



**Policy and Procedure for the Management of
Confirmation of Death (Adults) in and out-of-hours by
Registered Health Care Professionals**

Lead Manager:	Karen Jarvis
Responsible Director:	Professor Angela Wallace
Approved By:	Partnership Care and Clinical Governance Forum 19/01/23
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1. BACKGROUND

The Chief Nursing Officer (CNO) for Scotland issued a Director's Letter in May 2017 [DL(2017)9] on the subject of Confirmation of Death by Registered Healthcare Professionals'. This letter clarifies the professional and legal aspects of undertaking this role, and has the effect of rescinding any previous guidance on the subject issued in Scotland. In August 2018 the CNO published a "Framework for Implementation of DL(2017)9.

Previous guidance had limited the role to registered nurses only, and in expected circumstances only; these restrictions however are seen as unnecessary in relation to contemporary practise and the current context of care

NHSGGC affirms that Confirmation of Death should be carried out by the most appropriate Registered Healthcare Professional present. Registered health care professionals are able to confirm death, in any circumstances, and there is no requirement for permission to be given for a specified period of time by a registered medical practitioner.

Whilst recognising that all registered healthcare professionals may undertake Confirmation of Death, and that this role can be undertaken in any circumstances, NHSGGC has taken the decision to develop a set of standard operating procedures which determine the staff groups who are expected to adopt this practice initially. Please refer to [STANDARD OPERATING PROCEDURE Confirmation of Death by Registered Healthcare Professional](#)

2. SCOPE

This policy applies across all health and social care settings in and out-of-hours within NHSGGC; including domiciliary settings where healthcare professionals provide care.

It is also applicable to registered health care professionals working within independent Care Homes, subject to Care Inspectorate/Healthcare Improvement Scotland approval and local commissioning teams' involvement. Please refer to [STANDARD OPERATING PROCEDURE Confirmation of Death by Registered Healthcare Professional](#)

3. DEFINITIONS

There are a variety of terms used to describe the process by which the absence of life is formally acknowledged. Any event with legalistic or medical overtones is often couched in terms that make sense to respective legal and medical professions but are less understood by, or relevant to, the people we serve, particularly in times of distress. Using language that is sensitive to the needs of others, and an awareness of the impact of that language, is therefore an important consideration for healthcare professionals.

Confirmation of Death (previously referred to as verification) is the procedure of determining whether a patient has died and formally and confirming that death has occurred. As noted in section 1 above Confirmation of Death can be undertaken by a Registered Healthcare Professional and does not require a Medically Registered Practitioner.

Certification of Death is the process of completing the “Medical Certification of Cause of Death” which must be completed by a Medical Practitioner.

<https://www.scotlanddeanery.nhs.scot/your-development/death-dying-andbereavement/medical-certification-of-cause-of-death/>

4. PURPOSE OF THE POLICY

This policy is informed by “DL (2017) 9; Verification of Death”, the Scottish Governments “Framework for Implementation of DL (2017) 9” and the “Certification of Death (Scotland) Act, 2011”.

The purpose of this Policy is to:

- Formally acknowledge the role of Registered Healthcare Professionals in relation to Confirmation of Death.
- Set out the core principles governing Confirmation of Death and provide a set of procedures to ensure good working practice.
- Define the roles, rights and responsibilities of the organisation in relation to the Confirmation of Death.
- Define the roles, remit and responsibilities of Registered Healthcare Professionals in relation to Confirmation of Death.

5. FUNCTION

NHSGGC affirms the importance of good care which is provided, before, at and after death, to the deceased and the bereaved.

Confirmation of death is required so that the deceased may be removed to a suitable environment, such as a mortuary or a Funeral Directors premises. Funeral Directors and mortuary staff cannot facilitate removal of the deceased person until Confirmation of Death has been undertaken by a Registered Healthcare Professional.

This policy provides [guidance flowchart and documentation](#) to ensure good working practice by Registered Health Professionals in relation to confirmation of death and care of the bereaved.

6. RESPONSIBILITY

NHSGGC recognises that timely Confirmation of Death will minimise unnecessary distress for those who are bereaved, and if in a communal setting, to other patients or residents.

Responsibility of Managers:

Managers have a responsibility for the effective implementation of this policy and in ensuring that appropriate arrangements are in place within their spheres of responsibility to ensure Registered Healthcare Professionals undertaking Confirmation of Death have the required knowledge, skills and competencies.

Registered Healthcare Professionals should, where appropriate, be supported to develop new skills and competencies to enable the delivery of safe and effective care, which can include the Confirmation of Death in any circumstances.

Responsibility of Registered Health Care Professionals:

Registered Healthcare Professionals undertaking Confirmation of Death within their scope of practice must ensure they possess the requisite skills, knowledge and experience to undertake any element of their role, and:

- Must be registered with the appropriate regulatory body
- Complete the required training
- Deem themselves competent having received the required training and completed the required competency framework
- Maintain knowledge and skills needed for safe and effective practice
- As part of ongoing professional development ensure skills and knowledge are up to date and relevant to their scope of practice through annual appraisal system
- In order to enhance competence you may wish to shadow a more experienced colleague to observe and emulate, in particular, leadership and communication skills in dealing with people who are bereaved

7. CONFIRMATION OF DEATH IN ALL CIRCUMSTANCES

7.1 EXPECTED DEATHS

When someone is dying it is essential that the care team take time to prepare the person and their family. This requires sensitive communication and planning about what to expect before, at and after death. This should be part of anticipatory care planning conversations that are essential to person centred palliative care. For example:

- Provide the "[What can happen when someone is dying](#)" leaflet
- How to access services and support especially out of hours
- What to do when the person dies

Death is always distressing no matter how much it is expected. Staff need to be sensitive to family members' distress and be prepared to reassure and support them. These actions and conversations are essential to delivery of the highest standard of palliative care for our most vulnerable patients.

7.2 UNEXPECTED DEATHS

When assessing the likelihood of death, the healthcare professional will use professional judgement to assess whether the initiation of life-preserving measures such as Cardiopulmonary Resuscitation (CPR) should be attempted in accordance with the NHS Scotland DNACPR policy. Please refer to [flow chart on P9](#).

Whether in the case of expected or unexpected death, the most appropriate available Registered Healthcare Professional should attend to confirm death in order to ensure that any unnecessary delay or distress is minimised.

Should the registered healthcare professional have any concerns in relation to the circumstances or context of death, then the registered healthcare professional should:

- Seek guidance and discuss the issues of concern with a senior colleague or a medical practitioner.
- It is acceptable for the health care professional to decline to confirm death if there is an unusual or suspicious situation. The registered healthcare professional might request the attendance of a medical practitioner and/or police as well as contacting a line manager.

Following these discussions, Police attendance may be required to provide support and advice.

In these circumstances there may need to be recognition that the registered health care professional cannot complete some or all of the required clinical checks:

1. **There may be no need** – when there is no doubt that the person is dead e.g. putrefaction has begun.
2. **To complete the checks fully may require moving the deceased or present a hazard.** From the deceased's current position the registered health care professional may be able to access a pulse or visually recognise that death has occurred, thereby confirming that it would be futile to dial 999 and start CPR. Moving the person to undertake further checks would mean disturbing the body and or scene.

It is for the certifying Medical Practitioner or Police Scotland to decide whether any reference to the Crown Office & Procurator Fiscal Service is required. Therefore effective written and verbal communication with the certifying Medical Practitioner is vital.

Further information can be found on the [Support Around Death website](#), [Involvement of the Procurator Fiscal](#).

8. PROCEDURE FOR CONFIRMING DEATH

8.1 Inclusion/exclusion criteria

A registered health care professional can confirm death in all circumstances, providing the patient/service user is registered with a GP within NHS GGC, and excluding the following circumstances:

- Hazards to staff i.e. known Blood Borne Viruses/Radioactivity etc.

Additional guidance is provided for situations such as drowning, hypothermia or when the patient has an internal defibrillator. Should the registered healthcare professional have any concerns in relation to the circumstances or context of death, then the registered healthcare professional should discuss the issues with a senior colleague or a medical practitioner. For further information refer to section 7.2 Unexpected Deaths.

8.2 Procedure for confirming death

When the registered healthcare professional receives instruction to attend to confirm death they should aim to attend within 4 hours. Response times will depend on:

- Time of day/night
- Extenuating circumstances
- Workforce and workload considerations

It would be good practice to phone the family or those waiting, if appropriate, with an approximate time for the visit. Identify any communication barriers and request support e.g. from interpreters. [NHS Greater Glasgow & Clyde Interpreting Service](#)

The cessation of circulatory and respiratory systems and cerebral function are recognised clinical signs to diagnose death and must be confirmed.

1. Undertake observations in line with a recognised protocol, as per the Academy of Medical Royal Colleges and document on CoD recording template.
2. Stop and remove parenteral drug administration equipment, such as a syringe pump. In addition, other equipment such as catheters, nasogastric tubes should also be removed after confirmation of the death, unless religious belief directs otherwise. For further information see: [Spiritual Care A multi-faith resource for healthcare staff](#) . All cases of non-reportable death the medical practitioner should provide a medical certificate of the cause of death (MCCD) within 24 hours of the patient's death, except at weekends and bank holidays when the certificate would normally be completed on the next working day.

3. Complete the confirmation of death recording template.

After death is confirmed, the attendant healthcare professional may assist with care of the deceased, including family members if relevant. It is good practice for two members of staff to attend if practicable.

