



Western Health
and Social Care Trust

**Last Offices Policy
February 2009**

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Introduction

Last offices should be carried out with the respect and dignity one would afford to the patient when they were alive.

Dealing sensitively and carefully with patients who die in hospital and with the relatives and carers of the dying or deceased patients is crucially important. Providing sensitive, responsive information and support for bereaved families is central to this. Memories of the death and of the person who has died can be affected by the quality of the service received and experiences around the time of death can influence the grieving process of bereaved people.

Our society today is multi-cultural, multi-racial and multi-religious therefore it is essential that all professionals deepen their understanding of issues surrounding death and broadens their knowledge of and respect for all other cultures and faiths. They must also possess the legal information required for care of the deceased.

During last offices every effort must be made to accommodate the prior wishes of the patient and/or the wishes of the family, consideration given to the ethnic, cultural and religious rituals that accompany a patient's death. (See page 14 for information regarding requirements of persons of different faiths).

Scope

This policy gives guidance for the immediate hours preceding and immediately after the death of a patient and applies to all staff caring for adult inpatients in the Western Health and Social Care Trust.

For advice and support on caring for the patient in the days leading up to their death please refer to the Integrated care of the dying pathway.

For the purposes of this policy the nominated next-of-kin is accompanied by the terms 'family', 'significant other/s' and 'relatives' so that all those who matter to the patient are included.

The term 'patient' includes 'client' and after death refers to the 'deceased.'

This policy should be read in conjunction with the -

- Infection control manual
- Patient property policy

Definition

Last offices is the care given to a deceased patient which demonstrates respect for the dead and is focused on fulfilling religious and cultural beliefs as well as health and safety and legal requirements (Royal Marsden Hospital, 2004, 2008).

Aim

To provide high quality, dignified care to the deceased patient and their relatives and significant others, with respect and consideration given to their pertinent ethnic, cultural and religious rituals that accompany death, in preparation for transfer to a mortuary or rest room.

Objectives

- To provide sensitive information to enable staff to care appropriately for the dying and deceased patient and to minimise the distress for the family and carers when dealing with the practical aspects following a death, both sudden or expected.
- To ensure that comprehensive information, guidance and support is available for bereaved relatives and friends that is comparable to their pertinent ethnic, cultural and religious beliefs.
- To provide guidelines for last offices in order to assist nurses to prepare a deceased patient for transfer to a mortuary or rest room.
- To provide information for nurses and other healthcare staff that should be considered to address any specific ethnic and cultural rituals that accompany the death of a patient.
- To provide a protocol for last offices to facilitate the preparation of a patient for viewing by relatives or next of kin.

If Death is Imminent

If the death of a patient is imminent the attending nurse must ensure the following is established and documented for action if/when death occurs.

- Ask that in the event of the patient's death, which family member should be contacted in the first instance and would they like to be informed immediately, regardless of time, day or night.

- Record who to contact and how to contact them. This must be kept up-to-date and be easily accessible to all relevant staff. Record more than one contact number if possible.
- Establish those closest to the patient and keep them informed, within the bounds of confidentiality, about the possibility, probability and imminence of death.
- Establish if it is acceptable to the next-of-kin or closest relative that subsequent telephone enquirers are informed of the death by healthcare staff.
- Ascertain the status of the patient's wishes in relation to organ donation as per the regional transplant service and/or the Organ Donation Guidelines for Northern Ireland (Critical Care Network, 2009 (pending))

Sudden Unexpected Death

When a death occurs unexpectedly, without pre-discussed arrangements, the next-of-kin must be contacted immediately by telephone initially, adopting the following steps:

- Confirm whom you are speaking to
- Inform them that their relative's condition is deteriorating quickly.
- Ask if the next-of-kin can come to the hospital to speak with medical staff.
- If next-of-kin asks outright whether patient has died, then an honest answer must be given with consideration given to whether the death has been verified and/or certified.
- Relatives should still be invited to come to the hospital to speak with a named staff member.

If there is no number for next-of-kin or if next-of-kin is known to be elderly, infirm or on their own then:

- Contact appropriate police station
- Request that they fulfil their usual contacting and informing procedures and confirm that they will bring the next-of-kin, relative and/or significant other/s to visit a named staff member.

- If appropriate contact the patient's clergy who may be better placed to contact and accompany the deceased next-of-kin, significant other/s and/or relatives.
- The deceased Patient's GP must be informed within 24 hours.

