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Verification of Expected Death (VOED) with clinical remote support
Guidance for Adult Social Care Workers

Contents

Introduction

This guidance is for adult social care providers and registered managers to understand the steps they need to take and what they need to have in place, in order to verify a person's **expected** death remotely or to support their staff to do so. This guidance is based on current British Medical Association (BMA), the Nursing and Midwifery Council (NMC) and government guidance and is designed to support providers and registered managers to make decisions with their local systems and if or how their organisation will prepare themselves and their work-force to verify an expected death with remote support.

It includes:

✓ What you need to think about beforehand to inform decision making about verifying expected death with clinical remote support and who to involve

✓ Information to support decision making of whether you or your care workers will verify a person's death with remote support.

✓ The process of verifying an expected death with remote support.

✓ What to consider after the process, care of the deceased and the family and the importance of employee wellbeing and support for those involved, including sources of support.

Information for Individual Employers and Personal Assistants (PA)

This guidance is primarily for adult social care providers in residential and community settings and is for verifying an expected death with remote clinical support only.

In these emergency times and in line with end of life care and advance care planning, there may be a rare occasion where a PA, if they were independent of family members and felt confident and competent, could verify a person's death with clinical remote support. This could be if there is a delay in attendance by a clinician causing undue distress to family members that prevents funeral arrangements, spiritual and faith practices to be attended to in a timely way. However, it is important to recognise that this is a choice and no-one should feel pressured to verify a death.

Individual employers may find it useful to have supported conversations with their family and PAs they employ, about end of life care and what would happen in the event of their death. This should include developing plans and undertaking any training. To support those conversations, we've included resources for advance care planning and end of life care at the end of this guidance, as well as sources of support in the event of a bereavement.

Things to consider to plan and prepare

Verification of Expected Death (VOED) is carried out to confirm and record that a person has died. This is usually done by clinical health professionals, such as doctors, nurses and paramedics, as part of their job and in line with their professional codes of conduct. **Certification of death** identifies the cause of death and is carried out by a medically qualified doctor.

The Coronavirus Act 2020 and recent government guidance here 'COVID-19: verifying death in times of emergency' makes special arrangements for verifying an expected death with clinical remote support in a community setting, such as care homes, supported living accommodation or when a person receives care in their own home.

Remotely supported verification by a care worker where death is expected can prevent delays that can cause distress for bereaved relatives and other people. This practice can support dignity, as well as enabling funeral arrangements, spiritual and faith practices to be attended to in a timely way.

This guidance **does not** replace existing practice for verifying a death in the community and you must operate within your organisation's guidance with support from your manager. Where local systems are in place and working together to verify a death in the community, these arrangements should continue.

The guidance **does** give a framework for a safe and timely procedure during a period of crisis, when it might be more difficult for a doctor or other clinician to attend in person. This means that care workers and other workers for example, police officers may be asked to verify an expected death, with the remote support of a clinician, by videolink.

There are a number of questions for adult social care organisations to consider about staff undertaking VOED with remote support:

✓ Does your local authority, health care system and GP practices support VOED with remote support? Is there local training and support available? (Training maybe a short online discussion with a clinician to talk through the process and to ask any questions).

✓ What is your organisation's view – is this, or should it become policy during these emergency times?

✓ What are the implications for your organisation (indemnity cover, training etc)?

✓ Would this approach fit with your organisation's end of life care practices?

✓ Which staff (roles/experience/attributes/grade) would you consider should undertake VOED? Would staff volunteer?

✓ How would you prepare and support your staff to carry out VOED?

✓ Do you have a record keeping system and paperwork in place to record VOED?

✓ Have you clarified the VOED process and agreed the compatible video link platform downloaded e.g. Skype with the relevant GP practices? Have you checked and tested that the video link up works? For information about use of digital in social care go to digitalsocialcare.co.uk

✓ How will you ensure the wellbeing, management support and supervision of those who agree to carry out VOED and support post verification?

✓ Will you encourage good practice for another competent staff member to act as a 'second checker' for both moral support and at each step?

✓ Have you carried out the necessary risk management processes including how you have arrived at your decision and who you have involved?

What is the difference between an expected and unexpected death?

An expected death follows acute or gradual deterioration in a person's health, often following a long illness; under the Coronavirus Act 2020 the term also covers deaths believed to be due to COVID-19, both for confirmed and unconfirmed cases. The person must have been seen by a registered medical practitioner within the last 28 days (extended from 14 days during the COVID-19 pandemic).

