

# **BEREAVEMENT POLICY**

## Bereavement Policy: Document control

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<b>Target audience</b>	All BTHFT Staff
<b>Summary</b>	This policy promotes best practice in providing care around death. It aims to provide a collaborative framework for healthcare professionals to work within. It takes account of recommendations in the End of Life Strategy (DH 2008) and the NICE Quality Standards in End of Life Care for Adults 2011.
<b>Changes since last revision</b>	Procedures updated to reflect to the Trust implementation of an Electronic Patient Record (EPR). Procedures updated to reflect alterations to Coroners referral process.
<b>Monitoring arrangements</b>	Multiple sources of Patient Feedback.
<b>Training requirements</b>	Responsibility of Bereavement Team
<b>Equality Impact Assessment</b>	Head of Equality and Diversity has completed an Impact Assessment which is detailed within the policy.

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## **1.0 INTRODUCTION**

Around half a million people die in England each year the majority (47%) within NHS hospitals. In Bradford and Airedale 42% of deaths take place in acute hospitals. Death occurs across all ages from conception to old age and will cross all cultural and religious backgrounds.

Dealing sensitively and carefully with patients who die in hospital and with the relatives, friends, family and carers of dying or deceased patients is crucially important. Such dealings are complex and involve many disciplines.

Staff need to address issues within a multicultural society, in the context of a legal framework and within professional guidelines.

This policy has been drawn up to promote best practice in providing care around death. It takes account of recommendations in the End of Life Strategy (DH 2008) and the NICE Quality Standards in End of Life Care for Adults 2011. It aims to provide a collaborative framework for healthcare professionals to work within.

## **2.0 PURPOSE AND SCOPE OF POLICY**

There is a requirement that staff at Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) approach the dying process in a caring and sensitive manner, paying attention at all times to the privacy, dignity, religious and cultural needs of the person and their relatives/carers. Where death is expected, the locally agreed end of life care plan should be used, as the best practice model for the care of the dying individual within the Trust.

Information and support will be provided to partners, relatives, carers and staff to ensure the bereavement process is not impaired.

The principles outlined in this policy document apply to a whole range of deaths that occur in hospital. However, there is a need for specific local protocols for the following areas, which are included in the appendices

- Paediatrics (appendix 8)
- Theatres (appendix 6)
- Accident and Emergency (appendix 7)

## **3. OBJECTIVES**

This policy will be underpinned by the following key principles, outlined in the Department of Health document 'When a Person Dies' – guidance for professionals on developing bereavement services, (DH 2011)

### **3.1 Respect for the Individual**

Staff will ensure privacy and dignity is respected at all times, in particular during personal care giving, entering single rooms, ward areas when curtains are closed, toilets or bathrooms, immediately before or following death. Each patient and their partner, relative and carers will be treated as an individual taking into account religious, cultural beliefs and requirements. Staff will endeavor to provide a side room.

This will be assessed on a basis of clinical need and if it is not possible to provide a side room an explanation will be given to the family.

### **3.2 Effective Communication**

Effective communication will ensure that when a patient's condition deteriorates and their impending death becomes evident, or death has occurred that there is an understanding between all parties on how to progress. In all circumstances, discussion and planning for death should occur between the patient, their partner and/or relatives and healthcare professionals (including the multi-faith Chaplaincy Team) at the earliest opportunity. Good communication will continue at all times after death

For patients and/or families where there are communication difficulties due to language barrier, interpreting services should always be used.

### **3.3 Information**

Written information will be provided to relatives to support any verbal instructions about what to do after a death. Formal counselling may be necessary in order to cope with the death and this may be available from external agencies. A list of these agencies is provided in the Coping with your Bereavement booklet. Relatives can also obtain advice and support from their General Practitioner or the Trust's Bereavement Service.

### **3.4 Partnership Working**

An integrated and seamless service within the Trust and its neighboring communities and Health Partners will be ensured by increasing staff awareness and understanding of each other's roles.

### **3.5 Recognising and Acknowledging Loss**

The initial reaction to the loss of a partner, close relative or friend may present itself in many different ways. The handling of this reaction by health professionals may impact on the individual's ability to cope with their loss in the future. The need for an understanding and sensitive approach is paramount in enabling the bereaved person to begin their bereavement process. Time should be allowed for all the bereaved to express their grief and spend some time alone with the deceased if they so wish. In the event of an expected death relatives should be supported by staff in recognising the signs that death is approaching.

### **3.6 Staff Support**

Staff dealing with bereavement will be supported by their senior colleagues. Systems are in place to support staff in coping with the emotional impact of death in both their working and personal lives.

Any death on a ward or unit may generate strong emotional reaction in staff. A strategy of debriefing can be used by staff as a process of recalling events and clarifying the details of traumatic experiences. It facilitates the identification of feelings surrounding stressors/traumatic experiences, renders direct support to individuals, and provides educational intervention. It can act as a stress reduction intervention for nursing staff and can enhance teamwork and morale. Managers can access support for team debriefing from the Psychology Team.

Access to individual staff counselling is available through the Trust's Workplace Health and Wellbeing Centre, which can be accessed via self-referral or via line managers.

### **3.7 Individual Cultural & Religious Diversity**

Death will be approached in an open and honest manner appropriate and culturally sensitive to the individual. With regards to cultural and religious diversity, all staff should:

- Ensure all patients are treated as individuals
- Ensure patients and relatives are treated fairly on the basis of need and not discriminated against on the basis of age, sex, race religion, disability or sexual orientation.
- Ensure patients and relatives are treated in a manner, which respects their religious beliefs, culture, gender, sexual orientation or ability.
- Ensure patients and relatives cultural & religious needs will be valued and met where possible
- Ensure decisions on care processes that patients receive are determined only by their needs.
- Ensure last offices/ procedures take account of the individuals cultural/ religious preferences (see section 7.2).

## **4. ROLES AND RESPONSIBILITIES**

### **4.1 The Chief Executive**

- Will ensure the Trust has a policy for Bereavement

### **4.2 Chief Nurse**

- Will ensure that this policy is implemented operationally and monitored in accordance with the Policy on Organisation Wide Procedural Documents.

### **4.3 Divisional Clinical Directors and Divisional General Managers**

- Will ensure this policy is disseminated and implemented within their areas of responsibility
- Those managers and directors who have specific remit for services involved with bereavement will ensure communication regarding changes within their service

### **4.4 Clinical Leads and Divisional Directorate Managers**

- Will ensure all staff in their areas are aware of and understand the policy and that it is implemented into practice locally
- Will investigate failures to comply with the policy and ensure corrective action is taken to prevent a recurrence

### **4.5 Matrons and Ward Managers**

- Will ensure all staff are aware of and comply with the policy
- Will ensure that failures to comply with the policy are reported via the risk incident system and take corrective action is taken to prevent a recurrence

### **4.6 Medical Staff**

- Refer deaths to the Coroner where appropriate
- Complete the Medical Certificate of Cause of Death in a timely manner

#### **4.7 All Staff**

- Will adhere to the policy
- Will report all failures to comply with the policy via the risk incident system
- Will use this policy in conjunction with all other Trust policies which relate to bereavement

#### **4.8 Bereavement Services**

- Will provide up-to-date information to bereaved relatives about what to do after a death. The Bereavement Service can provide follow up information relating to registering the death, release of the body from hospital and arrangements relating to post mortems
- Communicate verbally and in writing with health and local authority agencies i.e. Coroner's Officers and the Registrar
- Act as a resource to arrange appointments for registration of deaths at Bradford Royal Infirmary
- Ensure timely information is provided to General Practitioners and other healthcare agencies about the patient's death

#### **4.9 Bereavement Policy working group**

- Will be responsible for the update of the policy on a 2 yearly basis, or when required due to changes in national guidance, or policy.

### **5. PROCEDURES**

#### **5.1 Pronouncing death**

Legal registration of death before a body may be buried or cremated has been required since 1837 in England and Wales. Doctors have been required to certify the cause of death for patients under their care since 1841, except for certain categories that are referred to the Coroner for investigation.

It is the legal responsibility of the medical staff to pronounce and confirm death. The date and actual time of death must be recorded in the patient's electronic record (EPR). The doctor must include their name and bleep number.

In certain circumstances, for example, areas with no medical cover at night, verification of expected death can be made by nurses who have undertaken the designated training and who have been assessed as competent, as per the Verification of Expected Death Protocol, see Appendix 1. The training is being reviewed to provide assurance of competence in this area.

A midwife may pronounce a baby stillborn and issue the "Medical Certificate of Stillbirth" provided she was present at the delivery and has examined the baby's body.

#### **5.2 Medical Certificate of Cause of Death**

The Medical Certificate of Cause of Death (MCCD) is needed before the death can be registered. The obligation is to the bereaved families to ensure a smooth process for dealing with the deceased. The importance of completing an accurate and full account of the cause of death, which is of considerable public health and epidemiological importance must not be underestimated and time should be allowed for completion of the certificate. (This form is mistakenly referred to as the death certificate). It cannot

be issued if the deceased patient is referred to the Coroner and the Coroner is proceeding with a post-mortem. Following referral to the Coroner, the doctor may be instructed to issue a Medical Certificate of Cause of Death.

### **5.3 Referral to the Coroner**

Prior to notification to the Coroner, the doctor must discuss the referral with a more senior clinician or his/her deputy. A list of possible indications for referral to the Coroner is included in section 6.5.

Referral to the Coroner must be done electronically. The link to the referral form can be found on the front page of the Trust's intranet (left hand side – HMC electronic referral form) and should be forwarded to [death.notification@bthft.nhs.uk](mailto:death.notification@bthft.nhs.uk). The Bereavement Officer will process and forward the referral to the Coroner's office by secure email the next working day.

