



**Policy and Procedure for the Management of Confirmation of Death in and out-of-hours by Registered Health Care Professionals**

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## **1. BACKGROUND**

The Chief Nursing Officer (CNO) for Scotland issued a Director's Letter in May 2017 [DL(2017)9] on the subject of Confirmation of Death by Registered Healthcare Professionals'. This letter clarifies the professional and legal aspects of undertaking this role, and has the effect of rescinding any previous guidance on the subject issued in Scotland. In August 2018 the CNO published a "Framework for Implementation of DL(2017)9.

Previous guidance had limited the role to registered nurses only, and in expected circumstances only; these restrictions however are seen as unnecessary in relation to contemporary practise and the current context of care

NHS GG&C affirms that Confirmation of Death should be carried out by the most appropriate Registered Healthcare Professional present. Registered health care professionals are able to confirm death, in any circumstances, and there is no requirement for permission to be given for a specified period of time by a registered medical practitioner.

Whilst recognising that all registered healthcare professionals may undertake Confirmation of Death, and that this role can be undertaken in any circumstances, NHS GG&C has taken the decision to develop a set of standard operating procedures which determine the staff groups who are expected to adopt this practice initially. (Appendix 1)

## **2. SCOPE**

This policy applies across all health and social care settings in and out-of-hours within NHS GG&C; including domiciliary settings where healthcare professionals provide care. It is also applicable to registered health care professionals working within independent Care Homes, subject to Care Inspectorate/Healthcare Improvement Scotland approval and local commissioning teams involvement. Please refer to Standard Operating Procedure (Appendix 1).

## **3. DEFINITIONS**

There are a variety of terms used to describe the process by which the absence of life is formally acknowledged. Any event with legalistic or medical overtones is often couched in terms that make sense to respective legal and medical professions but are less understood by, or relevant to, the people we serve, particularly in times of distress. Using language that is sensitive to the needs of others, and an awareness of the impact of that language, is therefore an important consideration for healthcare professionals.

Confirmation of Death (previously referred to as verification) is the procedure of determining whether a patient has died and formally verifying that life is extinct. As noted in section 1 above Confirmation of Death can be undertaken by a Registered Healthcare Professional and does not require a Medically Registered Practitioner.

Certification of Death is the process of completing the "Medical Certification of Cause of Death" which must be completed by a Medical Practitioner.

#### **4. PURPOSE OF THE POLICY**

This policy is informed by “DL (2017) 9; Verification of Death”, the Scottish Governments “Framework for Implementation of DL (2017) 9” and the “Certification of Death (Scotland) Act, 2011”.

The purpose of this Policy is to;

- Formally acknowledge the role of Registered Healthcare Professionals in relation to Confirmation of Death.
- Set out the core principles governing Confirmation of Death and provide a set of procedures to ensure good working practice.
- Define the roles, rights and responsibilities of the organisation in relation to the Confirmation of Death.
- Define the roles, remit and responsibilities of Registered Healthcare Professionals in relation to Confirmation of Death.

#### **5. FUNCTION**

NHS GG&C affirms the importance of good care which is provided, before, at and after death, to the deceased and the bereaved.

Confirmation of death is required so that the deceased may be removed to a suitable environment, such as a mortuary or a Funeral Directors premises. Funeral Directors and mortuary staff cannot facilitate removal of the deceased person until Confirmation of Death has been undertaken by a Registered Healthcare Professional.

This policy provides guidance flowchart (Appendix 2) and documentation proforma (Appendix 3) to ensure good working practice by Registered Health Professionals in relation to confirmation of death and care of the bereaved.

#### **6. RESPONSIBILITY**

NHS GG&C recognises that timely Confirmation of Death will minimise unnecessary distress for those who are bereaved, and if in a communal setting, to other patients or residents.

Responsibility of Managers:

Managers have a responsibility for the effective implementation of this policy and in ensuring that appropriate arrangements are in place within their spheres of responsibility to ensure Registered Healthcare Professionals undertaking Confirmation of Death have the required knowledge, skills and competencies.

Registered Healthcare Professionals should, where appropriate, be supported to develop new skills and competencies to enable the delivery of safe and effective care, which can include the Confirmation of Death in any circumstances.

