Policy for the Management of The
Death of a Patient or Client

Revised Version 3 March 2014
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<tr>
<td>Purpose of Policy:</td>
<td>The purpose of this policy is to ensure Trust staff involved in the care of dying and deceased patients and bereaved relatives deliver a safe, effective and sensitive service whilst performing their duties and obligations</td>
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<tr>
<td>Directorate responsible for Policy</td>
<td>Medical Directorate and Directorate of Mental Health and Disability/ Executive Nursing Team</td>
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<tr>
<td>Name &amp; Title of Author:</td>
<td>Anne Coyle, Bereavement Coordinator</td>
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<td>Anne Coyle, Bereavement Coordinator and Christine Armstrong, Professional Support and Governance Lead</td>
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<td>Date Policy submitted to Policy Scrutiny:</td>
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<td>Members of Policy Scrutiny in Attendance:</td>
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<td>Communication Plan required?</td>
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<td>Director Responsible</td>
<td>Mr. Francis Rice</td>
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<td><strong>POLICY DOCUMENT – VERSION CONTROL SHEET</strong></td>
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| **Title**                                   | Policy for the management of the death of a patient or client  
| **Version:** 3                              | This is a new overarching policy  |
| **Supersedes**                              |                                        |
| **Originator**                              | Name of Author: Anne Coyle  
| **Title:** Bereavement Coordinator          |                                        |
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| **Title:** Bereavement Coordinator          |                                        |
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1.0 INTRODUCTION

Death can occur in all circumstances, it may be sudden and traumatic or anticipated and expected, and affects all ages i.e. miscarriage, stillbirth, children, young people, adults and older people. Health and Social Care staff are integral to meeting the care needs of patients and clients at the end of life and in providing bereavement support for relatives following death in all care settings.

1.1 It is understandable that the death of a loved one can cause great distress. The care that bereaved relatives receive at this time can have a significant impact on the grieving process and the impression of the standard of service provided. It is acknowledged that providing care and support at such a distressing time can be demanding on staff.

1.2 A wide range of staff employed by the Southern Health and Social Care Trust may be involved in coordinating the supportive, statutory and legal processes and procedures at the time of death and into bereavement. The performance of these duties will at times require interagency liaison and cooperation, and should always be carried out with sensitivity and compassion.

1.3 This document has been developed in accordance with the Trust’s key principles for policy development and in consultation with internal stakeholders.

2.0 PURPOSE AND AIMS

The purpose of this policy is to support Trust staff involved in the care of dying and deceased patients/clients and bereaved relatives to deliver a patient centred, sensitive service at this time that reflects the DHSSPS Health and Social Care Services Standards for Bereavement Care.

The aim of this policy is to ensure that Trust staff caring for dying patients/clients and bereaved relatives have the capacity to respond in the most appropriate way according to their respective roles and the needs and preferences of those affected.

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1 Examples include completing the Medical Certificate of Cause of Death, reporting deaths to the Coroner etc.

3.0 POLICY STATEMENT

The Southern Trust is committed to ensuring that dying patients and bereaved relatives receive a high standard of care.

The Trust will ensure that staff involved in any aspect of care of the dying, the deceased and those affected by bereavement will deliver high quality, safe, effective and sensitive care whilst discharging their duties and obligations within the resources allocated to them.

This policy should be read in conjunction with the relevant legislation, policy, procedure, protocol and guidelines related to this statement.

4.0 SCOPE OF THE POLICY

This policy applies to all health and social care staff in the Trust who;

- assess and meet the supportive care needs of patients/clients, bereaved relatives and carers
- and those that have a statutory obligation to comply with legislative requirements in the event of death.

Supportive, statutory and legal responsibilities include;

- Communicating care and treatment decisions e.g. resuscitation status
- Breaking bad news and providing information
- Appropriate care planning for patients at the end of life
- Checking if the patient is an organ donor and discussion of organ donation status with relatives
- Verification of life extinct
- Certification of death
- Reporting deaths to external agencies to fulfill statutory responsibilities and monitoring arrangements e.g. reporting death where appropriate to Coroner’s Service, Police Service of Northern Ireland, DHSSPS, Centre for Maternal and Child Enquiries (CMACE) etc.
- Last offices procedure and preparation for viewing
- Transfer of deceased to Trust mortuary facilities and onwards to State Pathology and Paediatric Pathology facilities in Belfast if required
- Release of deceased to funeral directors
- Gaining informed written consent for hospital post-mortem examination and the histopathological examination and disposal of early miscarriages, which complies with Human Tissue Act (2004) and Human Tissue Authority (2006) regulations. An Interpreter may be required for those not fluent in English.
5.0 RESPONSIBILITIES

5.1 Responsibility of the Chief Executive

The Trust Chief Executive as Accountable Officer has overall responsibility for ensuring that the purpose and aims of this policy are met.