Spiritual Needs

The attending nurse must confirm from the patient records or directly with the next-of-kin, family or significant others, whether any religious advisors should be notified of the death and agree who will contact the appropriate religious representative. Document all decisions, communications undertaken and completion of actions in accordance with the deceased patients' wishes, cultural and religious preferences.

Next-of-kin, relatives and or significant others, must be provided with all the required information in a sensitive way particularly about the legal requirements and procedures, which follow a death. This should include last office procedure, transfer of the body to the mortuary, contacting a funeral director and information about post mortem if applicable (Refer to Bereavement Resource pack held on each ward/department).

Relatives Viewing / Visiting the Deceased Patient.

Relatives present at or just after the time of death should be allowed some private time to be alone with the deceased if they wish. In this case, staff should do all they can to preserve the dignity and privacy of the person who has died. Attention should be given to making the patient presentable for relatives should they wish to view e.g. eyes and mouth closed. Dentures should be left in place. The room should be tidy. It is important to respect the request for any desired religious artefacts.

- Note: Naso-gastric tube / endo tracheal tubes **may** be removed to accommodate relatives viewing but in the case of forensic / coroner or consented hospital post mortem, **all invasive appliances must remain in situ.**

The nurse should ensure that the relatives know what to expect and check that everything is ready before accompanying them into the room. They may want to be alone with the deceased but the nurse should remain close by in order to provide support if required.

Requests to View the Deceased After the Body Has Left the Ward.

In these circumstances, consultation and agreement must be sought from the hospital mortuary staff. The nurse in charge of the ward must telephone the mortuary, or if out of hours (after 5pm and at weekends and bank holidays) bleep the on call mortician, who will then make the necessary arrangements for viewing.

Verification of Death

In every case of a death, it is the responsibility of the doctor to decide if the death was expected or unexpected and the following procedure undertaken:

- The nurse attending the patient should inform the senior nurse and the appropriate medical officer
- The Medical Officer or appropriately trained nurse should confirm the death of the patient.
- Confirmation of the death must be recorded in the patient's notes.
- If in the view of the doctor, death was unexpected, then it must be reported to the coroner by senior medical staff.

Certification of the Death

- In the case of an expected death, a registered medical practitioner who had treated the deceased within 28 days before the date of death, must provide a medical certificate stating clearly and legibly:
 - the cause of death
 - the exact date of death
 - the certifying doctors signature

All information recorded on the certificate should be checked before issuing the death certificate.

- Certification of death must be recorded in the patient's records.
- The death certificate must be handed to portering /mortuary staff on transfer of the deceased patient to the mortuary.
- If for any reason there is a delay in completion of the death certificate then the nurse in charge must liaise with the mortuary staff and inform them of the situation.

- If a doctor is not in a position to write a death certificate at night the mortuary technician will follow up in the morning. In these circumstances the section '*Body to be detained until further clarification available*' on the black/white death recording card to be ticked.
- It is the responsibility of the mortician to ensure that the certificate is given to the undertaker.
- If for any reason the death certificate is handed directly to the relatives by ward staff then a copy must be retained for the mortuary staff.

ALL above action must be recorded in patients and department records.

Registration of a Death

- Next of kin must be provided with written information about registering the death.
- Notes for guidance and forms for registering a death of a relative are available in the Last Offices and Bereavement Information held on each ward/department.
- Relatives should be given the brown envelope **GR074** entitled "Information required by the registrar to register a death". This contains the form **GR073** (Registration of a Death; notes for guidance) and includes the "Form of Particulars for Registration of a Death" which can be filled out by the next-of-kin or family prior to going to the registrar's office.

Post Mortem Examinations:

Hospital Post Mortem.

A hospital post mortem examination is carried out at the request of the hospital or the family to gain a fuller understanding of the patient's illness or cause of death and to enhance future medical care. A valid consent of the next of kin must be given before a hospital post mortem examination is undertaken to ensure proper compliance with the legislation, unless the person who has died has already made an advance request.

Gaining Consent for Hospital Post Mortem:

Consent for post mortem will include the removal, retention and use of tissue samples for diagnosis. **ONLY a hospital consultant, associate specialist,**

specialist registrar or a designated healthcare professional with accredited training can seek consent for a hospital post mortem.

