



INTERIM CLINICAL GUIDANCE FOR THE PRONOUNCEMENT OF DEATH BY REGISTERED NURSES IN IDENTIFIED SERVICES IN THE CONTEXT OF THE GLOBAL COVID-19 PANDEMIC

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1.0 Purpose

The purpose of this Interim Clinical Guidance for the Pronouncement of Death by Registered Nurses in Identified Services in the Context of the Global Covid-19 Pandemic (hereafter referred to as *Interim Clinical Guidance*), is to outline the role of the registered nurse in the safe pronouncement of death in adults (over 18 years of age) across HSE and Section 38 designated centres for older persons registered by HIQA, and specialist palliative care services only.

This *Interim Clinical Guidance* will temporarily replace the ‘National Policy for Pronouncement of Expected Death by Registered Nurses’ (HSE, 2017) for the duration of the Covid-19 outbreak in Ireland. This *Interim Clinical Guidance* has been informed by the most recent Covid-19 related information from the Coroners Society of Ireland

<http://www.coroners.ie/en/COR/Coroners%20Service%20COVID-19%20110320.pdf/Files/Coroners%20Service%20COVID-19%20110320.pdf>

2.0 Scope

In Scope	Out of Scope
All registered nurses working in services across HSE and Section 38 designated centres for older persons registered by HIQA, and specialist palliative care services only.	<ul style="list-style-type: none"> • Services regulated by the Mental Health Commission • Designated centres for adults and children with a disability • Children’s residential centres • Public health nursing (unless a member of the specialist palliative care community teams).

¹ This *Interim Clinical Guidance* may be adapted for use by other non-HSE organisations

² Please note that the links to documents within this *Interim Clinical Guidance* are correct at the time of review

This *Interim Clinical Guidance* is applicable to all registered nurses working in services outlined above during the Emergency Period of COVID-19, who are competent in recognising the clinical signs as outlined in table 1 and are competent to pronounce death. The adoption of the *Interim Clinical Guidance* is voluntary on the part of the service and the individual registered nurse, with decisions to implement the guidance based on service need and agreement by the treating doctor and director of nursing/senior nurse manager (SNM) and is overseen and supported by the coroner as per the Modified Requirements for Death Pronouncement in Coroners' Cases during Covid-19 Pandemic (issued by the Coroners Society of Ireland on the 28th of April 2020). A registered nurse can only pronounce death as outlined in this *Interim Clinical Guidance*, and with the application of a local supporting communication policy. This *Interim Clinical Guidance* will start immediately upon signature, and remain in place only for the duration of the Covid-19 Emergency Period as determined by the Government of Ireland. The '*National Policy for Pronouncement of Expected Death by Registered Nurses*' (HSE, 2017) will then be re-introduced in consultation with all relevant stakeholders.

3.0 Pronouncement of Death

Pronouncement of death is the determination, based on physical assessment, that life has ceased, and the subsequent documentation of this determination. Pronouncement of death is defined as deciding whether a person is actually deceased, and it may allow for the removal of the deceased's remains. Pronouncement of death (as distinct from certification of cause of death) need not be undertaken by a registered doctor (HSE, 2017). The pronouncement of death is an integral part of the coroner's death inquiry and a safeguard in that process. This *Interim Clinical Guidance* provides guidance on the nurse's role for expected and unexpected death events.

Expected death is defined as:

- death following a period of illness that has been identified as terminal
- where registered nurses and doctors have been involved in providing palliative care
- where there is an agreement between the dying person, those important to the dying person, and medical and nursing teams that no active intervention to prolonging life is ongoing
- a 'Do Not Attempt Resuscitation' (DNAR) decision has been made, and the decision is recorded in the dying person's healthcare record and has been communicated to the entire team (HSE, 2017).

Unexpected death is a death other than an 'expected death' as defined above or a death where there was no expectation that the person was likely to die in the manner or at the time at which they did.

3.1 Expected Deaths

Where death is expected, discussion on end-of-life care, and documentation of this discussion, should have taken place between the dying person (and /or those important to them), their treating doctor and the registered nurse in the context of the National Palliative Care Guidance 2021 <https://hospicefoundation.ie/wp-content/uploads/2021/01/Advance-Care-Planning-for-Health-and-Social-Care-Professionals-CareInform.pdf> and the associated ethical framework

<https://www.lenus.ie/handle/10147/141089#:~:text=The%20Ethical%20Framework%20for%20End-of-life%20Care%20is%20part,intended%20to%20improve%20the%20culture%20of%20care%20and.>

It should be clearly understood that further intervention would be inappropriate, that attempts at cardiopulmonary resuscitation (CPR) would be considered futile, and that death is expected to be imminent. A Do Not Attempt Resuscitation (DNAR) decision should be signed and recorded by the treating doctor and held in the healthcare record and should be communicated to the entire team. Wherever possible, the dying person and those important to them should be made aware of the dying person's deteriorating condition, and of the Anticipatory Care Plan/End of Life Care Plan.