5.2 Responsibility of Directors/Senior Management

All Trust Directors, Associate Medical Directors, Assistant Directors, Heads of Service and Senior Managers have responsibility for the effective implementation of this policy and in ensuring that arrangements are in place within their directorate to facilitate the delivery of safe, effective and sensitive care when a patient/client dies. They should guide and support staff in the development of procedures and processes that evidence compliance with this policy, which should, as far as possible, apply Trust-wide. They should ensure that staff have access to appropriate training and specific skills development and that resources are available to support monitoring and reporting processes.

5.3 Responsibility of the Designated Individual named on the Human Tissue Authority License

Under the Human Tissue Act (2004), a license is required from the Human Tissue Authority to carry out post mortem examinations and related activities such as retention and storage of tissue from the deceased. The corporate license holder is the Director of Acute Services. The designated individual named on the license is responsible for ensuring that practices are compliant with the conditions of the Human Tissue Act.

5.4 Responsibility of the Trust Bereavement Coordinator

The Bereavement Coordinator is responsible for the establishment of bereavement care standards across the trust and will liaise with colleagues and service users to ensure that relevant policies and procedures meet national and regional requirements and reflect the delivery of an efficient and compassionate service to bereaved people.

5.5 Responsibility of Trust Staff

All health and social care staff involved in any aspect of care around the time of death have a responsibility to adhere to the aims of this policy. Professional staff also have a responsibility to their regulatory body to act in the patient’s/clients best interests and are accountable for their actions.
and omissions. When dealing with the death of a patient/client all staff should refer to the guidance in Appendix 1.

6.0 LEGISLATIVE COMPLIANCE, RELEVANT POLICIES, PROCEDURES AND GUIDANCE

Staff should consider the relevant legislation and guidance that informed this policy:

- Coroner Service NI - Working with the Coroners Service
- DHSSPS (March 2010) Living Matters, Dying Matters – A Palliative and End of Life Care Strategy for Adults in Northern Ireland
- Southern HSC Trust (2013) Policy for Organ and Tissue Donation after Death
- Southern HSC Trust (2012) Guidelines for Advance Care Planning (for patients with sufficient capacity)
- Southern HSC Trust (2012) Procedure for the Verification of Death by a Registered Nurse
- Southern HSC Trust (V3 2012) Guidelines for the Verification of Life Extinct
- Southern HSC Trust (2013) Clostridium Difficile Information Folder – Section 9 Death of a Patient with Clostridium Difficile Infection.
- Southern HSC Trust (2012) Procedure for arranging the release of a deceased baby/child from Hospital
- Southern HSC Trust (2012) Multicultural and Beliefs Handbook for all HSC staff
- Births and Deaths Registration Order (Northern Ireland) 1976
- Coroners Act (Northern Ireland) 1959. Section 7
- Human Tissue Authority (2009) Codes of practice 1-5 (Consent; Donation of Organs, Tissues and Cells for Transplantation; Post
Mortem Examination; Anatomical Examination; Removal, Storage and Disposal of Human Organs and Tissue. HTA

- Nursing and Midwifery Council (2008) Standards of Conduct, Performance and Ethics for Nurses and Midwives. NMC
- Department of Health, Social Services and Public Safety (2005) Care Plan for women who experience a miscarriage, still birth or neonatal death. DHSSPSNI
- National Institute for Clinical Excellence (2004) Improving Supportive and Palliative Care for Adults with Cancer. London. NICE

7.0 EQUALITY AND HUMAN RIGHTS CONSIDERATIONS

This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1988. Equality Commission of Northern Ireland Guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them.

Using the Equality Commission’s screening criteria no significant equality implications have been identified. This policy will therefore not be subject to an equality impact assessment.

This policy has been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention of Human Rights contain in that Act.
8.0 COPYRIGHT

The supply of information under the Freedom of Information does not give the recipient or organisation that receives it the automatic right to re-use it in any way that would infringe copyright. This includes, for example, making multiple copies, publishing and issuing copies to the public. Permission to re-use the information must be obtained in advance from the Trust.

9.0 ALTERNATIVE FORMATS

This document can be made available on request in alternative formats, e.g. plain English, Braille, disc, audiocassette and in other languages to meet the needs of those who are not fluent in English.