An unexpected or sudden death: when a person did not need end of life care or had not been terminally ill. In these circumstances, the GP will lead the process and the coroner will need to be notified.

A suspicious death: if a crime or accident is suspected contact the police.

When can a care worker verify death?

- When the death was expected
- When there is agreement with the organisation and local systems
- The care worker is deemed competent and comfortable to verify the death
- With remote support from a registered medical professional

Recognising when not to verify a death

- If you do not feel competent or comfortable to verify the death – remember no-one should feel pressured to verify a death
- If you have any doubts or concerns
- If the death is notifiable to the coroner's office
- If the person has not been seen by a healthcare professional in the last 28 days (extended from 14 days during COVID-19 pandemic)
- If the death is unexpected
- If the death is sudden
- If anything about the death seems suspicious e.g. an actual or potential safeguarding situation or criminal activity

How to obtain remote clinical support

- During core GP practice hours, remote clinical support should be carried out by a clinician from the person's GP practice.
- Outside core GP practice hours remote clinical support should be carried out by a clinician working as part of the NHS 111 or 'out of hours' providers.

Equipment you will need

- Pen
- Mobile phone with video camera and internet connection
- Light – a Pen torch (Or use the torch on your phone)
- PPE
- Bag to dispose of PPE
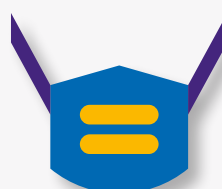
During the Covid-19 pandemic

You must wear appropriate PPE when verifying a death, this means using:

Plastic/disposable apron

Disposable gloves

Fluid repellent surgical mask and goggles/visor

Bag to dispose of PPE

Responsibilities of the person verifying a death with remote support

- Understanding the difference between an expected or an unexpected death and seeking advice if in any doubt
- Complete the documentation straight away, factually and accurately
- Inform the GP of the death and ask for remote support to verify the death
- Inform the Funeral Director about infections (EG if COVID-19 is suspected) and any known medical devices such as a pacemaker

Recognition of death

It is recognised that relatives, care home staff and others can recognise that death has occurred. This will be documented as the time of last observed breath.

This is not the official time of death.

Official time of death

Is the time that verification of the expected death (VOED) took place.

Section 2

What happens during a VOED

Process for VOED

> **i** This process assumes that resuscitation has already been ruled out.

Once you have established to go ahead with the verification, gather the following:

- The person's care plan including any advance care plan/DNACPR, any care notes and VOED paperwork
- Identification of the deceased – especially in home care settings
- Ensure you have sufficient time to ensure compassionate and dignified verification
- If you were not present when the death occurred, ask anyone present the circumstances surrounding the death
- If family or friends are present:
  - Introduce yourself, ask who they are (It is important to document who was present at the time of death)
  - Offer your condolences
  - Explain the need to confirm the death
  - Offer the opportunity for the family to wait outside of the room
  - Ask if the family have any concerns or questions

When you are ready:

- Call the GP / healthcare professional for remote video support
- Wash your hands and put on your PPE
- Enter the room of the person, introduce yourself 'Hello Mr/Mrs ……my name is ……I am your care worker'.
- Confirm the identity of the person
- Look for any obvious signs of life, check skin colour, are they breathing?
- Try to ensure that the person is lying flat (It may not be possible to move them if Rigor Mortis (stiffness) has already set in)

If you are comfortable, it can be respectful to talk through what you are doing at each stage to the deceased to show you are valuing the person and their dignity, even in death.

You will be asked to carry out the following in the order as guided by the clinician:
- **For at least one minute, feel for the absence of a carotid pulse on the side of the person's neck with your index and middle fingers to ensure there are no signs of heart activity.**
- **Observe the person for a minimum of 3 minutes to establish there is no breathing and no rise and fall of the chest. – do not put your ear close to the person's face. Place one hand on the person's chest. There should no breath sounds or movement. If you have an oximeter available, this will confirm the absence of oxygen**
- **If after 3 minutes you do not observe breathing, check for absence of a response, by squeezing the muscle between the neck and the shoulder (the trapezius) for a pain response – such as eyes flickering**
- **Dim the room lights if necessary. Shine your light into the open eyes, check pupils do not respond (that they are fixed and dilated) to ensure there is no cerebral activity**
- **Wait 10 minutes and repeat the actions above**
- Leave all tubes e.g. catheter, syringe pump, pain patches etc in place until the death is verified
- Ask the healthcare professional whether you should remove any tubes, patches etc.
- Close curtains, leave the room
- Remove PPE, put in rubbish bag, seal and dispose
- Wash hands

Normal things that might happen

- Sometimes in death people may gasp or make sounds, particularly if they are moved, this is a normal process. If you are unsure, recheck your verification and repeat the steps in **BOLD**.
- Sometimes a reflex movement can occur, this may be upsetting for you and family members present. It does not mean the person is still alive. If you are unsure recheck your verification and repeat the steps in **BOLD**.
- Sometimes in death, the eyelids or/and mouth stay open. Try to close them gently. Sometimes a small towel rolled up underneath the jaw can help.

