

Title: POL026 Council Policy for verification of death by paramedics and advanced paramedics – V1		Page: 1 of 10
Owner: BP	Approved by: Council	Approval Date: 08/06/2016



Policy for:

The Verification of Death

by

PHECC registered paramedics and advanced paramedics

Title: POL026 Council Policy for verification of death by paramedics and advanced paramedics – V1		Page: 2 of 10
Owner: BP	Approved by: Council	Approval Date: 08/06/2016

Table of Contents

Purpose	3
Legal situation	3
Policy Statement	3
Scope	4
Glossary of Terms and Definitions	4
Training	5
Implentation Plan	5
Evaluation and Audit	5
References	6
Appendix 1 (Verification of Death Record form).....	7
Appendix 2 (CPGs for verification of death process).....	8

Title: POL026 Council Policy for verification of death by paramedics and advanced paramedics – V1		Page: 3 of 10
Owner: BP	Approved by: Council	Approval Date: 08/06/2016

1. Purpose

The purpose of this policy is to authorise the process for the verification of death by PHECC registered paramedic and advanced paramedics. This is in the interests of the efficient management of resources, as well as improving care for bereaved relatives. There are circumstances where a person is obviously dead, resuscitation is ceased or an expected death has occurred and it is appropriate to verify that death has occurred for the purpose of advising those present that are important to the person who has died and the coroner's service.

2. Legal situation

Certification of death must be completed by a medical practitioner. The legal position regarding certification of death is determined by the Civil Registration Act 2004. A registered medical practitioner is required to give a medical certificate of the **cause** of death and to deliver that certificate to the registrar of deaths.

Pronouncement of death is the determination, based on physical assessment that life has ceased, and documentation of this determination. Pronouncement of death is defined as deciding whether a person is actually deceased and may allow for the removal of the deceased's remains.

Traditionally, a medical practitioner had always been called upon to verify life extinct although a doctor is required in law only to certify the cause of death and not the fact of death. This policy document does not remove the current practice that a registered medical practitioner pronounces death prior to the removal of a body for burial or cremation.

Verification of death is defined as;

The decision taken by a PHECC registered paramedic or advanced paramedic, in the pre-hospital environment, that a person has died and life is extinct and the documentation of this decision. This may be as a result of;

- a) the recognition of death and no resuscitation has commenced,
- b) following a period of resuscitation and a decision to cease resuscitation, or
- c) following the expected death of a patient.

3. Policy Statement

This policy aims to:

- Expedite the process for the verification of death by PHECC registered paramedics and advanced paramedics. This is in the interests of the efficient management of resources, as well as improving care for bereaved relatives.

Title: POL026 Council Policy for verification of death by paramedics and advanced paramedics – V1		Page: 4 of 10
Owner: BP	Approved by: Council	Approval Date: 08/06/2016

- Ensure that a standardised national process is adopted for PHECC registered paramedics and advanced paramedics performing verification of death.
- Ensure high quality care is provided along the end of life and bereavement pathway.
- Ensure all paramedics and advanced paramedics undertaking the role of verification of death are competent to do so and have received appropriate training.
- Maintain the privacy and dignity of the deceased patient.

4. Scope

- This policy is applicable to all PHECC registered paramedics and advanced paramedics.
- **Competencies:** All paramedics and advanced paramedics pronouncing death must have the competencies to enable them to determine the physiological aspects of death. And must be cognisance of appropriate bereavement support for the relatives and carers present.

5. Glossary of terms

- **Verification of death:** The decision taken by a PHECC registered paramedic or advanced paramedic, in the pre-hospital environment, that a person has died and life is extinct and the documentation of this decision.
- An **expected death:** Death following on from a period of illness which has been identified as terminal, where nurses and doctors have been involved in providing palliative care, and where there is an agreement between dying person, those important to the dying person, medical and nursing teams that no active intervention to prolonging life is ongoing and a Do Not Attempt Resuscitation decision has been made and the decision is recorded in the dying person's health care record and has been communicated to the whole team.
- A **sudden or unexpected death:** is a death where there was no expectation that the person was terminally ill or likely to die. This expressly includes all cases required by rule of law to be reported to the Coroner.
- **Those important to the dead person:** For the purpose of this policy the term may incorporate the Next of Kin, a person's closest living blood relative, relatives or carers present.
- **Cease resuscitation:** when a paramedic or advanced paramedic, where resuscitation has commenced, decides that further resuscitation attempts are futile and all life sustaining care is ceased.

Title: POL026 Council Policy for verification of death by paramedics and advanced paramedics – V1		Page: 5 of 10
Owner: BP	Approved by: Council	Approval Date: 08/06/2016

- **Obvious dead body:** an unwitnessed cardiac arrest found with indicators of death present, a body with injuries that cannot sustain life or a decomposed body.
- **Physiological signs** that must be checked to ascertain that death has occurred are:
 - Absence of carotid pulse
 - Absence of heart sounds over one minute
 - Absence of respiratory movements and breath sounds over one minute
 - Fixed, dilated pupils (unresponsive to light)
 - No response to painful stimuli (e.g. Sternal rub)
 - Asystole on ECG monitor
- **Definitive indicators of death** are the Medical Advisory Committee agreed criteria that death is unequivocal:
 - Decomposition
 - Obvious rigor mortis
 - Obvious pooling (hypostasis)
 - Incineration
 - Injuries totally incompatible with life
 - Unwitnessed traumatic cardiac arrest following blunt trauma
- **Verification of Death Record Form:** a written record completed by the PHECC registered practitioner verifying that death has occurred. A copy of which shall be made available for An Garda Síochána.

7. Process and procedure

- a) The date and time of verification of death refers to the date and time that the paramedic or advanced paramedic makes the decision that the person is dead and not necessarily the actual date and time of death.
- b) An Garda Síochána shall be informed by the licenced CPG provider (control) when verification of death occurs.
- c) An Garda Síochána shall be responsible for requesting the attendance of a registered medical practitioner to the scene of a verified dead person.
- d) Paramedics or advanced paramedics are not required to remain on the scene of a person that they have verified dead until the arrival of An Garda Síochána or a registered medical practitioner if there is no indication of a suspicious death, the body is accompanied by a responsible adult and the body is not in a public place.
- e) When a paramedic or advanced paramedic leave the scene of a person that they have verified dead prior to the arrival of An Garda Síochána, and no PHECC registered practitioner remains on scene, the licenced CPG provider (control) shall immediately notify An Garda Síochána of their departure, specifying location and time.
- f) In the event of a suspicious death, no responsible adult on scene or the body is in a public place at least one PHECC registered practitioner shall stay on the

Title: POL026 Council Policy for verification of death by paramedics and advanced paramedics – V1		Page: 6 of 10
Owner: BP	Approved by: Council	Approval Date: 08/06/2016

scene of a person that has been verified dead until the arrival of An Garda Síochána.

- g) When there is a requirement to respond to a life threatening emergency a paramedic or advanced paramedic may leave the scene of a person that they have verified dead without waiting for the arrival of An Garda Síochána or a registered medical practitioner even if it is a suspicious death, there is no responsible adult on scene or the body is in a public place. Ambulance control must notify An Garda Síochána immediately should this occur.
- h) Should a paramedic or advanced paramedic be required to leave the scene of a person they verified dead by virtue of responding to a life threatening emergency the licenced CPG provider (control) shall immediately inform An Garda Síochána of the departure.
- i) When a paramedic or advanced paramedic verify death they shall complete the **Verification of Death Record Form** as prescribed by PHECC.
- j) The **Verification of Death Record Form** shall be in duplicate and the top copy shall be made available to An Garda Síochána as a record of the verification of death.
- k) Should a paramedic or advanced paramedic, who has verified death, leave the scene prior to the arrival of An Garda Síochána they shall record on the **Verification of Death Record Form** the date and time of their departure from the scene and leave the top copy with a responsible person for presentation to An Garda Síochána.
- l) Following the verification of death the body shall not be transported in an ambulance vehicle (DoH) unless;
 - The body is recently deceased and in a public place where public concern may be caused if it is left there
 - The emotional circumstance associated with the death causes severe distress for the family.
- m) Statutory licenced CPG providers shall, prior to their implementation of this policy, arrange an MOU with a mortuary within each Coroners area to accept a body following an unexpected death should ambulance transport of a body be required.

