The Newcastle upon Tyne Hospitals NHS Foundation Trust

Nurse Verification of Expected Death Policy

<table>
<thead>
<tr>
<th>Version No:</th>
<th>7.0</th>
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</thead>
<tbody>
<tr>
<td>Effective From:</td>
<td>13 August 2019</td>
</tr>
<tr>
<td>Expiry date:</td>
<td>13 August 2022</td>
</tr>
<tr>
<td>Date Ratified:</td>
<td>23 July 2019</td>
</tr>
<tr>
<td>Ratified By:</td>
<td>Clinical Policies Group</td>
</tr>
</tbody>
</table>

1 Introduction

The intention of this policy is to support Adult Registered Nurses including Child and Young Person Oncology Outreach Nurse Specialists (CYPOONS) employed by Newcastle upon Tyne Hospitals NHS Foundation Trust (NuTH) to verify expected death for those patients with a palliative diagnosis. Historically verification has been carried out by Medical Practitioners; however, there has been an acknowledgement that all Registered Nurses who have undertaken education and has been assessed to be competent can perform this role. There are circumstances where a patient’s death is inevitable and this often occurs in the patient’s own home. It would then be appropriate to verify that death has occurred therefore enabling the body of the deceased to be taken in to the care of the nominated funeral director or hospital mortuary in a timely and sensitive manner. Certification of death is the legal responsibility of the patient’s Medical or General Practitioner (GP) or Paediatric Consultant in the case of children.

2 Policy Scope

This policy applies to Adult Registered Nurses and CYPOONs, deemed competent, working within their care setting to verify the death of patients whose deaths have been identified as expected.

The Trust expects that all NMC Adult Registered Nurses including agency and bank staff and CYPOONS employed by the Trust who are involved in the verification of an expected death should adhere to the principles of this policy.

Following the completion of Nurse Verification of Expected Death education and demonstrated competency, Registered Nurses including CYPOONs, working within the scope of the Nursing and Midwifery Council Code (2015), have the authority to verify expected death, notify relatives, advise on the removal of the patient’s body to the hospital mortuary or by funeral director of the patient’s / relative’s choice. When indicated, the Adult Registered Nurses are empowered to follow the procedure to notify the Coroner. CYPOONs must also adhere to the Child Death Review process.

This policy applies to Adult Registered Nurses verifying expected adult deaths Section 1 and Registered Nurses-CYPOONs verifying expected deaths of children and young person Section 2.
Adult Registered Nurses and CYPOONs must adhere to this policy within their own clinical area of specialty only.

3  Aim of Policy

The purpose of this document is to provide a safe framework to enable Adult Registered Nurses with demonstrated competence to verify adult expected death and CYPOONs to verify child and young persons expected death.

- To ensure that all Registered Nurses have the appropriate underpinning theoretical knowledge to confidently verify an expected death.
- To provide timely verification to respect the religious and cultural needs of the patient and family members whilst respecting dignity.
- To ensure the timely removal of the deceased to the mortuary/funeral director.
- To ensure the health and safety of others are protected, e.g. from infectious illness, radioactive implants and implantable devices.
- To adhere to the legal and coronial requirements and Child Death Review process.
- To offer support to relatives/caregivers of the deceased, in a timely, sensitive and caring manner.

4  Duties (Roles and Responsibilities)

4.1 All Trust employed staff, including bank, agency and locum staff are responsible for adhering to Trust policies and guidelines including this policy. Clinical Managers, Nurse Specialists, Team Leads and Cluster Co-ordinators are responsible for cascading amendments of this policy to staff within the service they manage in a timely manner.

All CYPOONs are responsible for ensuring implementation where appropriate within their area and for all staff working in this area to adhere to the principles at all times.

4.2 All Senior Nurses are responsible for ensuring implementation where appropriate within their area, and for ensuring all staff working in the area, adhere to the principles at all times.

4.3 The Clinical Managers, Nurse Specialists, Team Leads and Cluster Coordinators are responsible for providing expert advice in accordance with this policy, for supporting staff in its implementation and assisting with risk assessment where complex decisions are required.

4.4 Role of the Adult Registered Nurse verifying adult death

In order to provide appropriate support to relatives or those who have cared for the deceased, nurses should familiarise themselves with any personal, cultural or religious requirements in relation to death. Information is available from the Chaplaincy Team or on the Trusts Intranet via the link below.