## Responsibility of Registered Health Care Professionals:

Registered Healthcare Professionals undertaking Confirmation of Death within their scope of practice must ensure they possess the requisite skills, knowledge and experience to undertake any element of their role, and:

- Must be registered with the appropriate regulatory body
- Complete the required training
- Deem themselves competent having received the required training and completed the required competency framework
- Maintain knowledge and skills needed for safe and effective practice
- As part of ongoing professional development ensure skills and knowledge are up to date and relevant to their scope of practice through annual appraisal system
- In order to enhance competence you may wish to shadow a more experienced colleague to observe and emulate, in particular, leadership and communication skills in dealing with people who are bereaved

## 7. CONFIRMATION OF DEATH IN ALL CIRCUMSTANCES

### 7.1 EXPECTED DEATHS

When someone is dying in the community setting it is essential that the primary care team take time to prepare the person and their family. This requires sensitive communication and planning about what to expect before, at and after death. This should be part of anticipatory care planning conversations that are essential to person centred palliative care. For example:

- Provide the “What can happen when someone is dying” leaflet [https://www.palliativecareggc.org.uk/?page\\_id=5260#wchwsid](https://www.palliativecareggc.org.uk/?page_id=5260#wchwsid)
- How to access services and support especially out of hours
- What to do when the person dies

Staff may need to be sensitive to family members distress and be prepared to reassure or remind them that CPR or transfer to hospital is not in the persons best interest. Death is always distressing no matter how much it is expected. These actions and conversations are essential to delivery of the highest standard of palliative care for our most vulnerable patients

### 7.2 UNEXPECTED DEATHS

When assessing the likelihood of death, the healthcare professional will use professional judgement to assess whether the initiation of life-preserving measures such as Cardiopulmonary Resuscitation (CPR) should be attempted in accordance with the NHS Scotland DNA-CPR policy. Please refer to flow chart (Appendix 2).

Whether in the case of expected or unexpected death, the most appropriate available Registered Healthcare Professional should attend to confirm death in order to ensure that any unnecessary delay or distress is minimised.

Should the registered healthcare professional have any concerns in relation to the circumstances or context of death, then the registered healthcare professional should:

- Seek guidance and discuss the issues of concern with a senior colleague or a medical practitioner
- It is acceptable for the health care professional to decline to confirm death if there is an unusual situation. The registered healthcare professional might request the attendance of a medical practitioner and/or police before also contacting a line manager.

Following these discussions, Police attendance may be required to provide support and advice.

In these circumstances there may need to be recognition that the registered health care professional cannot complete some or all of the required clinical checks:

1. **There may be no need** – when there is no doubt that the person is dead e.g. putrefaction has begun.
2. **To complete the checks fully may require moving the deceased or present a hazard.** From the deceased's current position the registered health care professional may be able to access a pulse or visually recognise that death has occurred, thereby confirming that it would be futile to dial 999 and start CPR. Moving the person to undertake further checks would mean disturbing the body and or scene.

It is for the certifying Medical Practitioner or Police Scotland to decide whether any reference to the Crown Office & Procurator Fiscal Service is required. Therefore effective written and verbal communication with the certifying Medical Practitioner is vital.

Full details are contained in Death and the Procurator Fiscal:

<http://www.copfs.gov.uk/publications/deaths>

## 8. PROCEDURE FOR CONFIRMING DEATH

### 8.1 Inclusion/exclusion criteria

A registered health care professional can confirm death in all circumstances, providing the patient/service user is registered with a GP within NHS GGC, and excluding the following circumstances:

- Hazards to staff ie known Blood Borne Viruses/Radioactivity etc

Additional guidance is provided for situations such as drowning, hypothermia or when the patient has an internal defibrillator. Should the registered healthcare professional have any concerns in relation to the circumstances or context of death, then the registered healthcare professional should discuss the issues with a senior colleague or a medical practitioner. For further information refer to section 7.2 Unexpected Deaths.

## 8.2 Procedure for confirming death

When the registered healthcare professional receives instruction to attend to confirm death they should attend within 4 hours. Response times will depend on:

- Time of day/night
- Extenuating circumstances
- Workforce and workload considerations

It would be good practice to phone the family or those waiting, if appropriate, with an approximate time for the visit.