10.0 SOURCES OF ADVICE AND FURTHER INFORMATION

Line Managers should be contacted in the first instance, in relation to any specific queries on Policy content. Line Managers should then escalate queries which they are unable to address, to the Policy Author.
Appendix 1

Guidance for Health and Social Care Staff Caring for Dying and Deceased Patients/Clients and Bereaved Relatives

October 2009
Updated March 2012
Revised V3 March 2014
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Hyperlinks in the text appear in blue and will take the reader to the relevant documents on the Trust intranet.
1. **INTRODUCTION**

Many staff within the Southern Health and Social Care Trust are in the privileged position of caring and supporting dying patients and their relatives. At the time of death, staff are responsible for coordinating a number of statutory and legal procedures to allow the release of the deceased to relatives. The Department of Health, Social Services and Public Safety have developed standards for bereavement care to be applied within HSC Trusts (DHSSPS 2009). The bereavement standard statements have been used as headings in this document.

2. **WHO THIS GUIDANCE APPLIES TO**

This guidance has been developed to support staff who are involved in any aspect of care for dying patients/clients, deceased patients and bereaved relatives. It should be read in conjunction with the Trust Policy for the Management of Death of a Patient/Client.

3. **STANDARDS FOR BEREAVEMENT CARE**

3.1 **Raising Awareness**

“That Health and Social Care staff will be suitably trained to have an awareness and understanding of death, dying and bereavement. Staff should also acknowledge the fact that grief is a normal process following loss, and that needs vary according to an individual’s background, community, beliefs and abilities.”

3.1.1 All Trust staff involved in any aspect of care before or at the time of death should have an awareness of the unique experience and diverse needs of individual patients and relatives at this time. Staff should be aware of the potential for distress following death and the impact that sensitively dealing with their duties may have to reduce harm and facilitate the healing process following bereavement.

3.1.2 Staff are encouraged to avail of opportunities for learning and development that supports their individual roles when caring for the dying patient and their grieving relatives and carers, so that their capacity to respond appropriately in these situations is optimised. [Multicultural and Beliefs Handbook Amended Sept 2012.pdf](Multicultural_and_Beliefs_Handbook_Amended_Sept_2012.pdf)
3.2 Promoting Safe and Effective Care

“That all Health and Social Care staff who have contact with people who are dying and/or with those affected by bereavement will deliver high quality, safe, sensitive and effective care before, at the time of and after death according to individuals background, communities, beliefs and abilities.”

3.2.1 When it is known in advance that a patient/client will die, discussions must take place between the multidisciplinary team, the patient/client and/or relatives and carers. This will allow for appropriate care planning, provision of information and where possible, determining the patient’s/client’s wishes.

3.2.2 All decisions must be recorded in the patient’s/client’s clinical record and communicated to relevant staff.

3.2.3 Such discussions must be conducted in a sensitive manner and be timely where possible to allow for the patient/client’s physical, social, psychological and spiritual needs to be assessed and to prepare relatives. Trust Guideline on Breaking of Bad News and Communicating Difficult Information

3.2.4 If Organ Donation is an option at end of life the Specialist Nurse for Organ Donation can be contacted to support discussions with relatives and can be contacted via hospital switchboard or 24hr pager: 076 99 748 246. Organ Donation policy is located on Trust Intranet under Policies and Procedures: Acute Services

3.2.5 Care pathways that guide best practice in care of the dying should be considered when appropriate.

3.2.6 In circumstances where the patient’s/client’s death is sudden or unexpected, relatives must be informed of the death as quickly and as sensitively as possible by the most appropriate professional.

3.2.7 The Trust “Protocol for Actions to be taken following a Death in Hospital” which advises the steps to be taken following death in expected, unexpected and suspicious circumstances, must be followed. SHSCT Verification of Life Extinct Guidelines Version 3 (July 2012). If a member of staff providing care in the community arrives at a client’s home and find them deceased, they should follow their services procedure for reporting such deaths.
3.2.8 In the event of an expected death in the patient's own home, community staff should support the patient and relatives by coordinating nursing care and providing information on who to contact when death occurs i.e. the patient's GP or Out of Hours Service.

3.2.9 Following death, a number of steps must be completed to allow legal registration of the death and for a funeral to take place. These include:

- Verification of fact of death,
- Certifying the medical cause of death,
- and where appropriate, referral of death to the Coroner.

Medical staff with responsibility for these elements of care should follow the Trust Guidelines for the Verification of Life Extinct, the DHSSPS Guidance on Death, Stillbirth and Cremation Certification and Southern Trust Enhanced Monitoring Arrangements for Deaths where Clostridium Difficile or MRSA are mentioned on the Death Certificate. Registered Nurses who have been trained to verify death follow a procedure specific to their role in Verification of Life Extinct. **Procedure Verification of Death by Registered Nurse 2012.** Staff are asked to bear in mind that an Interpreter may be required to explain these processes to relatives.

