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**AT ALL TIMES, STAFF MUST TREAT PATIENTS WITH RESPECT
AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY.**

1 INTRODUCTION

The nature of the death and the context in which it has occurred may affect the level of support needed by those who have been bereaved. For example, some deaths are expected or peaceful while others may be sudden or traumatic. As a result, families and carers are likely to have a range of responses and needs and each may also have differing views about how the person should be cared for after death. Appropriate and sensitive care at this time is therefore vital. This guidance is a resource for health care professionals and those who have nursing tasks delegated to them.

2 POLICY STATEMENT

- 2.1 The role of the health care professional 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 all care settings has traditionally been referred to as 'last offices'. However in this Policy we refer to 'care after death', a term more befitting of our multi-cultural society. The new terminology is intended to reflect the on-going support offered to families and carers and the physical preparation of the body called 'personal care after death'.
- 2.2 "The care with which our dead are treated is a mark of how civilised a society we are. Much goes on for understandable reasons behind closed doors. For this reason there is a special responsibility placed on those entrusted with this work and the authorities that supervise it to ensure that the bodies of the dead are treated with the upmost care and respect. That is what bereaved and loved ones are entitled to expect and what society demands".
- 2.3 Caring for a person at the end of life and after death, is enormously important and a privilege. The DH End of Life Care Strategy (2008) (2) for England set out a pathway of care covering each step in the end of life care journey. This guidance is written for healthcare professionals that care for the person who has died and their family and carers, and details the key elements of care provision before death, at the time of death and in the immediate period following death.

3 KEY PRINCIPLES

This policy is relevant to staff caring for adults over the age of 18 who have died. The process for managing the death of a child or young person less than 18 years of age is detailed in TW11-031 Management of sudden and unexpected death in childhood" procedure.

4 RESPONSIBILITIES

- 4.1 Care after death requires sensitive and skilled communication, addressing the needs of family members/carers and respecting the integrity of the person that has died. It is a very difficult time for those who have been bereaved and can be emotionally challenging for health care professionals. Care after death is a key responsibility for

all health care professionals, and in a community setting, this may also be the responsibility of carers, including and funeral directors.

- 4.2 Care after death, while being the last act of care, is the first stage of a pathway that involves many professional groups. This process leads ultimately to cremation or burial of the body (see policy flow sheet, appendix 1)
- 4.3 Professionals involved in this guidance include doctors, nurses, mortuary staff, hospital porters, domestics, ward clerks, catering staff, house keepers, bereavement officers, police, social care staff, funeral directors, pathologists, coroners and faith/spiritual leaders; however this list is not exhaustive. Coordinated working between these individuals and organisations is vital if the process is to run smoothly
- 4.4 Professionals are responsible for ensuring that all relevant documentation is completed appropriately using the care after death section of the Individual Personalised Care Plan/nursing and medical documents

5 Standards

Care after death includes:

- 5.1 Honouring the spiritual and cultural wishes of the deceased person and their family/carers while ensuring legal obligations are met.
- 5.2 Preparing the body for transfer to the mortuary or the funeral director's premises.
- 5.3 Offering family and carers present the opportunity to participate in the care after death and supporting them to do so.
- 5.3 Ensuring that the privacy and dignity of the deceased person is maintained.
- 5.4 Ensuring that the health and safety of everyone who comes into contact with the body is protected. See TW10-042 Infection Control Policy
- 5.5 Honouring people's wishes for organ and tissue donation. Consent needs to be sought from the person with the highest qualifying familial relationship.

6 Protocol

6.1 Care before death

- 6.1.1 While it can be hard to identify when someone is dying, there is guidance regarding complex decision- making and care
- 6.1.2 The recognition and diagnosis of dying is always complex; irrespective of previous diagnosis or history. Uncertainty is an integral part of dying. There are occasions when a patient who is thought to be dying lives longer than expected and vice versa. Seek a second opinion or specialist palliative care support as needed. Changes in care at this complex, uncertain time are made in the best interest of the patient and relative or carer and needs to be reviewed at least 4 hourly by the multi professional team.
- 6.1.3 Good comprehensive clear communication is pivotal and all decisions leading to a change in care delivery should be communicated to the patient where

appropriate and to the relative or carer. The views of all concerned must be listened to and documented. It is recommended that the information leaflet is to be given to the relatives or carer following a discussion regarding the plan of care. Other information leaflets are available – Information leaflet - Coping with Dying. And care at the end of life support booklet .The dying patient should be accommodated in a side room to afford privacy and respect in their dying hours, and the Swan Logo displayed on the door (or curtain) outside of the room .

- 6.1.4 The Care Plan does not preclude the use of clinically assisted nutrition or hydration. All clinical decisions must be made in the patient's best interest fluids given by a drip will only be administered where it is helpful and not harmful. As part of the natural dying process there is a diminished need for fluids , however patients should be supported to take fluid by mouth for as long as possible. The speech and language therapy team can recommend a plan of care if indicated. Good mouth care is very important at this time. Information leaflets are available – Coping with Dying, understanding the changes which occur before death, Marie Curie Cancer Care. Mouth care should be given regularly using the patient's favorite flavours, e.g. fruit juice, milk, tea or coffee.
- 6.1.5 Where dying is anticipated and predictable, it is important that agreement is reached between medical and nursing teams, patients and their families about clinical decisions. These include whether to attempt cardio-pulmonary resuscitation and ceilings of care discussions. If an implanted cardiac device is in situ it is usually left in place. Pacing therapy is not normally discontinued but the deactivation of implantable cardiac defibrillators needs to be switched off. Contact Coronary Care Unit on Tel – 822387 to request the deactivation pack.
- 6.1.6 Clear communication on all of the above decisions ensures there is clarity about whether a death is expected or not and allows for appropriate preparation of the dying person and their family/carers
- 6.1.7 In home and care home settings where death is expected, it is crucial that the GP reviews the person regularly and at least every 14 days, both from a care point of view and in order that a Medical Certificate of Cause of Death (MCCD) can be appropriately issued without involving the coroner. A "Statement of Intent" (appendix 2) can be completed by the GP and communicated to appropriate care providers e.g. on-call General Practitioner and District Nurses.
- 6.1.8 Where possible, assess the dying person's wishes regarding organ, tissue and body donation and document in Care Plan/nursing and medical documents/Individual Plan of Care for the Dying document.
- 6.1.9 Whole body donation can only be agreed by individuals themselves and not by anybody else on their behalf after death.
- 6.1.10 If an individual's wishes regarding organ and tissue donation were not formally recorded before death, consent can be sought from a nominated representative or some-one else in a qualifying relationship, if they believe the

deceased wanted to donate. Advice on consent is available from NHS Blood and Transplant (NHSBT) 0117 9757575 or website: uktransplant.org.uk. Specialist Nurses Organ Donation (SN-OD) 2068014/8783, Pager number 07659184748. The nurse will inform the deceased family member that they may be contacted at home by a phone call from NHSBT specialist nurse, as every death is a potential tissue donor, and an automated referral from the hospital will be reviewed by NHSBT.

