



Care after Death and Bereavement Policy: Operational Policy for Staff to follow in the event of a Patient Death

This procedural document supersedes: PAT/T 60 v.3



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Executive Sponsor(s):	Karen Jessop Chief Nurse
Author/reviewer: (this version)	Fiona Caddy
Date written/revised:	June 2024
Approved by:	PSRG
Date of approval:	1 st November 2024
Date issued:	18 November 2024
Next review date:	1 st November 2027
Target audience:	All staff involved following the death of a patient - Trust wide

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 4	18 th November 2024	<ul style="list-style-type: none"> • Changes to Medical Examiner Team information and processes • Viewing Process update • Wording throughout • Bereavement Process • Last Offices Process 	Fiona Caddy
Version 3	17 th November 2021	<ul style="list-style-type: none"> • Changes to medical examiner team • Covid 19 changes • Reporting of deaths to the coroner • Viewing process has changed • Changed to Bereavement processes 	Karen Shay-Nutt
Version 2	9 July 2018	<ul style="list-style-type: none"> • This policy has been re-formatted into new APD template. • Changes made to viewing arrangements • Notification of GP • Completion of Medical Certificate of Cause of Death) (MCCD) 	Mandy Dalton
Version 1 (amended)	30 Oct 2015	<ul style="list-style-type: none"> • Due to changes in the Standard Operating Procedure for the reporting of deaths occurring at Bassetlaw District General hospital to Her Majesty's Coroner for Nottinghamshire. Information/process is added as Appendix 3 (A) of this policy. 	Mark Boocock
Version 1 (Supersedes and Incorporates PAT/PA 32 – Operational Policy following the Death of a Patient and Incorporates PAT/T 30 – Last Offices Policy – Version 2)	31 July 2013	<ul style="list-style-type: none"> • This policy has been significantly changed and now incorporates PAT/T 30 – Last Offices Policy – please read in full. • Transferred from 'Patient Administration' to 'Treatments/Investigations' section. • Title change. • Format and style updated in line with CORP/COMM 1. 	Victoria Bagshaw

Contents

1. INTRODUCTION	4
2. PURPOSE	4
3. DUTIES AND RESPONSIBILITIES	4
3.1 Chief Executive	4
3.2 Deputy Director of Nursing, Divisional Directors of Nursing, Heads of Nursing/Midwifery, Clinical Site Managers, Matrons and Senior Clinicians.	4
3.3 Registered Nurse/Midwife	5
3.4 Medical Examiner Team	5
3.5 Doctor	5
3.6 Chaplain	5
3.7 Bereavement Officer	5
3.8 Mortuary Staff	6
3.9 Professionals Performing Last Offices	6
4. PROCEDURE	6
4.1 Identification.....	6
4.2 Care after Death	7
4.3 Handling Medicines following the Death of a Patient	10
4.4 Transfer of Deceased within the Trust	10
4.5 Viewing of the Deceased by Relatives and Friends	11
4.6 Organ Donation/Transplantation	14
4.7 Hospital Post–Mortem Examination.....	15
4.9 Release of Bodies	15
4.10 Medical Certificate of Cause of Death (MCCD) - (see Appendix 5)	17
4.11 Referral to Her Majesty the Coroner	17
4.12 Notifying the deceased’s GP	18
5. PATIENT LACKING CAPACITY	18
6. TRAINING/SUPPORT	18
6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT	19
7. DEFINITIONS	19
8. EQUALITY IMPACT ASSESSMENT	20
9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS	20
10. data protection	20
11. REFERENCES	21
APPENDIX 1 – WHEN TO REFER TO HM CORONER*	22
APPENDIX 2 – CULTURAL/RELIGIOUS VARIATIONS	23
APPENDIX 3 – BIOHAZARD GUIDANCE ON THE MANAGEMENT OF KNOWN OR SUSPECTED INFECTIONS WHICH NEED PRECAUTIONS AFTER DEATH	26
APPENDIX 4 – LAST OFFICES PROCEDURES	28
APPENDIX 5 –COMPLETION OF MEDICAL CAUSE OF DEATH CERTIFICATE (MCCD) GUIDANCE	32
APPENDIX 6 – DEATH OF A PATIENT WITHOUT LEGAL NEXT-OF-KIN OR FINANCIAL MEANS TO PAY FOR THEIR FUNERAL	34
<i>Disposal of Dead Bodies</i>	34
APPENDIX 7 – FLOWCHART FOR VIEWINGS AT DRI	36
APPENDIX 8 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING	37

1. INTRODUCTION

Doncaster and Bassetlaw Teaching Hospitals (DBTH) NHS Foundation Trust is committed to ensuring empathic and efficient support for the relatives/loved one of the deceased person to access appropriate information and care following bereavement and to ensure that provision is made for those people with special communication needs and cultural variance. This includes those people who do not speak English or who may have sensory impairment or loss where communication is affected. Interpretation services, where required, are available via Big Word on 0800 757 3053 or 0800 694 5093 (Interpretation and Translation Services Policy (PAT/PA 34)).

2. PURPOSE

This guidance has been developed to ensure that services provided by the Trust are equally accessible to all parties of the communities it serves and to advise Trust staff on how to access the services available. This policy covers care of patients or members of the public who die in hospital or who are brought in dead. This policy does not cover end of life care and death in the community.

3. DUTIES AND RESPONSIBILITIES

It is every member of staff's responsibility that this policy is upheld. The Trust has the right to expect that the standards in this policy are adhered to and line managers will regularly monitor adherence. All staff who are involved in the death of a patient and the subsequent support of the bereaved have a duty to abide by the relevant policy and guidance documents for their areas, which include roles and responsibilities, these include:

3.1 Chief Executive

The Chief Executive has overall responsibility for all policies and procedures within Trust.

3.2 Deputy Director of Nursing, Divisional Directors of Nursing, Heads of Nursing/Midwifery, Clinical Site Managers, Matrons and Senior Clinicians.

Divisional Directors of Nursing (DDN's), Heads of Nursing/Midwifery (HON/M), Clinical Site Managers (CSM), Matrons and Senior Clinicians have a responsibility to set the standard and ensure that the policy is followed at all times, ensuring that the deceased is treated with dignity and the bereaved are treated with compassion and respect.

3.3 Registered Nurse/Midwife

Follow all aspects of this policy, ensuring that the deceased person is treated with dignity and relatives/loved ones are treated with compassion and respect. All documentation is completed promptly and accurately. Health care professionals are responsible for ensuring that patient's valuables and belongings are packed carefully and documented in accordance with Trust policy (Patients Property and Valuables (PAT/PA 12)).

3.4 Medical Examiner Team

The Medical Examiner team comprises of Medical Examiners and Medical Examiner Officers, led by a Chief Medical Examiner who is accountable to the Regional and National Medical Examiner. This service is to ensure proportionate independent scrutiny of all deaths.

The medical examiner system is designed to:

- Provide bereaved families with greater transparency and opportunities to raise concerns
- Improve the quality/accuracy of medical certification of cause of death
- Ensure referrals to coroners are appropriate
- Support local learning/improvement by identifying matters in need of clinical governance and related processes
- Provide the public with greater safeguards through improved and consistent scrutiny of all non-coronial deaths, and support healthcare providers to improve care through better learning
- Align with related systems such as the Learning from Deaths Framework and Universal Mortality Reviews.

Please see CORP RISK 35v1- Mortality Governance Policy for further details.

3.5 Doctor

Follow all aspects of this policy, ensuring that the deceased is treated with dignity and relatives, friends and family are treated with compassion and respect. All documentation is completed promptly and accurately and appropriate referrals to HM Coroner are completed accurately and timely.

3.6 Chaplain

Provide appropriate religious, spiritual and/or pastoral support and refer on to other agencies where appropriate.

