Sunderland NHS
Teaching Primary Care Trust

ST BENEDICT'S HOSPICE

Care of the Dying and Bereaved

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PHILOSOPHY

Sensitive handling of issues by staff at the time of death will facilitate the grieving process for relatives and other clients. Relatives, in their shock and sorrow, frequently do not take in all that is said to them and repeated explanations may be necessary.

The procedures to be followed when caring for dying patients and their relatives/ significant others have been collated in this booklet. It aims to explain the administrative and legal requirements which should be followed and also provide guidance to all staff. It also contains relevant addresses and telephone numbers.

SECTION A - BEFORE DEATH

1. Preparation and Planning

1.1 Preparing for death and coping with bereavement can be managed better if patients, relatives, carers and staff have time to plan and prepare. Staff and carers in particular need to be able to discuss the death in a supportive and facilitative fashion to enable patients and relatives to begin the process of coming to terms with what is almost always a major life crisis. It is the responsibility of those managing the care to ensure that there is sufficient information and time and to provide private space if available. It is all staff's responsibility to provide emotional support and comfort to the dying patient as well as initiating and facilitating the bereavement process for the relatives. The nursing care plan/integrated care pathway is the place to document issues such as resuscitation decisions and patient's wishes as to funeral arrangements.

2. Information and Communication

2.1 Staff should check that information regarding the next of kin or the person to be contacted, if this is different from the former, is recorded in the nursing documentation.

2.2 Staff should ensure, as far as possible, that relatives or close friends know of clinical progress and the possibility of death.

2.3 Nursing staff should offer the opportunity of a meeting with the patient's doctor, where possible, to discuss concerns and all information imparted should be recorded in the nursing documentation.

2.4 Staff should make themselves aware of the patient's religious and cultural beliefs and any appropriate action that must be taken, e.g. a Muslim patient may wish to face Mecca.

3. **Presence of Relatives/Close Friends at the Time of Death**

3.1 Opportunities should be made available for the patient to discuss the details surrounding death particularly with regard to going home. If the patient expresses a wish to go home this should be discussed with relatives and the appropriate services arranged.

3.2 Arrangements to visit should be discussed with relatives in accordance with the patient's wishes.

3.3 Relatives should be given the opportunity to stay with the patient until death occurs.

4. **Privacy and Confidentiality**

4.1 The movement of dying patients should be sensitive to the patient's wishes and needs of the ward.

4.2 A private room should be available for consultation with relatives.

4.3 Arrangements should be made available so relatives can hold private telephone conversations.

4.4 Where a private room is available, it should be offered for use to relatives and beverages provided as appropriate.

4.5 Patients/clients should be asked if they wish to see a chaplain or spiritual advisor.

4.6 The full-time Anglican chaplain or on-call chaplain, will supply information for other faiths where known.

4.7 A chaplain is on call 24 hours a day. Please tell the switchboard if you need the R/C or the C/E chaplain.

5. **Nursing**

5.1 The Trust employs a team of palliative care specialist nurses who work in the hospital and community providing advice and support to families, carer's and health care professionals on issues surrounding death and dying.

5.2 The team can be contacted via the hospital switchboard or further information on the service obtained through St Benedict's Hospice.

6. Medical Issues

6.1 Resuscitation

A medical decision as to whether a patient will be resuscitated should be recorded in the patient's notes. All nursing staff should know whether a patient is to be resuscitated. (See 'Do Not Attempt Resuscitation' policy).

6.2 "Broken Heart" Syndrome

Relatives of dying patients may themselves be prone to illness when the patient dies. The "Broken Heart" syndrome is more likely in those people whose trust in themselves and/or others is low. It is also associated with a previous history of psychiatric illness, intolerance of stress and threats of suicide. (See Colin Murray Parkes article in Oxford Textbook of Palliative Medicine). Being aware of this may enable medical and nursing staff to find appropriate medical and counselling support for the bereaved after the death of the patient/client.

7. Legal Issues

7.1 Wills

Patients/clients should be helped to contact a solicitor of their own choosing when arranging to make a Will. A solicitor will usually visit the hospice if requested.

Where no family is present nursing staff may be requested to witness the patient making the will.

Details of the procedure to follow for relatives of those who die without making a will can be found in the DSS booklet "What to do after a death in England and Wales".

7.2 Living Wills

Living wills, also known as Advance Directives or Advance Statements, in certain forms do have full effect in common law. A court ruling found that a valid advance refusal of treatment made when the patient was capable was upheld. The exception is when treatment is being given under Part IV of the Mental Health Act.

7.3 Procedure for Marriage in Extreme Situations.

7.3.1 A patient who is not expected to recover and is too ill to be moved to a place registered for the ceremony i.e. a Registry Office or Church, may wish to be married.

7.3.2 Where the parties wish to be married by licence of the Registrar General by any non Anglican ceremony, the intended spouse of the patient must give notice of the marriage personally to the Superintendent Registrar at Sunderland. (See Appendix I for office times).

7.3.3 The Registrar will need a letter from the registered medical practitioner showing that the patient is seriously ill, is not expected to recover, cannot be moved to a place where a marriage would normally be solemnised and is able to and does understand the nature and purpose of the marriage ceremony. The medical practitioner must state that they are in attendance of this person, date, sign the letter and add their qualifications.

7.3.4 For emergencies, out of normal office hours, contact the Civic Centre 24hr emergency number Tel. No. 553 1999 and ask for the home number of the Superintendent Registrar.

7.3.5 Where they wish to be married according to the rites of the Church of England the applicant should be advised to approach the Anglican Chaplain at the hospice.

8. Spiritual Issues

8.1 A patient near to death, or the relatives, may request prayers for the dying, in which case the appropriate chaplain should be bleeped via the switchboard. If the patient requests, baptism, confirmation or marriage the appropriate chaplain should be informed.

8.2 For a person of another denomination or faith not represented by the hospital chaplaincy, a minister of religion or appropriate religious representative may be called if requested. The family may give a name of someone they want contacting otherwise contact the chaplain on call for advice. The needs of the dying person and their family from differing religious and cultural groups should be respected. The needs of prayer, and facilities appropriate to the faith of the dying person should be made available wherever possible.

8.3 Arrangements for a Jewish Patient

8.3.1 If a Jewish patient wants a Rabbi or Minister, please use the numbers below and explain what is needed.

8.3.2 1st Contact - Ivor or Lila Saville -Tel. 5229710 (am or pm)
2nd Contact - Mr Nat Sterrie (N/castle) -Tel. 2852735 (am or pm)
3rd Contact - Mr Bernard Lewis -Tel. 2855501 (am or pm)

8.4 Arrangements for a Muslim Patient

8.4.1 Before death, it is important for a practising Muslim to recite the articles of their faith. Their relatives or Imam should be called to assist in those prayers. In their absence, any practising Muslim can give help and religious comfort. The patient may wish to face Mecca.

8.4.2 Contact;-

		Tel. No.
Chester Rd Mosque		5658708
Immam Uddin	Home	5673641
Hendon Mosque	no telephone no. at mosque	
Immam Moulana Sabir Ahmed (English speaking)	Home	5102375
Immam Kamal Uddin (English speaking)	Home	5657869

or Community Workers

Mr & Mrs Choudhury	Monkwearmouth Health Centre	565 4462
	Home	564 2416

8.5 Arrangements for a Sikh patient

President Chairman at the Gurudwara Temple 567 2939

Manjit Singh Cheema 567 5353
Mobile 07702 272829

SECTION B - IMMEDIATELY FOLLOWING DEATH

1. **Notification of Relatives/Close Friends if they are Present at the Death.**

1.1 It is usually the responsibility of a doctor to verify the death of the patient, for verification of death by nurses, see 'verification of expected death of an adult' policy.

1.2 The appropriate person should inform relatives of the patient's death as soon as possible.

1.3 Relatives should be given time to spend with the deceased if they wish to do so.

1.4 Staff should ensure that practical help and comfort are given, including access to the telephone and beverages if required. Privacy will be maintained as far as possible.

1.5 Relatives and friends should be given a clear statement of what occurs next in terms of procedure.

1.6 Relatives and friends should be informed that a chaplain is available if they wish to see them.

1.7 If information about other faiths is required the Church of England Chaplain will endeavour to supply the information.