3.2.10 All staff with recording and reporting responsibilities in relation to the death should ensure that appropriate audit documentation is completed e.g. Checklist after the Death of a Patient.

3.2.11 Where a medical team wish to talk to a family about considering or consenting to a Hospital Post Mortem Examination, and when seeking Consent for Histopathological Examination and Disposal of Early Miscarriages, the appropriate consent form and procedure for gaining consent must be followed. Advice for these procedures is available in the Laboratory Services Handbook and can be accessed via the Intranet. **Laboratory Services Handbook**

3.2.12 The procedures carried out to prepare a deceased patient's/client's body for viewing and confirming identification before transfer to a mortuary are termed Last Offices. In hospital these procedures will be carried out under the supervision of registered nurses and midwives within 2-4 hours of death as recommended by the Royal Marsden Clinical Procedures Manual 2011. The performance of last offices and any handling of the deceased must be informed by cultural and religious preferences. The Trust's Multicultural and Beliefs Handbook for HSC staff contains advice and guidance for death and care of the dying. **Royal Marsden Manual**

3.2.13 In hospital settings when last offices procedures are complete, the deceased must be respectfully transferred to the mortuary or body storage
facility. Staff with the responsibility for the transfer will ensure that an agreed minimum set of information is transferred with the deceased on the Transfer of Deceased to Mortuary Form to allow risks, such as infection control, to be managed. **Body Transfer Form 1A - Adults and Children/ Body Transfer form 1B - Baby and Fetus over 12 weeks gestation**

3.2.14 Care directorates developing local procedures and protocols for the transfer and release of deceased patients e.g. stillborn babies, release from care premises with no staffed mortuary etc, must ensure that such procedures meet the requirements of the Trust Policy for the Management of the Death of a Patient/Client.

3.2.15 The Trust expects that the release of deceased patients/client’s to Funeral directors will only occur when the Medical Certificate of Cause of Death has been completed.

3.2.16 On the rare occasions when a doctor who can complete an MCCD is not immediately available e.g. over a weekend or public holiday it may be appropriate for the duty doctor to issue a ‘letter of release’ to allow discharge of the deceased from the mortuary to the funeral director. A proforma letter with guidance is available on the bereavement section of the Trust intranet.

3.2.17 The Mortuary team will assist the Coroner and his representatives i.e. The PSNI, where a body is to be transferred to State Pathology, Belfast for a Coroner’s post mortem examination. Further advice is available in the Mortuary Services section of the Laboratory Handbook.

3.2.18 The Mortuary team will coordinate the transfer arrangements for hospital post mortem examinations on miscarriages, stillbirths, neonates and children, which are carried out in the Paediatric Pathology Department at the Royal Victoria Hospital, Belfast.

3.2.19 The Southern Trust is licensed to conduct hospital post mortems at Craigavon Area Hospital. The Designated Individual named on the license for post mortem examination has responsibility for this aspect of care and will ensure operational policies comply with the relevant legislation and guidance. (Human Tissue Act 2004 and Human Tissue Authority Codes of Practice 1-5)

3.2.19 In certain circumstances it may be necessary to retain tissue from the deceased either before a medico-legal post mortem is carried out or where there is no consent for a hospital post mortem examination. Examples would be sudden unexpected death in infancy or suspected but unproven metabolic and genetic disorders. The SHSCT HTA Licence permits these activities to take place in the Emergency Departments,
Labour Wards and Paediatric Wards of Craigavon Area and Daisy Hill Hospitals

3.3 Communication, Information and Resources

“That people who are dying and those who are affected by bereavement will have access to up-to-date, timely, accurate and consistent information in a format and language which is appropriate and will be helpful to their particular circumstances and consistent with their needs, abilities and preferences. Staff will remember that the availability of written and other information does not negate their personal support role”

3.3.1 Staff should take care to communicate clearly, effectively and sensitively with relatives during the dying and grieving process by providing information on the patient’s/client’s condition, available facilities for rest and refreshments, access to Multi-denominational quiet rooms etc.