The competent patient has the overarching right to give or withhold consent. This includes decisions to be taken after their death. In the absence of an advance directive, the competent patient can identify a “nominated representative” who is authorised to consent on their behalf.

Where no prior arrangements exist, consent must be sought from the “next of kin” who are ranked in order of authorisation.

1. Husband, wife or civil partner
2. Parent or child
3. Full brother or full sister
4. Child of a full brother/full sister
5. Stepfather or stepmother
6. Half brother or half sister
7. Friend of long standing.

There are **standardised consent forms** and accompanying information leaflets produced by the Department of Health to support this code. They are available from the mortuary and include consent for hospital post mortem of:

- an adult
- a child
- a baby
- early pregnancy loss

There are copies of the regional consent forms and information booklets for relatives regarding hospital post mortems available in the ‘Last Offices and Bereavement Information held on each ward/department.’

(For further information see “**Post Mortem Examinations - A Code of Good Practice; Rights of Patients and Relatives; Responsibilities of Professionals**”, available in the Last Offices and Bereavement Information held on each ward/department.’ www.dhsspsni.gov.uk

Reportable Deaths

The law requires that in certain circumstances a death must be reported to the coroner for investigation. A senior member of the medical team must notify the coroner where a death appears to be:

- Unexpected or unexplained
- As a result of violence
- An accident
- As a possible result of negligence
- Due to industrial disease e.g. asbestosis
- Or from any cause other than natural illness or disease

- Deaths occurring during surgery or before recovery from the effect of anaesthetic or following an operation necessitated by injury
- The cause of death is unknown
- A doctor has not seen and treated the patient for the fatal illness during the previous 28 days.

Coroners post mortem

Coroner's post mortem examination is carried out according to the provision of the Coroners Act (1959) in order to determine the cause of death. Although the family's consent is not required the reasons for post mortem examination must be provided with sensitivity given to their cultural and religious beliefs. A senior doctor will explain procedures for those who wish to be informed.

Relatives should be given information about where and when the post mortem is to be performed. The family should be instructed not to finalise funeral arrangements until the coroner's permission to release the body is received and be provided with written information explaining in more detail about post mortem examinations.

Any clinical equipment that was attached to a patient in the event of his/her death becoming a Coroner's case must be kept, taken out of use and quarantined until instructed otherwise by the coroner

The post mortem examination is usually carried out at Belfast City Mortuary; Foster Green Hospital, Belfast.

Information for Relatives

Coroners post mortem examination - information for relatives

www.coronersni.gov.uk

Coroners post mortem examinations, an explanatory leaflet (N.I. Office State Pathologists Dept.).

These leaflets should also be available in the (Refer to Last Offices and Bereavement Information held on each ward/department).

Patient Notes

The PSNI does not have an automatic right of access to patient or client identifiable information

Case notes should not routinely be handed over to the PSNI for the State Pathologist. If case notes are required by the PSNI, contact Theresa Conaghan (2181) Head of Information & Records for guidance. Out of hours contact the Mortuary. The original notes should not be provided to the PSNI or sent directly to the Coroner's Office

For all requests from the Coroner, his staff or the Police acting on his behalf, contact the Litigation Manager, 02871 865121

After Completion of the Post Mortem.

After completion of the post mortem examination the findings are notified to the coroner who will then normally issue a burial or cremation order thus allowing the next-of-kin to proceed with the funeral arrangements. The death can then be registered and the coroner will issue the death certificate. If however the coroner decides that an inquest is necessary, it will not be possible to register the death or have a death certificate issued until the inquest is completed. This will then delay the funeral.

A Coroners liaison officer will be designated to the bereaved family for follow up advice and support and will be able to provide the family with information surrounding the cause of death following the post mortem examination.

Cremation

Cremation of the body cannot take place until the cause of death has been fully established. The funeral director will request that authority to cremate forms are completed. These are legal documents and it is the responsibility of medical staff to complete the necessary forms fully and completely. Mortuary staff need to be notified if the deceased patient has a pacemaker or prosthesis in situ, as they will need to be removed prior to cremation. This should be recorded on the notice of death label.