- 6.1.11 While organ donation can only take place within an acute trust, tissue donation can be facilitated in either an acute trust or a community setting. The registered health professional caring for the dying person and their family needs to contact NHSBT to assess donor suitability. NHSBT will advise on the next steps. However, if the death requires investigation, the coroner may prevent donation because the criminal justice system takes precedence in such circumstances. Every case therefore needs to be discussed with the coroner, for support contact the Specialist Nurses above.
- 6.1.12 Identify and document in advance any spiritual, cultural or practical wishes the dying person and their family/carers may have for the time of death or afterwards, particularly regarding urgent release for burial or cremation. This can be done as part of the advance care planning process (6). Deliver care that is sensitive to the cultural and religious needs and personal preferences of the dying person and their family/carers (7) Chaplain's number tel: 822324 ext. 2324
- 6.1.13 Ask the person (if this is possible and/or appropriate) who they wish to be present at the time of their death. If this is not possible, try to find this out from the family/carers, as well as details of how they wish the news to be communicated if they are not present (8). Relevant contact details will need to be recorded and readily accessible by all appropriate staff
- 6.1.14 Accommodate people's preferences for place of death wherever possible. In communal settings offer people and their families the option of single room accommodation (if available). This can engender a feeling of homeliness, allows dying people to rest, gives them privacy and enables them to have family to stay for extended periods without intruding on others (9) Relatives can be offered a fold away bed if staying over night. Not all dying people, however, will want a single room and the evidence indicates that while it can be distressing for others to witness a death it can also be comforting when the process is well managed (10).

6.2 Care at the time of death

- 6.2.1 If present at the time of death, the registered health care professionals, ambulance personnel or appropriately trained health care worker needs to document the time, who was present, the nature of the death and details of any relevant equipment or devices (such as syringe pumps and cardiac defibrillators), as well as their own name and contact details. If relatives have any concerns about the death these should also be documented in Care Plan/Nursing and medical documents

- 6.2.2 When death occurs inform the medical practitioner primarily responsible for that person's care. Verification needs to be completed and documented by a doctor or appropriately qualified nurse before the body is transferred from the care setting. Refer to WWL clinical guidelines for Verification of Expected Death by Nurses. In all care settings it is advisable for verification to take place as soon as possible
- 6.2.3 The professional verifying the death is responsible for confirming the identity of the deceased person (where known) using the terminology of 'identified to me as'. This requires name, date of birth and NHS/Hospital number if known. In hospital it is required to attach name bands with this information to the wrists or ankle of the deceased person. The following details are required when reporting a death to the coroner: the professionals telephone/bleep number; the deceased person's name, address, date of birth and GP details; family members' names, contact details and relationship to the deceased person; date and time of death; details of the person who verified the death and details of what happened leading up to the death.
- 6.2.4 The practitioner who verifies the death ascertains whether the person had a known or suspected infection and whether this is notifiable. In such cases refer to Standard Infection Control Precautions Policy for reporting responsibilities or contact the Infection Control Team EXT. 2035. The protection of confidentiality continues after death however, this does not prevent the use of sensible rules to safeguard the health and safety of all those who may need to care for the deceased. There needs to be clear communication regarding infection risk and the presence of implantable devices to mortuary staff and funeral directors. See TW10-042 Infection Control Policy.
- 6.2.5 If the relatives are not present at the time of death they need to be informed by a professional with appropriate communication skills and offered support, including access to a spiritual leader or other appropriate person. The police can be of assistance in locating relatives and breaking significant news
- 6.2.6 When death is unexpected, the professionals involved in caring for the person when they died need to inform the family face-to face (whenever possible). They also need the necessary communication skills to do this and to ensure there is appropriate support – such as an interpreter service, available where there may be communication barriers.
- 6.2.7 Where the person had a known illness that requires referral to the coroner (eg mesothelioma) but dying is anticipated, it is not always necessary to inform the police.
- 6.2.8 If the case is being referred to the coroner, seek advice before interfering with anything that might be relevant to establishing the cause of death.
- 6.2.9 It is essential to comply with legal requirements. For deaths that require an investigation by the coroner (see policy flow- sheet, appendix 1). Nurses need to ensure they are familiar with deaths that require such a referral as this will facilitate the correct personal care and enable nurses to prepare the family

both for a potential delay in the processing of the MCCD and the possibility of a post-mortem examination.

6.2.10 Staff should be aware of the physical environment and the needs of any children present. If the deceased person was living in a care home or other establishment, but died in hospital, inform the staff there too, as they may know about the person's wishes around death.

6.2.11 If a safeguarding issue becomes apparent after death refer to policy. TW10-032 Safeguarding Vulnerable Adults Policy.

6.2.12 It is best practice for certifying doctors to see and identify the person before completing the MCCD, but it is essential that prior to cremation a second doctor has viewed and examined the deceased and completed the relevant cremation paperwork. With the new certification process it is/will be mandatory for the certifying doctor to both identify the deceased and confirm the presence of any implants/devices.

