

## Appendix 7

### Top tips for verification of expected death (VOED)

#### Verification vs certification

Verification of death is different to certification. Medical certification of cause of death (MCCD) must only be carried out by a medically trained doctor. [BMA Guidance](#) aims to clarify this distinction.

The latest Hospice Care national guidance can be found [here](#).

The RCGP and BMA have worked together to produce guidance supporting any staff to verify death remotely. They advise to follow your local pathway if available. More information on their remote verification protocol can be found [here](#).

We advise that staff may perform remote verification when they have attended a training course (which may be online) and are yet to have a witnessed VOED in practice or if they do not feel confident in the skills required and there are no other trained and competent members of staff to witness VOED on site.

The process of VOED in respect of timings and procedure should be identical in both witnessed VOED on site or via video remotely to achieve competency. You may then witness other members of staff and support a greater available workforce to perform VOED.

#### When not to perform VOED

VOED should not be performed in cases of sudden and unexpected deaths, when the patient is a child, or if there are any suspicious circumstances.

Sometimes patients with a terminal illness can have a sudden death, e.g. pulmonary embolism. Even though the deceased may not have been seen by their GP within the last 28 days, verification can still be performed if a DNACPR decision is in place.

Guidance will be updated in the future to align with any new coronial legislative change.

#### Mesothelioma

VOED in a patient with mesothelioma does not need to be performed by a doctor. It is the responsibility of the doctor to report and discuss the case with the coroner. Remember to inform the family and carers of this as a post-mortem may be required and, in some cases, this may involve police visiting and transporting the deceased to a hospital mortuary.

A flow guide is available which is especially useful in the out of hours period - see Appendix 5.

#### Who can perform VOED?

In 2016, CQC advised that any adult can perform VOED, if that person is suitably trained, and deemed competent. They must adhere to strict local policy. Across Devon, staff require a minimum NVQ level 3 and be proficient in clinical observations before attending training. But remember, there is no obligation for staff to perform VOED.

In order to be deemed competent, you must have at least one witnessed successful verification in practice.

If you are not competent in verification, please inform the doctor of this as soon as possible.

#### Care homes

CQC recommend where a care home holds dual nursing and residential registration the registered health care professional who is appropriately trained, competent, available and employed by the home provider may undertake VOED for any expected death within that setting.

It is advisable to issue an ID bracelet for the deceased.

#### When to perform VOED

Registered nurses can verify adult deaths who require a referral to the coroner, if that death is expected and there are no suspicious circumstances. It is the responsibility of the doctor to discuss the details with the coroner. You can find reasons to report a death to the coroner [here](#).

You must observe for no cardiorespiratory effort for a full 5 minutes before proceeding to check for motor response by performing a trapezius squeeze.