Scotland is a religious and culturally diverse country and it is therefore important for all staff to be sensitive and ensure that any specific cultural, faith or spiritual beliefs or needs of the deceased and the bereaved are considered when carrying out processes around confirmation and certification of death (including care of the person after death). This is best established prior to death so that the persons needs can be identified and met. However, staff can prevent potential issues arising by simply asking the next of kin what practices are important to them and the person who has died. For further information see: [Spiritual Care A multi-faith resource for healthcare staff.](#)

The provision of support and information to those who are bereaved is an important aspect of the role of the healthcare professional who attends to confirm death.

[NHSGGC Bereavement resources and information](#)

Once confirmed, the family may be advised to arrange for removal of the deceased.

9. RECORD KEEPING AND DOCUMENTATION

Confirmation of death must be recorded on the “Confirmation of Death” template and contemporaneously in the patient’s health record if available.

In the community setting, if the registered healthcare professional was not present when death occurred then information from others, such as family or carers, who were present at the time of death, should be taken into account. The time of death that they indicate can be recorded, together with the date and time the healthcare professional completed the absence of clinical signs tests. This will acknowledge the input of family and carers, and will ultimately assist the certifying doctor in completing the [Medical Certificate of Cause of Death \(MCCD\)](#).

The Registered Healthcare Professional must record:

- Confirmation of death recording template: record observations in line with the agreed protocol and complete documentation as set out in the [recording template \(P7\)](#)
- Times and dates as per procedure for confirming death in patients’ health record (Section 8.2).

Recording should be in accordance with professional regulatory bodies e.g. NMC/HCPC.

10. COMMUNICATION

10.1

In Primary care the confirming registered health professional must contact the relevant GP practice via their secure clinical email. A list of these is available within each HSCP. This may include case load holders or other involved services.

10.2

In Acute care, in-hours the registered healthcare professional will notify the senior doctor on duty to inform the patient's own medical team. Out of hours, the registered health care professional will notify the hospital at night team leader that the death has been confirmed and ensure that the patient's own medical team are informed the next working day.

11. MONITORING AND REVIEW

NHSGGC is committed to an ongoing process of monitoring and evaluation of this policy in consultation with all relevant parties. The policy will reflect and complement NHSGGC's corporate objectives, especially in relation to End of Life and Palliative Care and the stated priorities in relation to improving health, tackling inequalities and promoting equality.

12. STAFF SUPPORT AND TRAINING

Confirmation of death in all circumstances has the potential to present practical and emotional challenges to staff. It may be necessary to offer appropriate support and debriefing to members of staff adhering to this policy. Due to the sensitive nature of confirmation of death it is recommended that 2 practitioners should attend if circumstances allow.

[NHSGGC Confirmation of Death webpage](#)

A Confirmation of Death Learnpro module is available for staff training.

[NES Support Around Death](#)

[NES Support Around Death: Confirmation of Death](#)

[NHSGGC Staff Support and Wellbeing](#)

13. RISK MANAGEMENT

NHSGGC Board requires assurance that Confirmation of Death is provided in accordance with all appropriate policies and procedures.

Awareness of this policy will ensure that the deceased and the bereaved are respected at the time of death.

This policy will ensure operational systems are in place to support:

- Clarity in relation to Confirmation of Death.
- Awareness of the difference between Confirmation and Certification of death.
- Ensure that Registered Healthcare Professionals are aware of the policy and procedures in relation to Confirmation of Death.
- Adverse events are escalated appropriately.

14. RELATED DOCUMENTS

- [NHSGGC Community Nursing STANDARD OPERATING PROCEDURE Confirmation of Death by Registered Healthcare Professionals, \(2022\)](#)
- Confirmation of Death framework v1.0 (2018)
- DL (2017) 9; Verification of Death
- SGHD / CMO (2016) 2 Management of Deaths in the Community
- National Infection Prevention and Control Manual (NIPCM); Chapter 2 - Transmission Based Precautions (TBPs) 2.5 Infection Prevention and Control during care of the deceased
- National Infection Prevention and Control Manual (NIPCM); Infection Prevention and Control Manual for older people and adult care homes - 5. Infection prevention and control during care of the deceased
- NHSGGC Infection Prevention and Control
- [NHS Scotland, Do Not Attempt Cardiopulmonary Resuscitation \(DNACPR\) Integrated Adult Policy \(2016\)](#)

15. REFERENCES

Academy of Medical Colleges (2008) A Code of Practice for the Diagnosis and Confirmation of Death
Hospice UK (2015) Care After Death: guidance for staff responsible for care after death (2nd edition)

Nursing and Midwifery Code (2015) S6.2 & S 13.4

Royal College of Nursing, [Confirmation or Verification of Death by Registered Nurses](#)