Summary of Guidance for Out of Hours Verification of Unexpected Deaths. 
NHS Highland Version

This is additional information in support of Policy and Protocol for Verification of Death in NHS Highland by Registered Health Care Professionals

Summary:

1) Verification of Death (both expected and unexpected) can be carried out by an appropriately trained practitioner.

2) Verification of death is distinct from the issuing of a Medical Certificate of Cause of Death (MCCD). This should be done by the patient’s own GP on the next working day.

3) An OOH practitioner will generally not provide a MCCD. This is not reason to involve the police. If the death is not suspicious, an undertaker may remove the body with an instruction not to process the body until the MCCD has been considered by the patient’s GP.

4) Bereavement care for the family of the deceased is an important duty of care for all OOH practitioners. It should, however, be considered as distinct from the management of death.

Situation

For purpose of this document Verification of Death (VoD) will be used to mean Pronouncement of life extinct (PLE) or confirmation of death.

Until recently only doctors and Scottish Ambulance Service (SAS) paramedics were able to pronounce life extinct in unexpected deaths. Registered nurses in Highland could verify expected deaths. The Chief Nursing Officer (communication DL (2017)9) has agreed that appropriately trained nurses can also verify unexpected deaths.

Out of hours provision of medical care is changing in its delivery to a multi disciplinary team approach. There has been national recognition that clarity about the role of all clinicians involved in deaths in the out of hours period is vital. This has involved both NHS Scotland and Police Scotland. It
has also been recognised that the police become unnecessarily involved in many deaths in Out of Hours. Medical cover will be provided more remotely in the future with immediate cover provided by Advanced Nurse Practitioners (ANP) or Paramedic Practitioners (PP). In the event of CPR being undertaken these staff are trained in when to stop CPR, they must therefore be able to verify that death has occurred.

**Background**

The management of deaths in the community is a challenge for all the professionals concerned as the responses required may be complex and come at a very sensitive and difficult time for the bereaved. Empathetic handling, tailored to each situation, can reduce unnecessary stress for all concerned including the professionals involved. This is particularly true if the death is unexpected.

For the emergency services “preservation of life” is paramount. Subsequent considerations of verifying the fact of death and preserving evidence must be secondary to this primary role.

In circumstances where death is clearly evident, such as decapitation or advanced decomposition, there is no requirement for a VoD by a healthcare professional. In these circumstances Police will record time found and remove deceased to a relevant mortuary.

VoD can be carried out by appropriately trained clinicians including doctors, paramedics and nurses. The issuing of a Medical Certificate of Cause of Death (MCCD) is a separate process which has to be undertaken by a doctor, usually the doctor caring for the patient during their last illness.

A separate NHS Highland policy permits nurses to verify the death of patients in cases where the patient’s death was expected and imminent – particularly relevant in end of life care.

This policy applies to Advanced Nurse Practitioners and Paramedic Practitioners employed by NHS Highland in the event of all deaths including unexpected deaths.

**Preservation of Life**

The primary responsibility of the emergency services (SAS, Police Scotland and SFRS) is to preserve life and keep people safe. Although Police officers will attend to provide any assistance required they cannot make any clinical decisions. Where SAS are not in attendance and Police are first on the scene they will inform the SAS of the circumstances to enable an appropriate emergency clinical response. SAS would be required to attend if there is any doubt about life being extinct but would not be required in confirmed deaths e.g. dismembered or decomposed bodies, or in circumstances where resuscitation is not required e.g. DNACPR. If DNACPR is in place the call will pass to NHSH Out of Hours service via the Highland Hub or to the patients own GP in hours.

**Verification of Death**

In the vast majority of unexpected deaths in the community a VoD will be undertaken by a paramedic from SAS.

In some cases where Police involvement is not required and attendance of SAS and Police is inappropriate and not required, e.g. there is DNA CPR form, it is the responsibility of primary care services (in hours and out of hours) to verify death. If such a death is reportable to the Procurator Fiscal (PF), the deceased’s GP will notify the PF on the same day (if the VoD is undertaken in hours), or the next working day (if the VoD is undertaken in OOHs). VoD is required for non-suspicious deaths to authorise the funeral directors chosen by the family of the deceased to respectfully remove and store the body appropriately, until further instructions.
Support to the bereaved where appropriate

In all deaths, whatever the circumstances, bereaved individuals may require healthcare support. The health services will receive separate calls from the family or professional colleagues. Care of the bereaved is a process which is shared by community and primary care teams. This is a legitimate role for healthcare services, and is separate from VoD of the deceased. Primary care services, including out of hours, will prioritise and provide the required support to the bereaved if requested to do so as a separate activity.

1. Deaths in the community which do not require Police involvement

In the event that a death is reported in the community and which does not require the involvement of the Police, the circumstances of the death must still always be considered against the COPFS guidance to doctors, “Reporting deaths to the Procurator Fiscal” (which can be accessed from the link below).

www.copfs.gov.uk/publications/deaths

In most cases, SAS will have been contacted first via 999. On some occasions both Police and SAS will attend. If SAS is on scene and there are no signs of life, then trained paramedics will pronounce life extinct. Police will withdraw if there are no suspicious circumstances. If the call is made directly to healthcare service e.g. in cases of DNACPR, a competent health care professional will be required to attend to PLE.

The continuing role of the Police in non-suspicious sudden deaths is very limited and often inappropriate. The attending healthcare professionals should take over the responsibility for the management of the death as soon as possible.

It is expected that the doctor who attended the deceased during the last illness, and/or has access to relevant clinical records of the deceased, will provide the MCCD. This will usually be undertaken by the GP of the practice where the deceased was registered. This will happen the same day if the death occurs in hours or the following day if the death occurs out of hours. In some rare circumstances, a Medical Certificate of Cause of Death (MCCD) may be issued by the doctor on call working in the primary care out of hours service. This will normally have been arranged in advance.

DL (2015) 8 – “Rapid Provision of Medical Certificates of Cause of Death (MCCD) in Exceptional Circumstances” provides guidance around circumstances where the MCCD is expected to be issued for the deceased by the primary care OOH service in order to enable burial to take place within timescales which are informed by religious and cultural belief. The GP can only provide an MCCD if he/she has knowledge of the deceased and/or has access to relevant medical records of the deceased. DL (2015) 8, can be accessed from the link below.


When a sudden death occurs between 1800 and 0800 and GP practices are closed, and/or the doctor described above is not available, and it is not appropriate for SAS to attend, it is expected that a competent healthcare professional on duty will attend to the deceased (and bereaved if required). A competent healthcare professional, who has received education and training on verification of death, can verify death under these circumstances.

The body can then be uplifted by the funeral director chosen by the family. The funeral directors should be instructed not to process the body until the deceased’s registered GP practice has confirmed that an MCCD will be available from the GP practice on the next working day. This means that there should be as little interference with the body as possible. If the GP is unable to provide an MCCD and the PF agrees to take over the case this means the body is delivered to the pathologist in
an unaltered state for post mortem examination i.e. no removal of clothing, washing or any other kind of preparation. At this stage the family should be advised by the person undertaking PLE or by the funeral director to contact the GP practice of the deceased on the next working day for an MCCD. All doctors should aim to provide the MCCD during the same working day of the request.

The deceased should be left secure in the building e.g. under the supervision of relatives/friends/neighbours. Healthcare professionals would not normally be expected to stay with the deceased as they would be required to attend to the needs of other patients. Where the deceased lived alone, local arrangements should be put in place to keep the body safe until uplifted by the funeral director.

Where the GP is unable to issue an MCCD, he/she will be responsible for discussing and/or reporting the death to the PF. The outcome may be that the PF and GP agree that the GP can provide an MCCD or that the PF requires further investigation of the circumstances of the death.

If a doctor or other clinician in attendance at the death assesses the circumstances to be “suspicious”, then following the verification of death, the death should be reported by that clinician to the Police. If the death is reportable to the PF but not suspicious, the GP from the GP practice where the deceased was registered should report the death to the PF as soon as possible on the next working day.

2. Deaths in the community that require Police involvement

All deaths that are considered to be suspicious must be reported to the PF. Further guidance for doctors on reporting deaths to the PF can be found on the COPFS website, “Reporting Death to the Procurator Fiscal”

www.copfs.gov.uk/publications/deaths

NHS Highland-specific guidance, along with a copy of the form for notification of death to the Scottish Fatalities Investigation Unit is available at:
http://intranet.nhsh.scot.nhs.uk/PoliciesLibrary/Documents/Protocol%20for%20Notificati%20of%20Death%20to%20the%20SFIU.pdf

In circumstances where the healthcare services are contacted about a possible sudden death, SAS should be contacted if there is any possibility that life is not extinct. Any interference with the body or scene should be minimised, beyond the immediate care for the individual, until the arrival of the Police. If a competent healthcare professional is of the view that the death falls within any of the categories listed below, then the death must be reported to the PF. This will also include deaths which occur out of doors, in uninhabited premises or in premises where the deceased did not ordinarily reside. This includes any death which cannot be entirely attributed to natural causes (whether the primary cause or a contributing factor) including:

Unnatural Causes of Death

- Suspicious death – i.e. where homicide cannot be ruled out
- Unexplained death – i.e. where the cause or circumstances surrounding a death are unknown and give cause for concern
- Drug related deaths – including deaths due to adverse drug reactions reportable under the Medicines and Healthcare Products Regulatory Agency (MHRA (Yellow Card Scheme))
- Accidental deaths (including resulting from falls)
- Deaths resulting from an accident in the course of employment
- Sudden unexpected deaths in infancy (SUDI) including deaths of children from overlaying or suffocation
- Deaths where the circumstances indicate the possibility of suicide
**Natural cause of death**

Deaths which may be due in whole or part to natural causes but occur in the following circumstances:

(a) Any death due to natural causes where the cause of death cannot be identified by a medical practitioner to the best of his or her knowledge and belief