The cessation of circulatory and respiratory systems and cerebral function are recognised clinical signs to diagnose death and must be confirmed.

1. Undertake observations in line with a recognised protocol, such as the Academy of Medical Royal Colleges as per *proforma*
2. Record time and date attended
3. Record the time and date that death was confirmed
4. Record time and date of death reported by witnesses
5. Record the time and date of any communications with other parties including other health care professionals, funeral directors or police
6. Record the time, date and a summary of any communications with family or carers
7. Stop and remove parenteral drug administration equipment, such as a syringe pump. In addition, other equipment such as catheters, nasogastric tubes should also be removed after confirmation of the death, unless religious belief directs otherwise. See Faith and beliefs manual.
8. In all cases of non-reportable death the medical practitioner should provide a medical certificate of the cause of death (MCCD) within 24 hours of the patient's death, except at weekends and bank holidays when the certificate would normally be completed on the next working day.
9. Complete the confirmation of death proforma

The Registered Healthcare Professional must confirm the cessation of circulatory and respiratory systems and cerebral function in accordance with the procedure detailed in the proforma.

After death is confirmed, the attendant healthcare professional may assist with care of the person after death, including last offices. It is good practice for two members of staff to attend if practicable.

Scotland is a religious and culturally diverse country and it is therefore important for all staff to be sensitive and ensure that any specific cultural, faith or spiritual beliefs or needs of the deceased and the bereaved are considered when carrying out processes around confirmation and certification of death (including care of the person after death). This is best established prior to death so that the persons needs can be identified and met. However, staff can prevent potential issues arising by simply asking the next of kin what practices are important to them and the person who has died. For further information see:

Faith and Belief Communities Manual

[http://www.staffnet.ggc.scot.nhs.uk/Acute/Rehab%20Assessment/Chaplaincy/Documents/faith\\_info/FaB\\_012016.pdf](http://www.staffnet.ggc.scot.nhs.uk/Acute/Rehab%20Assessment/Chaplaincy/Documents/faith_info/FaB_012016.pdf)

The provision of support and information to those who are bereaved is an important aspect of the role of the healthcare professional who attends to confirm death.

Bereavement resources and information can be found here:

[https://www.palliativecareggc.org.uk/?page\\_id=5260#wshd](https://www.palliativecareggc.org.uk/?page_id=5260#wshd)

Once confirmed, the family may be advised to arrange for removal of the deceased.

## **9. RECORD KEEPING AND DOCUMENTATION**

Confirmation of death must be recorded on the “Confirmation of Death” proforma (Appendix 2) and contemporaneously in the patient’s health record if available.

In the community setting, if the registered healthcare professional was not present when death occurred then information from others, such as family or carers, who were present at the time of death, should be taken into account. The time of death that they indicate can be recorded, together with the date and time the healthcare professional completed the absence of clinical signs tests. This will acknowledge the input of family and carers, and will ultimately assist the certifying doctor in completing the Medical Certificate of Cause of Death (MCCD).

The Registered Healthcare Professional must record:

- Confirmation of death proforma: record observations in line with the agreed protocol and complete documentation as set out in the documentation in Appendix 3.
- Times and dates as per procedure for confirming death in patients’ health record (Section 8.2).

<http://www.staffnet.ggc.scot.nhs.uk/Partnerships/MHP/MHP%20Corporate%20Information/Policies/MHS%20Policies/GGC%2011%20-%20Professional%20Standards%20for%20Record%20Keeping%20May%202016.pdf>

<https://www.nmc.org.uk/standards/code/record-keeping/>

<https://www.nmc.org.uk/standards/code/>

<https://www.gov.scot/publications/scottish-government-records-management-nhs-code-practice-scotland-version-2-1-january-2012/pages/7>

## **10. COMMUNICATION**

### **10.1**

In primary care the confirming registered health professional must contact the relevant GP practice via their secure clinical email. A list of these is available within each HSCP

In acute care, in-hours the registered healthcare professional will notify the senior doctor on duty to inform the patient’s own medical team. Out of hours, the registered health care



professional will notify the hospital at night team leader that the death has been confirmed and ensure that the patient's own medical team are informed the next working day.

