

## Confirmation of Death Competency Checklist

This document should be used by registered healthcare practitioners who have completed the NHS Lothian preparation and training to undertake the [Confirmation of Death Procedure](#).

Practitioners should review and assess themselves against the required competencies and discuss achievement with their line manager. It is recommended that this self assessment is supported/supervised by a practitioner colleague who is experienced in undertaking the confirmation of death procedure.

<b>Title: Confirmation of Death competency checklist</b>	
<b>ID:</b> Cof D	<b>Author;</b> Confirmation of Death SLWG
<b>Category:</b> 1	<b>Document Version:</b> 1
<b>Status Draft/Final:</b> Final	<b>Review Date:</b> 31/03/22
<b>Authoriser:</b> JMcL	<b>Date Authorisation:</b> 31/03/20
<b>Date added to intranet:</b>	
<b>Key Words:</b> Confirmation of Death competency statement	
<b>Comments:</b>	

Confirmation of Death competency checks	Competence achieved yes/no	Comments /further additional learning identified
Demonstrates knowledge of the current policies and procedures in relation to confirmation of death by a registered health care professional		
Demonstrates knowledge of the underpinning rationale that informs the confirmation of death procedure.		
Receives referral and clarifies key information from referring agent in line with policy and procedure		
Critically analyses any potential risks or concerns and responds or escalates accordingly		
Selects appropriate equipment and documentation required to undertake confirmation of death including any additional requirement in response to infection risks		
Provides appropriate explanation and information to the bereaved family or carers, involving them in the decision making process appropriately		
Demonstrates ability to undertake the confirmation of death procedure: <ul style="list-style-type: none"> <li>• Adheres to the required procedural checks in timely and efficient manner</li> <li>• Adheres to any enhanced infection prevention measures</li> <li>• Recognises any limitations in knowledge or ability and seeks assistance as required</li> </ul>		
Demonstrates knowledge of circumstances that might require referral to procurator fiscal or police and the procedure to escalate to responsible medical practitioner		
Accurately completes the confirmation of death recording documents.		
Sensitively informs the family/ cares that the death has now been confirmed and provides information booklets.		
Communicates the completion of procedure to referring agent: GP, Out of Hours team as per local procedural requirements highlighting any identified hazards, indwelling devices etc.		
Signature of practitioner:		date:
Print name:		
Signature of supervisor:(if appropriate)		date:
Print name:		

**Registered Healthcare professional statement**

I confirm that I have participated in the NHS Lothian Confirmation of Death Training and have successfully completed all course requirements. I can confirm I have the necessary theoretical knowledge and competence to confirm death in a consistent, timely, sensitive and caring manner respecting the dignity, religious and cultural needs and preferences of the patient, relatives and carers.

I understand (please tick below)

- the difference between confirmation of death and certification of death
- the roles and responsibilities of Registered Health Care Professionals who are undertaking confirmation of death
- the importance of keeping knowledge and skills up to date
- the process of making clinical decisions/informed judgements about whether or not to commence CPR
- how to recognise potentially reversible causes of apnoea, coma and required actions if this is suspected or identified
- the policy, procedure for confirming death including any local standard operating procedures and the associated documentation requirements
- the most up to date policy, procedure and documentation for the identification and communication of risks related to care of deceased patient
- how to provide support and information to the bereaved
- resources to support confirmation of death including own support requirements

I am satisfied that I am competent to confirm death. I will also continue to update and maintain my competency in this area of practice in accordance with the NMC Code (2018) and will demonstrate my ongoing competence as required by my employing organisation

Practitioner signature: .....

Name (print): .....

Title / Grade: .....

Clinical area: .....

Date of completion: .....

**MANAGER statement:**

I confirm that the above participant has met the required standard of competence for Confirmation of Death and therefore can undertake this role in practice.

Manager/charge nurse signature: .....

Name (print): .....

Position: .....

Clinical area.....

Date.....

**Please retain this for your own records and give a copy to your manager to be inserted in your personnel file.**

**Your manager will also log completion of the competency statement in your Electronic training record file.**