3.3.2 Throughout the process of dealing with the death, relatives must be kept informed and offered written information that supports verbal communication and explains practical next steps and procedures. A number of booklets are available for death and bereavement in particular circumstances. The Trusts ‘Coping with Bereavement’ booklet has been developed to meet the information needs of bereaved relatives i.e. it explains the medical certificate of cause of death, how to register the death, local bereavement support etc and should be offered to relatives following a death as part of their care. It is available on the Trust Intranet in Polish, Portuguese, Russian, Lithuanian and Tetum and can be made available in other formats and languages upon request. Coping with Bereavement - relatives information booklet 2013

3.3.3 In the event of a hospital post mortem examination being considered, the person seeking consent must have up to date training in the process of obtaining informed and valid consent. Relatives should be offered the relevant age specific DHSSPS booklet that explains the procedure. http://www.dhsspsni.gov.uk/postmortem

3.3.4 When a Coroner orders a post mortem examination, this should be explained to relatives by a member of the medical team responsible for the patient’s care. Relatives should be offered the relevant booklet explaining this process i.e. Coroners Post Mortem Examination; Information for Relatives. Coroners Service information

3.3.5 Ward managers should endeavor to keep a stock of these booklets with the death certificate book. The Trust’s Bereavement Coordinator can be contacted for advice on sourcing these printed resources. (028 38613861)
3.4 Creating a Supportive Experience

“That those who are dying and their families will be afforded time, privacy, dignity and respect and, wherever possible, given the opportunity to die in their preferred environment with access to practical, emotional and spiritual support based on their individual needs and preferences.”

3.4.1 Dying and bereaved people will have access to a range of individuals within the Trust appropriate to meeting their needs and preferences. This support may include chaplains, specialist nurses, social workers, clinical psychologists, counseling services, patient support personnel and other clinical staff as deemed appropriate.

3.4.2 The Trust’s visiting policy must be reviewed on all occasions where death is anticipated. The patient’s family must be given the opportunity to be with their relative, child, partner or friend when they die unless the patient has directed otherwise.

3.4.3 In hospitals, every effort should be made to ensure that dying patients are cared for in a single room where possible. In any event, and in all care settings and circumstances, staff should maintain the dignity and privacy of the person who is dying or has died and the bereaved relatives.

3.4.4 Relatives present at or just after the time of death should be allowed some private time alone with the deceased if they wish. This time may be distressing for relatives and efforts should be made to prepare the deceased and surrounding area for viewing. Care should be taken when returning the personal belongings of the deceased to relatives. The purple hessian family handover bag is available for this purpose.

3.4.5 In the hospital or community setting, if the circumstances of the death appear suspicious or the scene raises concern, do not move the body. Follow the “Protocol for Actions to be Taken after A Death” in the Verification of Life Extinct Guidance. SHSCT Verification of Life Extinct Guidelines Version 3 (July 2012)
3.5 **Knowledge and Skills**

“That Health and Social Care organisations recognise the value of a skilled workforce by ensuring that those coming into contact with, or caring for people who are dying and those affected by bereavement are competent to deliver care through continuing professional development; and by having systems in place to support them.”

3.5.1 The Trust recognizes the value of a skilled workforce in ensuring the delivery of safe and effective care to the dying, the deceased and to bereaved relatives. Staff working with the dying and bereaved should be supported to gain appropriate skills through a variety of methods such as induction training, in-service training and supervision.

3.5.2 Managers should use opportunities for professional review and appraisal to ensure that staff providing bereavement support and care are competent to do so.

3.5.3 Managers should be aware of the impact of potentially traumatizing and distressing situations occurring as a result of caring at the time of death and offer support to staff accordingly. This includes students on placement and staff new to working in health care roles and facilities.

3.5.4 Staff who are exposed to potentially traumatizing or distressing situations are encouraged to seek support from their line managers and through occupational health services as required. Employees can also avail of Carecall, the confidential 24 hour counselling service on 0808 800 0002.

3.6 **Working Together**

“That good communication and co-ordination will take place within and between individuals, organisations and sectors, to ensure that resources are targeted efficiently and effectively and that there is integration of care to meet the needs of people who are dying and their families, friends and carers.”

3.6.1 In some circumstances, in the days or weeks following a death, a meeting with professionals who were involved in the care or treatment of the deceased at the time of death can be of benefit to the bereaved. The option of such a meeting or visit should be facilitated as appropriate.

3.6.2 Capturing the views of relatives on the quality of care received by the deceased should be encouraged and will be used to evaluate the effectiveness of care delivered and to improve services. Any such comments, suggestions, compliments or complaints should be made as
per the Trust’s “We Value Your Views” leaflet, which can be provided by any member of staff. **We Value Your Views Leaflet**

3.6.3 Where the services or goods of private, voluntary and charitable organisations are used by the Trust to provide any element of care, information or support, at any point before or after death, such arrangements should be governed by a service level agreement.

4. **REFERENCES**