10.2

Staff should be mindful of contacting colleagues who may have been involved with the patients care i.e. out of hours community nursing service.

## **11. MONITORING AND REVIEW**

NHS GG&C is committed to an ongoing process of monitoring and evaluation of this policy in consultation with all relevant parties. The policy will reflect and complement NHS GG&C's corporate objectives, especially in relation to End of Life and Palliative Care and the stated priorities in relation to improving health, tackling inequalities and promoting equality.

## **12. STAFF SUPPORT AND TRAINING**

Confirmation of death in all circumstances has the potential to present practical and emotional challenges to staff. It may be necessary to offer appropriate support and debriefing to members of staff working within this policy. Due to the sensitive nature of the confirmation of death it should always be considered if 2 practitioners should attend should circumstances allow this.

<https://www.palliativecareggc.org.uk/cod>

(NHSGGC Confirmation of Death webpage)

<http://www.sad.scot.nhs.uk/atafter-death/confirmation-of-death/>

<http://www.sad.scot.nhs.uk/>

<https://www.nhs.gov.uk/working-with-us/hr-connect/occupational-health-and-health-safety/>

<https://www.rcn.org.uk/get-help/rcn-advice/confirmation-of-death>

A Confirmation of Death Learnpro module is available for staff training.

## **13. RISK MANAGEMENT**

NHS GG&C Board requires assurance that Confirmation of Death is provided in accordance with all appropriate policies and procedures;

Awareness of this policy will ensure that the deceased and the bereaved are respected at the time of death.

This policy will ensure operational systems are in place to support:

- Clarity in relation to Confirmation of Death.
- Awareness of the difference between Confirmation and Certification of death.
- Ensure that Registered Healthcare Professionals are aware of the policy and procedures in relation to Confirmation of Death.
- Adverse events are escalated appropriately.

## 14. APPENDICES

1. Example of a Standard Operating Procedure (Community Nursing)
2. Confirmation of Death Flow Chart
3. Confirmation of Death Proforma

## 15. RELATED DOCUMENTS

- Appendix 1: Summary of Confirmation of Death by Registered Healthcare Professionals in Scotland – a framework for implementation of DL (2017) 9
- Appendix 2: Confirmation of Death Documentation Certification of Death (Scotland) Act, 2011
- DL (2017) 9; Verification of Death
- SGHD / CMO (2016) 2 Management of Deaths in the Community
- National Infection Prevention and Control Manual (NIPCM); Key Infections from HSE Guidance 'Controlling the risks of infection at work from Human Remains'
- NHS GGC Infection Prevention and Control manual  
<https://www.nhsggc.org.uk/your-health/infection-prevention-and-control>
- <http://www.nipcm.hps.scot.nhs.uk/media/1295/nipcm-appendix12-20160322.pdf>
- NHS Scotland, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR); Integrated Adult Policy (2016)  
<https://www.gov.scot/publications/decisions-cardiopulmonary-resuscitation-integrated-adult-policy/>

## 16. REFERENCES

Academy of Medical Colleges (2008) A Code of Practice for the Diagnosis and Confirmation of Death Hospice Uk (2015) Care After Death: guidance for staff responsible for care after death (2<sup>nd</sup> edition)

Nursing and Midwifery Code (2015) S6.2 & S 13.4

Royal College of Nursing (2016) Confirmation of Verification of Death Registered Nurses