3.7 Bereavement Officer

Follow all aspects of this policy, ensuring that relatives/loved ones are treated with compassion and respect. All documentation is completed promptly and accurately.

Relatives/loved ones are appropriately signposted for on-going bereavement support as required.

3.8 Mortuary Staff

Follow all aspects of this policy, ensuring that the deceased is treated with dignity and relatives/loved ones are treated with compassion and respect. All documentation is completed promptly and accurately.

3.9 Professionals Performing Last Offices

Health care professionals have a legal duty to prepare the deceased person in accordance with HM Coroner requirements if a post-mortem examination is required.

Health care professionals are responsible for ensuring that the deceased person is prepared for transfer to the mortuary in accordance with the principles of infection prevention and control and health and safety, ensuring that dignity is maintained at all times.

To act in accordance with professional codes of conduct and practice and to ensure appropriate supervision of any non-registered staff undertaking this duty and make certain that anyone whom the professional delegates duties to is able to carry out instructions to meet the required standards.

To undertake delegated duties in accordance with Trust policy ensuring the deceased and their relatives/loved ones are treated with respect, dignity and compassion at all times. Health care professionals are responsible for ensuring that patient's valuables and belongings are packed carefully and accurately documented in accordance with Trust policy (Patients Property and Valuables (PAT/PA 12)).

4. PROCEDURE

4.1 Identification

4.1.1 Inpatients

In the event of death, the original identity band (ID) **must not** be removed from the deceased patient's body. A second ID band bearing additional details must be attached prior to transporting the deceased to the hospital mortuary (for full information see section on Mortuary Transfers within Patient Identification Policy (PAT/PS 7)).

It is the responsibility of a registered nurse/midwife to ensure that the information contained on the deceased person's ID band is correct. In the event of a discrepancy in information, it is the responsibility of the registered nurse/midwife to rectify the problem immediately.

In the event that the deceased person does not have an inpatient ID band in situ (in Emergency Department (ED) for example) it is the responsibility of a registered nurse/midwife to prepare and attach two patient ID bands (see PAT/PS 7). The ID bands must be checked by a second registered nurse/midwife before being placed on the deceased person.

If a deceased person arrives at the mortuary without an ID band during routine hours, the mortuary staff will notify the relevant ward/department/unit manager. It is the responsibility of the manager to arrange for a registered nurse/midwife who knows the deceased person to attend the mortuary as soon as possible to identify the deceased and attach an appropriate ID band.

4.1.2 Outpatients

The death of any member of the public who may be attending for an out-patient appointment or someone visiting an in-patient must be transferred to ED and identified as per 4.1.3

4.1.3 Brought in Dead (BID)

When people are certified dead on arrival to the hospital the Ambulance Service may transport the deceased to the mortuary (Doncaster Royal Infirmary (DRI) and Bassetlaw Hospital (BH) sites). In this case individuals from the ambulance or police service are responsible for confirming the identity of the deceased person. These individuals, along with the mortuary staff are responsible for ensuring the deceased's identity is accurately recorded on wrist and toe/ankle bands and applied to the body of the deceased person.

If the deceased person is unidentified, temporary labels bearing Phonic alphabet and male/female/ adult/child must be used. The admission time and date must be written on the temporary labels. This must be completed by whoever transfers the deceased person i.e. ambulance/funeral director etc. Verbal patient details can be accepted from the funeral director or police handling the body. Subsequent formal identification of the deceased person will be confirmed by the Coroner if appropriate.

4.2 Care after Death

Viewing of the deceased person is encouraged whilst the patient remains on the ward. If relatives/loved ones of the deceased are not present at the time of death, then adequate time to attend the ward can be given for them to travel at the manager's discretion before being transferred to the mortuary. (Please see below for further information).

The bereaved are to be given Bereavement Services information booklet following the time of death once the relatives/loved ones are ready and in a sensitive manner, which is available on all wards or from the Bereavement Office. There is also a copy on the Hive, under the Specialist Palliative and End of Life Care Services page. This stipulates that a member of the Bereavement Team will contact them on the next working day (Doncaster, Mon– Sun including Bank holidays; Bassetlaw Hospital and MMH, Mon- Fri excluding Bank Holidays) to guide them through the bereavement process.

There will be the opportunity for families to discuss any concerns that they have regarding the care that the deceased person received whilst in hospital or any information regarding the

condition the deceased person suffered with from the independent Medical Examiner Team. They will contact the next of kin as part of the bereavement process and discuss what has been put on the Medical Certificate for Cause of Death and explain the next steps.

If required the Chaplaincy Team may be available to offer spiritual and/or pastoral support for patients and relatives/loved ones should support be needed at this time and they can be contacted via switchboard both in and out of hours.

Staff must **not** advise the bereaved about when the Medical Certificate of Cause of Death (MCCD) will be ready or send them down to the bereavement office as this can cause further distress when the wrong information is given. This information can only be provided by the Bereavement Office at DRI or BDGH and General Office MMH and may take more to achieve depending on the circumstances. For example – delays may occur following Bank Holidays or in situations such as; not being able to contact doctors who looked after the patient or when a referral to the Coroner is required. See also **Appendix 1** for when to refer a death to HM Coroner.

Last Offices is the care given following the death of a patient and is focused on maintaining privacy and dignity, fulfilling religious and cultural beliefs, and upholding health and safety requirements. Performing 'Last Offices' is the final demonstration of respectful, sensitive care that nurses/midwives offer to the deceased person. It enables relatives/loved ones to be aware that care and respect is ongoing after death and also allows both relatives/loved ones and healthcare professionals the opportunity for closure after a difficult time, which can be helpful in the bereavement process. Relatives/loved ones may wish to spend time with the deceased person on the ward after death prior to Last Offices being performed. In this situation, the deceased should be repositioned and the environment tidied, in order to allow this time to be dignified and peaceful wherever possible. Support and information can be offered to relatives/loved ones regarding the procedure after death.

4.2.1 Deaths which occur in departments (in a non-ward environment)

Given the diversity of departments across the Trust, clinical departments are expected to have a local policy to deal with situations where an unexpected event occurs which results in death. Local policy must include:

- Patient ID
- Transfer to the Emergency Department
- Trained Personnel to certify and follow usual brought in deceased process
- Transfer to the mortuary

The medical imaging department is the largest non-ward department caring for both in patient and outpatients, therefore the following general principles apply:

- In the event of a death of an in-patient whilst attending the medical imaging department the ward retains the responsibility for delivering the care and support.
- In the event of a death of an ED attender or member of the public attending the medical imaging department the staff in ED will hold the responsibility for delivering the care and support detailed in the guidance.

- There will be individual circumstances, but in general within working hours it may be appropriate for either ward staff/ED staff to come to the imaging department and out of hours it may be appropriate for the patient to be transferred to the ward/ED in a trust enclosed transfer trolley.

4.2.2 Death in custody

Following a 'death in custody', the deceased is dealt with directly by the police/coroner. In such situations, nothing relating to the deceased person, the environment or the deceased person themselves must not be touched, allowing the police to take immediate control of the deceased and surroundings. All lines and devices must be left in situ and unless there is a safety risk, all devices left operating. All clinical notes must be made immediately available to the investigating officers. Staff should refer to the Policy Concordat for the care of prisoners admitted to DBTH (PAT/PA 10).

4.2.3 Legal Requirements

Either medical staff or a qualified senior nurse/midwife must verify death. Senior nursing and midwifery staff can only verify the expected death of an adult patient following training. Verification of death must be documented electronically on nerve centre or in the patient's notes. Following on from the 2012 NPSA staff must follow the guidance contained within the Code of Practice for the Diagnosis and Confirmation of Death, Academy of Medical Royal Colleges (2008) when diagnosing and confirming death after cardiopulmonary arrest. Staff verifying death must ensure time of death is recorded only once and all identified criteria are fulfilled. Medical staff must verify an unexpected death. If a patient has died unexpectedly, or if HM Coroner is to be informed for any reason, a post-mortem or digital autopsy will probably be required. Examples of such situations include sudden death, death after invasive procedure (e.g. surgery or endoscopies) or patients with industrial disease (e.g. Mesothelioma). If it is not clear whether a post-mortem will be required, the medical team must be consulted who will confirm whether they are able to issue a death certificate or whether the case needs referral to HM Coroner. In any of these situations the Medical examiner team will be required to independently scrutinise the case and send additional paperwork to the Coroner. If a post-mortem is required all tubes/drains/lines must be left in place and catheters and/or cannula spigotted. If the deceased person was being artificially ventilated in DCC/ITU at the time of death, the endotracheal tube may be removed, unless the deceased person is likely to be referred to HM Coroner or was in custody.

4.2.4 Cultural/Individual Requirements

Practices relating to Last Offices may vary according to religious and cultural needs. Brief information regarding these variations is included within this policy, however further information is available from the chaplaincy department. See **Appendix 2** for cultural variations.

It is good practice to sensitively discuss and document the patient's wishes prior to death if the opportunity presents.

4.2.5 Infection Control Precautions

No particular risk of infection exists with the majority of deceased person's, however bacteria normally colonising the gut, respiratory tract, genital tract can leak into previously sterile sites

such as blood, muscle and lung after death. Additionally, as body functions cease after death, there may be leakage which can cause local contamination of the skin and environment. The whole body should therefore be regarded as potentially contaminated and Standard Infection Prevention and Control Precautions Policy (PAT/IC 19)

In certain situations there may be an additional risk due to a particular infection, which may be spread by:

- Airborne droplets or particles especially from lungs
- Discharges from the gut
- Inoculation risks
- Skin lesions

The risks and additional precautions necessary relating to specific infectious diseases, confirmed or suspected, are listed in **Appendix 3**.

4.2.6 Procedure for preparation of the body (Last Offices)

The procedure should be carried out within 2 - 4 hours of the death of the patient (See **Appendix 4** for Last Offices Procedures) to preserve their appearance, condition and dignity. Any religious requirements/preferences must be taken into account as far as possible.

4.3 Handling Medicines following the Death of a Patient

This section should be read in conjunction with the Safe and Secure handling of Medicines Policy (PAT/MM 1 A). Following the death of a patient, medicines shall normally be sent to the Pharmacy for destruction in the ward/department transit box. However, where harm is suspected as a result of medicines administered, any medicines in use shall be retained on the ward until the death certificate and/or investigation has been completed.

4.4 Transfer of Deceased within the Trust

Following completion of Last Offices (see **Appendix 4**), including the specified identification checks and completion of relevant documentation to accompany the deceased, the Service Department is contacted to transfer the deceased to the mortuary in an enclosed transfer trolley. **All** deceased persons transferred to the mortuary should be in a body bag otherwise transfer may be refused.

It is expected that any transportation of deceased person around the Trust is performed with respect, dignity and discretion; the body must be transferred from the bed to the transfer trolley using appropriate moving and handling techniques i.e. the use of a slide sheet to assist in transfer of the patient. The body should be transferred through those areas not regularly accessed by the general public i.e. utilise service lifts and basement corridors. It is important that the service department ensure that their staff are trained appropriately for this task and appropriate training and competency records are maintained.

4.5 Viewing of the Deceased by Relatives and Friends

Viewings on wards should be encouraged at the time of death, as there is no chapel of rest and the Mortuary Viewing Room is within a working mortuary environment which is used for Police ID situations. Viewings in the Mortuary are facilitated under **exceptional circumstances only** and would otherwise be recommended after transfer to the funeral home where this can be discussed with relatives/loved ones to make sure that this is something that they wish to proceed with in a comfortable environment with the means to make it the best experience possible. Exceptional circumstances will be considered by the Bereavement staff, Lead Nurse for Specialist Palliative and End of Life Care Services and Mortuary Lead, along with discussion with the ward/area managers involved in the patient's care. Examples of exceptional circumstances may be; Loved ones not being present at the time of death or in the time after, NOK/loved one not being aware of the deceased persons admission to hospital, relatives/loved ones travelling from abroad, community deaths where the relative/loved one was not present at the time of death, family/loved ones who are in the armed forces, if the condition of the body may not be suitable at a later date or in the case that the deceased is registered as a missing person. These reasons are not exhaustive and each case should be considered fairly and on an individual basis. Please consider that there may be information around each individual case that you may not be aware of. Exceptional circumstances will not include a plan for a 'direct cremation'.

Out of hours, it is encouraged for the Clinical Site Team to be involved who can explain to the bereaved that viewing will be considered as above in working hours, to allow them adequate time so that they can receive support from a trained team. If required the Clinical Site Team can call Mortuary staff who are available for advice OOH via the switch board or on 07780226354.

Caution should be applied as there may be occasions when the person making the request is neither known nor welcome to the next of kin. When in doubt, the next of kin must be contacted to ensure their agreement. Each case must be considered individually. Staff should be aware that all children of the deceased carry equal status, so in circumstances where there are family separations, one child cannot instruct staff that another child cannot view.

There may be occasions when viewing is not appropriate, particularly when the body may be altered, discoloured or odorous to a degree where the bereaved would be distressed. Where the coroner is involved, permission must always be sought and guidance adhered to via the Bereavement/Mortuary teams.

Any deceased persons who are deemed unsuitable for viewing will be clearly identified. Where the deceased has been classified as high risk for infection (see **Appendix 3**), viewing may be advised via the window of the viewing room. It is imperative that patient confidentiality is maintained, irrespective of infection status. Therefore, if relatives are not aware of the presence of disease, explanation of the additional labelling and infection control precautions being carried out must be communicated with great care and sensitivity.

Any viewings that are arranged will be done via the Bereavement Team, who will accompany a relatives/loved ones along with a trained End of Life Care Clinical Nurse Specialist (at DRI) or

trained ward nurse (at BDGH) who is a registered professional, in order to provide support to the bereaved. It is the responsibility of the professional to ensure that the correct body is viewed by checking at least three patient identifiers. Viewings are arranged by appointment only in working hours by telephoning the Bereavement Team. Please do not encourage any relatives/loved ones to go to the Bereavement Office in person as this is not a suitable environment for members of the public due to other sensitive information which may be on view.

4.5.1 Doncaster mortuary

See flowchart at **Appendix 7**

Mortuary staff are available during working hours if the body requires significant preparation. Mortuary staff are also available out of hours for advice with viewings or identification of the deceased, especially if the deceased is received in a condition deemed not appropriate for viewing.

Preparation for viewing

At DRI, the mortuary assistants (MA) are responsible for the movement of the deceased into the viewing room. Whenever possible this must be completed by two members of staff.

Viewings before 3pm Monday to Friday are prepared by the MA, who will also confirm the identity of the patient. Outside of these hours, advice should be sought from mortuary staff on call.

Any wounds or injuries must be covered and the deceased person should be presented as if laid within a bed, covered by sheets and blankets.

The health care professional conducting the viewing which will be an EOL CNS at DRI and a staff nurse at BDGH, should check the identity of deceased person, using 3 separate checks prior to the viewing and consider anything which may cause distress for the relatives/loved ones to warn them in advance eg; bruising, markings or colour changes.

The health care professional should then accompany the relatives/loved ones and advise them of anything that they may find distressing.

The Viewing Form should be completed for hospital records.

Following the viewing, the body must be covered and returned to the correct body storage chamber by the mortuary assistant.

4.5.2 Bassetlaw mortuary

Viewings are again in **exceptional circumstances only** and appointments for viewings must be arranged by telephoning the Bereavement Team and the Mortuary on 01909 500990 ext. 572814 between 8.30am and 4.00pm, Monday to Thursday. Viewings are not arranged after 3.00pm.