(b) Deaths as a result of neglect/fault
   - which may be related to a suggestion of neglect (including self-neglect) or exposure
   - where there is an allegation or possibility of fault on the part of another person, body or organisation

(c) Deaths of children
   - any death of a child which is a sudden or unexpected and unexplained perinatal deaths
   - where the body of a newborn is found
   - where the death may be categorised as a Sudden Unexpected Death in Infancy (SUDI)
   - which arises following a concealed pregnancy
   - Any death of a child or young person under the age of eighteen years who is ‘looked after’ by a local authority, including:
     - a child whose name is on the Child Protection Register
     - a child who is subject to a supervision requirement made by a Children’s Hearing
     - a child who is subject to an order, authorisation or warrant made by a Court or Children’s Hearing (e.g. a child being accommodated by a local authority in foster care, kinship care, residential accommodation or secure accommodation)
     - a child who is otherwise being accommodated by a local authority

(d) Deaths from notifiable industrial/infectious diseases
   - any death due to a notifiable industrial disease or disease acquired as a consequence of the deceased’s occupation in terms of column 1 of Part 1 of Schedule 3 to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (see http://www.legislation.gov.uk/uksi/1995/3163/schedule/3/made and Section 10 of this guidance)
   - any death which poses an acute and serious risk to public health due to either a Notifiable Infectious Disease or Organism in terms of Schedule 1 of the Public Health (Scotland) Act 2008 (see http://www.legislation.gov.uk/asp/2008/5/schedule 1) or any other infectious disease or syndrome

(e) Deaths under medical or dental care

Any death:
   - the circumstances of which are the subject of concern to, or complaint by, the nearest relatives of the deceased about the medical treatment given to the deceased with a suggestion that the medical treatment may have contributed to the death of the patient.
   - the circumstances of which might indicate fault or neglect on the part of medical staff or where medical staff have concerns regarding the circumstances of death
   - the circumstances of which indicate that the failure of a piece of equipment may have caused or contributed to the death the circumstances of which are likely to be subject to an Adverse Event Review (as defined by Healthcare Improvement Scotland)
   - where, at any time, a death certificate has been issued and a complaint is later received by a doctor or by the Health Board, which suggests that an act or omission by medical staff caused or contributed to the death
   - caused by the withdrawal of life sustaining treatment or other medical treatment to a patient in a permanent vegetative state (whether with or without the authority of the Court of Session)
   - which occurs in circumstances raising issues of public safety
(f) Any death not falling into any of the foregoing categories where the circumstances surrounding the death may cause public anxiety

Deaths in legal custody
- Any death of a person subject to legal custody. This includes (but is not restricted to) all persons:
  - detained in prison
  - arrested or detained in Police offices
  - in the course of transportation to and from prisons, Police offices or otherwise beyond custodial premises e.g. a prisoner who has been admitted to hospital or a prisoner on home leave

Common misconceptions
Only deaths which fall into the categories set out above require to be reported. In circumstances where the death does not fall into one of the above categories, the following are not reasons for rendering the death reportable:
- That the death occurred within 24 hours (or any other timescale) of admission to hospital;
- That the death occurred within 24 hours (or any other timescale) of an operation;
- That the deceased, who had a terminal illness died earlier than expected;
- That the deceased had not been seen by a GP for some time; and
- That a consultant has instructed that the death be reported without specifying the reasons why.

A death certificate may be issued if a medical practitioner is able to identify a cause of death to the best of his or her knowledge and belief. Certainty is not required.

Please see Policy and Protocol for Verification of Death in NHS Highland by Registered Health Care Professionals for details of training and process for verification of death.
**Verification of Death**

*(Completed form to go with the body)*

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<tr>
<th><strong>Date and Time</strong></th>
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<tbody>
<tr>
<td><strong>Patient’s Name</strong></td>
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<td><strong>Date of Birth</strong></td>
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<td><strong>Patient’s address/location</strong></td>
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<td><strong>GP Name/address</strong></td>
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**Please indicate which section applies:**

**Condition unequivocally associated with death: State condition**

- DNACPR or Validated Advance Directive (Living Will)
- Expected Death as a result of terminal illness
- Asystole with no evidence of CPR in past 15 minutes and NO signs of:
  - Drowning
  - Hypothermia
  - Poisoning or Overdose
  - Pregnancy
- Following 20 minutes of Advanced Life Support where ALL of the following are confirmed
  - No palpable pulses
  - No heart sounds
  - No respiratory sounds
  - Pupils fixed and dilated
  - Asystole on ECG for 30 seconds

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<tr>
<th><strong>Relatives/Neighbours contacted at</strong></th>
<th><strong>Details of scene management:</strong></th>
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<tr>
<td><strong>Minister of Religion contacted at</strong></td>
<td>Was the undertaker instructed to <strong>not</strong> prepare the body? <strong>Yes/no</strong></td>
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<td><strong>Police called at</strong></td>
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<td><strong>Undertaker arrived on scene at</strong></td>
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