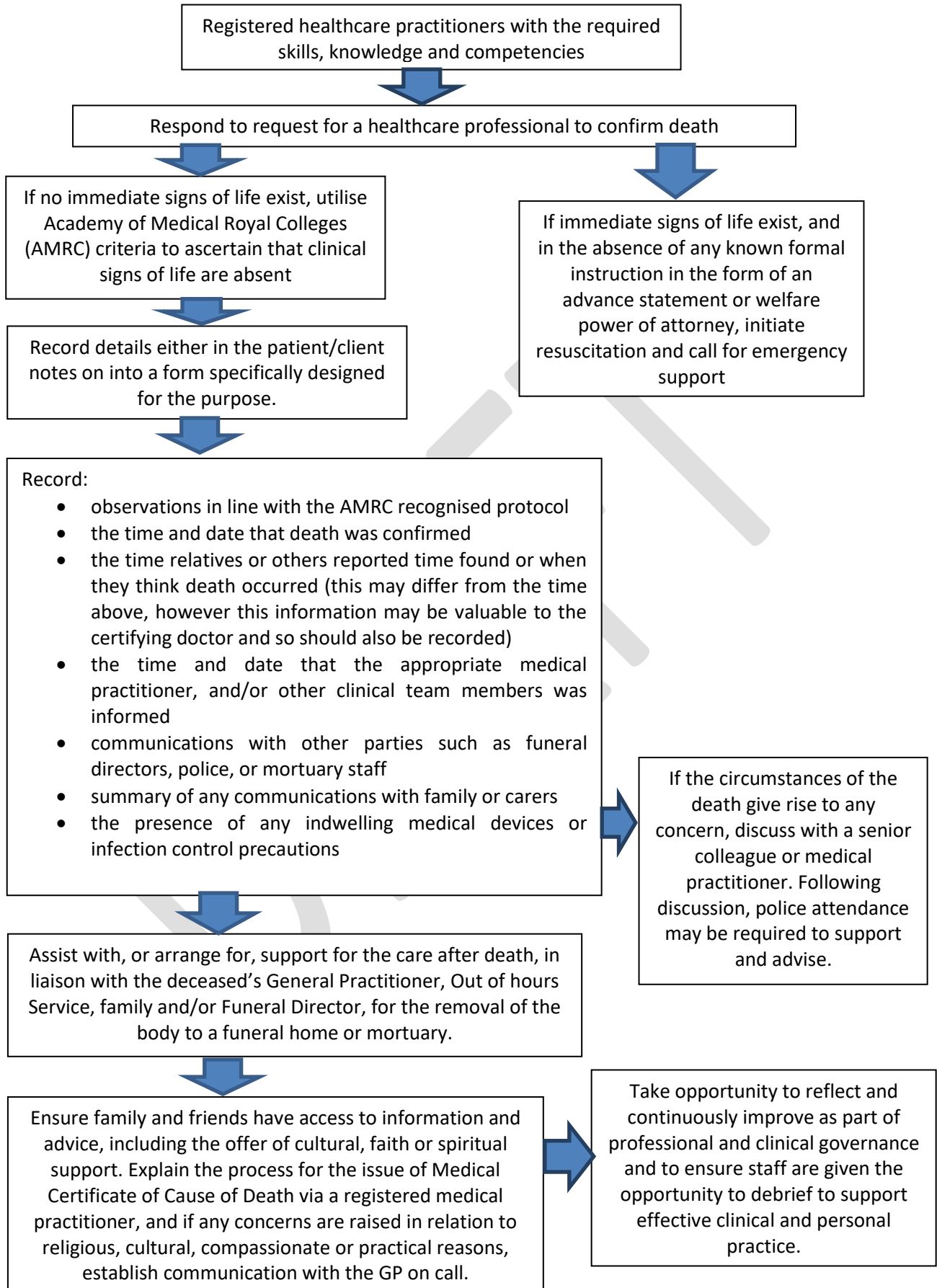
## Appendix 1 Example of a Standard Operating Procedure (Community Nursing)