Relatives/loved ones should report to the ward or ED and will be accompanied to the Mortuary by a nurse or healthcare assistant. The Mortuary Assistant will prepare for and supervise any viewings.

In the event of relatives/loved ones arriving at the Mortuary unaccompanied, they should be asked to wait in the waiting room until assistance from other staff has arrived. The MA on duty is responsible for ensuring that other staff are present and the viewing should not go ahead until they are with the family. If advice is required outside of these hours please discuss with Mortuary Team based at DRI on 642891 (OOH via switchboard).

Preparation for viewing

At BDGH, the identification and preparation is completed by the MA during working hours.

Please note: Viewings are discouraged and only agreed in **exceptional circumstances**. Out of hours, the Clinical Site Team should be informed who can explain to the bereaved that viewing will be considered as above in working hours, to allow them adequate time so that they can receive support from a trained team. If required the Clinical Site Team can call Mortuary staff who are available for advice OOH via the switch board. DRI mortuary staff are available for advice.

4.5.3 Mexborough Hospital

Appointments for viewings in **exceptional circumstances only**, can be arranged by telephoning the General Office on 01709 649002 between the hours of 9am and 12.30pm and 1.30pm and 4pm Monday to Friday (excluding Bank Holidays) who can liaise with the Mortuary Team at DRI for advice.

Mexborough Hospital Mortuary is not staffed, therefore in the rare circumstance that a viewing is requested it must be discussed with the DRI Bereavement Team 642516. It may be required to discuss if viewing the deceased would be more appropriate after release to the funeral home or if required sooner, whether the deceased should be transferred to DRI where the viewing can be supported by trained staff.

The mortuary facilities at Montagu Hospital are only accessible via the Central Services Team.

4.5.4 Maternal Death (see Maternity Service Guideline MSG 121 version 5)

It is a Trust and statutory requirement to report all maternal deaths up to 1 year following birth, irrespective of the reason for the death.

A maternal death is defined as a woman dying during pregnancy, or within 1 year of birth, termination of pregnancy or miscarriage. (MBRRACE –UK Dec 2017)

The Head of Midwifery should be informed within working hours, at other times the labour ward co-ordinator must be informed. This should occur as soon as possible.

4.5.5 Child Death

In April 2008, Child Death Overview Panels (CDOP) were established as part of all Local Safeguarding Children Boards in line with government guidance outlined within 'Working Together to Safeguard Children' (HM Government 2018). The guidance stipulates that all child deaths (excluding stillbirths and planned medical terminations) up to the age of 18 years must be reviewed. The purpose is to understand, more fully, the circumstances surrounding individual child deaths and to identify themes and trends regarding all child deaths in order to develop strategies to prevent the deaths of other children in the future.

Should any child under 18 years of age die within Doncaster or Bassetlaw the staff involved must inform the Rapid Response to Unexpected Child Death Team.

The Rapid Response Team work on a Rota basis and this is distributed to key areas in the hospital including the switchboards at Doncaster and Bassetlaw Hospitals. The on-call member can be contacted via switchboard 09:00 -17:00 seven days a week. Out of hours please contact the next morning.

4.5.6 Bariatric Patients

See Manual Handling Policy CORP/HSFS 4

4.5.7 Further Support and Guidance for Carers

Staff may deem it appropriate to offer family additional helpful information this includes:

Information that can be found on www.dyingmatters.org

4.6 Organ Donation/Transplantation

Refer to Adult Organ Donation Policy, Departments of Critical Care – PAT/PA 8.

Organ and tissue donation is supported by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. Tissue donation should therefore be considered with all patients who die within the Trust.

Tissue services are a team of specialist nurses who will approach families regarding tissue donation. Tissue can be donated by most patients who die within the Trust, and age is not a barrier. Tissues can be donated up to twenty four hours following death.

Tissue services are based at Bridle Path Leeds and can be contacted on a twenty four hour pager system on 0800 4320559.

The resident Specialist Nurse in Organ Donation is based on Critical Care and can be contacted regarding any donation issues on 07525299087 during office hours Monday-Friday.

4.6.1 Consent requirements

The Human Tissue Act 2004 sets out a legal framework for the storage and use of tissue from the living and for the removal, storage and use of tissue and organs from the dead. The Act also established the Human Tissue Authority (HTA) as a regulatory body for all matters

concerning the removal, storage, use and disposal of human tissue for scheduled purposes. [The Human Tissue Authority has issued codes of practice which are available on the HTA website.](#)

Please refer to the Consent to Examination or Treatment Policy (PAT/PA 2) for full details around consent.

Consent is only related to hospital post-mortems.

4.7 Hospital Post–Mortem Examination

The Trust is no longer able to offer hospital or voluntary post mortem procedures. Any families seeking hospital / voluntary post mortem should be referred to Forensic healthcare services (FHC) 01621 773428, www.forensic-healthcare.com.

This service will discuss post mortem options with the family to ensure that the completion of a post mortem will address the concerns of the family. If post mortem is still the correct option, FHC will complete all appropriate consent discussions with the family.

For further details please liaise with bereavement or mortuary managers.

4.9 Release of Bodies

Relatives can arrange their own funerals without a funeral director. In this situation, if cremation is the preferred method, the family will be informed that there is an appropriate fee to be paid on collection of the paperwork and deceased from the mortuary.

On occasion a patient dies without a legal next of kin or the financial means to pay for their funeral. In these circumstances the responsibility for arranging the funeral of the deceased lies with the Local Authority within which the deceased has died subject to section 46 of the Public Health (Control of Disease) Act 1984. Please refer to **Appendix 7**.

In the event where the relative/loved one would like to take the deceased for burial on private land without the assistance of a funeral director, please call the Mortuary Team at DRI for advice on 642861/OOH via the switch board.

Bodies cannot be released if there is to be a Coroner's Post-Mortem, or if there is a significant infection risk.

4.9.1 Rapid release of bodies

This may take place in the following situations:

- Where release for burial or cremation is required as soon as possible (within 24 hours preferably). This request in our geographical area is most likely to come from members

of the Muslim community, or members of the Jewish faith, but it could come from anyone for cultural or personal reasons.

- A relative/loved one may wish to have the body of the deceased person taken to another country for burial or cremation. **The Coroner must be informed before release, if a body is to be taken out of the country.** Additionally, a “Free from infection letter/certificate” must be completed by the Doctor, available via the bereavement office at DRI 01302 642516 and the General Office at 01909 572567 . The death must be registered before the body leaves the country.
- It is not a requirement of either the Muslim or Jewish faith for a body to be buried in another country. It may however be requested for cultural or personal reasons.
- A body can only be released if there is a signed Medical Certificate of Cause of Death and there is not a requirement for a Coroner’s Post-Mortem.
- Following a ‘death in custody’, the deceased are dealt with directly by the police/coroner and do not go to our hospital mortuary. Staff should refer to ‘Concordat for the care of prisoners admitted to DBTH’ PAT/PA 10.

If unsure, then the case should be discussed with the Coroner’s Officer or a Consultant Pathologist. If a Coroner’s Post-Mortem is required then this **MUST** be completed before the body can be released and the body must go to the mortuary for the examination. It may be possible to ask for the Post-Mortem to be scheduled to allow a quick release for bona fide reasons, but this will require discussion with the Coroner’s Officer and Mortuary Team. If a Coroner’s Post-Mortem is not required and there is no other reason preventing the release of the body then it may be released, provided there is a signed Medical Certificate of Cause of Death and the death has been registered and green form available.

The body is taken to the Mortuary and the deceased person details are entered into the Mortuary Register. If collection of the body is imminent then the body may not need to be placed in refrigeration but may remain decently covered in an appropriate area. **If a body is released from the ward for any reason, entry into the mortuary register must still occur.**

The Mortuary Register is duly completed.