1.8 If staff are concerned that relatives require more support, e.g. if he/she is alone or needs transport late at night the Church of England Chaplain is available for support.

1.9 In the case of an expected death, a death certificate should be issued to the relatives as soon as possible. Where there is an unexpected death/suspicious death, relatives should be informed that there might be a delay due to the involvement of the Coroner. The role of the Coroner will be explained to the relatives.

1.10 Relatives should be given information of where to register the death and the times that the Registrars Office is open. See Appendix I.

1.11 The nurse should ask the relatives whether they wish to wait for property or whether they wish to collect this later.

1.12 Staff should remember that following the death, the body, with the exception of there being a Corner's case, is the property of the next of kin

and their wishes should be respected. Some relatives may wish to take the body away quickly for religious reasons (burial within 24 hours).

1.13 Relatives are advised that they will need to contact a Funeral Director of their choice. Funeral Directors are listed in the Yellow Pages.

2. Notification of Relatives/Close Friends if they are Not Present at Death

2.1 Staff should have previously ascertained whether relatives wish to know immediately when death occurs or to be informed later. Religious and cultural reasons should be taken into account; some families need to be with the person when they die or very soon afterwards.

2.2 Consideration should be given as to whether it is necessary to disturb an elderly person at night. This information should be documented in the care plan.

3. How to Inform Relatives

- Telephone Call
- Letter by taxi.
  (This applies to local area only. A letter may be sent where there is no telephone contact. A tactful note asking relatives to contact the ward may be adequate. The taxi driver should be instructed to hand the letter to someone at the address or return it to the ward if not delivered).
- Hospital Chaplains
- Local Clergy
- Social Workers, if the family is known to Social Services.
- Health Visitors
- District nurses – if known to the family
- Police. Although the police are trained in breaking bad news, this should be avoided if possible as it could cause unnecessary stress. However it might be the only means where relatives live in other counties.

Once the relatives/close friends have arrived the procedure should be followed as above.

SECTION C - FOLLOWING DEATH

1. **Suicide**

1.1 Anyone attempting suicide should be given prompt medical attention and be resuscitated if appropriate.

1.2 In the event of a suicide on the ward, the nurse in charge will arrange for the body to be screened affording as much privacy as is possible.

1.3 The nurse will then contact the Doctor and the senior nurse. Outside office hours ask the switchboard to contact the Duty Matron and Director for the STPCT.

1.4 The senior nurse will notify the police, the director of nursing and the next of kin of the incident.

1.5 An incident form will be completed before the ward staff on duty leave the ward.

1.6 The Police will visit the ward and usually take a verbal account of events relating to the patient. At this point a decision to contact the Coroners Office will be made.

1.7 When the Police/Coroners Officer have concluded their examination on the ward, they will give permission for the body to be removed. No clothing should be removed and the patient should be taken to the mortuary as found in order that vital evidence is not lost. The body should be placed in a body bag to facilitate this movement. The nurse will contact the Porters for the body to be taken away.

N.B. Supplies of body bags are available from Accident and Emergency Department.

1.8 The nursing notes should be completed before the nursing staff leave.

1.9 Within the next few days an appointed internal officer will take written statements from the staff concerned.

1.10 A debriefing session, arranged by the whole clinical team, should be encouraged. Staff support will be offered through the Staff Advisory Service.

N.B. Where a patient is discovered outside of the ward area the nurse in charge of the ward will be contacted and the above procedure

implemented.

2. **Organ Retrieval (see also tissue donation policy)**

2.1 Where patients have died as a result of a malignancy then the only suitable organ for donation are the corneas

3. **Corneas**

3.1 The Corneal Tissue Act 1986 permits the removal of eyes or parts of eyes by persons who are not medically qualified, subject to appropriate safeguards which are specified within the Act.

3.2 The following procedure has been agreed with City Hospitals Sunderland:-

3.2.1 Medical or nursing staff who have been caring for the dying or dead should provide the family/ legal guardian with an opportunity to make the eyes/ corneas available for corneal grafting.

3.2.2 Where it is known that the death will result in a coroner's case then the coroner or his representative will be contacted for permission to remove the eyes (Tel. No. 0191 454 7555 ask for the coroner on call).

