

Frequently Asked Questions (FAQs)

Guidance Note for the 'Verification of Death'

Updated February 2011

This guide takes effect from July 2009

Q1. Isn't 'certification of death' the same as 'verification of death'?

Certification of death

There is a legislative requirement for a registered medical practitioner to 'certify death' (a Medical Certificate of Cause of Death) under section 37 of the *Births, Deaths and Marriages Registration Act 1996*.

'Certification of death' can **only** be completed by an authorised registered medical practitioner. Certification occurs when either of the following conditions is met:

- The registered medical practitioner was responsible for a person's medical care immediately before death; or
- The registered medical practitioner examined the body of a deceased person after death.

To 'certify death' a registered medical practitioner is required to make a diagnosis of the cause of death which requires specialist knowledge.

- Please refer to 'Certification of Death' within the guidance note.

Verification of death

This refers to establishing that death has occurred after clinical assessment of a body. This process is not restricted to registered medical practitioners as the law does not prevent other health professionals with relevant training such as registered nurses, midwives or paramedics from undertaking this role.

Q2. Who can 'verify death'?

In addition to registered medical practitioners, registered nurses, midwives and paramedics can 'verify death' as the law does not prevent them from undertaking this role. The Department of Health considers that the following people should have the expertise to competently undertake a clinical assessment of a body to establish that death has occurred ('verify death') as they have undertaken relevant training:

- A **registered nurse** in Division 1 of the register of nurses established under the *Health Practitioner Regulation National Law (Victoria) Act 2009*
- A **midwife** on the register of midwives established under the *Health Practitioner Regulation National Law (Victoria) Act 2009*
- A **paramedic** (a person credentialed by Ambulance Victoria as either an Ambulance Paramedic or a MICA Paramedic).

Please note that **enrolled nurses (in Division 2 of the register of nurses)** are **excluded** from this list.

- Please refer to "Who is allowed to 'Verify Death'" within the guidance note.

Q3. Why should registered nurses, midwives and paramedics perform this role?

System inefficiencies are the main impetus for change. For example, significant delays can occur in securing the attendance of a registered medical practitioner to verify the fact of death. This is more likely where a death occurs in a remote, rural or isolated location or occurs during the night in a residential aged care facility or at home. This may result in unnecessary delays in the movement of the deceased body to a more appropriate location such as a mortuary or holding room. Such delays can cause distress to family members of the deceased. In addition, where a death has occurred in a public place, funeral directors and ambulances are known to transport the deceased body to the nearest hospital emergency department to request that a registered medical practitioner verify the fact of death. These incidents impact on bed availability and core service delivery of hospitals, ambulances and funeral services.

The purpose of the guidance note is:

- to facilitate more timely verification of death and
- to alleviate any unnecessary delays in the movement of a deceased body from the place of death to a more suitable location such as a mortuary or holding room where a registered medical practitioner is unavailable immediately to sign the Medical Certificate of Cause of Death or to document in some other way that a person has died.
- Please refer to 'Context' within the guidance note.

Q4. Are there any circumstances in which a registered nurse, midwife or paramedic should not 'verify death'?

Protocols set by Health Services and Providers

This guidance note does not over-ride the protocols set by health services and providers around medical intervention **and resuscitation**. These should always be adhered to and given precedence before 'verifying a death'.

- Please refer to 'Protocols set by Health Services and Providers' within the guidance note.

Non-Employment Context

Registered nurses, midwives and paramedics should only 'verify death' when acting within an employment context.

- Please refer to 'Non-Employment Context' within the guidance note.

Uncertainty of the Fact of Death

If a registered nurse, midwife or paramedic is uncertain if a person has died then they should not 'verify the death'.

Q5. What if the death is a 'reportable death' or a 'reviewable death'?

Consideration must be given to whether the death is a 'reportable death' or a 'reviewable death', within the meaning of the *Coroners Act 2008*. If there are reasonable grounds to believe that the death is a reportable or reviewable death that has not already been reported, report the death as soon as possible to a Coroner. The Coroners Court (Initial Investigations Office) can be contacted at any time by calling 1300 309 519. In the above circumstance, whilst a nurse or paramedic can verify a 'reportable' or 'reviewable' death, it is necessary to follow any directions given by the coroner and for all such cases to have the verification of death completed prior to transfer and admission to the court. If a death is a 'reportable death' or a 'reviewable death' there are however, implications for the movement of the deceased body. Please refer to question 6 below.

