

## Care after Death (*replaces Last Offices*) Policy and Procedure

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<b>Target Audience-</b> who does the document apply to and <u>who should be using it.</u> - The target audience has the responsibility to ensure their compliance with this document by:	<ul style="list-style-type: none"> <li>Ensuring any training required is attended and kept up to date.</li> <li>Ensuring any competencies required are maintained.</li> <li>Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.</li> </ul>		
<b>Special Cases</b>	<ul style="list-style-type: none"> <li><u>Paediatric Cases.</u> This policy does not cover care after death for paediatric patients.</li> <li><u>Ebola Cases.</u> Handling of deaths resulting from Ebola are covered separately in the Management &amp; Control of Viral Haemorrhagic Fevers Policy (Ref 15). Appendix 12: Care after death.</li> <li><u>Influenza Cases.</u> Deaths resulting from Influenza are covered in the Influenza (including Pandemic influenza) Policy (Ref 14).</li> <li><u>Tuberculosis Cases.</u> Deaths resulting from tuberculosis are covered in the Management and Control of Pulmonary Tuberculosis Policy (Ref 13).</li> <li><u>Creutzfeld-Jakob Disease (CJD) Cases.</u> Deaths resulting from CJD are covered in the Infection Prevention and Control of CJD/vCJD and other Human Prion Diseases Policy (Ref 12).</li> <li><u>Viewing of the deceased</u> – refer to the Mortuary and Bereavement Services Viewing Policy (Ref 7).</li> </ul>		
<b>Accountable Director</b>	Associate Medical Director Diagnostics and Outpatients		
<b>Author/originator</b> – Any Comments on this document should be addressed to the author	Mortuary And Bereavement Services Manager		
<b>Division and Department</b>	Diagnostics and Outpatients Mortuary And Bereavement Services		
<b>Implementation Lead</b>	Mortuary And Bereavement Services Manager		
<b>If developed in partnership with another agency ratification details of the relevant agency</b>	NA		
<b>Regulatory Position</b>	None.		
<b>Review period.</b> This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.			

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# 1 Introduction & Purpose

## 1.1 Introduction & Purpose

The purpose of this document is to provide clear guidance on the procedure, ensuring that appropriate care has been undertaken for care after death for deceased patients.

Within the Great Western Hospitals NHS Foundation Trust (the Trust) the physical care given by clinical employees following patient death has traditionally been referred to as ‘Last Offices’ The Trust has moved away from the link with the military and religious origins of nursing and the association with ‘last rites’, (a Christian sacrament and prayer administered to the dying and deceased). The ‘Last Offices’ were traditionally applied to describe the physical preparation of the body and now the holistic terminology of ‘care after death’ describes this post-death care. In addition, in the most recent guidance, National End of Life Care Programme National Health Service (NHS) End of Life Care Strategy (Ref 2) this task is referred to as ‘care after death’, a term appropriate for a multi-cultural society.

This document guides acute and community Nurses and Health Care Assistants (HCA) employees in the procedural aspects of managing the care of a deceased patient to ensure that a properly co-ordinated and considered process of care happens after death, whilst the patient is on the ward/at their home to the point of handover of care to the Porters/Funeral Directors.

The Trust has adopted the procedure to provide care after death as outlined in the Marsden Manual 9th Edition (Ref 1) and National End of Life Care Programme NHS End of Life Care Strategy (Ref 2).

## 1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

<b>Coroner</b>	Coroner has a duty to enquire into a death if the body of the dead person lies within their jurisdiction, or coronial district, and the death was violent, unnatural or sudden with cause unknown.
<b>Coroner’s Cases</b>	Deaths which must be referred to the local Coroner by the Medical Team.
<b>EIA</b>	Equality Impact Assessment
<b>GP</b>	General Practitioner
<b>HCA</b>	Health Care Worker
<b>IV</b>	Intravenous
<b>Medway</b>	Patient Administration System
<b>NHS</b>	National Health Service
<b>Non Coroner’s Cases</b>	Deaths for which the Medical Team can complete a medical certificate of cause of death.
<b>RIP</b>	Rest in Peace

## 2 Main Document Requirements

This document is for all Trust employed Nursing and HCA's and any appropriate Bank/Agency or Locum workers (for simplicity, they are referred to as "employees" throughout this document) involved in the process of care for the deceased from the time of their death until they are discharged from the care of ward to the Porters or from the community to the Funeral Director.

Those posts named as requiring knowledge of the document are; all grades of Nursing and HCA employees that carry out the preparation of the deceased, prior to being transported to the Mortuary or Funeral Directors.