Infection Control

For infected patients, please refer to and follow the guidelines on “**Care and removal of infected bodies after death**” found in the Trust Infection Control Policy Manual (section 2)

Correct Identification / Labelling of the Body Prior to Transfer

- The body must have an identification band attached to the right wrist and an addressograph label to the left ankle. This identification band is **additional** to the one the patient was wearing during life. The original patient identification band must not be removed even if soiled.
- The patient’s body must be clean and should be washed if there are any obvious bodily fluids

- The patient must be dressed in a shroud
- Completed notice of death form must be attached to front of shroud
- The body must be wrapped in a clean white sheet, which is secured with tape.
- Be aware sheets pulled too tightly may cause disfiguration. Be especially mindful of face, ears and hands.
- A second notice of death label must be attached to the front of sheet
- If appropriate the body must be labelled with a hazard group 3 sticker and danger of infection tape (see infection control manual for further details)
- If there is any delay in issuing the death certificate for example if the death occurs at night it is advisable to state on the notice of death card that the body must be detained until further notice.
- The details on the notification death form should be checked against the identity band on both transfers to the mortuary and prior to release to an Undertaker.
- The mortuary technician or attendant must be contacted and a time arranged for transfer of the deceased to the mortuary. The Mortician will make arrangements with Funeral Directors in circumstances where the body needs to be transported to the mortuary
- In the area where the deceased patient is being taken from a ward the area must be screened and an explanation given to the surrounding patients.
- Due care must be taken to present belongings to the next-of-kin in a sensitive manner in the Trust's designated packaging.
- Arrangements can be made with the laundry for soiled belongings to be washed.
- If next of kin are not present to accept and sign for belongings then they must be contacted and an arrangement made for collection.
- All property must be handled according to the Trust policy for the handling of patient property.

- Record completion of the protocol and any variations of practice with stated reasons and ensure that the death is recorded on the Patient administration system (PAS) as soon as possible.

Advice and Support for Families

Please provide families with a copy of **“When someone close to you dies”** a **WHSCCT** practical guide offering advice and support to bereaved families, including useful advice on topics such as arranging the funeral, registering the death and post mortems. These will be held in the **Bereavement Resource Pack** held in each ward/unit.

Guidelines of Requirements for People of Different Religious Faiths

As yet, numbers in our minority communities are relatively small, however, they now represent a significant integral part of Northern Ireland society. The information offered below is by no means exhaustive and it should be stressed that there are variations of belief and practice within the different communities; therefore it is important that nurses always consider the personal wishes of the dying patient.

This information is based on that published by the Northern Ireland Inter Faith Forum (Check Up, 2005)

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 a minister of 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.
5. For further information, consult the telephone directory for the local denominational minister or priest.
6. Post mortems are usually permitted

Alternatively contact hospital chaplains via hospital; switchboard

Hinduism / Vaishnava Tradition

For Hindus in general this is the most important passage in life.

The family may wish to contact a Hindu priest.

At least two relatives or friends will chant mantras continuously to comfort the patient and ease him on his/her journey to the next life.

Some Hindus will place flower garlands and pictures of holy persons beside the patient. They may sprinkle holy water on his/her head and place leaves from a holy plant on their tongue.

Privacy at this time will be appreciated.

The family may request that after death, the deceased be placed on the floor and they may wish to burn incense.

The family may wish to stay with the patient during last offices. If possible, the eldest son should be present. Relatives of the same sex as the patient may wish to wash the body.

Post mortems are viewed as disrespectful to the deceased person, and so are only carried when strictly necessary

For further information please contact:

Indian community centre 140 upper Dunmurry Lane Belfast BT17 0HE Tel; 028 90 620 530	Or	The Hare Krishna temple 86, Clifton Street Belfast BT13 1AB Tel; 028 90 249 746
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The Baha'i Tradition

Normal last offices performed by nursing staff are quite acceptable.

Embalming is not permitted.

Cremation is not permitted.

There is no objection to necessary post mortem examination.

For further information contact:

The Baha'i council for Northern Ireland
64 Old Dundonald Rd
Belfast
BT16 OXS

Tel; 028 90 480 500

The Buddhist Tradition

It is important that spiritual friends and relatives are made aware of the patient's condition.

There are special prayers that are said before the death, during the dying process and afterwards.

A private room for the dying person would be appreciated because of the importance to them of the dying process and the need for people to be with them continually at this time.

If possible, the body should be left untouched for as long as possible.

If a post mortem is necessary then this is allowed.

The family would undertake the funeral preparation.

Burial or cremation are permitted.

