

DOCUMENT CONTROL	
Title:	Death of a Service User in Community Policy (Mental Health and Physical Health Services)
Version:	4
Reference Number:	CL066
Scope:	
This policy applies to all Pennine Care staff working within the community and who may discover an individual currently receiving care by the Trust who may have died or dies during a visit. In addition the policy covers those persons where staff may come into contact within community settings and where death has been reported by other e.g. carer, relative, GP, Police etc.	
Purpose:	
The purpose of this document is to describe the key steps to be taken on finding a deceased person, or if a person dies during a visit. For the purpose of this policy, death falls into two categories: expected death, and unexpected death. This policy gives guidance on how staff should deal with each of these circumstances.	
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Patient Safety Lead – Matt Walsh	
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This document has been developed in collaboration with the following interested parties: <ul style="list-style-type: none"> • Zoe Molyneux • Sarah Browne 	

Individual(s) & group(s) involved in the Consultation:	
The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly:	
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Responsibility of:	Patient Safety Lead
Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):	
Policy Associated Documents:	
TAD_CL066_01	Expected Death Flow Chart
TAD_CL066_02	Unexpected and / or Suspicious Death Flow Chart
TAD_CL066_03	Unexpected Death Reported To Services
TAD_CL065_04	Cultural / Religious Variations

Other external documentation/resources to which this policy relates:	
	Learning from Tragedy, keeping patient safe – February 2007 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/228886/7014.pdf
CQC Regulations	
This Policy supports the following CQC regulations:	
9	Person Centred Care
12	Safe Care & Treatment
10	Dignity & Respect

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1. PURPOSE

This policy should ensure that community staff are supported and have clear guidance to follow in the event of discovering an individual who has died or if a service user dies during a visit.

This policy is based on the belief that all deaths should be managed in a dignified way.

Finding a deceased person can be a traumatic experience. Staff must try to remain calm in order to follow the procedure in a logical manner.

Following the policy will ensure that staff are supported and have clear guidance in the event of a service user dying during a visit or discovering an individual who has died.

Information regarding the death of an individual will be efficiently shared with relevant sections of the Directorate to ensure that records are update and resources are properly accounted for.

2. PROCEDURE

On finding a dead person(s) or if the person dies during a visit, staff must immediately ring for an emergency ambulance by dialling 999. The only exception to this is if there is a DO NOT ATTEMPT RESUSCITATION ORDER (DNAR) in the notes. In this event the service users General Practitioner (GP) must be informed.

Staff may be asked to perform life support i.e. Cardio-Pulmonary Resuscitation (CPR). Clear advice will be provided from the 999 call.

All sudden and unexpected deaths will result in police involvement and therefore Staff must not move the person or touch any of the possessions unless it is to make a potential hazard safe e.g. turning off the cooker or to enable staff to perform resuscitation.

Staff must avoid touching anything else as this may disturb forensic evidence.

In the interest of privacy and dignity and particularly if instructed by the police/ or the manager, staff should ensure that only people who have an appropriate need to approach the individual, their room and belongings have access to do so. Staff should not attempt to enforce this if they feel their own safety is at risk.

In most circumstance Police will inform next-of-kin. However this can be negotiated with police where staff feel they can support the process.

Staff must inform the relevant manager immediately to provide support to the staff that found the person.

3. LEGAL CONTEXT

Mandatory Procedures

If staff are present when an individual dies they must summon professional assistance by dialling 999 and take immediate measure as instructed to take by the person they contact.

4. DISCOVERING AN INDIVIDUAL WHO MAY HAVE DIED

Expected Death – Refer to Expected death flow chart (TAD_CL066_01)

If you discover a person who you think is dead, whatever the circumstances, make a note of the time.

If it is clear that the individual is dead, refer to the contact sheet in their file and follow any instructions noted in case of death.

Phone the General Practitioner (GP) who will attend at the earliest possible moment to certify the death.

If the discover is during normal working hours then contact your manager for support. If the discovery is out of hours contact the manager on-call. The agreed responsible person will phone the next-of-kin/emergency contact, saying they believe the individual has died but this has not been certified by a GP.

Confirm any cultural or religious considerations regarding death.

In the interest of privacy and dignity, try to ensure that only people who have an appropriate need to approach the individual their room and belongings have access to do so such as relatives and carers.

When you leave the individual try to secure the room they are in.

Try to ensure that visiting next-of-kin/representatives are as supported as much as possible.

Update relevant case notes and ensure these are made available to the manager.

5. UNEXPECTED AND/OR SUSPICIOUS DEATH

Refer to unexpected/suspicious death flow chart (TAD_CL066_02)

If you discover a person who you think is dead, whatever the circumstance, phone 999, request ambulance and police assistance and give as much detail about the individual's circumstances and position as possible. Make a note of times contact made. Follow any instructions given by the emergency service e.g. performing CPR.

Staff must not move the person or touch any of their possessions unless it is to make a potential hazard safe and to initiate CPR e.g. turning off the cooker.

Phone the relevant manager if the discovery occurs out of hours, and agree with the police who will responsibility for contacting the next-of-kin/emergency contact. During working hours staff may wish to contact their Manager for support. Make a note of the time you discovered the deceased, contacted the ambulance and arrival of ambulance.

The 'agreed responsible person' will phone the next-of-kin/emergency contact, saying they believe the individual has died but a doctor has not certified this.

In the interest of privacy and dignity and particularly if instructed by the police/or your manager, try to ensure that only people who have an appropriate need to approach the individual, their room and belongings have access to do so. Staff should not attempt to enforce this if they feel their own safety is at risk.

6. INFORMATION SHARING

Essential information that a member of staff needs when they find an individual who they believe to be dead will be recorded in the individual's personal file.

This will include:

- Next-of-kin/emergency contact details
- Religious, personal beliefs and preferences
- GP details
- NHS number

For individuals who are known to have a terminal illness, where death is expected.

The following information should be recorded within the 'End of Life' care plan, if they have one, or in their case notes

- Next-of-kin/emergency contact details (and whether they want to be notified 'out of hours' of any serious incidents)
- GP details (and whether they want to be called out if the individual dies 'out of hours')
- Specific cultural and religious considerations regarding death and dying
- Inventory of possessions
- Any special wishes regarding funeral services
- NHS number
- DNAR form

As with care plans, an individual's end of life plan or relevant case notes will be regularly reviewed and updated to reflect an individual's needs and wishes.

Information regarding the person e.g. their name, date of birth, address, name of their doctor, any known medical conditions, next-of-kin, NHS number, details of the incident (if known) etc. must be passed onto appropriate emergency services staff.

It is paramount that the correct information is passed on to the relevant manager, who will be liaising with other parties.

7. UNEXPECTED DEATH REPORTED TO SERVICES

Refer to unexpected death reported to services flow chart (TAD_CL066_03)

If you are made aware of a death of a service user from an external agency or via a third party where possible attempts should be made to obtain the following information. Staff must note that where a service is informed of death by a relative of the service user's the information may need to be obtained when the relative feels able to disclose the information.

- Date and time of death or date and time discovered
- Who discovered the body i.e. Police, carer/relative
- Location of death or where the body was found e.g. home (if patient dies in hospital attempt to determine cause of death with Hospital or GP)
- Any contributing factors or circumstances prior to death e.g. chest pain, suicide note or message of intent to end life
- Where appropriate if a relative contact the service ask if they have any concerns surrounding the death
- Request contact details for the person contacting the service
- Offer support particularly if the third party is also a service user
- Complete an online incident form with the information above and the details of which services had been involved and date they were last seen
- Update the Electronic Patient Record system
- Secure patient notes (refer to section 9)

Further actions:

For sudden unexpected death it may be necessary to identify a member of Staff to liaise with the family or next of kin.

Try to ensure that next-of-kin/representatives are supported as much as possible.

8. FUNERAL ARRANGEMENTS

It is the responsibility of relatives/next-of-kin to instruct a funeral director to arrange for the deceased to be moved, register the death and confirm funeral arrangements. Next-of-kin can instruct a funeral director over the telephone.

Where no one is available / prepared to accept responsibility for an individual's funeral or estate, the local district or borough council will take responsibility for dealing with these matters and recover the costs from the estate, if there are sufficient funds available.

9. POLICY FOR COMPLETION OF THE PROFORMA FOR THE SECURING/DE-SECURING OF CASE NOTES FOLLOWING A SUDDEN UNEXPLAINED DEATH/HOMICIDE

Following a sudden unexplained death/homicide the original case notes must be sealed to ensure they are protected against loss or damage of any information contained and secured by the Service Manager. Where an Investigation Report (IR) is requested the Service Manager will oversee the completion of the investigation and access to the notes. For suspected homicides notes should be sealed and secured until delivery to Trust HQ.

On receipt of the sealed notes and in all cases the original case notes must be sent to the Risk Department HQ. Services should make a photo copy of the notes for their own working copy.

10. MEDICATION

There are occasions where community staff will be supporting service users with medication, in this event all medication must be kept for seven days in a safe place following the death of an individual. Following this it should be returned to the community pharmacy that supplied the medication.

Where relatives have been involved in the individual's care they should be advised to return the medication to the chemist that supplied the medication.

In the event that controlled drugs are within the patient's home and there is no other persons available these must be counted, recorded and returned to the chemist or pharmacy department.

11. MEDIA

The circumstances around the death of an individual may draw the attention of the media. If this does happen, senior managers must be made aware of the facts.

Staff will not discuss any individual or the circumstances surrounding their death with anyone from the media.

Media requests for information, statements or interviews must be directed to communications department.

12. SUPPORTING OTHERS WHO USE THE SERVICE

Those who knew the deceased should receive support. This will be of particular relevance in day centres and residential units where individuals have regular contact with each other.

Managers will brief staff on what information about the deceased can be shared with others who uses their service.

Staff will consult with others using the service to decide how support may be offered, e.g. as a group or individually.

As part of their professional role, staff may need to support others who use their service to attend funerals and social funeral events and will confirm the acceptability of this with the next-of-kin/representative.

13. SUPPORTING STAFF

Members of staff may require additional formal and informal support after the death of an individual. They should be given the opportunity to discuss their feelings with someone who is not their line manager if they so choose.

Where appropriate, confidential counselling/emotional support will be made available for staff.

Where possible and appropriate and at the discretion of their line manager, staff will be granted leave of absence to attend the funeral of an individual with whom they have had a regular, professional relationship. This will not include attending social funeral events, e.g. wakes.

14. DEATH DATA PROCESSING

It is important that relevant records are properly closed when an individual dies and that Electronic Patient Record is updated accordingly by the services administrators.

15. CARERS

If the deceased was a carer (formally or informally), the care co-ordinator/care manager/key worker will ensure that the person who was being cared for by the carer is offered a new assessment of their needs and will refer them to the appropriate services as a matter of urgency.

16. PETS

If the deceased had any pets the relatives/representatives/neighbours are responsible for making arrangements for the pets to be re-homes, or if this is not possible this can be done through a relevant agency. Contact should be made with the Local Authority for pets to be re-homed.

17. EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

18. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

19. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

20. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

21. MONITORING

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

22. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

23. REFERENCES

Freedom of Information Act 2000

Equality Act 2010

Mental Health Act

Death Certification Reforms May 2016