Once referral to the coroner has been made and accepted, the responsibility for the body is with the Coroner's office and they will contact the relatives. The Coroner's post mortem examination is carried out in the public mortuary; the only exception to this would be a Paediatrics post mortem, which are conducted at Sheffield Children's Hospital.

### **5.4 Hospital Postmortem**

This may be asked for when the clinical team and/or family would like more information about the patient's death if it is not a Coroner's case. Consent must be obtained from the relatives after issuing the medical certificate. Relatives may decline if they wish. Relatives should be invited back to discuss the results of the hospital post mortem with the Consultant. A hospital post-mortem cannot be used to establish cause of death.

Information booklets for relatives, and consent forms are held in the Bereavement Services.

### **5.5 Reportable Deaths: A Brief Guide for Doctors and Nurses**

Prior to notification to the Coroner, the doctor should discuss the case with a more senior clinician or his/her deputy. A death should be reported to H.M. Coroner if:

- It cannot readily be certified as being due to natural causes within the provisions of the Registration Act (see reverse of medical certificate of cause of death)
- The deceased was not seen by a doctor either within the last 14 days prior to death or after death
- There is any element of suspicious circumstances
- There is any history of violence
- The death may be linked to an incident (whenever it occurred)
- Sudden infant death
- There is any question of self-neglect or neglect by others.
- The death has occurred or the illness arisen during or shortly after detention in police or prison custody (including voluntary attendance at a police station under P.A.C.E.)
- The deceased was detained under the Mental Health Act
- The death was linked with an abortion
- The death may have been contributed to by the actions of the deceased person.

- (e.g. overdose, self-injury, history of drug addiction or solvent abuse)
- The deceased was receiving any form of war pension or industrial disability pension unless the death can be shown to be wholly unconnected
- The death could be due to industrial disease or related in any way to the deceased's employment
- The death was within 24 hours of admission to hospital
- The death was during an operation or before full recovery from the effects of Anaesthetics or was in any way related to the Anaesthetics. (In any event a death within 24 hours should normally be referred)
- The death may be related to a medical procedure or treatment, whether invasive or not
- The death may be due to lack of medical care
- There are any other unusual or disturbing features to the case
- It may be wise to report any death where there is an allegation of medical mis-management

This above for guidance only; it is not exhaustive and in part represents the desired local practice rather than statutory requirement. A detailed guide to reporting deaths to the Coroner is available from the Bereavement Services Office. If in any doubt about whether to refer a death, the Coroner's Office can be contacted for further advice. The best time to contact the Coroner's Office is in the morning and this can be done at the Bereavement Services office (Tel: 01274 364477)

#### **5.6 Issuing the Medical Certificate of Cause of Death**

It is the responsibility of the medical staff to confirm that death has occurred prior to signing the medical certificate. This may involve examining the body in the mortuary. If the body is being cremated the doctor must examine the body and arrangements are made by Bereavement Services team for a second doctor to do the same before signing the cremation form. The medical certificate should be completed in the Bereavement Services Office on the morning of the first working day after death, or on the day of the death between Mondays to Friday if this is preferable. A written guide is available in the Bereavement Services office.

If a death is reported to the Coroner's office and it is deemed that a post mortem examination is not necessary, the hospital will issue the medical certificate of cause of death, The Coroners officer will inform the relatives when the death can be registered, usually 24 – 48 hours later to ensure the necessary paperwork is transferred from the Coroner to the Registrar's office.

#### **5.7 Care after death form**

The care after death form should be completed on all patients who have died within the hospital environment. The form provides prompts for best practice care for patients and family and ensures that care requirements are documented accurately, (Appendix 2).

#### **5.8 Laying out of the body**

Wherever possible, specific cultural/religious preparations should be identified and documented at the earliest opportunity. Some relatives may wish to participate in the laying out of the body. Not all patients have the same level of religious observance therefore it is important not to make assumptions about how they practice their faith based on their specific cultural background alone. Equally assumptions should not be

made from the colour of a patient's skin, appearance or language they speak that they belong to a particular religion.

Family or carers should be consulted about the deceased's customs and beliefs. Sensitivity to these issues will bring comfort, support and help to those who need it. The "Faith Requirements Resource Pack" produced by the Chaplaincy Department gives guidance on the beliefs and observances of different faiths. This is available in hard copy on all ward areas, and also via the Foundation Trust Intranet. For advice about any specific aspects not covered in this pack, please contact the Foundation Trust's Chaplaincy Team on Ext. 5819

The Last Offices Procedure is detailed in Appendix 3. In preparing the patient for transfer from the ward/department, attention must be given to maintaining their dignity at all times. If the death has been referred to the coroner the lines and tubes should be left in place, with an explanation to the relatives and family if this is the case. In all other cases all lines and tubes should be removed.

### **5.9 Dealing with pacemakers and implantable devices**

Special consideration should be given when patients have an implantable device such as a pacemaker, implantable defibrillator (ICD) or drug delivery system. In accordance with the Human Tissue Act 2004 it is the responsibility of the funeral director to obtain consent for removal from the family when making funeral arrangements. The doctor completing the first part of the cremation form should indicate that a pacemaker or ICD is in situ and should be removed prior to cremation by the funeral director. Defibrillators should also be turned off by the cardio respiratory technicians prior to removal. It is very important that any implanted devices are checked and removed or switched off as appropriate; they can cause damage during cremation. The presence of one of these devices must be documented on the mortuary card

### **5.10 Maintaining the patient's dignity in death**

- Recognise and perform any specific cultural/religious preparations
- Correct positioning of the body (includes leaving dentures in place).
- Remove tubes/mechanical aids and cover any puncture sites. In deaths referred to the Coroner, all tubes and lines should be left undisturbed.
- Wash the patient if appropriate
- Ensure dressings/packing in place to prevent leakage of body fluids.
- Put shroud or personal clothing on (use of personal clothing should be agreed with the relatives).
- Secure patient by wrapping in a sheet or body bag if appropriate.

### **5.11 Identification and documentation**

- Two name bands which must state the patient's name, date of birth, unit number, Consultant, gender and ward.
- Two name cards - secured to the patient's clothing and outer sheet/body bag.
- Record any specific instructions to mortuary staff e.g. pacemaker/implantable devices in-situ
- To assist the mortuary staff records the patient's religion on the cards (in case the relatives want to view the body).

### **5.12 Removal of body from the ward**

- Inform/discuss with other patients in the vicinity.
- Screen other patients whilst taking the deceased off the ward.
- Contact porters - respect and sensitivity is needed when transferring a patient through the hospital.

Patients are sometimes taken by the appointed funeral director straight from the ward. The person's privacy and dignity must be maintained throughout this process and the transportation to the vehicle should be directed away from main entrances.

### **5.13 Transfer of the body within the Hospital**

Care and discretion need to be taken when transferring all patients within the hospital; this is no different for the deceased. Privacy and dignity should be assured at all times. Once the laying out process has been completed, both adults and children may be moved to the hospital mortuary in the concealed body trolley by the porters. If, by virtue of the body size, it cannot be easily placed in the mortuary trolley then it may be moved on a theatre trolley, or a bed if necessary. It is not necessary for porters conveying bodies to wear gloves and disposable plastic aprons. The porter should always decontaminate the trolley before returning the trolley to the hospital and decontaminate his/her hands. If a porter, on arrival in a ward, finds a body that is leaking, he/she should inform the nursing staff. The nursing staff must re-dress any wounds, and put the body into a body bag. The porters should not remove the body if there are concerns about leakage, this should be rectified prior to the body being moved from the clinical area; a second body bag may be used.

If, on arrival at the mortuary, there is found to be small amounts of leakage onto the trolley, the porters should wash his/her hands, and wear disposable gloves and apron for any further handling of the body. The ward should be contacted and nursing staff asked to attend the mortuary to put the body in a body bag. A chlorine based cleaning product must be used to clean the leakage. Once in the mortuary, the body is placed in the fridge space. If the body is too large to fit in the fridge space the mortuary technicians can assist in facilitating this. A supply of large body bags can be obtained from the Dignity room on ward 31.

All bodies taken to the mortuary are recorded in the mortuary register from information on the Mortuary Card.

### **5.14 Removal of the body directly from the ward to funeral directors**

The same regard for the privacy and dignity of the deceased should be taken whether the body is being taken to the mortuary or directly to the Funeral Directors. Funeral Directors should be asked to avoid use of the main entrances and use the rear entrance near to the mortuary where possible and ensure that the body is appropriately covered to avoid casual viewing during conveyance directly from the ward. Local Funeral Directors have been made aware of this requirement. For further details about release of bodies directly from the ward see section 9.2.

### **5.15 Dealing with property and valuables**

Sensitivity is needed when preparing and returning the patient's property. This includes,

- Demonstrating respect for all patient's property
- Using appropriate bags to return property, obtained from the bereavement office

- (not waste bags)
- Carefully folding clothing prior to return
  - Separating clean from soiled/damp clothing and asking relatives/carers if they wish to have soiled/damp clothing returned
  - If property is left with or on the patient it should be safely secured and detailed on the name card
  - The deceased's property should be listed on a property sheet in a property bag and taken to the Bereavement Services office if not taken by relatives at the time of death
  - Reference should also be made to the Trust's current Property and Valuables Policy & Procedure
  - Valuables should be placed in sealed envelopes along with a completed valuables list which should be attached to the outside of the envelope
  - Bereavement Services should be advised of any jewelry left on the body and if there is a pacemaker in situ
  - If the body is released directly from the ward a copy of the release of the body form should be placed in the medical record mini pack to be scanned
  - Discuss with the family if they wish to take any cards

#### **5.16 Caring for relatives and carers**

Dealing with the administrative procedures associated with death is complex. The Trust's Bereavement Service provide support to both relatives and staff by being a central point of contact for anyone associated with a patient's death. The Bereavement Services office is situated within the main reception at Bradford Royal Infirmary. These and other facilities for bereaved families will be used in a sensitive manner to support the process of death in hospital

#### **5.17 Viewing the body**

##### **Normal circumstances**

The body can be viewed on the ward or in the designated place of rest, situated next to the mortuary. Responsibility for viewing in the ward/department rests with the nursing/midwifery staff. The viewing of the body in the place of rest is by appointment only during office hours, where appropriate.

The Bereavement Coordinator will contact the mortuary staff to arrange this. Relatives should be escorted to the mortuary at the agreed time. It should be noted that whilst the viewing room in the mortuary is accessible to wheelchair users; there are no accessible toilet facilities in the mortuary. Therefore wheelchair users should be advised to access the disabled toilet facility on level 1 in the main hospital if required. The mortuary staff normally conducts the viewing. Relatives should be asked if they require the presence of an appropriate member of the Chaplaincy Team.

##### **Out of hours viewing**

The on-call service for body viewings out of hours should be directed to the Clinical Site Team. This is an emergency service and should not routinely be offered to relatives/carers of deceased patients.

Relatives/carers will be limited to 2 people (over the age of 16 years) If children under the age of 16 wish to view a body the decision must be made as to the appropriateness and must be taken in the best interests of the children and the deceased. There may

be some flexibility required around this in certain circumstances, if staff are concerned the on-call Manager should be contacted for advice.

#### **5.18 Release of the body from hospital**

Sensitivity is required when handling and transferring the patient's body through the hospital, ensuring that appropriate cultural and religious customs are adhered to during the process.

**If the body is to be cremated or referred to the Coroner the body should not leave the hospital.**

#### **5.19 Mortuary to funeral director**

All bodies are unwrapped and the identification bracelet is checked against the mortuary card and register entry to establish the patient's identity and that any property left on the patient is present and correct. The mortuary register is then signed by the technician and person collecting the body to confirm all details and property are correct. The body can then be transferred to the coffin or stretcher and carried to the hearse for transfer to the funeral directors.

#### **5.20 Ward/department to home**

There may be occasions when this is necessary - the doctor is required to authorise release of the body and complete the required documentation. The doctor must have completed the Medical Certificate of Cause of Death.

**The Release of Body form is available in appendix 4 and also electronically from the Foundation Trust Intranet under the "Forms" section.**

Medical Certificate of Cause of Death forms can be obtained out of hours from the main reception and must be signed out and back in by the certifying doctor.

A midwife or nurse may release a baby's body from the ward in specific circumstances. The Bereavement Policy and Information File for Women's Services should be consulted.

The next of kin have legal possession of the body unless it is a coroner's case. In this instance the body must not leave the hospital without the Coroner's Officer's permission.

Transfer of the body directly to home is ideally arranged through a funeral director of the family's choice, many of whom can be contacted 24 hours a day. Removal of the body from ward to home should be recorded on EPR and a release of body form signed and placed in the patient's medical record mini pack for scanning..

If there is a plan to cremate the body, relatives should be advised to leave the body at the hospital as it must be examined before statutory certificates can be completed. The body must not leave the hospital until the relevant forms have been completed if there are difficulties, advice/support can be obtained from the on-call Manager.

#### **5.21 Taking the body abroad, i.e. out of England and Wales**

The body cannot be removed from England and Wales until the death has been registered. Therefore, the Medical Certificate should be issued as quickly as possible. An application form (available from the Registrar's office or funeral director), is sent to the Coroner's office who will then issue an "Out of England" form which allows the

family to take the body abroad.

### **5.22 Free from infection certificate**

Some families may wish to make arrangements to take their deceased relative to their homeland to be buried or cremated. There are official procedures to complete prior to exporting human remains.

The funeral director will liaise with the Coroner's office to provide the necessary documentation to authorise repatriation abroad. For some deceased patients, a free from infection letter may also be required from a medical practitioner once they have satisfied themselves from the medical records that the patient had no suggestion of TB, hepatitis, HIV or other communicable disease.

The free from infection certificate can be completed by any doctor who can confirm from the medical records that the deceased was free from infection. A template can be found on in Appendix 5. If the patient was known to have TB, hepatitis, HIV or other communicable disease and a free from infection certificate cannot be issued, the funeral director should be informed.

## **6.0 INFECTION CONTROL ISSUES**

### **6.1 Standard (Universal) Precautions**

Disposable gloves and a disposable plastic apron should be worn when the body, body fluids or bed-linen is handled.

### **6.2 Use of body bags**

A body bag should be used when:

- There is leakage or potential for leakage of body fluids.
- All orifices must be packed, where leakage is anticipated or evident.
- All wounds, intravenous site, or breaks in the skin must be sealed with an occlusive dressing.
- In cases of suspected or confirmed infection diseases as listed below
- moebic gastrointestinal infection
- Anthrax
- Brucellosis
- Cholera
- Diphtheria
- Dysentery
- Food poisoning
- Hepatitis A, B or C
- HIV
- Lassa fever
- Meningococcal septicaemia
- Paratyphoid fever
- Plague
- Polio
- Rabies
- Relapsing fever
- Salmonellosis
- Scarlet Fever
- Small pox

- Streptococcal A infection
- Tuberculosis
- Transmissible Spongiform Encephalopathies confirmed and at risk (eg CJD)
- Typhoid Fever
- Typhus
- Viral haemorrhagic Fever
- Yellow Fever

Other conditions requiring a body bag:

- Death in dialysis unit
- Gangrenous limbs and infected amputation sites
- Post mortem
- Known intravenous drug user
- Large pressure sores
- Leakage and discharge of body fluids likely
- Decomposition has already began

If you are in any doubt whether a body requires placing in a body bag, contact the Infection Prevention & Control Team on Ext 4049 or via clinical site team out of hours.

Additional body bags are available  
from: BRI – ICU, AED, AMU 1,  
SLH -F6

The body should first be put in a shroud, but **NOT** wrapped in a sheet as this would obscure identification of the patient through the body bag.

When a body bag is being used because of an infection, an "Infection Risk" sticker should be applied to both mortuary cards. The body must be put into the bag with the head at the end of the bag where the zip closes.

The mortuary card attached to the shroud, and the wrist identification band must be positioned to be seen clearly near the zip. The second mortuary card should be put in the pocket provided for the purpose on the body bag.

If a post-mortem examination has been requested, the infection (if any) from which the patient was suffering should be specified on the request form. For the sake of confidentiality, the diagnosis should **NOT** be put on the mortuary cards but should indicate the risk of infection by ticking a yes or no box.

## 7.0 TISSUE DONATION AFTER DEATH

### 7.1 Information about Tissue Donation / Transplantation

Most people associate transplantation with the donation of solid organs. Not many are aware of the real need for donated tissues, which can dramatically improve the quality of life for tissue transplant recipients. In some cases, tissue donations can save lives.

Bereaved families often feel comforted to know the person they have lost has helped towards the return to health of another.

## 7.2 Tissue Donation Information Table

Tissue	Heart Valves	Corneas	Skin	Bone	Tendons
Age limit (years)	37 weeks gestation - 65yrs	>2 up to 80yrs	17-75. 50kg and above	17-75	18-45
Time limit after death	48	24	24	24	24
Uses	Saves the lives of children born with severely deformed hearts Saves or improves the lives of adults with diseased	Restore sight in patients with diseased or opaque corneas Scleral tissue is used for reconstructive surgery	Skin grafts can act as temporary or permanent biological covering	Used in a variety of orthopedic procedures to reduce patients pain and restore their mobility	Are transplanted to restore mobility and stability in knee joints

### 7.3 Criteria for donation

Most people can be considered for tissue donation. In order to ensure that donated tissues are as safe as possible, the donor's medical and behavioral history is reviewed in a similar way as for blood donors.

Tissues should be retrieved as soon as possible after death. All referrals should be within 24 hours of death.

Relatives may wish to seek advice from a Spiritual or Religious Leader and should be encouraged to do so as early as possible.

### 7.4 Absolute contraindications to all tissue donation

- 7.4.1 Hepatitis B and C
- 7.4.2 HIV
- 7.4.3 Syphilis
- 7.4.4 HTLV
- 7.4.5 Behavioral risk activities
- 7.4.6 Diseases of unknown aetiology
- 7.4.7 Blood and bone marrow malignancies (leukaemia, myelomas, lymphomas)
- 7.4.8 CJD risk factors

### 7.5 What to do after a death

Initially broach the subject with the family, if they are considering donation contact the following number – This is a National Contact Number for Tissue Donation, the details around discussion with families, consent and tissue collection will be organised by this team pager number 0800 4320559 - please leave your name and full telephone number.

## **8.0 ORGAN DONATION**

### **8.1 Introduction**

Currently there are approximately 6,500 people waiting for a solid organ transplant in the UK (UK Transplant). Although the number of organ donors is increasing, deceased organ donation is still not enough.

It is estimated that each day 3 people die within the UK whilst waiting for a transplant.

Whilst every effort can be made to raise awareness of organ and tissue donation throughout the whole hospital, solid organ donation would only ever be facilitated in a Critical Care area for example, Emergency Department and Intensive Care Unit.