The Consultant in charge and the appropriate Department Manager/Clinical Site Manager should be informed.

Details are recorded in clinical records.

If there is a lack of agreement between relatives as to whether the body is to be released or not then the body **must not be released until there is agreement.** If in doubt discuss with the Coroner and the body should proceed to the mortuary as usual.

Contact Details for Coroner’s Office:

Doncaster: 01302 737135

Out of hours, contact is with the Police. Ring 101 and ask for the Force Incident Manager.

Bassetlaw: 0115 8415553

Out of hours numbers are on answer phone message.

Contact Details for Registrar:

Please note a funeral cannot take place without the death having been registered, neither can the body be removed from the country.

Doncaster: 01302 735222 (Monday – Friday 8:45am – 4pm; out of hours - Office Answering Machine). Doncaster Register Office, Civic Office, Waterdale Doncaster DN13BU

Bassetlaw: Nottinghamshire Registration Services 0300 500 8080. Worksop Register Office, Memorial Avenue, Worksop S80 1BP. Retford Register Office, County Council Offices, Chancery lane, Retford DN22 6DG

Contact Details for Muslim Community

(Please note there is no Mosque in the Bassetlaw Area.)

Doncaster Mosque: 01302 368336

Muslim Council of Britain: 0845 2626786

www.mcb.org.uk

The nearest Jewish Community in Sheffield are the main contact and are happy to assist as needed.

Orthodox Synagogue: 01142 588855

Reform Jewish Congregation: 07719209259

There is always a member of the Chaplaincy Team on-call and out of hours. They may be able to offer support or assistance. To contact the on-call Chaplain, ring either the switchboard at DRI or BDGH who will be able to contact them on your behalf.

4.10 Medical Certificate of Cause of Death (MCCD) - (see Appendix 5)

The Medical Certificate of Cause of Death must be completed correctly and signed by an appropriate doctor.

When the Bereavement Offices at DRI is closed, access is available for authorised people via swipe access. When BDGH and General Office at MMH are closed, access to the Bereavement offices on both sites is available via the clinical site team.

- MMH: The death certificate book is kept in a yellow folder on top of the large grey cabinet near the safe.

4.11 Referral to His Majesties Coroner service

Doctors are required to electronically refer a death to HM Coroner in certain situations. Every computer on both sites have an ICON within corporate systems.

- electronic forms

- legal
- Reporting a death to the Coroner and (chosed site)

As DBTH crosses over two jurisdictions, we have to comply with the requests of both the Doncaster and Nottingham Coroner, the scenarios for referral differ for both Coroners.

The lists for referral to Doncaster Coroner and Nottingham Coroner can be found at **Appendix 1**.

4.12 Notifying the deceased's GP

The Bereavement Officer on both Sites will inform the GP of a patient's death as soon as possible and within 3 days of death via e-mail. They will complete a letter on medisec once the cause of death has been established.

5. PATIENT LACKING CAPACITY

It may be necessary to provide care and treatment to patient's who lack capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the intranet.

There is no single definition of Best Interest. Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

6. TRAINING/SUPPORT

Training sessions are available and are accessed through the Education and Training Department for Communication skills in Palliative Care, Foundations of Care in Palliative and End of Life Care, Breaking Significant News, Palliative Care: from Diagnosis to Death Non-Malignant Conditions In Palliative Care and Palliative and End of Life Care link nurses are encouraged to regularly participate in the Open Forum Training sessions for regular updates as advertised by SPC/EOL care teams or by emailing dbth.specialistpalliativecare@nhs.net.

Last Offices training sessions are available within the Specialist Palliative and End of Life Care Education Programme. To book training sessions please contact the Education Department

on extension 642053 and complete a study leave form. If you are unsure regarding any aspect of performing Last Offices, you can contact an appropriate person, such as; your clinical area manager, the Mortuary Team on extension 642861, or Lead Nurse for Specialist Palliative and End of Life Care Services on 01302 644844. Training for Last Offices should be provided in every clinical area by an appropriately trained staff nurse along with a copy of the policy.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

Failure to follow this policy will be reported via the DATIX adverse incident reporting mechanism. Any member of staff failing to follow this policy will be managed according to Trust policy and this may result in disciplinary action.

The following chart illustrates how compliance with this policy will be monitored.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Patient ID on arrival to Mortuary	Mortuary staff	ongoing	Reported via Datix
Preparation of Body prior to leaving ward/department	Registered nurse	ongoing	Reported via Datix
Correct completion of Notification of death form	Mortuary staff	ongoing	Reported via Datix
Staff trained for transportation of deceased	Service Dept/Mortuary for HTA	annually	Training and competency records

7. DEFINITIONS

Relatives/loved ones - applies to all family, relatives, next of Kin and close friends who are part of the identified extended family.

Brought in Deceased (BID) - refers to those individuals who are already deceased on arrival at the hospital. This usually relates to individuals brought in by emergency ambulance

Last Offices - is the procedure undertaken by staff (predominately nursing) to prepare the body for transfer from the ward/department to the mortuary.

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (see **Appendix 8**).

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Interpretation and Translation Services Policy - PAT/PA 34
 Patient Identification Policy – PAT/PS 7
 Concordat for the care of prisoners admitted to DBTH - PAT/PA 10
 Standard Infection Prevention and Control Precautions Policy - PAT/IC 19
 Pathology Specimens – Collection and Handling of Pathology Specimens - PAT/IC 11
 Safe and Secure handling of Medicines Policy (Part A) - PAT/MM 1 A
 Serious Incidents (SI) Policy – CORP/RISK 15
 Inquest Policy - CORP/RISK 22
 Mortality Governance Policy CORP/RISK 35
 Manual Handling Policy - CORP/HSFS 4
 Adult Organ Donation Policy, Departments of Critical Care – PAT/PA 8
 Equality Analysis Policy - CORP/EMP 27
 Equality Diversity and Inclusion - CORP/EMP 59
 Patient Property and Valuables - PAT/PA 12
 Guidelines for the Management of Patients who are End of Life - PAT/T 65
 Rapid Response to Unexpected Child Deaths and Child Deaths Function - Standard Operating Procedure – PAT/T 62
 Consent to Examination or Treatment Policy – PAT/T 2
 MSG121 Guidelines for Management of Maternal Death
 Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) – PAT/PA 19

10. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under ‘Current data protection legislation’ as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

11. REFERENCES

MBRRACE-UK Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2013–15 December 2017

A Code of Practice for the Diagnosis and Confirmation of Death, Academy of Medical Royal Colleges (2008)

Human Tissue Act 2004

Public Health (Control of Disease) Act 1984

National Audit of Care at End of Life (NACEL) 2018

Working Together to Safeguard Children' (HM Government 2018).

National Assistance Act 1948

COVID 2020 Act (2020)

Department of Constitutional Affairs

Mental Capacity Act (2005): Code of Practice, 2007

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

APPENDIX 1 – WHEN TO REFER TO HM CORONER****see policy CORP/RISK 22**

- *DRI and MMH patient deaths must be reported on the Doncaster Coroner's form*
- *BDGH patient deaths must be reported on the Nottingham Coroner's form*

A registered medical practitioner has a duty to notify the coroner if any of the following circumstances apply:

1. The cause of death is unknown;
2. The death was unnatural;
3. Poisoning
4. Exposure to a toxic substance
5. Violence
6. Trauma or injury
7. Self-harm
8. Use of a medicinal product, controlled drug or psychoactive substance
9. There are any suspicious circumstances or history of violence;
10. Neglect, including self-neglect
11. The person undergoing a treatment or procedure of a medical or similar nature.
12. An injury or disease attributable to any employment held by the person during the person's lifetime
13. The person died in custody
14. The deceased cannot be identified

APPENDIX 2 – CULTURAL/RELIGIOUS VARIATIONS

This section provides some general guidance only in relation to specific requirements that may need to be undertaken following death. However, it is not inclusive and it is therefore important to seek family views as individuals may have different preferences regardless of religion/culture.

