



REMOTE VERIFICATION OF EXPECTED DEATH IN CARE HOMES IN THE COVID 19 EMERGENCY

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HOUSEKEEPING



Welcome to this information session.

The session will last for one hour, including time for your questions at the end.

During the session:

- Use the chat box for any questions that you would like to ask –we will read those at the end of the session



SCOPE

Information session based on:

<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>

Session applies to:

- Expected adult deaths where resuscitation has been ruled out, occurring in care homes (including residents with DOLS and where COVID-19 is suspected or confirmed)
- Care home staff who are willing to verify death with remote support from a clinician.

In order to undertake this task we recommend that you have the following skills and/or experience:

- You are a senior carer or team leader with experience of communicating with GP's or other health care professionals
- You have experience of caring for a resident at the end of life including having seen a resident who is deceased
- You have adequate spoken and written English to enable you to communicate sensitively and effectively.

AIMS

- Tell you more about the scope of the remote verification of death guidance
- Help you think through if this is a procedure that could help in your care home
- Give you the chance to ask questions

DEFINITIONS



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RECOGNITION OF DEATH

‘It is recognised that relatives, care staff and others can recognise when death has occurred. This will be documented as the time of last observable breath. This is not the official time of death.’

(Wilson et al, 2019)

VERIFICATION OF DEATH

‘Verification of the fact of death documented in line with national guidance and is associated with responsibilities of identification of deceased, notification of infectious illnesses, and implantable devices’

(Wilson et al, 2019).

This is recognised as the official time of death.

EXPECTED DEATH

“An expected death is the result of an acute or gradual deterioration in a patient’s health status. The death is anticipated, expected and predicted.”

(Wilson et al, 2019)

In practical terms this means that resuscitation will have been ruled out; this decision is recorded on a DNACPR form.

CERTIFYING A DEATH

Certification of Death: the process of completing the “Medical Certificate of Cause of Death”.

In order to issue a MCCD, a **doctor** must have attended the patient in their last illness and seen the patient in the 28 days preceding the death including via video link.

(Wilson et al, 2020)

REMOTE VERIFICATION

Remote verification assumes that resuscitation has been ruled out. This decision should be individualised and documented on a DNACPR form by a healthcare professional trained to do this.

Remote clinicians:

- In hours- the resident's GP surgery would primarily be responsible for this procedure
- Out of hours- NHS 111 out of hours providers

REMOTE VERIFICATION

If you are not happy to perform this role,
you should not be put under any pressure
to do so

If you are not comfortable or equipped to verify defer to GP or
NHS 111.

EQUIPMENT

You will need:

- Access to residents care record
- Photographic ID for the deceased (e.g. MAR chart)
- Appropriate PPE
- A pen torch
- Watch or digital timer

If a smart phone or tablet is used for the remote verification, refer to your care home policy regarding the use of these.

KEY QUESTIONS

- Has resuscitation been ruled out? Is this decision recorded on a valid DNACPR form?
- **Is this an unexpected death?** If yes, follow your care home policy
- **Is there any sign of a suspicious death?** If yes, report to police
- Have you established the identity of the deceased person e.g using MAR chart or other photographic ID?

YOU SHOULD BE ASKED

The remote clinician should ask you:

- About any cultural or religious requirements from the deceased
- To identify yourself (and your role) as the verifier
- To make sure of privacy and dignity prior to verifying – such as ensuring only essential persons are in attendance/ checking with family whether they wish for only persons of the same sex to verify the body.
- To establish the circumstances immediately prior to the death and any patient history. You, and the remote clinician, need to be satisfied that there is no reason to refer this death to the police or coroner.
- To document afterwards what has taken place

IDENTITY CONFIRMATION

For the purpose of confirming the identity of the deceased, it is recommended that an appropriate identity document is provided to the remote clinician e.g. via the video call or separate secure email.

This needs to include a photograph e.g MAR chart

PROCEDURE



This remote verification procedure might be different to the procedure you may have witnessed previously.

If you are unsure about any aspect of this procedure you can ask the remote clinician for more guidance at any time.

Before you begin ensure the resident is lying flat; patches and medical devices cannot be removed until after verification



PPE

Follow your care home policy and latest guidance on infection prevention and control.

The minimum recommendation is:

- A fluid repellent face mask
- Disposable apron
- Gloves

You will also need the means to dispose of your PPE, clean your hands and clean any equipment used.