² Please note that the links to documents within this *Interim Clinical Guidance* are correct at the time of review

The registered nurse should assess the communication needs of those important to the dying person, and should identify any communication support required, for example, interpreters or sign language interpreters. The registered nurse should, where possible, access or signpost those important to the dying person to the appropriate communication support. The registered nurse must be respectful of the person's autonomy and preferences including religious/spiritual/cultural needs in accordance with any Advanced Care Plan/End of Life Care Plan and where required, liaise with a funeral director in advance of the expected death. The registered nurse will inform the resident's treating doctor, the coroner's office and the funeral director as per local communication policy. The treating doctor remains responsible for the certification of death.

3.2 Unexpected Deaths

Where a death does not meet the criteria falling within the definition of expected death, or where there is some element of uncertainty, the registered nurse is obliged to adhere to his/her professional responsibilities and follow all procedures in relation to responding to an unexpected death (NMBI, 2015, 2021).

- 3.2.1 The registered nurse will make all reasonable efforts to attempt to revive the person unless a DNAR decision is in place. The emergency ambulance service must be called whenever there is a chance of survival, however remote. Resuscitation should be commenced by the registered nurse within his/her scope of practice. As CPR is an aerosol generating procedure, staff must adhere to COVID-19 CPR guidance which is available at <https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/assisteddecisionmaking/hse-guidance-regarding-cpr-and-dnar-decision-making-during-covid-19-v-1-11.pdf> and IPC guidance which is available at: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/aerosolgeneratingprocedures/AGPs%20for%20confirmed%20or%20possible%20COVID19.pdf>
- 3.2.2 In cases of unnatural signs of death such as trauma, the registered nurse will contact An Garda Síochána who will liaise with the coroner, treating doctor and funeral directors.
- 3.2.3 In all other unexpected deaths the registered nurse must contact the person's treating doctor and coroner who will advise accordingly.
- 3.2.4 All designated centres for older persons registered by HIQA must complete a NFO 1 form in the case of an unexpected death of a resident.

3.3 Reporting to the Coroner

It is a legal requirement that all deaths that occur in a HSE designated centre for older persons registered by HIQA are reported to the coroner (see local communication policy for contact details). Expected deaths of people under the care of the Specialist Palliative Care Services will be communicated to the coroner as per local communication policy. For further information and guidance in relation to the coroner's service and deaths due to COVID-19 infections, please click on the link below: www.coroners.ie.

4.0 Procedure for Pronouncement of Death by Registered Nurses

Note: Standard infection, prevention and control precautions apply when attending to the deceased person at all times by all individuals. Please refer to www.hpsc.ie for further details in respect of deceased persons who are Covid-19 suspected or positive.

*Covid-19 is currently classified as a Biological Agent (Hazard Group 3) and the handling, transportation and viewing of the body of the deceased person should be in accordance with the relevant **Statutory Regulations** and the Guidelines from the **Health Service Executive (HSE) and the Health Protection Surveillance Centre (HPSC)**.* Please refer to www.hpsc.ie and www.hse.ie for further details in respect of a body of the deceased that is Covid-

19 positive. For guidance on care of the dying and care of the deceased in residential services please follow this link

<https://www.hpsc.ie/a->

[z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/IPC%20and%20PH%20guidance%20for%20outbreaks.pdf](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/IPC%20and%20PH%20guidance%20for%20outbreaks.pdf)

4.1 Procedure for carrying out and recording a clinical assessment to correctly pronounce a death

The registered nurse must:

- Check for clinical signs of death (table 1), using a stethoscope and penlight or ophthalmoscope.
- Repeat the check for clinical signs of death after 10 minutes
- If there is any uncertainty, repeat the steps within 30 minutes of initial assessment
- If after 30 minutes there is still uncertainty about pronouncement of death, confer with a Registered Nurse or General Practitioner
- The assessment and declaration that 'death has occurred' should be undertaken in a calm and unhurried manner.

Table 1 Clinical signs used when pronouncing death

The following are the recognised clinical signs used when pronouncing death.

All clinical signs must be present before death is pronounced:

1. Absence of a carotid pulse for over one minute
2. Absence of heart sounds for over one minute
3. Absence of respiratory movements and breath sounds for over one minute
4. Fixed pupils (unresponsive to bright lights)
5. No response to painful stimuli (e.g. sternal rub)

The nurse should note and document the date and time of death. In the case of registered nurses not being present at the death, the time of death should be established, as close as possible, from persons who were present (table 2).

Table 2 Recording pronouncement of death

When pronouncing death, the registered nurse must record the following details on the Pronouncement of Death by a Registered Nurse Form: (See Appendix I):

- The date and approximate time of death.
- Name and date of birth of the deceased.
- Date and time of pronouncement.
- Name of the doctor informed, and the time and date that this took place (it is imperative that this is the doctor who will certify the death).
- Name of the coroner informed and the time and date that this took place.
- Name of those important to the dying person informed.
- Name of funeral director, if contacted, and any details relating to this contact.
- Name of pastoral support if contacted and any details relating to this contact.

4.2 Process flow following pronouncement of expected death (See Algorithm Appendix 2)

- 4.2.1 The occurrence and circumstances of death must be formally communicated (by direct telephone contact) to the treating doctor as soon as possible, in accordance with the local communication policy. If the death occurs out of hours, this communication may take place the following morning as per local communication policy.
- 4.2.2 If the treating doctor is satisfied that death occurred as expected, he/she will indicate his/her intent to issue the Death Notification Form. The body of the deceased may be removed to the care of the funeral director without medical examination of the body.
- 4.2.3 If the treating doctor is *not* satisfied that death actually occurred as expected, he/she may ask to examine the body.
- 4.2.4 In a residential care setting, once the death has been pronounced, the registered nurse formally communicates with the coroner in accordance with local communication policy.
- 4.2.5 The registered nurse informs those important to the deceased. If those important to the deceased are not present, the registered nurse should contact them using the local communication policy, unless it is specified that those important to the deceased do not wish to be contacted at a particular time. It may be necessary to explain to those important to the deceased the administrative aspect of recording date and time of death and date and time of pronouncement if there is a significant variance.
- 4.2.6 If, after the death has been pronounced, a change in circumstances arises which affects the operation or applicability of this guidance (for example a decision is taken that the body of the deceased is for cremation or for donation to medical science) the body must not be removed from the place of death without a treating doctor's consent. The treating doctor is required to view the body in order to complete the necessary documentation.
- 4.2.7 The relevant service (as per local communication policy) must contact all professionals involved in the care of the dying person, so that they are aware of the death.

4.3 Process flow in the event of an unexpected death (See Algorithm Appendix 3)

- 4.3.1 The occurrence and circumstances of death must be formally communicated to the treating doctor as soon as possible, in accordance with local communication policy.
- 4.3.2 The treating doctor will liaise with the coroner and they will advise the registered nurse on any further steps to be taken such as:
 - a) Proceed to pronouncement of death and transfer to the care of the funeral director
 - b) A further medical examination of the body is required.
- 4.3.3 If there is evidence of trauma to the deceased body the registered nurse MUST contact An Garda Síochána who will then liaise with the coroner, the treating doctor and the funeral director. The registered nurse will abandon the pronouncement of death procedure and complete Section 4 on the Pronouncement of Death by a Registered Nurse Form (See Appendix 1)
- 4.3.4 The registered nurse informs those important to the deceased. If those important to the deceased are not present, the registered nurse should contact them using the local communication policy, unless it is specified that those important to the deceased do not wish to be contacted at a particular time. It may be necessary to explain to those important to the deceased the administrative aspect of recording date and time of death and date and time of pronouncement if there is a significant variance.
- 4.3.5 If, after the death has been pronounced, a change in circumstances arises which affects the operation or applicability of this guidance (for example a decision is taken that the body of the deceased is for cremation or for donation to medical science) the body must not be removed from the place of death without a treating doctor's consent. The treating doctor is required to view the body in order to complete the necessary documentation. The registered nurse will abandon the pronouncement of death procedure and complete Section 4 on the Pronouncement of Death by a Registered Nurse Form (See Appendix 1)

- 4.3.6 The relevant service (as per local communication policy) must contact all professionals involved in the care of the dying person, so that they are aware of the death.

5.0 Supporting the Clinical Competencies of Registered Nurses in Pronouncing Death in the Context of the Global COVID-19 Pandemic

Before a registered nurse carries out a pronouncement of death it is imperative that there is a local communication policy in place to support this Interim Clinical Guidance for the Pronouncement of Death by a Registered Nurse in the Context of the Global COVID-19 Pandemic.

The registered nurse must:

- (i) Be supported by the DoN/ADON/CNM, in relation to training, competency achievement and supervision as necessary.
- (ii) Complete the e-learning programme 'Pronouncement of Death by Registered Nurses in the Context of the Global Covid-19 Pandemic' and successfully pass the associated on-line assessment.
- (iii) Complete the Self-Assessment of Competency for a Registered Nurse in the Pronouncement of Death in the Context of the Global Covid-19 Pandemic (See Appendix 4). A copy of this completed self-assessment must be discussed with their line manager and a copy logged in their human resources file.
- (iv) In the event that further support is required, complete the Prerequisite to Pronouncement of Death by a Registered Nurse in the context of the COVID 19 Pandemic (See Appendix 5).

6.0 Monitoring and Evaluation

Each service area/organisation implementing this *Interim Clinical Guidance* must ensure robust governance and accountability processes for monitoring and evaluation are in place (See Sample Clinical Audit Tool Appendix 6).

7.0 References

Coroners Society of Ireland (2020) *Guidance in relation to the Coroners Service and Deaths due to COVID-19 Infection*. Available at <http://www.coroners.ie>

Coroners Society of Ireland (2020) *Modified Requirements for Death Pronouncement In Coroners' Cases during Covid-19 Pandemic*. Available at <http://www.coroners.ie>

Health Service Executive (2020) *Guidance regarding Cardiopulmonary Resuscitation and DNAR Decision Making during the Covid-19 Pandemic*

<https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/assisteddecisionmaking/hse-guidance-regarding-cpr-and-dnar-decision-making-during-covid-19-v-1-11.pdf>

Health Service Executive (2021) *Public Health and Infection Prevention Control Guidelines on the Prevention and Management of Cases and Outbreaks Covid-19, Influenza and other Respiratory Infections in Residential Care Facilities*. Available at

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/IPC%20and%20PH%20guidance%20for%20outbreaks.pdf>

