

DOCUMENT CONTROL	
Title:	Death of Patient Policy (Inpatient Mental Health and Community)
Version:	4
Reference Number:	CL065
Scope:	
This policy applies to all Pennine Care Staff working within the inpatient units and who may discover an individual currently receiving care by the Trust who may have died or dies during a visit.	
Purpose:	
The purpose of this document is to ensure that inpatient staff are supported and have clear guidance to follow in the event of an unexpected and expected death of a patient.	
Requirement for Policy	
Legal Requirements – Death Certification May 2016	
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Three policies amalgamated into one – CL065 CL067 – Viewing of a deceased patient – Removed CL068 – Last Officers Policy – Removed	
Owner:	
Patient Safety Lead	
Individual(s) & group(s) involved in the Development:	
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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:	
<ul style="list-style-type: none"> • Matrons • Bealey Hospital • Butler Green • Ward Consultation 	
Equality Impact Analysis:	
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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):	
CL063	Patients' Property Policy and Procedures V4
CL039	Unified Do Not Attempt (UDNAR) Cardiopulmonary Resuscitation
CL009	Resuscitation Policy
	Guidance for staff responsible for care after death (Last Offices)

Policy Associated Documents:	
TAD_CL065_01	Checklist Expected Death
TAD_CL065_02	Checklist Unexpected Death
TAD_CL065_03	Care after Death Last Offices Procedure
TAD_CL065_04	Cultural / Religious Variations
Other external documentation/resources to which this policy relates:	
	<p>Developed by the National End of Life Care Programme and National Nurse Consultant Group (Palliative Care)</p> <p>https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/10/Guidance-for-Staff-Responsible-for-Care-after-Death.pdf</p>
CQC Regulations	
This Policy supports the following CQC regulations:	
9	Person Centred Care
10	Dignity & Respect
12	Safe Care & Treatment

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1. INTRODUCTION

For the purpose of this policy, death falls into two categories: expected deaths and unexpected death. This policy gives guidance on how staff should respond to each of these circumstances.

2. PURPOSE

This policy should ensure that inpatient staff are supported and have clear guidance to follow in the event of an unexpected or expected death of a patient.

This policy is based on the belief that all deaths should be managed in a dignified way. The policy sets out the key steps to be taken in the event of a death on an inpatient unit. Information regarding the death of a patient will be efficiently shared with relevant persons within the division and ensure that records are updated.

3. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

Ward / Duty Doctor / General Practitioner (GP) – if not already present, the doctor must be informed immediately.

Nurse in Charge – In NHS Hospitals the personal care after death is the responsibility of a registered nurse, although this and the packing of the property may be delegated to a suitably trained healthcare assistant. The registered nurse is responsible for correctly identifying the deceased person and communicating accurately with the mortuary or funeral director (in line with police instruction and local policy).

If not present at the time of death, the nearest relative or nominated representative must be informed by telephone or via the police if not contactable otherwise. Staff in residential units should notify relatives in person wherever possible. Any communications to the relatives before certification by a doctor should take into account that nurses cannot certify death but this should happen as soon as possible by an appropriate individual to ensure involvement, feedback and continued support as appropriate. The appropriate offer of support should be made to the relatives as suitable to their individual circumstances. The sudden death of a patient will be dealt with in a timely, sensitive and caring manner, respecting the dignity, religious and cultural beliefs of patients, relatives and carers. In all cases the nurse in charge should ensure that next of kin / nominated individuals details are documented accurately and in the event of contact following death care is given to ensure this procedure is followed.

The religious beliefs / faiths should be recorded in the case notes and referred to. Family / carers should be consulted to ascertain if a religious representation is required to attend.

The pre/post mortem rites and care after death (last offices) of the patient's religious/spiritual tradition must be adhered to: (refer to family instructions documented and refer to TAD_065_03 which is hyperlinked on the Control Sheet), or refer to your local bereavement office if the facility is available.

Acute Service Manager/Directorate Manager should be informed immediately (during working hours) of an unexpected death. Out of hours the Bronze on-call manager should be contacted to advise of an unexpected death. The on-call manager will inform the Director on-call (Silver).

Responsible Consultant – if the death is expected the Consultant should be informed at the earliest opportunity. If the death is unexpected and has potential to lead to publicity or complaint, the Consultant should be informed immediately. Out of hours the on-call Consultant can be informed via the on-call manager if the death is unexpected. For Bealey Hospital, Butler Green Intermediate Care and Cambeck Close, the patients GP should be informed.

All relevant parties/wider Multi-Disciplinary Team (MDT) should be informed at the earliest opportunity.

Mental Health Law Department – In the case of a death of a patient detained under the Mental Health Act 1983 this department must be informed at the earliest opportunity, as the death must be reported to the Mental Health Act Commission.

Incident form – an incident form should be completed as per Trust policy in the event of a death and include detail of the circumstances of the death, (cause) if known and actions taken.

Consideration should be given to providing staff, relatives and co-patients appropriate support and communication.

4. EXPECTED DEATH

Considerations prior to death

- Discussion of the patient's prognosis with family and / or prognosis.
- Establish if the client religious and what actions this would require following their death.
 - Do they require a chaplain/priest/Imam etc. to attend
- Ensure the patient notes a record plan around care and treatment. Ensure that doctor has recorded that the client is End of life, and that the client is for palliative care only. Also that family are fully informed of the care/treatment plan.
- Mental Health Act (MHA) Section – Review if the client still needs to be on section of MHA. Ensure the same is recorded in the client notes and the relevant section papers completed.

In the event of the client's death

Staff should contact the medic / GP who will certify that life is extinct and record the same in the notes.

If the patient has died on a mental health ward the Nurse in Charge should contact the Police via 101 and notify them of the expected death of a mental health patient and that

the Coroner has requested that the police are contacted in the first instance following any inpatient death. The Police will need to attend the ward and satisfy themselves that there are no suspicious circumstances surrounding the death, before anything can be done to the deceased. Please be aware that the Police may be some time in attending – sometimes several hours, depending on their other work pressures.

Once police have completed their investigation they will issue the staff with an identification tag which will authorise the removal of the patient from the ward / unit and dependent on circumstances and locality) advise of any special requirements for the removal of the client e.g.

- The coroner authorised funeral directors may be required to collect the client and escort them to the allocated place e.g. mortuary.

Or

- Following family instructions, arrangements may be made for the patient to be removed by the authorised funeral directors.

The coroner will issue further instructions around the next stages and if a post-mortem is required.

The coroner will advise whether a death certificate can be completed by the medic involved in care.

If authorised by the Policy nursing staff should follow the guidance in TAD_CL065_01 to prepare the patient for the funeral directors collection

If a death certificate has been completed by the ward medical team, staff should inform family that this can be collected once available.

Staff should provide family with the booklet that outlines the procedure for registering a death. Each borough will have different booklets for local arrangements.

Notify all other relevant professionals involved in the person's care that the person has died.

TAD_CL065_01 provides a checklist to refer to for an expected death.

5. UNEXPECTED DEATH

On finding a patient who may have suffered a cardio-respiratory arrest staff must actively attempt to resuscitate following current Resuscitation Council (UK) guidelines and the Trust's resuscitation policy unless a valid "DO NOT ATTEMPT RESUSCITATION" order form has been signed by the medical staff.

The Nurse in Charge should contact the police and notify them of an unexpected death of a patient. The police will visit the ward.

The body should not be touched before the arrival of the Police. It may be necessary to screen off the area and/or remove other patients until the police arrive.

A police officer will attend the hospital as soon as possible, day or night, subject to pressure of work, to obtain formal identification from staff associated with the patient's care or a relative and record brief administration details.

The police will authorise removal of the body to the mortuary for post-mortem examination. The authorised Funeral Directors should be contacted.

Under no circumstances should the body of a patient whose death has been reported to the Coroner, be removed from the hospital by anyone other than the Coroner's nominated undertaker or to anywhere other than the nominated hospital.

The Coroner on conclusion of the post mortem can release the body for funeral arrangements.

TAD_CL065_02 provides a checklist to refer to for an unexpected death.

Recording Care after Death

Record all aspects of care after death in nursing and medical documentation and identify the professionals involved. Update and organise the medical and nursing records as quickly as possible.

6. PROCEDURE 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 within the case notes. A photocopy of the case notes must be completed before the notes are transferred to Trust HQ. In all cases the original case notes must be sent to the Risk Department at Trust HQ.

7. CARE AFTER DEATH (LAST OFFICES) OF IN-PATIENT

Death requiring coronial involvement

Where the death is being referred to the coroner and there is any complaint about the care of the patient, or the circumstances surrounding the death give rise to suspicion that means the death requires forensic investigation, then leave all intravenous cannulae and lines in situ and intravenous infusions clamped but intact. Leave any catheter in situ with the bag and contents. Do not wash the body or begin mouth care in case it destroys evidence. Continue using universal infection measures to protect people and the scene from contamination. Mortuary staff can provide guidance on this at the time of death.

Where the death is being referred to the coroner to investigate the cause of death, but where there are no suspicious circumstances, then leave intravenous cannulae and lines in situ and catheters spigotted. Infusions and medicines being administered prior to death via pumps can be taken down and disposed of according to local policy and recorded and documented in nursing and medical documentation. The contents of catheter bags can be discarded according to local policy.

Leave endotracheal (ET) tubes in situ as any possibility of movement will lead to confusion should the coroner need to investigate this through postmortem.

Sensitively inform the family that after the coroner's involvement ET tubes or lines will be removed and they will then be able to spend time with the deceased. They can also do this at the funeral director's premises.

Death without coronial involvement

Some family members/carers may wish to assist with the personal care in acknowledgement of individual wishes, religious or cultural requirements. Prepare them sensitively for changes to the body after death and be aware of manual handling and infection control issues.

Carry out all personal care of the body after death in accordance with safe manual handling guidance. It is best practice to do this with two people, one of whom needs to be a registered nurse or a suitably trained person.

Lay the deceased person on their back, adhering to manual handling policy; straighten their limbs (if possible) with their arms lying by their sides. Leave one pillow under the head as it supports alignment and helps the mouth stay closed. If it is not possible to lay the body flat due to a medical condition then inform the mortuary staff or funeral director.

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 the issue. If corneal or eye donation is to take place close the eyes with gauze (moistened with normal saline) to prevent them drying out.

Clean the mouth to remove debris and secretions. Clean and replace dentures as soon as possible after death. If they cannot be replaced send them with the body in a clearly identified receptacle.

Tidy the hair as soon as possible after death and arrange into the preferred style (if known) to guide the funeral director for final presentation.

Shaving a deceased person when they are still warm can cause bruising and marking which only appears days later. Usually the funeral director will do this. If the family/carers request it earlier then sensitively discuss the consequences and document this in the notes. Be aware that some faith groups prohibit shaving.

Support the jaw by placing a pillow or rolled up towel underneath (remove it before the family/carers view the person).

Avoid binding with bandages to close the mouth as this can leave pressure marks on the face. Some people have deformed jaws that will never close – notify the mortuary staff or funeral director if this is the case.

When the death is not being referred to the coroner remove mechanical aids, such as syringe drivers, apply gauze and tape to syringe driver sites and document disposal of medication.

Do not tie the penis. Spigot any urinary catheters. Pads and pants can be used to absorb any leakage of fluid from the urethra, vagina or rectum.

Contain leakages from the oral cavity or tracheostomy sites by suctioning and positioning. Suction and spigot naso gastric tubes. 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 wounds and seal with an occlusive dressing. Avoid waterproof, strongly adhesive tape as this can be difficult to remove at the funeral directors and can leave a permanent mark. Cap intravenous lines and leave them in situ. If the body is leaking profusely then take time, pre transfer to the mortuary, to address the problem. Be aware that, where there is no referral to the coroner, tubes and lines may be removed in a community setting.

Clean and dress the deceased person appropriately (use of shrouds is common practice in many acute hospitals) before they go to the mortuary. They should never go to the mortuary naked or be released naked to a funeral director from an organisation without a mortuary.

Remove jewellery (apart from the wedding ring) in the presence of another member of staff, unless specifically requested by the family to do otherwise, and document this according to local policy. Be aware of religious ornaments that need to remain with the deceased. Secure any rings left on with minimal tape. a record of this must be kept within the case notes/property sheet

Once authorised by the Police nursing staff should follow the guidance in TAD_CL065_01 to prepare the patient for the funeral directors collection

For further details procedural guidance and requirements for people of different Religious / faiths please refer to TAD_CL065_03

If the patient has had any confirmed or suspected infection, whoever handles/removes the body, should be informed accordingly. Handling the body should be in accordance with the Infection Control Policy. If the infection is blood borne (e.g. HIV, Hepatitis B or C) refer to the relevant policy.

- The body should be clean and tidy, the head being raise only slightly (one pillow)
- If any body fluids are evident, see TAD_CL065_03
- If the deceased patient is wearing jewellery a record of this must be kept within the case notes/property sheet

- Where available an identity bracelet should be placed on the wrist of the patient stating name, date of birth and date of death
- If the deceased's mouth or eye will not remain closed, **DO NOT ATTEMPT TO SECURE THEM IN ANY WAY**. The undertakers will carry this out. Ensure dentures are in place if worn.

8. CARE OF THE DECEASED BARIATRIC PATIENT

In the event of the death of a bariatric patient the nursing should inform the authorised funeral directors and give details regarding the patient's weight.

This is to ensure the service bring the correct equipment to the ward for the safe and dignified transfer of the deceased person.

9. INQUEST CASES

Should the Coroner's Office state that there will be an inquest, it will be necessary for any involved professionals and the relatives to prepare statements for the Coroner and / or attend the inquest.

If the service user has an allocated care co-ordinator or is known to mental health, learning disability, CAMHS or drug and alcohol services, these services should offer support and assistance to relatives/carer/family within 24 hours following the death of the service user.

10. FUNERAL ARRANGEMENTS

The Trust may arrange the funeral of someone who dies in hospital if the deceased's relatives cannot be traced. If staff have a deceased person in this category they should contact the PA to the Chairman/Mental Health Law Manager at Trust Head Quarters as soon as possible following the death who will make all the arrangements for the funeral. This will include a visit to the ward to look through the medical records of the deceased, register the death (there is a statutory requirement to do this within 5 days of the death), make every effort to trace relatives (placing advertisements in the local press if necessary), arrange the funeral, and reclaim the cost of the funeral from the estate of the deceased. In addition they will notify the ward of the date of the funeral so that a member of staff can attend the funeral if they wish.

When calling to report such a death staff should have the following information available:

1. Full name of the deceased
2. Marital status
3. Maiden name (if appropriate)
4. Address
5. Date of birth/Age
6. Where born
7. Date of admission
8. Date of death
9. Religion / Faith

10. To the best of your knowledge are there any relatives? If so, their names and address
11. The names and telephone numbers of any close friends of the deceased
12. Name and telephone number of Social Worker (if any)
13. NHS number.

11. THE DECEASED PROPERTY

All property of the deceased should be listed and placed in the patient's own luggage container or in patient's property bags. All valuables should follow Trust Policy on Patient's property policy and procedures CL063. They should be recorded in the patient's property book and kept in safe keeping until collected by a relative.

Pack personal property showing consideration for the feelings of those receiving it and in line with local policy.

Discuss the issue of soiled clothes sensitively with the family and ask whether they wish them to be disposed of or returned.

The Trust has no responsibility for patient's property not in their possession and should not accept any such responsibility on a patient's death.

12. VIEWING OF DECEASED PATIENTS BY RELATIVES

The death of a patient brings a very difficult and emotional time for their family and it is intended that this policy assists in the support of relatives by clearly setting out best practice in the way families and friends should see their relative immediately after their death.

Unless the death is suspicious and needs referring to the coroner and police every effort should be made to ensure relatives of the patient view the body in the ward or department where they died so that ward / department staff can provide the necessary support.

Let the family sit with their relative if they wish in the period immediately after death. Even after a traumatic death, relatives need the opportunity to view the deceased person. Prepare them for what they might see and explain any legal reasons why the body cannot be touched.

In additional, relatives should be encouraged to view their relative at the Funeral Directors premises whilst dealing with the funeral arrangements.

The wishes of the next of kin nominated individuals must be respected regarding who can view the deceased. Security checks in relation to requests for viewing are difficult and staff should be alert and refuse a viewing until consent from the official next of kin /nominated individuals is obtained if there is suspicion of an inappropriate request.

13. SPIRITUAL NEEDS

The attending nurse must confirm from the records or directly with next of kin / family whether any religious/ faith advisors should be notified of the death and agrees who will contact the appropriate religious / faith representative.

Document all decisions, communications undertaken and completion of actions in accordance with the deceased patient's wishes, cultural and religious preferences.

Next of kin / family / nominated individuals must be provided with all the required information in a sensitive way particularly about the legal requirements and procedures, which follow a death.

In the event that the deceased is suspected of or confirmed to have an infection the next of kin / family / nominated individuals must be provided with all required information in a sensitive way.

TAD_CL065_04 provides an awareness of cultural religious variations to guide staff.

14. 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

15. 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.

16. 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.

17. 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.

18. 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.

19. 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.

20. REFERENCES

Freedom of Information Act 2000

Equality Act 2010

Mental Health Act

Death Certification Reforms May 2016