

Q1: How can I achieve competence in VLE?

- Training is available from HSC Clinical Education Centre via video conferencing and e-learning - see www.cec.hscni.net
- Nurses can deem themselves competent by using a self-assessment framework.
- Direct supervision from an experienced nurse. Nurses can set up buddy systems whereby they can be called to undertake VLE under supervision should the need arise.
- Indirect supervision by way of peer review by telephone discussion / video call with a nurse from another home after having completed the VLE process.
- Simulated practice using a mannequin with remote supervision and assessment.
- Colleagues working in Marie Curie, Hospice at Home or NIAS can be asked to provide peer support.

Q2: Do I need to get permission from the GP before I undertake VLE?

- You do not need to get permission to undertake VLE.
- It is important that nurses work in partnership with GP colleagues and that the GP practices that are linked to your nursing or residential care home or your community setting are aware that you have received training in VLE.
- The person's GP should be informed that a nurse has Verified Life Extinct.

Q3: What information does the GP need when I make a call to confirm VLE?

- It will be important that the nurse is able to articulate the circumstances leading up to the person's death as this information will enable the GP to make a decision regarding the cause of death. The GP will either issue a medical certificate of cause of death (MCCD) or refer the case to the Coroner.
- The use of SBAR, which is a well-recognised set of prompts that promote assertive and effective communication by framing information around the **S**ituation, **B**ackground, **A**ssessment and **R**ecommendation, may assist documentation.
 - Situation: what are the circumstances of the environment; was there Covid-19 within the home, relevant factors such as a recent fall or drug error, are there any suspicious circumstances, was the death expected etc.
 - Background: the individual story of the person; their age, medical condition, circumstances of deterioration and death.
 - Assessment: summary of the care and treatment provided to the person in the time immediately prior to death.
 - Recommendation: that the person is deceased and that you have completed VLE or that you believe the person is deceased and you are requesting a medical practitioner to undertake VLE.

Q4: What are the circumstances when a nurse can undertake VLE?

- **Scenario 1:** person in a nursing or residential care home. A suitably trained and competent nurse employed by the care home can undertake VLE.
- **Scenario 2:** person in a nursing or residential care home where there are no suitably trained and competent nurses available. A suitably trained and competent nurse from community nursing teams such as district nursing, Marie Curie, Hospice at Home may be requested by the GP to undertake VLE.
- **Scenario 3:** person in their own home receiving district nursing service, Marie Curie Service or Hospice at Home service. A suitably trained and competent nurse can undertake VLE.

Q5: What do we do if there are no suitably trained and competent nurses available?

- **Scenario 4:** person in a nursing or residential home, or in receipt of district nursing service, where there are no suitably trained and competent nurses to undertake this task. A GP (including OOH or Covid centre GP) or NIAS paramedic can undertake VLE.

Q6: Does the death need to have been anticipated, predicted and expected?

- The circumstances within which a nurse may undertake VLE are not limited to those deaths that could have been anticipated, or to those persons who are known to the individual nurse or the nursing service.
- In circumstances where the death has occurred suddenly and where the cause of death is uncertain the nurse can undertake VLE. It is the responsibility of the medical practitioner to make a determination on the cause of death.
- Where there may be suspicious circumstances or where death has occurred as a result of an untoward incident then the death will be reported to the PSNI in line with current practice.

Q7: In what circumstances does a nurse contact the coroner?

- During the current COVID-19 pandemic, nurses may report a death to the coroner directly if they are unable to access the GP in a timely manner.
- The office is staffed on weekdays 9.00am–4.30pm and on weekends and public holidays 9.30am–12.00 noon.
- Telephone: 0300 200 7811 (answering machine out of hours).
- Outside normal office hours a recorded message will provide contact details for the duty Coroner or messages may be left on the telephone answering machine.
- A downloadable form is available which can be completed and e-mailed to the death reporting team, they will then call you back to discuss in more detail.
 - www.justice-ni.gov.uk/sites/default/files/publications/justice/Death-Reporting-GPs.pdf
 - Email to: deathreportingteam@courtsni.gov.uk

Q8. What difference has the COVID-19 pandemic made to VLE?

- Verification of Life Extinct is not a new procedure for nurses; nurses have always undertaken this duty and it is within their scope of practice and sphere of competence.
- What is new is the range of situations where the nurse may undertake VLE and these are outlined within the Department of Health Guidelines for Verifying Life Extinct (VLE) during COVID-19 pandemic published on 22 April 2020 as per extract below:

2.2 VLE in pandemic circumstances

Due to the possibility that medical practitioners or ambulance clinicians may not be able to respond promptly during a pandemic surge, a nurse may need to perform the VLE procedure in circumstances which, in the past, they would not have done so.

These circumstances include the following,

- i. sudden death which is unexpected, unforeseen and not predictable;*
- ii. when the cause of death is uncertain;
- iii. the verifying nurse feels that there may be suspicious circumstances;
- iv. death as a result of untoward incident e.g. fall or drug error;
- v. if the deceased is to undergo a Coroner's or a consented hospital post-mortem examination.

*unexpected death can be described where death, was not anticipated as a significant possibility for example, 24 hours before the death; or there was a similarly unexpected collapse or incident leading to or precipitating the events which led to the death.

For further details on the DoH guidance see www.health-ni.gov.uk/publications/covid-19-guidance-surrounding-death



Public Health Agency

12-22 Linenhall Street, Belfast BT2 8BS.
Tel: 0300 555 0114 (local rate).
www.publichealth.hscni.net

Find us on:

