## Confirmation of death by ambulance staff

Since 2004 ambulance staff have been able to confirm death, once death has been confirmed by ambulance staff there is then no need for a doctor to attend to confirm death. This process within the ambulance service is referred to as Recognition of Life Extinct (ROLE). This is the same process which some clinicians may refer to as Pronouncing Life Extinct (PLE) or the Verification of the Fact of Death. There are national guidelines which ambulance clinicians follow as to when it is appropriate to confirm death both in respect of a patient who has failed to respond to resuscitation and where it would be inappropriate to commence resuscitation. Last year circa 6500 patients were confirmed dead by LAS staff. Once the patient has been confirmed dead the actions undertaken by ambulance staff fall into one of two groups.

Expected deaths – in order for ambulance staff to manage as death as expected there needs to sufficient evidence for the ambulance clinician to be able to determine that the patient was in the final stages of a terminal illness where death is imminent and unavoidable. Such evidence could include a DNA-CPR form, a detailed diagnosis which is documented on notes in the patient's home such as district nursing notes or palliative care notes or a CMC record. If the ambulance crew can confirm the death is expected as per the above they will undertake the following actions (if a responsible adult is on scene if no responsible adult is on scene the death will be managed as per the unexpected pathway):

- 1) Support the family/friends present
- 2) In working hours contact the patient's GP and discuss issuing a medical certificate of the cause of death (MCCD) out of working hours the ambulance crew will advise the family to contact the patient's own GP the next working day. The ambulance crew will not notify the OOH provider.
- 3) Advise the family to contact the undertakers of their choice to arrange collection of the deceased.
- 4) Complete and leave a copy of paperwork confirming death with the family for the undertakers
- 5) If appropriate the deceased can be placed back in bed and tubes and lines can be removed.

Unexpected deaths – this includes all deaths where there is any uncertainty as to whether the death is expected or not. The ambulance clinicians on scene will undertake the following actions:

- 1) Support the family/friends present
- 2) Contact the appropriate police service for the area (if not already in attendance) The police will then arrange for HM Coroner for that jurisdiction to be notified.
- 3) Complete and leave a copy of paperwork confirming death with the police officers on scene.

- 4) On notification from the police HM Coroner will arrange for undertakers to collect the deceased and convey them to the appropriate public mortuary.
- 5) The deceased will be left in the position in which they were confirmed deceased and tubes and lines will remain in situ.

The ambulance service will not routinely convey deceased patients. In London the current agreement is for children under two years old who die unexpectedly for them to be conveyed by the ambulance service to the nearest Emergency Department which accepts paediatrics, by the ambulance service. It is worth noting that the ambulance service will only undertake the confirmation of death for patient's they are called to as part of our 999 call workload and we are unable to undertake this process of behalf of other healthcare professionals, as we simply do not have the capacity to offer this service on behalf of the wider healthcare community.

## How can GP's help?

- Working with other members of the patient's care team ensure there is either
  a DNA-CPR in place and there is clear documentation within the patient's
  home as to their diagnosis and prognosis.
- Ensure if the death is expected the patient is placed on CMC.
- Maintain contact with the patient who is expected to die within the 14 day timescale to help with issue of a death certificate.

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