For further advice, please contact a member of the chaplaincy team via switchboard. Please follow the Human Tissues Act 2004 guidance for organ/tissue donation.

Baha'i faith: Cremation not permitted, burial should take place as near as possible to place of death. Baha'i relatives will wish to say prayers for dead. Routine last offices are acceptable.

Buddhism: Consider dying is a very important part of life and that it should be approached positively and in as clear and conscious state of mind as possible. Routine last offices are acceptable; however, the body should not be moved for at least one hour if prayers are to be said. Cremation preferred.

Chinese: Customs vary very widely in the Chinese tradition; therefore, it is difficult to speak for all Chinese. Mostly for adults, the body is bathed, and sometimes the body is dressed in white or old-fashioned clothing.

Christianity: Offer support of appropriate chaplain.

Roman Catholic patients should be offered visit by priest to give Sacrament of Sick when dying, and may wish to have a rosary or crucifix in their hand. Church of England and members of other churches may also wish to have prayers said both in the last stages of the patient's illness and after death.

Christian Scientists: Worship is kept free from ritual. Routine last offices are appropriate. Female staff should handle a female body. Cremation preferred, prefer to not have post-mortem unless required by law.

Hinduism: Post-mortems disliked unless required by law. Consult the family by asking whether they wish to perform last offices, as distress could be caused if non-Hindus touch the body. If family are not available, wear disposable gloves, close the eyes and straighten the limbs of the deceased. Do not remove jewellery, religious objects or sacred threads. Do not wash the body, as this is part of funeral rites and will usually be carried out by relatives using Ganges water. Wrap the body in a clean sheet. Body is cremated.

Jainism: Prefer no post-mortem unless required by law. Prayers are offered for soul of dying patient. Presence of a Jain Spiritual Caregiver is preferred. Family may wish to assist with Last Offices. Body is cremated.

Jehovah's Witnesses: No objection to post-mortem. No special practices for the dying, but will appreciate a pastoral visit from one of their elders. Routine Last Offices are appropriate. May be buried or cremated.

Judaism: Prefer no post-mortem unless required by law. Cremation is forbidden. Dying person should not be left alone, may wish to hear special psalms and prayers, can be said by a relative or Rabbi. Patients must not be washed and should remain in the clothes in which they died. The body will be washed in a ritual purification. It is important that the body is released to family as soon as possible.

Mormon: Do not object to post-mortem. No rituals for dying, however spiritual contact is important. Routine last offices appropriate, if wearing a sacred undergarment must be replaced on body following last offices. Burial is preferred.

Muslim: Prefer no post-mortem unless required by law. Patients may wish to face Mecca (South East). Family/friends may sit with patient reading the Holy Quran and making supplication. At death do not wash the body. Where no relatives are available, staff should wear gloves to avoid direct contact with the body. The body should face Mecca and the head should be turned towards the right shoulder before rigor mortis begins. The body can be made respectable by combing hair and straightening limbs, however the family will ritually wash the body before burial. The body of a female should be prepared by a female member of staff and vice versa for a male body. It is important to bury a body as quickly as possible.

Plymouth Brethren: As death approaches family may wish to keep a 24 hour vigil. After death the family may wish to attend to Last Offices themselves. Prefer no post-mortem unless required by law.

Quakers: Do not object to post-mortem. No special rules or practices for the dying, will appreciate a visit from an Elder or other Quakers who may sit in silent worship.

Rastafarianism: Post-mortem is extremely distasteful to most Rastafarians, unless required by law. Routine last offices appropriate. Burial preferred.

Romany origin: Many people of Romany origin are Christians. If a traveller is dying, family/friends from around the country will wish to visit before death, meaning that there will often be many visitors. After death, the family will request that the person be laid out in clothing of their choice.

Sikhism: No objection to post-mortem, however prefer not to if possible. Sikh men wear the five K's: kesh (long hair kept under a turban), kangha (a small comb worn in the hair), kara (steel bracelet or ring worn on right wrist), kachha (special type of underwear) and kirpaan (sword worn symbolically by baptised Sikhs). After death routine last offices may be performed, but the 5 K's should not be removed. Body is cremated.

Zoroastrian/Parsis: No religious objection to post-mortem. Routine last offices are appropriate. Believe it necessary to commence prayers as soon as possible after death. No preference for burial or cremation.

APPENDIX 3 – BIOHAZARD GUIDANCE ON THE MANAGEMENT OF KNOWN OR SUSPECTED INFECTIONS WHICH NEED PRECAUTIONS AFTER DEATH

Infection / condition	Body bag	Viewing	Hygienic preparation	Embalming
Intestinal infections: transmitted by hand-to-mouth contact with faecal material				
Dysentery	Yes	Yes	Yes	Yes
Typhoid / paratyphoid fever	Yes	Yes	Yes	Yes
Cholera	Yes	Yes	Yes	Yes
Profuse diarrhoea / food poisoning	Yes	Yes	Yes	Yes
Hepatitis A	Yes	Yes	Yes	Yes
Blood borne infections: transmitted by contact with blood via skin-penetrating injury or broken skin or splashes to eyes, nose and mouth				
Hepatitis B and C	Yes	Yes	Yes	No
HIV	Yes	Yes	Yes	No
Intravenous drug user	Yes	Yes	Yes	No
Respiratory infections: transmitted by breathing in infectious respiratory discharges				
Tuberculosis	Yes	Yes	Yes	Yes
Meningococcal meningitis/ septicaemia	Yes	Yes	Yes	Yes
Meningitis (non-meningococcal)	Yes	Yes	Yes	Yes
Diphtheria	Yes	Yes	Yes	Yes
Contact: transmitted by direct skin contact				
Invasive group A streptococcal infection	Yes	Yes	No	No
MRSA	Yes	Yes	Yes	Yes

Other infections:				
Viral haemorrhagic fevers e.g. Lassa fever, Ebola	Yes	No	No	No
Transmissible spongiform encephalopathies e.g. CJD/vCJD	Yes	Yes	Yes	No
Anthrax	Yes	No	No	No
Plague	Yes	No	No	No
Rabies	Yes	No	No	No
Relapsing fever	Yes	Yes	Yes	Yes
COVID 19	Yes	Yes	Yes	No

All deceased whether there is infection or not, should always be transported to the Mortuary in a body bag.

* Requires particular care during embalming

<https://www.hse.gov.uk/pubns/books/hsg283.htm> SS Bakhshi. Code of practice for funeral workers: managing infection risk and body bagging. *Commun Dis Public Health* 2001; 4: 283-7

<https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19>

Definitions:

Body Bag: placing the body in a body bag.

Viewing: allowing the bereaved to see, touch and spend time with the body before transfer mortuary.

Embalming: injecting chemical preservatives into the body to slow the process of decay. Cosmetic work may be included.

Hygienic preparation: cleaning and tidying the body so that it presents a suitable appearance for viewing (an alternative to embalming).

Always consider the people who will be handling the body after it leaves the ward. Document any infectious disease on the notification of death form to allow mortuary staff to communicate this to funeral directors.

APPENDIX 4 – LAST OFFICES PROCEDURES

Ensure adequate time, privacy and dignity whilst performing last offices.

A nurse who is appropriately trained should always supervise the process of Last Offices.

Please ensure that your clinical area has the necessary equipment stored which is required for the last offices procedure prior to starting. This may include; Clean sheets, Surgical tape, shroud/gown, pads, gauze, wipes, soap, comb, shaving cream, razor, body bags, ID bracelets.