A number of guidance documents have been released over the last five years, including guidance from NICE 'Organ Donation for Transplantations' (135). This recommends a collaborative planned approach from the multidisciplinary team including the Specialist Nurse in Organ Donation (SNOD). The document recommends the inclusion of the SNOD in the approach to families as it has been shown to increase the number of consents gained.

Each acute trust is required to have a Clinical Lead for Organ Donation and an in-house Specialist Nurse whose purpose is to raise awareness about donation and endeavor that organ/tissue donation becomes a normal part of end of life care within the Bradford Teaching Hospitals and wider NHS.

All patients who are potential organ donors should have their status on the Organ Donor Register (ODR) checked by the Specialist Nurse. Currently 29% of the UK population has registered a wish to donate after their death and following the introduction of updated legislation in September 2006 (The Human Tissue Act 2004) all NHS staff should be aware that they have a duty to respect the patient's wishes after their death.

For all potential donors the on-call Specialist Nurse in Organ Donation (SNOD) should be contacted via 24 hour pager on 03000 203040. Please leave your name, hospital, department and full telephone number.

The SNOD will make immediate contact and will check the ODR, this will also allow for discussion regarding donor suitability. The SNOD has a large geographical area therefore early contact should be performed if possible.

### **8.2 Who cannot donate?**

All potential donors irrespective of age or medical history should be referred for discussion with the Organ Donation Team (ODT). Acceptance criteria evolves as transplant technique improves, therefore all potential patients need to be identified.

There remains only a few contra-indications to organ donation; of which are people who have been diagnosed with variant CJD, Ebola virus, or HIV disease but not infection.

### **8.3 How do I identify potential organ donors?**

In December 2011 the National Institute for Health and Clinical Excellence (NICE)

issued a short clinical guideline on organ donation. The guideline applies to practice in England, Wales and Northern Ireland and recommends that hospital staff initiate discussions with a Specialist Nurse for Organ Donation (SN-OD) when one of the following criteria are met:

- an intention to use brain-stem death tests to confirm death
- an intention to withdraw life-sustaining treatment in patients with a life-threatening or life-limiting condition which will, or is expected to, result in circulatory death
- admission of a patient with very severe brain injury (defined as a Glasgow Coma Score of 3-4 with at least one absent brain-stem reflex) that cannot be attributed to the effects of sedation.

In advocating the referral of gravely ill patients who may still be receiving active treatment, the NICE guidance aims to give the SN-OD team early notice of the possibility of a potential donor in a particular clinical area and thereby do their best to ensure that a SN-OD is readily available should the patient become a potential donor.

#### **8.4 What Organs can be transplanted?**

One donor can potentially save up to 9 lives; currently it is possible to transplant kidneys, pancreas, liver, heart, lungs and small bowel. If a donor cannot donate their heart it is possible for them to donate their heart valves which potentially will save another 2 lives.

#### **8.5 Can Children Donate?**

Babies and children can also donate their organs. If a potential paediatric donor is identified further advice should be sought from the SNOD team as soon as possible.

#### **8.6 Approaching Families about Donation**

If a potential organ donor is identified then the on call SNOD should be contacted by the 24hour pager – 03000 203040. Once suitability for donation is confirmed the SNOD will attend the hospital, where a planned approach to the family should be made.

Further information is available via both the DOH and the NHS Blood and Transplant (NHSBT) Website – [www.odt.nhs.uk](http://www.odt.nhs.uk).

## **9.0 REFERENCES**

When a Person Dies: Guidance for Professionals on Developing Bereavement Services (2011) End of Life Strategy Department of Health (2008).

UK Transplant at <http://www.uktransplant.org.uk/ukt/statistics/statistics.jsp>

National Institute for Health and Clinical Excellence – Organ Donation for Transplantation. Improving donor identification and consent rates for deceased organ donation. 135.

## 10.0 IMPACT ASSESSMENTS FOR THIS POLICY

### 10.1 Equality Impact Assessment

Equality Assessment Statement -This Policy was assessed in March 2018 to determine whether there is a possible impact on any of the nine protected characteristics as defined in the Equality Act 2010.

It has potential impact on:

- **Disability:** Information would be provided in different formats if requested.
- **Staff:** Question mark about whether communicating about a patient death if English is not the first language of the member of staff – cultural difference and euphemistic norms.
- **Public:** Communication issues around people not able to communicate in English. Information would be provided in different languages if required.
- **Religion and belief:** Issues around religion and belief for different groups. Issues around speed of processes and delays in processes. Disposal of property.

It is has been found not to have impact on:

- Age
- Gender
- Gender reassignment
- Marriage and civil partnership
- Maternity/pregnancy
- Race and ethnicity
- Sexual Orientation

It has also been assessed to determine whether it impacts on human rights and it is considered that impacts as follows:

#### **Equality:**

Equality of Provision - Death will be approached in an open and honest manner appropriate and culturally sensitive to the individual.

#### **Dignity:**

The staff of Bradford Teaching Hospitals NHS Trust will approach the dying process in a caring and sensitive manner, paying attention at all times to the privacy, dignity, religious and cultural needs of the patient and their relatives/carers including:

Specific cultural/religious preparations (see below).

Correct positioning of the body (includes leaving dentures in place or sending to the mortuary with the body).

Remove tubes/mechanical aids and cover any puncture sites. In any case referred to the Coroner tubes and lines should be left undisturbed.

Wash the patient if appropriate (see below).

Ensure dressings/packing in place to prevent leakage of body fluids.

Put shroud or personal clothing on (use of personal clothing should be agreed with the relatives).

Secure patient by wrapping in a sheet or body bag if appropriate.

**Respect:**

Each patient and their partner, relative and carers will be treated as an individual by assessing their needs when planning care in relation to death.

Specifically in regard to organ donation; NHS staff should be aware that we have a duty to respect the wishes of a patient after their death and if someone has expressed a wish to donate, they should be able to do so. This means that family members who object to the donation could be over-ruled; however sensitive discussion to encourage them to fulfil the dead person's wishes is paramount.

**10.2 Financial Impact Assessment**

The financial implications associated with this policy relate to training for all staff members involved in the implementation of this policy. Training costs will need to be covered in the directorate budgets as part of their generic training budgets. Where this funding is already in place there are no additional financial implications associated with this policy.

**11.0 STAFF TRAINING AND DEVELOPMENT**

The Hospital Palliative Care Team provide formal and ward based face to face education on how to care for patients in their last days of life.

An e-learning programme is available on ESR on making Do Not Attempt Cardio Pulmonary Resuscitation decisions and includes the importance of good communication with patients and their families.

End of Life Communication Skills is being implemented for senior medical and nursing staff (band 6 and above).

All doctors in training will receive training in death certification via corporate induction. Training and support is given by the bereavement office staff

**12.0 MONITORING AND EVALUATION**

This policy will be monitored in the following ways:

Data will be collected and monitored (where relevant) in line with NICE Quality Standards in End of Life Care for Adults 2011 (QS 11: Care in Last Days of Life, 12: Care after Death – Care of the Body, 13: Care after Death – verification and certification, 14: Care after Death- bereavement support) and as agreed with any locally relevant End of Life indicators.

Palliative Care Team will undertake the two yearly National Audit of Care at the End of Life (NACEL), analysis and monitoring of End of Life (EoL), Patient Experience feedback (complaints, concerns and compliments), incidents, and locally agreed audit, co-ordination of any relevant End of Life indicators and audit of the Care after Death document.

The End of Life quality standards are reported to clinical governance

All carers following a patient death are given a Bereaved Carers Survey by ward

staff. This includes all deaths within BTHFT including Community Hospital, Paediatrics and Neonates. Returned surveys are analysed and an annual report is produced. A summary of the report is available on the Patient Experience intranet page.

The policy will be reviewed every two years or sooner if appropriate.

### **13.0 POLICY DEVELOPMENT**

This policy was reviewed by a group chaired by the Assistant Chief Nurse, and included members of the Chaplaincy team, Mortuary manager, Clinical Improvement Services Facilitator, Palliative care team, Bereavement services, Matron from the Division of Medicine

Draft documents were also circulated to the Infection control team, Transplant Coordinator, members of the Nursing and Midwifery development forum, Clinical Governance leads, and Operational Divisional General managers. Comments and suggested amendments have been incorporated.

## **Protocol for the Verification of EXPECTED Death**

### **1 Legal Framework**

Legal registration of death before a body may be buried or cremated has been required since 1837 in England and Wales. Doctors have been required to certify the cause of death for patients under their care since 1841, except for certain categories that are referred to the Coroner for investigation.

A nurse cannot legally certify death, since the law requires this to be performed by registered medical practitioners. S/he may, however, confirm that death has occurred, under the provision of this protocol. This protocol should only be used in situations where death is expected (RCN 2000; NMC 2002).

### **2 Principles for Practice**

When a patient dies, the nurse has a duty to inform the appropriate medical practitioner (this will be the patient's consultant or a member of their ward based doctors team) as the doctor is the only person authorised to certify death. In the event of expected death, the doctor may pre- arrange to be informed at another time - for example, if death occurs at night, the doctor may be informed the following morning.

When it has been clearly agreed between doctors and nursing staff that further intervention would be inappropriate, and death is expected to be imminent designated, competent nurses may confirm the death. At all times such a decision must be clearly documented in the patient's electronic patient record and a signed, current DNA CPR form should be placed in the patient's mini pack for scanning.

The patient's relatives should be made aware of the patient's deteriorating condition and the use of the agreed BTHFT end of life care plan

### **3 Competence**

The NMC Code of Conduct (2008) places specific responsibilities on registered nurses to maintain professional knowledge and competence.

Section 6 states;

13.1 You must keep your knowledge and skills up to date throughout your working life. In particular, you should take part regularly in learning activities that develop your competence and performance.