Health Service Executive (2017) *National Policy for Pronouncement of Expected Death by Registered Nurses [For use in HSE residential, HSE long-stay and HSE specialist palliative care services only]*. Available at

<https://www.hse.ie/eng/about/who/qid/use-of-improvement-methods/nationalframeworkdevelopingpolicies/2-nat-policy-for-pronouncement-of-expected-death-by-reg-nurses.pdf>

Health Service Executive (2021) Use of PPE to support Infection Prevention and Control Practice when performing aerosol generating procedures on Confirmed or Clinically Suspected Cases of COVID-19 [V2.3 Guidance on Covid]. Available online at: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/aerosolgeneratingprocedures/AGPs%20for%20confirmed%20or%20possible%20COVID19.pdf>

Hospice Friendly Hospitals (ND) *Ethical Framework for End of Life care*. Available at <https://www.lenus.ie/handle/10147/141089#:~:text=The%20Ethical%20Framework%20for%20End-of-life%20Care%20is%20part,intended%20to%20improve%20the%20culture%20of%20care%20and>

Nursing and Midwifery Board of Ireland (2021) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. Nursing and Midwifery Board of Ireland. <https://www.nmbi.ie/Standards-Guidance/Code>

Nursing and Midwifery Board of Ireland (2015) *Scope of Nursing and Midwifery Practice Framework 2015*. Nursing and Midwifery Board of Ireland.

The Irish Hospice Foundation (2021) *Advance Care Planning for Health and Social Care Professionals*. Available at <https://hospicefoundation.ie/wp-content/uploads/2021/01/Advance-Care-Planning-for-Health-and-Social-Care-Professionals-CareInform.pdf>

Appendix 1

Pronouncement of Death by Registered Nurse Form

(to be completed by registered nurse following death in accordance with local policy)

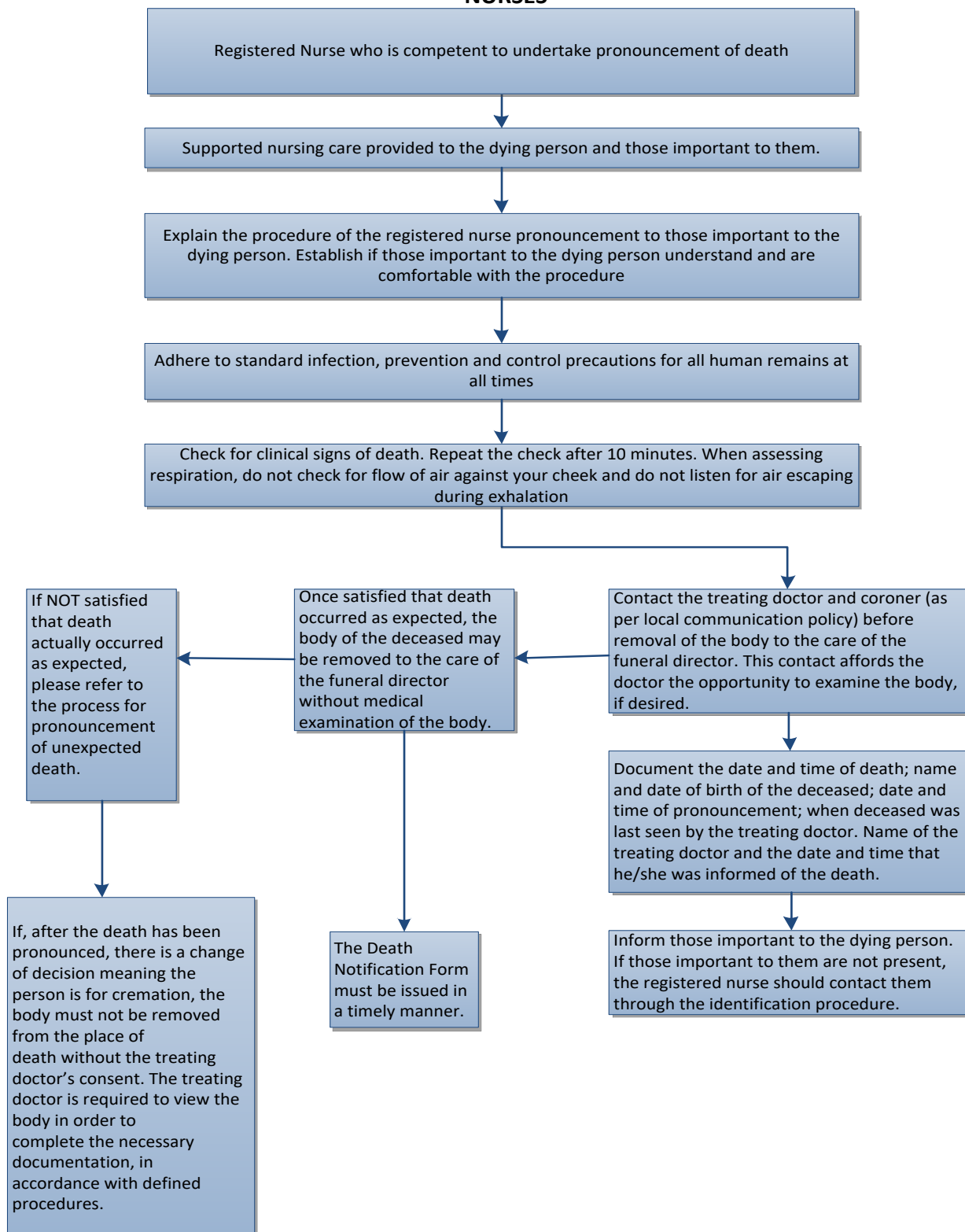
Section 1 Patient Details and Time of Death								
Name of Person						DOB		
Address								
Name of treating Doctor								
Date and approximate time of death			Date and time death pronounced			Place of death		
Person last seen by treating Doctor (name)						Date		
Death occurred as expected Yes No			Are there any contraindications for pronouncement of death by a registered nurse? Yes No					
If yes, complete Section on Decision made to abandon pronouncement of death								
Section 2 Clinical observation of absence of life (to be repeated after 10 min)								
Respiration	Assessment		Cardiac	Assessment		Cerebral	Assessment	
	First	Second		First	Second		First	Second
There are no signs of spontaneous respiration (one minute) (Initials)			There is no femoral or carotid pulse palpable (one minute) (Initials)			There is no response to painful stimuli (Initials)		
There are no breath sounds (one minute using a stethoscope) (Initials)			There are no heart sounds (one minute using a stethoscope) (Initials)			Pupils are unresponsive to light (Initials)		
						Pupils are fixed (Initials)		
Date & Time:			Date & Time:			Date & Time:		
Other Clinical Signs of Death								
Section 3 Absence of life pronounced by Registered Nurse								
Registered Nurses Signature						NMBI PIN		
Registered Nurses Name (Print)				Date		Grade/Position		
Treating Doctor was notified by registered nurse as per local policy: Name of treating Doctor Name of registered nurse				Date		Time		
Treating Doctor satisfied that death occurred as expected				Yes		No		
Treating Doctor stated intention to view the body				Yes		No		
Treating Doctor indicated intent to complete the Death Notification Form				Yes		No		
Coroner notified as per local policy and coronial procedure therein				Yes		No		
Section 4 Decision made to abandon pronouncement after death (complete if applicable)								
By whom:			Identify reason(s)					
Treating Doctor informed:						RN Signature		
Date: Time:						Name (PRINT)		

Pronouncement of Death by Registered Nurse Form
(to be completed by registered nurse following death in accordance with local policy)

Section 5 Notification			
Those important to the person Yes No	Say Whom:		Date
	By Whom:		Time
Funeral Director if applicable Yes No	Funeral Director Name:		Date
	By Whom:		Time
Pastoral Support Yes No	Pastoral Support Name:		Date
	By Whom:		Time
Carry out any requested specific religious/spiritual/cultural needs			Yes No
Procedures for last offices followed in accordance with relevant policy or discussion with those important to the person			Yes No
Those important to the person given information, if required, on next steps, e.g. (any/all of the following)			
• Explain mortuary viewing			Yes No
• Collection of Death Notification Form			Yes No
Body was moved	Date:	Time:	By:
Necessary written documentation given to the appropriate person, e.g.			
• What happens next			Yes No
• Bereavement support			Yes No
• Other including COVID-19 information where appropriate (identify):			Yes No

Appendix 2

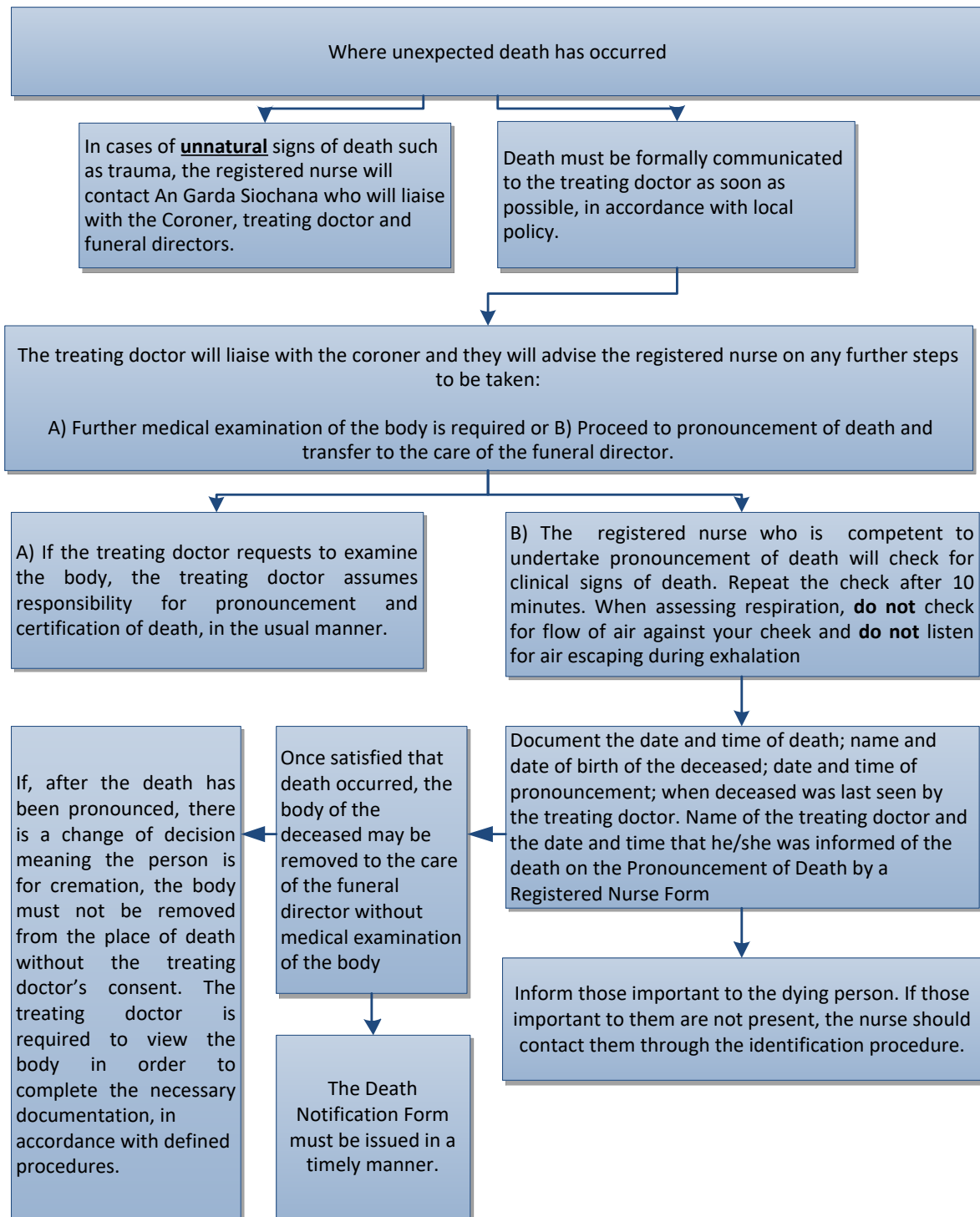
ALGORITHM:PROCEDURE FOR PRONOUNCEMENT OF EXPECTED DEATH BY REGISTERED NURSES



Appendix 3

ALGORITHM:PROCEDURE FOR PRONOUNCEMENT OF UNEXPECTED DEATH BY REGISTERED NURSES

All reasonable efforts will be made to attempt to revive the person unless a DNAR order is in place. The emergency ambulance service must be called whenever there is a chance of survival, however remote. Resuscitation should be commenced by the registered nurse within his/her scope of practice. As CPR is an Aerosol Generating Procedure staff must adhere to COVID-19 CPR guidance. The registered nurse should not listen for breath sounds and should undertake compressions only, with no mouth to mouth resuscitation



Appendix 4

NAME: _____
 (PRINT CLEARLY in CAPITALS)
 NMBI PIN number:

Self-Assessment of Competency for a Registered Nurse in the Pronouncement of Death during the period of COVID 19 Emergency