<p><b>AIM</b></p>	<p>To provide guidance for nursing <b>staff already competent in Verification of Expected Death</b> to undertake <b>Confirmation of Death</b> as an element of their role specific to Covid 19 pandemic.</p> <p>This may include:</p> <ul style="list-style-type: none"> <li>District Nurses</li> <li>Community Staff Nurses</li> <li>Care Home Liaison Nurses</li> <li>HSCP employed ANP's</li> </ul>
<p><b>STATEMENT</b></p>	<p>NHS Greater Glasgow and Clyde will support all community nursing staff (detailed as above) to undertake the Confirmation of Death procedure as detailed in the NHS GG&amp;C Confirmation of Death Policy, and in alignment with NHS Education for Scotland 'Guidance and supporting resources for practitioners undertaking the Confirmation of Death procedure in Scotland'.</p> <p>The procedure applies to the death of any person registered with a General Practitioner in NHS Greater Glasgow and Clyde, where the death occurs in the person's residence, which may include Care Homes where District Nurses provide care.</p> <p>Independent Care Homes who employ registered nurses may have made their own arrangements to implement the Confirmation of Death process in alignment with commissioning teams/Clinical Directors however the entire learning resource will be shared with them to enable adoption if considered appropriate, as such they may develop their own Standard Operating Procedures.</p> <p>It is important to note that a number of Verification of Expected Death forms will remain in place until such times as the process is superseded in totality by Confirmation of Death.</p> <p>Resources</p> <p><a href="http://www.sad.scot.nhs.uk/atafter-death/confirmation-of-death/">http://www.sad.scot.nhs.uk/atafter-death/confirmation-of-death/</a></p> <p><a href="https://www.palliativecareggc.org.uk/cod">https://www.palliativecareggc.org.uk/cod</a></p>
<p><b>REQUIREMENTS</b></p>	<p><b>Registered nurses</b> must:</p> <ul style="list-style-type: none"> <li>• Be registered with the NMC</li> <li>• Have previously completed the required training on Verification of Expected Death.</li> <li>• Have accessed the GG&amp;C Policy</li> <li>• Have read and understood NES guidance as detailed above.</li> <li>• Have undertaken the Learnpro module</li> <li>• Have completed the self assessment element of the competency framework</li> <li>• Have access to pocket cards detailing the clinical process</li> <li>• Be aware of access to Confirmation of Death Recording Template</li> <li>• Know how to communicate completed template to GP practice</li> <li>• Maintain knowledge and skills needed for safe and effective practice</li> <li>• Ensure skills and knowledge are up to date and relevant to their</li> </ul>

	<p>scope of practice through annual appraisal system.</p> <p><b>The patient</b></p> <ul style="list-style-type: none"> <li>• must be registered with a GP within NHS GGC, going forward there may be further criteria developed.</li> </ul> <p>Confirmation of death should <b>not</b> be undertaken in the following circumstances in accordance with guidance</p> <ul style="list-style-type: none"> <li>• Crime scenes or other circumstances considered suspicious</li> <li>• Hazards to staff ie known Blood Borne Viruses/Radioactivity etc</li> </ul> <p>Should the nurse have any concerns in relation to the circumstances or context of death, they should:</p> <ul style="list-style-type: none"> <li>• Stop/halt the process</li> <li>• Seek guidance and discuss the issues of concern with a senior colleague or a medical practitioner</li> </ul> <p>Following these discussions, Police attendance may be required to provide support and advice.</p>
REFERRAL	<p><b>Referral procedure to nursing staff:</b></p> <ul style="list-style-type: none"> <li>• <b>GP to contact nursing staff to request Confirmation of Death where there is no VoED in place in accordance with local process including Single Point of Access or OOH hub</b></li> <li>• <b>Nursing staff should be made aware if the patient has symptoms indicative of Covid 19, or has confirmed Covid 19, or any other infectious disease in order to select appropriate PPE.</b></li> </ul>
PROCEDURE	<p>The cessation of circulatory, respiratory systems and cerebral function are recognised clinical signs to diagnose death and must be confirmed. The following actions detail the procedure:</p> <ol style="list-style-type: none"> <li>1. Undertake observations in line with a recognised protocol, NHS Education for Scotland Guidance and Supporting Resources for practitioners undertaking the Confirmation of Death procedure in Scotland</li> <li>2. Record time and date attended</li> <li>3. Record the time and date that death was confirmed</li> <li>4. Record time and date of death reported by witnesses</li> <li>5. Record the time and date of any communications with other parties including other health care professionals, funeral directors or police</li> <li>6. Record the time, date and a summary of any communications with family or carers</li> <li>7. Stop and remove parenteral drug administration equipment, such as a syringe pump. In addition, other equipment such as catheters, nasogastric tubes should also be removed after</li> </ol>