3.2.3 **As soon as possible after death** and of necessity within 24 hours, if the body is in refrigeration, but 4-5 hours otherwise, ascertain that the patient and relatives had no objection to the removal of the eyes/ corneas.

Note: taping of the eyelids protects the integrity of the corneas.

3.3 Consent can be obtained by the following methods:

- Completion of the post-mortem declaration form, particularly Section II, which must be completed by the relative.

- Written consent from the relative contained in a letter or patient casenotes.

- A written record of verbal consent from the relative, usually recorded in the patient's casenotes, to include the relative's details, date and time of consent and to whom consent was given.

(Contact the Duty Senior Nurse at Sunderland Eye Infirmary on Bleep 56516 who will arrange for the retrieval nurse on call to remove the eyes/corneas.)

3.4 The following information will be needed;

- Name, address and date of birth of patient.

- Time and cause of death.
- Details of relative who has given consent.
- Any contraindications for retrieval i.e. HIV, Hepatitis.
- Any history of eye disease, operations.
- The expected location of the body at the time the retrieval nurse is available. (ward, mortuary)

Note: A 10 ml sample of blood is required to test for HIV and Hepatitis A, B, and C. It is preferable if the sample is taken by the doctor or nurse caring for the patient soon after death, especially if venous access is present. The retrieval nurse can then collect the sample. A 10ml white or orange capped tube is suitable.

3.5 Cadaver Appearance

Following enucleation of the eyes, the retrieval nurse will ensure that the facial appearance is suitable to enable viewing by relatives. However, it is the responsibility of the nurse arranging viewing of the body to ensure that a suitable appearance still exists prior to viewing. Should there be a need to adjust facial appearance then the retrieval nurse will be called immediately to allow for readjustment prior to family viewing.

Under no circumstances should the relatives view the body until readjustment has taken place.

3.6 Suitable donors are:-

- No age limit.
- No history of eye disease or eye operation.

3.7 Absolute contraindications are:-

- HIV/ AIDS
- Creutzfeldt - Jacob Disease
- Hepatitis A, B, and C.

4. **Clinical Trials.**

4.1 When a patient, who is participating in a clinical trial dies, the investigating staff in the Trust conducting the trial need to be notified at the earliest opportunity. They will then notify the Ethics Committee and Drug Company in turn.

Patients who are in specific trials may need to have prosthesis removed in order to provide clinical evidence. Patients who are entered into trials will have that information highlighted on the front of their medical records.

Any patient in such a trial will need to be taken to the acute hospital for such a procedure.

5. Cardiac Pacemakers

5.1 Where a patient fitted with a cardiac pacemaker has died it is desirable for the pacemaker to be removed and returned to the cardiac department which implanted it for checking and evaluation of its performance so that knowledge can be gained for the benefit of future patients.

5.2 If the patient is to be cremated it is ESSENTIAL that the pacemaker first be removed since if heated to a high temperature, pacemakers are liable to explode and give off toxic fumes which could be hazardous to cremation staff or premises.

5.3 A doctor from the hospice team may be able to remove the pacemaker.If this is not possible the patient must be taken to Sunderland Royal Hospital mortuary for the removal of the pacemaker.

6. Last Offices

6.1 Regard for religious and cultural practices should be observed. It is necessary, in all non Christian religions, that the next of kin are contacted with regard to arrangements for the last offices unless these have already been identified. Patients of certain religions will often be removed from the hospital to another place where relatives and friends may perform last offices. In this case it will be necessary to have the death certificate ready. Hospital chaplains will act as a source of information for ward staff when dealing with other cultures.

For Christians relatives should be made aware that the hospital chaplain is available to say prayers with the relatives at the bedside.

6.2 Last offices should be carried out bearing in mind the sensitivity of other patients.

6.3 Preparation of the Deceased Patient

- Ascertain whether the family has any special requests for clothing or how the patient should be presented.
- Enquire, if appropriate, whether the main family carer wishes to be involved in the last offices with a member of staff.

- Wedding ring should be taped to the finger.

- The patient should be dressed in own night attire or whatever patient or relatives have requested.

- Infectious patients should be placed in a body bag first before being wrapped in a sheet. (see section 14)

- Contact the porters or funeral directors to transfer the deceased to the mortuary or undertaker's chapel of rest.

- Where it is known that a patient/client wishes to have valuable property (other than a wedding ring) left on them after death, an indemnity form should be completed and witnessed. The property must be described using terms of "white" or "yellow" metal and the colour of any stones. No attempt should be made to state "silver", "gold" or to name the stones.

6.4 Arrangements for a Jewish Patient

6.4.1 On death, Jews are left in their death clothes by staff with any dressings in place and the arms straight down by the side. A body may be moved to the mortuary. Whether the body is in the mortuary or the hospice, a member of the Sunderland Hebrew Burial Board will come with the undertaker to collect it (see Section A, 8.3).

6.4.2 If there is no family, the Representative of the Burial Board is empowered to receive the death certificate and will attend the Registrar's office appropriately.

6.4.3 Orthodox Jews are never cremated nor should the body be mutilated after death, e.g. by organ donation. Although a post-mortem examination cannot be denied in certain cases, i.e. coroner's cases, they should be avoided if at all possible.

6.4.4 Despite the above, in the unlikely event (in Sunderland) of someone wishing to be cremated or to donate organs, the family will be aware of this and will make the proper arrangements.

6.5 Arrangements for a Muslim Patient

6.5.1 Any discussions with the family about last offices for a Muslim patient should be documented in the care plan. At death contact the relatives who may wish to come and take the body away to perform last offices. Nursing staff should not wash the body; if there is a need to move the body, male patients should be attended by a male nurse and female patients by a female nurse. All nurses should wear disposable gloves.

Additional advice for arrangements can be discussed with Mr Aklu Miah, 2 Washington Street, Tel. No. 5100493.

6.6 Arrangements for the Bereaved to View the Body in Privacy and Suitable Surroundings

6.6.1 If relatives wish to view the deceased after last offices, the deceased may be viewed in a side ward, bedroom or viewing room. The nurse should visit the room prior to the relatives to ensure that the sheet has been removed from the face and chest and the body is ready, i.e. no fresh bleeding has occurred. The nurse should accompany the relatives to the room and should ask if they want some time alone.

6.6.2 If the patient has died of a transmissible disease, please refer to section 14 – Death of a Patient with a Transmissible Disease/Pathogen.

6.6.3 If the deceased is in a dramatically altered state due to the process of death, the visitors should be warned in order to make an informed decision whether to view the body or not.

6.6.4 If there is an offensive odour an electric aromatherapy lamp can be placed in the room beforehand or an appropriate deodoriser may be used.

7. Cases that Require Referral to the Coroner

7.1 It is the responsibility of the medical staff that the Coroner or his office should be notified if there is any likelihood or even possibility that:-

- adverse comment being made about the treatment or care of the deceased person.
- the death might have been due to or contributed to, by drugs, medicine, or poison.
- the death might have been due to or contributed to, by the employment followed at some time by the deceased.
- deaths obviously following suicide or injuries and deaths where violence may be thought to be a contributory factor however remote.
- deaths particularly amongst elderly patients who have suffered from thromboembolism due to, for example, a fractured femur, where the fracture was due to a fall or accident.

8. Arrangements for Post-Mortem Examination

8.1 The request to carry out a post-mortem on a deceased patient is normally made by a member of the medical staff or the coroner. Hospital post-mortems are normally requested for one of two reasons:

- to verify the cause of death,
- to study the effects of treatment which may involve the retention of tissue for laboratory study and other purposes,

8.2 The next of kin must give written consent before a hospital post-mortem will be performed. This should only be requested when it is known that the deceased or a relative did not object to this and these wishes should be respected wherever possible. For religious reasons, Hindus, Jews and Muslims particularly object to post-mortems.

8.3 When requesting a post-mortem staff should take account of the relatives' grief and be sensitive as to how the post-mortem examination is explained and requested. The consent form, together with a Request for Post-Mortem form, completed by the doctor, should be attached to the patient's case notes and taken to the mortuary before the hospital post-mortem will take place. All local post-mortems take place at Sunderland Royal Hospital.

9. **Certification of Cause of Death**

9.1 This is at all times the responsibility of the registered member of medical staff who has attended the patient during their last illness. This member of medical staff must follow the detailed guidance in the section "Notes for Medical Practitioners" at the beginning of the book containing the Medical Certificates of Cause of Death.

9.2 If the cause of death is known and there is no possible doubt that the cause is natural, a death certificate is issued to the next of kin. (Refer to section 12 – Registration of Death and Funeral Arrangements.)

10. **Informing the Family Doctor**

10.1 When a patient dies, the Consultant (or appropriate deputy) must ensure that full particulars of the patient and cause of death are noted. The ward clerk must then inform the Family Doctor's surgery by the next working day or if occurring during a weekend, by the first working day.

11. **Cremation Forms**

11.1 Requests by undertakers for the completion of Cremation Forms will be made through the General Office at Monkwearmouth Hospital.

11.2 The staff in these departments will explain to the undertaker the appropriate method of obtaining the completed form as medical staff will not always be based on site and it may be necessary for doctors to come from another hospital to complete the forms.

11.3 At Monkwearmouth Hospital a record will be kept of undertakers requesting completed Cremation Forms. The record will include the name and ward or home of the deceased; the name of the undertaker; the date the forms were requested; the name of doctors; the date money received and the signature and date of the doctor receiving the money.

11.4 The medical staff on the ward where the deceased died will be responsible for returning the completed forms to the appropriate office.

11.5 Fees are payable under category II work for Part C of the Cremation Certificates. A registered medical practitioner of not less than five years standing must complete form C. The doctor must not be a relative of the deceased; not have been involved in the treatment of the deceased, nor shall be a relative or partner of the doctor who has signed the certificate in Part B. A hospital doctor in a training grade may complete the medical attendant's certificate in Part B of the confirmatory certificate.

12. Registration of Death and Funeral Arrangements

12.1 Procedure where relatives/friends are willing to make funeral arrangements

12.1.1 The relatives/friends should be contacted in accordance with this policy and offered support as above.

12.1.2 The relatives/friends should be advised by nursing staff of the arrangements to collect the property of the deceased and for registering the death with the Registrar of Births and Deaths in the Borough of Sunderland. (See Appendix I for office hours.)

12.1.3 Most funerals are arranged by funeral directors. A funeral director may be contacted immediately and will advise on all aspects of the funeral arrangements in accordance with the person taking responsibility for the funeral.

12.2 Procedure where relatives cannot afford to make the funeral

arrangements.

12.2.1 Current booklets from the Department of Social Security offer advice on help with the cost of a funeral. To qualify the relative must be in receipt of income support, income based jobseekers allowance, tax credit, housing benefit, council tax benefit or disabled person's tax credit and it must be reasonable to expect the relative to take responsibility for the funeral expenses. Any payment received from the DSS will have to be paid back from any estate of the deceased.

12.2.2 Relatives/friends should be encouraged to register the death even if they are unable to make the funeral arrangements.

12.2.3 Information should be sought of the relatives/friends of any known wishes of either the deceased or themselves regarding funeral arrangements. These should be met wherever practical/possible.

12.3 Procedure to follow when no one will take responsibility

Staff from STPCT/St Benedict's Hospice will:

- Check the financial position of patient, i.e. monies held, investments, bank books, pension and allowance books.
- Register the death at the Civic Centre ;
- If a cremation is arranged, obtain booklet for entry to be made in the Book of Remembrance at the Crematorium,
- Notify the contract funeral director with information regarding;
    - collection of death certificate,
    - cremation or burial (check to see if there is a plot of land held on behalf of the patient/client)
    - religion, requesting advice concerning non-Christian funerals,
    - contacting the Chaplain,
    - announcement in the newspaper (to give name of deceased, hospital/ home and date of death and funeral arrangements)
    - flowers approximately £50
    - arrangements regarding Funeral service i.e. crematorium, graveside, church, who should officiate

N.B. Cremation will be arranged unless a specific request has been made by the patient for a burial.

- Complete appropriate forms for the funeral director.
- Inform the ward and any known relatives of funeral arrangements.
- Complete financial forms regarding property held and funeral

arrangements.

- Notify DSS and any other agencies from whom income has been received.

- A book of remembrance is held at Monkwearmouth Hospital. STPCT staff will send a form to the next of kin where known or ward staff for completion and return it to the Chaplain who will arrange inclusion in the appropriate book.