Competence is understood as the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a registered nurse. (NMBI 2015)

On certified completion of COVID19 e-Learning programme on Pronouncement of Death by Registered Nurses in the context of the Global Covid-19 the registered nurse:

- *Deems him/her self-competent using this “Self-Assessment of Competency for a Registered Nurse in the Pronouncement of Death during the period of COVID 19 Emergency”.*
- *In the event that further support is required, complete the Prerequisite to Pronouncement of Death by a Registered Nurse during the COVID 19 Crisis. (Appendix 5 Interim Clinical Guidance for the Pronouncement of Death by registered nurses in the context of the global COVID-19 pandemic)*

NMBI – Domain <i>Adapted from Registration Programmes Standards and Requirements (NMBI 2016)</i>	Criteria	Competent Date/ initials	Needs Practice Date/ initials	Needs Theory Date/ Initials
Domain 1 The registered nurse is aware of guidance and policy underpinning their Practice	I operate within the Nursing and Midwifery Board of Ireland legislative frameworks and guidance www.nmbi.ie <ul style="list-style-type: none"> ○ Code of Professional Conduct & Ethics for Registered Nurses and Registered Midwives (2021); ○ Scope of Nursing and Midwifery Practice Framework (2015); ○ Recording Clinical Practice Professional Guidance(2015); 			
	I practice in accordance with Nursing & Midwifery values of Care, Compassion and Commitment (DoH, NMBI, ONMSD 2016)			
	I understand the role of the Health Information and Quality Authority (HIQA) in regulation as it applies to this guidance. www.higa.ie <ul style="list-style-type: none"> ○ National Standards for Residential Care Settings for Older People in Ireland (Health Information and Quality Authority, 2016) ○ General Guidance on the National Standards for Safer Better Healthcare 			