Public Health England Guidance:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

NEUROLOGICAL CHECK 1

You will be guided to check:

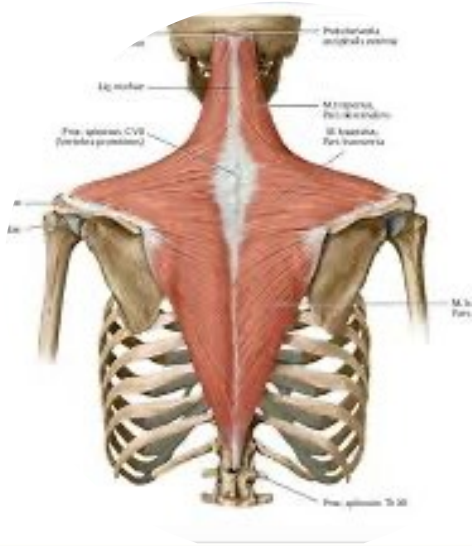
- Pupils are dilated and fixed (unresponsive to light directed into both eyes using a torch)



NEUROLOGICAL CHECK 2

You will be guided to check:

- There is no response to painful stimuli - If you squeeze the muscle between the neck and the shoulder (the trapezius), do they respond?



RESPIRATORY CHECK

You will be guided to check:

- That there is no movement of the chest wall for 3 minutes by observing the chest

You may be advised to remove the deceased's clothing to expose the chest/abdomen

Do not lean close the resident's face to listen or feel for breathing

CIRCULATORY CHECK

You will be guided to:

- To find the site of the carotid pulse and check for one minute that pulse is absent.

The carotid pulse is located in the neck in the soft hollow area just beside the windpipe.

Do not use your thumb to feel for the pulse; use your first two fingers.

If you practice this technique on yourself or another person, do not apply pressure to both sides of the neck at the same time.



REASSESSMENT

The remote clinician should ask you to:

- Wait 10 minutes and repeat the actions above.

If there is no response observed in either set of checks the verification is complete.

AFTER VERIFYING

After you have completed the verification procedure remember:

- Removal and disposal of PPE
- Handwashing
- Cleaning of equipment
- Documentation

THE REMOTE CLINICIAN SHOULD DOCUMENT

1. Full name, date of birth, address and NHS number (if available) of person whose death is being verified
2. Name of people involved in verifying
3. Role of people involved in verifying
4. Who is present
5. Circumstances of death (location, who first noted it, anyone present at the time of death)
6. Outcome of verification, including time of death
7. Any discussions with staff or relatives
8. Any concerns from staff or relatives

YOU SHOULD DOCUMENT

Document the verification in the residents care record:

1. Full name, date of birth, address and NHS number (if available) of person whose death is being verified
2. Name of people involved in verifying (including remote clinician)
3. Role of people involved in verifying
4. Who is present at the verification
5. Circumstances of death (location, who first noted it, anyone present at the time of death, time that death was recognised)
6. Outcome of verification, including time of death
7. Any discussions with staff or relatives
8. Any concerns from staff or relatives

NORMAL THINGS THAT MIGHT HAPPEN

Sometimes patients in death let out small burps or gasps, particularly if they are moved- this is a normal process – if you are ask the remote clinician for guidance

Sometimes a reflex movement can occur, this might be shocking for you and the family. It does not mean the person is still alive. If you are unsure ask the remote clinician for guidance

CARE AFTER DEATH

After verification is complete care after death can be provided:

- Inform the next of kin and family, offer support and information
- Medical devices such as syringe pumps, medicinal patches can be removed
- Personal Care according the wishes of the deceased
- Medication; store for 7 days according to care home policy
- Transfer to care of funeral director, inform them of any infections or medical devices that cannot be removed (e.g catheter, pacemaker)
- Inform other staff, include non-care staff and residents where appropriate
- Follow care home policy for notifying CQC
- Reflective De-brief

Next steps.....

This is a new procedure for everyone and planning ahead may help:

- Contact GP surgery that covers your care home to find out if they will be using remote verification and how you can work together to ensure that goes smoothly
- Be aware of changes and deterioration in residents, you may need support from the GP to plan ahead (e.g a DNACPR form)
- Ensure that your care home has a plan for remote verification; do you have the equipment? Can video calling be carried out?

Remember you should not be put under any pressure to verify.

IT IS OKAY NOT TO BE OKAY

- Talk to colleagues
- Give yourself time and space to look after yourself
- Use the Employee Assistance programme at HCPA.

Contact on eap@hcpa.info or send a text message to 07520 649 448

questions



References and Resources:

Coronavirus (COVID-19): verification of death in times of emergency (5th May 2020)

Wilson, J., Lavery, D., and Cooper, M. (2019). Care after Death: Registered Nurse Verification of Expected Adult Death (3rd Edition) Hospice UK.

Wilson, J; Lavery, D (2020). Special Edition of Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoED) Guidance. Hospice UK.