13.2 To practice competently, you must possess the knowledge, skills and abilities requires for lawful, safe and effective practice without direct supervision. You must acknowledge the limits of your professional competence and only undertake practice and accept responsibilities in which you are competent.

13.3 Training, which includes a competency based assessment, must be completed before undertaking the practice outlined in this protocol. Training records should be kept by the practitioner and the Ward Manager.

## **4 Record Keeping**

The NMC Code (Standards of conduct, performance and ethics for nurses and midwives) 2008 states “health care records must be completed as soon as possible after an event has occurred”. They should provide clear evidence of discussions, assessments and decisions made, treatment and medicines given and effectiveness of treatment. The Confirmation of Death Proforma for Nurses Verifying an Expected Death (appendix 1) should be completed.

## **5 Process**

Registered nurses employed by Bradford Teaching Hospitals NHS Foundation Trust have the authority to confirm (verify) death, notify relatives, arrange for last offices and the removal of the body to the mortuary or appropriate place. The nursing and medical records (EPR) must reflect that death is expected; they must show details of the confirmation of death with the time, date and any other observations that were recorded in line with this protocol. They must also include the time and date when the doctor was informed.

When death is suspected, the designated nurse must use the checklist to record the following;

- Check absence of radial and carotid pulses after palpation for 1 minute
- Check absence of respiratory activity after observing for 1 minute
- Check absence of heart sounds for 1 minute, using a stethoscope.
- Check pupils for reaction to light.
- Note the exact time of death.
- Enter into the patient’s nursing electronic patient record (EPR) that death was verified (indicating the absence of heart and respiratory sounds). The records must clearly show the date and time of death, as well as the time of verification.

The nurse should advise the deceased patient’s relatives that the doctor will have to certify the patient before contacting Bereavement Services. The certification process should be completed within 24 hours of the patient’s death and relatives must be informed as soon as this process is completed.

This protocol only applies to EXPECTED DEATH.

**CONFIRMATION OF DEATH PROFORMA FOR NURSES VERIFYING AN EXPECTED DEATH**

Patient Name.....

Patient \_\_\_\_\_

Hospital \_\_\_\_\_

No.....

Patient

DOB.....

Nurse \_\_\_\_\_ **1**

name.....

Nurse \_\_\_\_\_ **2**

name.....

<b>SIGN ASSESSED</b>	<b>Nurse 1 signature</b>	<b>Nurse 2 signature</b>
<b>Absence of respiratory effort</b>		
<b>Absence of audible breath sounds on auscultation</b>		
<b>Absence of palpable carotid pulse</b>		
<b>Absence of audible heart sounds on auscultation</b>		
<b>Absence of response to pain</b>		
<b>Pupils fixed and dilated to light stimulus</b>		
<b>Time and Date of Death</b>		

**To be filed in scanning mini pack on completion  
Documentation of verification to be made in patient's electronic patient record (EPR)**

## Care After Death

On completion: file at front of medical notes

Bradford Teaching Hospitals  
NHS Foundation Trust

Patient Details		Ward/Community Hospital:	
Patient name: _____		Consultant:	
Hospital No/MRN _____		Patient next of kin / main contact	
DoB: _____		Name: _____	
		Relationship: _____	
		Telephone no: _____	
<b>Details of Death</b>			
Date of death:		Time of death:	
Is the coroner likely to be involved Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason:	
Date and time of Verification:			
Details of professional who verified death: Name _____			
Sig _____ Role _____ Bleep _____			
Key staff present at time of death:			
Family / carer present at time of death: Yes <input type="checkbox"/> No <input type="checkbox"/> No NOK/Carer <input type="checkbox"/>			
Name of person (s) present & relationship:			
If not present, has the NOK / main contact been notified? Yes <input type="checkbox"/> No <input type="checkbox"/> No NOK/Carer <input type="checkbox"/>			
<b>Care after death</b>			
• Do the relatives require immediate release of the body? <i>If yes: please follow guidance on reverse of this form and document on EPR</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
• Last offices are undertaken according to BTHFT policy		Yes <input type="checkbox"/> No <input type="checkbox"/>	
• Complete Mortuary Form ( <i>Document any tubes, lines or medical devices still in situ</i> )		Yes <input type="checkbox"/> No <input type="checkbox"/>	
• Transfer body to hospital mortuary		Yes <input type="checkbox"/> N/A <input type="checkbox"/>	
• Transfer to Funeral Director (community hospitals or immediate release)		Yes <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>Information</b>			
• Has the NOK/ carer been given verbal & written information? Bereavement pack containing letter about what to do next (Bereavement Letter), Coping with your Bereavement booklet and Bereaved Carers Survey		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Valuables and Belongings (as per BTHFT policy)</b>			
a. Has patient's property been returned to NOK/carer OR:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. Has patient's property been sent to bereavement office		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Record any significant issues in medical or nursing notes</b>			
Signature of Nurse co-ordinating the above		Date	
Print Name		Time	
Bereavement Office check electronic summary completed		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Primary Care Team / GP notified of patient's death asap by certifying doctor/verifying nurse. Electronic cause of death completed by doctor issuing MCCD			



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## Guidance Notes

Refer to Bereavement Policy

### Community Hospitals

Transfer body to BRI hospital mortuary: contact Walsh Funeral Directors - 01274 721530.  
Alternatively family can contact their own choice of funeral directors.

### Is coroner likely to be involved?

#### If Yes

Doctor to complete electronic referral form to Coroner's Office

### Organ and tissue donation

Refer to Bereavement Policy. Contact numbers below:

Telephone: 0330 123 23 23 (this is also for corneas)

Email: enquiries@nhsbt.nhs.uk

Website: www.nhsbt.nhs.uk

### Tissue donation for research purposes

Ethical Tissue,

Institute of Cancer Therapeutics,

Tumbling Hill Street,

University of Bradford,

West Yorkshire,

BD7 1DP

Telephone: 01274 235897

Mobile: 07979 616762 (office hours only)

Email: enquiries@ethicaltissue.org

Website: www.ethicaltissue.com

### Immediate release of body procedure

#### In office working hours:

- Contact Bereavement Office (4477 / 5210)

#### Out of hours

NB: The body CANNOT be released if:

- a) If death needs reporting to Coroner
  - b) Cremation
  - c) If medical certificate of cause of death (MCCD) cannot be issued
- Complete Medical Certificate of Cause of Death (MCCD) Held at main reception
  - Complete 'Release of Body' Form (Bereavement policy appendix 4)
  - Give relatives Bereavement pack & return valuables
  - Complete BTHFT Care after Death Form
  - Registration of death-family will be informed of procedure by funeral director.
  - Release body to funeral director or family representative
  - Record release of patient's body on EPR

#### Bereavement Office arranges:

- Coroner (if needed), Death Certificate, Cremation forms (if required)
- Family return to Bereavement Office to collect certificate and register death.
- Registrar available by arrangement at BRI with Bereavement Office or at Bradford City Hall 01274 432151 (Note: For Coroner's referrals: Coroner's Officer liaises directly with the family regarding issue of certificate and registration)
- Arrangements for viewing body by discussion with Bereavement Office



## Appendix 3: LAST OFFICES PROCEDURE

### Laying Out

The following items are required:

- Disposable gloves and aprons
- Soap, towel, comb
- Razors, scissors, plastic forceps
- Identification bands x2
- Mortuary cards
- Shroud
- Plastic body bag
- Bed linen
- Gauze, waterproof tape, dressings and bandages
- Linen skips
- Property books
- Bags for the patients personal possessions

### Procedure

This may differ according to the patient's religion, infection status and wishes of the family however:

- Last offices should be carried out where possible within 2-4 hours of the patients death
- Nursing staff should wear plastic aprons and gloves, observing standard infection prevention and control precautions at all times.
- Close the patient's eyelids and support his/her jaw by placing a pillow on the chest underneath the jaw. Insert the patient's dentures where possible
- Drain his/her bladder by pressing on the lower abdomen (or remove the urinary catheter if applicable).
- Remove all lines, tubes, and cannulas (unless referral to the Coroner is required- they **must** then be left in situ) and apply gauze and waterproof tape
- Cover all exuding wounds with waterproof dressings
- Wash and dry the patient, comb his/her hair and (if male) shave the face if appropriate.
- Dress the patient in the shroud. Attach identification bands- one to wrist and one to the ankle. Complete two mortuary cards and attach one to the shroud at the patient's chest
- Wrap the patient in a clean cotton sheet, ensuring the patients arms are straight by their sides. Secure using waterproof tape and then attach second mortuary card to the sheet at the patient's chest
- If required (see section 10) place the patient in a body bag and cover with a clean cotton sheet
- Contact the porters to arrange for transfer of patient to the mortuary

This procedure has been adapted from the Royal Marsden Manual, current edition. For further information and to see the procedure detailed fully, please refer to the electronic version available on the Foundation Trust Intranet site as well as to the appendices contained within this policy.