13. **Disposal of a Body Contaminated by Radio Active Material**

13.1 The Radiation Protection Adviser for hospitals in the Sunderland District can be contacted in the Medical Physics Unit, Sunderland Royal Hospital, for advice.

14. **Death of a Patient with a Transmissible Disease/Pathogen**

14.1 Porters must be informed by telephone of the impending arrival of a body, which presents a possible risk to health

14.2 All bodies labelled "danger of infection" must be totally enclosed in a leak proof body bag. The sheet should be wrapped around the body bag so that the bag is not undone in order to view the body.

14.3 The body should not be removed from the bag, nor the bag opened except for the purpose of pre-cremation certification.

14.4 If relatives insist on seeing the body in a high-risk case, they may be allowed to see the face only. They must strongly be discouraged from kissing or touching the face.

14.5 When for religious purposes there is a requirement to wash the body, those concerned must be clearly warned of any risk of infection.

14.6 Relatives asking if a patient died from infectious disease should be told that the body carries a known or suspected health risk and should be referred to the consultant concerned with the case. Relatives/friends who are worried about having been exposed to the infection should be referred to an appropriate clinician.

14.7 These regulations apply to infections with pathogens in hazard groups 3 and 4 and include;-
- Tuberculosis

- Brucellos
- Psittacosis
- Typhoid and Paratyphoid
- Hepatitis B (also Hepatitis b + Delta and Hepatitis C)
- HIV

If in doubt contact one of the Medical Microbiologists or the Infection Control Department who have access to the complete list.

14.8 General Hygiene

- Disposable gloves should be worn when handling bodies.
- Open wounds particularly on the hands, must be covered by a waterproof dressing before handling a body.
- Hands must be washed after handling a body and before leaving the mortuary.
- At all times bodies should be treated with respect.

14.9 The person responsible for safety in the mortuary or an appointee must ensure that undertakers are aware of and follow the requirements of the local safety rules. In particular, advice provided in PL/CMO(88)8 "Information to Undertakers - Infectious Diseases" should be applied.

15. Property and Valuables of Deceased Patients/Clients

15.1 Clothing and Property

Unless the deceased is subject to a Coroner's enquiry, clothing and other property remaining on the ward at the time of the patient/client's death may be returned to the patient/client's relatives. Details of the property must be entered into the Clothing Book and signed for by the relatives who will be given the white copy.

15.2 If any doubt exists over what should be handed over, or to whom, the property should not be handed over and advice sought from the senior nurse/director of nursing or out of hours the director on call for STPCT.

16. Staff Support

16.1 Support is available at any time for members of staff experiencing problems due to their involvement with dying patients and/or grieving relatives. Staff support should be offered by the Modern matron in consultation with the people listed below. Help is available through the Staff Advisory Service; Chaplaincy Dept Ext. 43370 ; Staff Health Ext. 49029 or the Independent Counsellor, who can be contacted via

switchboard. The Psychology Department will occasionally also be able to help – contact extension 49408.

17. **Grief**

17.1 Death will affect relatives in different ways. Studies show that some emotions are commonly experienced: anger, guilt, despair. The bereavement information booklet can be given to the relatives at the time of death. A few weeks later a leaflet about grieving will be sent out to relatives along with an invitation to the bereavement service and a form to complete to enter the relatives name in the Book of Remembrance.

APPENDIX I

THE REGISTRARS OFFICE

Office hours are as follows;

Civic Centre Sunderland Tel 553 1768

Monday - Thursday	9.30 a.m. - 4.30 p.m.
Friday	9.30 a.m. - 4.00 p.m.

An appointment needs to be made. Closed on weekends and Bank Holidays

Outside Offices at Area Council Offices. An appointment must be made to visit these offices. Ring 553 1768 for an appointment

Houghton	Thursday	2.00 p.m.	-	4.00 p.m.
Hetton	Tuesday	2.00 p.m.	-	4.00 p.m.
Washington	Tuesday	10.00 a.m.	-	12.noon
	Thursday	10.00 a.m.	-	12.noon

Deaths can be registered at any of these offices as they are all within the jurisdiction of Sunderland.