Role of the CYPOONs in verifying death of child or young person.
In order to provide appropriate support to relatives or those who have cared for the deceased child or young person, CYPOONs should familiarise themselves with any personal, cultural or religious requirements in relation to death. Information is available from the Chaplaincy Team or on the Trusts Intranet via the link below: Religion or Belief

5 Training

NMC Registered Nurses including agency and bank staff and CYPOONs who are employed by the Trust are responsible for accessing education in order to deliver safe effective care in the verification of death. All NMC Registered Nurses and CYPOONs must ensure that they have been assessed and competent against the relevant Trust competencies prior to carrying out verification expected death.

6 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.

7 Definitions

- **Verification of death** – To establish the fact that death has occurred and documented formally in line with best practice.

- **Certification of death** – Certification of death is a process that is started by a medical practitioner to indicate the cause of death by the completion of the ‘Medical Certificate of the Cause of Death Form’ (MCCD). The MCCD form is used to register the patient’s death and provides the information required for the Registrar at the Civic Centre to issue the death certificate.

- **Expected Death** – An expected death is the result of an acute or gradual deterioration in patient’s health status, usually due to advanced incurable disease. The death is anticipated, expected and predicted.

- **Sudden or Unexpected Death within a palliative period** - A patient with a palliative diagnosis can have a sudden death, e.g. an embolism. Death can be verified by a Registered Nurse in these circumstances provided a DNACPR form is completed and a medical practitioner has agreed that a Registered Nurse can verify the patient’s death.
## Monitoring of Section 1 - Expected Adult Death

<table>
<thead>
<tr>
<th>Standard/process/issue</th>
<th>Monitoring and audit. Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>The death is an expected death</td>
<td>If a Datix is generated due to non-compliance of policy, this will be discussed at the monthly Community Clinical Governance Steering Group Meeting</td>
<td>Community practitioners: Community Nurse Manager, Senior Nurses and Clinical Educator</td>
<td>Clinical governance Steering Group</td>
<td>Monthly</td>
</tr>
<tr>
<td>Tissue donation is documented</td>
<td>Data to be collected during real time audits of end of life care twice yearly</td>
<td>Nurse Specialist End of Life Care</td>
<td>Clinical Governance Steering Group End of Life Steering Group</td>
<td>Biannually</td>
</tr>
<tr>
<td>Verification of death document is completed</td>
<td>On an annual basis an audit on the use and compliance of the policy will be undertaken</td>
<td>Nurse Specialist End of Life Care</td>
<td>Clinical Governance Steering Group End of life steering group</td>
<td>Annually</td>
</tr>
</tbody>
</table>

## Monitoring of Section 2- Expected Child or Young Persons Death

<table>
<thead>
<tr>
<th>Standard/process/issue</th>
<th>Monitoring and audit. Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>The death is an expected death</td>
<td>If a Datix is generated due to non-compliance of policy, this will be discussed at</td>
<td>Professor Simon Bailey CYPOONS Paediatric Oncology Consultants</td>
<td>Morbidity and Mortality Meeting</td>
<td>Monthly</td>
</tr>
<tr>
<td>Tissue donation is documented</td>
<td>When activated via National Referral Centre, this data will be collected, audited and discussed at monthly M&amp;M meeting.</td>
<td>Professor Simon Bailey CYPOONS Paediatric Oncology Consultants</td>
<td>Morbidity and Mortality Meeting</td>
<td>Monthly discussion, annual audit</td>
</tr>
<tr>
<td>Verification of death document is completed</td>
<td>This practice will be monitored and discussed at the monthly M&amp;M meeting</td>
<td>Professor Simon Bailey CYPOONS Paediatric Oncology Consultants</td>
<td>Morbidity and Mortality Meeting</td>
<td>Monthly discussion, Annual audit</td>
</tr>
</tbody>
</table>

9 Consultation and development of this Policy
Senior Nursing and Medical Staff, CYPOONS.

10 Implementation (including raising awareness)
Staff will be made aware of this policy through Nursing Forums and Directorate cascade mechanisms.

11 References
- Embracing Diversity in Mental Health Care: A resource on a Major Faiths in the UK.
- Together for Short Lives The Child Death Review Process

12 Associated Documentation

Care after Death Policy
Cadaver (Body) Bags for the Deceased Patient Policy
Lone Workers Safety Policy
Religion, Belief and Cultural Practice Policy
Waste Management Policy
Destruction of Patients’ Controlled Drugs in the Community Policy
Medicines Policy
Department for Work and Pensions D.W.P booklet DWP1027 “What to do after a death in England & Wales”

13 Policy and Procedure in Community

Section 1

13.1 Indications for Nurse Verification of adults

Adult Registered Nurses can verify a death in the following situations:

- The Registered Nurse has assessed that the patient has already died as indicated by the presence of post mortem changes.
- The death must be expected, anticipated and predicted.
- This is a death which is the result of an acute or gradual deterioration in the patient’s health status, usually due to advanced incurable disease.
- Where there is a valid and applicable advance decision to refuse CPR.
- Where a DNACPR form is present or the decision has been documented in the patient’s records.
- Where the patient’s GP; NuTH Medical and Registered Nursing staff have been providing palliative/end of life care.

The suitability for Nurses to verify an expected adult death should be recorded in the ‘Caring for the Dying Patient Document’ if it is being used to support the patient in last days/hours of life and/or on the Palliative Care Template on SystmOne.

This policy does not apply to deaths of patients within continuing care nursing home beds where care is provided by non-Trust staff.

13.2 Contra Indications to Nurse Verification

Adult Registered Nurses must not verify any of the following deaths:

- The death of a child (under 18 years)
- Deaths of unidentified persons
- Any unclear or remotely suspicious deaths
- Deaths which follow an untoward incident, fall or drug error
- Deaths of people not under obvious medical and/or nursing care

13.3 Deaths requiring investigation by the Coroner.

There are certain circumstances in which the Coroner must legally be informed of a death.

- The cause of death is unknown
- There is no medical practitioner who has attended the patient within the last 2 weeks
• The death may have been caused by violence, trauma, or physical injury, whether intentional or otherwise
• The death may have been caused by poisoning
• The death may be the result of intentional self harm
• The death may be the result of neglect or failure of care
• The death may be related to a medical procedure or treatment
• The death may be due to an injury or disease received in the course of employment or industrial poisoning.
• Death which occurs within 24 hours of onset of illness, or where no firm clinical diagnosis has been made.
• Deaths directly following post-operative or post invasive procedures.
• Deaths which follow an untoward incident, fall or drug error
• Deaths which occur as a result of negligence or malpractice
• Any unclear or remotely suspicious death

More detailed information is available from the Ministry of Justice publication, ‘Guide to Coroner services

Palliative patients suitable for nurse verification of adult death who are anticipated to require referral to the Coroner, should be identified early. This should be documented in the patient’s records and discussed with the patient, family and carers prior to death, wherever possible.

13.4 The Process of Nurse Verification

The process of verification will be carried out by a Registered Nurse, who has undertaken Trust recognised training and completed the required competency framework.

The Registered Nurse should check the patient’s nursing documentation and all other sources of information available to establish that the death is expected as defined in this policy.

The Registered Nurse should observe the patient for 5 minutes to establish death has occurred.

The Registered Nurse should establish clinical signs of death using the following criteria:

• Absence of carotid pulse for 1 minute
• Absence of heart sounds for 1 minute
• Absence of respiratory movements and breath sounds for 1 minute
• Fixed and dilated pupils
• Absence of corneal reflex
• No motor response to supraorbital pressure
The Registered Nurse should establish if there are any indications that require referral to the Coroner for investigation. If the Coroner needs to be involved, a discussion with the patient’s GP should take place. If the death has occurred Out of Hours the Coroner’s Deputy/Police should be contacted, who will attend and the body will be removed to the appropriate hospital mortuary.

The Registered Nurse should confirm/inform the next of kin/relative/carers of the patient’s death.

The Registered Nurse should advise the patient’s relatives / family / carers to contact their chosen undertaker and record details on the verification of death document.

The Registered Nurse should assess any known/disclosed infection prevention and control risk and inform the relevant parties.

The Registered Nurse verifying the death should ensure subcutaneous drug(s) should be discontinued and discarded as per the Trust’s Medicines Policy / Destruction of Patients’ Controlled Drugs in the Community Policy.

The relatives/carers should be advised to contact the patient’s GP on the next working day to obtain the MCCD. The Registered Nurse should advise the patient’s relatives/carers regarding registering the death of the patient.

The Registered Nurse should provide information to the relatives/carers regarding Department for Work and Pensions D.W.P booklet DWP1027 “What to do after a death in England & Wales”. Wherever possible the Nurse should provide the booklet, but may direct the family/carers to the information on the Gov.uk website.

The Registered Nurse should complete the “Verification of Expected Adult Death by Registered Nurses” Form (see Appendix 1).

The GP and named Community Nurse Team should be notified of the patient’s death within 24 hours.

The Registered Nurse should document Verification of Death on SystmOne.

If the death is suspicious, do not proceed with the nurse verification. Do not discontinue the Continuous Subcutaneous Infusion (CSCI), if in use. Ensure the environment is not disturbed. Contact the Police to attend.

See Appendix 2 Flow Chart-Nurse Verification of Expected Adult Death
Section 2

Indications for CYPOONs to verify the death of children and young people

CYPOONs can verify a death in the following situations:
- The death must be expected and of a child or young person for the purposes of thes policy.
- A death of a child or young person where a DNACPR decision has been mad and where the medical services and CYPOONs have been involved in providing palliative and/or end of life care.
- The suitability for CYPOONs to verify expected child/young person death should be recorded in relevant CYPOONs documentation and in paediatric oncology medical notes.
- This policy does not apply to deaths of patients within continuing and hospice beds where care is provided by non-Trust staff.

Contra Indications to Nurse Verification

CYPOONs must not verify any of the following deaths:
- Deaths of unidentified children or young people
- Deaths of children/young people not under obvious medical and/or nursing care.
- Death which occurs within 24 hours of onset of illness, or where no firm clinical diagnosis has been made.
- Deaths directly following post-operative or post invasive procedures.
- Deaths which follow an untoward incident, fall or drug error
- Deaths which occur as a result of negligence or malpractice
- Any unclear or remotely suspicious death

Informing the Coroner

The Coroner must be informed of all child deaths, expected or unexpected. This notification should be done by the Medical Practitioner involved in the child’s care and should be done prior to the completion of a Medical Certificate of Cause of death.
When a child/young person is expected to die, it is the responsibility of the Multidisciplinary Team to identify and document the need for the Coroner to be informed. This should be discussed with the family along with information about the Child Death Review Process.

Child Death Review Process

From 1st April 2008, Child Death Review processes were made mandatory for all child deaths up to 18 years of age.
Following the death of a child, information about the circumstances of their death is collected and summarised from records held by hospitals, community health services, schools, ambulance services and other agencies. The Child Death Overview Panel (CDOP) will then consider this information to ascertain the cause of
death, what support and treatment was offered to the child and family before and after death. The key aims of the CDOP are to ensure that services for families are provided, families are supported and lessons for the future are learned.

The Process of Nurse Verification

The process of verification will be carried out by a Specialist Registered Nurse within the CYPOONS team. This nurse will have undertaken Trust recognised training and completed the required competency tool/framework.

- CYPOONS should be familiar with the child/young person and family and have all relevant documentation and information to establish that the death is expected.
- CYPOONS should establish that there are no contra indications to the verification of death
- CYPOONS should establish clinical signs of death using the following criteria:
  - Absence of carotid pulse for 1 minute
  - Absence of heart sounds for 1 minute
  - Absence of respiratory movements and breath sounds for 1 minute
  - Fixed and dilated pupils
  - Absence of corneal reflex
  - No motor response to supraorbital pressure
- CYPOONS should confirm/inform the child/young person’s death with the family/next of kin.
- CYPOONS may help and co-ordinate with the family for the child/young person being taken into the care of the undertaker.
- CYPOONS will use established bereavement pathway in order to inform relevant professionals and ensure the Coroner has been informed by medical professional.
- CYPOONS will not proceed with verification if death appears in any way suspicious. The CADD pump should not be discontinued if death appears suspicious. In this situation the environment should not be disturbed and the police should be notified.

14. Tissue Donation

The Adult Registered Nurse or CYPOON should review nursing documentation to establish if the deceased had expressed a wish to make a tissue donation e.g. eye, skin, bone, heart valve or tendon. If so;

The Registered Nurse should discuss with the family that the deceased had expressed a wish to make a tissue donation, and gain permission to contact the National Referral Centre for Tissue Donation on the 24-hour call handling service - 0800 432 0559.

The Tissue Service Co-ordinator will contact the community nursing service and family to discuss donation and formal consent. This could be within 24 hours; therefore tissue donation does not prevent the normal process of the patient being transferred to the care of the undertakers.
In cases where the Coroner needs to be involved, the Tissue Service Co-ordinator will liaise with the Coroner.