- Please refer to 'Reportable Deaths and Reviewable Deaths' within the guidance note.

Q6. Can a deceased body be moved to a more suitable location such as a mortuary, holding room or funeral service once a registered nurse, midwife or paramedic has 'verified a death'.

Once a nurse or paramedic has 'verified a death' and completed the appropriate documentation the deceased body can be moved to a more suitable location such as a mortuary, holding room or funeral service.

There is no legal requirement for the funeral industry to obtain written verification that 'cessation of life' has occurred, however it is to be expected that, at a minimum, verbal reassurance that cessation of life has occurred will be required. Some funeral directors may have forms that require completion by clinical staff.

If a death is a 'reportable death' or 'reviewable death' (please refer to question 5 above) the body is under the control of the coroner investigating the death until the coroner has issued an Order for Release of Body. An investigation into the cause of death could be jeopardised by moving the person's body before the scene of death has been properly examined and documented. For this reason, the deceased body should not be moved until directed to by the Coroner.

- Please refer to 'Movement of a Deceased Person' within the guidance note.

Q7. What is the process to 'verify death'?

Clinical Assessment

In the first instance it is necessary to complete a clinical assessment of the body. This is done by following the 'Minimum Guideline for the Clinical Assessment of a Body to Verify Death'.

- Please refer to 'Minimum Guideline for the Clinical Assessment of a Body' within the guidance note.

Professional clinical judgement is required to establish that death has occurred ('verify death'). Unique circumstances may warrant additional checks over and above the minimum guideline provided.

Documentation

Registered nurses, midwives and paramedics must document their 'verification of death', their own name (paramedics use employee number rather than name), the clinical determinants used (as contained within the 'Minimum Guideline for the Clinical Assessment of a Body to Verify Death'), the date, the time and where the clinical assessment took place. This detail should be recorded within an appropriate record for the deceased (for example a health medical record, case notes or other file or document).

A copy of the verification of death documentation (be it on a separate form for paramedics or from the patient notes/files) must accompany the deceased in instances of reportable or reviewable deaths.

Notification

Registered nurses, midwives and paramedics must follow their employer's guideline or policy with regard to the notification of relatives, significant others, and relevant stakeholders (i.e. a funeral director and/or a registered medical practitioner).

Q8. What if I don't feel confident to 'verify death'?

'Verifying a death' is a voluntary act and is not mandated for a registered nurse, midwife or paramedic. You can choose to defer to another appropriate health professional (registered nurse, midwife, paramedic or registered medical practitioner).

Q9. I am an agency nurse or midwife. Does the guidance note apply to me?

Agency nurses and midwives should observe and act in accordance with the policies and procedures of the organisation they are working in.

Q10. I am an enrolled nurse working in a low residential care aged care facility without a registered nurse present, what should I do?

The appropriate procedure would be to follow current practice which is to initially contact a registered medical practitioner, then contact a locum and as a last resort contact an ambulance.

Your employer will advise as to the organisation's policy.

Q11. Is a stillbirth a 'reportable death' or a 'reviewable death'?

The Coroners Court does not have jurisdiction to investigate stillbirths because there is no death to investigate. This is because the death of a foetus occurs *in utero*, thus precluding it from being born as a living person. It is the practice of the court to cease an investigation when it becomes apparent on the available evidence that the case involves a foetus which did not live after the birth.

A statement prepared by the Victorian Institute of Forensic Medicine (VIFM) for doctors is consistent with the Coroners Court's interpretation of the limits on its jurisdiction. In the statement, doctors are advised that:

"The law regards life as starting when there is an existence separate from the mother. Stillbirths and abortions, where there is no life or existence separate from the mother, are not reportable to the Coroner. ... If there is an existence separate from the mother, the *Coroners Act* applies and if the death is a 'reportable death' or a 'reviewable death' it should be reported."

Q12. Will I be asked to verify a 'reviewable' or 'reportable death' of a person who is not an inpatient in the health service I work in?

There may be times where nursing or midwifery staff at health services are requested by the Coroner to verify the death of a person who is not an inpatient of that health service. The registered nurse or midwife can call the Initial Investigations Office at the Coroners Court on 1300 309 519, which is available 24 hours a day, to confirm requests by Funeral Directors and discuss any questions they may have in relation to the process. The registered nurse or midwife, if confident, can verify the death.

Q13. What if I have further questions?

Further questions can be directed to your employer or industry representative in the first instance, or emailed to nursepolicy@health.vic.gov.au.