	<p>confirmation of the death, unless religious belief directs otherwise. See Faith and beliefs manual.</p> <ol style="list-style-type: none"> <li>8. In all cases of non-reportable death the medical practitioner should provide a medical certificate of the cause of death (MCCD) within 24 hours of the patient's death, except at weekends and bank holidays when the certificate would normally be completed on the next working day. During the Covid 19 pandemic there is an electronic process to facilitate this.</li> <li>9. Complete the confirmation of death proforma, in current situation 2 copies require to be completed until a more streamlined process can be explored in order for staff to leave a copy for the undertaker.</li> <li>10. Arrange to communicate the completed proforma to GP via clinical email box as is extant process.</li> </ol> <p>Following confirmation of death, the attendant nurse may assist with care of the deceased, including last offices. It is good practice for two members of staff to attend however, this decision can be influenced by the clinical judgement of the nurse and the individual circumstances. Please refer to the guidance for further information regarding other appropriate actions during and after confirmation of death for example last offices and communication with and support to those recently bereaved.</p>
<p><b>ADDITIONAL CONSIDERATIONS</b></p>	<p>Extant Verification of Expected Death Policy and Procedure stands where this has been completed proactively by GP.</p> <p>Confirmation of Death can be considered in circumstances where there is no VoED in place.</p> <p>This SOP currently only applies to staff groups detailed within AIM, other professional groups may develop specific SOP's for their service to sit alongside the Policy and Procedure for Confirmation of Death by Registered Healthcare Professionals</p> <p>The Standard Operating Procedure has been developed to respond to the Covid 19 crisis, opportunity for feedback will be welcomed and the SOP may be subject to change as circumstances evolve, particularly in relation to patient criteria ie those on DN caseload.</p>

## Appendix 2 Flowchart: Confirmation of Death



### Appendix 3 Confirmation of Death

Section 1 – Patient’s details: Attach addressograph label or complete below		
Circle as appropriate: Consultant /hospital/GP practice:	<b>First name:</b>	<b>Last name:</b>
	<b>CHI number:</b>	<b>Date of birth:</b> ..... / ..... /.....
	<b>Permanent address:</b> (NB this may not be the place of death)	
<b>Post code:</b>		
Section 2 - Clinical signs - observations and examination over minimum of 5 minutes		Tick when absence is confirmed
Absence of carotid pulse over one minute confirmed AND		
Absence of heart sounds over one minute confirmed AND		
Absence of respiratory sounds/effort over one minute confirmed AND		
No response to painful stimuli (e.g. trapezius squeeze) confirmed AND		
Fixed dilated pupils (unresponsive to bright light) confirmed?		
<b>Date and time clinical signs noted to be absent</b>	<b>Date:</b> ..... /..... /.....	<b>Time:</b> ..... : ..... (24 hr)
Section 3 - Place of death and witness		
Place of death (address)		
Person present at death /person who found the deceased* (delete as appropriate).	Name: Contact details:  Relationship to the deceased person:	Approximate time of death estimated by witness Date: ..... / ..... /..... Time: ..... : ..... (24 hr)
Section 4 - Clinical information: to the best of your knowledge and belief		
Is there a potential risk of transmission of infection?		Yes /Unknown/ No
Is the use of a body bag required as per infection control policy?		Yes /Unknown/ No
Are there any known hazards, e.g. indwelling medical devices, or equipment remaining with the deceased?	Yes/Unknown/No	If Yes – give details:
Section 5 - Communication (a summary can be provided here; more significant communication should be recorded in the patients notes)		
Next of Kin present? - Yes/No	If not present, have they been informed? - Yes/No	
If Next of Kin not informed, detail reasons why:		
Name of Person Informed		Date: ..... / ..... /.....
Relationship to Patient		Time: ..... : ..... (24 hr)
Contact Details (phone)		
Professionals informed: GP / Consultant / Out of hours / Community Team / Funeral Director /Other (Circle as appropriate)	Name/details of professionals informed:	Date: ..... / ..... /..... Time: ..... : ..... (24 hr)
Are you aware of any factors that may indicate need to report this death to Police Scotland / Procurator Fiscal?	Yes/ No	If Yes – Inform Dr and give details:  Name of Dr informed: ..... Date: ...../ ..... /..... Time: ..... : ..... (24 hr)
Section 6 - Registered healthcare professional confirming death		
Name (Block Capital):	Designation:	
Signature:	Date: ..... /..... /.....	Time: ..... : ..... (24 hr)