Death of a patient child or young person in a community setting

- If the death is expected, IV or SC drugs should be discontinued and discarded per Trust policy.
- Complete the ‘Verification of Expected Child Death by Registered Nurses’ form (Appendix 3)
- GP to be informed in order to document Verification of Death on SystmOne.
- CYPOONS and CLIC will commence bereavement pathway in order to share information with relevant professionals.
- Anne Jobson (24403) should be contacted in order to commence Child Death Review process.
- CYPOONS and CLIC will work with the family/next of kin to arrange collection of death certificate, registration of death and arrangements for the funeral.

Death of a child or young person in a hospital setting

The verifying nurse will record the following details in the patient’s medical notes:

- Date and time of death
- That death has occurred
- That the family/next of kin have been informed and are/ are not present
- The name, designation and signature of nurse verifying death
- Following care after death, the child/young person can be transferred to the hospital mortuary until necessary paperwork completed and they are taken into the care of the funeral director.
- The hospital chaplaincy team can be contacted Monday-Friday 8.30-17.00 via the on call phone 24 48129 for help and advice. At weekends and evenings contact the hospital switchboard on 233 6161 and ask to be put in touch with Hospital Chaplaincy Team or appropriate faith leader.
- The CYPOONS nurse is responsible for ensuring communication to other members of the team e.g. Consultant on call per bereavement pathway.
  The name of the doctor informed and the date and time of this communication should be entered in the nursing and medical notes.
- The child’s consultant (or a medic acting in their absence) will be responsible for completing the death certificate and record the death in the medical notes.

See Appendix 4- Flow Chart-Nurse Verification of Expected Child Death
Appendix 1

Verification of Expected Adult Death by Registered Nurses (v.2)

GP / Consultant: Named Nurse: ........................................................................................................................................

Patient Name: ........................................................... Next of Kin’s Name (print): ...............................................................

Address: ........................................................................................................................................................................

........................................................................................................................................................................

........................................................................................................................................................................

Date of Birth: ......................................................... Telephone .........................................................................................

NHS No: ............................................................................................

Diagnosis: ........................................................................................................................................................................

Name(s) of those present at the time of death and relationship to patient (print):
........................................................................................................................................................................

Clinical Recordings (please tick)

☐ Absence of carotid pulse for 1 minute
☐ Absence of heart sounds for 1 minute
☐ Absence of respiratory movements and breath sounds for 1 minute
☐ Fixed and dilated pupils
☐ Absence of corneal reflex
☐ No motor response to supraorbital pressure

Time and date of death: ................................. Time and date of verification: .........................................................

Name of Nurse (please print): .............................................. Signature: ........................................................................

Subcutaneous Drug(s) discontinued and discarded, as per Trust / Organisation Protocol.

Name, address & telephone number of Funeral Director (if known)
........................................................................................................................................................................

Formal communication to patient’s GP within 24 hours (please complete)

Telephoned Date & Time: .......................... SystmOne updated Date & Time: .........................................................

Other please specify: ........................................ Date & Time: ................................................................................

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Appendix 2

Nurse Verification of Expected Adult Death (NVOD)

Is patient’s death:

- Expected?
  - Result of acute/gradual deterioration in health status; Usually due to advanced disease.
  - Yes

  Is there documentation in patient record to support that death is expected? This may include:
  - Care recorded in Caring for the Dying Patient document.
  - Yes
  - Proceed to NVOD
  - Nurse informs relatives

  Nurse to establish if deceased expressed a wish to donate tissues/organs

  Yes

  Is it within working hours?

  Yes

  Contact GP who will inform Coroner

  Coroner’s Deputy (Police) will advise removal of body

  Ensure documentation is complete as per policy.

  Ensure GP has been informed of death by task/email to NHS.net GP account and by sending hard copy by post/email to NHS.net account for GP practice.

  No

  Contact Coroner deputy

  No

  Contact GP who may wish to view body in the home prior to certification

  Yes

  Advise relatives/carers to contact undertaker to arrange for removal of body

  No

  In hours discuss with patient’s GP.

  Out of hours contact Coroner

- Sudden/unexpected within palliative period?
  - A palliative patient can have a sudden death eg. An embolism.
  - Yes

  Is there documentation in patient record to support that this patient is within a palliative period of care?