8. Training

Training in the verification of death should as a minimum cover the following:

- An understanding of the legal implications and requirements.
- The procedure to follow when verifying death.
- Clarification of the differences between certification, pronouncement and verification of death.
- Explanation of PHECC policy.
- Responsibilities of the PHECC practitioner following verification of death.
- Clarification of expected death and unexpected death.
- The procedures for expected, unexpected, suspicious and unexplained death.
- A practical session to consider necessary care of the deceased.
- Documentation of the fact of death.
- Supporting the bereaved.

Title: POL026 Council Policy for verification of death by paramedics and advanced paramedics – V1		Page: 7 of 10
Owner: BP	Approved by: Council	Approval Date: 08/06/2016

- Information to be given to relatives/carers following a bereavement.
- The role of the Funeral Director.
- The role of the Coroner.
- Contacting An Garda Síochána.

9. Implementation Plan

- Review and approval of policy
- Roll-out of training for PHECC registered paramedics and advanced paramedics
- Dissemination of policy to licenced CPG providers
- Review
- Monitoring and evaluation

10. Evaluation and Audit

This policy will be evaluated on a three yearly basis

Title: POL026 Council Policy for verification of death by paramedics and advanced paramedics – V1		Page: 8 of 10
Owner: BP	Approved by: Council	Approval Date: 08/06/2016

References

PHECC Clinical Practice Guidelines, August 2016.

JRCALC, Clinical Practice Guidelines, 2013

UK Guidelines for Verifying Life Extinct, March 2008

NHS Heart of England, Policy for the Verification of Expected Death by Qualified Nursing Staff, version 1, July 2009

NHS West Essex Primary Care Trust, Policy and Protocol for the verification of Expected Death for Adults by Registered Nurses, version 2, July 2009

NHS Leicestershire County and Rutland Primary Care Trust, Policy for the Verification of Expected Death by Nursing Staff in the Community Hospital and Community Setting, June 2008

NHS West Lincolnshire Primary Care Trust, Verification of Death by Registered Nurses, December 2005

Draft HSE Policy for the Pronouncement of Expected Death by Registered Nurses 2015

Title: POL026 Council Policy for verification of death by paramedics and advanced paramedics – V1		Page: 9 of 10
Owner: BP	Approved by: Council	Approval Date: 08/06/2016



Verification of Death Record Form

Patient's Name: _____ DoB: ____/____/____

(If identification is not positive await Garda presence for continuity of evidence if not transporting the body)

Address: _____

Gender: Male / Female Next of Kin: _____

Incident Number: _____ Date: ____/____/____

I have checked for cessation of:

CIRCULATORY	RESPIRATORY	CEREBRAL
No pulse present	No respiratory effort	Pupils not responding to light
No heart sounds	No chest sounds	No reaction to painful stimuli
Asystole on ECG		

(Please tick as appropriate)

Obvious dead body _____	Cease resuscitation _____	Expected death _____
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(Please tick one only)

I have confirmed the death of the patient named above following the guidelines for verifying death on:

Date: ____/____/____ Time: ____:____ Place: _____
(24 hours) (Address where death has been verified)

Signature: _____ PHECC PIN: _____
(Practitioner)

Print Name: _____ Clinical level: P / AP
(Practitioner) (Circle one)

Contact details: _____
(Practitioner)

_____ An Garda Síochána informed.	Date: ____/____/____	Time: ____:____
Garda Name: _____	Garda No. _____	
Station: _____	Contact details: _____	

Date and time of practitioner departure from scene if departure prior to the arrival of An Garda Síochána
Date: ____/____/____ Time: ____:____ <small>(24 hours)</small>

Appendix 2

5/6.8.8
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Verification of Death