NMBI – Domain <i>Adapted from Registration Programmes Standards and Requirements (NMBI 2016)</i>	Criteria	Compete nt Date/ initials	Needs Practice Date/ initials	Needs Theory Date/ Initials
	<p>(Health Information and Quality Authority, 2012a)</p> <ul style="list-style-type: none"> ○ National Standards for Safer Better Healthcare (Health Information and Quality Authority, 2012b) ○ National Standards for Residential Services for Children and Adults with Disabilities (Health Information and Quality Authority, 2013) <p>I understand the General Data Protection Legislation (GDPR) as it applies to this guidance.</p> <p>I understand HSE National Consent Policy (2019) as it applies to this guidance.</p> <p>I understand the Assisted Decision Making (Capacity) Act (2015) as it applies to this guidance.</p> <p>I understand the Health Service Executive Standards and Recommended Practices for Healthcare Records Management (HSE, 2011) as it applies to this guidance.</p> <p>I understand the Coroners Act, 1962 - 2019 as it applies to this guidance.</p> <p>I operate within the Office of the Nursing and Midwifery Service Directorate (ONMSD) Interim Clinical Guidance for the Pronouncement of Death by Registered Nurses in the Context of the Global Covid-19 Pandemic.</p>			
Domain 2, 3 & 5 The registered nurse is aware of their responsibility in completing the required education and training	<p>I have undertaken the COVID19 e-Learning programme on Pronouncement of Death by Registered Nurses in the context of the Global Covid-19 Pandemic online via www.hseland.ie</p> <p>I have certification of completion of COVID19 e-Learning programme on Pronouncement of Death by Registered Nurses in the context of the Global Covid-19 Pandemic.</p>			
Domain 1, 2 & 3 The registered nurse is aware of terminology and legislative requirements pertaining to death	<p>I understand the implications of the following as it applies to this guidance:</p> <ul style="list-style-type: none"> ○ Pronouncement of death ○ Certification of Death ○ Expected death ○ Unexpected death ○ Reporting to the Coroner 			

NMBI – Domain <i>Adapted from Registration Programmes Standards and Requirements (NMBI 2016)</i>	Criteria	Competent Date/ initials	Needs Practice Date/ initials	Needs Theory Date/ Initials
Domain 2, 3 & 4 The registered nurse understands the procedure for the pronouncement of death	I have the ability to explain the process of pronouncement of death to those important to the deceased person, who may be present.			
	I understand the rationale of a Do Not Attempt Resuscitation (DNAR) decision as it applies to this guidance.			
	I understand the rationale for confirming the person’s identity and associated clinical records.			
	I understand the rationale for confirming the infection prevention and control status and requirement for universal infection control precautions as per www.hpsc.ie			
Domain 1, 2, 3, & 4 The registered nurse is able to carry out an examination to pronounce death	I am competent in checking for clinical signs of death:			
	I understand the equipment required <ul style="list-style-type: none"> ○ Pen torch ○ Stethoscope ○ Watch with second hand ○ PPE as appropriate 			
	I understand the requirement to perform hand hygiene / infection control measures as per www.hpsc.ie			
	I understand the requirement to check the person’s identity as per local policy.			
	I understand the requirement to position the person for examination and pronouncement of death.			
	I understand that the person must be observed for a minimum of five minutes to establish that irreversible cardio-respiratory arrest has occurred.			
	I understand the rationale for repeating all clinical checks after 10 minutes.			
	I am proficient in undertaking carotid arteries pulse palpation: <ul style="list-style-type: none"> ○ Palpate one side at a time. ○ Gently tilt the head to relax the sternomastoid muscle. ○ Place your first, second, and third fingers over the artery near the upper neck between the sternomastoid and trachea roughly at the level of cricoid cartilage. ○ Using a watch with a second hand, feel for presence of pulsations for 1 minute. 			

NMBI – Domain <i>Adapted from Registration Programmes Standards and Requirements (NMBI 2016)</i>	Criteria	Compete nt Date/ initials	Needs Practice Date/ initials	Needs Theory Date/ Initials
	<ul style="list-style-type: none"> ○ Repeat the procedure on the opposite side to confirm findings. 			
	<p>I am proficient in assessing respirations:</p> <ul style="list-style-type: none"> ○ Observe persons chest for a minimum of one minute for signs of respiration i.e. rise and fall of chest wall. ○ Listen for breath sounds verified by observation and listening with a stethoscope for a minimum of one minute. ○ Understand the rationale for not checking for air against your cheek or listening for air escaping during exhalation. 			
	<p>I am proficient in assessing heart sounds:</p> <ul style="list-style-type: none"> ○ Check for heart sounds using a stethoscope. ○ Auscultate for more than one minute to determine absence of heart sounds. 			
	<p>I am proficient in assessing cerebral function:</p> <ul style="list-style-type: none"> ○ Test for the absence of pupillary responses to light using pen torch after five minutes of continued cardio-respiratory arrest. 			
	<p>I am proficient in assessing motor response:</p> <ul style="list-style-type: none"> ○ Test the absence of motor response to trapezius squeeze after five minutes of continued cardio-respiratory arrest. 			
	<p>I am proficient in discontinuation / removal of tubes, lines, drains, patches and pumps.</p>			
Domain 1, 2, 3 & 4 The registered nurse completes appropriate documentation in a timely way	<p>I maintain records in accordance with legislation and organisational policies and procedures in respect of pronouncement of death.</p>			
	<p>I understand the rationale for accurately documenting the date and time of death.</p>			
	<p>I have the knowledge to signpost nursing staff /relatives to where to collect paperwork / what the next steps are.</p>			

I have the required competence to undertake pronouncement of death independently, and I acknowledge my responsibility to maintain my own competence in line with the Scope of Nursing and Midwifery Practice and current best evidence.

