

Death verification (confirmation of death) of expected deaths during the COVID-19 pandemic

Guidance

Issued: 12 April 2020
To be reviewed 27th April 2020

Following an expected death, there is no requirement in English law for a GP or other registered medical practitioner to see or examine the body of a person.¹ It has become custom and practice for GPs or another suitably qualified Health Care Professional (HCP) to visit in person and confirm death.

During this pandemic, GPs and other HCPs need to ensure they are able to support all patients, relatives and carers in the best way possible in the context of the epidemic.

Visiting care homes and people's homes to verify an expected death places health care professionals at increased and unnecessary risk of potentially acquiring Covid-19, and despite use of PPE, of transmission of contagion outside the deceased person's residence.

Health professionals entering care homes and people's homes also present a risk to those patients who have been deemed to be high risk and need to be shielded.

We recognise that it is important that people faced with a bereavement are well cared for and supported following a death.

In recent weeks the NHS has adapted quickly to a greater use of remote assessment including video consultation as a way to reduce the spread of disease and provide good patient care.

During the COVID-19 pandemic, GPs and other suitably trained HCPs should have the option of supporting the death verification process including performing this role remotely.

To be clear, this remote process is not mandated, but it is an option.

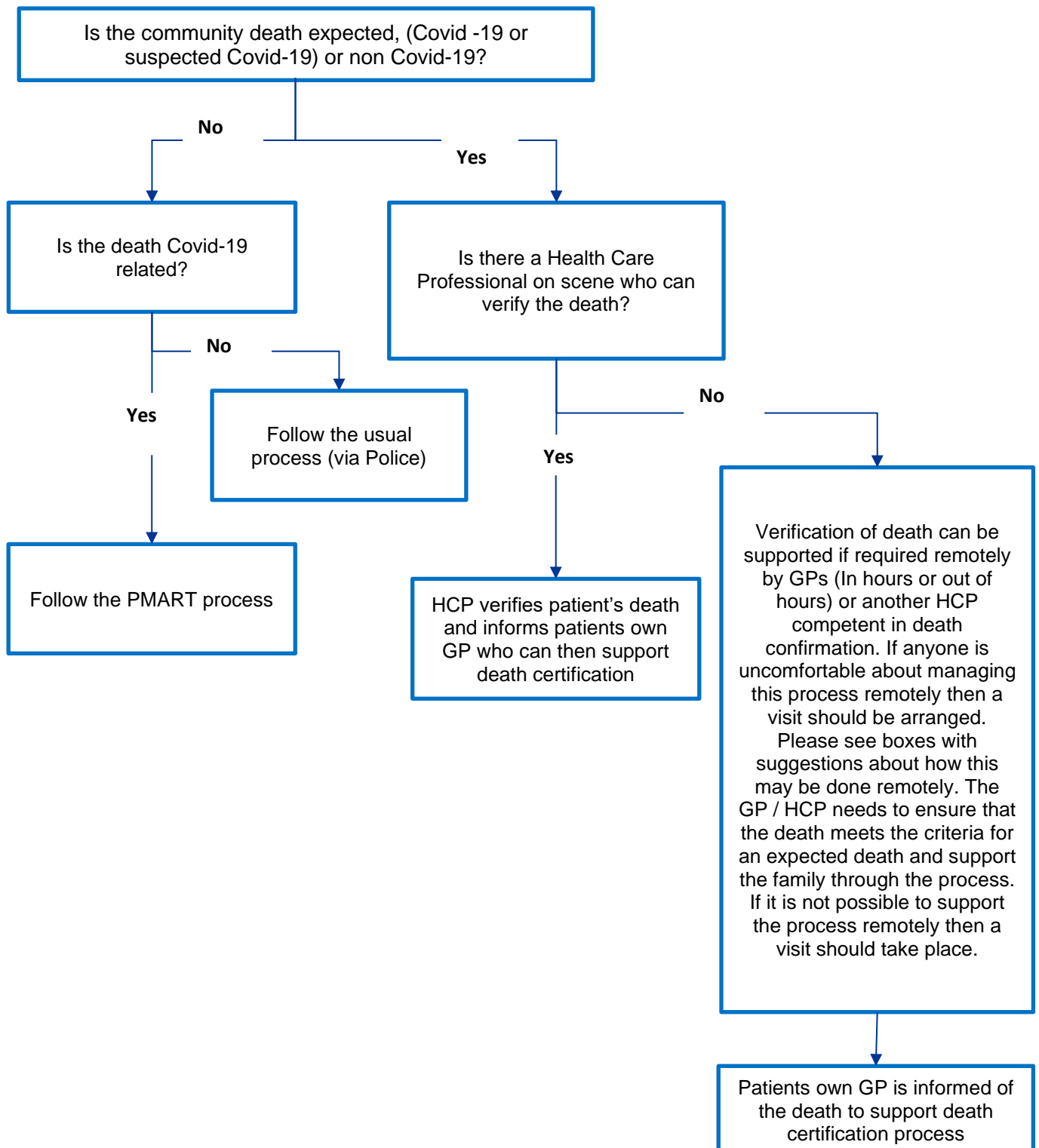
There may be circumstances where it is not possible to manage the process remotely. These include situations when someone may not have capacity, may not feel able to support it for whatever reason, or there may be a language barrier. If there is any element of doubt or concern about supporting this process remotely, the GP or suitably trained HCP needs to attend in person to verify a death.