  This may include:

  - Yes
    - Proceed to NVOD
  - No
    - No

- Sudden, untoward or potentially of a suspicious cause?

  Yes

  Do not discontinue syringe driver

  Do not disturb the environment

  In hours discuss with patient’s GP.

  Out of hours contact Coroner

  No

  In hours discuss with patient’s GP.

  Out of hours contact Coroner

  Family agree to Nurse contacting National Referral Centre for Tissue Donation on 24hr Answering Service:

  - Yes

  Does Coroner need to be informed?

  - Yes
    - Is it within working hours?
    - Yes
      - Contact GP who may wish to view body in the home prior to certification
      - Advise relatives/carers to contact undertaker to arrange for removal of body
    - No
      - Contact Coroner deputy
  - No
  - No
Appendix 3

**Verification of Expected Child Death by Registered Nurses (v.1)**

GP/Consultant: Named Nurse: .................................................................................................................................

Patient Name: ..................................................................................................................................................

Address: ............................................................................................................................................................

Next of Kin’s Name (Print)..................................................................................................................................

Address: ............................................................................................................................................................

Date of Birth: .....................................................................................................................................................

Telephone: ..........................................................................................................................................................

NHS No: .............................................................................................................................................................

Diagnosis: ............................................................................................................................................................

Name(s) of those present at the time of death and relationship to patient (print):

...........................................................................................................................................................................

**Clinical Recordings (please tick)**

- □ Absence of carotid pulse for 1 minute
- □ Absence of heart sounds for 1 minute
- □ Absence of respiratory movements and breath sounds for 1 minute
- □ Fixed and dilated pupils
- □ Absence of corneal reflex
- □ No motor response to supraorbital pressure

Time and date of death: ........................................ Time and date of verification: ..................................................

Name of Nurse (please print)................................................ Signature: ........................................................................

...........................................................................................................................................................................

□ Intravenous/Subcutaneous Drug(s) discontinued and discarded, as per Trust/ Organisational Protocol

Name, address & telephone number of Funeral Director (if known)

...........................................................................................................................................................................

**Formal communication to patient’s GP within 24 hours or as soon as possible after the weekend**

Telephoned Date & Time: ............................ SystemOne update Date & Time: ..........................

Other please specify: ........................................ Date & Time: .................................................................

□ Coroner notified for Child Death Review
Appendix 4

Nurse Verification of Expected Child Death

Patient dies

Was the death expected?

Yes

No

Do not disturb the environment.

Do not discontinue any medication or ambulatory pumps.

Contact GP and/or police if appropriate.

Has a DNACPR form been completed?

Is it documented that patient’s death can be verified by a nurse?

Yes

No

Contact GP during working hours or call 111 if out of hours.

Proceed to Nurse Verification of expected child Death.

Complete Nurse Verification Form.

Nurse to inform relatives, if applicable.

Nurse to establish if deceased or family express a wish to donate tissues/organs - corneas

Yes

No

GP/Consultant to inform Coroner of expected child death.

CYPOONS to contact Funeral Director if requested

Ensure documentation is completed as per protocol.

Ensure GP and Consultant has been informed of the death. If out of hours inform GP and Consultant at the start of the next working day.

Family agree to Nurse contacting the National Referral Centre for Tissue Donation on 24hr Pager: 08004320559

Complete Bereavement Pathway.
This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:**

2. **Name of policy / guidance/ strategy / service development / Investment plan/Board Paper:**
   - Nurse Verification of Expected Death

3. **Name and designation of author:**
   - Teresa O’Donnell - Senior Nurse for Specialist Palliative and End of Life Care

4. **Names & Designations of those involved in the impact analysis screening process:**
   - Caroline Inglis - CYPOON

5. **Is this a:**
   - Policy X Strategy □ Service □ Board Paper □

   **Is this:**
   - New □ Revised X

   **Who is affected:**
   - Employees X Service Users X Wider Community □

6. **What are the main aims, objectives of the document you are reviewing and what are the intended outcomes? (These can be cut and pasted from your policy)**

   - To ensure that all Registered Nurses have the appropriate underpinning theoretical knowledge to confidently verify an expected death.
   - To provide timely verification to respect the religious and cultural needs of the patient and family members whilst respecting dignity.
   - To ensure the timely removal of the deceased to the mortuary/funeral director.
   - To ensure the health and safety of others are protected, e.g. from infectious illness, radioactive implants and implantable devices.
   - To adhere to the legal and coronial requirements and Child Death Review process.
• Ensure any child death under the age of 18 years is discussed with the coroner.
• Provide a seamless service in palliation and expected death of a child therefore avoiding 3rd party involvement for verification purposes.
• To offer support to relatives/caregivers of the deceased, in a timely, sensitive and caring manner.