**RELEASE OF BODY DIRECTLY FROM THE WARD**

I  Funeral Director  Family Representative   
 Of (address)

Being the relative/representative of (include patient name & hospital number):

**Release Procedure**

Wrist bands checked  Signature (Hospital staff): \_\_\_\_\_  
 Signature (Funeral Director / family representative): \_\_\_\_\_

Planned place of burial: \_\_\_\_\_

I certify that I have received the body and do undertake to arrange and ensure that burial takes place in a suitable place:

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Funeral Director/Family Representative (Please state) \_\_\_\_\_  
 Property or valuables with deceased

**To be completed by Nursing staff (tick when completed)**

Completed Medical Certificate of Cause of Death given to family   
 Record release of body on EPR

**Procedure completed**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Nurse / Health Professional \_\_\_\_\_ Position \_\_\_\_\_

**NB: The body should not be released in the following circumstances:**

1. If it is a coroners case
2. If the deceased is to be cremated – unless Cremation Act Form is fully completed
3. If the Medical Certificate of Cause of Death certificate cannot be issued

**Completed form must be filed in medical record mini pack to be scanned**

Bradford Teaching Hospitals   
NHS Foundation Trust

Bradford Royal Infirmary  
Duckworth Lane  
Bradford  
West Yorkshire  
BD9 6RJ

Tel: 01274 542200

To whom it may concern

Please be informed that the body of the late

\_\_\_\_\_

who died in Bradford Teaching Hospitals NHS Trust on \_\_\_\_\_,  
to the best of my knowledge is free from infection.

Signed \_\_\_\_\_

Print name \_\_\_\_\_

Designation \_\_\_\_\_

Dated this day \_\_\_\_\_

## **PROTOCOL FOR DEALING WITH DEATH IN THE OPERATING THEATRE**

### **Introduction**

The death of a patient in the operating theatre is usually associated with a scene of crisis. It befalls the relevant manager to organise and support his/her staff to perform the last offices in as dignified a way as possible.

The Marsden Manual of Clinical Nursing Procedures (which is available on the Trust intranet) states; "It is the performance of respectful last offices that concludes the care given. Today, the United Kingdom is a multicultural, multi-religious society and nurses should equip themselves with the knowledge of the legal requirements for the care of the dead and a basic understanding of religious and cultural rituals associated with death. The respectful and correct procedure of last offices is so integral to the holistic care of the patient that disregard for them is essentially disregard for the patient".

### **Management of the Death of a Patient in the Operating Theatre**

The medical staff will inform the relevant ward or department on the deterioration or death of the patient. The ward / department nurse in charge will inform the relatives.

If the death occurs during elective list hours, inform the Team Leader so that any re-organisation of staff or theatre space can be anticipated early.

In the case of the deceased being a murder victim, theatre staff may be requested by the police not to disturb the body or perform last offices until their forensic staff have examined the body. This is a legal requirement that must be adhered to.

It must be recorded in the theatre register the time of death declared by the doctor in charge.

- Inform Blood Transfusion if they are involved, to avoid wasting any blood products.
- A member of the medical staff will go to the ward to see the partner, relatives or carers. He/she will also inform the coroner - all patients who die in theatre are referred to the coroner. Their notes and X-rays are returned to the relevant ward. The patients records should be sent by the patients ward to the bereavement service office in order for paperwork to be completed as soon as possible. In the case of a patient from Accident and Emergency, they are kept in theatre until requested by the bereavement office.
- Because of the circumstances leading up to the death of a patient in the operating theatre, it is usually necessary to wash her/him and return her/him to a more usual appearance and make her/him as presentable as possible. It is acceptable to perform last offices at this time rather than wait the observed traditional hour. (Patients being left unattended for an hour after death is historical only and not particularly necessary).
- If the patient came from AED, any belongings should be kept safely in a labelled bag and any valuables locked up. All belongings and valuables should be checked by

two members of staff, and then entered into the Foundation Trust's Property and/or Valuables books (kept in the office cupboard).

- The ward nurse or doctor will inform the manager/Team Leader as soon as possible if the relatives wish to come to the operating theatre to see the patient after last offices.
- The team leader present will allocate the staff to the duties of last offices and the cleaning of the operating room, identifying any support or re-assurance that those members of staff may need, and to co-ordinate any work that may need to follow on in that theatre, be it acute or elective cases. The urgency of work that needs to continue may necessitate bringing in the on call theatre staff.

Theatre deaths, out of hours may need the involvement of the site co-ordinator and/or manager on call if appropriate support is required. This is more likely to be a problem if the patient was admitted straight from AED.

### **Relatives In The Operating Theatre**

To accommodate relatives in the operating theatre can be challenging whatever the time. In normal working hours there may be other patients listed to have their surgery performed in that particular operating theatre, and 'out of hours' the acute workload may make it very difficult to sensitively perform last offices, and give the relatives adequate and appropriate support.

If the relatives do wish to go to the operating room to say their farewells, it is important that the following actions are taken to reduce any unnecessary stress and anxiety.

- Lay the patient in her/his bed in the operating theatre. If she/he came direct from AED, staff should contact one of the wards in order to borrow a bed for a short period. After last offices, ensure that she/he looks as natural and peaceful as possible, covering any cannulae discreetly with the shroud or bed sheet. The second identity bracelet and first mortuary card may be attached after the relatives have left theatre.
- Take account of cultural / religious observances
- Where possible remove all operating theatre equipment. Sufficient chairs should be placed near the bed, with some tissues at hand.
- The Site Co-ordinator/Team Leader should inform all relevant members of staff of the death and that the partner, relatives or carers are expected in theatre. A Chaplain is available if needed to support the relatives
- The theatre practitioner who meets the relatives should consider how to approach them depending on the circumstances, and explain what they can expect in terms of where their relative has been placed. Opportunity should be given for the partner, relatives or carers to express their feelings; they may prefer to talk about it or to be alone for a short while. The theatre practitioner should sensitively enquire if the next of kin would like the patient's rings to be removed.
- If the patient came from AED, all the patient's property and/or valuables should have been entered in the Property and/or Valuables books before the partner/relatives

come to theatre and then signed for if /when returned to them. There are plain white plastic bags with handles available for belongings, stored in the Last Offices box.

- The relatives will then need to be escorted/ directed as appropriate from the operating theatres back to the appropriate ward or department.
- Attach the second patient identification band, i.e., one band on a wrist and the second on an ankle. Securely tape the first mortuary card to the patient's shroud, and then if necessary, place her/him in a plastic body bag
- Perform last offices (see appendix 3 of the bereavement policy),

In addition to the general procedure the following specific considerations relating to patients who die in the operating theatre need to be taken into account.

- Nursing staff/theatre practitioners should adhere to the guidance around the use of personal protective equipment on all occasions
- All deaths in the operating theatre must be reported to the Coroner; therefore peripheral intravenous cannulae should be left in situ and covered with a waterproof dressing. Extra padding may be necessary in cases where a large amount of blood or other infusion products have been administered.
- Drains are best removed at wound closure and their puncture sites firmly sutured, to avoid leakage when the patient is moved during transfer.
- The endotracheal tube should be removed by the anaesthetist if there are no contraindications.
- Apply waterproof dressing to operation sites and drain sites.
- It is common for patients in the operating theatre to be placed in a body bag because of the risk of leakage of body fluids. The side without a zip acts as a well and the bag zips over the top of the patient with the zip finishing at the head end. The patient is put inside the bag wearing the shroud but not wrapped in a sheet. The second mortuary card is lightly taped to the outside of the bag so that it may then be wrapped in the cotton sheet. Keep his/her arms straight down by his/her sides.
- The porter's office is notified for the transfer of the patient to the mortuary. The porter is no longer required to check the patient's identity or for the presence of jewellery. It is usual, particularly during the day, for the porter to arrive via the TSSU corridor (Nucleus Theatres) or alternatively, the most discreet route.
- Very occasionally, it may be necessary to leave a pack or large swab inside the deceased patient, in which case the mortuary staff should be informed. N.B. If a patient dies during a procedure the surgical count must be carried out as normal to prevent the retention of swabs and other items.
- Any Orthopaedic external fixator (e.g., Orthofix, Shearer, Halo frame) is removed by the surgeon prior to Last Offices, and the wounds covered with waterproof dressings.

**DEATH IN THE ACCIDENT & EMERGENCY DEPARTMENT**

Sudden and unexpected death is well recognised as one of the most traumatic crisis events that can be experienced. The event is devastating for the relatives and carers involved and evoke many conflicting emotions. The time immediately surrounding the loss of a significant other can be crucial in determining the ability of the bereaved to accept the death.

Bradford Teaching Hospitals NHSF Trust Accident & Emergency (AED) encounters a wide range of sudden and unexpected deaths including deaths by illness, road traffic trauma, violence, suicide and murder, including both adults and children.

Most deaths occurring in the Accident & Emergency Department or in transit to the hospital will be reported to the Coroner. The Coroner's Officer or a uniformed police officer (acting on behalf of the Coroner) will attend at the hospital to see relatives.

The coroner may decide that death was quite natural and will allow a doctor to issue a Medical Certificate of Cause of Death. If not, the Coroner may ask a pathologist to examine the body by means of a post mortem. All relatives and carers will receive a collection of information leaflets prior to leaving the AED department.

A checklist will be completed by AED

staff. Dead on Arrival (DOA)  
Died in Department (DID)  
Children (ages 1-18years old)  
Babies (0-1yr old).

All deaths under 18 years old will have the required SUDIC proforma completed by a member of the paediatric medical team. (See the Trust SUDIC policy for further guidance.) All child deaths will be reviewed by the Bradford Safeguarding Children's Board (BSCB).

In cases where there is a police investigation, the staff in the A&E department will work in collaboration with the Police Investigating team.