The following guidance applies if there has been a specific request for attention from a GP or other suitably qualified HCP to verify an expected death.

¹ <https://improvement.nhs.uk/documents/6590/COVID-19-act-excess-death-provisions-info-and-guidance-31-march.pdf>

Pathway to manage deaths during the COVID-19 Pandemic:

In all circumstances it is important to remember that even an expected death is a cause of significant distress, and the needs and wishes of relatives or carers must be respected and supported.



Example of remote verification of an expected death in a care home

- Offer condolences
Confirm when the person was last seen alive by a doctor
- Confirm when the person was found to be deceased

Where there is a nurse or a care worker at the end of the telephone, it is an option to use video consulting. Take care to be sensitive in the way that this is conducted - no person should do anything they are uncomfortable with, so be prepared to stop the process at any point and arrange a visit.

Ask the person to:

- Show you the person's body including a close-up of their face
- Show you the upper chest wall to show lack of respiratory effort
- Shine a pen torch into both eyes and confirm that the pupils are fixed and dilated
- Apply a pulse oximeter to the finger (if available) to demonstrate no pulse
- Apply a BP cuff (if available) to show zero systolic blood pressure

Once this process is completed and there are no signs of life, document the time and date that the confirmation of death took place. If the death is a result of a notifiable disease, including COVID-19 then the GP will need to complete the notification form and inform the funeral director.

Example of remote verification of an expected death at home with a relative/friend present where video is available

- Offer condolences
- Confirm when the person was last seen alive by a doctor
- Confirm when the person was found to be deceased
- Support the relative with advice regarding next steps in the management of the death

Options:

1 - Relatives can contact the undertaker to verify the death. The GP or other HCP would then need to support the undertaker by managing this process remotely when they arrive – see below.

2 - If relatives want support to verify death before the undertaker arrives, confirm that the relative / friend is happy to support the process. Take care to be sensitive in the way that this is conducted - no person should do anything they are uncomfortable with, so be prepared to stop the process at any point and arrange a visit.

If the person is happy to proceed:

Using video, ask the person to

- Show you the person's body including a close-up of their face
- Show you the upper chest wall to show lack of respiratory effort

There are other ways and approaches of verifying death (used as part of normal clinical practice) which a clinician may include as part of standard assessment and which the supervising health professional may seek support with, if required.

Once this process is completed and there are no signs of life, document the time and date that the confirmation of death took place.

If the death is a result of a notifiable disease, including COVID-19 then the GP will need to complete the notification form and inform the funeral director.

Offer support to the relative advising on the death administrative process and give advice on local bereavement support services where appropriate.

Example of remote verification of an expected death at home with a relative/friend present where no video is available

- Offer condolences
- Confirm when the person was last seen alive by a doctor
- Confirm when the person was found to be deceased
- Support the relative with advice regarding next steps in the management of the death

Options:

1 - Relatives can contact the undertaker to verify the death. The GP or other HCP would then need to support the undertaker by managing this process remotely when they arrive – see below.

2 - If relatives want support to verify death before the undertaker arrives, confirm that the person is happy to support the process. Take care to be sensitive in the way that this is conducted - no person should do anything they are uncomfortable with, so be prepared to support the process at any point and arrange a visit.

On the telephone, ask the person whether they are happy to support the verification process. No person should be pressurised into doing anything that they are uncomfortable with.

If the person is happy to proceed

- Ask whether the patient is moving at all?
- Ask whether the patient is breathing – is the chest wall moving up and down?

There are other ways and approaches of verifying death that the supervising health professionals may seek support with, if required.

There are other ways and approaches of verifying death (used as part of normal clinical practice) which a clinician may include as part of standard assessment and which the supervising health professional may seek support with, if required. Once this process is completed and you are confident that there are no signs of life, document the time and date that the confirmation of death took place.

If the death is a result of a notifiable disease, including COVID-19 then the GP will need to complete the notification form and inform the funeral director.

Offer support to the relative advising on the death administrative process and give advice on local bereavement support services where appropriate.

The undertaker should be advised if there is any equipment e.g. syringe driver, catheter or pacemaker in place.