7 MORTUARY

The mortuary is a purpose built building, which provides facilities (storage) to prevent any deterioration to the deceased from both the hospital and the community whilst awaiting completion of; the MCCD, Cremation certificates, or to await authorisation from the Coroner to undertake a full examination of the body (Post mortem). The deceased remains in the mortuary until removal by the Funeral Director on behalf of the family. Facilities are also provided to undertake post mortems, visiting and police/Coroner identifications, eye and tissue retrieval by tissue donor services and for spiritual washings by certain faith groups. Care of the deceased in the mortuary is first and foremost the responsibility of qualified/trained technical staff. It is the duty of all staff to ensure that the deceased patient is cared for and treated with upmost dignity and respect at all times.

8 CHAPLAINCY AND SPIRITUAL CARE

8.1 The Chaplaincy and Spiritual Care Team are here for everyone of all faiths and none, whose lives bring them into contact with the Trust, be they patients, relatives/carers or members of staff.

8.2 The Chaplaincy and Spiritual Care Team provide spiritual and religious support to all who need it. Religious Care involves the religious rites and practices appropriate to an individual whether in a hospital setting or provided through links with the appropriate religious community. Spiritual Care is far broader and appropriate to those who don't have a religious faith as well as those who do. It involves the exploration of purpose and meaning in a person's life. It can take the form of a listening ear which values a person where they are, space to explore issues, someone to support you during the difficult times, to name but a few.

8.3 There are Multi-faith Prayer Rooms available on all sites which are always open for prayer and quiet reflection. Please feel free to use them whenever you wish. Service times are advertised outside the Chapel and Prayer Rooms.

8.4 Chaplains are available 24 hours a day. If you think they can be of help please feel free to contact on ext. 2324 or in an emergency an on-call chaplain can be paged by switchboard.

9 PORTERS

The porters move every deceased patient, ensuring the efficient movement of patients to be in the right place, at the right time, for the right reason. The service is functional 24 hours a day.

Contact numbers for on site porters are as follows

RAEI Help Desk	2938/2371 - Bleep 6345
Wrightington	6215/6231 – Bleep 8001
Leigh	4276/4150 – Bleep 4276
TLC	5745 – Bleep 5603



10 CARE AFTER DEATH

Action	Rationale
<p>1 Ensure that the deceased is treated with dignity at all times and that staff attitudes and behaviours convey respect. A swan logo is visible outside of the room /curtain.</p> <p>A doctor or appropriately trained nurse should perform verification of expected death in a timely manner and document in Care after Death section of the Care Plan / nursing and medical documents</p> <p>In the case of an unexpected death or non-availability of an appropriately trained nurse, a Doctor must be requested to verify the death</p>	<p>1 All patients should be cared for with dignity. Swan logo identifies to all trust members that there is a patient who is dying or has died in the room/area</p> <p>Confirmation of death is necessary prior to the deceased being transferred to the mortuary or funeral director's premises.</p> <p>Nurses verify expected deaths only</p>
<p>2 Offer:</p> <ul style="list-style-type: none"> • Condolences to those present • Bereavement Liaison Specialist nurse leaflet containing PALS information/contact details 	<p>2</p> <p>To offer bereavement support to families/carers and children present and the opportunity to share any concerns, about the quality of care their loved ones</p>

<ul style="list-style-type: none"> • “Guidance and Support for the Bereaved” booklet • Bereavement support “Helping you to Cope”. • If children/young adults are present, consider their needs (information leaflets and toys are in the bereavement kits) 	<p>received as well ask questions or pass on any comments, compliments or complaints</p>
<p>3 Action religious/spiritual, cultural and practical wishes of the deceased person and their family/carers.</p> <p>Chaplaincy service available 24 hours a day via hospital switchboard</p>	<p>3 To comply with the preferences of the deceased and their family/carers whenever possible</p>
<p>4 Personal care after death needs to be carried out within four hours of the person dying.</p> <p>If family/carers are present offer the opportunity to be involved in decision making with regards to care after death.</p> <ul style="list-style-type: none"> • Discuss organ and/or tissue donation inform bereaved family that a specialist nurse from NHSBT may phone you at home later . • Is the deceased to wear their own nightwear (this will not be returned) • Would the family like any keepsakes from the deceased, a lock of hair and hand prints / photograph (Appendix 3) • Gain consent and document – consent forms available in bereavement kit . (Appendix 4) • Would the family like the deceased to be lay on their back or side 	<p>4 To preserve their appearance, condition and dignity.</p> <p>To facilitate family/carers involvement in care if they choose to be involved and to offer choices</p> <p>To provide choices to family/carers</p> <p>To facilitate deceased persons last wishes to donate</p> <p>Lock of hair to be taken from back of head , so appearance is not altered .</p> <p>To comply with HTA Regulations</p>
<p>5 Straighten limbs (if possible) with their arms lying by their sides and leave one thin pillow under the head. If it is not possible to lay the body flat due to a medical condition then inform the mortuary staff or funeral director</p>	<p>5 To maintain the appearance of the deceased</p>
<p>6. Close the eyes by applying light pressure for 30 seconds. If this fails then explain sensitively to the family/carers that the funeral director will resolve this. If eye donation is to take place, close the eyes with gauze (moistened with normal saline)</p>	<p>6 To maintain the appearance of the deceased.</p> <p>To prevent them drying out.</p>
<p>7 Clean mouth to remove any debris and secretions. Clean and replace dentures as soon as possible after death. If they cannot</p>	<p>7 To maintain the appearance of the deceased</p>