**EMERGENCY DEPARTMENT**  
**ADULT DEATH ON ARRIVAL (DOA) CHECKLIST**

Patients' Name \_\_\_\_\_ AED Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_

Support Nurse(s) \_\_\_\_\_

	<u>Signature</u>	<u>Date/time</u>	<u>Comments</u>
Death pronounced by Doctor		Time of death	
Contact Police Switchboard to report the death 101		Log no.	
Identity bands on wrist and ankle (Name, DOB, DOD, AED No.)			
Complete Bereavement Diary			
Property list completed for all valuables		Serial No.	
<b>Care of Relatives</b>			
Offer chaplaincy services (5819) switchboard out of hours			
Explain role of Coroners' Officers			
Explain need for Post Mortem and what is involved			
Ensure family spend time with deceased if desired			
Give DOA leaflet package			
Offer other relevant leaflets (in bereavement cabinet – HDU)			
Arrange transport home			
Contact GP by telephone (next working day)			
Send GP letter			
Medical Records (Code 14a)			
Ensure photocopy of A&E card & YAS sheet is given to police officers, if requested (not original)			
Ensure body is removed from AED			
Organ donation check			

**BRADFORD ROYAL INFIRMARY**  
**EMERGENCY DEPARTMENT**  
**ADULT DEATH WITHIN DEPARTMENT CHECKLIST**

PATIENTS NAME \_\_\_\_\_ MRN NUMBER \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_  
 SUPPORT \_\_\_\_\_  
 NURSES \_\_\_\_\_

	DATE/TIME	SIGNATURE	COMMENTS
Death pronounced by doctor.	Time of death:		
<b>If considered suspicious</b> , call Police Switchboard to report death (tel: 101).			Log Number:
<b>If <u>not</u> suspicious</b> , call the coroner's officers (mon-fri 8am-4om or if out of hours the next working day). <b>Ensure shift leader has details.</b>			
Identity bands on wrist & ankle (name, DOB, DOD, MRN number)			
<b>Must</b> complete bereavement spreadsheet			
Property List completed for all valuables			Serial Number:
Dentures, are they: Removed/ insitu/ own teeth			
Consider Tissue/Organ Donation			
<b>CARE OF RELATIVES</b>			
Offer chaplaincy services (tel: 5819 Mon-Fri 8am-4pm. For Roman Catholic see Chaplaincy Contact Sheet in central office)			
If police were called, explain to family the reasons they were called			
Explain possible need for Post Mortem and what is involved			
Ensure family spend time with the deceased (if desired)			
Give bereavement pack (complete			

page 14 with staff & department details)			
<b>Ensure family know to ring Bereavement Office between 10-11am to arrange appointment (tel: 364477)</b>			
Obtain correct up to date NOK details & document in a&e notes			
Offer other relevant leaflets			
Arrange transport home			
Contact GP by telephone (next working day if out of hours)			
Send GP letter electronically via EPR & by mail			
Medical Records (Document DID or DOA in discharge code on EPR)			
Perform last offices. Ensuring 2 mortuary cards are attached to body			
Inform Bereavement office (4477) when death certificate completed			
Arrange removal of body to BRI mortuary, unless otherwise specified			

Laura Cadman- Band 7  
Accident & Emergency Department  
December 2017

**BRADFORD ROYAL INFIRMARY**  
**EMERGENCY DEPARTMENT**

**Child Death Checklist (1yr – 18yrs)**

Child's Name \_\_\_\_\_ A&E No \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Support Nurse (s) \_\_\_\_\_

	<u>Signature</u>	<u>Date/time</u>	<u>Comments</u>
<b><u>Care of child</u></b>			
Death pronounced by doctor		Time of death	
Contact Coroners' Officers immediately (tel: 101 any time; or 01274 475299-day time)		Log no.	
Identity bands on wrist & ankle (Name, DOB, DOD, A&E No.)			
Complete property list. Use cream property bag (DOA room)		Serial no.	
Complete Bereavement Diary			
<b><u>Complete Child Protection Plan Check</u></b> (not needed in trauma cases)			
Complete x2 mortuary cards; attach to child prior to moving to BRI mortuary. Send copy of A&E card with child. (Trauma victims may go to Coroners' mortuary)			
<b><u>Care of Relatives</u></b>			
Offer chaplaincy services (5819) or #6630 (out of hours)			
Explain role of Coroners' Officers			
Explain possible need for Post Mortem & what it involves			
Ensure family spends time with child			

Offer mementos – lock of hair, hand & footprints and photographs.			
Gather names & contact details of close relatives (parents & siblings) + school attended			
Give relevant support leaflets			
Arrange transport home			
<b><u>Aftercare</u></b>			
Contact GP by telephone & letter			
Notify <a href="mailto:Louise.Clarkson@bthft.nhs.uk">Louise.Clarkson@bthft.nhs.uk</a> (CDOP/SUDIC Manager) re: child's name, DOB, date & place of death. Fax ALL notes to her on (01274 364909)			
Copy A&E, paediatric notes & sample tick list. Send with body to Consultant Pathologist			
Leave photocopy of A&E notes for attention of Paediatric Liaison Nurse			
Contact school nurse/Head teacher			
Cancel immunisation programme (01274)237468 or 237464			
Medical records (Code 10 or 14a)			

**Louise Clarkson**  
**SUDIC/CDOP Manager**

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**July 2018**

**BRADFORD ROYAL INFIRMARY**  
**EMERGENCY DEPARTMENT**

**Sudden Unexpected Infant Death Checklist (0 – 1yr old)**

Baby's' Name \_\_\_\_\_ A&E Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Support Nurse (s) \_\_\_\_\_

	<u>Signature</u>	<u>Date/time</u>	<u>Comments</u>
<b><u>Care of Baby</u></b>			
Death pronounced by Doctor		Time of death	
Contact Coroners' Officers' immediately (tel: 101 any time; or 01274 475299 day time)		Log no.	
Identity bands on wrist and ankle (Name, DOB, DOD, A&E No.)			
Complete Bereavement Diary			
<b>Take samples as per SUDIC box</b>			
Weight and rectal temperature (document in A&E card)			
Skeletal Survey performed			
Consider admission of a twin sibling			
<b>Complete Child Protection Plan Check</b> (document in A&E card)			
Complete mortuary cards (x2), attach to baby prior to removal to mortuary. Send copy of A&E card with baby.			
<b><u>Care of Relatives</u></b>			
Offer chaplaincy services (5819) or #6630 (out of hours)			
Explain role of Coroners' Officers			
Explain need for Post Mortem and			

what is involved			
Discuss suppression of lactation if appropriate (contact midwife)			
Ensure family spend time with the baby (seek permission from police)			
Offer mementos to family (footprint, handprint, lock of hair)			
Give parents CDOP Leaflet			
Send copy of all notes with baby to BRI mortuary			
Contact GP by telephone & letter			
Notify <a href="mailto:Louise.Clarkson@bthft.nhs.uk">Louise.Clarkson@bthft.nhs.uk</a> (CDOP/SUDIC Manager) re: child's name, DOB, date & place of death. Fax <b>ALL</b> notes to her (01274 364909)			
Copy A&E, paediatric notes & sample tick list. Send with body to Pathologist			
Leave copy of notes for Paediatric Liaison Nurse			
Cancel immunisation programme (01274) 237468 or 237464 Contact all other agencies involved			
Medical Records (Code 10 or 14a)			

Louise Clarkson  
SUDIC/CDOP Manager

July 2018

### **Directional Protocol Following the Death of a Child.**

This protocol is to be used in accordance with the Bradford Teaching Hospitals NHS Trust Bereavement Policy (2018).

Throughout the protocols, a baby or child or young person of any age is referred to as “The Child”.

#### **Aim of the Protocol**

- To treat the child and family as individuals by assessing their needs.
- To approach last offices and your care following a child’s death, in an open and honest manner which is appropriate and culturally sensitive.
- To provide a service which enhances the Trust Bereavement Policy.
- At all times, it is important to remember when caring for a child who has died, and their family, that there may be cultural or religious considerations that you will need to be aware of.
- This protocol will address:
  - Section 1 - Immediately Required Information
  - Section 2 - Documentation Following The Child’s Death
  - Section 3 - Procedure for undertaking last offices
  - Section 4 - Procedure for transferring child to the hospital mortuary

#### **Section 1 Immediately Required Information**

<b><u>Action</u></b>	<b><u>Rationale</u></b>
The Serious Incident procedure to be followed in these situations; “The death of a person currently in receipt of NHS care, where death is suicide, or as the result of homicide, or is likely to be of public concern. Of particular concern is any such death occurring on NHS premises” “Death or serious injury as a result of a clinical or non- clinical incident that is unexpected”	Requirement of The Trust Serious Incident Policy
Medical staff to inform consultant paediatrician on call. Medical staff to discuss / refer to the coroners office any death that has occurred under the following circumstances; If the child has a history of social service involvement and / or is on the child protection register, Any death that has occurred within 24 hours of admission to hospital If there are any suspicious circumstances If the death is sudden and unexpected If the death was thought to be as a result of an overdose If the death was a suicide If the death may be due to neglect or neglect by others If the death occurred during an operation or before	A requirement of the coroners office

recovery from the anaesthetic If the death is believed to be accidental, If the death is as a result of a previous accident, If an accident is the cause of the admission	
<b>Action</b>	<b>Rationale</b>
Yellow Cremation forms (form no 4) to be kept with bereavement documentation on the wards. If the body is to be cremated, then the following procedure is to be followed: Patient's body is not to be released from the hospital until the following has occurred; Medical certificate of cause of death to be completed. Cremation form 4 pages 1 - 4 to be completed by 1st doctor, who signed the certificate. Staff then to contact Bereavement Services on ext 4477, who will collect the form and identify a second doctor who will complete second part of the form.	To ensure the correct procedure is followed. To ensure the correct documentation is completed. Requirement of The Cremation Act (1952)
The family will arrange their own undertaker. Once the family advises the undertaker that they will be cremating the body, the undertaker will automatically contact the Trust Bereavement Service to arrange collection of the form. Once the form has been completed, the bereavement services will then inform the undertaker. At this point arrangements can be made to collect the body.	Facilitates smooth process and ensures that the correct procedure is followed.  Ward staff to be aware of this procedure so that they may be able to inform the parents.
If the child's death is to be referred to a coroner, ensure all lines and tubes remain insitu until a decision is made about any further investigations eg post mortem	Requirement of the coroner
If the coroner requires a post-mortem, medical staff to inform the parents. They will not be asked for permission, as this is not required.	Requirement of the coroner's office to ascertain the cause of death.
Once the coroner has requested a post-mortem, parents are to be accompanied at all times, unless the coroner gives permission for families to be unsupervised.	A requirement of the coroner's office if the death is suspicious.
If a coroners post mortem is not required but medical staff would like to ask for one, parental consent must be obtained in these cases.	In line with Trust guidance.
If either a coroners or hospital post mortem is to be undertaken, provide parents with the Trust Baby and Child Post Mortem Information Leaflet. These are located in the ward Bereavement box. Document this in nursing documentation.	To provide information on all aspects. To provide relevant contact information for parents and families.
Following the child's death, any tubes, canulas etc that have already been removed, to be kept for a period of 24 hrs, or until indication/guidance is received from the coroner informing you otherwise.	Initially, it may not be a coroner's case, but then may become one. To ensure all equipment is available if required. Request of Patient Service Manager.

