

CARE AFTER DEATH POLICY

		POLICY
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	X	
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Lead Specialty/ Service/ Department	Nursing/ End of Life Care	
Position of Person able to provide Further Guidance/Information	<ul style="list-style-type: none"> Head of Service/Lead Nurse End of Life Care 	

Associated Documents/ Information	Date Associated Documents/ Information was reviewed
<p>Last Days of Life Documentation (<i>located for use within the End of Life and Palliative Care intranet site</i>)</p> <ul style="list-style-type: none"> • Medical Documentation – Initial Management Plan • Medical Documentation – Daily action Review • Medical Documentation – Verification of Death Continuation Sheet • Last Days of Life Nursing Care Plan <p>Notification of Death Card (<i>Ref. FKIN030146 – ordered in usual manner via Forms Management system</i>)</p> <p>Medirest Portering Services Contract 109 – Transfer of deceased patients from a clinical area to the Mortuary (<i>located for use in the Portering Lodge and Portering Supervisor’s/ Manager’s office</i>)</p> <p>Medirest Portering Services Contract 109a – Mortuary duties (<i>located for use in the Portering Lodge and Portering Supervisor’s/ Manager’s office</i>)</p> <p>Guidelines for the release of a deceased Baby or Child to Parents</p> <p>Information sheet for bereaved families considering caring for their child’s body at home</p> <p>Letter template to whom it may concern re transferring child out of hospital</p>	<p>Current – December 2021</p> <p>Current – December 2021</p> <p>Current – December 2021</p> <p>Current – December 2021</p> <p>Current – December 2021</p> <p>April 2013</p> <p>June 2020</p> <p>November 2020</p> <p>Feb 2020 (maintained within Paediatric intranet site)</p> <p>Feb 2020 (maintained within Paediatric intranet site)</p> <p>Feb 2020 (maintained within Paediatric intranet site)</p>
<p>Template control</p>	<p>June 2020</p>

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1.0 INTRODUCTION

The nurse's role at the end of life extends beyond death to provide care for the deceased person and support to their family and carers. The physical care given by nurses following death in hospitals has traditionally been referred to as 'last offices'. However, in this guidance we now refer to the whole process as 'care after death', a term more befitting of a multi-cultural society.

The deceased was once a living person and therefore needs to be cared for with dignity. The bereaved people can experience high levels of anxiety and/or depression. Evidence suggests that the wider end of life care environment - for example the journey to the mortuary and how the deceased's possessions are handled - not only has an immediate impact on relatives but also impacts on their subsequent bereavement (Waller S, Dewar S, Masterson A, Finn H 2008).

2.0 POLICY STATEMENT

The aim of this policy and procedures is intended to reflect the differing tasks involved, including on-going support of the family and carers. The physical preparation of the deceased person itself will be called 'personal care after death' (previously called last offices).

Care after death includes:

- Honouring the spiritual or cultural wishes of the deceased person and their family/carers while ensuring legal obligations are met.
- Preparing the deceased for transfer to the mortuary or the funeral director's premises.
- Offering family and carers present the opportunity to participate in the process and supporting them to do so.
- 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.
- Honouring the deceased's wishes for organ and tissue donation.
- Returning the deceased person's personal possessions to the relatives.
- Deliver care that is sensitive to the cultural and religious needs and personal preferences of the dying person and their family/carer.

For additional information see:

- [Appendix A](#) – Processes of care for the deceased
- [Appendix C](#) – Care and Handling of Deceased Patients (including patients brought in dead to ED flowchart).

This clinical document applies to:

Staff group(s)

- All staff involved in the processes for caring for patients after death which includes but not limited to:
 - Nurses and those who have nursing tasks delegated to them in Clinical area(s)
 - Doctors (regarding certification of death)
 - Medical Examiner
 - Porter staff (regarding movement of the deceased)
 - Bereavement centre staff
 - General Office staff – Registration of patient property from Wards/areas
 - Mortuary staff.

Clinical area(s)

- All hospital sites (KMH, Community, Newark) and all clinical areas including inpatient wards, assessment areas, emergency department and specialist areas such as ICCU.

Patient group(s)

- Adult, maternity, paediatric and neonatal patients.

Exclusions

- None.

3.0 DEFINITIONS/ ABBREVIATIONS

Trust:	Sherwood Forest Hospitals NHS Foundation Trust
Staff:	All employers of the Trust including those managed by a third party on behalf of the Trust.
Personal Care After Death:	The physical preparation of the body itself
ME	Medical Examiner
PAS:	Patient Admissions System
GP:	General Practitioner
PRP	Personal Resuscitation Plan
ACP:	Advance Care Plan
SBU	Sherwood Birthing Unit
NICU	Neonatal Intensive Care Unit

4.0 ROLES AND RESPONSIBILITIES

Divisional General Managers, Service Line Managers, Matrons and Heads of Nursing

- The responsibility for ensuring that the policy is followed within areas is with both Service Directors and Heads of Nursing.
- To ensure that staff are released to meet training needs.
- To ensure that staff have access to the Last Days of Life supporting documentation.

Line Managers

- To ensure that staff access training and attend mandatory training.

All Healthcare Professionals

- All nursing staff will attend training sessions, complete yearly mandatory workbook and competency assessment.
- Have a responsibility for achieving good care after death.
- Registered Nurses will have overall responsibility for the care after death of patients in hospital. In particular for correctly identifying the deceased person and communicating accurately with the portering service and if appropriate with the Bereavement Centre, mortuary staff, and accurately completing the care after death documentation.
- Registered Nurses may delegate nursing tasks to a suitably trained Health Care Assistants.
- The nurse in charge of the Ward/Department where the patient has died must inform the relatives of the patient's death and document this in the nursing documentation. If the expected death occurs during the night, the nurse in charge of the ward must

inform the medical team at 09:00 the following morning.

- The nurse in charge of the Ward/Department where the patient has died is also responsible for completing the Infection Control Notification Form if the patient's body is a potential source of infection.
- The nurse in charge of the Ward/Department where the patient has died is responsible for communicating if the patient's body has any skin tears or abrasions to the Porters before transfer to the mortuary and recording this on the Notification of Death card.
- Nursing staff are required to add the date of death onto the Orion patient database and save the GP notification death letter before any changes to PAS are made; this will ensure that the Doctor can access it to write to the GP. If the deceased person was living in a care home, inform the home.
- Verification of expected adult death is restricted to registered nurses who have been qualified for a minimum of two years, and who have received appropriate education and training who can demonstrate evidence of competence.
- Only a registered medical practitioner may certify a patient's death.
- The responsibility for certifying death lies with the attending medical team. A registered medical practitioner who has attended the patient during their last illness is required to complete a Medical Certificate of the Cause of Death "to the best of his knowledge and belief" (Births and Deaths Registration Act 1953) following discussion with the Medical Examiner.
- Hospital Porters are responsible for responding within one hour to a call from the wards to transfer the deceased to the mortuary.
- Only Hospital Porters trained in the movement of patients and mortuary duties must do so.
- The Ward/Department Staff have the responsibility of calling the on call mortician to alert them that a bariatric patient is being transferred to the mortuary, who will attend once notified.
- The Duty Nurse Manager, in alignment with the Medical Examiner service, is responsible for overseeing the process of Direct Release of a deceased person from the Ward/Department. Discussions must take place with the Medical Examiners service before any paperwork/body is released.

5.0 APPROVAL

Following appropriate consultation, this policy (v2.0) has been approved by the Trust's Documentation Group.

6.0 ADULT PROCEDURE

6.1 Equipment:

- Gloves and apron
- Washing/toiletries equipment
- Notification of Death Mortuary cards x3
- Identification labels x2 (wristband)
- Shroud or personal clothing in accordance with patient/relatives wishes
- Clean sheet
- Cadaver bag (Body bag) if required (refer to Trust’s Infection Control Policy no. ICP 1)
- Patients Property Book
- Tape – Dressing Pack – Waterproof dressings (if wounds present)
- Waste disposable (refer to Trust’s Infection Control Policies ICP4, ICP10 and ICP32 and Waste Management Policy)
- Sharps bin if necessary.

Optional:

- Spigot
- Goggles, gown, mask (if highly infectious)
- Petroleum gel
- Absorbent pads
- Card or envelope to offer lock of hair where appropriate
- Special card and wipes for hand prints.

Adult Procedure:

ACTION	RATIONALE
<p>6.2 Communication:</p> <p>6.2.1 Inform the nurse who is co-ordinating the clinical environment for the duty period Inform the doctor responsible for the care and treatment of the deceased patient.</p>	<p>Fulfil Trust Policies; maintain continuity of care and to allow any necessary preparations for the care of relatives/friends as appropriate to religious/cultural need. Only the doctor who has seen the patient alive is authorised to certify the patient’s death. In the event of an expected</p>

ACTION	RATIONALE
	<p>death the doctor may pre-arrange to be informed at another time e.g. if expected death occurs at night the doctor may be informed the following morning</p>
<p>Confirmation or verification of death must be recorded in the deceased patient's medical notes by the person verifying/confirming death on the Verification of Death Continuation Sheet (Last Days of Life documentation). It is recommended that this occurs as soon as possible after death and within one hour.</p> <p>Following death, the Coroner's Office must be contacted if the cause of death is uncertain or if the death is due to any other reportable cause (See Appendix B – Deaths requiring coronial investigations).</p> <p>Unless the Coroner has taken over the death, a Medical Certificate of Cause of Death must be completed by a medical practitioner who has seen the patient alive within the last 14 days (to fulfill statutory duties). Please note: during the Covid-19 Pandemic, extensions/amendments apply regarding certification – please refer to The Revised guidance for registered medical practitioners on the Notification of Deaths Regulations (Ministry of Justice, March 2020); current web document link - Revised guidance for registered medical practitioners on the Notification of Deaths Regulations (publishing.service.gov.uk)</p> <p>6.2.2 If the relatives or carers are not present at the time of death, inform next of kin and/or appropriate nominated relative/carer and offer support, including access to a spiritual leader or other appropriate person. Document the person who has been informed in the Care After Death section within the Last Days of Life Nursing Care Plan. When the death is unexpected or sudden, the relatives or carers need to be informed face to face (when possible). If this is not</p>	<p>Confirmation or verification of death can be undertaken by a registered medical practitioner or in the case of an expected adult death by an appropriately trained practitioner (e.g. Night Team leader) as per Verification of Expected Adult Death for Nurses Policy.</p> <p>An unexpected death must be confirmed by the attending medical officer.</p> <p>Fulfil Trust Policies; maintain continuity of care and to allow any necessary preparations for the care of relatives/friends as appropriate to religious/cultural need.</p> <p>To ensure relevant individuals are aware of the patient's death and to prepare/implement any requested/special</p>