### 2.1 The Process of Care after Death

Care after death is a physical, spiritual and holistic process and includes the following:

- Attending to the spiritual or cultural wishes of the deceased person and their family/carers while ensuring legal obligations are met.
- Preparing the patient for transfer to the Mortuary or Funeral Director (when death occurs in the community).
- Offering family and carers the opportunity to participate in the process, and providing support to them.
- Ensuring that the privacy and dignity of the deceased person is maintained.
- Ensuring that the health and safety of everyone who comes into contact with the deceased is protected.
- Respecting people's wishes in the matters of organ and tissue donation.
- Returning the deceased's personal possessions to their relatives.

The Trust's Care of the Dying and Deceased Policy (Ref 17) details the Trust's policy in greater detail on how the Trust provides care after death.

The deceased are to be cared for; ensuring that the modesty relating to their body, the sensitivities of any associated people, and the requirements of their culture are considered at all times. This philosophy of care is driven by the NHS England Vision and Strategy "Energise for Excellence" (NHS England 2013) & Essence of Care – Dignity and Privacy Benchmark (DH 2010) (Ref 16).

It is helpful if the environment conveys respect and respect is also articulated through the attitudes and behaviours of employees when dealing with bereaved people. People who are recently bereaved can experience high levels of anxiety and/or depression.

Evidence suggests that the wider end-of-life care environment – the way in which matters are handled from the time of a person's death until they are transferred to the care of a Funeral Director, as well as managing the deceased person's possessions – not only have an immediate impact on relatives, but also contribute to their subsequent longer term experience of bereavement. The Trust aims to ensure that the care after death it provides is a positive and supportive contribution in the lives of recently bereaved people.

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## 2.2 Care after Death Procedure Details

This document outlines the care to be provided from the time of the patient's death to the discharge of the deceased patient from the Hospital ward or from the community into the care of the Hospital porters or a Funeral Director. The procedures are in the form of Standard Operating Procedures and are held by the Mortuary and Bereavement Services Manager.

To note where a death takes place in the patients home, Trust nursing employees are not involved in the care after death procedure unless specifically requested to by the patient or agreed to prior to the patient's death. The patients' family, religious community or the Funeral Director will be providing care after death. The instructions below are in the main forward employees of the Trust only.

- The personal care after death must be carried out within two to four hours of the person dying, to preserve their appearance, condition and dignity (Care of the Dying and Deceased Policy, Section 4.2 – Ref 17).
- Before attending to the deceased patient's care after death, the Named Nurse should check that the patient has been certified as deceased by the approved competent nurse practitioner or the attending doctor. Confirmation of death is written in the patient's medical records and nursing notes. This must be completed by the Doctor or Nursing Practitioner before any procedure is carried out. In the Community the patient's General Practitioner (GP) will normally be requested to certify the death of a patient in their own home or at the Funeral Directors. The GP will normally advise the patient's family of the next actions to take. Nurses with the qualification to do so can verify death and notify the GP or Funeral Director if they are present at the time of the patient's death and it has been agreed by the patient's family and GP prior to the patient's death.
- The patient identification band must be on the deceased patient's wrist if the death has taken place in a Trust hospital. If it is not, nursing employees should ensure that the identification band is attached as per the Patient Identification Policy -All Patients Trust wide (with exceptions) (Ref 4) before proceeding with care after death.

**Note:** If the deceased patient is sent to the Mortuary & Bereavement Services without a wrist band, a nursing employee who has known the patient will be required to attend the Mortuary to formally identify the deceased patient and apply an identification wrist band. Under such circumstances, an incident report will also be generated by Bereavement Services. Within the Community setting, a deceased patient without a wristband must not be released to a Funeral Director.

1. Nursing employees must wear gloves and an apron. Refer to Hand Hygiene and Skin Care Policy (including scrubbing, gowning and gloving) (Ref 11) for further details on appropriate personal protection equipment.
2. The deceased patient's eyes should be closed by applying light pressure for 30 seconds. If corneal or eye donation is to take place, the eyes should be closed with gauze (moistened with normal saline) to prevent the eyes from drying out. In the Community this will normally be carried out by the patients GP or a member of the patient's family or religious community.
3. The deceased patient should be placed on their back, adhering to Manual Handling Policy (Ref 5). The patient's limbs should be straightened (if possible) with their arms lying by their sides. If it is not possible to lay the body flat due to a medical condition, then seek advice from the Mortuary & Bereavement Services team (01793 604392 or 604809) for deaths that take place in the patient's own home the Funeral Director or a member of the patient's religious community will ensure the process is followed.

