
- 1 The Care Plan reflects the Service User's wishes and staff support the Service User to meet those wishes wherever possible
- 1 There is evidence that the privacy and dignity of Service Users is maintained and promoted



## Forms

Currently there is no form attached to this policy.