During the COVID-19 pandemic the processes in relation to death registration and management across the UK have been changing to ensure the deceased are treated with the utmost respect, to help minimise delays and distress for families and to protect public health. In these extraordinary times, there is a need for various groups of workers to work differently and together as one system, supporting people acting in new roles. 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 and speedily. If relatives/friends of the deceased wish to support the process before the undertaker arrives, care needs to be taken to ensure this is appropriate and conducted sensitively – no person should be asked to do anything they are uncomfortable with. If it is not possible to support the process remotely, then alternative verification methods will be needed. The clinician carrying out the procedure must inform the undertaker of any notifiable disease or any equipment e.g. syringe driver, catheter or pacemaker in place.

Guidance for Remote Verification of Expected Death (VoED) Out of Hospital

Patient appears to have died out of hospital and there is no trained person in attendance who can verify the death. This is an expected death. Person in attendance calls the GP practice (or OOH) to report death.

Ideal Equipment:
- Mobile phone with camera
- Stethoscope
- Pen Torch
- Appropriate PPE*

Minimum Equipment:
- Mobile phone with camera
- Appropriate PPE*

Is there an agreed local pathway for verification of death?
- Yes
  - Follow local pathway
- No
  - GP establishes that person in attendance is content and feels comfortable to assist the VoED process via video consultation. People should not feel coerced to assist the process.

1. Check pupils are dilated and do not respond to light in both eyes from pen torch or mobile phone torch.
2. Check no chest wall movements for 3 minutes by observing the chest (exposing the chest may be necessary). Absence of breath sounds using a stethoscope may provide further confirmation.
3. Locate site of carotid pulse (using video advice from guiding clinician if required) and check that pulse is absent for at least 1 minute. Absent heartbeat using a stethoscope may provide further confirmation. Repeat steps 1-3 after 10 minutes

Make an appropriate record of:
1. Time of verification of death
2. Name of patient
3. DoB of patient
4. Address (if known)
5. NHS Number (if known)
6. Details of next of kin (if known)
7. Name of person in attendance
8. Other people present
9. Circumstances of death
10. Name of guiding clinician

Guiding clinician verifies death, and records the above details in medical record, then ensures the death certification process or reporting to coroner will be completed. They also offer family bereavement support as appropriate.

If the guiding clinician is not from the patient’s registered practice, then a notification must be sent immediately to the registered practice containing the above information. The registered practice may arrange for the completion of death certificate (sent electronically to the registrar) and/or report the death to the coroner.

* Appropriate personal protective equipment (PPE) – see guidance: