

Care After Death Policy

V3.0

July 2025

Table of Contents

1. Introduction	4
2. Purpose of this Policy/Procedure	4
3. Scope.....	4
4. Definitions / Glossary.....	4
5. Ownership and Responsibilities	6
5.1. Role of the Managers	6
5.2. Role of the End of Life Group	6
5.3. Role of Individual Staff	6
6. Standards and Practice.....	6
6.1. Care before death- Identifying wishes and preferences	6
6.2. Care after death- Verifying the death	8
6.3. Legal considerations	9
6.4. Certification	11
6.5. Viewing of the deceased	12
6.6. Death of a patient with a known or suspected infection.....	13
6.7. Personal care after death (last offices)	14
6.8. Support for family / carer and staff	18
6.9. Staff training	19
7. Dissemination and Implementation	20
8. Monitoring compliance and effectiveness	20
9. Updating and Review	20
10. Equality and Diversity	20
Appendix 1. Governance Information	21
Appendix 2. Equality Impact Assessment	25
Appendix 3. Deaths requiring coroner investigation.....	28
Appendix 4. Verification of death	29
Appendix 5. Mortuary and Bereavement Deceased Care Record	32
Appendix 6. Cultural and Religious guidance with respect to care after death	33
Appendix 7. References	41

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. This document is to assist with the care and services provided to a dying or deceased patient and their family. Throughout this document the term family is used to describe the patient's next of kin (NOK), carers and close friends. The support provided to the patient and their family at the end of their life should reflect the patient's individual preferences, values, culture, spiritual needs, and beliefs. The patient and their family should be afforded the greatest respect, maintaining privacy, dignity, and confidentiality at all times. All staff providing care and services should feel confident that the care they are providing is appropriate and respectful.
- 1.2. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

This guidance and associated protocols describe the standard of care and service that dying and deceased patients and their family can expect at Royal Cornwall Hospitals Trust (RCHT).

3. Scope

- 3.1. This policy applies to all staff involved in the care and delivery of services to patients when they die, and to their family at the time leading to and after the death of the patient. The following principles should underpin the professional services offered around the time of the patients death and afterwards. They apply equally to the care and support of the patients and their family.
- 3.2. This policy applies to adult deaths only. Guidance for the care of fetuses, babies and children are within a separate policy.

4. Definitions / Glossary

- 4.1. **Verification of the fact of death:** Formal verification, including clinical assessment to confirm that death has taken place and the associated responsibilities of identification of the deceased, notification of infectious illnesses and implantable devices. This is recognised as the official time of death. It is recognised that medical colleagues use the alternate term 'confirmation of death.'
- 4.2. **Certification of death:** Certification of death is the process of completing the 'Medical Certificate of Cause of Death' (MCCD) by a medical practitioner in accordance with The Births and Deaths Registration Act 1953, underpinning the legal requirements for recording a person's death. Currently, to issue a MCCD, the doctor must have attended the patient in their last illness and have either seen the patient in the 28 days preceding death or seen the body after death.
- 4.3. **Expected death** - An expected death is the result of an acute or gradual deterioration in a patient's health status, usually due to advanced progressive incurable disease. The death is anticipated, expected, and predicted. It is anticipated in the circumstances where advance care planning and the consideration of DNACPR will have taken place. The death can be verified even if the doctor has not seen the patient in the previous 28 days. Confirmed or suspected COVID-19 does not by itself make the death sudden or unexpected; but could if the death was considered unexpected.

- 4.4. **Fixion nail** - a self-locking expandable intramedullary nail system requiring no screws or fixings, commonly used to pin together bones that have been fractured. Once in place, the nail is expanded to lock hydraulically. There is a risk of explosion during cremation. The Care after death guidance | 4th Edition 25.07.22 8 www.hospiceuk.org presence of a fixion nail should be in the patient notes. However, it is the responsibility of the doctor completing the cremation form 4 to notify of fixion nails. The mortuary team are not trained in their removal, so as long as the funeral directors are made aware prior to cremation, this should suffice.
- 4.5. **Last offices:** Last offices, sometimes referred to as 'laying out' is the term for the nursing care given to a deceased patient which demonstrates continued respect for the patient as an individual and, in contemporary society, it is focused on attending to health, safety and legal requirements. Ensuring the body is safe to handle and presentable for others to see, whilst also respecting religious beliefs and cultural norms.
- 4.6. **Coroner:** An independent judicial officer appointed and paid for by the relevant local authorities who is responsible for investigating violent deaths, unnatural deaths or sudden deaths of unknown cause and death in custody that are reported to them. The coroner works in close collaboration with the police.
- 4.7. **Medical examiner:** The medical examiner system was established in 2019 by NHS England with the aim of:

- Providing a better service for the bereaved, and an opportunity for them to discuss with a doctor not involved in the care of the deceased.
- Ensuring that appropriate deaths are referred to the coroner.
- Improving the quality of death certification and mortality data by providing independent scrutiny of the cause of death.

Medical examiners are experienced consultants or general practitioners (GPs) who have completed additional training. From April 2023 it will be a statutory requirement for all deaths to be discussed with either a coroner or a medical examiner.

- 4.8. **Suspicious death** – a death where crime is suspected, where an accident has occurred, when death conflicts with the medical prognosis or when a death occurs because of trauma in a medical setting.
- 4.9. **Sudden or unexpected death** is not anticipated or related to a period of illness that has been identified as terminal. Where the death is completely unexpected, and the healthcare professional is present, there is an expectation that resuscitation will commence. There is further clear guidance from the Resuscitation Council UK for circumstances where a patient is discovered dead and there are signs of irreversible death. In such circumstances, the RN may make an informed clinical judgement not to commence CPR, for example clear signs of rigor mortis. The RN must be able to articulate and document clearly their actions and reasoning.

- **COD:** Cause of Death.

- **FD:** Funeral Director.
- **MCCD:** Medical Certificate of Cause of Death.

5. Ownership and Responsibilities

5.1. Role of the Managers

Line managers are responsible for:

- Ensuring that all relevant staff are aware of this policy.
- Ensuring that any corrective actions arising from audits or incident investigations are implemented.

5.2. Role of the End of Life Group

The End of Life group:

- Is responsible for the development, approval and communication of this policy and monitoring compliance with it.

5.3. Role of Individual Staff

All staff members are responsible for:

- Ensuring that they are aware of this policy.
- Ensure that they follow the policy.
- All staff: All members of staff of the Trust who are involved in the care of the deceased patients will treat them with respect and dignity at all times. All staff involved should be aware of the [RCHT End of Life Care Strategy](#).
- Nursing Staff will ensure that the support provided to the patient at the end of their life should reflect the patient's individual preferences, values, culture, spiritual needs, and beliefs. Personal property belonging to the deceased not collected at the time of death by next of kin should be itemised and securely stored on the ward for later collection in accordance with RCHT patient's property policy. Cash and valuables should be dealt with in accordance with [RCHT cash and valuables policy](#).

6. Standards and Practice

6.1. Care before death- Identifying wishes and preferences

- 6.1.1. Though it may be difficult to determine when the dying person is entering the last few days or weeks, where recovery is uncertain it is important to ensure that key discussions take place between the healthcare professionals, the dying person, and their family. Pro-active discussions around patient's choices ensure that any individual care after death wishes can be facilitated, including any religious, cultural, or practical wishes for the time of death or afterwards. This can be done as part of

the advance care planning (ACP) process, or it can be completed nearer the point of death. Individual religious, cultural and spiritual preferences should be respected, and staff should seek referral / support from local chaplains / spiritual / religious personal, where requested.

- 6.1.2. Where there are doubts over a patient's mental capacity an assessment should be made in accordance with the Mental Capacity Act. If the patient no longer has capacity to make decisions, it is important to be aware of any previously documented advance decision to refuse treatment or advance care plan/statement of preferences and wishes.
- 6.1.3. Any formal lasting power of attorney for health and welfare should be identified and a copy filed in the patients notes detailing any specific power to consent to or refuse life sustaining treatment.
- 6.1.4. Where there is a rapid, same day discharge to home for end-of-life (EOL) care it is essential that the patient's GP is contacted to agree whether a home visit is necessary to issue the MCCD. An Expected death form must be completed by the medical team and emailed to the patient's GP and to the Kernow 111 Out of hours service.
- 6.1.5. Some people may wish to be repatriated after death to another part of the UK within a specific timeframe. Where this is known ahead of time ward staff should consult both the mortuary and bereavement services, and the medical examiner service for guidance to ensure that statutory requirements may be met, and delays mitigated.
- 6.1.6. Some people may wish to be repatriated after death to another country. Only the coroner can give permission for a deceased person to be repatriated, this includes instances where the death has previously not been referred to the coroner. Permission will be requested by the funeral director who will undertake special arrangements in accordance with the National Association of Funeral Director's guidance (NAFD). This will include embalming the deceased person, establishing their infection status and fulfilling any requirements specific to the destination country. Families will be required to produce a death certificate the deceased person's passport.
- 6.1.7. The patient, and / or those important to the patient, should be asked who they wish to be present at the time of death, as well as how they wish the news to be communicated if they are not present. Contact details should be recorded in the ['Caring for patients at the end of life' care plan CHA3739](#).
- 6.1.8. Tissue/Organ donation: Staff should identify ahead of time any wishes with respect to tissue. Requests for deceased organ donation are facilitated by the Specialist Organ donation nurse (SNOD) for patients within Critical Care. To refer a potential organ donor or for advice and support ring 03000 20 30 40. Tissue donation (corneas) can be facilitated from any setting. NHS Blood and Transplant (NHS BT) Tissue Services will assess tissue donor suitability and advise on next steps. Where the death is reportable to the coroner, NHS BT will seek support from the coroner before donation can proceed. NHS BT Tissue Services can be contacted on 0800 432 0559 8am – 8pm, leave a message if you

are calling out of these hours and they will return your call at 8am. The deceased can be transferred to the mortuary as per hospital guidance. Tissue donation occurs from the mortuary if the potential donor is suitable.

6.1.9. Whole body donation: Any prior agreements for whole body donation should be identified and recorded in the EOL care plan or in the event of a sudden and unexpected death communicated to the mortuary and bereavement services. Whole body donation can only be consented to by the individual in life and cannot be consented to by anybody else on their behalf after death. The human tissue authority (www.hta.gov.uk) regulates the use of bodies donated within the legal framework set out in the Human Tissue Act 2004.

6.1.10. Any potential donor's death should be reported to the nominated Anatomy school bequest office, as soon as possible after death occurs. Please have the following information ready before calling:

- Evidence of donor's consent (if provided in a will, or when the consent forms have not been returned to the Bequest Office).
- Doctor's name and telephone number.
- Location of the deceased.
- Contact details for the next of kin/executor.
- Please note there are certain medical conditions and circumstances, which can make the deceased unsuitable for anatomical examination or research therefore there is no guarantee that a bequest will be accepted.

6.1.11. Any patient with an implantable cardioverter defibrillator receiving EOL care should liaise with cardiology to arrange deactivation at the earliest opportunity according to the Cardiac Implantable Electronic Devices: Deactivation of Arrhythmia Therapies at End of Life Policy V2.0 February 2023.

See the End of Life Care Plan and Symptom Assessment Chart Clinical Guideline V2.0 June 2020 for further information regarding care prior to death.

Infection prevention control measures should be taken throughout all stages of the care after death, as if the individual were alive. See the National manual for England for infection prevention and control when caring for deceased with infectious diseases for specific guidance [NHS England » Chapter 2: Transmission based precautions \(TBPs\)](#)

6.2. Care after death- Verifying the death

6.2.1. Verification of death practice and processes should align with the systemwide Cornwall and Isles of Scilly 'Verification of expected adult death' policy.

- 6.2.2. The professional present at the actual time of death, or overseeing the patient's care, should record the time that dying was recognised, who was present, the nature of the death, and their own name, designation, and contact details in the patient record. The official time of death is not when death is recognised, but when the verification of the death takes place.
- 6.2.3. In the acute Trust it is helpful if verification of death occurs within one hour. Verification must be undertaken by a doctor of appropriately trained registered nurse before the patient is transferred from the care setting to the mortuary.
- 6.2.4. Whoever undertakes verification of death is responsible for informing the medical team with overall responsibility for the patient's care to ensure timely completion of the MCCD.
- 6.2.5. A thorough physical examination should be carried out to ascertain whether or not death has taken place (Appendix 4).
- 6.2.6. The person verifying death must notify the mortuary service of any hazards including any infection, implanted devices such as pacemakers, defibrillators, intrathecal devices or Fixion nails. These details should be recorded on page 13 of the 'Caring for patients at the end of life' care plan CHA3739 (Blue book), or the Confirmation/verification of death form CHA3038, and on the Mortuary and bereavement form. Any implantable devices will need to be removed prior to cremation by appropriately trained mortuary staff or funeral director.
- 6.2.7. Where the deceased person has a cardioverter defibrillator which was not deactivated prior to death this information must also be communicated to the mortuary service on the mortuary and bereavement form, and either CHA3739 (Blue book) or CHA3038. The defibrillator must be deactivated according to the 'Cardiac Implantable Electronic Devices: Deactivation of Arrhythmia Therapies at End of Life' Policy V2.0 February 2023 prior to removal.

6.3. Legal considerations

- 6.3.1. To inform the management of the deceased patient it is essential that all staff caring for the deceased understand which deaths require referral to the coroner (see appendix 3).
- 6.3.2. In all cases of sudden /unexpected death the coroner will need to be informed. The doctor /team treating the patient will need to notify the coroner in writing using form E95. This form is available via the Medical Examiner Office if not already available on the ward. The Medical Examiner service can provide advice to medical staff with regards to this process.
- 6.3.3. If the circumstances surrounding a death give are suspicious, the death may require Police investigation, therefore it is imperative not to permit any potential contamination of forensic evidence. Leave all intravenous cannula and lines in situ and intravenous infusions clamped but intact (this includes syringe drivers with controlled drugs). Leave any catheter

in situ with the bag and contents. Do not wash the deceased or begin mouth care and seek advice from Mortuary staff on Ext 2555 8am-4pm Monday to Friday. Out of hours the on-call Mortuary Technician can be contacted via switchboard.

- 6.3.4. Ward staff should alert the police immediately via a 999 call where death has occurred in suspicious circumstances. They should also alert the care group matron or manager on call. Attention should be given to preserving the immediate environment of care until the police have attended to avoid any potential contamination of forensic evidence. This may involve locking or preventing all access, including staff, to the area in which the event took place with all equipment left in situ. Staff members at the scene should remain in the locality until the police have attended, assessed the situation and provided direction.
- 6.3.5. Once the police have completed their investigation and agreed access to the care setting usual practice should resume according to their direction. This may include respectful and dignified delivery of personal care to the deceased, handling of the patient belongings according to policy, or deep cleaning of the area depending on the nature of the event.
- 6.3.6. Where the circumstances of death are unnatural, a Coronial referral to investigate the cause of death will be required. In these circumstances leave intravenous cannula and lines in situ and spigot off catheters. Infusions and medicines being administered prior to death via pumps can be taken down (as per guidance e.g. SOPCD02) and must be recorded in nursing and medical documentation. The contents of catheter bags can be discarded. If there is an ET tube in place, leave the ET tube in situ as cutting the tube deflates the balloon holding the tube in position. The increased mobility may enable the ET tube to become displaced during the handling of the deceased and may have an impact on the outcome of any subsequent Post Mortem examination. Personal care can then be given as for deaths without coroner involvement. Ensure any implantable devices that require deactivation are deactivated at ward level and noted on the Mortuary and deceased care record to notify Mortuary Staff – If staff are unable to arrange deactivation.
- 6.3.7. Where the person was detained, or was liable to be detained, under the Mental Health Act at the time of death, the provider has a statutory duty to inform the Care Quality Commission (CQC) under Regulation 17 of the Health and Social Care Act within three days. Where a person was detained under the mental Health Act by RCHT the responsible team should create an incident report and report to the safeguarding team where the MCA lead will be responsible for informing the CQC. Where the person was detained under the Mental Health Act by CFT but residing at RCHT, the team providing the persons care at RCHT must inform the team that the person was transferred from CFT who will follow CFTs internal CQC reporting process. Any death of a person detained under the Mental Health Act or in custody, it must be reported to the coroner and will be subject to a coroner's inquest.

- 6.3.8. Any death of a person subject to a DoLS authorisation, need not be reported to the coroner unless the death falls into the deaths requiring coroner referral (see appendix 3).
- 6.3.9. Where the person had a known illness that requires referral to the coroner (e.g., mesothelioma) but dying was expected, it is not necessary to involve the police. A referral must be made to the coroner, but a post-mortem will not automatically be required.

6.4. Certification

- 6.4.1. Verification of death is the process of confirming the fact of death. Certification is the process of issuing a Medical certificate of the cause of death (MCCD) and can only be completed by a medical doctor.
- 6.4.2. An MCCD is ideally issued as soon as possible to enable families to commence arrangements for burial and cremation. Any medical doctor who has attended the deceased within their lifetime can complete the MCCD if they can establish the cause of death to the best of their knowledge and belief, and the death is not required to be notified to the coroner. It is ultimately the responsibility of the consultant in charge of the patient's care to ensure that the death is properly certified and to agree which doctor will certify the death.
- 6.4.3. The certifying doctor has overall responsibility for identifying and communicating the presence of any implanted devices or radioactive substances. They are also ultimately responsible for identifying the appropriate person to deactivate and remove implants. To seek further advice from Medical Physics via nuclear medicine ring Ext 3557 to determine any restrictions that may be applicable to Cremation and inform the Mortuary and bereavement office.
- 6.4.4. The certifying doctor should complete an electronic internal referral to the Medical Examiner Office as soon as possible after every inpatient death. Once the referral is received, members of the Medical Examiner team will contact the bereaved next of kin.
- 6.4.5. The ward team should contact the Medical Examiner service if there are cultural or religious considerations that require the early release of the body and where this may occur at the weekend. Out of hours the RCHT mortuary staff can be contacted via switchboard.
- 6.4.6. If there are any special instructions regarding communication with next of kin – for example if certain family members should not be contacted – this should be communicated to the Medical Examiner office by ward staff as soon as possible after death occurs.
- 6.4.7. The Medical Examiner Service is based in the RCHT Bereavement office and can be contacted on x2553 or rcht.medicalexaminerofficersrcht@nhs.net. The Medical Examiner staff can provide advice on accurately recording the cause of death, support with notification of deaths to the coroner, and help in dealing with enquiries from the registration and coroner's offices and from the bereaved.

- 6.4.8. Where the death does not need to be referred to the coroner, the patient's case notes will be transferred to the bereavement office for scrutiny by a Medical Examiner. Following scrutiny, the Medical Examiner will contact the certifying doctor to agree the cause of death to be entered on the MCCD; the Medical Examiner may ask the doctor to report the death to the coroner where indicated.
- 6.4.9. The certifying doctor will then complete the MCCD with the agreed cause of death. Once the MCCD has been completed, it will be countersigned by a Medical Examiner. The Medical Examiner Office will contact the bereaved next of kin to inform them of the agreed cause of death and guide them through the steps they need to take to register the death. The MCCD will then be sent to the Register office by Medical Examiner office.
- 6.4.10. Where Coroner referral is required, the Medical Examiner office will send the Coroner referral form to the certifying doctor for completion and will notify the next of kin of the need for coronial referral. The completed Coroner referral form should be returned to the Medical Examiner office, who will forward it to the Coroner's office.

6.5. Viewing of the deceased

- 6.5.1. The healthcare professionals should offer to accompany the family to view the deceased. Where possible a member of the healthcare team should remain with them if that is their wish. Relatives must never be rushed to leave the bedside or ward. Staff should consider whether infection prevention control measures are required.
- 6.5.2. If you would like to view the deceased whilst they are in our care at the hospital, contact the Mortuary team on 01872 252555 to arrange a mutually agreeable time. Outside working hours please contact the on-call mortuary technician through the hospital switchboard 01872 250000 for advice. Please note that in exceptional circumstances viewings may be restricted, dependent on the circumstances of death and may require permission from H M Coroner or restorative work prior to proceeding. Any request to decline estranged family viewing requests cannot be accepted unless the deceased in life had specified this in their hospital notes or in their last will and testament.
- 6.5.3. For any families viewing a deceased patient with a known infection mortuary staff should advise relatives of the precautions following viewing and/or physical contact with the deceased and also when this should be avoided according to the National manual for England for infection prevention and control when caring for deceased with infectious diseases [NHS England » Chapter 2: Transmission based precautions \(TBPs\)](#)

6.6. Death of a patient with a known or suspected infection

- 6.6.1. Additional precautions are required when handling a patient who has died from an infectious disease. Staff undertaking care after death should employ the same level of precaution when delivering care after to a deceased patient as prior to death in line with RCHT infection control policy unless there is an increased risk of transmission for example leakage. Comprehensive guidance is available via the National manual for England for infection prevention and control when caring for deceased with infectious diseases [NHS England » Chapter 2: Transmission based precautions \(TBPs\)](#).
- 6.6.2. The usual principles of Standard Infection Control Precautions (SICPs) and Transmission-Based Precautions (TBPs) apply for bodies that are suspected or confirmed to be infected with coronavirus (SARS-CoV2). No additional precautions are needed unless Aerosol Generating Procedures (AGPs) are being undertaken. For more information please refer to: <https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19>.
- 6.6.3. It is essential that undertakers are made aware if the deceased is either known or suspected to be infectious. Undertakers need to be informed of an infection hazard; the nature of the infection does not need to be disclosed but the infectious status should be categorised. Undertakers should be informed about the means of transmission by the mortuary team based upon the information provided by the ward staff.
- 6.6.4. The term 'notifiable disease' refers to conditions that must, by law, be reported to the 'proper officer' (Appendix 3). The 'proper office' is the consultant for communicable disease control who works within Public Health England. It is the responsibility of the physician in charge of the patients care to make the notification
- 6.6.5. The use of a body bag is advised for all notifiable diseases that fall into the medium/high and very high-risk groups and a number of infectious diseases that aren't notifiable (i.e., human immunodeficiency virus – HIV). Notification occurs through local UKHSA health protection teams (HPT). Reporting advice is available at [Notifiable diseases and causative organisms: how to report - GOV.UK \(www.gov.uk\)](#)
- 6.6.6. Body bags are available in various sizes via Unit 4, the order numbers are: SL42/SL44/ SL57/ SL90). In-patient units should request body bags by calling x2468
- 6.6.7. The use of a body bag is recommended in the following circumstances:
 - Known intravenous drug user.
 - Severe secondary infection.
 - Gangrenous limbs / infected amputation sites.
 - Large pressure sores (e.g., grade 4).

- If body fluid leakage present.
- Trauma related deaths.
- Suspicious deaths.

Further advice on when to use body bags is available via <https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/chapter-2-transmission-based-precautions-tbps/#2-6>

6.7. Personal care after death (last offices)

It is essential that all staff caring for the deceased understand which deaths require referral to the coroner (see appendix 3), and the associated implications for delivering last offices (see section 2.4 Legal considerations)

- 6.7.1. The overall responsibility for the personal care after death and transfer of the deceased is that of the registered nurse in charge of the in-patient area.
- 6.7.2. All personal care of the deceased after death should be completed in accordance with safe moving and handling guidance (see the [moving and handling policy](#)). It is best practice to do this with two people, one of whom needs to be a registered nurse, nursing associate, or a suitably trained person. Ascertain if the patient had an infectious disease and whether this is notifiable or not (see section 2.7)
- 6.7.3. Personal care after death needs to be carried out within two to four hours of the person dying. Laying the deceased flat (while supporting the head with a pillow) and as soon as possible within this time. The optimum time for refrigeration is four to six hours.
- 6.7.4. If possible, determine from the family the patient's previous wishes and consult any Advance Care Plan for wishes or preferences that relates to care after death, for example, any spiritual, religious, and cultural preferences, wishes for repatriation and/or tissue, organ, or whole-body donation.
- 6.7.5. Family members may wish to participate with last offices and should be supported to do so where this is their wish. Where indicated any family member will be required to follow infection prevention and control guidance.
- 6.7.6. Ensure any cultural, spiritual, or religious considerations are identified. (Please refer to appendix 6 for further information on cultural and religious guidance with respect to personal care after death. Always avoid making assumptions and seek advice from the family or from the patient's ACP/EOL care plan).
- 6.7.7. Ensure privacy and dignity whilst performing last offices and that the attitudes and behaviour of staff are respectful and aligned with dignified care. The immediate area should maintain the patient's dignity by being screened off or by utilising a private room until transfer to mortuary service. At all times the dignity and respect of the deceased shall be maintained, never leave the body naked or exposed.

- 6.7.8. Mementoes/keepsakes, (for example, locks of hair, handprints, etc.) may be offered and taken at the time of care after death maintaining standard Infection Control Precautions (SICPs). A box of Keepsake resources are held by the Specialist Palliative and End of Life Care team extension 8346, bleep 3055.
- 6.7.9. It is essential to be well prepared before carrying out the personal care of the deceased. Thoughtful consideration should be given for the equipment needed to undertake personal care with respect and dignity, ensuring all equipment is gathered prior to undertaking the process:
- Personal Protective Equipment.
 - Clean bed sheets.
 - Shroud/clean clothing for the deceased.
 - Bowl of water.
 - Soap and towels (or equivalent).
 - Mouthcare equipment.
 - Brush or Comb.
 - Continence Pads/net pants.
 - Dressings.
 - Tape.
 - Name bands.
 - Mortuary label (or equivalent).
 - RCHT cash and valuables bag (General office).
- 6.7.10. If the patient is on a pressure relieving mattress or device, consult the manufacturer's instructions before switching off or changing settings. Nurses/healthcare professionals must act at all times to maintain the patient's safety when using a pressure-relieving mattress or device.
- 6.7.11. Lay the patient on their back (adhering to moving and handling policy). Remove all but one pillow. Straighten their limbs (if possible) with their arms lying by their sides. If it is not possible to lay the deceased flat due to a medical condition, or rigor mortis, then seek guidance from the mortuary staff.
- 6.7.12. Remove any mechanical aids or devices such as syringe drivers, heel pads, catheters etc. (unless coroner involvement indicated). Apply gauze and tape to syringe driver and cannula sites and document disposal of medication where appropriate in line with the Ward, Theatre and Department Controlled Drugs Standard Operating Procedure [Ward, Theatre and Department Controlled Drugs Standard Operating Procedure \(cornwall.nhs.uk\)](http://www.cornwall.nhs.uk/ward-theatre-department-controlled-drugs-standard-operating-procedure)

- 6.7.13. Clean the patient's mouth to remove any debris and secretions. Clean dentures and replace them in the mouth if possible. Where any dentures cannot be replaced send these with the deceased in a clearly labelled receptacle. Support the patient's jaw by placing a pillow or rolled up towel on the chest underneath the jaw. Do not bind the jaw with bandages.
- 6.7.14. Close the patient's eyes by applying light pressure to the eyelids for 30 seconds. Alternatively, moistened cotton wool may be used to hold the eyelid in place. If this is unsuccessful, then a little sticky tape such as micropore may be lightly used and leaves no mark. This also applies where a patient maybe donating their corneas. Where this cannot be rectified the funeral directors will resolve the issue if this is a concern to the family.
- 6.7.15. Clamp any drains, and intravenous or subcutaneous lines still in situ. Remove any connected infusion lines and infusions.
- 6.7.16. Drain the bladder by applying firm pressure over the lower abdomen. Have a disposable, or washable, receptacle at the ready to collect the urine. Leakages can be contained using incontinence pads.
- 6.7.17. Remove catheter bag and spigot any urinary catheters, (if still in situ). Pads and pants can be used to absorb any leakage of fluid from the urethra, vagina, or rectum. Do not pack.
- 6.7.18. Contain leakages from the oral cavity or tracheostomy sites by suctioning and positioning. Suction and spigot nasogastric 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.
- 6.7.19. If the body is leaking profusely then take time, pre-transfer to the mortuary to address the problem. Ensure mortuary staff and funeral directors are informed of any potential for profuse leakage and use a body bag if indicated.
- 6.7.20. When a death is being referred to the coroner or for a post-mortem, all lines, devices, and tubes should be left in place, unless instructed otherwise.
- 6.7.21. Wash the patient unless requested not to do so for religious or cultural reasons or carers preference (please refer to appendix 6 for detailed information regarding individual faiths / spirituality). Do not shave the deceased, shaving the deceased 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 patient's medical records.
- 6.7.22. Comb/brush and tidy the patient's hair and arrange in the preferred style if known.

- 6.7.23. Dress the deceased appropriately before they go to the mortuary or funeral directors. This may be in a shroud or personal clothing depending on the wishes of the family. The deceased should never go to the mortuary naked or be released naked to a funeral director.
- 6.7.24. The patient's property should always be managed according to the RCHT Patient Property Policy [Patient Property Policy \(cornwall.nhs.uk\)](https://www.cornwall.nhs.uk/patient-property-policy) and in line with infection prevention and control measures. Any valuables, such as bank cards and mobile phones, must be wiped down with disinfectant wipes, allowed to dry, prior to returning to the family, or placing in an RCHT cash and valuables bag.
- 6.7.25. Clothes that are contaminated or soiled should ideally be disposed of with the families consent according to the RCHT Patient Property Policy [Patient Property Policy \(cornwall.nhs.uk\)](https://www.cornwall.nhs.uk/patient-property-policy).
- 6.7.26. Ensure a correct hospital identification band is attached to the patient's wrist or ankle. As a minimum this needs to identify the patient's name, date of birth, ward, and NHS number.
- 6.7.27. Wrap the body in a white sheet, ensuring that the face and feet are covered and that all limbs are held securely in position. Secure the sheet with tape. Pins must not be used, as they are a health and safety hazard to staff. Place the body in a body bag if leakage of body fluids is a problem or is anticipated, if the patient has certain infectious diseases, or if death is suspicious and there are infusions/devices travelling with the patient.
- 6.7.28. Request the portering staff to transfer the body from the ward and transport to the mortuary / cold room facility. The deceased should be collected within one hour of the request. Decomposition can occur rapidly, particularly in hot weather and in overheated rooms. Many pathogenic organisms survive for some time after death and so decomposition of the body may pose a health and safety hazard for those handling the body.
- 6.7.29. Privacy and dignity remains paramount during transfers. It is not recommended to transfer patients in a way that makes them appear alive to others e.g. with an oxygen mask in situ. All deceased patients should be transferred in a concealment trolley suitable for the size of the room, and the size of the patient. Where a patient is bariatric specialist covers can be applied to the bed. Ward staff should inform the mortuary staff and porters. Mortuary staff will in turn inform funeral directors if the deceased is a bariatric patient. The concealment trolley must always be manoeuvred by two porters using appropriate lifting and handling processes.
- 6.7.30. Screen off the area where removal of the body will occur and clear it of excess furniture to facilitate access. This is to avoid causing unnecessary distress to other patients, relatives, and staff.
- 6.7.31. Clean the area as soon as possible after the deceased has been transferred. Used linen need to be disposed of in line with standard infection control precaution [NHS England » Chapter 2: Transmission based precautions \(TBPs\)](https://www.nhs.uk/publications/nhs.ukchapter2transmissionbasedprecautions).

- 6.7.32. Remove gloves and apron, PPE and dispose of equipment according to policy and wash hands.
- 6.7.33. Document in the notes that personal care after death has been carried out, the management of any property, and details of the communication with the family. Complete deceased care record and Bereavement notification of death forms These must be handwritten and completed in full. Deceased care record and the Bereavement notification of deaths form should travel with them to the Mortuary.
- 6.7.34. The patients notes remain on the ward awaiting further instruction from the medical examiner service.
- 6.7.35. On arrival in the Mortuary the porters should transfer the deceased onto an appropriate Mortuary tray and write the deceased details on the corresponding board on the fridge door, The completed deceased care record and bereavement notification of death should be left in the corresponding trays.

6.8. Support for family / carer and staff

- 6.8.1. It is normal for bereaved people can experience high levels of distress and anxiety. It is helpful if the surrounding environment conveys respect. This includes the attitudes and behaviour of staff, all of which contribute to dignified care.
- 6.8.2. When family are not present the nurse in charge of the patient's care will inform the family as soon as possible after death. In cases of an expected death preferences for contact should be specified within the ['Caring for patients at the End of Life care plan'](#). In instances of sudden unexpected death, the next of kin details should be identified via the patient notes.
- 6.8.3. The ['Caring for patients at the End of Life care plan'](#) should detail any additional support that may be required to overcome any language barriers, or the provision of information in an accessible manner. Staff should seek advice for Specialist palliative care team, or the Learning disability and autism team where required.
- 6.8.4. Where possible the news should be given in person in a private area free of distractions with adequate protected time. The news **must always** be delivered with great care and conveyed with the utmost sensitivity and compassion. Information should be given in a transparent manner and sincere condolences should be extended. A working knowledge of strategies for breaking bad news such as SPIKES (Buckman R. 1999) can be helpful.
- 6.8.5. Staff should seek to answer any questions the family may have with honesty and compassion. The family should be informed that there will be an opportunity to comment on the care received or raise concerns via the medical examiner service.

- 6.8.6. In line with duty of candour regulations staff are required to disclose where a 'notifiable patient safety incident' has occurred. This should be discussed in a gentle and sensitive manner with an apology if this is appropriate.
- 6.8.7. Relatives and / or friends of the deceased may be very distressed. It is important that support is offered where appropriate, and staff need to ensure that bereaved families are given guidance on procedures following a death. Chaplaincy support is available to support any patient or family member with spiritual distress. This is available at all times via switchboard.
- 6.8.8. Families should be supplied with the RCHT Bereavement booklet. This will explain the next steps for families in retrieving the death certificate, registering the death etc.
- 6.8.9. To access practical information immediately following bereavement contact the Royal Cornwall Hospital Trust bereavement office 01872 252713, 8.30am-3.30pm, Monday to Friday. The Medical Examiner Office can be contacted on 01872 252553 8.30 - 16:30 Monday - Friday.
- 6.8.10. Dealing with death and dying is emotionally challenging. Staff themselves may find the death of a patient stressful and therefore staff should seek support from the ward / team manager as required. Staff counselling, occupational health, Chaplains, and psychology services may be able to offer support should staff request this. In addition to this a staff wellbeing support line provides both practical and emotional support.
- 6.8.11. It is vital that processes are in place to protect confidentiality, and these continue after death. However, this does not prevent the use of sensible rules to safeguard the health and safety of all those who may care for the deceased.

6.9. Staff training

- 6.9.1. Trust staff involved in delivering news of bereavement should ensure they have the necessary skills and expertise to work with bereaved families. Any staff who require additional training are advised to attend relevant education sessions relevant to their role, this may include SAGE and THYME training, Advance communication skills training, or to access the online learning modules contained within the 'e-ELCA', End of Life Care section of the E-Learning for Healthcare website <https://www.e-lfh.org.uk/>.
- 6.9.2. Registered healthcare professionals verifying death are required to undertake a once only training session, followed by ongoing reflection of competency at annual appraisal.
- 6.9.3. Porters involved with transferring the deceased from ward areas to the onsite mortuary facilities should receive local training regarding the process and procedures.

7. Dissemination and Implementation

This policy is to be implemented and disseminated through the organisation immediately following ratification and will be published on the organisations intranet site document library.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Monitor rate and subject matter of Complaints, Datix incident reports, and PALS contacts relevant to end of life care delivery within RCHT.
Lead	End of life Lead.
Tool	Adherence to guidelines will be monitored as part of the ongoing audit process within the department on a Word or Excel template specific to the topic.
Frequency	Annually.
Reporting arrangements	Report it to End of life lead. The department Quality Group and Divisional Governance Management Board.
Acting on recommendations and Lead(s)	End of Life Group.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

9. Updating and Review

- 9.1. This document will be reviewed annually and/or in the event of any significant change with the organisational structure/management arrangements and subject to consultation via the End of life Committee.
- 9.2. Where the revisions are minor, e.g., amended job titles or changes in the organisational structure, approval can be sought from the Medical Director responsible for signatory approval and can be re-published accordingly without having gone through the full consultation and ratification process.
- 9.3. Any revision activity is to be recorded in the Version Control Table as part of the document control process.

10. Equality and Diversity

- 10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).
- 10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Care After Death Policy V3.0
This document replaces (exact title of previous version):	Bereavement Care At and After Death Policy V2.2
Date Issued/Approved:	March 2025
Date Valid From:	July 2025
Date Valid To:	July 2028
Directorate / Department responsible (author/owner):	Suzanne Adams, Lead Practitioner Specialist Palliative and End of Life Care
Contact details:	RCHT Ext: 9346, rcht.speol@nhs.net
Brief summary of contents:	These guidelines will ensure that all deaths are verified/confirmed correctly, and that care of the deceased and their family is delivered in a standardised manner that complies with national guidance.
Suggested Keywords:	Care after death, last offices, verification of death, bereavement, death certification
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Dual Chief Nursing Officer / Deputy CEO RCHT
Approval route for consultation and ratification:	RCHT End of Life Care Group
Manager confirming approval processes:	Director of Nursing, Midwifery and AHPs at RCHT: Bernadette George.
Name of Governance Lead confirming consultation and ratification:	Interim Director of Nursing at RCHT:
Links to key external standards:	<ul style="list-style-type: none"> National Institute for Health and Care Excellence (NICE) Quality Standard 13. End of Life Care for Adults (2011).

Information Category	Detailed Information
	<ul style="list-style-type: none"> • National Institute for Health and Care Excellence (NICE) Guidance 31 Care of dying adults in the last days of life. • Hospice UK. Care after death: guidance for staff responsible for care after death. 3rd ed. London: Hospice UK; 2020. • 5th edition of care after death: registered nurse verification of expected adult death (RNVoEAD) guidance. • Academy of Medical Royal Colleges. A code of practice for the diagnosis and confirmation of death. London: Academy of Medical Royal Colleges; 2008. • National Medical Examiner. Implementing the medical examiner system: national medical examiner's good practice guidelines. NHS England and NHS Improvement; 2020. • Leadership Alliance for the Care of Dying People. One chance to get it right: improving people's experience of care in the last few days and hours of life. Leadership Alliance for the Care of Dying People; 2014. • NHS Blood and Transplant. Organ donation law in England. • National Infection Prevention and Control . • Health and Safety Executive. Handling the deceased with suspected or confirmed COVID - 19. • National infection prevention and control manual (NIPCM) for England, NHSE 2024. • National Pharmacy Association. COVID-19: guidance on dealing with patient-returned / unwanted medicines (England). 2020.
Related Documents:	<ul style="list-style-type: none"> • End of Life Care Plan and Symptom Assessment Chart Clinical Guideline. • Moving and Handling of Patients and Inanimate Loads Policy (HSP014). • Personal Protective Equipment Policy HSP 016. • Waste Management Policy. • Cardiac Implantable Electronic Devices: Deactivation of Arrhythmia Therapies at End of Life Policy.

Information Category	Detailed Information
Training Need Identified?	<p>Registered healthcare professionals verifying death are required to undertake a once only face to face or virtual training session, followed by ongoing reflection of competency at annual appraisal.</p> <p>The organisation offers training and educates to staff in line with the requirements set out in the systemwide</p> <p>Compliance with mandatory training is monitored through the Learning and Development team.</p>
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Palliative and End of Life Care

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
March 2016	V1.0	Initial Issue	Kevin Hammett, Mortuary Manager
August 2018	V2.0	Updated HSE guidelines, contact numbers and hyperlinks.	Kevin Hammett, Mortuary Manager
April 2021	V2.1	Addition of appendix 4. Appendix 4. Registered Nurse Verification of Expected Adult Death Process during COVID 19 and Appendix 5. Verification of death.	Sue Adams, Joint Lead Practitioner Specialist Palliative and End of Life Care
November 2021	V2.2	Amendments to flowchart at Appendix 4. Registered Nurse Verification of Expected Adult Death Process during COVID 19.	Sue Adams, Joint Lead Practitioner Specialist Palliative and End of Life Care
May 2024	V3.0	Full Review and Updated. Transposed to latest Trust template.	Sue Adams, Joint Lead Practitioner Specialist Palliative and End of Life Care

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
richt.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Care After Death Policy V3.0
Directorate and service area:	Corporate care group
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Sue Adams, Joint Lead Practitioner Specialist Palliative and End of Life Care
Contact details:	01872 258346

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	RCHT staff delivering Care after Death.
2. Policy Objectives	To provide guidance on verifying the fact of death and delivering care after death.
3. Policy Intended Outcomes	The delivery of effective, dignified, and respectful care and support to patients and their families.
4. How will you measure each outcome?	Monitor rate and subject matter of Complaints and Datix incident reports.
5. Who is intended to benefit from the policy?	All RCHT staff, patient, and visitors.
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> Workforce: Yes Patients/ visitors: No Local groups/ system partners: Yes External organisations: No Other: No

Information Category	Detailed Information
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: RCHT End of Life group: CFT EOL facilitator Keziah Lagor, Mortuary and Bereavement manager – Kevin Hammett, Medical examiner officer- Linda Warne.
6c. What was the outcome of the consultation?	Agreed.
6d. Have you used any of the following to assist your assessment?	Care After Death 4 th Edition, Hospice UK National Audit of Care at the End of Life

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Sue Adams, Joint Lead Practitioner Specialist Palliative and End of Life Care.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)

Appendix 3. Deaths requiring coroner investigation

Deaths requiring referral to the coroner in England, Northern Ireland or Wales, and the procurator fiscal in Scotland, for investigation are where the cause of death is unknown, sudden, suspicious, or unexplained; when the death:

- May be caused by violence, trauma, or physical injury, whether intentional or otherwise.
- May be caused by poisoning, drug related, including adverse drug reactions (reportable under the Medicines and Healthcare Products Regulatory Agency – MHRA).
- May be the result of misadventure, intentional self-harm, or possible suicide.
- May be the result of neglect, including self-neglect, or failure of care.
- May be related to a medical procedure or treatment, a failure of a piece of equipment, an operation or before recovering from the effects of an anaesthetic.
- May be due to an injury, disease, or industrial poisoning in the course of employment.
- Occurred where the deceased was not treated by a doctor during their last illness, or a doctor did not see or treat them for the condition from which they died.
- Occurred while the deceased was in custody or state detention, whatever the cause.

A person who dies from a notifiable infectious disease, e.g. COVID-19, is not a reason on its own to refer the death to the coroner.

Notification of infectious diseases

Notifiable diseases are nationally reported in order to detect possible outbreaks of disease and epidemics as rapidly as possible, and it is important to note:

- Diagnosis of suspected (and/or confirmed) COVID-19 is a notifiable infectious disease.
- Registered medical practitioners have a statutory duty to inform their local health protection team of a diagnosis of a suspected notifiable infectious disease, and without waiting for laboratory confirmation, at time of diagnosis.
- Registered medical practitioners in England are required to report COVID-19 positive deaths to NHS England. In Scotland, deaths are reported to Public Health Scotland, and in Wales to Public Health Wales. For Northern Ireland, they are reported to the Public Health Agency of the Northern Ireland Health and Social Care.
- All laboratories where diagnostic testing is carried out must notify their national Public Health authority of any confirmation of a notifiable infectious disease.

Appendix 4. Verification of death

Are there any signs or suggestions that this death may be from anything other than natural causes? Are there any suspicious circumstances, anything unusual, any disturbing features or concerns?

No

Yes

- Confirm that the patient has a TEP DNACPR.
- Use appropriate SIPC and TBP.
- Palpate a central pulse for 1 minute
- Auscultate the patient's heart sounds for 1 minute.
- Auscultate for breath sounds for 1 minute over each lung
- Using a torch confirm the absence of pupillary response.
- Observe the patient for at least 5 minutes for signs of respiratory effort or motor movement.
- After five minutes administer supraorbital pressure or trapezius squeeze.
- Complete the Verification of death documentation (**CHA3793**-The End of life care plan 13 or **CHA3038**)

- In hours discuss with the RCHT Mortician.
- OOH's discuss with the on-call mortician via switchboard.
- Leave all intravenous cannula and lines in situ, leave intravenous infusions clamped but intact (including syringe drivers with controlled drugs).
- Leave any catheter in situ with bag and contents.
- Use a body bag for transfer.
- Do not wash the body.

Do circumstances dictate referral to the coroner?

Yes

No

- Undertake last offices observing spiritual or cultural considerations.
- Remove lines and equipment.
- Ensure the correct name bands are in situ.
- Complete the mortuary form/standards for care after death checklist.
- Ensure notification of infection, devices or radioactive implants.
- Arrange for transfer of the deceased to the mortuary. Inform the porters of any special considerations ie bariatric patients.

- Undertake last offices observing spiritual or cultural considerations.
- All lines and equipment may be removed unless they are associated with the patient's death.
- **Document lines/tubes cannula removed.**
- Ensure the correct name bands are in situ.
- Complete the mortuary form/standards for care after death checklist.
- Ensure notification of infection, devices or radioactive implants.
- Arrange for transfer of the deceased to the mortuary. Inform the porters of any special considerations ie bariatric patients.

Inform the patient's doctor. Consider the need to undertake an 'After death analysis' or staff debrief

Maintain the patient's dignity and provide support to the family throughout all stages. Provide the bereavement booklet containing how to collect the MCCD, where to register the death, the role of the funeral director and bereavement support agencies

1. Within the acute Trust the optimal time for verification is within one hour.
2. Verification of death must always occur before the patient is transferred to the mortuary.
3. Verification/confirmation of death must be completed by the doctor or appropriately qualified nurse. strict infection control procedures and the use of PPE should be adhered to where indicated.
4. If verification of death is completed by a registered nurse they have a duty to inform the doctor who has been treating the patient as they have overall responsibility for the patient's care and certification processes.
5. The death must be verified in line with the measures identified in the Academy of Medical Royal Colleges (AMRC) guidance:
 - Absence of heart sounds: auscultate heart sounds for a least 1 minute.
 - Absence of pupillary responses in both pupils.
 - Absence of breath sounds for each lung over 1 minute.
 - Absence of carotid pulse: palpate central pulse for at least 1 minute.
 - Absence of respiratory effort or motor movement over the 5 minutes.
 - Absence of any motor/cerebral response to painful stimuli (trapezius squeeze or supra-orbital pressure respectively).

Any spontaneous return of cardiac or respiratory activity during this period of observation should prompt a further five minutes of observations after a five minute interval.

6. Within RCHT Registered Nurse Verification of Expected Adult Death (RNVoeAD) may be undertaken by registered nurses who have undertaken additional verification of death training at RCHT, Cornwall Hospice Care or Cornwall Foundation Trust.
7. Registered nurses will only undertake to verify expected adult deaths within RCHT. This will include those patients with both a TEP/DNAR order and receiving end-of-life care.
8. The professional verifying the death is responsible for confirming the identity of the deceased (where known) using the terminology of 'identified to me as'. This requires name, date of birth address and NHS number. It is good practice for the verifier to ensure a name band with this information is attached to either the wrist or ankle of the deceased.
9. The professional completing verification of death should document the time that death was recognised, the time of verification, completion of the verification process, their name and role, any persons present at the time of death. The End of life care plan CHA3839, or the Confirmation of death form CHA3038 are both suitable for recording verification of death.

10. The following details are required when reporting to the coroner: the professionals telephone/bleep number, the deceased's name, address, date of birth and GP details; family members' names, contact details and relationship to the deceased; date and time of death; details of the person who pronounced life extinct and details of what happened leading up to the death, including who was present at the time of death.
11. The practitioner who verifies death should ascertain whether a known or suspected infection is present and whether this is notifiable. There should be clear communication regarding infection risk and the presence of implantable devices to the mortuary staff. In the case of implantable cardioverter defibrillators, the process for deactivation should be initiated.
12. The doctor responsible for the patient's care should be available to answer questions and speak to the family should this be required.
13. Once verification of death has occurred ward staff can prepare the deceased for transfer to the mortuary.

Appendix 5. Mortuary and Bereavement Deceased Care Record

RCHT Pathology Controlled Document
Q-Pulse Reference: DMP-PM-FORM-13
Revision: 7

Royal Cornwall Hospitals 
NHS Trust

MORTUARY AND BEREAVEMENT DECEASED CARE RECORD

SURNAME:		FIRST NAMES:	
CR No:	WARD:	Date of Birth:	
DATE OF DEATH:	TIME OF DEATH:	END OF LIFE PATHWAY Y/N:	
RISK OF INFECTION: Y / N		PLEASE SPECIFY:	
IMPLANTABLE DEVICE : Y/N		PLEASE SPECIFY:	
NAMES OF STAFF/FAMILY PRESENT:			
NEXT OF KIN NAME: _____			
RELATIONSHIP TO DECEASED: _____ CONTACT NO: _____			

Patient property, please tick:

☐ NO PROPERTY ☐ ON DECEASED ☐ ON WARD ☐ GENERAL OFFIC

Please log all personal property left on patient in the box below	
<u>TO BE SIGNED BY A MEMBER OF WARD STAFF</u>	
NAME:	SIGNATURE:
DATE:	OCCUPATION:

PORTERS

TRANSFER DATE AND TIME: _____ FRIDGE NUMBER: _____
PORTERS NAME: _____

FUNERAL DIRECTOR RELEASE

PROPERTY CHECKED BY: _____ COLLECTED BY: _____
COMPANY: _____ SIGNATURE: _____
PATIENT RELEASE DATE: _____ TIME: _____ APT: _____

"Care has been taken to ensure the deceased is released into your authority in a satisfactory condition. Cannulas or Catheters may be left in situ to prevent leaking. Further restorative action maybe required prior to viewing."

Appendix 6. Cultural and Religious guidance with respect to care after death

The following are only guidelines; individual requirements may vary even among members of the same faith. It is therefore important to ask the family/carers of their requirements if the individual has not specified prior to death.

An interactive guide can be found at <https://www.openingthespiritualgate.net/>.

BAHAI

1. Bahai relatives may wish to say prayers for the deceased person, but normal last offices performed by nursing staff are quite acceptable.
2. Bahai adherents may not be cremated or embalmed, nor may they be buried more than an hour's journey from the place of death. A special ring will be placed on the finger of the patient, which should not be removed.
3. Bahais have no objection to post-mortem examination and may leave their bodies to scientific research or donate organs if they wish.

Further information can be obtained from the nearest Assembly of the Bahais (see telephone directory).

Alternatively contact:

National Bahai Office.

27 Rutland Gate.

London SW7 1PD.

Telephone: 0207 7584 2566.

Email: nsa@bahai.org.uk

BUDDHISM

1. There is no prescribed ritual for the handling of the corpse of a Buddhist person, so customary laying out is appropriate. However, a request may be made for a Buddhist monk or nun to be present.
2. As there are a number of different schools of Buddhism, relatives should be contacted for advice as some sects have strong views on how the body should be treated.
3. When the patient dies, inform the monk or nun if required (the patient's relatives often take this step). The body should not be moved for at least one hour after death if prayers are to be said.
4. The patient's body should be wrapped in an unmarked sheet.
5. There are unlikely to be objections to post-mortem examination and organ donation, although some Far Eastern Buddhists may object to this.

6. Cremation is preferred.

For further information contact:

The Buddhist Hospice Trust.

1, Laurel House.

Trafalgar Road, Newport.

Isle of Wight PO30 1QN.

Tel 01983 5269453.

CHRISTIANITY

1. There are many denominations and degrees of adherence within the Christian faith. In most cases customary last offices are acceptable.
2. Relatives may wish staff to call the hospital chaplain, or minister or priest from their own church to either perform last rites or say prayers.
3. Some Roman Catholic families may wish to place a rosary in the deceased patient's hands and / or a crucifix at the patient's head.
4. Some orthodox families may wish to place an icon (holy picture at either side of the patient's head.

For further information, consult the telephone directory for the local denominational minister or priest.

Alternatively contact:

Hospital / Health Care Chaplaincy.

Church House.

Great Smith Street.

London SW1 3AZ.

Tel: 020 7898 1895.

HINDUISM

1. If required by relatives, inform the family priest or one from the local temple. If unavailable, relatives may wish to read from the Bhagavad Gita or make a request that staff read extracts during the last offices.
2. The family may wish to carry out or assist in last offices and may request that the patient is dressed in his or her own clothes. If possible, the eldest son should be present. A Hindu may like to have leaves of the sacred Tulsi plant and Ganges water

placed in his/her mouth by relatives before death. It is therefore imperative that relatives are warned that the patient's death is imminent. Relatives of the same sex as the patient may wish to wash his or her body, preferably in water mixed with water from the Ganges. If no relatives are present, nursing staff of the same sex as the patient should wear gloves and apron and then straighten the body, close the eyes, and support the jaw before wrapping in a sheet. The body should not be washed. Do not remove sacred threads or jewellery.

3. The patient's family may request that the patient is placed on the floor, and they may wish to burn incense.
4. The patient is usually cremated as soon as possible after death. Post-mortems are viewed as disrespectful to the deceased person, so they are only carried out when strictly necessary. Consult the wishes of the family before touching the body.

For further information contact the nearest Hindu temple (see telephone directory) or:

National Council of Hindu Temples (UK).

84 Weymouth Street.

Off Catherine Street.

Leicestershire.

LE4 6FQ.

Tel: 0116 266 1402 www.nchtuk.org

JAINISM

1. The relatives of a Jainist patient may wish to contact their priest to recite prayers with the patient and family.
2. The family may wish to be present during the last offices, and also to assist with washing. However, not all families will want to perform this task.
3. The family may ask for the patient to be clothed in a plain white gown or shroud with no pattern or ornament and then wrapped in a plain white sheet. They may provide the gown themselves.
4. Post-mortems may be seen as disrespectful, depending on the degree of orthodoxy of the patient. Organ donation is acceptable.
5. Cremation is arranged whenever possible within 24 hours of death.
6. Orthodox Jainists may have chosen the path of Sallekhana, that is, death by ritual fasting. Sallekhana is rarely practised today although it may still have an influence on the Jain attitude to death.

For further information contact:

The Institute of Jainiology.

Unit 18, Silicon Business Centre.

26 Wandsworth Road.

Greenford.

Middlesex.

UB6 7JZ.

Tele: 020 8997 2300.

JEHOVAH'S WITNESS

1. Routine last offices are appropriate. Relatives may wish to be present during last offices, either to pray or to read from the Bible. The family will inform staff should there be any special requirements, which may vary according to the patient's country of origin.
2. Jehovah's Witnesses usually refuse post-mortem unless absolutely necessary. Organ donation may be acceptable.

Further information can be obtained from the nearest Kingdom Hall (see telephone directory) or:

The Medical Desk.

The Watch Tower Bible and Tract Society.

Watch Tower House.

The Ridgeway.

London NW7 1RN.

Tel 020 8906 2211.

JUDAISM

1. The family will contact their own Rabbi if they have one. If not, the hospital chaplaincy will advise. Prayers are recited by those present.
2. Traditionally the body is left for about eight minutes before being moved while a feather is placed across the lips and nose to detect any signs of breath.
3. Usually, close relatives will straighten the body, but nursing staff are permitted to perform any procedure for preserving dignity and honour. Wearing gloves, the body should be handled as little as possible, but nurses may:

- Close the eyes.
 - Tie up the jaw.
 - Put the arms and hands straight by the side of the body leaving the hands open. Straighten the patient's legs.
 - Remove tubes and instruments unless contraindicated.
4. Patients must not be washed and should remain in the clothes in which they died. The body will be washed by a nominated group, the Holy Assembly, which performs a ritual purification.
 5. Watchers stay with the body until burial (normally completed within 24 hours of death). In the period before burial a separate non-denominational room is appreciated, where the body can be placed with its feet towards the door.
 6. It is not possible for funerals to take place on the Sabbath (between sunset on Friday and sunset on Saturday). If death occurs during the Sabbath, the body will remain with the watchers until the end of the Sabbath. Advice should be sought from the relatives. In some areas, the Registrar's office will arrange to open on Sundays and Bank Holidays to allow for the registration of death where speedy burial is required for religious reasons. The Jewish Burial Society will know whether this service is offered in the local area.
 7. Postmortems are permitted only if required by law. Organ donation is sometimes permitted.
 8. Cremation is unlikely but some non-orthodox Jews are now accepting this in preference to burial.

For further information, contact;

The Movement for Reform Judaism.

The Sternberg Centre for Judaism.

80 East End Road, Finchley.

London N3 2SY.

Tel: 020 8349 5640.

The Office of the Chief Rabbi (Orthodox).

305 Ballards Lane.

London.

N12 8GB.

Tel: 020 8343 6301.

Email: info@chiefrabbi.org

MORMON (CHURCH OF JESUS CHRIST OF THE LATTER-DAY SAINTS)

1. There are no special requirements, but relatives may wish to be present during the last offices. Relatives will advise staff if the patient wears a one or two piece sacred undergarment. If this is the case, relatives will dress the patient in these items.

For further information contact:

The nearest Church of Jesus Christ of the Latter Day Saints (See telephone directory). or
The Church of Jesus Christ of Latter Day Saints.

751 Warwick Road.

Solihull.

West Midlands B91 3DQ.

Tel: 0121 712 1200.

MUSLIM

1. Where possible the patient's bed should be turned so that their body (headfirst) is facing Mecca. If the patient's bed cannot be moved, then the patient can be turned on to their right side so that the deceased's face is facing towards Mecca.
2. Many Muslims object to the body being touched by someone of a different faith or opposite sex. If no family is present, wear gloves and close the patient's eyes, support the jaw, and straighten the body. The head should be turned to the right shoulder, and the body covered with a plain white sheet. The body should not be washed, nor the nails cut.
3. The patient's body is normally either taken home or taken to a mosque as soon as possible to be washed by another Muslim of the same sex. Burial, never cremation, is preferred within 24 hours of death.
4. Post-mortems are only allowed if required by law, and organ donation is not always encouraged although in the UK, a Fatwa (religious verdict) was given by the UK Muslim Law Council which now encourages Muslims to donate organs.

For further information contact:

IQRA Trust.

3rd Floor.

16 Grosvenor Crescent.

London SW1X 7EP.

Tel 020 7838 7987.

www.igratrust.org

RASTAFARIAN

1. Customary last offices are appropriate, although the patient's family may wish to be present during the preparation of the body to say prayers.
2. Permission for organ donation is unlikely and post-mortems will be refused unless absolutely necessary.

For further information contact:

Rastafarian Advisory Centre.

290-296 Tottenham High Road.

London N15 4AJ.

Tel: 020 8808 2185.

SIKHISM

1. Family members (especially the eldest son) and friends will be present if they are able.
2. Usually, the family takes responsibility for the last offices, but nursing staff may be asked to close the patient's eyes, straighten the body, and wrap it in a plain white sheet.
3. Do not remove the 5Ks which are personal objects sacred to the Sikhs:
 - Kesh - do not cut hair or beard or remove turban.
 - Kanga - do not remove the semi-circular comb, which fixes the uncut hair.
 - Kara - do not remove bracelet worn on the wrist.
 - Kaccha - do not remove the special shorts worn as underwear.
 - Kirpan - do not remove the sword; usually a miniature sword is worn.
4. The family will wash and dress the person's body.
5. Post-mortems are only permitted if required by law. Sikhs are always cremated.
6. Organ donation for transplant is permitted but some Sikhs refuse this, as they do not wish the body to be mutilated.

For further information contact the nearest Sikh temple or Gurdwara (see telephone directory)

Alternatively contact:

Sikh Missionary Society UK.

10 Featherstone Road.

Southall.

Middlesex. UB2 5AA.

Tel: 020 8574 1902.

ZOROASTRIAN (PARSEE)

1. Customary last offices are often acceptable to Zoroastrian patients.
2. The family may wish to be present during, or participate in, the preparation of the body.
3. Orthodox Parses require a priest to be present, if possible
4. After washing, the body is dressed in the Sadra (white cotton or muslin shirt symbolising purity) and Kusti (girdle woven of 72 strands of lamb's wool symbolising the 72 chapters of the Yasna (Liturgy)).
5. Relatives may cover the patient's head with a white cap or scarf.
6. It is important that the funeral takes place as soon as possible after death.
7. Burial and cremation are acceptable. Post-mortems are forbidden unless required by law.
8. Organ donation is forbidden by religious law.

For further information contact:

Zoroastrian Trust Funds of Europe.

440 Alexandra Avenue.

Harrow.

Middlesex.

HA2 9TL.

Tel 020 8866 0765.

Appendix 7. References

Academy of Medical Royal Colleges. A code of practice for the diagnosis and confirmation of death. London: Academy of Medical Royal Colleges; 2008.

Baile, W.F., Buckman, R., Lenzi, R., Glober, G., Beale, E.A. and Kudelka, A.P., 2000. SPIKES—a six-step protocol for delivering bad news: application to the patient with cancer. *The oncologist*, 5(4), pp.302-311.

Care after Death (Fourth Edition): Guidance for staff responsible for care after death: Hospice UK 2022.

4th Edition of Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoeAD) guidance Jan 2022.

Special Edition of Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoeAD) Guidance, November 2020 update to V5.

[COVID-19 Guidance for infection prevention and control in healthcare settings:
https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19](https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19).

Guidance for registered medical practitioners on the Notification of Deaths Regulations 2019.

The Notification of Deaths Regulations 2019.

[Managing infection risks when handling the deceasedhttps://www.hse.gov.uk/pUbns/priced/hsg283.pdf](https://www.hse.gov.uk/pUbns/priced/hsg283.pdf).

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2022/03/C1566-information-for-medical-practitioners-after-the-coronavirus-act-2020-expires-march-2022.pdf>.

<https://www.cornwall.gov.uk/births-marriages-deaths/deaths-funerals-and-cremation/register-a-death/#appointment>.

<https://www.cornwall.gov.uk/media/43011322/guidance-for-doctors-during-coronavirus-pandemic.pdf>.

<https://www.cornwall.gov.uk/advice-and-benefits/deaths-funerals-and-cremations/registering-a-death/>.

Appendix 8. Process for Medical Examiner scrutiny of deaths