Registered Nurse Signature: _____ Date: _____

OR

I require further support. I will complete the Prerequisite to Pronouncement of Death by a Registered Nurse during the COVID -19 Crisis. (Appendix 5 interim clinical guidance for the pronouncement of death by registered nurses in the context of the global COVID-19 pandemic)

Registered Nurse Signature: _____ Date: _____

A copy of this completed self-assessment must be discussed with your line manager and a copy logged in your HR file. It is imperative that there is a local communication policy in place to support the 'Interim Clinical Guidance for the Pronouncement of Death by a Registered Nurse in the Context of the Global COVID-19 Pandemic' before you take on the role. The service acknowledges that this *Interim Clinical Guidance* has been introduced in the exceptional context of COVID-19 pandemic.

Appendix 5

Prerequisite to Pronouncement of Death by a Registered Nurse in the context of the COVID 19 Pandemic		
Record of Supervised Practice		
1. Name and Initials	Job Title	Workplace
2. DoN/SNM/CNM Name (& initials)		
1.	2.	
The registered nurse must be able to discuss the rationale for each of the actions and demonstrate competence in the practical application of the skills below.		

		Skill Demonstrated	
		Date	Date
Supervised Practice: Completed on a live subject ✓			
1.	Demonstrate ability to explain the process to those important to the deceased person who may be present		
2.	Assessing Circulation <ul style="list-style-type: none"> • Checking carotid pulse for one minute • Cardiac Auscultation – Checking for heart sounds verified by using a stethoscope for a minimum of one minute 		
3.	Assessing Respiration <ul style="list-style-type: none"> • Observing persons chest for a minimum of one minute for signs of respiration i.e. rise and fall of chest wall • Listening for breath sounds verified by observation and listening with a stethoscope for a minimum of one minute • Demonstrate the rationale and understanding of why you: <ul style="list-style-type: none"> ➤ Do not check for flow of air against your cheek ➤ Do not listen for air escaping during exhalation 		
4.	Assessing Cerebral Function <ul style="list-style-type: none"> • Check that both pupils are not fixed and dilated. • Check that both pupils are reactive to light • Check that there is a reaction to painful stimuli 		
5.	Demonstrate ability to Communicate to those important to the deceased Person		
6.	Documenting findings on the COVID19 Pronouncement of Death Form		
7.	Contact the Treating Doctor		
8.	Contact the Coroner In a residential setting, once the death has been pronounced, the registered nurse formally communicates with the coroner in accordance with local communication policy		
I have read the “Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives” (NMBI 2021) <input type="checkbox"/>			
I have read the “Scope of Nursing and Midwifery Practice Framework” (NMBI 2015) <input type="checkbox"/>			
Registered Nurses Signature:		Date:	
I am satisfied that the above named person has completed the following: <ul style="list-style-type: none"> • e-Learning programme ‘Pronouncement of Death by Registered Nurses in the context of the Global Covid-19 Pandemic ‘and successfully passed the associated on-line assessment • Self-Assessment of Competency for a Registered Nurse in the Pronouncement of Death in the context of the Global Covid-19 Pandemic and • the prerequisite as outlined above 		<div style="border-top: 1px solid black; margin-bottom: 10px;"> Signature of DON/SNM/CNM </div> Date:	

Appendix 6

Sample Clinical Audit Tool - PRONOUNCEMENT OF DEATH BY REGISTERED NURSE IN IDENTIFIED SERVICES IN THE CONTEXT OF THE GLOBAL COVID-19 PANDEMIC 2020



Audit must be completed for all deaths pronounced by a Registered Nurse and be undertaken monthly within the organisation (Please complete this form in block capitals if not typed).

Name of Organisation/Care Home/Service	Period of Audit (maximum 1 month): Date of Audit:
Location of audit (e.g. ward/ unit/room number)	Audit completed by (Name and Role)

Protocol	Compliance Expected	Supporting documentation/ evidence	Patient 1 Unique ID	Patient 2 Unique ID	Patient 3 Unique ID	Patient 4 Unique ID
1. Discussion regarding burial or cremation has taken place between the person and/or next of kin, and preference regarding burial or cremation is documented in the patient record.	100%	<i>Patient record, care plan.</i>				
2. Pronouncement of death by registered nurse (Section 1 of PDRN form) is completed as per protocol and available within the patient's record.	100%	<i>Section 1 of Pronouncement of Death by registered nurses Form</i>				
3. Following death and within 12 hours, the treating doctor was notified by the registered nurse who pronounced death along with the director of nursing or their deputy.	100%	<i>PDRN</i>				
4. Was death as expected?	100%	<i>Section 1 of Pronouncement of Death by Registered Nurses Form</i>				
5. Notification of coroner by the registered nurse who pronounced death is recorded	100%	<i>Patient record, care plan.</i>				
6. Is the registered nurse who pronounced death registered with NMBI	100%	<i>NMBI register</i>				
7. Has the registered nurse who pronounced death successfully completed the e-learning programme, the self-assessment competency document and/or the pre-requisite document?	100%	<i>Record of certification from completion of e-learning programme Completed Self-Assessment document And if required Perquisite to PDRN during the COVID-19 pandemic</i>				