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4. Preferably, jewellery should be removed and handled according to the directions on the Mortuary and Bereavement Services intranet pages – “*What to do with property of deceased patients*” (Ref 19). Property should be given to the family/next of kin if they wish, and the transfer recorded. If there are no family members present or there are no next of kin, all jewellery is to be left on the deceased patient, and rings must be secured. Any jewellery removed or left on the patient must be documented onto a property sheet. The property sheet must accompany the deceased to the mortuary or Funeral Directors. Where a death occurs in the patients home, Trust employees will not be involved in any acts or discussions regarding the patient’s personal effects, as this is for the family to resolve.
5. All exuding wounds or unhealed surgical incisions are to be covered with a clean, absorbent dressing and secured with an occlusive dressing to prevent leaking. In the patient’s own home the Funeral Director will normally carry out this task.
6. **Coroner’s Referrals** For any cases being referred to the Coroner, Hickman lines, Intravenous (IV) sites, stitches and clips must be kept intact, tape and gauze should not be removed. Stomas must be covered with a clean bag. Drains are to be clamped (bottles removed) wounds to be padded and sealed with an occlusive dressing. Intravenous lines are to be capped and left in situ. An incontinence sheet is to be placed under the lower orifices of the deceased. If there a catheter is present, leave it in situ and spigot.
7. **Non Coroner’s Cases** Hickman lines, IV sites, stitches and clips may be removed by nursing employees and dressed accordingly to prevent any leakage.
8. Leakages are to be contained, and oral cavity or tracheostomy sites are to be stemmed by suctioning fluids and positioning of the deceased. Nasogastric tubes should be suctioned and spigotted as directed within the Waste Policy (Ref 18).An incontinence pad is to be placed behind and around head, If leakage persists contact the Mortuary for advice.
9. An incontinence sheet/pad is to be placed under the lower orifices of the deceased. If there is a catheter present, leave it in situ and spigot remove the bag and dispose. There is no requirement to pack the lower orifice.
10. The mouth should be cleaned to remove debris and secretions. Dentures should be cleaned and replaced as soon as possible after death. If dentures cannot be replaced, they are to be sent with the patient to the Mortuary or Funeral Director in a clearly identified receptacle.
11. Wash the patient unless requested not to do so for religious /cultural reasons (the family may want to assist with this task).
12. Provided no leakage is expected the patient can be placed into either a shroud or their own clean nightwear and then wrapped in a clean sheet which should be taped lightly to ensure that the patient can be moved safely. The sheet or tape must not be too tight as this can cause disfigurement. A mortuary brown tag should be attached to the front of the deceased patient’s sheet and the tag completed (filling in all required fields clearly so it is legible). The deceased patient should never be transported to the mortuary or be released naked into the care of a Funeral Director.
13. If a deceased patient continues to leak blood or body fluid, after all of the above has been completed the mortuary or Funeral Director (for community patients) should be contacted for advice before placing the body within a plastic cadaver (body) bag. Refer to the Isolation Policy (Ref 9).

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14. When a patient dies, a Notification of Death Form (Ref 20) should be completed and be attached to the patient's Medical Records and ward employees initiate arrangements to transport the deceased to the Mortuary via the Porters, (Please ensure the patient is ready to be transferred) The deceased patient should then be transported to the mortuary complying with the requirements of the Standard Infection Control Precautions Policy, Section 7.1 - Care of the Deceased Patient (Ref 10). Swindon Intermediate Care Centre and Victoria Centre call the nominated Funeral Director to undertake the transportation to the Mortuary.
15. When an expected death happens in the community and the deceased has no next of kin or significant other to manage the arrangements, the Trust employee principally caring for the patient is to contact the designated Funeral Director to arrange for the removal of the patient to their premises.
16. Viewing the deceased patient after transfer has taken place can only be arranged during office hours through Bereavement Services within the Great Western Hospital, out-of-hours viewing will be arranged by on-call APT if the request meets the criteria within the Mortuary and Bereavement Services Viewing Policy (Ref. 7). In the Community there are no provisions for viewing the deceased and viewing is arranged via the Funeral Director.

### 3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring or audit method	Monitoring responsibility (individual, group or committee)	Frequency of monitoring	Reporting arrangements (committee or group the monitoring results is presented to)	What action will be taken if gaps are identified
100% of deceased patients arrive at the mortuary compliant to the procedure detailed in this document	Inspection of each deceased patient that arrives at the mortuary.	Ward Manager/ Mortuary Manager	On-going	Mortuary Employee will feedback to the Shift Co-ordinator of the sending department in the case of non-compliance	Managers/Matrons will ensure the employees who fail to comply with this document are adequately trained to achieve compliance.

### 4 Duties and Responsibilities of Individuals and Groups

#### 4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

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#### **4.2 Mortuary and Bereavement Services Manager**

The Mortuary and Bereavement Services Manager is responsible for the operational management of this document. This will involve the assurance of dignity and respect when caring for the deceased patient by training employees on the appropriate procedure to take place so that the deceased patient can leave the ward or the community.