Further information can be obtained from:

Mrs Sally Taylor/ Tashi Khyil
Tel; 028 97 510 232

The Venerable Margery Cross
Jampa Ling Buddhist centre
Co Cavan
Tel; 00353 499 523 448

The Chinese Tradition

Customs relating to death mourning and funerals vary widely in the Chinese tradition.

The body is washed and clothed either in white or in the deceased owns clothing.

Funeral services generally follow a secular pattern though in the case of a Chinese Buddhist funeral, Buddhist monks may be called to perform the service.

Cremation is traditionally favoured over burial.

There is generally no objection to post mortem.

Further information can be obtained from:

The Chinese Welfare Association
133 – 135 University Street
Belfast BT7 1HQ
Tel 028 9028 8278 or

Humanists Association of Northern Ireland
25 Riverside Drive
Lisburn
BT27 4HE Tel 028 9267 7264

The Jewish Tradition

The family will contact their own community leader if they have one.

Those present usually recite prayers.

Eight minutes are required to elapse before the body is moved.

Usually close relatives will straighten the body. Nursing staff are permitted to perform any procedure for preserving dignity and honour.

Nurses may;

Close the eyes

Gently support the jaw

Put the arms and hands straight by the side of the body

Remove tubes and apparatus (unless contraindicated)

Patients must not be washed but may be dressed in a plain shroud. A nominated group “The holy assembly” will wash the body and perform a ritual purification.

Watchers stay with the body until burial (usually within 24hrs of death).

It is not possible for funerals to take place on the Sabbath (between sunset on Friday and sunset on Saturday.)

Post mortems are prohibited unless this is a legal requirement.

For further information relating to funerals contact:

Mr K Lewis tel 9077 7034 or Dr G. Lewis Tel 9077 9494

The Muslim Tradition

Family members will usually wish to stay with the dying person, reading the Qur’an or saying prayers.

The bed may be positioned so that the patients face looks towards Mecca (South East).

Do not wash the body or cut nails or hair.

Ideally the body should not be touched by non- Muslims but if it must be touched, gloves should be worn. If no family members are present, close the patient's eyes and straighten the body. The head should be turned to the right shoulder and the body covered with a plain white sheet.

The patient's body is usually either taken home or taken to a mosque as soon as possible to be washed by another Muslim of the same sex. A wife may wash her husband but the reverse is not permitted.

Burial never cremation is preferred within 24hours of death.

Post mortems are only acceptable if permitted by law.

For further information contact:

Belfast Islamic Society
38 Wellington Park
Belfast BT9 6DN
Tel; 02890 664465

Northern Ireland Muslim Family Association
7 Rugby Road
Belfast BT7 1PS
TEL; 028 90 315 784

www.nimfa.org

The Sikh Tradition

Family members especially the eldest son and friends will be present if able.

Usually the family takes responsibility for last offices.

The family may wish to wash and dress the deceased patients body.

Post mortems are acceptable if required by law.

Arrangements will be made for cremation.

Further information may be obtained from:

The Northern Ireland Sikh Cultural and Community Centre
1 Simpson's Brae
Waterside
Londonderry

Telephone contact can be made through:

Mr K.S.Panesar MB, FRCS, FRCE,
028 71 343 935

Reference List

Bereavement Care Policy (2005) University Hospital Birmingham

Coroners Inquest, The Coroners Service for Northern Ireland
www.coronersni.gov.uk

The Coroners Liaison Officer, The Coroners Service for Northern Ireland
www.coronersni.gov.uk

Coroners Post Mortem Examination Information for Relatives, The Coroners
Service for Northern Ireland www.coronersni.gov.uk

Deaths that should be referred to the coroner (appendix) A ward guide
following bereavement. The Royal Hospitals

Department of Health Social Services and Public Safety, Post Mortem
Examinations- a Code of Good Practice

Department of Health (DH) (2005) When a patient dies; Advice on developing
bereavement services in the NHS

Last offices protocol, Altnagelvin hospitals (1997)

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Northern Ireland Statistics and Research Agency, Registration of Deaths in
Northern Ireland

Northern Ireland Inter Faith Forum (2005) Check Up www.newactivity.com

Royal Marsden hospital Manual of Clinical Nursing 6th and 7th edition

Standard Operating Procedure (2007) Risk management Dept. Altnagelvin
Hospital Western Health and Social Care Trust