be replaced send them with the body in a clearly identified receptacle	
8 Tidy the hair and arrange into a preferred style (if known)	8 To guide the funeral director for final presentation
9 Do not shave the deceased person when they are still warm unless requested to do so by family/carers If shaving is requested, explain the consequences and document in the notes. Be aware that some faith groups prohibit shaving	9 Shaving can cause bruising and marking of the skin which only appears days later.
10 Support the jaw by placing a pillow or rolled up towel underneath (remove it before family/carers see the deceased). Avoid binding with bandages to close the mouth. Some people have deformed jaws that will never close – notify mortuary staff or funeral directors if this is the case	10 To maintain the appearance of the deceased. This can leave pressure marks on the face
For Deaths Reported to the Coroner	
11 Cap infusion lines and leave in situ, recording volumes infused and volumes that remain to be infused. Coil infusion lines gently against the body and secure with tape. Document disposal of medication according to procedure. TW10-025 SOP 1 Safe Use of McKinley T34 Syringe Driver	11 To discontinue infusion and to comply with Trust policy.
12. Spigot (if possible), any urinary catheters and use pads and pants when necessary	12. To absorb any leakage of fluid from the urethra, vagina or rectum
13. Contain leakages from the oral cavity or tracheostomy sites by suctioning (if possible) and/or positioning. Suction and spigot nasogastric tubes (if possible). Cover exuding wounds or unhealed surgical incisions with a clean, absorbent dressing and secure with an occlusive dressing. Leave stitches and clips intact. Cover stomas with a clean bag. Clamp drains (remove the bottles), pad around wound and seal with an occlusive dressing but avoid waterproof, strongly adhesive tape. If the body is leaking profusely then take time to address the problem before transfer to the mortuary/funeral director.	13. To reduce the risk of fluid leakage. Tape can be difficult to remove and can leave a permanent mark.
In Hospital	
14. Display “Dignity in Death” sign. (Swan Logo)	Established logo for all trust members to understand the need for respect and quietness in that area

<p>Remove jewellery (apart from the wedding ring) in the presence of another member of staff, unless specifically requested by the family to do otherwise. Document in the valuables book if valuables or jewellery are given to the family/carers, ask them to sign the property book and offer them a jewellery pouch/or ring box to carry jewellery. If jewellery is to remain on the body record details of jewellery on the electronic mortuary form.</p>	<p>For safe keeping of property and to meet policy requirements</p> <p>For safe keeping of property and to meet policy requirements</p>
<p>15. Clearly identify the deceased person by placing two identification bracelets on the patient ensuring the following information is clearly recorded.</p> <ul style="list-style-type: none"> • Full name • Date of birth • Ward/unit • NHS Number <p>The person responsible for identification is the person that verifies death. Complete the on-line mortuary form and print a copy.and complete the automated tissue referral form which will go automatically to NHSBT.Two nurses to sign the mortuary form and to hand to the porters when transferring the deceased to the mortuary.</p> <p>Inform the mortuary if the patient has an implanted pacemaker or defibrillator device on the mortuary form</p>	<p>15. For the correct identification of the body by mortuary staff.</p> <p>To facilitate last wishes around tissue donation</p> <p>Devices must be removed if the deceased is to be cremated</p>
<p>16. If there is no jewellery on the deceased, no leakage is expected and there is no notifiable disease present then the body can be wrapped in a sheet and taped lightly.</p> <p>If there is significant leakage place deceased patient in split plastic sheet (available from CCU) or if a notifiable infection is present, put the deceased in a zipped body bag. In line with infection control policy</p>	<p>16. Binding the sheet or taping too tightly can cause disfigurement.</p> <p>To allow for mutual agreement of any jewellery left on the body.</p>
<p>17. If appropriate in extreme circumstances, (e.g. when a relative asked for an alternative to the condolence trolley) offer to transfer the deceased to the</p>	<p>17.To facilitate choice</p> <p>To help control the bed and transfer in the mortuary</p>

<p>mortuary on their bed If the deceased is being transferred on a bed, arrange for porters as normal informing them it's a bed transfer, two members of staff from the ward to assist one must be a qualified nurse (Out of hours please liaise with the bed manager for support if needed). Nursing staff to ensure the bed is clean and fit for purpose before returning to the ward.</p> <p>For transfers using the "Condolence Trolley" request the portering staff to transfer the body to the mortuary within 2 – 4 hours of death.</p>	<p>To adhere to infection control procedures</p> <p>To facilitate booking the deceased into the mortuary</p>
<p>18. Inform family/carers of next steps (appendix 1). Give contact details for the bereavement office Tel No: 822524</p>	<p>18. To ensure that relevant family/carers are aware of next steps and advise the bereaved relative that a specialist nurse from NHSBT may contact them by a phone call ,when they are at home, regarding potential tissue donation</p>
<p>In Community</p>	
<p>19. If family/carers wish to dress the deceased themselves, advise sensitively about soiling / leakage of bodily fluids</p>	<p>19. To provide information about infection control considerations.</p>
<p>20. If any jewellery is to remain on the deceased, record in Care Plan and ask family member/carer to sign</p>	<p>20. To provide a record of valuables</p>
<p>21. Consider next steps</p> <ul style="list-style-type: none"> • If GP is available, notify them of the death • If GP unavailable refer to Statement of Intent guidance for next steps (appendix 2) 	<p>21.</p> <ul style="list-style-type: none"> • To initiate completion of MCCD • To facilitate the appropriate procedure
<p>22. Inform family/carers of next steps and give contact details for Mortuary – Tel No: 822000</p>	
<p>In all care settings</p>	
<p>22. Record all aspects of care after death in Care after Death section of Individual Care Plan/ nursing and medical documents identifying professionals and family/carers involved</p>	<p>22. To maintain accurate records</p>

11 HUMAN RIGHTS ACT

Implications of the Human Rights Act have been taken into account in the formulation of this policy and they have, where appropriate, been fully reflected in its wording

12 INCLUSION AND DIVERSITY

The Policy has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and, as far as we are aware, there is no impact on any protected characteristics.

13 MONITORING AND REVIEW

- 13.1 12 monthly audit
- 13.2 Two yearly report by Bereavement Team and End of Life Care facilitator
- 13.3 Policy to be reviewed every 3 years or before if appropriate

14 ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g. large print, Braille and audio cd.

For more details, please contact the HR Department on 01942 77 (3766) or email equalityanddiversity@wwl.nhs.uk

Appendix 1

References

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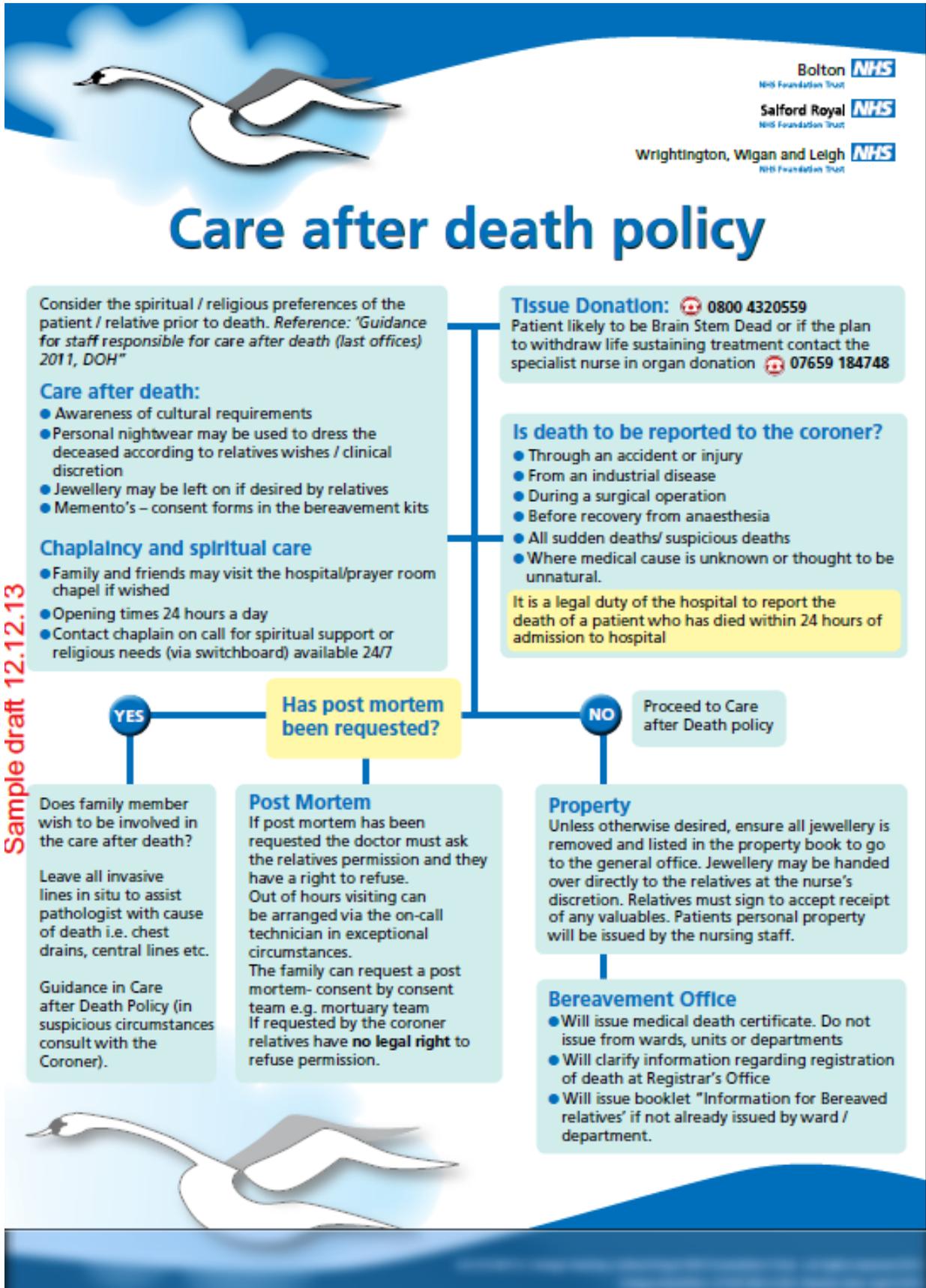
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Appendix 2

Procedure for expected deaths in the community & in care homes following a rapid discharge from hospital

The four Greater Manchester Coroners have issued revised guidance for the procedure following expected deaths in the community and care homes, taking effect from August 2011. This documents sets out the recommended handover procedure between in-hours and out-of-hours medical services. The aim is to prevent the unnecessary attendance of the paramedics & police when a death has been anticipated but occurs at a time when the patient's regular GP is not immediately available to issue a Medical Certificate of Cause of Death (MCCD).

The following 2-step procedure has been agreed:

1. The patient's hospital doctor completes a Statement of Intent and circulates this to out-of-hours GP services and out-of-hours district nursing teams. A copy is left with the patient-held record in a sealed and dated envelope labelled "STATEMENT OF INTENT. For the attention of doctors, nurses and ambulance staff only". This document is valid for a maximum of 72hrs from last having seen the patient and must be updated after this. The doctor / GP signing the Statement takes on personal responsibility that an MCCD can be issued after death – either by him- or herself or by another doctor / GP who fulfils the criteria for issuing the MCCD. In particular, GPs / doctors working part-time and those with imminent planned leave must ensure that suitable arrangements are in place. If the deputy GP / doctor is unavailable, the GP / doctor who issued the Statement must personally issue the MCCD on the same day.
2. The clinician verifying death (GP / District Nurse / Paramedic) follows the enclosed protocol to ensure that there are no new circumstances to raise any doubts as to the expected nature of the death. If satisfied that the criteria for expect death are still met, he/she may then authorise for transfer to the public mortuary if death has occurred before being reviewed by their own GP
3. If a copy of the Statement of Intent cannot be located in the patient's residence but a valid Statement of Intent is held in another location e.g. at the base of the attending service, the protocol may still be followed. If a Statement of Intent has not been issued, or if a Statement of Intent is invalid or expired, the usual procedure applies, requiring either
 - a) the body to remain in the place of death overnight provided that family / carer / care home manager agree AND the patient's own GP surgery reopens within 24 hours (the MCCD must be issued before 12pm on the day the surgery reopens), or

- b) Greater Manchester Police to be called. Outdated or invalid Statements of Intent can be destroyed without further consultation.

Statement of Intent

To issue a Medical Certificate of Cause of Death

This form is to be used for rapid discharge in the out of hours with agreement from the specialist palliative care team

Please note if the patient's death has occurred before being reviewed by their own GP they will be transferred to the public mortuary at WWL

Name of terminally ill patient D.O.B.
.....

Discharging Place of care NHS No.
.....

This patient is expected to die within the next few days. I am a Registered Medical Practitioner and have been in attendance during the illness that is expected to lead to the person's death.

