**Verification of Life Extinct (VLE) in a Nursing or Residential Care Home**

**Outline Policy to be adapted by Individual Home**

1. **Introduction**

This outline policy has been written by Public Health Agency and follows the overarching policy direction as set out by the Department of Health, in respect of verification of life extinct during Covid-19 pandemic.

This policy is being offered to Nursing and Residential Care Home Providers as a template from which you can develop your own policy. This outline policy is not all inclusive, it is intended to provide core elements which should be supplemented or enhanced by Care Home Provider’s own governance processes in respect of policy frameworks.

1. **Background**

This policy will apply to nurses who are trained in the process of Verification of Life Extinct (VLE). The Department of Health (NI), issued guidance on verification and recording of the fact of death in circular HSS (MD) 8/2008 dated 4 March 2008. The circular states that verification of death ‘*can be carried out by any doctor, nurse, or ambulance clinician who has had appropriate training’*. This guidance was updated in January 2019 under the title of: *New Departmental Guidance Surrounding Death* and this has been further updated in response to the current COVID-19 pandemic in April 2020.

This policy should be read in conjunction with : *Guidelines for Verifying Life Extinct (VLE) during COVID-19 pandemic*  and, *Verifying Life Extinct (VLE) during Covid-19 Pandemic – Protocol for Nurses* which is available at: <https://www.health-ni.gov.uk/publications/guidelines-verifying-life-extinct>

1. **Context**

An efficient and safe VLE procedure is important for ensuring that the sequence from death to funeral is timely and as seamless as possible. Once the VLE procedure has been performed, the deceased person can be moved from the place of death to a mortuary by the funeral director appointed by the family. In every situation when a death occurs, it is important to respect the dignity, religious and cultural needs of the person and family members.

1. **Scope of the Policy**

Verification of Life Extinct can be undertaken by an experienced nurse who has received training and is competent in the procedure, in any health care setting; within an HSC Trust or the independent sector. In a Residential Care Home, the Registered Manager may be a Registered Nurse (with an effective registration with NMC ) who can also undertake relevant training. This policy applies only to VLE for adults.

It is important that VLE takes place in a timely manner. Death occurs for many reasons and can occur suddenly, even for those persons at End of Life.

Nurses can undertake VLE in the following circumstances for those persons:

* whose death is expected and was anticipated
* where the person has been admitted for continuing care and is receiving end of life care and support
* when the death occurs suddenly
* where the death has occurred as a result of accident or injury (Appendix A details exemptions)

A nurse may also need to perform the VLE procedure in circumstances which, in the past, they would not have done so. These circumstances include the following:

* sudden death which is unexpected, unforeseen and not predictable;
* when the cause of death is uncertain;
* the verifying nurse feels that there may be suspicious circumstances;
* death as a result of untoward incident e.g. fall or drug error;
* if the deceased is to undergo a Coroner’s or a consented hospital post-mortem examination.

In such circumstances, the nurse should still perform the VLE. When that is complete, they **must** then make every effort to inform a medical practitioner, so that the deceased can be attended, certification of the cause of death performed or the circumstances of the death reported to the Coroner.

If it is not possible to make contact with a medical practitioner within an acceptable time period the nurse must contact the Coroner Service for Northern Ireland and report the death to their Death Reporting Team. This team will then take over any further inquiries.

To note that Department of Health Guidelines state that “Appropriately trained and registered nurses may, during this COVID-19 pandemic, verify life extinct; the process is not limited to those deaths occurring as a result of coronavirus (SARS-CoV-2)”

1. **Training and Competence Requirements**

All staff whose role it is to verify life extinct should have education and training that provides the individual with sufficient knowledge and skill to develop confidence and competence. Nurses can deem themselves competent using a self-assessment / competency framework (Appendix D). This checklist can be completed several times as necessary in order to show progress towards confidence and competence. Training for nurses working in Care Homes is available from HSC Clinical Education Centre [www.cec.hscni.net](http://www.cec.hscni.net).

1. **Procedure and Documentation**

An overview of the procedure to verify life extinct is attached at Appendix A. The document to record verification is attached at Appendix B.

Nurses must observe the appropriate infection prevention and control precautions when performing the VLE procedure on a person who has known or suspected to have COVID-19 and should refer to the Public Health Agency website for the most up to date information on the level of precautions required [www.publichealth.hscni.net](http://www.publichealth.hscni.net)

1. **Information to be recorded in persons care record and reported to GP**

Whilst a registered nurse can undertake VLE, nurses are not expected or permitted to certify the cause of death. This remains the role of the medical practitioner. It is important that the nurse records the circumstances leading up to the person’s death as this information will enable the GP to make a decision regarding the cause of death. The GP will either issue a Medical Certificate Cause of Death (MCCD) or refer the case to the Coroner.

The use of SBAR, which is a well-recognised set of prompts that promote assertive and effective communication by framing information around the Situation, Background, Assessment and Recommendation, may assist documentation.

* Situation: what are the circumstances of the environment; was there Covid-19 within the home, relevant factors such as a recent fall or drug error, are there any suspicious circumstances, was the death expected etc.
* Background: the individual story of the person; their age, medical condition, circumstances of deterioration and death
* Assessment: summary of the care and treatment provided to the person in the time immediately prior to death
* Recommendation: that the person is deceased and that you have completed VLE OR that the person is deceased and you are requesting a medical practitioner to undertake VLE

1. **Certification of Death by Medical Practitioner**

The process of Certification of Death is the responsibility of a Medical Practitioner only. Changes have been made to the arrangements for the completion and issuing of Medical Certificates of Cause of Death (MCCD) as a consequence of The Coronavirus Act 2020, which makes provision to change who is permitted to complete a MCCD. There are also changes to the way in which deaths will now be registered. Information can be found at NI Direct www.nidirect.gov.uk/articles/registering-death

1. **Reporting to the Coroner**

During the current COVID-19 pandemic, the nurse may report a death to the coroner directly if they are unable to access the GP in a timely manner.

* The office is staffed on weekdays 09.00 – 16.30 and on weekends and public holidays 09.30am – 12.00md
* Telephone: 0300 200 7811 (answering machine out of hours)
* Outside normal office hours a recorded message will provide contact details for the duty Coroner or messages may be left on the telephone answering machine.
* A downloadable form is available which can be completed and e-mailed to the death reporting team, they will then call you back to discuss in more detail. <https://www.justice-ni.gov.uk/sites/default/files/publications/justice/Death-Reporting-GPs>. pdf Email to: [deathreportingteam@courtsni.gov.uk](mailto:deathreportingteam@courtsni.gov.uk)

**REFERENCES AND FURTHER READING**

* DoH (2020) Guidelines for Verifying Life Extinct (VOD) during COVID-19 pandemic <https://www.health-ni.gov.uk/publications/covid-19-guidance-surrounding-death>
* DoH (2020) Verifying Life Extinct (VLE) during Covid-19 Pandemic – Protocol for Nurses <https://www.health-ni.gov.uk/publications/covid-19-guidance-surrounding-death>
* New Departmental Guidance Surrounding Death, HSS(MD) 1/2019<https://www.health-ni.gov.uk/sites/default/files/publications/health/hss-md-01-2019.pdf>
* Nursing and Midwifery Council [www.nmc-uk.org](http://www.nmc-uk.org)

<https://www.nmc.org.uk/standards/code/>

<https://www.nmc.org.uk/news/news-and-updates/joint-nmc-rcn-statement-cpr/>

<https://www.nmc.org.uk/news/news-and-updates/statement-advance-care-planning-dnacpr-gmc-nmc/>

* Royal College of Nursing. Confirmation or verification of death by registered nurses. <https://www.rcn.org.uk/get-help/rcn-advice/confirmation-of-death>
* Bereavement resources / COVID-19 <https://www.publichealth.hscni.net/publications/covid-19-bereavement-resources>

**Appendix A**

# PROCEDURE TO VERIFY LIFE EXTINCT

This procedural overview does not replace the need for education and training in the process to verify life extinct and is presented here for ease of reference.

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

**N.B.** this applies in all cases whether it is a doctor, nurse or ambulance clinician who undertakes the task.

Certain situations can make the clinical confirmation of life extinct more difficult, **in particular drowning, hypothermia, drug overdose, effects of depressant drugs, certain metabolic / endocrine disturbances and pregnancy.** In these situations, active resuscitation should continue until an experienced doctor has verified life extinct.

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 designed because cardiorespiratory activity is being maintained by the continued mechanical ventilation.

The ‘deceased’ individual should be observed by the person responsible for verifying life extinct for a [minimum of five minutes](https://www.aomrc.org.uk/wp-content/uploads/2016/04/Code_Practice_Confirmation_Diagnosis_Death_1008-4.pdf) to establish that irreversible cardiorespiratory arrest has occurred.

|  |
| --- |
| **Life extinct must alwaysbe verified by examining all of the following systems:**  1. Cessation of circulatory system   * No central pulses on palpation. * No heart sounds (verified by listening for heart sounds or asystole on an ECG tracing).   2. Cessation of respiratory system   * No respiratory effort observed. * No breath sounds (verified by listening for breath sounds).   **Establish that cardiorespiratory arrest has occurred for minimum of 5 minutes.**  3. Cessation of cerebral function   * Pupils dilated and not reacting to light. * No Corneal reflexes. * No motor response to painful central stimulus e.g. supra-orbital pressure, trapezius squeeze. |

The [time of death](https://www.aomrc.org.uk/wp-content/uploads/2016/04/Code_Practice_Confirmation_Diagnosis_Death_1008-4.pdf) is recorded as the time at which these criteria are fulfilled.

**Appendix B**

**VERIFICATION LIFE EXTINCT RECORD SHEET (Adult)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Deceased’s**  **name** |  | | **H&C number** |  |
| **Place of Death** |  | | **Date of Birth** |  |
| **Present at time of death/ Witness(es)** | |  | | |

**I have checked for cessation of:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CIRCULATORY** | **✓** | **RESPIRATORY** | **✓** | **CEREBRAL** | **✓** |
| No central pulse felt | | No respiratory effort | | Pupils dilated and  not responding to light. | |
| No Corneal Reflex | |
| No audible heart sounds or asystole on ECG | | No breath sounds | | No motor response to painful central stimulus e.g. supraorbital pressure, trapezius squeeze | |

**I have verified life extinct of the patient named above.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature** |  | | **Date** |  |
| **Print name** |  | | **Time** |  |
| **Position and Contact details** | |  | | |

**Action to be taken after Verification of Life Extinct**

|  |  |
| --- | --- |
| Either | |
|  | The circumstances of this death do not appear suspicious.  If I am not a medical doctor, I have informed a doctor (see below) that the death has occurred and I have verified life extinct. |
| Or | |
|  | I have concerns about the circumstances of this death and have contacted  a Doctor the Coroner, or the Police.  (see below), |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of doctor informed** |  | | | | |
| **Date informed** |  | | | **Time informed** |  |
| **How have you made contact?** | | Spoke to doctor | | | |
| Contacted Out of Hours Service | | | |
| Other |  | | |

**Appendix C**

**Protocol for Actions to be taken after a death**

Death has occurred

Death verified. Record verification using VLE Record Sheet

Is death

Suspicious

There must be immediate contact with the Police and the appropriate medical practitioner (GP, Out-of-Hours Service ). The Police or Medical Practitioner must contact the Coroner.

Inform police, record contact with PSNI in person notes

(Hospital) Inform Medical practitioner who will liaise with PSNI / Coroner (See SE Trust Policy on Last Offices)

Do not remove body or disturb the scene until police have arrived. They will direct next steps

Not suspicious sussuspicious

Inform GP / Medical practitioner for issuing of Medical Certificate of Cause of Death

Inform family of procedures for registration / burial / cremation .Provide family with link to COVID Bereavement Booklet <https://www.publichealth.hscni.net/publications/covid-19-bereavement-resources>

Arrange for removal of body by family funeral director

**Appendix D**

**Self-Assessment / Competency Checklist for Nurses**

**Verification of Life Extinct**

This competency framework should assist you: as a Registered Nurse, who **has undertaken training in Verification of Life Extinct;** to self-assess your own competence level. The rating scale has been taken from the Quality 2020 Attributes Framework as one that will be familiar to nurses. This checklist can be completed at different times to show progression towards the achievement of competence. **Rating Scale:**

**LD**: I need a lot of development

**SD**: I need some development

**WD**: I feel I am well developed

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Knowledge and Understanding** | | **LD** | **SD** | **WD** |
| 1. | I can describe what verification of life extinct (VLE) is | |  |  |  |
| 2. | I can identify the difference between VLE and certification of death | |  |  |  |
| 3. | I can explain the circumstances under which nurses can VLE including those put in place during COVID-19 pandemic | |  |  |  |
| 4. | I can locate and complete accurately documentation relating to VLE | |  |  |  |
| 5. | I know the appropriate method used for patient identification | |  |  |  |
| 6. | I understand the infection control precautions which need to be considered when undertaking VLE | |  |  |  |
| 7. | I can accurately describe and undertake the procedures used for assessing the Central Nervous System activity | |  |  |  |
| 8. | I can describe and undertake the procedures used for assessing Cardiac Output | |  |  |  |
| 9. | I can accurately describe and undertake the procedures used for assessing Respiratory activity | |  |  |  |
| 10. | I understand the importance of specifying the time that the death was verified | |  |  |  |
| 11. | understand how to inform family/carer of death in a sensitive and timely fashion | |  |  |  |
| 12. | I understand the information required and the process of how to report the death of a person to a medical practitioner | |  |  |  |
| 13. | I understand the information required and the process of how to report the death of a person to the Coroner and their role in this process | |  |  |  |
| 14. | I understand and can identify what constitutes a suspicious death | |  |  |  |
| 15. | I understand the information required and the process of how to report the death of a person to the PSNI and their role in this process | |  |  |  |
| **Name of Nurse:** | | **Date** |  | | |
| **Signature of Nurse:** | | | | | |