- Identity must be confirmed by two persons one of whom must be a registered nurse/midwife/allied health professional.
- If not previously documented, wherever possible determine from the relative/loved ones, the patient's previous wishes for care after death.
- Wash hands and put on disposable gloves and plastic apron. Individual assessment should be made in circumstances where full apron may be needed eg; potential infectious leakage.
- Lay the deceased person on their back, straightening the limbs. Remove all but one pillow. Support the jaw by placing a pillow or rolled up towel on the chest or underneath the jaw.
- Close the patient's eyes by applying light pressure to the eyelids for 30 seconds. If this is unsuccessful then surgical tape can be used, such as 'Micropore' which leaves no mark. Alternatively, moistened cotton wool may be used to hold the eyelids in place.
- Remove all mechanical aids, syringe drivers, heel pads, etc from the patient's body.
- Remove all tubes, drains, cannula etc, unless the coroner is likely to be informed of the death – see section 4.2.1. Central Lines and other intravenous lines that need to be left in situ must be covered with a waterproof dressing. A record must be kept in the patient's notes of any devices left remaining. Please consider deactivation of ICD/PPM if not already actioned via cardio-respiratory department. Please contact CCU/DCC/Theatres out of hours to request a magnet and advice about how to do this if unsure.
- Stoma bags must always be left in situ. However, a clean stoma bag must be used.
- Drain the bladder by applying firm pressure over the lower abdomen. Have a disposable receptacle ready beforehand to collect urine.
- Please use continence pads for any leakages involving the bladder or bowels.

- Exuding wounds or unhealed surgical scars should be covered with a clean absorbent dressing and secured with an occlusive dressing. Stitches and clips should be left in situ.
- Wash the patient unless requested not to do so for religious/cultural reasons or carers preference. Male patients can be shaved unless they chose to wear a beard in life. Apply a water based emollient cream to the face after shaving. It may be important to the relative/loved one to assist with washing.
- Clean the patient's mouth using mouth care packs to remove debris and secretions where appropriate. Clean dentures and replace them in the mouth if possible. If this is not possible, send the dentures to the Mortuary with the body and document this on the death notification form.
- In line with the Policy on the Safe Keeping of Patients Property and Valuables (PAT/PA 12), all jewellery must be removed other than the following items:
 - Wedding Ring
 - Jewellery worn for cultural/religious reasons (See **Appendix 2** for cultural variations). This must be performed in the presence of a registered nurse/midwife/allied health professional
- Jewellery left on the patient must be clearly documented on the "notification of death" form in line with the Policy on the Safe Keeping of Patients Property and Valuables (PAT/PA 12). Rings left on the body must be secured with tape in case of shrinkage and to avoid loss. Please record as eg yellow metal wedding band.
- Dress the patient in personal clothing or shroud/gown. If a post-mortem is to be undertaken the patient should be dressed in a shroud.
- The above procedures should be carried out, if possible before the relatives/loved ones are invited to spend time with the deceased person on the ward.
- Patient identification labels must be attached to **both** the wrist and ankle – see section 4.1 and Patient Identification Policy (PAT/PS 7).
- Loosely wrap the patient in a clean sheet to allow access to the patient's limb bearing the ID band.

The deceased must not be released from the ward for transfer to the Mortuary until the specified identification checks have been undertaken and correct identity confirmed and clearly documented.

- Once identification has been confirmed, the sheet can then be secured (not too tightly) ensuring that the face and feet are covered and that all limbs are held securely in position.

- Secure the sheet with tape.
- Place the patient in the envelope style body bag which is now the expectation for the transportation of all deceased persons to the Mortuary. Where an infection hazard has been identified (see **Appendix 3** - Biohazard guidance on the management of known or suspected infections which need precautions after death) or where the patient is bariatric, please contact the Mortuary (DRI and MMH 642861/BDGH 572814) for an appropriate body bag. Please also seek advice if you are unsure.
- Tape the “Notification of Death of a patient” form on the outside of the sheet or body bag.
- If the patient is a danger of infection risk, then use the ‘Danger of Infection’ sticker (Collection & Handling of Pathology Specimens (PAT/IC 11.)) and apply to the outside of the body bag.
- The service assistants and mortuary staff must be informed that the body is a known infection risk. Details of actual diagnosis must not be given for reasons of confidentiality.
- Remove gloves and apron and dispose of equipment in accordance with Trust policy (Standard Infection Prevention and Control Precautions Policy (PAT/IC 19)). Wash hands thoroughly.
- The ‘Notification of the death of a patient’ form must be completed for all deceased patients by the registered nurse/midwife who has undertaken the Last Offices process. The Mortuary Team will inform the funeral directors of any infection control hazards associated with the body.
- At the time of transfer to the Mortuary, it is the responsibility of a registered nurse/midwife to confirm with the service assistant transferring the deceased that the deceased person’s identity is correct. The registered nurse/midwife will check with the service assistant that the information contained on the ID band matches the deceased’s records and notification of death form. The registered nurse/midwife and the service assistant will both sign the notification of death form confirming that this check has been undertaken and that the details are correct. The nurse is accountable to ensure that last offices has been undertaken correctly and is confirming this when signing the form.
- The notification of death form WPR 17044 must be put at the front of the notes prior to transfer of the notes to the Bereavement Office:
 - It is the ward team’s responsibility to identify the next of kin and that the contact details are correct and up to date. If not, the Bereavement Team may ask for this to be rectified by the ward team.

- If any of the above procedure/s above have not been followed, the Mortuary Team may ask for assistance from the staff member/s involved in the Mortuary where needed and will be supported by the clinical area Matron.

APPENDIX 5 –COMPLETION OF MEDICAL CAUSE OF DEATH CERTIFICATE (MCCD) GUIDANCE

- You are required to complete a Medical Certificate of Cause of Death, stating the cause of death to the best of your knowledge and belief, if you attended the deceased during his/her last illness.
- There are 4 types of death certificate:
 1. Medical Certificate of Stillbirth (after 24 weeks of pregnancy).
 2. Medical Certificate of Cause of Death of a live-born child dying within the first 28 days of life.
 3. Medical Certificate of Cause of Death (any other death).
 4. Medical Certificate of Cause of Death for Medical Examiners

*See **Appendix 1** for when a death should be referred to the Coroner

It is advisable to discuss the cause of death with the senior staff of your clinical team especially if you are in any doubt as to whether a death should be reported. This should be done at the earliest time possible, such as when the patient is thought to be clinically deteriorating on the commencement of End of Life Care and clearly documented as the Anticipated Cause of Death in the medical notes/5 priorities of individualised care in the last hours to days of life (either on the nerve centre or in the paper document)

You must discuss the cause of death with your consultant before completing the MCCD.

Document all discussions clearly/legibly in the medical notes and date them.

In certain circumstances, a hospital post-mortem may be deemed appropriate, especially where a cause of death is known but more detailed information may be helpful e.g. in deaths from Metastatic Cancer from unknown primary.

Cause of Death Statement

- **Part 1**

On the first line, state the disease or condition leading directly to the death (Part 1a). On subsequent lines, complete the sequence of disease(s) or condition(s) leading to death as given in 1a – these must be directly related i.e., 1c should lead to 1b which should lead to 1a.

The disease or condition directly leading to death and the Underlying Cause of Death may be the same. In this case you need complete only the first line of Part 1 – 1a.

Part 2

If there is some significant condition or disease that contributed to the death but which is not part of any sequence leading directly to death, e.g. diabetes mellitus that is difficult to control in a patient with disseminated malignancy, you should record it in Part 2.

Do not state a mode of dying, e.g. 'coma', 'organ failure', 'cardiac or respiratory arrest', 'cachexia', 'debility', 'uraemia', 'shock', unless you also specify the disease or condition which preceded it, otherwise the Registrar will report the death to the Coroner as 'cause of death unknown'. It is advisable to discuss the wording of the cause of death with senior medical staff of your team. The bereavement officers who are used to seeing death certificates may also be able to help.