Complete the VOED Documentation

Your organisations VOED forms and checklists must be completed and a record of VOED documented in the deceased person's care plan at the time of verification.

The VOED form will usually record:
- Name of the deceased
- Date and time of death (This is the time of verification of death)
- Verification procedure, including each step of the examination and results
- GP has been informed
- Whether next of kin has been informed
- Information to be given to the Funeral Director
- Funeral Director's name and contact details
- Name, role and signature of the verifier
- Names of others present e.g. family members, supporting staff members
- Name, role and contact details of the Healthcare Professional supporting the verification remotely

Section 3

After the VOED

When the VOED has occurred and the GP/Clinician has recorded the necessary information, you may now proceed to the final care of the deceased person in preparation for the family and the religious and/or spiritual practice that has been set out in the person's Advance Care Plan. If there is no Advance Care Plan in place, a designated member of staff will support the family, as appropriate. This may include contact with the GP, collection of the death certificate, funeral arrangements and collection of the deceased person to the mortuary or funeral parlour.

Care of the Deceased

Be prepared that in some instances, VOED may occur several hours after the person has died because the GP/Nurse may not be able to provide remote support initially, immediately following the death.

Ensure that the room is secure, maintained at a low temperature and ventilated if possible, until the verification takes place.

Infection, prevention and control procedures must still be followed. Staff are requested to inform those who are handling the deceased when a death is suspected or confirmed to be COVID-19 related as required. This information will inform management of the infection risk.

When the VOED process has occurred the GP/Clinician will provide the Death Certificate. A copy of this will be made available for the family, so that they can proceed with the funeral arrangements.

Care of the Family

It is important that the family can be supported at this time to see the deceased person if they would like to, providing latest COVID-19 safety guidelines are in place, and it is safe to do so. This will also include when it is safe to collect the person's belongings after a death.

The strict infection control measures imposed during the coronavirus pandemic limit close contact with people who are dying or have recently died. Where restrictions on visitors are in place, it may not be possible for faith representatives to perform some or all usual rituals.

There may also be issues with allowing family members at the bedside particularly if, for example, they are having to self-isolate, they are in the high-risk vulnerable group, or they are unable to acquire Personal Protective Equipment (PPE).

The Advance Care Plan will state what the person's wishes are and with the family, any religious or spiritual practices will be followed to honour the deceased person following their death and arrangements for the person to be moved to the mortuary or funeral parlour. COVID-19 funeral guidance can be found here.

Your organisation may have 'What to do after a death guidance' to pass on to the family to further support the next of kin at this time. It is often difficult to retain information following a bereavement. A person-centred guide produced by your organisation may provide additional help and support.

Care of Yourself and Others

Care of the person who has died is the final act of compassion and caring that you are able to carry out for the deceased and their family. It may well be, that you knew the person or came to know the person very well and it can be emotionally difficult when you are dealing with your own feelings and the feelings of those people around you.

Dignity and compassion of the deceased should also be extended to you. The practical aspects of caring will help you to deal with the aftermath of death but you should acknowledge and take time to be kind to yourself as well.

Take a moment to reflect and share your thoughts with colleagues at this time. Do not be afraid to ask for help and support. Having a catch up with your manager for all involved or individually can be helpful to reflect on how you felt, anything that you found particularly hard and any further support you need.

It is important to be aware of your own limitations and others in this crisis period, depending on how often you will be involved in verifying a person's death. The wellbeing and support of those involved is crucial and manager's need to be aware and limit where possible, how many times individual staff members are involved in this process to ensure sufficient emotional support and supervision is available and reduce the risk of short or longer term impact on an individual.

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If you are feeling over-whelmed:
- Speak to your manager or someone in your organisation
- Contact the helplines and support offered by your organisation
- Contact the helplines available in your local area or national resources provided below

Wellbeing and Support Resources

Wellbeing Guidance
Guidance can be found at: https://www.gov.uk/government/publications/coronavirus-COVID-19-health-and-wellbeing-of-the-adult-social-care-workforce

Supporting Self - A helpful tool developed with adult social care employers to help staff support themselves and provide some easy tips to remember to take in difficult situations. www.skillsforcare.org.uk/supporting self tool

Bereavement and Trauma Line
There is a team of fully qualified and trained professionals ready to help you at the Bereavement and Trauma Line. This assistance is available from anywhere in the country and is provided by Hospice UK. Specialist counsellors and support workers are available to support all adult social care staff:

- who have experienced a bereavement
- whose wellbeing has been affected by witnessing traumatic deaths as part of their work
- to discuss any other anxiety or emotional issues they are experiencing as a result of the coronavirus epidemic.

All calls will be treated in the strictest of confidence and this will be explained to you when you call. This service is open to you and all adult social care staff and is available, seven days a week, between 8am and 8pm. You do not need a referral. Call **0300 303 4434**.

British Psychological Society - Supporting Yourself and Others – Coping with death and grief during the COVID-19 pandemic

Samaritans helpline
In the current climate, you may be feeling stressed or anxious. You might be having more tough days, feeling worried or overwhelmed or you maybe you have things on your mind that you want to talk through.

Samaritans have introduced a confidential emotional support line for social care staff that is free to access from 7:00am-11:00pm, seven days a week. You can speak to a trained Samaritans volunteer who can help with confidential listening and signposting to specific support you might find helpful. Call 0300 131 7000

Silver Cloud Health have set up a dedicated website to provide you with wellbeing support during this time.

- COVID-19 – Support for the difficult emotions and situations you may face during the pandemic. Helping you to deal with worry, sleep issues, bereavement, isolation and work-life balance.
- Sleep – Learn how to fall asleep faster and stay asleep with healthier habits.
- Stress – Manage stress and learn healthy coping skills.
- Sleep – Enhance your wellbeing and your ability to bounce back from challenges.

How to access SilverCloud:
Sign up now at: https://dhsc.silvercloudhealth.com/signup/   PIN: SOC2020

Care Workforce App - A dedicated app for the adult social care workforce in England to support staff through the coronavirus (COVID-19) pandemic.
https://workforce.adultsocialcare.uk/login

The app:
- acts as a single one-stop-shop providing the sector with all the latest guidance, wellbeing support and advice they need to protect themselves from COVID-19 and keep themselves well
- provide access to learning resources on crucial areas such as infection control as well as practical advice and support for mental wellbeing
- show how care workers can take advantage of offers available to NHS and social care staff, including free car parking and discounts through organisations and initiatives like Discounts for Carers and the Blue Light Card
- signpost free access to apps like Silvercloud, Daylight and Sleepio, which can help boost users' mental wellbeing through programmes covering sleep, stress and resilience

Advance Care Planning and End of Life Resources

Advance Care Planning - A quick guide for registered managers of care homes and home care services

Advance care planning offers people the opportunity to plan their future care and support, including medical treatment, while they have the capacity to do so.
https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/advance-care-planning

End of life care
Skills for Care end of life resources support adult social care staff, and their managers, to develop their skills and knowledge in end of life care.
https://www.skillsforcare.org.uk/Learning-development/ongoing-learning-and-development/end-of-life-care/End-of-life-care.aspx

Digital Technology

Digital Social Care is run by social care providers for social care providers providing advice and support to the sector on technology and data protection and how sharing information how technology can be used to support staff and the people you support during the COVID 19 pandemic. Go to https://www.digitalsocialcare.co.uk/

REFERENCES

Guidance for Remote Verification of Expected Death (VoED) out of Hospital
https://www.bma.org.uk/media/2323/bma-guidelines-for-remote-voed-april-2020.pdf

Verification of death in a community setting
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

Verification/Confirmation of death
RCN Guidance for Registered Nurseshttps://www.rcn.org.uk/clinical-topics/end-of-life-care/covid-19-guidance-on-dnacpr-and-verification-of-death

BMA Flowchart
VOED outside of hospital setting
https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2020/covid19/RCGP-guidance/BMA-RCGP-Guidelines-For-Remote210420.ashx?la=en

This guidance is designed to provide remote support by people (such as care workers) who have not had training in verifying death so that the verification process can be completed by a clinician safely.

Faith at End of Life
https://www.gov.uk/government/publications/faith-at-end-of-life-public-health-approach-resource-for-professionals