## **Section 2: Required Documentation and Information Following the Death of a Child**

<b><u>Action</u></b>	<b><u>Rationale</u></b>
Please <b>consider</b> discussion with the coroner ALL child deaths in hospital. This includes expected palliative care child deaths.	Palliative care children may also die of other causes which may need referring to the coroner
Medical certificate of cause of death to be completed by a doctor and if possible given to parents. Form 65 to be used for a child under 28 days old. Form 66 to be used if a child is over 28 days old.	To ensure that appropriate documentation is completed. The body of the child may not be removed from hospital, nor the death registered, without this form
If parents wish to take the child directly from ward, ensure that the death is not to be referred to the coroner and that notification of death form has been completed. Complete appropriate documentation required for taking the child from ward.	This ensures that the correct process is followed. To ensure that appropriate documentation is completed. Form NS1572 to be completed (Release of body directly from ward)
Form 1574 – Death notice checklist to be completed.	To ensure that appropriate documentation is completed. This ensures family have appropriate information.
If certificate can be completed and given to parents, ensure that it is given in the white A5 “Medical Certificate of Cause of Death” envelope.	This envelope has details on it about how to register the child’s death. Supports the information in the accompanying letter.
Two name bands with name, date of birth and unit number to be attached to the child, one on the arm and one on the leg.	To ensure correct identification of the child.
Complete property book	This is in accordance with Trust policy. Ensures that all property is accounted for to be returned to the family.
Provide parents with the “Child Death Overview Panel Booklet”	All child deaths are reviewed by the overview panel since April 2008
Provide parents with Trust “Coping With Your Bereavement” booklet.	To provide information and support contact details.
All deaths are to be recorded in the mortuary register by sending a mortuary card. This must be sent even if the child goes directly home. Follow this up with a phone call and leave a message on the answer phone or speak with technician. Do not contact technicians at home out of hours.	To ensure that appropriate documentation is completed. To ensure that the mortuary & general office staff can complete appropriate documentation.
If the child’s body is to be taken abroad, the family are required to obtain an “out of country form” from either the coroner’s office or their funeral director.	To ensure correct procedure is followed. To ensure that appropriate documentation is completed.
Provide the family with a letter from the bereavement service that contains information and advice about registering their child’s death. Ensure family are aware that registration, at either the hospital or the registry office is done so on an appointment basis.	To ensure family are familiar with procedure they will have to follow. To ensure the correct documentation is completed To minimise further distress for the family

Ascertain from the family, whether they would like you to contact either their own cultural or religious representative or a member of the Trust	To support the family and if appropriate or necessary, act as a liaison or advocate for the family in discussions with nursing, medical or other hospital staff.
Chaplaincy Team	
Cancel all outpatient appointments within Bradford Teaching Hospitals NHS Trust.	To reduce un-necessary distress and upset for the family Ensures medical notes are up to date
Advise family that other outpatient appointments outside the Trust may not be cancelled by hospital staff.	To reduce un-necessary distress and upset for the family
Complete "Checklist For Use When a Child Dies" to assist in informing relevant health professionals of the child's death. Document in nursing evaluation the agencies you have contacted.	To ensure and maintain good communication and to avoid un-necessary distress to the family.

### **Section 3: Procedure for Undertaking Last Offices**

<b><u>Action</u></b>	<b><u>Rationale</u></b>
Discuss with parents the procedure following the death of their child, and establish their wishes	To support grieving families. To respect their religious and cultural wishes.
Following the pronouncement of death, ensure that the child and family are taken somewhere quiet, where they can spend time with their child	To ensure the child's privacy and dignity is upheld. To provide an area and time for parents to grieve for their child. Ensures minimal distress to other families.
If required, and following discussion with parents, obtain hand and foot prints, a lock of the child's hair, or photographs. Support family if they wish to do this themselves.	Provides a memento for the family. Assists in the grieving process.
If the death is not to be referred to a coroner, remove all lines and tubes, ensuring that all bleeding and oozing is stopped and any wounds are covered with an appropriate adhesive and occlusive dressing.	Prevents contamination from bodily fluids.  If the child is viewed by parents, removal of tubes/lines may lessen distress
In some circumstances or specific types of infection, the use of body bags may be indicated. This must be dealt with sensitively and compassionately. Seek guidance from the Trust Bereavement Policy on when a body bag will be required.	To prevent contamination from bodily fluids.
In accordance with cultural and religious customs, and where appropriate wash the child. Establish whether the parents or other family members would like to assist you or do it themselves.	Removes bodily fluids  Ensures any religious requirements are met. Supports the family and may assist with grieving process
Dress the child in clothes of parental choice. If clothes are to be returned send extra clothes to the mortuary. Keep all charms, jewellery insitu throughout bathing etc.	Ensures the child's identity and dignity are maintained. Assists family with grieving process

If parents wish to do so, allow families to take photographs etc taking into account environment and ward sensitivity issues	Provides families with their own momentos and assists with grieving process.
Place 2 name bands on the child with details of unit no, name & date of birth. Complete 2 mortuary cards – with religion if known, and also any details of lines insitu, jewellery, charms and instructions regarding clothing.	In accordance with Trust Bereavement Policy. To ensure clear communication with colleagues in the mortuary. To prevent parental distress at a later date.
Complete the property book if the child goes directly to our hospital mortuary.	To ensure the child's property is safe and identifiable.
Allow as much time as required for the family to stay with their child before the child leaves the ward.	My provide comfort for the family. Provides an opportunity to spend time with their child as they may not see them again for several days.
Contact Ward sisters, Matron or level 3 manager to liaise with about availability of beds/cubicles if family wish to stay for a longer period of time.	To support nursing staff. To ensure bed management issues are addressed and managed. To ensure senior management are aware of the situation.
If child is to stay on the ward for a protracted period of time, it may be necessary to provide facilities for cooling the child's body. Use ice packs discreetly covered with sheets, packed around the body. Ensure that the parents are aware that the child's appearance will change.	To delay decomposition.  To reduce unnecessary parental distress and anxiety.

#### **Section 4: Procedure for Transferring the Child to the Hospital Mortuary**

<b><u>Action</u></b>	<b><u>Rationale</u></b>
Information to be given to parents regarding their child going to the mortuary at the earliest possible appropriate time	To help prepare the family. To support the family.
To identify parents wishes regarding accompanying their child.	To identify how this can be realised. To provide support for the
Secure 1 mortuary card to the child's clothing and the second card to the blanket covering the child by the nursing staff once at the mortuary. This is not necessary if the child is going directly home.	In accordance with Trust Policy.
If the death has occurred during "office hours", and parents wish to accompany their child, ensure mortuary staff are contacted first. Family viewing room will then be made ready. Nursing staff <b>must</b> accompany parents and child at agreed time.	Enables parents to sit for a short time with their child before leaving them with the mortuary staff.

Ensure appropriate method of carriage is used, ie a wheelchair, pram or babe in arms. If transporting by pram, the Chapel of Rest's visitor's entrance should be used during working hours by prior arrangement with mortuary staff.	Reduces parental distress. Facilitates effective transfer to the mortuary.
Wherever possible, leave the child's face uncovered.	Reduces parental and nursing distress and anxiety
If death has occurred "out of hours", contact portering staff to open the mortuary and/or meet you on the ward to accompany nursing staff.	Transferring of patients to the mortuary is overall responsibility of the portering staff. Ensures staff safety at night etc.
Advise parents that "out of hours" there will be nowhere to take them as they are not permitted into the fridge room. Viewing room will not be available.	In accordance with mortuary guidance. Maintains confidentiality of other deceased patients.
In cases "out of hours", attempt to support and advise families so that they leave the ward, and their child in your care. Transfer the child after the parents have left.	Prevents further distress for parents outside mortuary when they have to wait outside. Facilitates effective transfer in

### **Required Bereavement Documentation**

Medical Certificate of Cause of Death & Cremation Form

(No Consent for Hospital Post Mortem

Guide to the Post Mortem Examination procedure involving a Baby or Child.

Form No NS 1572. Release of Body Directly from The ward.

Form No NS 1574. Death Notice

Checklist. Medical certificate envelope.

Coping With Your Bereavement Information

Booklet Child Death Overview Panel Booklet

Trust Mortuary Cards

Registration of the Death Information

Letter, Checklist For use When A Child

Dies.