Do not use abbreviations (e.g., CCF, COPD) or medical symbols.

Do avoid the use of 'old age' or 'senility' as causes of death UNLESS there is no other significant illness that can be related to the death, death is not reportable to the HMC, and the deceased is > 80 years of age

- **CREMATION**

There is no longer a requirement for a cremation form to be completed and therefore there will be no payments for doing so. This information is now part of the new Medical Certificate of Cause of Death form following new legislation which was brought in on 9th September, 2024. The registrar will liaise with the next of kin if cremation or burial is preferred when the deceased persons death is registered who will then provide a green form to instruct the funeral director.

APPENDIX 6 – DEATH OF A PATIENT WITHOUT LEGAL NEXT-OF-KIN OR FINANCIAL MEANS TO PAY FOR THEIR FUNERAL

When a patient dies within Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust without:

- (1) a legal Next-of-Kin who agrees to bear the financial cost of arranging a funeral for their deceased relative
- (2) the personal financial means to pay for their funeral

responsibility for arranging the funeral of the deceased lies with the Local Authority within which the deceased has died subject to Section 46 of the Public Health (Control of Disease) Act 1984 ⁽¹⁾.

In the event of a patient dying within the hospitals of the Trust, it is the responsibility of the Bereavement Team on both sites to contact the designated Local Authority Funeral Officer to inform them of the patient's death and arrange for them to collect the Medical Certificate of Cause of Death.

⁽¹⁾ Section 46 of the Public Health (Control of Disease) Act 1984

Disposal of Dead Bodies

46 Burial and Cremation.

⁽¹⁾ It shall be the duty of a local authority to cause to be buried or cremated the body of any person who has died or been found dead in their area, in any case where it appears to the authority that not suitable arrangements for the disposal of the body have been or are being made otherwise than by the authority.

⁽²⁾ Any council which is the local authority for the purposes of the Local Authority Social Services Act 1970 may cause to be buried or cremated the body of any deceased person who immediately before his death was being provided with accommodation under Part III of the National Assistance Act 1948 by, or by arrangement with, the council or was living in a hostel provided by the council under section 29 of that Act.

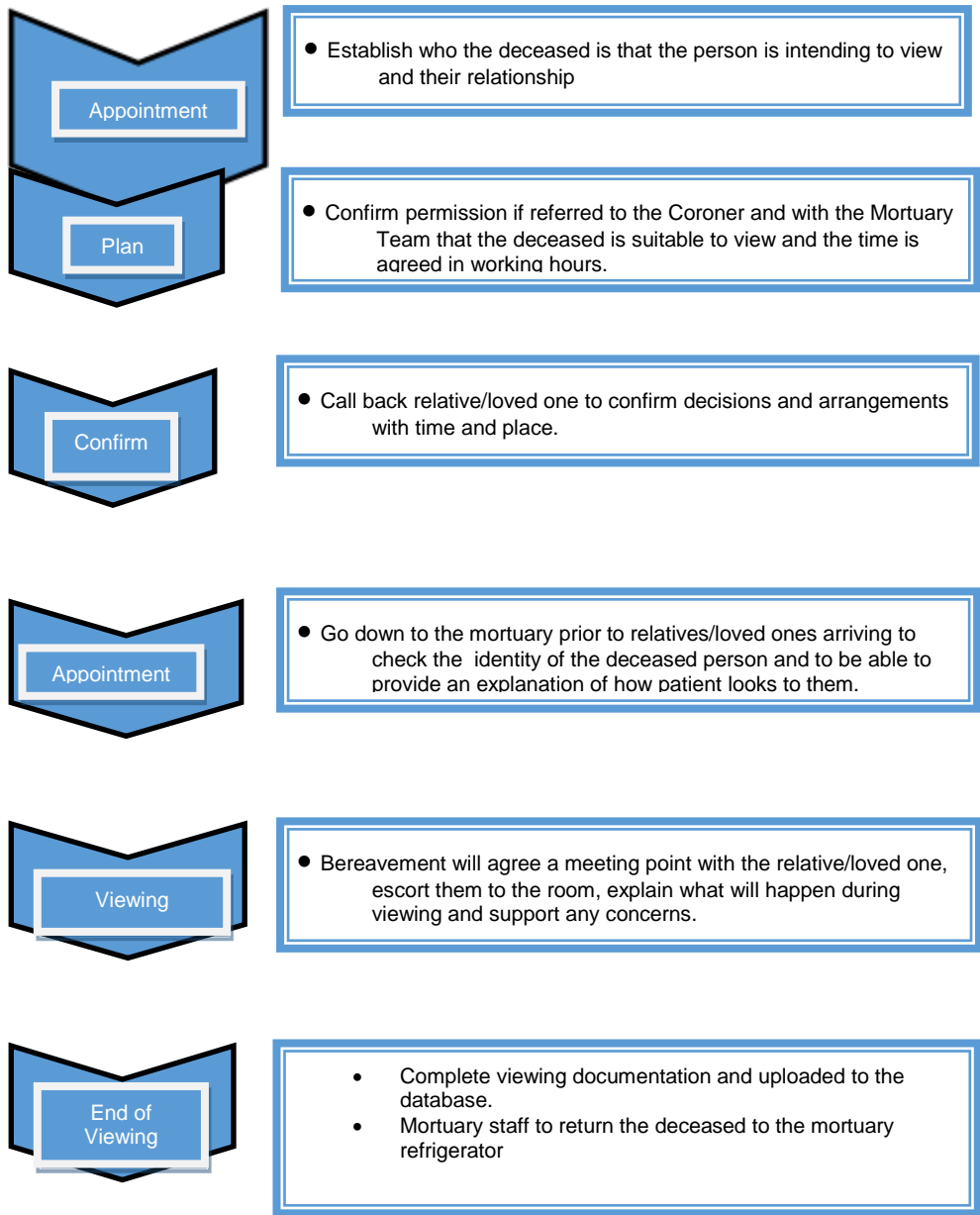
⁽³⁾ An authority shall not cause a body to be cremated under subsection ⁽¹⁾ or ⁽²⁾ above where they have reason to believe that cremation would be contrary to the wishes of the deceased.

⁽⁴⁾ Subsections ⁽¹⁾ and ⁽²⁾ above do not affect any enactment regulating or authorising the burial, cremation or anatomical examination of the body of a deceased person.

⁽⁵⁾ An authority may recover from the estate of the deceased person or from any person who for the purposes of the National Assistance Act 1948 was liable to maintain the deceased person immediately before his death expenses incurred under subsection ⁽¹⁾ or subsection ⁽²⁾ above.

⁽⁶⁾ Without prejudice to any other method of recovery, a sum due to an authority under subsection ⁽⁵⁾ above is recoverable summarily as a civil debt by proceedings brought within three years after the sum becomes due.

APPENDIX 7 – FLOWCHART FOR VIEWINGS IN EXCEPTIONAL CIRCUMSTANCES ONLY AS PER ABOVE DETAIL.



APPENDIX 8 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
PAT/T 60 v.4	Medicine	Fiona Caddy	Existing	June 2024
1) Who is responsible for this policy? Name of Care Group/Directorate: Director of Nursing, Midwifery and Quality				
2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? Trust-wide policy to be followed by all members of staff who contribute to the care of patients after death.				
3) Are there any associated objectives? Legislation, targets national expectation, standards – National Guidance				
4) What factors contribute or detract from achieving intended outcomes? Nil				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? - No				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken – no				
7) Are any of the following groups adversely affected by the policy? - no				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>				
Date for next review: July 2025				
Checked by: Lorna Ball Date: July 2024				