7. **Does this policy, strategy, or service have any equality implications?** Yes X No ☐

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

8. **Summary of evidence related to protected characteristics**

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination?</th>
<th>Are there any opportunities to advance equality of opportunity or foster good relations?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race / Ethnic origin (including gypsies)</strong></td>
<td>The Nurse Verification of Expected Death Policy is designed to alert Trust staff to the differing needs of</td>
<td>The civic authorities have special on-call protocols to meet the needs of</td>
<td>The policy meets the needs of communities where there is a</td>
</tr>
<tr>
<td></td>
<td>communities where there is a</td>
<td></td>
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</tr>
</tbody>
</table>
patients and their carers/families to be able to signpost Trust staff to access relevant information to ensure differing needs are respected and met. On-call Chaplains, Clinical Managers, Nurse Specialists, Team Leads and Cluster Coordinators are responsible for providing advice and support in relation to this policy. Regionally adopted Trust Patient Information leaflets; *Grieving and When someone dies are* available in other languages.

<table>
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<th>and travellers</th>
<th>patients and their carers/families to be able to signpost Trust staff to access relevant information to ensure differing needs are respected and met. On-call Chaplains, Clinical Managers, Nurse Specialists, Team Leads and Cluster Coordinators are responsible for providing advice and support in relation to this policy. Regionally adopted Trust Patient Information leaflets; <em>Grieving and When someone dies are</em> available in other languages.</th>
<th>cultures where there is a need for rapid release of the deceased to meet cultural/religious beliefs which require burial to occur in a short period of time. This could be seen as discriminatory to those cultures where this urgency does not exist. This is a matter for the civic authorities and not the Trust. Policies exist to ensure procedures are followed in a timely manner in all cases of expected death. Where a Deprivation of Liberty safeguard is in place at the time of a patient's death, this will invariably involve a delay whilst the death is reported by law to the Coroner and subject to an inquest. Education regarding the policy includes the necessity to inform families in such circumstances.</th>
<th>cultural requirement for prompt procedures to be undertaken following the death of a patient.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (male/ female)</td>
<td>Policy applies to all individuals and aims to ensure that people are treated with dignity and respect in their preferred place of care/death which is likely to be their own home.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>The policy signposts to other policies and resources available to ensure that individual beliefs are respected. On-call Chaplains, Clinical Managers, Nurse Specialists, Team Leads and Cluster Coordinators are responsible for providing advice and support in relation to this policy.</td>
<td>As above for race/ethnic origin.</td>
<td>As above for race/ethnic origin.</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>This policy applies to the expected death of adults and children. Deaths will occur in the patients preferred place of care/death. Clinical Managers, Nurse Specialists, Team Leads and Cluster Coordinators are responsible for providing advice and support in relation to this policy.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>This policy applies to the expected death of adults and children. Clinical Managers, Nurse Specialists, Team Leads and Cluster Coordinators are responsible for providing advice and support in relation to this policy.</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section

This policy applies to adult and child expected deaths. Trust policies highlight the need to respect the needs of individuals to ensure people are treated with dignity. Clinical Managers, Nurse Specialists, Team Leads and Cluster Coordinators are responsible for providing advice and support in relation to this policy.

Gender Identity / Expression

This policy applies to adult and child expected deaths. Trust policies highlight the need to respect the needs of individuals to ensure people are treated with dignity.

Marriage and Civil Partnership

Clinical Managers, Nurse Specialists, Team Leads and Cluster Coordinators are responsible for providing advice and support in relation to this policy.

Maternity / Pregnancy

This policy applies to the expected death of adults and children. Clinical Managers, Nurse Specialists, Team Leads and Cluster Coordinators are responsible for providing advice and support in relation to this policy.

<table>
<thead>
<tr>
<th>9. Are there any gaps in the evidence outlined above. If ‘yes’ how will these be rectified?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you require further engagement</td>
</tr>
</tbody>
</table>
11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Signature of Author

[Signature]

Print name

Teresa O’Donnell

Date of completion

28/06/2019

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)