The Mortuary and Bereavement Services Manager will complete an electronic incident notification form where it is found that the procedure within the document has not been complied with and work with the appropriate employees to ensure future compliance.

#### **4.3 Mortuary and Bereavement Services Employees**

Mortuary and Bereavement Services employees are operationally responsible for delivering all aspects of this document and supporting the Mortuary and Bereavement Services Manager.

#### **4.4 Chaplain**

The Chaplain is responsible for supporting the Mortuary and Bereavement employees both in assisting where appropriate with bereaved people and ensuring that any requested religious rites are attended to.

#### **4.5 Nursing Employees**

Nursing employees are responsible for implementing and completing the operational procedures detailed in this document.

#### **4.6 Matrons /Ward Managers/Community Managers**

Matrons/Ward/Community Managers are responsible for ensuring that the principles of this document are fully observed and enforced by employees within their departments.

#### **4.7 Patient Co-ordinators**

Ward clerks are to support the clear management of communications between the public and the Trust employees.

#### **4.8 Ward Managers, Matrons and Managers for Non Clinical Services**

All Ward Managers, Matrons and Managers for Non Clinical Services must ensure that employees within their area are aware of this document; able to implement the document and that any superseded documents are destroyed.

#### **4.9 Document Author and Document Implementation Lead**

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.



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## 5 Further Reading, Consultation and Glossary

### 5.1 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	Marsden Manual 9th Edition	<a href="http://www.rmmonline.co.uk">www.rmmonline.co.uk</a>
2	National End of Life Care Programme (2011) NHS end of life care strategy	<a href="http://www.england.nhs.uk">www.england.nhs.uk</a>
3	Care and respect in death (2006) Good practice guidance for Mortuary employee	<a href="http://webarchive.nationalarchives.gov.uk">webarchive.nationalarchives.gov.uk</a>
4	Patient Identification Policy -All Patients Trust wide (with exceptions)	T:\Trust-wide Documents
5	Manual Handling Policy	T:\Trust-wide Documents
6	What to do with Deceased Patient's Property	Intranet- Bereavement support web page
7	Mortuary and Bereavement Services Viewing Policy	T:\Trust-wide Documents
8	Guidance for Employee Responsible for Care After Death	<a href="http://www.nhsiq.nhs.uk">www.nhsiq.nhs.uk</a>
9	Isolation Policy	T:\Trust-wide Documents
10	Standard Infection Control Precautions Policy	T:\Trust-wide Documents
11	Hand Hygiene and Skin Care Policy (including scrubbing gowning and gloving)	T:\Trust-wide Documents
12	Infection Prevention and Control of CJD/vCJD and other Human Prion Diseases Policy	T:\Trust-wide Documents
13	Management and Control of Pulmonary Tuberculosis Policy	T:\Trust-wide Documents
14	Influenza (Including Pandemic Influenza) Policy	T:\Trust-wide Documents
15	Management & Control of Viral Haemorrhagic Fevers Policy	T:\Trust-wide Documents
16	NHS England Vision and Strategy "Energise For Excellence" (NHS England 2013) & Essence of Care – Dignity and Privacy Benchmark (DH 2010)	<a href="http://www.institute.nhs.uk">www.institute.nhs.uk</a>
17	Care of the Dying and Deceased Policy	T:\Trust-wide Documents
18	Waste Policy	T:\Trust-wide Documents
19	"What to do with property of deceased patients"	<a href="http://intranet/">http://intranet/</a>
20	Notification of Death Form	<a href="http://intranet/">http://intranet/</a>

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## 5.2 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Infection Prevention and Control Specialist Nurse	08/11/2018
Senior Clinical Facilitator ED	07/11/2018
Estates and Facilities Management Head of Facilities	13/11/2018
Diagnostics and Outpatients Quality Governance Facilitator	11/01/2019

## 6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A.

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## Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project?  Care after Death (replaces Last Offices) document and Procedure		
2.	Briefly describe the aim of the document, strategy, and project. What needs or duty is it designed to meet? To ensure all patient who are deceased are treated with dignity and respect throughout all process when complete the legal requirement for the certification of death and prevailing documentation. Care after death includes the above along with ensuring all nursing staff who are preparing patient for the Mortuary comply with national and local standards which ensures a high level of care provided to patient in their final stage of process within the Trust.		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?		<b>No</b>
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a <i>relative</i> adverse effect on other groups?		<b>No</b>
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this document, strategy, service redesign or project is likely to address?		<b>No, every person it treated the same despite gender, religion, Disability, race etc.</b>

Signed by the manager undertaking the assessment	Samantha Cunningham
Date completed	24.01.19
Job Title	Mortuary and Bereavement Services Manager

**On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a [STAGE 2 - Full Equality Impact Assessment](#)**

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## Equality Impact Assessment

### Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

### Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



### Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels
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