ACTION	RATIONALE
<p>possible contact the police to support informing relatives or carers. Inform the chaplaincy service of the patient's death.</p> <p>6.2.3 Check in the Last Days of Life Nursing Care Plan that there are no special cultural/religious or individual requests pertaining to the care of the deceased.</p> <p>In Emergency Department – check with relatives or carers if present. See Intranet site for guidance in the absence of a family member present.</p>	<p>religious/cultural practices/wishes. To provide sensitive holistic care and offer appropriate support.</p> <p>To ensure relatives and staff can be supported. To provide sensitive care.</p> <p>To provide sensitive holistic and to implement any special individual/ religious/cultural requests.</p>
<p>6.3 Personal Care After Death:</p> <p>Nurses should also be aware of any specific cultural or religious needs or wishes and endeavor to take account of them.</p> <p>The personal care after death needs to be carried out within two to four hours of the person dying.</p> <p>This needs to be carried out by two people, one of whom needs to be a registered nurse or a suitably trained person. Personal Protection Equipment (PPE) should be considered for any patients who are deemed infectious.</p> <p>Personal care after death will vary according to religion and cultural practices; these may be compromised by the need for specific measures if an infectious disease was associated with the death. Any problem should be discussed with the Ward/Department Leader/Manager, Head of Nursing and/or the IPCT who may wish to consult the appropriate priest or religious authority. Staff dealing with the recently deceased, regardless of which infectious agents may be present, should cover all cuts or lesions with a waterproof</p>	<p>To meet the dignity of caring for the deceased, meet with relatives / carers wishes or for religious / cultural reasons.</p> <p>In order to preserve their appearance, condition and dignity.</p> <p>In accordance with Infection Control Guidance</p>

ACTION	RATIONALE
<p>dressing and use appropriate personal protective equipment (PPE) for the procedure.</p>	
<p>6.3.1 Patient presentation and correct positioning for viewing.</p> <ul style="list-style-type: none"> Place the deceased in the neutral position with arms at side if possible. If it is not possible to lay the deceased flat due to medical conditions such as an unusual body shape, the head being raised following eye retrieval, a shifted centre of gravity (e.g. due to limb amputation), document this on the notification of death card to inform the mortuary or relevant staff and Care After Death section within the Last Days of Life Nursing Care Plan. Close the deceased's eyes by applying light pressure for 30 seconds. If this fails then explain sensitively to the relatives that the funeral director will resolve the issue. If corneal or eye donation is to take place close the eyes with gauze (moistened with normal saline). Clean the mouth to remove debris and secretions. If patient wears dentures, clean and replace them as soon as possible after death. If unable to replace dentures, they should be placed in a denture carton labelled with the patient's identification label, and transported with the patient to the mortuary. Document this on the paperwork and inform the porter prior to transfer. Remove all but one pillow. Close and support the deceased's jaw by placing a pillow or rolled-up towel on the chest 	<p>In order to maintain the deceased's dignity as rigor mortis occurs 4-6 hours after death. Stiff, fixed limbs can be difficult to fit into the mortuary trolley or fridge and can cause unnecessary stress to the relatives who wish to view the deceased. However, if the deceased cannot be straightened, force should not be used.</p> <p>To prevent eyes drying out.</p> <p>To ensure acceptable viewing of the deceased by relatives</p> <p>To support alignment and help the mouth to stay closed.</p>

ACTION	RATIONALE
<p>underneath the jaw (to be removed prior to viewing).</p> <ul style="list-style-type: none"> Tidy hair as soon as possible after death and arrange into the preferred style (if known). Refrain from shaving a deceased person. (Usually the funeral director will do this). Where a Coroner's referral is required, medical equipment eg drainages tubes, cannula, ET tubes should not be removed from the deceased, with the exception of specific Coroners guidance e.g. due to industrial disease etc. In cases where you are uncertain, leave medical equipment in place. <p>If urinary catheters remain in place, use a spigot to cap it off.</p> <p>Where no Coroner's referral is required, medical equipment can be removed.</p> <p>Open wounds or drainage sites may need to be sealed with occlusive dressing and adhesive tape.</p> <p>Stoma's should be covered by a clean bag</p> <ul style="list-style-type: none"> Cover the deceased with a clean sheet from the shoulders down. Ensure bed area is private and presentable. Ensure tissues and chairs are available. <p>In Emergency Department – transfer to the viewing room when possible If a viewing is required after the patient has left the Ward area, please contact the Bereavement Centre during working hours, and</p>	<p>To ensure acceptable viewing of the deceased by relatives and guide the funeral director for final presentation.</p> <p>Shaving a deceased person when they are still warm can cause bruising and marking which only appears days later.</p> <p>Post Mortem may be required eg if the patient dies with 24 hours of surgery or the cause of death is unclear or suspicious, or is due to a reportable cause.</p> <p>To ensure acceptable viewing of the deceased by relatives</p> <p>Leaking orifices, stoma's and open wounds may pose a health hazard to staff coming into contact with the body.</p> <p>To maintain privacy and dignity for the deceased and their relatives</p>

ACTION	RATIONALE
<p>the on-call Mortuary out of hours. During the Covid-19 Pandemic, viewings organised by the Bereavement Centre have been suspended.</p>	
<p>6.3.2 Personal Care for expected death NB: If suspicious circumstances around death this does not apply.</p> <ul style="list-style-type: none"> • Put gloves and apron on. • Wash the deceased unless requested not to do so. <p>For certain religions, it is not acceptable to touch the deceased with bare hands. Please note that deceased Hindu, Muslim and Jewish patients should preferably only be touched by people of the same faith and gender. However minimal personal care is permitted if gloves are worn; the body should not be washed but the eyes should be closed, the limbs straightened and the jaw supported.</p> <ul style="list-style-type: none"> • Be prepared to allow relative / carers to assist with personal care after death if they wish to do so. Prepare them sensitively for changes to the body after death and be aware of manual handling and infection control issues. • Jewellery (personal affects) must be documented and recorded clearly in property book in the presence of the other nurse stating whether retained on the deceased or given to a relative. Jewellery can be taken by the relatives or left on the deceased. Where nursing staff are unsure whom to give it to; it should remain on the deceased. Jewellery relating to faith should not be removed from the deceased unless instructed by relatives. Some relatives may wish for a memento of the deceased, such as a lock of hair or hand print. 	<p>To reduce risk of contamination with body fluids, and to reduce risk of cross-infection.</p> <p>Maintain hygienic needs/fulfil religious/cultural needs as appropriate. (Refer to Trust’s Information on Religious Beliefs).</p> <p>Allow the process of adjusting to loss; fulfil religious/cultural needs as needed. N.B. It may be important to relatives and carer to assist with washing, to continue to provide the care given in the period before death.</p> <p>The need to secure the patients jewellery (personal affects) to meet with the Trust’s Patients Property Procedures, legal requirements.</p> <p>Allow the process of adjusting to loss and have a good memory rather than just one of the physical death; fulfill</p>

ACTION	RATIONALE
<p>For Hindus, sacred threads and other religious objects worn should not be removed.</p> <ul style="list-style-type: none"> • Dress the deceased in a shroud/or specific clothing as requested, according to their faith. <p>Check the deceased skin condition for oedema, fragile areas, any existing abrasions, skin tears etc. and document these on the notification of death card and Care After Death section within the Last Days of Life Nursing Care Plan. Inform the porter if any are found prior to transfer to the mortuary.</p> <ul style="list-style-type: none"> • If there are faith specific requirements, nursing staff should liaise with the relatives. <p>For Muslims, the head of the deceased should be turned towards the right shoulder.</p> <p>For Sikhs, the symbols of faith known as the five 'Ks', and the turban worn, should be left undisturbed if possible.</p> <ul style="list-style-type: none"> • Use pads and pants to absorb any leakage from the urethra, vagina or rectum. • Attach an identification wristband to one wrist and another to the opposite ankle (If one wrist band is not big enough to go around the ankle, attach two together). • Tape a Notification of Death card to the shroud or clothing • Wrap the deceased in a clean sheet, ensuring that the face and feet are covered and that all limbs are held securely in position. 	<p>religious/cultural needs as needed and meet relatives' wishes.</p> <p>For religious or cultural reasons and meet relative's or carers wishes</p> <p>To identify pre-existing skin conditions/damage prior to transfer to mortuary.</p> <p>To respect the deceased patient's beliefs.</p> <p>Fluid leakage may pose a health hazard.</p> <p>To ensure correct and easy identification of the deceased in the mortuary.</p> <p>To avoid possible damage to the deceased during transfer</p>

ACTION	RATIONALE
<p>Management of deceased with a suspected/known infection</p> <ul style="list-style-type: none"> • Cadaver bag (body bag) is not necessary in most cases, but they are used for highly infectious cases or if there is excessive risk of body fluids escaping from the deceased. Cadaver bags are available on all wards. If there is not one available they can be obtained from the Clinic 15 PPE store. Cadaver bags are only used for the transporting of the deceased in the following circumstances: • When leakage cannot be contained, a cadaver bag must be used, irrespective of the known/suspected infectious status of the deceased. In this situation, the nurse in charge should explain to the porters about the potential risk from body fluids and where there is any doubt about the infection status, the deceased must be placed by the porters into a 'bio-hazard' fridge in the mortuary. Mortuary staff will then handle the deceased as appropriate after discussion with the ward. • Confirmed or suspected cases of Pulmonary Tuberculosis when death occurred before 14 complete days of treatment and before isolation precautions have been discontinued. <p>In this situation, the deceased must be placed in a cadaver bag and the porters and mortuary staff informed of the infection risk. Unless informed otherwise, by a member of the IPCT, if isolation precautions have been discontinued a cadaver bag is not normally necessary to transport the deceased to the mortuary. However, in this situation the nurse in charge must inform the mortuary who will require the porters to place the body into the 'bio-hazard' fridge to ensure safe practice in the mortuary</p>	<p>and prevent distress to colleagues eg porters</p> <p>To ensure the safe management of the deceased with an actual/potential fluid leakage/known notifiable infection present which may pose health hazard to those who come into contact.</p>

ACTION	RATIONALE
<ul style="list-style-type: none"> • Confirmed or suspected cases of infection or symptomatic carriage of <ol style="list-style-type: none"> a. Hepatitis B, Hepatitis C or HIV viruses b. Confirmed or suspected cases of variant Creutzfeldt-Jacob Disease (CJD) c. Any other high risk infection, when advised by the IPCT d. High risk notifiable infectious diseases (Appendix D and Appendix E) <p>NB: any form of bacterial meningitis or any resistant organisms such as MRSA do not require a cadaver bag as a result of their infection.</p> <p>Infectious status label To minimise the risk with certain notifiable infectious disease the deceased may need to be placed in a leak proof cadaver bag, in these cases an ‘Danger of infection notification sheet’ (Appendix F – intranet link) must be completed by Medical Staff and attached to the outside of the cadaver bag. Label must not state the diagnosis, which is confidential information; only the type of precaution required should be stated. Once the deceased is sealed in the cadaver bag, PPE will no longer be necessary for those who are handling the deceased.</p> <p>Guidelines for handling cadaver with infections Disease in the living are a far greater hazard to health than disease in the dead (HPA 2004). The majorities of infections are graded as ‘low risk’. (See Appendix D)</p> <ul style="list-style-type: none"> • Low risk: standard infection prevention and control precautions are applied, necessitate no further restrictions on handling and procedures • Medium risk: cadavers may be viewed and washed, but embalming is not recommended 	

ACTION	RATIONALE
<ul style="list-style-type: none"> • High risk: cadavers should not be viewed, washed or embalmed <p>Additional measures required when handling the deceased with an infectious disease can be found in Appendix E, this is meant as guidance only and any additional advice may be sought from the HPA.</p> <p>Relatives</p> <ul style="list-style-type: none"> • Medium and low risk: In cases of a known or suspected contagious disease where relatives have expressed a wish to view/kiss the deceased, providing that there is no obvious risk of exposure to potentially infected body fluids, the head, shoulders and arms may be exposed • High risk: There are only five diseases specified within the high risk categories, Anthrax, Plague, Rabies, Severe Acute Respiratory Syndrome (SARS) and Viral Haemorrhagic Fever. These remain extremely rare and are the only diseases for which cadavers should not be viewed (HPA 2004) • Secure the sheet with tape and not too tightly. • Tape the second Notification of Death card to outside of the sheet/Cadaver bag. 	<p>Pins must not be used as they are a hazard to staff. If taped too tight can cause disfigurement.</p> <p>To ensure correct and easy identification of the deceased in the mortuary.</p>
<p>6.3.3 Transfer to the mortuary The mortuary will be referred to as either the Mortuary; this is to</p>	<p>It is important to note that the body's core temperature will take time to lower and therefore refrigeration within four hours</p>

ACTION	RATIONALE
<p>avoid colloquialisms such as ‘Rose Cottage’.</p> <ul style="list-style-type: none"> Request a Porter to remove/transfer the deceased to the mortuary within one hour of request. Inform them if the deceased has an infectious disease, skin fragility/damage, oedema etc. (Portering Services follow their local procedures for this task). Potential for cross infection from an infected deceased body to a healthcare worker or another person is extremely small, until the body is physically handled. Screen off the appropriate area/remaining patients. Arrange for relatives/carers present to be cared for in a quiet room whilst the deceased is being transferred. Place the deceased in an appropriate concealment trolley for transfer to the mortuary. A large bed cover is available to place over the bed when transferring bariatric patients. If the deceased is being directly released to the funeral director, refer to the Procedure for the Direct Release of a Deceased Patient (Appendix G) and if needed ensure completion of the Direct Release Form for Deceased Patients (Appendix H – intranet link). <p>6.3.4 Patient’s Property The deceased’s property must be recorded, clearly labelled and secured/transferred in accordance with the Trust’s Policy and Procedure For The Safeguarding & Custody of Patients Property. Encourage the relatives or carers to take the deceased's property with them. If the relatives are not present at time of death, ask their wishes regarding patient’s property. Discuss the issue of soiled clothes sensitively with the relatives and ask whether they wish them to be disposed of or returned.</p>	<p>of death is optimum. This ensures that tissue donation can take place (if requested). Those transferring an infective deceased must be notified of the infective status so that they are able to inform the receiving department,</p> <p>To avoid unnecessary distress to all concerned.</p> <p>Occasionally the request for direct release to the funeral director may come from the patient or relatives to nursing staff prior to death.</p> <p>To ensure all property is accounted for.</p>

ACTION	RATIONALE
<p>Soiled clothing must be separated and placed in a blue property bag; clean clothing and non-valuable property will be placed in a white property bag. The bags must be sealed and labelled with an identification label from the patient's notes.</p> <p>The patient's property record should be placed in a sealed envelope and fixed to the bag containing the property to await collection from Ward. . Teeth (dentures) are to remain with the patient. Hearing aids and glasses are to be placed in an envelope and taken to the General Office (as valuables). No property is to accompany the deceased to the Mortuary, other than what they are wearing.</p> <p>All valuables go directly from the Ward area to the General Office, or to the deceased's relative or carer. A record should be made of all valuables in the Property Book.</p> <p>Valuables and money must be placed in an envelope and taken to General Office for safe keeping, unless collected by the relative or carer.</p> <p>Outside normal office hours valuables and money should be placed in a sealed envelope and clearly marked with the patient's name and Ward/Department. The seal must be signed over by 2 members of the Ward/Department staff, then taken to the General Office and posted into the night safe.</p> <p>6.3.5 Care After Death documentation Ensure the care after death section within the Care After Death section within the Last Days of Life Nursing Care Plan is completed prior to removal of the deceased from the clinical area.</p>	<p>To record the time of death, names of those present, names of those informed, location of the deceased's property, relative / carer information given.</p> <p>To ensure medical and nursing records are available to the bereavement team and other interested professionals, such as pathologists.</p> <p>To record organisational information and establish a timely registration of the death.</p>

ACTION	RATIONALE
<p>If relatives have any concerns about the death these should be documented</p> <p>6.3.6 Nursing staff are required to add the date of death onto the Orion patient database and save the GP notification death letter before any changes to Medway are made this will ensure that the Doctor can access it to write to the GP.</p> <p>Nursing Staff to telephone GP to inform of death.</p> <p>Nursing Home - If the deceased person was living in a care home, inform the home.</p> <p>In Emergency Department the Medical staff are required to add the date of death onto the Orion patient database</p> <p>6.3.7 Provide the relatives with information on the processes to be followed after death, informing the relative/carer of the Bereavement Centre role. Give Bereavement leaflet to relatives if present. Ensure relative/carer has details on how and when to contact the Bereavement Centre.</p> <p>6.3.8 Notify any Teams the patient may have been referred to and involved in their care.</p> <p>6.3.9 Offer support and an opportunity to de-brief to remaining patients/staff.</p>	<p>For some people of faith (particularly Jews and Muslims) it may be important to collect the Medical Certificate of Cause of Death the same day so that the death can be registered immediately, and the deceased released for an early funeral. Other patients are often aware that a death is expected or has occurred. It is important to inform them when someone dies so that they can be offered support and reassurance, and to answer any questions sensitively, so as to allay misconceptions and fears.</p> <p>To ensure relatives are well informed and understand the process to follow after death and establish a timely registration of the death.</p> <p>To ensure teams are informed of the patients death and avert inappropriate visits from teams</p> <p>To ensure they access support available if needed.</p>

7.0 PAEDIATRIC AND NEONATAL PROCEDURE

7.1 Equipment:

- Washing/toiletries equipment
- Notification of Death Mortuary cards x1
- Mortuary Book
- Identification labels x2 (wristband)
- Personal clothing in accordance with parent's wishes
- Body bag if required (refer Trust's Infection Control Policy no. ICP30)
- Patients Property Book
- Tape – Dressing Pack – Waterproof dressings (if wounds present)
- Waste disposable (refer to Trust's Infection Control Policies ICP4, ICP10 and ICP32 / Trust Waste Management Policy.)
- Memory Making equipment / resources

Paediatric Procedure:

ACTION	RATIONALE
<p>7.2 Communication: 7.2.1 a) Inform the nurse who is co-ordinating the clinical environment for the duty period.</p> <p>Butterfly signage could be displayed on cubicle./ department / day doors / entrances where the deceased infant / child / young person is being cared for.</p> <ul style="list-style-type: none"> • Contact the Bereavement Nurse via the Child Death Team. A referral to the Bereavement Nurses would be completed the next working day either by contacting the CDRT (extension 6479 at KMH) or by ringing the Bereavement Nurses who are based at NUH on internal #6121 ext. or external 0115 924 9924 ext. 66276. 	<p>Fulfil Trust Policies; maintain continuity of care and to allow any necessary preparations for the care of relatives/friends as appropriate to religious/cultural need. To ensure communication across the wider team as necessary.</p> <p>To sensitively communicate to the wider team that an infant / child / young person has died.</p> <p>There is no specialist nurse bereavement support out of hours (including bank holidays and weekends)</p>

ACTION	RATIONALE
<ul style="list-style-type: none"> Inform the appropriate medical staff members, who have responsibility for the care of the deceased infant / child / young person. Notify the Child Death Review Team (ext. 6479). Inform the Medical Examiner via Bereavement Team (ext. 4189) and Coroner where appropriate. <p>Confirmation of death must be recorded in the deceased baby /child or young person's medical notes by the person verifying/confirming death on the medical records. It is recommended that this occurs as soon as possible after death and within one hour.</p> <p>For sudden and expected death inform the chaplaincy service of the infant/child or young person's death. The team can be contacted 24/7 via Switchboard.</p>	<p>Only the doctor who has seen the baby/child/young person alive is authorised to certify the death. In the event of an expected death the doctor may pre-arrange to be informed at another time e.g. if expected death occurs at night the doctor may be informed the following morning.</p> <p>This will initiate the mandatory child death review process. All Paediatric deaths must be verified and certified by a registered medical practitioner and be discussed with the Medical Examiner. Deaths meeting the set criteria should be referred to the Coroner. Details can be found on the Paediatric Intranet site or via links below:- Child Death Notification Form link: Child Death Notification Form - V14 Child Death Flowchart Link: Flowchart for child death referral process - V7</p>
<p>7.2.2</p> <p>If the parents are not present at the time of death, inform next of kin and / or appropriate nominated relative / carer and offer support. This could include access to a spiritual leader or other appropriate person. Document the person who has been informed within the patient's record.</p> <p>When the death is unexpected or sudden and relatives or carers are not present liaison should be face to face (where possible). Police can be contacted to support informing relatives or carers.</p> <p>If the infant /child / young person was living in a respite facility, ensure liaison completed with all relevant services involved and documented within patient records.</p>	<p>To ensure relevant individuals are aware of the infant / child / young person's death and to prepare / implement any requested / special religious / cultural practices / wishes. To provide sensitive holistic care and offer appropriate support.</p>

ACTION	RATIONALE
<p>7.2.3 Check in the patient records and discuss with the family / carers regarding any advanced care plans / personal resuscitation plans (PRP).</p>	<p>To provide sensitive holistic care and to implement any special religious / cultural / individual requests. To support nursing staff in providing care after death which is sensitive to the wishes and choices of the infant / child / young person and their parents / carers wherever reasonably possible.</p>
<p>7.3 Personal Care After Death:</p> <p>It is vital to determine if this is an anticipated (explained death) or unanticipated (unexpected death). In the sudden and unforeseen death of a child national and local policies will need to be implemented. Discussion needs to take place with lead clinician before any personal care proceeds. Refer to page 18 on the link below:- https://www.togetherforshortlives.org.uk/wp-content/uploads/2019/11/TfSL-Caring-for-a-child-at-end-of-life-Parents.pdf</p> <p>Nurses should also be aware of any specific cultural or religious needs or wishes and endeavour to take account of them.</p> <p>The personal care after death needs to be carried out within four to six hours of the person dying.</p>	<p>To identify if this is an unexpected death or meets the criteria for Coroner’s Referral. Personal Care may be restricted depending upon the individual case.</p> <p>To maintain the dignity of the deceased infant / child / young person and meet the parents / carers wishes and religious / cultural preference.</p> <p>In order to preserve their appearance, condition and dignity as physical changes to the deceased will occur. These changes may be distressing to parents / carers and staff should sensitively prepare them for what to expect. Refer to page 24 on the link below:- https://www.togetherforshortlives.org.uk/wp-content/uploads/2019/11/TfSL-Caring-for-a-child-at-end-of-life-Parents.pdf</p>

ACTION	RATIONALE
<p>This needs to be carried out by two people, one of whom needs to be a registered nurse or a suitably trained person.</p> <p>Personal Protective Equipment should be utilised to carry out any personal care after death</p>	<p>It is important that staff caring for the deceased infant / child / young person is able to advise, inform and support parents / carers. Staff should have an understanding of the Trust policy and procedural requirements.</p> <p>To adhere to Trust Infection Control policy guidance</p>
<p>7.3.1 Presentation and correct positioning / viewing.</p> <ul style="list-style-type: none"> • Allow parents to hold the infant / child / young person if they wish otherwise place the infant / child / young person in the neutral position with arms at side if possible. If it is not possible to lay the infant / child / young person flat due to medical conditions, such as an unusual body shape, the head being raised following eye retrieval, a shifted centre of gravity (eg due to limb amputation) document this on the notification of death card to inform the mortuary or relevant staff and medical records. • Close the infant / child / young person's eyes by applying light pressure for 30 seconds. If corneal or eye donation is to take place close the eyes with gauze (moistened with normal saline). • Clean the mouth to remove debris and secretions. • Remove all but one pillow. If necessary close and support the infant / child / young person's jaw by placing a pillow or rolled-up towel on the chest underneath the jaw. (to be removed prior to viewing) • Tidy hair as soon as possible after death and arrange into the preferred style (if known). 	<p>In order to maintain the patients dignity as rigor mortis occurs 4-6 hours after death.</p> <p>To prevent eyes drying out.</p> <p>To support alignment and help the mouth to stay closed. Positioning the deceased baby/child/young person on a slight incline by raising the head and shoulders upwards reduces pooling of fluid which may cause distress to the parents/carers.</p> <p>To ensure acceptable viewing of the deceased by parents and guide the funeral director for final presentation.</p>

ACTION	RATIONALE
<p>Medical equipment eg drainages tubes, cannula, ET tubes can be removed unless the death meets the criteria for a coroners referral in which case should remain in place and the case should be discussed with the lead clinician. Refer to guidance on form 1 (page 6). Form 1</p> <p>Open wounds or drainage sites may need to be sealed with occlusive dressing and adhesive tape.</p> <ul style="list-style-type: none"> Cover the infant / child / young person with a clean sheet/blanket from the shoulders down. Families may choose to use own personal bedding. Ensure bed area is private and presentable. Ensure tissues and chairs are available. <p>In Emergency Department – transfer to the viewing room when possible. If viewing room not available in ED suggest using one of the relatives room adjacent to Resuscitation.</p> <p>Place a butterfly symbol on the door.</p>	<p>Post-mortem may be required eg if the patient dies with 24 hours of surgery or the cause of death is unclear or suspicious, or is due to a reportable cause.</p> <p>Leaking orifices may pose a health hazard to staff coming into contact with the body.</p> <p>To maintain privacy and dignity of the infant / child / young person and their parents/family</p>
<p>7.3.2 Personal Care for explained deaths (deaths not meeting criteria for Coroner’s referral). Refer to section 7.3.1 for practical guidance in respect of personal care</p> <ul style="list-style-type: none"> Wear gloves and apron. Wash the infant / child / young person. Be prepared to allow parents / family to assist with personal care after death if they wish to do so. Prepare them sensitively for changes to the body after death and be aware of manual handling and infection control issues. 	<p>To prevent risk of infection and reduce risk of contamination with body fluids.</p> <p>Provides parents / carers with an opportunity to provide care for their child.</p>

ACTION	RATIONALE
<ul style="list-style-type: none"> Where it has been agreed that and tubes, drains catheters (medical devices) can be removed, it might be appropriate to aspirate them ahead of removal. Some parents / carers may wish for some medical devices to remain in place (eg gastrostomies, tracheostomies) 	<p>Some infants, children and young people may have had these devices for a considerable time period – their parents / carers may consider these to be part of their child’s identify and may wish for them to be left in place – the mortuary can offer advice/support accordingly.</p>
<p>For certain religions, it is not acceptable to touch the deceased infant/child/young person with bare hands. Please note that deceased Hindu, Muslim and Jewish patients should preferably only be touched by people of the same faith and gender. However minimal personal care is permitted if gloves are worn; the infant /child/young person should not be washed but the eyes should be closed, the limbs straightened and the jaw supported.</p> <p>Jewellery and or other personal affects must be documented in property book in the presence of the other nurse stating whether retained on the baby/child/young person or given to a relative. Jewellery can be taken by the parents or left on the infant /child/young person. Where nursing staff are unsure whom to give it to; it should remain on the infant / child / young person. Jewellery relating to faith should not be removed from the deceased unless instructed by family.</p> <p>For Hindus, sacred threads and other religious objects worn should not be removed.</p> <ul style="list-style-type: none"> Check the infant /child / young person skin condition for oedema, fragile areas, any existing abrasions, skin tears etc. and document these on the notification of death card and the patient records. 	<p>Maintain hygienic needs / fulfill religious/cultural needs as appropriate. (Refer to Trust’s Information on Religious Beliefs).</p> <p>Allow the process of adjusting to loss; fulfill religious/cultural needs as needed. N.B. It may be important to parents and family to assist with washing, to continue to provide the care given in the period before death.</p> <p>To meet with the Trust’s Policy and Procedure for the Safeguarding and Custody of Patients Property, legal requirements.</p> <p>To respect cultural and religious beliefs and needs.</p> <p>To identify pre-existing skin conditions/damage prior to transfer to mortuary.</p>

ACTION	RATIONALE
<ul style="list-style-type: none"> • Inform the porter if any are found prior to transfer to the mortuary. • If there are faith specific requirements, nursing staff should liaise with the parents. <p>For Muslims, the head of the infant / child / young person should be turned towards the right shoulder.</p> <p>For Sikhs, the symbols of faith known as the five 'Ks', and the turban worn, should be left undisturbed if possible.</p> <p>Dress the infant / child / young person in accordance with parent / carers wishes.</p> <p>Special mementoes for infant / child / young person including live and stillborn infants.</p> <p>Mementoes must be undertaken with parental /carer consent</p> <p>Offer memory making. There are a number of resources available for parents /carers. These may include:</p> <ul style="list-style-type: none"> • Hand and footprints - using special card and wipes, plaster casting • Lock of hair • Memory Box and contents • Cot labels / ID bands <p>Photographs must not be taken without consulting the parents / carers first. Consent must be obtained and consent form completed Consent must be obtained and documented within the patient records. Consent form found on SFH intranet.</p>	<p>To respect the deceased patient's and parents / carers beliefs.</p> <p>For religious or cultural reasons and meet parent / carers wishes</p> <p>Allow the process of adjusting to loss and have a good memory rather than just one of the physical deaths; fulfill religious / cultural needs as needed and meet parent /carers wishes.</p> <p>Collecting memories that are meaningful can help to provide a life story of the infant / child or young person. Particularly important as part of the grieving process.</p> <p>To adhere to Trust Policy and procedure In some cultures it is taboo to photograph the deceased.</p>

ACTION	RATIONALE
<ul style="list-style-type: none"> • Attach an identification wristband to one wrist and another to the opposite ankle (If one wrist band is not big enough to go around the ankle, attach two together). Take a notification of death card with the baby/child/young person and hand over to the mortuary staff receiving the infant/child/young person. • Complete the Mortuary book and mortuary staff to remove 2 copies. <p>Management of deceased infant / child / young person with a suspected/known infection</p> <ul style="list-style-type: none"> • Cadaver bag (body bag) is not necessary in most cases, but they are used for highly infectious cases or if there is excessive risk of body fluids escaping from the body. Cadaver bags are only used for the transporting of the infant /child / young person in the following circumstances: • When leakage of blood and body fluids cannot be contained. <p>When leakage cannot be contained, a cadaver bag must be used, irrespective of the known/suspected infectious status of the patient. In this situation, the nurse in charge should explained to the porters about the potential risk from body fluids and where there is any doubt about the infection status, the infant / child / young person must be placed by the porters into a 'bio-hazard' fridge in the mortuary. Mortuary staff will then handle the infant / child / young person as appropriate after discussion with the ward.</p> <ul style="list-style-type: none"> • Confirmed or suspected cases of Pulmonary Tuberculosis when death occurred before 14 complete days of treatment and before isolation precautions have been discontinued. 	<p>To ensure correct and easy identification of the infant / child / young person in the mortuary.</p> <p>To ensure the safe management of the deceased with an actual/potential fluid leakage/known notifiable infection present which may pose health hazard to those who come into contact</p> <p>Cadaver bags are available within the ED department.</p>

ACTION	RATIONALE
<p>In this situation, the infant/child/young person must be placed in a cadaver bag and the porters and mortuary staff informed of the infection risk. Unless informed otherwise, by a member of the IPCT, if isolation precautions have been discontinued a cadaver bag is not normally necessary to transport the infant /child/young person to the mortuary. However, in this situation the nurse in charge must inform the mortuary who will require the porters to place the infant/child/young person into the 'bio-hazard' fridge to ensure safe practice in the mortuary.</p> <p>Infectious status label To minimise the risk with certain notifiable infectious disease the infant / child / young person may need to be placed in a leak proof cadaver bag, in these cases an 'Danger of infection notification sheet' (Appendix F – intranet link) must be completed by Medical Staff and attached to the outside of the cadaver bag. Label must not state the diagnosis, which is confidential information; only the type of precaution required should be stated. Once the infant / child / young person is sealed in the cadaver bag, PPE will no longer be necessary for those who are handling the body.</p> <p>Additional measures required when handling an infant /child / young person with an infectious disease can be found in (Appendix D & Appendix E), this is meant as guidance only and any additional advice may be sought from the HPA.</p>	
<p>Blessing with the Naming or Christening of an Infant / child or young person If the parents wish a blessing or christening, this may be performed by:</p> <ul style="list-style-type: none"> • the midwife or nurse • the parent's own minister • the hospital chaplain 	<p>To enable family / carers cultural spiritual needs to be met and support memory making. Allow the process of adjusting to loss and have a good memory rather than just one of the physical death</p>

ACTION	RATIONALE
<p>For any advice liaise with the Chaplain on call (via switchboard)</p> <p>Continuing Care Allow the infant /child / young person to stay with the parents as long as they wish.</p> <p>A Cold Cot/s are available for the Sherwood Birthing Unit (SBU), Neonatal Unit (NICU) and Ward 25 for infant or for a small child consider using x2 units together.</p> <p>When caring for infants / children and young people on ward 25, adjustments to the environment such as reducing the room temperature and opening windows could be considered (where cooling systems are not being used).</p> <p>After parents / carers have spent time with their infant, participated in personal cares and in gathering mementoes, nursing staff should consider arrangements for the child to be transferred to the mortuary.</p> <p>Staff should be guided by parents / carers to inform timing of mortuary transfer (where appropriate).</p>	<p>To allow infant / child / young person to stay with their parents / carers for as long as the parents / carers wish. NB It is important to note that the body's core temperature will take time to lower and therefore refrigeration within four hours of death is optimum when tissue donation is taking place (if requested). Cooling should start as soon as possible to preserve appearance.</p> <p>Once the infant / child or young person is transferred to the mortuary they cannot be returned back to the ward / department / NICU / SBU.</p>
<p>7.3.3 Transfer to the mortuary The mortuary will be referred to as the mortuary; this is to avoid colloquialisms such as 'Rose Cottage'.</p> <ul style="list-style-type: none"> Request a porter to remove the infant /child / young person if they are being taken down to the mortuary on a theatre trolley or if it is out of hours. Inform them if the infant /child / young person has an infectious disease, oedema, skin fragility / damage etc. 	<p>Those transferring an infective deceased must be notified of the infective status so that they are able to inform the receiving department,</p>

ACTION	RATIONALE
<ul style="list-style-type: none"> Portering Services follow their local procedures for this task. <p>Potential for cross infection from an infected deceased infant /child / young person to a healthcare worker or another person is extremely small, until the body is physically handled.</p> <ul style="list-style-type: none"> Screen off the appropriate area / remaining patients. If parent / families present are not escorting the infant / child / young person to the mortuary, arrange for them to be cared for in a quiet room whilst the infant / child / young person is being transferred. <p>Families should be involved where possible in the transfer of their child and a number of options are available in how this may be undertaken dependent upon the age and size of the child.</p> <ul style="list-style-type: none"> Infants may be carried by the parents / carer to the mortuary, accompanied by a staff member. The parent could choose to be seated in a wheelchair with their infant / child in their arms. Alternatively a Moses basket or a pram is available. For transfer of a larger child / young person a specific theatre trolley is located in the mortuary. <p>There is a Standard Operating Procedure to guide midwives when transferring babies from Sherwood Birthing Unit to the Mortuary (Appendix I)</p> <p>When moving an infant /child / young person from the Ward / Department to the mortuary all routes are through public areas (corridors) and patient lifts. Always be mindful of the general public and ensure that respect for the infant / child / young person and families grief is maintained at all times</p>	<p>To avoid unnecessary distress to all concerned.</p> <p>To promote privacy and dignity and minimise distress to all concerned Allow parents to do the last physical steps before others take over the infant/child/young person's care and give an element of control in their child's final journey.</p> <p>To maintain dignity and respect and a calm procedure without attracting attention.</p> <p>To adhere to Trust Guidance and to support families in their grief.</p>

ACTION	RATIONALE
<p>The porters will have the lifts vacated; the escort will ensure that the route is free of obstacles and access to the mortuary is clear with door open to ensure a smooth and quick transfer.</p> <p>A Chaplain or key worker will accompany them to the mortuary and support them in the viewing room. After an appropriate time care will be handed over to the mortuary staff.</p> <p>Under no circumstance must the relatives enter the mortuary area</p>	
<p>7.3.4 Infant / child / young person's Property</p> <ul style="list-style-type: none"> Encourage the parents to take the infant / child / young person's property home with them. Alternately, if it remains on the Ward / Department, this must be recorded within a property log clearly labelled and secured/transferred in accordance with the Trust's Policy and Procedure for the Safeguarding & Custody of Patients Property. Arrangements for delivery or pick up should be made – liaison with the key worker should be encouraged. <p>Please note: If the infant /child/young person's death is <u>unexpected</u> the property may be requested by the Police.</p> <ul style="list-style-type: none"> Discuss the issue of soiled clothes sensitively with the parent / carer and ask whether they wish them to be disposed of or returned. Soiled clothing must be separated and placed in a blue property bag; clean clothing and non-valuable property will be placed in a white property bag. The bags must be sealed and labelled with an identification label from the infant /child / young person's notes. 	<p>To ensure all property is accounted for and securely returned to family in a sensitive and timely manner.</p> <p>Support any forensic or safeguarding investigation.</p>

ACTION	RATIONALE
<p>The infant / child / young person's property record should be placed in a sealed envelope and fixed to the outer of any property accompanying the deceased to the mortuary.</p> <ul style="list-style-type: none"> Valuables and money must be placed in an envelope and taken to General Office for safe keeping. <p>Outside normal office hours valuables and money should be placed in a sealed envelope and clearly marked with the infant/child/young person's name and Ward/Department. The seal must be signed over by 2 members of the Ward/Department staff, then taken to the General Office and posted into the night safe.</p> <p>The infant /child / young person's property record should be placed in a sealed envelope and fixed to the outer of any property.</p>	
<p>7.3.5 Ensure medical records are completed and any department checklist is fully completed and stored within the medical records. Where relevant for unexpected deaths</p> <p>A child death notification needs to be completed for all paediatric deaths and submitted to the Child Death Review Team (CDRT) within one working day.</p> <p>All deaths should be notified and discussed with the Medical Examiner within one working day where possible.</p> <p>If the parents have any concerns about the infant / child / young person's death these should be documented.</p>	<p>To record the time of death, names of those present, names of those informed, location of the infant /child / young person's property, parent / carers information given.</p> <p>Medical and nursing records are available to the Child Death Review Team and other interested professionals, to support the child death review and any parallel investigation processes. All paediatric deaths initiate a child death review.</p> <p>To record organisational information and establish a timely registration of the death. For some people of faith (particularly Jews and Muslims) it may be important to collect the Medical Certificate of Cause of Death the same day so that the death</p>

ACTION	RATIONALE
	<p>can be registered immediately, and the infant /child /young person released for an early funeral.</p> <p>To ensure consideration for internal review or coronial investigation is completed.</p>
<p>7.3.6 Nursing and Medical staff are required to add the date of death onto the Orion patient database and save the GP notification death letter before any changes to Medway PAS are made. This will ensure that the medical staff can access the information in order to write to the GP and copy in the infant / child / young person's Health Visitor; Midwife; School; Social Care; and Child Death Team in accordance to the Child Death Review.</p>	<p>To ensure electronic records and multi-agency liaison is completed.</p> <p>Prevent future correspondence with parents / carer in respect to their deceased child.</p>
<p>7.3.7 Registration of a baby in maternity A birth certificate is required for any baby born alive irrespective of Gestation. A death certificate is required for any baby born showing signs of life who subsequently dies irrespective of gestation. Place these in a sealed envelope and give to parents to take to the Registrar of Births and Deaths. Issue an NHS number to all live born and stillborn babies.</p>	<p>To adhere to registration processes and legal requirements.</p>
<p>7.3.8 Written information</p> <ul style="list-style-type: none"> Provide the parent / carer with written information on the processes to be followed after death. Inform parent / carer of the available Bereavement Services and a named Key Worker. <p>The key worker will support the family in respect to information sharing and provide on-going support.</p> <p>Give the National "When a Child Dies" information booklet with key worker contact details.</p>	<p>To ensure relatives are well informed and understand the process to follow after death and establish a timely registration of the death.</p>

ACTION	RATIONALE
<p>Parent / Carers should be aware a discussion will need to take place with the Medical Examiner before a medical cause of death can be issued. They will then be guided by the Key Worker / Bereavement centre as to how they can collect this.</p> <p>Families choosing to take their infant / child / young person home after death.</p> <p>Follow the Procedure for the Direct Release of a Deceased Patient Appendix G, Appendix H – intranet link And refer to guidance on Taking A Baby Home for which the resources can be found via the Paediatric intranet site or these links:</p> <ul style="list-style-type: none"> • Guidelines for the release of a deceased Baby or Child to Parents • Information sheet for bereaved families considering caring for their child's body at home • Letter template to whom it may concern re transferring child out of hospital 	<p>To ensure they understand the process and are aware who to access for support and have relevant documentation.</p>
<p>7.3.9 Staff support</p> <p>Debriefing and support is offered to all staff following any child death. This may be in a number of formats and can be facilitated by the lead in charge / Bereavement Services or the Trust Counselling Service.</p>	<p>There is the potential for a surprising level of pain to be caused by caring for a parent and carer experiencing infant / child or young person death. There can be raw emotions faced by healthcare professionals in a situation of any paediatric death. As health care professionals it is important that staff are empathetic and display understanding towards colleagues in such sad and difficult situations. There can be long-term implications for staff if colleagues fail to demonstrate supportive behaviour.</p>

8.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc.) and by who)
A review of all incidents involving Personal Care After Death	Divisional Leads	Incidents will be notified via the Trust's Datix incident reporting procedure and assessed to ensure that appropriate actions are taken to reduce the identified risks.	As and when they occur	SFHFT General Palliative & End of Life Care Committee
Where several incidents occur, these will be investigated to identify the root cause.	Policy Lead	Incidents will be notified via the Trust's Datix incident reporting procedure and assessed to ensure that appropriate actions are taken to reduce the identified risks.	As and when they occur	SFHFT General Palliative & End of Life Care Committee
Completeness of documentation	Policy Lead	Audit	As and when it occurs	SFHFT General Palliative & End of Life Care Committee
Care After Death section of Last Days of Life case note review	End of Life Care Team	Audit	As and when they occur	SFHFT General Palliative & End of Life Care Committee
The individual practitioners will be expected to audit their own clinical practice,	The individual practitioners	Audit	Annually	The individual practitioner's appraisal

9.0 TRAINING AND IMPLEMENTATION

Staff who are involved in care of the dying patient should take every opportunity to access the relevant training and education for end of life care to support their practice.

The following training and education sessions will be delivered by the End of Life Care Team to support good practice and implementation of this Guidance.

- Annual Mandatory Workbook for all nursing staff excluding Midwives, therapy staff and ward housekeepers.
- Induction for all health care professionals.
- Personal Care After Death training for Health Care Assistants
- Last Days of Life training for all staff across the Trust as a rolling programme.
- Relevant Communication Skills Training to the Health Care Professionals Banding.

An attendance register of any training completed will be sent to the OLM Administration Officer: Training, Education and Development Department, King's Mill Hospital.

10.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix J](#)
- This document has been subject to an Environmental Impact Assessment, see completed form at [Appendix K](#)

11.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

Covid-19 Pandemic:

- [Notifiable diseases and causative organisms: how to report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report) (May 2010), Public Health England
- Guidance for Doctors completing Medical Certificates of Cause of Death in England and Wales – For Use During the Emergency Period Only (i.e. Covid-19 Pandemic). Website link - [guidance-for-doctors-completing-medical-certificates-of-cause-of-death-covid-19.pdf \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/guidance/guidance-for-doctors-completing-medical-certificates-of-cause-of-death-covid-19.pdf)
- Guidance for care of the deceased with suspected or confirmed coronavirus (Covid-19) – 4th February 2021 – GOV.UK. Website link: [Guidance for those involved in managing COVID-19 deaths - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/guidance-for-those-involved-in-managing-covid-19-deaths)
- Special Edition of Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoEAD) Guidance 0 10th November 2020 – Hospice UK
- [Revised guidance for registered medical practitioners on the Notification of Deaths Regulations \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/guidance/revised-guidance-for-registered-medical-practitioners-on-the-notification-of-deaths-regulations) (Ministry of Justice, 2020)

General Evidence Base:

- Births and Deaths Registration Act 1953
- Third Edition: Care After Death: Guidance for staff responsible for care after death (September 2020) Hospice UK, National Nurse Consultant Group (Palliative Care), Royal College of Nursing and The Royal College of Pathologists

- Control of Substances Hazardous to Health Regulations (COSHH). 2002. HMSO. London.
- Department of Health. 2012. *Health and Social Care Act 2012* .
- Healing. T., Hoffman. P., Young. S. 1995. *The infection hazards of human cadavers. Communicable Disease Report*. Vol. 5. No. 5.
- Health and Safety Executive. 2018. *Managing infection risks when handling the deceased – Guidance for the mortuary, post-mortem room and funeral premises, and during exhumation* – website link: <https://www.hse.gov.uk/pubns/books/hsg283.htm>
Accessed 10th February 2021
- Leadership Alliance (2014) One chance to get it right - [One Chance to get it right \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- The Royal Marsden Manual of Clinical and Cancer Nursing Procedures Online (2020) 10th Edition. Accessed 10th February 2021
- Waller S et al (2008) Improving Environments for Care at End of Life. King's Fund. London - [Improving Environments for Care at End of Life | The King's Fund](#)
- Together for short lives (2019) 2nd edition. Caring for your child at the end of life – A guide for parents and carers. [TfSL-Caring-for-a-child-at-end-of-life-Parents.pdf \(togetherforshortlives.org.uk\)](#)
- Together for short lives (2019) 2nd edition Caring for a child end of life – A guide for professionals on the care of children and young people before death, at the time of death and after death. [Caring for a child at end of life - a guide for professionals on the care of children and young people \(togetherforshortlives.org.uk\)](#)

Related SFHFT Documents:

- SFHFT Care of patients who die while in the Endoscopy Department (KMH & NH) SOP
- SFHFT Stillbirth, Intrauterine Fetal Death and Termination of Pregnancy for Fetal Abnormality Guideline (Fetal Loss)
- SFHFT Last Days of Life for Adults Policy
- SFHFT Privacy and Dignity Policy (including Same Sex Accommodation Non-Compliance Reporting Procedure)
- Reporting of Perinatal Deaths Procedure
- SFHFT Verification of Expected Adult Death by Registered Nurses Policy
- SFHFT Safeguarding and Custody of Patients Property Policy
- Relevant SFH Infection Prevention & Control Policies – via the Intranet
- SFH Waste Policy

Related External Documents:

- [Culture and spirituality | Fundamentals of End of Life Care | RCN \(rcni.com\)](#)

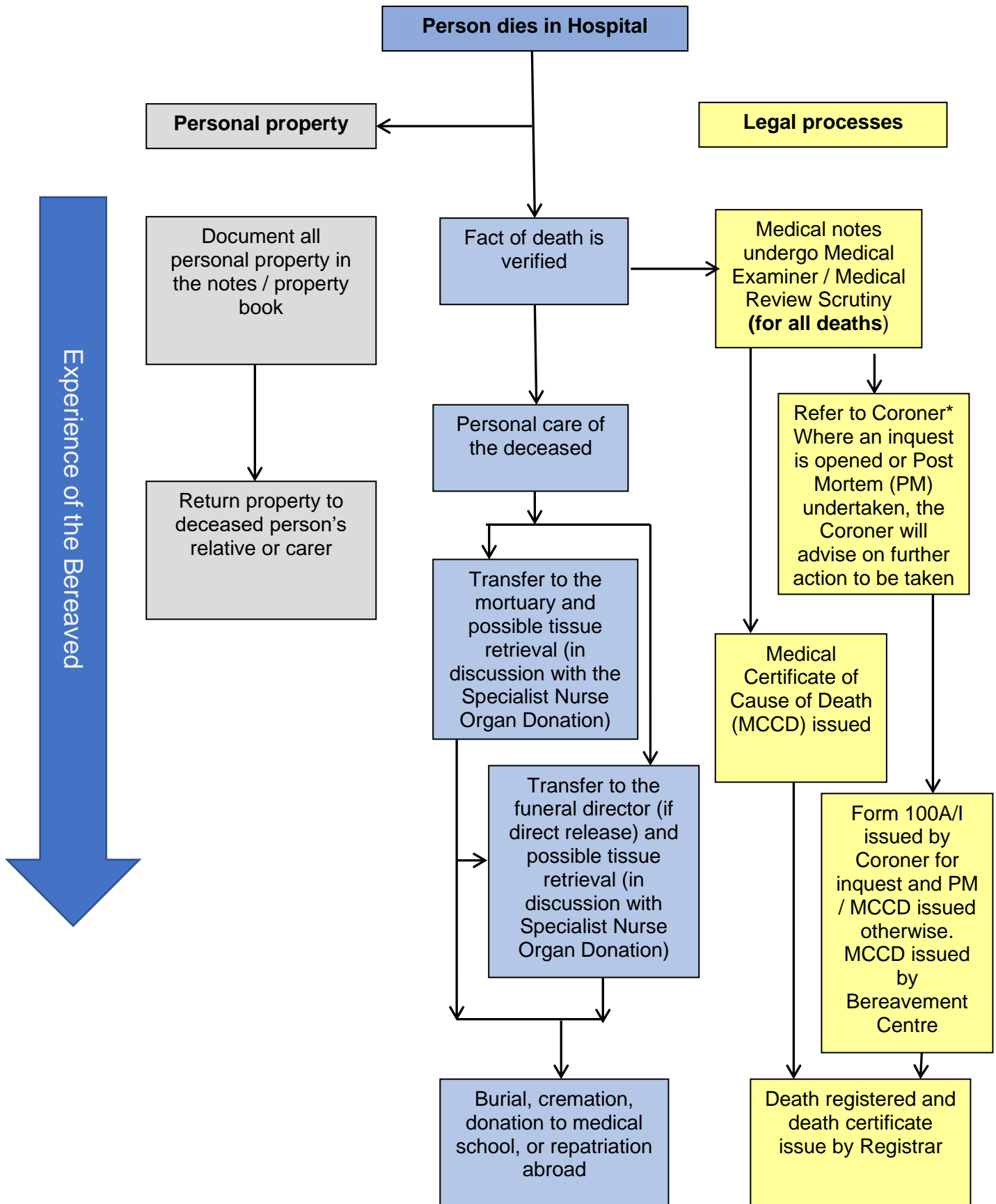
12.0 KEYWORDS

End of Life; Palliative Care; Verification of death; Certification of death; Do not resuscitate; Last offices; Direct Release Form of a Deceased Patient; Release of a deceased baby or child to parent parents; Transporting a child home template letter; brought in dead; BID; ED; deaths requiring coronial investigations;

13.0 APPENDICES

As per Contents Table on page 3

Appendix A: Processes of Care for the Deceased



The whole process should be set within the context of the deceased's spiritual, religious and cultural wishes about care arrangements. Family members and carers should be given information and support.

Appendix B – Deaths Requiring Coroner Investigation

Circumstances in which a notification should be made to the Coroner under Regulation 3:

- The death was due to poisoning including by an otherwise benign substance
- The death was due to exposure to, or contact with a toxic substance
- The death was due to the use of a medicinal product, the use of a controlled drug or psychoactive substance
- The death was due to violence, trauma or injury
- The death was due to self-harm
- The death was due to neglect, including self-neglect
- The death was due to a person undergoing any treatment or procedure of a medical or similar nature
- The death was due to an injury or disease attributable to any employment held by the person during the person's lifetime
- The person's death was unnatural but does not fall within any of the above circumstances
- The cause of death is unknown
- The registered medical practitioner suspects that the person died while in custody or otherwise in state detention
- There was no attending registered medical practitioner, and there is no other registered medical practitioner to sign a medical certificate cause of death in relation to the deceased person
- Neither the attending medical practitioner, nor any other medical practitioner able to sign the medical certificate cause of death, is available within a reasonable time of the person's death to sign the certificate of cause of death
- The identity of the deceased person is unknown .

The Notification of Deaths Regulations 2019 are modified when specific provisions in the Coronavirus Act 2020 are implemented. **This revised Guidance applies only when the modified Regulations are in force.** Whilst Covid-19 is a notifiable disease under the Health Protection (Notification) Regulations 2010, a death caused by Covid-19 virus is not reason of its own to notify the death to the coroner. Covid-19 is an acceptable direct or underlying cause of death

Source: Revised guidance for registered medical practitioners on the Notification of Deaths Regulations (Ministry of Justice, March 2020); current web document link - [Revised guidance for registered medical practitioners on the Notification of Deaths Regulations \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/91111/Revised_guidance_for_registered_medical_practitioners_on_the_Notification_of_Deaths_Regulations.pdf)

Appendix C: CARE AND HANDLING OF DECEASED PATIENTS

There are four possible routes to which patients who have died can be brought into Kings Mill Hospital Mortuary:

A) Patients brought in dead (BID) by EMAS

1. Doctor and nurse to meet
2. Doctor and nurse to certify death
3. Ambulance crew to book in the patient in the Emergency Department
4. Doctor and nurse to write the notes
5. Wrist label to be applied to patient in the ambulance by Emergency Department staff
6. Ambulance crew to ensure completed ID wrist tags are present before taking the patient to mortuary
7. Mortuary staff to accept patient only with a wrist label in place
8. If there is no wrist label they must send the ambulance back to get the wrist label from Emergency Department.
9. If the ED label does not provide full patient identification, EMAS to inform the Coroner as an unidentified/partially identified person ASAP
10. Mortuary staff to inform Bereavement centre team and Cellular Pathology Manager about any unidentified/partially identified admissions. During routine working hours, this should be done as soon as possible. If outside routine working hours, this should be done as soon as possible on the next working day.
11. EMAS crew to inform mortuary staff that Coroner has been informed within 24 hours

B) Patients dying within Emergency Department (DID)

1. Patient is booked into Emergency Department
2. Patient is treated and verified dead in Emergency Department.
3. Wrist label is applied by Emergency Department staff
4. If the patient is unidentified/ partially identified Emergency Department staff to inform the Coroner, Mortuary staff, Cellular Pathology Manager and Bereavement centre staff. During routine working hours, this should be done as soon as possible. If outside routine working hours, this should be done as soon as possible on the next working day.
5. Porter transfers patient to mortuary with a wrist label and notice of death

C) Deaths within other departments of the Trust

1. Porter transfers patient to mortuary with a wrist label and notice of death

D) Death within the community

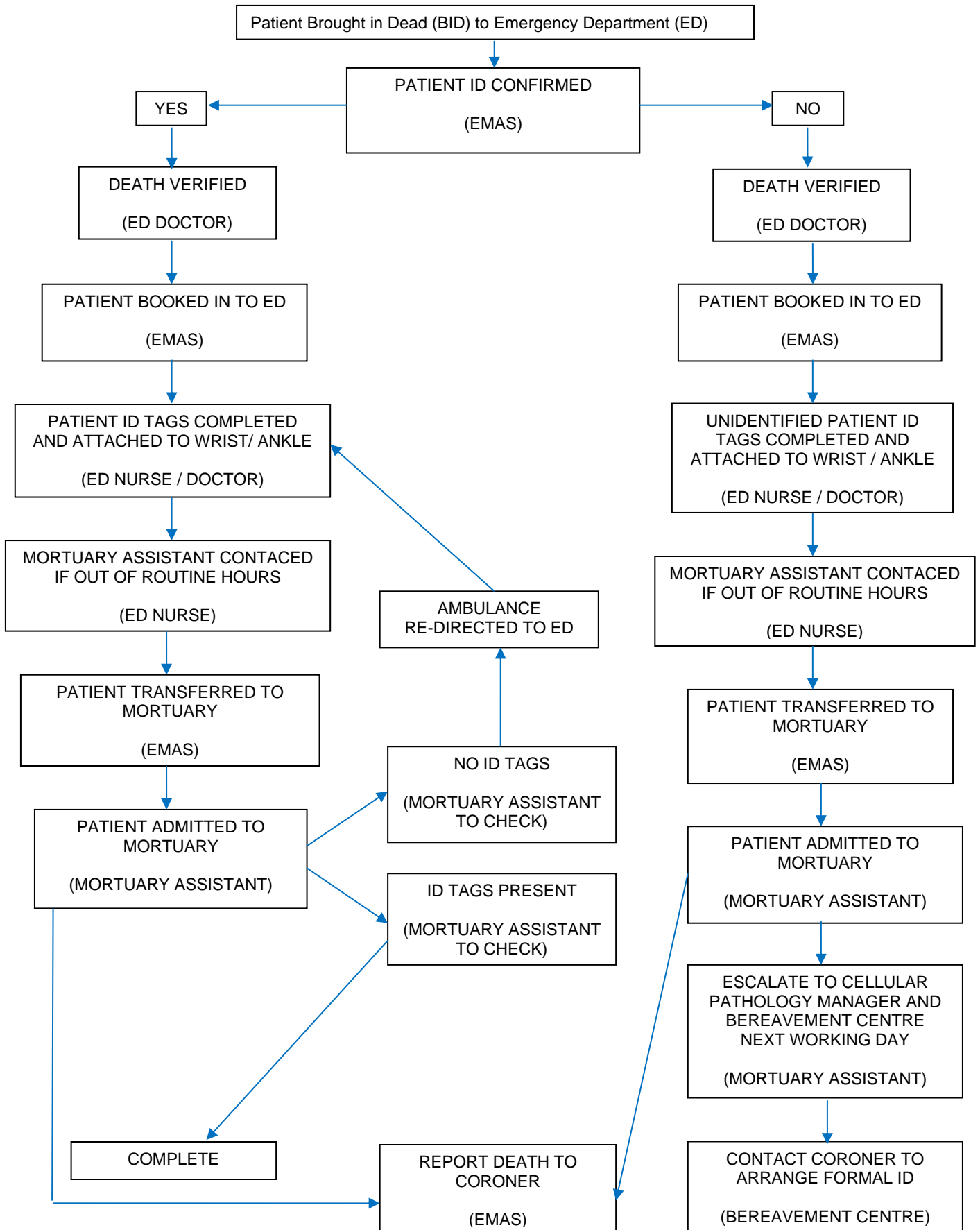
1. EMAS to transfer patient to mortuary with correct identification.
2. If the patient is unidentified, EMAS to inform the Coroner ASAP
3. EMAS to inform mortuary that Coroner has been informed
4. If the patient is unidentified/partially identified the Bereavement Centre staff and Cellular Pathology Manager should be notified by the mortuary staff. During routine working hours, this should be done as soon as possible. If outside routine working hours, this should be done as soon as possible on the next working day.

Contact details/Escalation Pathways

1. Emergency Department
Within hours-ED secretaries at Ext 4125 and Ext 6401
Out of hours extension 2789
2. Mortuary/Cellular Pathology
Within hours-Cellular Pathology Lab Manager KMH ext. 3603
Out of hours-Mortuary on call staff-via switch board
3. EMAS-via switch board
4. In case of direct release, contact site coordinator via switchboard

See also flowchart overleaf regarding patients who are brought in dead through ED.

Patient Brought in Dead to the Emergency Department Flowchart



Appendix D: Guidelines to the degree of risk when handling cadavers with infections

Infection	Degree of risk	Viewing	Washing
Atypical mycobacteria	Low	Yes	Yes
Chickenpox / Shingles	Low	Yes	Yes
Cholera	Low	Yes	Yes
Cryptosporidiosis	Low	Yes	Yes
Dermatophytosis	Low	Yes	Yes
Diphtheria	Low	Yes	Yes
Dysentery	Low	Yes	Yes
Acute encephalitis	Low	Yes	Yes
Food poisoning	Low	Yes	Yes
Haemorrhagic fever with renal syndrome	Low	Yes	Yes
Hepatitis A	Low	Yes	Yes
Legionellosis	Low	Yes	Yes
Leprosy	Low	Yes	Yes
Leptospirosis (Weil's Disease)	Low	Yes	Yes
Lyme Disease	Low	Yes	Yes
Malaria	Low	Yes	Yes
Measles	Low	Yes	Yes
Meningitis	Low	Yes	Yes
Meningococcal septicaemia (with /out meningitis)	Low	Yes	Yes
Methicillin resistant Staphylococcus aureus (MRSA)	Low	Yes	Yes
Mumps	Low	Yes	Yes
Ophthalmia neonatorum	Low	Yes	Yes
Orf	Low	Yes	Yes
Paratyphoid Fever	Low	Yes	Yes
Acute Poliomyelitis	Low	Yes	Yes
Psittacosis	Low	Yes	Yes
Q Fever	Low	Yes	Yes
Relapsing Fever	Low	Yes	Yes
Rubella	Low	Yes	Yes
Scarlet Fever	Low	Yes	Yes
Tetanus	Low	Yes	Yes
Tuberculosis	Low	Yes	Yes
Typhoid Fever	Low	Yes	Yes
Typhus	Low	Yes	Yes
Whooping Cough	Low	Yes	Yes
Covid 19	Low	Yes	Yes
Hepatitis B	Medium	Yes	Yes
Hepatitis C	Medium	Yes	Yes
HIV / AID's	Medium	Yes	Yes
Invasive Group A Streptococcal Infection	Medium	Yes	Yes
Transmissible spongiform encephalopathies	Medium	Yes	Yes
Yellow Fever	Medium	Yes	Yes
Anthrax	High	No	No
Plague	High	No	No
Rabies	High	No	No
Severe Acute Respiratory Syndrome (SARS)	High	No	No
Viral Haemorrhagic Fever	High	No	No

(Adapted from healing: Hoffman and Young (1995), HPA 2004)

Appendix E: Additional measures required when handling a body with an infectious disease

Infection	Risk from	Cadaver bag	Viewing body	Washing	Embalming
Hepatitis B, C, D	Blood	Yes	Yes	Yes	No ¹
Intravenous drug user	Blood	Yes	Yes	Yes	No
HIV / AIDS	Blood	Yes	Yes	Yes	No
Creutzfeldt-Jakob Disease (CJD) Variant CJD	Neurological	Yes	Yes	Yes	No
Invasive Group A <i>Streptococcus</i>	Contact	Yes	Yes	Yes	No
Dysentery	Intestinal	Yes ²	Yes	Yes	Yes
Food poisoning	Intestinal	Yes ²	Yes	Yes	Yes
TB – including drug resistant	Respiratory	Yes ³	Yes	Yes	Yes
Covid 19	Respiratory	Yes ⁴	Yes	Yes	Yes
Jaundice, if infection suspected, but no test result available	Blood	Treat as Hepatitis B			
Gross faecal soiling	Intestinal		Yes ²	Yes	Yes

¹Only be experience embalmer in appropriate premises

²Cadaver bag only to contain leakage during transport and/or storage

³Surgical mask should be places over the deceased's mouth prior to moving the body

⁴**Cadaver bags only need to be used for Covid 19 patients if:**

1. They have not finished their 14 day isolation period, or
2. Have not been tested, but have had symptoms and therefore presumed as being clinically positive for Covid 19

Appendix G

PROCEDURE FOR THE DIRECT RELEASE OF A DECEASED PATIENT

Introduction

Occasionally a patient or their family may request to be directly released from the ward to the Funeral Director rather than go to the hospital mortuary.

Procedure

Prior to death

Clarify with medical staff that it is appropriate for the patient to be directly released. A discussion must take place between the Medical Team and the Medical Examiner service. The Medical Examiner is to be contacted via Switchboard.

If the patient's death needs to be discussed with HM Coroner, this MUST be undertaken prior to authorisation for direct release.

If the case is subsequently referred to HM Coroner, the patient MUST be taken to the Mortuary and if necessary referred to the mortuary at QMC.

Complete three copies of the Direct Release Form for Deceased Patients (accessed via the intranet)). These must be completed fully at ward level and delivered to the mortuary office by the next working day. One copy should be placed in the deceased patient's medical notes, one copy given to the funeral director on collection and the third copy placed within the mortuary register at the time of release.

Ward staff to contact the Duty Nurse Manager to inform of the request for direct release and that the patient does not wish to enter the mortuary. The Duty Manager will liaise with the patient or family, to discuss their wishes and oversee the process.

Contact the Bereavement Centre in normal working hours, the ME and Chaplaincy Team outside normal working hours, to inform them of the request for direct release and to support the process.

Following death

A discussion must take place between the Medical Team and the Medical Examiner service, prior to the deceased being released. The Medical Examiner is to be contacted via Switchboard.

Ward staff to co-ordinate the process of releasing the deceased from the ward to the mortuary exit, where the Funeral Director will collect the patient from. However in normal working hours mortuary staff will be available on-site to advice if required. Outside normal working hours the on-call mortuary staff are available to offer support if necessary.

Contact the funeral director to notify them the patient has died and arrange for the deceased to be transferred into their care

Medical staff to verify the patient has died and complete a Medical Certificate Cause of Death at the Bereavement Centre in normal working hours. Out of normal working hours these are available in A&E or ITU.

In addition, the doctor who issues the Death Certificate will need to ensure Part 4 of the Cremation Form is completed in the event of a cremation being organised, prior to release. Part 5 may be completed by another doctor or by the GP following release.

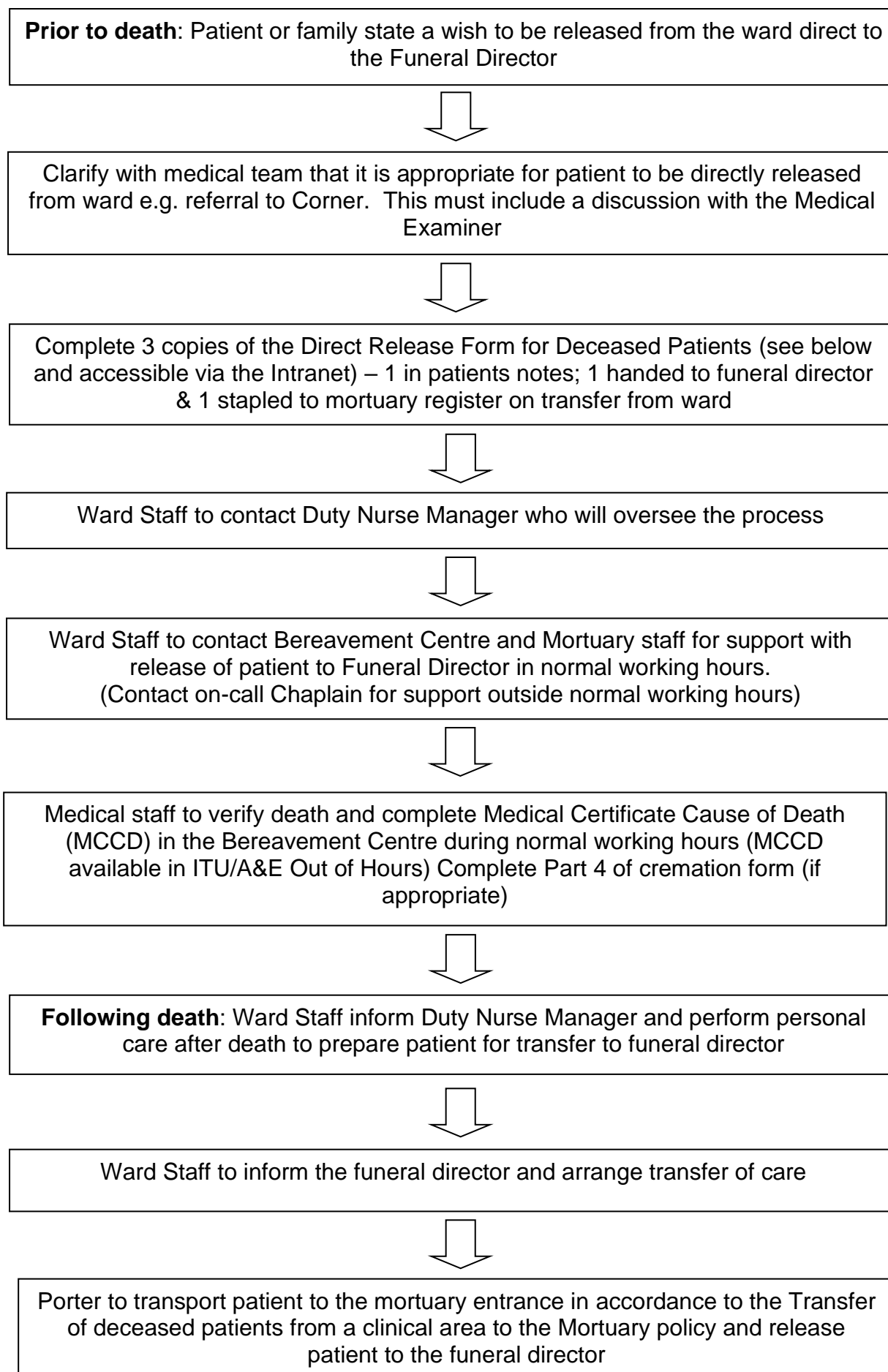
Contact the Portering Service to transfer the deceased patient to the mortuary. The pathway of release should be through the mortuary entrance to maintain patient dignity at all times. This is a private entrance whereby funeral directors are able to pull up to the doors. NB: This route does NOT mean the patient will be entering the mortuary.

To record the death of the patient and retain any details for future reference, staple a third copy of the Direct Release Form for Deceased Patients to the top left hand corner of the page within the mortuary register for that day's admissions.

Please note: during the Covid-19 Pandemic, extensions/amendments apply regarding certification – please refer to The Revised guidance for registered medical practitioners on the Notification of Deaths Regulations (Ministry of Justice, March 2020); current web document link - [Revised guidance for registered medical practitioners on the Notification of Deaths Regulations \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/87422/rev-gdnc-2020-03-20.pdf)

See also flowchart below

Flow Chart for Direct Release of the Deceased Patient



Appendix I

Standard Operating Procedure for transfer of deceased babies from Sherwood Birthing Unit (SBU) to the Mortuary by Midwives

Introduction

This Standard Operating Procedure is designed to guide and assist Midwives on the safe transfer of deceased babies to the Mortuary when accompanying parents/family members/porters.

Current practices have now moved towards parents wanting to be more involved in this process. In the instance that parents do not want to accompany their baby to the Mortuary, Helpdesk should be contacted on Ext 3005 to arrange for a porter to collect their baby from SBU as per Unit policy.

When parents wish to accompany their baby the following procedures should be followed:

During working hours, the Midwife should notify the mortuary staff of their plans to transfer the baby to the mortuary and to ask what time the mortuary viewing room is available to accommodate the family on arrival. If the family wish to say their goodbyes and leave at the mortuary doors, then this room is not required.

Out of working hours, the Midwife should contact Helpdesk Ext 3005 to arrange for a porter to accompany them on the transfer to enable access to the mortuary.

Out of hours, the mortuary viewing room will not be available therefore parents must leave at the mortuary doors. In this instance, it is recommended to take another member of staff to accompany the parents back to SBU or to the main entrance if they are leaving the hospital. This allows the midwife to accompany the porter into the mortuary to prepare the baby for transfer into the mortuary fridge.

Equipment needed

- Appropriate sized white coffin shaped box
- Notice of Death form.

Paperwork accompanying baby from SBU should include (preferably all inside an envelope):

- Mortuary notification form
- Request for Post Mortem (PM) examination (if applicable)
- Placenta and placental examination request form if baby having post mortem. If no PM is requested the placenta goes to the Pathology department (see guideline for histological examination of placenta).

The Post Mortem table in the post mortem room can be used to prepare the baby in the white coffin shaped box. Include any keepsakes inside the box and complete the Notice of Death form.

- Ensure the baby is wearing x2 name tags with both baby's details and mum's details completed
- The top copy of the notice of death form should be taped to the top of the white box
- The flimsy copy should be laid on top of the baby inside the box

- One copy to remain inside the notice of death book.

During working hours inform the Mortuary staff when the baby is ready for transfer into the mortuary fridge.

Out of hours when accompanying a porter, the following should happen once the baby is ready for transfer to the mortuary fridge:

- Baby to be gently transferred to the appropriate fridge
- Details including surname and fridge and shelf number should be clearly documented on the white notice board within the fridge room
- Place the baby's paperwork documents on the white notice board ready for the morticians to collect
- Ensure the fridge door is securely closed before leaving the mortuary as this will cause an alarm in switchboard
- Ensure any PPE equipment is disposed of in the correct clinical waste bag.

Reporting Problems

If there are any issues or concerns, please contact the Mortuary or on-call mortician out of working hours via switchboard.

APPENDIX J – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Care After Death Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 23/02/2021			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	N	Current Trust clinical policies address this	There are no new or existing barriers to this policy. Engagement and training mitigates any staff or organisational barriers to change
Gender	N		
Age	N		
Religion	N		
Disability	N		
Sexuality	N		
Pregnancy and Maternity	N		
Gender Reassignment	N		
Marriage and Civil Partnership	N		
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	N		

<p>What consultation with protected characteristic groups including patient groups have you carried out?</p> <ul style="list-style-type: none">No consultation undertaken.
<p>What data or information did you use in support of this EqIA?</p> <ul style="list-style-type: none">The information contained within this policy.
<p>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</p> <ul style="list-style-type: none">We are not aware of any.
<p>Level of impact</p> <p>From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:</p> <p>Low Level of Impact</p> <p>For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.</p>
<p>Name of Responsible Person undertaking this assessment: Debra Elleston, Head of Service/Macmillan Lead Nurse for EOLC</p>
<p>Signature:</p>
<p>Date: 23rd February 2021</p>

APPENDIX K – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	<ul style="list-style-type: none"> • Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled? 	N	
Soil/Land	<ul style="list-style-type: none"> • Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.) 	N	
Water	<ul style="list-style-type: none"> • Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal) 	N	
Air	<ul style="list-style-type: none"> • Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations? 	N	
Energy	<ul style="list-style-type: none"> • Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities) 	N	
Nuisances	<ul style="list-style-type: none"> • Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)? 	N	