I hereby certify that I

- Have last seen this patient on
- Have no reason to believe that either a post-mortem examination or reporting to / discussion with the Coroner will be required or desirable
- Have no reason to believe that any third party might wish to request further examination of the body, for whatever reason.
- Have no reason to believe that the expected death might have been due to or contributed to by the employment followed at some time by the patient.
- Will be personally available to issue the Medical Certificate of Cause of Death (MCCD) on the next working day after the patient has deceased, or have made arrangements for another Doctor (who fulfils the requirements) to issue an MCCD in my absence
- Anticipate the following advanced and irreversible illness to lead to the patient's death:

I will not be on planned leave from my duties as a Medical Practitioner for the next 72hrs, in which case this Statement of Intent remains valid until the patient's own GP is available to issue another statement of intent if death has not occurred within 72hrs

Name of Medical Practitioner (BLOCK CAPITALS)_____

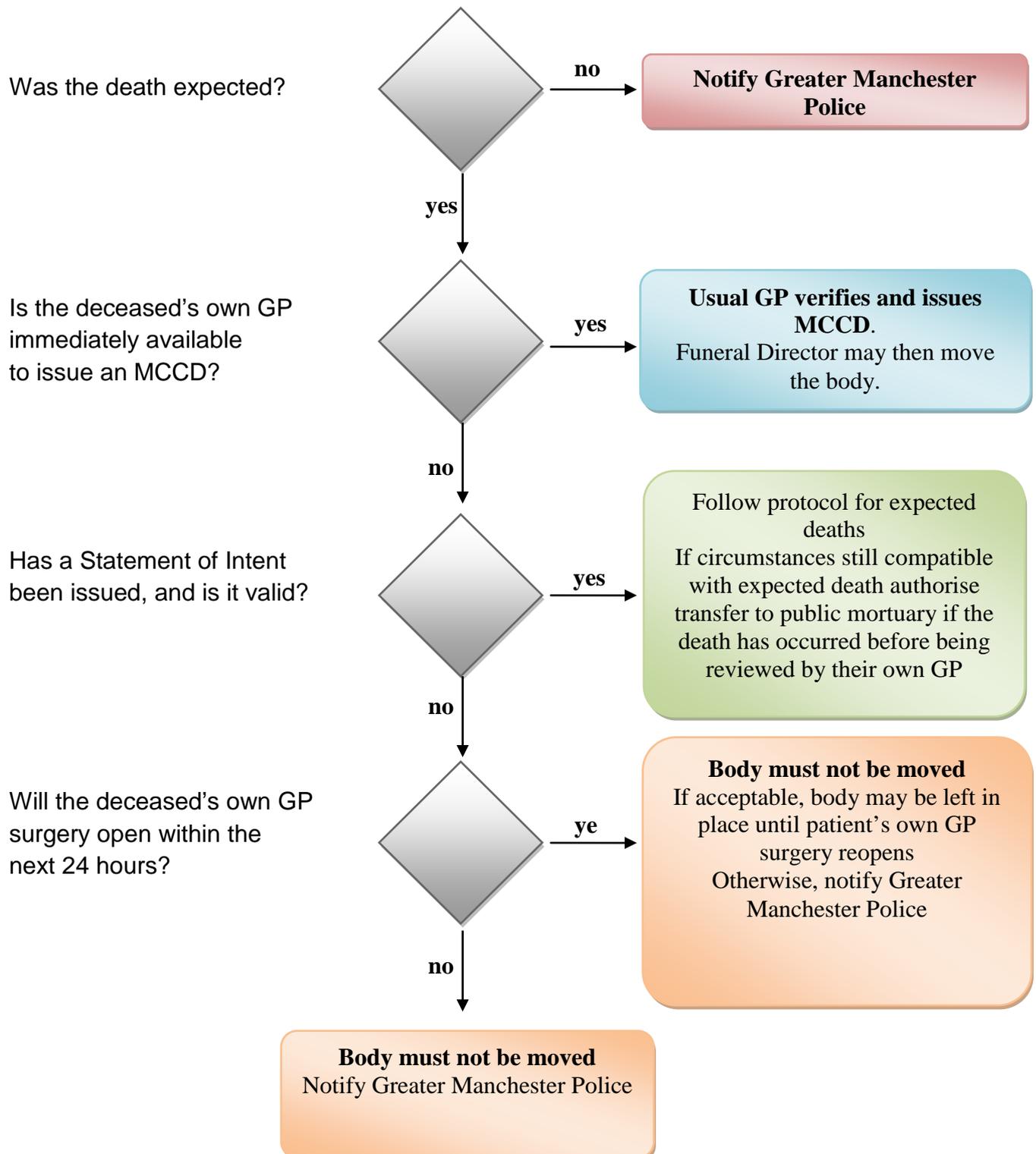
GMC Number_____

Signature of Medical Practitioner_____

Practice Stamp / Residence address_____

- Fax to out of hours GP's service – 01942 829291 & to the patient's own GP requesting a review
- Fax to out of hours DN's service – 01942 481174 & to the in hours DN team
- Fax to community speciality palliative care team if involved – 01942 525577

Flowchart
illustrating after-death-procedure if the patient's death has occurred before being reviewed by their own GP

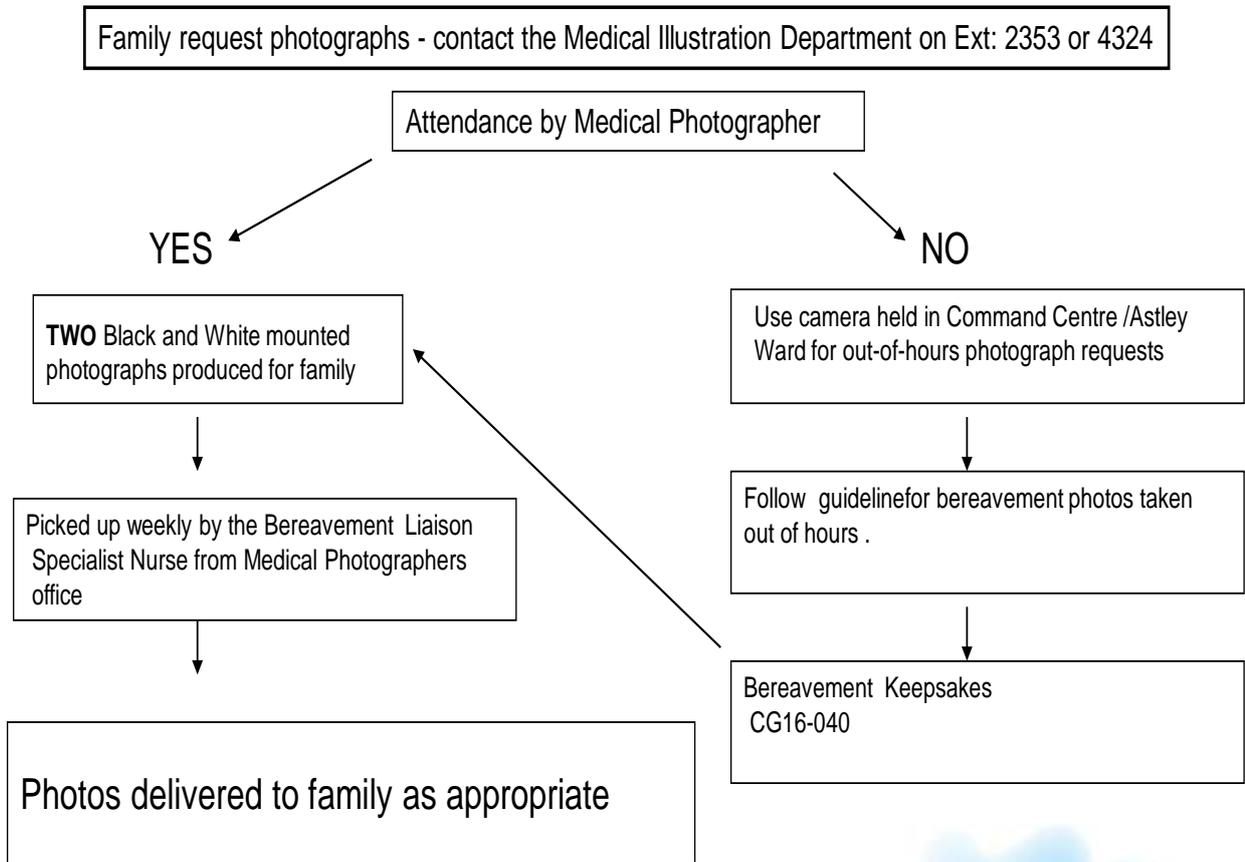


Protocol following an expected death

This protocol applies to expected deaths in community and care home settings. It is mandatory that prior notification of the terminal nature of the illness and the clinical expectation of impending death was given. The protocol is to be followed by the clinician performing the verification of death, at the time of verification.

1. Note any obvious signs of unusual circumstances in the place where the death has occurred e.g. signs of violence, injury etc. The clinician is not expected to search the residence for such signs. Skills or knowledge beyond their usual role are not expected.
2. Express your condolences to the bereaved and take a brief history of
 - a. the final hours of the deceased's life
 - b. persons present at the time of death
 - c. any significant changes in circumstances since the Statement of Intent was issued
 - d. any concerns regarding the cause of death
 - e. any concerns regarding the care received during their final illness
3. Review the documentation e.g. Statement of Intent, handover forms, individual plan of care, to align the history with diagnosis, clinical features and the anticipated course of the final illness.
4. Ensure that the Statement of Intent is valid.
5. Verify death as usual:
 - a. Absence of a carotid pulse for 60 seconds
 - b. Absence of respiratory activity for 60 seconds
 - c. Pupils fixed, dilated and unresponsive to light
 - d. Absence of heart sounds for 60 seconds
6. Perform a physical examination of the deceased sufficiently detailed to ensure compatibility with the anticipated cause of death.
7. You must inform the police without delay if there are
 - a. any doubts whatever about the character of the disease or condition which led to the death
 - b. any reasons to suspect that the death was violent or unnatural, or due to employment related causes
 - c. any reasons to suppose a further examination of the body is desirable
8. Otherwise, you may arrange for the body to be transferred to the public mortuary if the patient's death has occurred before being reviewed by the patient's own GP
9. You have responsibility to ensure that suitable processes are in place to inform the patient's Registered Medical Practitioner without delay.

Bereavement Photography



Mementos Request Form

Appendix 4

I have requested for the following mementos to be taken from my Child / Relative

(Please print your Child's / Relative's name above)

Please circle your request below:

Photos	Yes	No	
Lock of hair	Yes	No	Number requested=
Foot prints	Yes	No	Number requested=
Hand prints	Yes	No	Number requested=

Who would you like to carry this out for you?

I would like to do this myself *	Yes	No
I would like another member of my family to do this	Yes	No
I would like this to be done on my behalf by a member of hospital staff	Yes	No

Name & Qualifying relationship of Person requesting mementos

Signature of Person requesting mementos

Date _____

Attending Nurse / Technician Name & Signature

(This form to be placed in patient's case notes)

*Excludes photos using WWL Trust equipment.

EQUALITY IMPACT ASSESSMENT FORM – STAGE 1
INITIAL ASSESSMENT (PART 1)

FOR USE WITH POLICY'S AND SOP'S

Division:	Medical	Department:	Bereavement
Title of Person(s) Completing Form	Bereavement and governance committee	New or Existing Policy?	No
Title of Policy being assessed:	Care in the Last Hours of Life & After Death	Implementation Date (Policy)	March 2014
What is the main purpose (aims / objectives) of this policy?	To enable staff to facilitate care in the last hours of life and after death in a dignified, sensitive and caring manner. Support grieving families Promote potential tissue donation .		
Will patients, carers, the public or staff be affected by this policy? Please delete as appropriate.	Patients	Yes	<input type="checkbox"/>
	Carers	Yes	<input type="checkbox"/>
	Public	Yes	<input type="checkbox"/>
	Staff	Yes	<input type="checkbox"/>
	If staff, how many individuals / Which Groups of Staff are likely to be affected? Nursing, Medical, Porters, Mortuary Staff, Bereavement office, domestic staff, catering staff.		
Have patients, carers, the public or staff been involved in the development of this policy? Please delete as appropriate.	Patients	<input type="checkbox"/>	No
	Carers	Yes	<input type="checkbox"/>
	Public	Yes	<input type="checkbox"/>
	Staff	Yes	<input type="checkbox"/>
	If yes, who have you involved and how have they been involved:		
What consultation method(s) did you use?	<i>For example: focus groups, face-to-face meetings, questionnaires etc.</i> Bereavement governance committee		
How are any changes / amendments to the policy communicated?	<i>For example: Meetings / Focus / Email etc.</i> monthly 1 hour committee meetings & Bereavement education study days , e-mail to ward managers		

QUESTIONS YOU MUST CONSIDER when completing the following Equality Impact Assessment Table:

- Are there any barriers which could impact on how different groups might benefit from this policy?
- Does this policy promote the same choices for different groups as everybody else?
- Could any of the following group's experience of this policy be different?
- Does this policy address the needs and potential barriers of these groups?

EQUALITY IMPACT ASSESSMENT TABLE – POLICIES (PART 2)

Equality Group	Positive Impact	Negative Impact	Reason/Comments for Positive Impact	Reason/Comments for Negative Impact	Resource Implication
	High Low None	High Low None	<u>(Why it could benefit any / all of the Equality Groups)</u>	<u>(Why it could disadvantage any / all of the Equality Groups)</u>	Yes / No
Men					
Women					
Younger People (17-25) and Children					
Older People (60+)					
Race or Ethnicity					
Learning Difficulties					
Hearing Impairment					
Visual Impairment					
Physical Disability					
Mental Health Need					
Gay/Lesbian /Bisexual					
Transgender					
Faith Groups (specify)					
Marriage & Civil Partnership					
Pregnancy & Maternity					
Carers					
Other Group (specify)					
Applies to ALL Groups	None	None			NO

High: There is significant evidence of a negative impact or potential for a negative impact.

Low: Likely to have a minimal impact / There is little evidence to suggest a negative impact.

None: A Policy with neither a positive nor a negative impact on any group or groups of people, compared to others.

INITIAL ASSESSMENT (PART 3)

- (a) In relation to each group, are there any areas where you are unsure about the impact and more information is needed?

- (b) How are you going to gather this information?

- (c) Following completion of the Stage 1 Assessment, is Stage 2 (a Full Assessment) necessary?

Have you identified any issues that you consider could have an adverse (negative) impact on people from the following Equality Groups?

(Please **delete YES/NO** as appropriate)

Age (Younger People (17-25) and Children / Older People (60+))		NO
Gender (Men / Women)		NO
Race		NO
Disability (Learning Difficulties / Hearing Impairment / Visual Impairment / Physical Disability / Mental Illness)		NO
Religion / Belief		NO
Sexual Orientation (Gay / Lesbian / Bisexual)		NO
Gender Re-assignment		NO
Marriage & Civil Partnership		NO
Pregnancy & Maternity		NO
Carer		NO
Other		NO

Any other comments

Assessment completed by (Job Title) Bereavement Improvement Group:
Date Completed October 2016

If 'NO IMPACT' is identified

Action: No further documentation is required.

If 'YES IMPACT' is identified

Action: Full Equality Impact Assessment Stage 2 form must be completed. Refer to link below:

http://intranet/Departments/Equality_Diversity/Equality_Impact_Assessment_Guidance.asp

PLEASE RETURN A COPY OF THE COMPLETED ASSESSMENT FORM (STAGES 1, 2 & 3) VIA E-MAIL TO:

DEBBIE JONES, EQUALITY AND DIVERSITY PROJECT LEAD (for Service related policies)
debbie.jones@wwl.nhs.uk

LYNDSAY WALLWORK, EQUALITY AND DIVERSITY PROJECT LEAD (for HR / Staffing related policies) Lyndsey.Wallwork@wwl.nhs.uk

POLICY MONITORING AND REVIEW ARRANGEMENTS

NAME OF POLICY: Care After Death policy

Para	Audit / Monitoring requirement	Method of Audit / Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
All	See Audit tool	Select three members of staff per ward	Bereavement and governance committee . Bereavement specialist nurse	12 monthly	Clinical audit	Qualitative & Quantitative	Palliative Care Team / Bereavement Team

Care after Death Policy Audit Tool

Part 1 (Select three members of Staff from each applicable ward)

Ward		Date of audit		Auditor/s	
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Staff grade	
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Question	Yes	No	Comments
Can staff member locate information/guidance regarding care after death?			
Does staff member know which booklets are available to offer relatives following death of a loved one – If yes please state which?			
Can the staff member locate the Bereavement kit?			
Can the staff member list the possible keepsakes that may be offered to the family – If yes please state which?			
Can the staff member explain the significance of the Swan Logo?			

Can the staff member locate the Bereavement kit?			
Can the staff member list the possible keepsakes that may be offered to the family – If yes please state which?			
Can the staff member explain the significance of the Swan Logo?			

Care after Death Policy Audit Tool

Part 2 (complete one sheet per ward)

Ward	
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Question	Yes	No	Comments
Does the ward have an adequate supply of Information Booklets?			
Does the ward have a fully equipped Bereavement Kit?			
Does the ward have Swan logo notices available?			

Part 3 (Select three Patient Case notes from each applicable ward)

Patient ID:				
Question	Yes	No	NA	Comments
Was the patients wishes regarding organ/tissue donation discussed/documentated prior to their death?				
If yes were these wishes fulfilled?				
Was the patients wishes regarding their spiritual needs documented prior to their death?				
If yes were these wishes fulfilled?				
Is it documented that leaflets/booklets were given to relatives?				
Was verification of death documented with all the details specified in section 6.2.3 of the policy?				
Was the deceased person removed from the ward within 4 hours from time of death?				

Patient ID:				
Question	Yes	No	NA	Comments
Was the patients wishes regarding organ/tissue donation discussed/documentated prior to their death?				
If yes were these wishes fulfilled?				
Was the patients wishes regarding their spiritual needs documented prior to their death?				
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Patient ID:				
Question	Yes	No	NA	Comments

Was the patients wishes regarding organ/tissue donation discussed/documentated prior to their death?				
If yes were these wishes fulfilled?				
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If yes were these wishes fulfilled?				
Is it documented that leaflets/booklets were given to relatives?				
Was verification of death documented with all the details specified in section 6.2.3 of the policy?				
Was the deceased person removed from the ward within 4 hours from time of death?				

Further comments: