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EXECUTIVE SUMMARY

KEY MESSAGES

NHS Lothian has a Deaths in Hospital Policy and Procedure document. This document is based on national evidence and good practice on Deaths in Hospital and should be consulted for full details. This summary document sets out the key points for staff to consider and this, along with the full guidance document, will support staff, enabling them to carry out their responsibilities effectively and completely.

- The necessary paperwork and notifications must be completed promptly, effectively and completely
- Consideration must be given to the patient’s faith and cultural beliefs and wishes
- The death should be verified as soon as possible and always before the body leaves the ward. Appropriately trained nurses can verify expected death
- Medical practitioners must report certain deaths to the Procurator Fiscal
- The Medical Certificate of Cause of Death must be completed and issued to the family as soon as possible after the death
- The deceased should be prepared as detailed in the Care of the Deceased Adult Patient (Last Offices) Procedure or equivalent local procedure document e.g. for maternity, neonatal and child deaths
- NHS Lothian has a responsibility to provide safe custody for funds and valuables of deceased persons
- The deceased patient’s GP and other healthcare professionals must be notified of the death as soon as possible
- Where the patient is known to be dying, support relating to the communication, religious, spiritual and cultural needs of the patient and his or her relatives must be considered
- Use the recommended checklist to ensure all stages in the procedure have been followed
• All staff dealing with the deceased and their relatives must have the opportunity to access appropriate bereavement support, training and information

• Specific legislation and guidance exists for death of a child, neonates and stillbirth

MINIMUM IMPLEMENTATION STANDARDS FOR DEPARTMENTS

• The department has directed this policy and procedure to its managers and employees, who are involved with issues relating to death and bereavement. The department has assurance from those employees that they have read and understood this policy and procedure

• The department has a process to systematically consider the relevance of this policy and procedure to employees in their area

• All employees in the department are clear as to whether they are required to read and implement this policy and procedure as part of their duties

• All departments have established processes to be assured that this policy and procedure is implemented and that compliance is achieved, thereby reducing variation and inconsistencies in practice
SECTION 1 – POLICY

1. INTRODUCTION

It is essential that all members of staff, but particularly medical and nursing staff, are aware of their responsibilities in the event of an in-patient’s death.

The necessary paperwork and notifications must be completed promptly, effectively and completely in order to comply with the law and minimise, as far as possible, any further distress to relatives and friends.

All professionals involved in caring for the deceased and their relatives must do so in a compassionate and sensitive manner, as this is often the last service that can be provided for an individual and may help to ease the distress of those who are bereaved.

All staff have a duty to respect and maintain the confidentiality of patient information relating to the deceased.

NHS Lothian recognises and values the differences in people. In carrying out our duties as an employer and service provider we will act to promote equality for all regardless of age, disability, ethnicity, religion, gender or sexual orientation. We respect and uphold the right of individuals to the lawful expression of these differences.

2. AIMS OF THE POLICY AND PROCEDURE

- To provide a reference document for staff working within NHS Lothian
- To inform staff of their responsibilities and the managerial and practical arrangements in the event of a patient’s death
- To provide sensitive information to enable staff to care appropriately for deceased patients and their relatives and friends
- To identify the appropriate documentation to be used within NHS Lothian
- To ensure compliance with national standards and best practice
- To adhere to the principles contained within relevant professional Codes of Practice
- The policy and procedure have been subject to literature review and comparison with evidence from other health authorities across Scotland and the UK

3. KEY OBJECTIVES

- To provide a consistent approach to bereavement care across NHS Lothian
- To achieve accuracy, consistency and promptness in the completion of necessary paperwork
- To ensure that staff caring for bereaved relatives are well informed, supported, knowledgeable and compassionate
4. SCOPE OF THE POLICY AND PROCEDURE

The policy and procedure are applicable to all inpatient settings within NHS Lothian.

To reflect specific circumstances, NHS Lothian’s Women’s and Children’s Services have developed specialist, local procedures, which are available on site.

The policy and procedure have been written to reflect the roles of all staff in inpatient settings including medical and nursing staff, mortuary technicians, porters etc, who may come into contact with deceased patients and their relatives during their working day.

The terms ‘relatives’ and ‘family’ are used in the document to denote those who may be affected by the death of a patient and should also be taken to include non- familial relations such as partners, friends and significant others as appropriate.

5. KEY REQUIREMENTS

Death may occur in a variety of settings and the procedure document identifies the steps that must be followed.

6. TRAINING AND SUPPORT FOR STAFF

All staff dealing with deceased patients and their relatives must have the opportunity to access training appropriate to their roles as part of their induction, orientation and / or professional development.

Support is available for staff who are distressed by the experience of death or trauma, and those who experience personal bereavement.

7. AUDIT AND MONITORING

The following arrangements will be made to audit and monitor the effectiveness of this policy.

- It will be the primary responsibility of clinical staff to initiate audits in their local areas, to measure the impact of the Deaths in Hospital Policy & Procedure on practice
- Clinical competence will be monitored locally as part of the Personal Development Planning and Review Process
- Feedback will be sought from staff and relatives through a variety of feedback tools
- Complaints involving bereavement issues will be monitored through the NHS Lothian Complaints Procedure
• Completion of documentation will be monitored at local level by wards and departments

• The policy will be reviewed on a 3 yearly basis or more frequently in response to legislation, guidance, research evidence or other changes
AIM OF THE PROCEDURE

To provide guidance and direction for staff dealing with inpatient deaths in NHS Lothian.

SCOPE OF THE PROCEDURE

The procedure is applicable to all inpatient care settings within NHS Lothian, including hospitals and continuing care units.

These and any other local procedures should be used in conjunction with this overarching policy and procedure.

The procedure has been written to reflect the roles of all staff in inpatient settings, including Medical and Nursing staff, Mortuary technicians, Porters etc, who may come into contact with deceased patients and their relatives during their working day.

DESCRIPTION OF PRACTICE UNDER THE PROCEDURE

There are many steps in the procedure therefore the use of a checklist is essential to ensure all steps are followed and recorded.

For inpatient adult deaths, the Care After Death Checklist should be used (see Appendix 4).

1. VERIFICATION OF DEATH

1.1 The death should be verified as soon as possible and always before the body leaves the ward.

1.2 Deaths should usually be verified by a doctor, however deaths that have been identified and recorded as ‘expected’ may be verified by an appropriately trained registered nurse in accordance with NHS Lothian’s Nurse Verification of Expected Death Policy and Procedure.

1.3 All sudden, unexpected, unexplained or suspicious deaths, including those in which the causes might include accidents, errors, equipment failure or misuse, possible or probable suicide, etc (see Appendix 1) must be verified by a medical practitioner. A registered nurse will never verify a death in these circumstances.

1.4 The doctor / nurse responsible for verifying the death must observe the individual for a minimum of five minutes to establish that irreversible cardiorespiratory arrest has occurred. The absence of mechanical cardiac function is normally confirmed using a combination of the following:
Absence of a central pulse on palpation
Absence of heart sounds on auscultation

These criteria will normally suffice, however their use can be supplemented in the hospital setting by one or more of the following:

- Asystole on a continuous ECG display
- Absence of pulsatile flow using direct intra-arterial pressure monitoring
- Absence of contractile activity using echocardiography

After five minutes of continued cardiorespiratory arrest, the doctor / nurse should also confirm:

- Absence of pupillary responses to light
- Absence of corneal reflexes
- Absence of any motor response to supra-orbital pressure

**Box 1: Verification of Death - Summary**

STAGE 1 – Observe for minimum of five minutes to confirm cardiorespiratory arrest:

- Absence of central pulse on palpation
- Absence of heart sounds on auscultation.

STAGE 2 – After five minutes, confirm:

- Absence of pupillary responses to light
- Absence of corneal reflexes
- Absence of motor responses to supra-orbital pressure.

1.5 Confirmation of these criteria should be recorded in the patient’s notes and signed by the doctor / nurse verifying death who should also record the date and time of verification.

1.6 Extreme care must be taken in cases where confirmation of death may be more difficult, e.g. hypothermia, certain types of drug overdose and narcolepsy.
2. REPORTING A DEATH TO THE PROCURATOR FISCAL

2.1 Medical practitioners **must** report certain deaths to the Procurator Fiscal, including:

**Box 2: Types of Reportable Deaths**

- Unexplained deaths – i.e. doctor unable to certify cause to the best of his or her knowledge and belief
- Suspicious deaths
- Deaths from ‘unnatural’ causes, e.g. accident, suicide, drug-related
- Deaths of persons in (or subject to) legal custody
- Deaths from notifiable industrial / infectious diseases
- Certain deaths under medical care e.g. during an interventional procedure or administration of anaesthetic
- Deaths which might be thought to be due to neglect or surgical / medical mishap
- Certain child deaths including SUDI / SUDIC and the death of any child or young person who is ‘looked after’ by the local authority

2.2 Full details are contained in Appendix 1 *Reporting Deaths to the Procurator Fiscal*.

2.3 There is **no** specific requirement to report deaths occurring within 24 hours of admission, within 24 hours of an operation or when the patient had not been seen by their GP for some time. Deaths in such circumstances would be referred to a Coroner in England & Wales, but are not reportable to the Procurator Fiscal in Scotland.

2.4 If in doubt about an individual case, after consulting senior medical staff, contact the Procurator Fiscal for advice **before issuing a Medical Certificate of Cause of Death (MCCD)**.

2.5 Reportable deaths must be notified to the Scottish Fatalities Investigation Unit of the Crown Office and Procurator Fiscal Service as soon as possible after occurrence and before any steps are taken to issue an MCCD. In normal circumstances, death reports should be made during office hours. In situations of urgency, particularly where the death is suspicious or there are religious rites which require to be observed, a death report may be made outside office hours to the on-call service, contactable through Police Scotland, Telephone: 101. This facility should be used in exceptional cases only where the matter cannot wait until the next working day.

2.6 Deaths should be reported to the Scottish Fatalities Investigation Unit team in whose area the significant event leading to the death occurred. For most deaths in NHS Lothian this will be the SFIU East team based in Edinburgh.
2.7 Contact details for the regional Scottish Fatalities Investigation Units:

- SFIU East Tel. 0844 561 4110
- SFIU West Tel. 0844 561 2470
- SFIU North Tel. 0844 561 2669

2.8 When a death is reported, the Procurator Fiscal will require the following information:

- Details of the reporting doctor
- Full name of the deceased
- Age and date of birth
- Home address
- Place, date and time of death
- GP’s name, address and phone number
- Any religious / cultural preferences
- Nearest relative details: name, relationship, contact details and whether they have any special needs e.g. translation
- Reason for reporting the death to the PF
- Relevant past medical history and relevant medication
- Summary of main events prior to death
- Any special clinical questions / concerns to be addressed
- Whether the circumstances of the death and referral to the PF have been discussed with the nearest relatives. If so, who by, when, and have the family expressed any concerns about the circumstances
- Whether the reporting doctor is willing to issue an MCCD
- Cause of death if certification being offered
- Presumed cause of death if certification not being offered
- The name of the doctor who proposes to sign any death certificate
- Whether it is a suspected asbestosis / mesothelioma death

2.9 If the death is associated with medical care, the doctor reporting the death by telephone should also complete Form PM8 (see Appendix 2) and forward this to the Procurator Fiscal without delay.

2.10 Relatives must be informed that the death has been reported to the Procurator Fiscal, and given advice about what will happen next, and the likely timescales involved. The ‘When Someone has Died’ pack contains basic information on the role of the Procurator Fiscal in the investigation of deaths. Further information can be found in the COPFS booklet available from their website or Bereavement Service intranet.

2.11 Where applicable, Mortuary staff should be informed if a death is being reported to the Procurator Fiscal.

2.12 In cases where the causes of death might include accidents, errors, equipment failure or misuse, possible or probable suicide, etc, the area of death must be kept intact. All bedding, clothing, any relevant
equipment, medical devices or other items connected to the death, and the surrounding area must be left undisturbed until the relevant authorities (police and / or Health and Safety Executive) have investigated and given permission. Note that any disturbance of relevant items in such circumstances that was not required in attempts to save life, prevent injury or otherwise remove imminent dangers, could constitute interference with a potential crime scene – a serious criminal offence.

2.13 Medical interventional equipment should be removed prior to transfer of the body to the mortuary and the Procurator Fiscal process. However it is important that the sites of insertion or attempted insertion of medical equipment are clearly and accurately recorded to enable the Procurator Fiscal to distinguish actual injuries from appropriate medical interventions. The form in Appendix 3 may be used for this purpose.

2.14 Further information can be found on the Crown Office and Procurator Fiscal Service website at www.crownoffice.gov.uk.

3. COMPLETION OF MEDICAL CERTIFICATE OF CAUSE OF DEATH (MCCD) AND REVIEW PROCESS

3.1 The Medical Certificate of Cause of Death (MCCD or Form 11) must be completed as soon as possible after death, following discussion with a senior medical practitioner if necessary. The responsible Consultant (or other relevant senior doctor) must agree the content of the MCCD before it is issued. The certificate must be completed clearly and accurately and given to relatives promptly.

3.2 The certifying doctor is required to tick the relevant sections in boxes DH1, DH2 and DH3 on the MCCD confirming the existence or absence of any known public health risks or potentially hazardous implants to the best of their knowledge and belief. See Sections 6, 9 and 10 for further information on dealing with hazardous implants, infection risks and bodies containing radioactive material.

3.3 If a hospital post-mortem examination has been or is to be carried out, the medical certificate should be completed with box PM1 or PM2 ticked to indicate, respectively, whether the post mortem findings have been included in the certified cause of death or if further information may be available later.

3.4 In the case of deaths that must be reported to the Procurator Fiscal, the MCCD may only be completed if they are satisfied with the cause of death offered and that it does not require further investigation. In this case the certifying doctor should tick the “PF” box. You must not tick this box if you have consulted the PF only for advice and they advise that the death is not reportable.

3.5 The certifying doctor must:
Box 3: Completion of Medical Certificate of Cause of Death

- Ensure that both the MCCD and Record of Issue section at the front of the book are completed.
- Ensure that the dates are correct (DOB and DOD are often transposed).
- Do not use abbreviations or medical symbols.
- Provide proper diagnosis of cause of death, not just symptoms of disease or mode of death e.g. respiratory failure.
- Record the approximate interval between onset and death in **number** of days, months and years. Ticking the interval boxes is not acceptable.
- Provide as much details as possible, e.g. is a tumour malignant or benign; is pneumonia hospital or community acquired.
- Sign the form and write name clearly in BLOCK CAPITALS.
- Write all names in full – initials are not acceptable (including names of places e.g. AMU, RIE, etc).
- Clearly document the certified cause of death in the patient's healthcare records.

3.6 Detailed guidance is provided in **SGHD/CMO(2014)27 - Guidance for Doctors Completing Medical Certificates of the Cause of Death (MCCD) and its Quality Assurance.** This document can be found in **Bereavement Service policies section** of the NHS Lothian staff intranet or on the internet at: [http://www.sehd.scot.nhs.uk/cmo/CMO(2014)27.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2014)27.pdf)

3.7 The certified cause of death must be formally recorded in the patient’s healthcare records. This is important for future reference and audit purposes, particularly if the death is subject to independent review by the Death Certification Review Service (see Section 3.9).

3.8 The doctor completing the MCCD must ensure that its contents are discussed sensitively with the family, explaining any medical terms as appropriate. The certificate should be given to the family in an **unsealed** envelope with details of where and how they may register the death and information about the review process (see below).

3.9 The national Death Certification Review Service is responsible for conducting independent checks on the quality and accuracy of a random sample of MCCDs. Stillbirths and deaths reported to the Procurator Fiscal are exempt from the review process. See Box 4 for further information about the review process.

Box 4: MCCD reviews

**Level 1**

- Randomly selected.
- Approximately 10% of deaths (excluding stillbirths and deaths reported to PF).
- Medical Reviewer will check MCCD and speak to certifying doctor (or medical colleague).
- Expected to be completed within 1 working day.
3.10 The random selection process will happen when the MCCD is presented to National Records of Scotland (NRS) randomisation software. For deaths in hospital, when the death is certified by the doctor completing the MCCD by hand, this will generally be when family go to register the death.

3.11 When a certificate is selected for review there may be a short delay in completing the registration and finalising funeral arrangements. If the family wish the funeral to take place quickly (e.g. for religious, cultural, compassionate or practical reasons) they may apply for ‘advance registration’, where the registration is completed in advance of the review process being concluded. Applications for advance registration can only be made at a registration office once a certificate has been selected for review. Further information about advance registration can be found in the leaflet available on the Healthcare Improvement Scotland website or Bereavement Service intranet.

3.12 If a bereaved family needs to contact a registration office urgently out-of-hours e.g. to register the death and arrange the funeral quickly for religious, cultural, compassionate or practical reasons, they should be advised to contact the relevant local authority’s contact centre:

<table>
<thead>
<tr>
<th>Box 5. Emergency out-of-hours numbers for local authority Contact Centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Edinburgh Council 0131 200 2000</td>
</tr>
<tr>
<td>West Lothian Council 01506 280000</td>
</tr>
<tr>
<td>East Lothian Council 01875 612818</td>
</tr>
<tr>
<td>Midlothian Council 0131 270 7500</td>
</tr>
</tbody>
</table>

3.13 It is essential that any staff who are contacted regarding an MCCD review are familiar with the process and respond as quickly and cooperatively as possible, to minimise any additional delays or distress for families.

4. PAPERWORK FOR REPATRIATION OF BODIES AND FUNERALS OUTWITH SCOTLAND

4.1 Repatriation to Rest of UK

The death must be registered in Scotland. The Registrar will provide an abbreviated extract of the entry in the Register of Deaths and Form 14 Certificate of Registration. No additional paperwork is required for
repatriation unless the death has been investigated by the Procurator Fiscal (in which case the PF will issue the relevant documents).

When a funeral is being arranged in the rest of the UK, the Registrar and Coroner for the area where the funeral will take place should be informed by the family or their funeral director. In England & Wales the Registrar will issue a “Certificate of No Liability to Register a Death in England & Wales” to enable the funeral to proceed. If the funeral is a cremation the Crematorium medical referee may wish to see a full extract (i.e. including cause of death) of the entry in the Register of Deaths (this can be purchased from the Registrar in Scotland for a fee of £10) or Procurator Fiscal certificate E(1) for PF cases.

4.2 Repatriation Overseas

The specific regulations and paperwork required will depend on the destination country and should be checked with the relevant embassy or consular office. In many cases a Doctor will be asked to provide a “Freedom From Infection” (FFI) certificate. A proforma can be found at Appendix 5. This does not have to be completed by the Doctor who certified the death – it can be issued by any registered doctor who has reviewed the patient’s healthcare records to check infection status.

5. REMOVAL OF PACEMAKERS / IMPLANTS

5.1 Certain devices implanted in the body during life – particularly pacemakers, implantable cardioverter defibrillators and radioactive implants - may present a risk of injury to staff, or damage to property or the environment, if the body is cremated. Battery-powered and other devices may explode on heating in the cremator and must therefore be removed if the body is to be cremated.

<table>
<thead>
<tr>
<th>Box 6: Implants that can cause problems during cremation include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pacemakers</td>
</tr>
<tr>
<td>• Implantable Cardioverter Defibrillators (ICDs)</td>
</tr>
<tr>
<td>• Cardiac resynchronisation therapy devices (CRTDs)</td>
</tr>
<tr>
<td>• Implantable loop recorders</td>
</tr>
<tr>
<td>• Ventricular assist devices (VADs)</td>
</tr>
<tr>
<td>• Implantable drug pumps including intrathecal pumps</td>
</tr>
<tr>
<td>• Neurostimulators (including for pain and Functional Electrical Stimulation)</td>
</tr>
<tr>
<td>• Bone growth stimulators</td>
</tr>
<tr>
<td>• Hydrocephalus programmable shunts</td>
</tr>
<tr>
<td>• Any other battery powered implant</td>
</tr>
<tr>
<td>• Fixion nails</td>
</tr>
</tbody>
</table>

5.2 The doctor completing the Medical Certificate of Cause of Death is now required to record the presence, or otherwise, of such devices on the MCCD in Box DH2 to the best of his or her knowledge and belief. They should also be able to respond to queries from Mortuary staff or
cremation authorities regarding any known devices. Tips for checking whether such a device is in situ can be found in Box 7 (below).

**Box 7: Checking for Pacemakers**

- Feel the chest
- Check the patient’s healthcare records
- Check recent electrocardiogram for pacing spikes
- Check recent chest X-ray film

5.3 Deactivation, removal, handling and disposal of devices must be carried out in accordance with NHS Lothian - University Hospitals Services’ **Cardiac Thoracic and Respiratory Services Protocol for the Removal of Pacemakers / Implantable Cardiac Defibrillators**.

5.4 ECG Departments can provide advice and send an appropriate pre-addressed container for returning the device. It is illegal to send contaminated devices and equipment through the post.

5.5 Contact details for ECG Departments:

- RIE: 0131 242 1814 (ext 21814)
- WGH: 0131 537 1852 (ext 31852)
- St John’s: 01506 523851 (ext 53851)
- RHSC: 0131 536 0625 (ext 20625)

5.6 Orthopaedic joint replacement implants and dental mercury amalgam do not need to be removed.

6. **LAST OFFICES**


6.2 Specific guidelines on Last Offices for children are contained in the **Children’s Services Bereavement Policy**.

6.3 All medical interventional equipment, except percutaneous endoscopic gastrostomy tubes (PEG tubes) should be removed prior to transfer of the body to the mortuary. For specific information about removal of equipment in Procurator Fiscal cases, see Sections 2.12 to 2.13.

6.4 Consideration must be given to patients’ faith and cultural beliefs and wishes. Guidance on faith and cultural practices is available in NHS Education Scotland’s, **Multi-Faith Resource for Healthcare Staff**, which is available on all wards, on the Staff Intranet and on the internet at [http://www.nes.scot.nhs.uk/media/3720/march07finalversions.pdf](http://www.nes.scot.nhs.uk/media/3720/march07finalversions.pdf).
6.5 Relatives may be offered the opportunity to assist with Last Offices if they so wish, except in cases where the Procurator Fiscal is involved or if there are Infection Control issues which require restrictions.

6.6 Once Last Offices have been completed, the body should be removed from the ward as soon as practicable. The timing of removal can depend on a number of circumstances but must not be unduly delayed by staff / organisational issues, e.g. delays carrying out last offices or for porters / funeral directors to attend. Advice should be sought from a manager if there is any undue delay.

6.7 In some cases, relatives may ask for the deceased to remain on the ward until they can gather to pay their respects (see Section 8 below), or for a faith / religious representative to attend / ritual to take place. In considering such requests, staff must take into account the wishes of the bereaved family, the dignity of the deceased and also the feelings of other patients and visitors.

7. VIEWING THE BODY

7.1 Family and friends of the deceased patient may wish to view the body. This can be an important first step in the grieving process and should be facilitated as appropriate.

7.2 If relatives are present, or arrive shortly after the death has occurred, they may view the deceased on the ward. All efforts should be made for this to occur in a side room in order to protect the privacy and dignity of the deceased and their relatives, and out of consideration for the feelings of other patients and their visitors. Advice should be sought from a manager if there is a significant delay for relatives to attend.

7.3 Viewings in a mortuary bereavement suite are by appointment only, and are limited to close friends and family. The family must contact the ward where the patient was cared for to arrange a viewing. Ward staff will liaise with Mortuary / Portering staff to make the arrangements.

7.4 Relatives must be accompanied to the Bereavement Suite by an appropriate member of ward staff who will be responsible for identifying the body and providing support. This may be a Nurse or a CSW who has demonstrated competency in escorting relatives to viewings. A Bereavement Coordinator or Chaplain may also fulfil this role if appropriate.

8. INFECTION CONTROL

8.1 In some cases the body of a deceased patient may constitute an increased risk of infection because of an active communicable disease or carrier status. This may have been known to be present during life,
however in other cases infection may have been present but undiagnosed.

8.2 All persons who handle bodies must understand that the tissues and body fluids may be capable of transmitting infection.

8.3 Standard precautions must be followed when handling bodies on NHS Lothian premises. (See Chapter 1 Standard Infection Control Precautions (SICPS) section of the National Infection Prevention and Control Manual.)

8.4 Where it is known that a body may constitute an increased risk of infection, staff should follow the guidance contained in Chapter 2, Section 2.5 entitled Infection Prevention and Control during care of the deceased of the National Infection Prevention and Control Manual.

8.5 In all cases, an Infection Control and Contamination Notification Form (code:CP 0031 A2) http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/icm/SD_CP0031/CP0031_A2.pdf must be completed by an appropriate Doctor or a Nurse verifying expected death in accordance with NHS Lothian policy. The form must be transferred and remain with the body at all stages until it is ultimately given to the Funeral director (or other appropriate person) who collects the body.

8.6 Further advice is available from local infection control teams. For urgent enquiries out of hours, the on-call Consultant Microbiologist may be contacted via the switchboard.

9. BODIES CONTAINING RADIOACTIVE MATERIAL

9.1 Where radioactive compounds have been used for treatment or diagnosis, the body may present a radiation hazard.

9.2 Most diagnostic applications involve radioactive materials with a relatively short half-life. The external radiation hazard associated with most diagnostic investigations is small and special precautions are not necessary. Post-mortem examinations, embalming and burial etc can usually take place 48 hours after the administration of the substance.

9.3 Therapeutic applications of radionuclides usually involve the use of materials of longer half-life (i.e. a few days or weeks).

9.4 Bodies retaining permanent sealed radioactive sources (seeds) are unlikely to represent a significant radiation risk unless post mortem examination is to be carried out. Advice following the death of a patient who has received a seed implant within the preceding three years may

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be obtained from the Radiation Protection Service (WGH ext 32155 or RIE ext 22371) or from Oncology Physics (WGH ext 32174).

9.5 Bodies retaining **unsealed** radioactive sources such as Iodine-131 represent both an external and internal risk. In the event of a patient dying within one week of receiving therapeutic quantities of unsealed radioactive substances, the Radiation Protection Service (ext WGH 32155 or RIE 22371) must be informed. Out-of-hours a Radiation Protection Adviser (RPA) may be contacted via the switchboard but it should be noted that this is not an on-call service and it may be necessary to proceed as indicated below prior to an RPA being available. For further information, see lee local procedures for areas where such treatments may occur.

9.6 Necessary precautions will depend on the type of substance and the dose used, however in general:

9.6.1 All unnecessary close contact with the deceased should be minimised and impermeable gloves and apron worn if contact with the deceased or body fluids is required.

9.6.2 The body should be straightened and washed, however the ‘Last Offices’ procedures of pressing down on the abdomen to discharge waste matter, and/or plugging the orifices with cotton wool, must **not** be carried out due to the radiation and contamination levels that may result.

9.6.3 The body must be placed in a body bag to retain leaking body fluids prior to transfer to the mortuary.

9.6.4 Linen, laundry and other material coming into contact with the patient must be treated as radioactive waste.

9.6.5 Viewing the body by family can take place, subject to individuals not spending prolonged periods close to the body.

9.6.6 Post mortem examinations must not be performed without the advice of an RPA.

9.6.7 National regulations place limits on permissible radioactivity levels for burial and cremation and funeral arrangements may need to be delayed to permit sufficient radioactive decay or – in occasional circumstances – to make arrangements for source or device removal. The body may not be released for burial or cremation without confirmation from an RPA that the activity has fallen below the permitted levels.

9.7 The doctor completing the Medical Certificate of Cause of Death is now required to record the presence, or otherwise, of radioactive materials or implants on the MCCD in Box **DH3** to the best of his or her
knowledge and belief. They should also be able to respond to queries from Mortuary staff or Cremation authorities regarding any known radioactive hazards.

10. AUTHORISATION FOR HOSPITAL POST MORTEM EXAMINATION, RETENTION AND DISPOSAL OF TISSUE

10.1 Post mortem examinations should always be considered from the point of view of:

<table>
<thead>
<tr>
<th>Box 8: Purposes of post mortem examinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Completing clinical investigations and providing information on how a disease might have affected the person</td>
</tr>
<tr>
<td>• Routine clinical audit</td>
</tr>
<tr>
<td>• Peer review of clinical care</td>
</tr>
<tr>
<td>• Increasing understanding of complex illnesses and their responses to therapy</td>
</tr>
<tr>
<td>• Identifying unrecognised disease and incidental clinical findings which improve understanding of the epidemiology of disease in Scotland</td>
</tr>
<tr>
<td>• In the case of a baby, providing information that may directly affect the family now, or in future</td>
</tr>
</tbody>
</table>

10.2 A hospital post mortem examination can only be carried out if a Medical Certificate of Cause of Death has been issued. It is perfectly acceptable, when the cause of death is unclear and the Procurator Fiscal has declined to take the case, for a medical certificate to be issued giving a probable cause of death. In this instance it is essential that the box indicating that further information may be available is ticked. It should also be discussed with the family that the final cause of death may be changed following the results of the post mortem.

10.3 Hospital post mortem examinations are conducted under the terms of the Human Tissue Act (Scotland) 2006 and authorisation must be obtained from the ‘nearest relative’ (as defined by the Act) using the NHS Scotland forms and associated information leaflets. The process of seeking authorisation for the examination and the retention of tissues under this Act must be fully understood by the doctor requesting authorisation. If there is any doubt or concerns advice should be sought from a consultant pathologist.

10.4 Authorisation must be obtained by a medically qualified member of staff of at least FY2 grade.

10.5 The NHS Scotland Authorisation form must be fully completed, signed and witnessed. One copy must be given to the relative along with an information booklet, one copy must be filed in the medical notes, and a third copy must be sent to pathology.

10.6 A Pathology department post mortem request form must also be completed and signed by a medically qualified member of staff.
10.7 Advice on all aspects of a case can be obtained from Consultant Pathologists by contacting the RIE mortuary on ext 27177 or the main Pathology department. This should be considered especially if a limited examination or restrictions on keeping tissues are being proposed, as this may prevent the clinical questions raised by a case from being answered.

10.8 A summary of documentation required for a hospital post mortem can be found in Box 9 (below):

**Box 9: Documentation required for a hospital post mortem**

- Completed NHS Scotland authorisation form
- Completed pathology department request form
- Hospital case notes (including the outcome of any discussion with the Procurator Fiscal’s office and confirmation that a medical certificate (Form 11) has been issued

10.9 The requesting clinician is contacted following the post mortem examination and all clinicians are encouraged to attend, if possible, for discussion of the case.

10.10 An initial report summarising the provisional findings should be sent to the requesting clinician within 2 working days of completion of the post-mortem examination.

10.11 A final report should be sent to the requesting clinician and the deceased’s own GP within 21 working days. Where the report is delayed, e.g. due to complex histological investigations, information about the delay should be available.

10.12 Within NHS Lothian, other clinicians who cared for the deceased in life can access the final post mortem report electronically through the iLaboratory system (previously known as APEX). Clinicians from outside NHS Lothian may request copies of reports from the consultant with administrative responsibility for the autopsy service, or the lead clinician.

10.13 Under the terms of the Human Tissue Act (Scotland) 2006, patients may indicate that they wish a post mortem to be carried out following their death. Such a request is regarded as over-riding the views of relatives, but as there is no specific documentation for such advance directives, any such cases should be discussed at consultant level in order to identify the best approach.

11. **AUTHORISATION FOR ORGAN / TISSUE DONATION**

11.1 Organ / tissue donation is a positive option and can be a comfort at a time of great distress. By not offering relatives the option to donate,
healthcare professionals may deprive families of an opportunity to find comfort during their time of grief.

11.2 When considering potential organ / tissue donors, the known wishes of the deceased person are paramount. These may have been expressed by carrying a signed donor card or by registering on the Organ Donor Register.

11.3 All potential organ / tissue donors should be referred to a Specialist Nurse in Organ Donation / Tissue Donor Coordinator as early as possible for consideration for organ / tissue donation.

11.4 The Specialist Nurse in Organ Donation / Tissue Donor Coordinator can offer advice on donor identification and suitability, approaching the family and clinical management. They will have access to up-to-date donor criteria including information on donor suitability and will be able to assist with the identification of potential donors.

11.5 The Specialist Nurses in Organ Donation are available 24/7 for advice through the hospital switchboard. Alternatively you can contact their pager on 07659 594979. Please leave your name and full telephone number including standard dialling code.

11.6 If a death requires to be reported to the Procurator Fiscal, the Procurator Fiscal must be notified and provide agreement before donation can take place.

12. **DONATION OF BODY FOR MEDICAL EDUCATION, TRAINING OR RESEARCH**

12.1 The Human Tissue (Scotland) Act 2006 instructs that a body can only be accepted for donation if the person’s agreement had been written down and witnessed during their lifetime. This can be given on an Authorisation form or as a codicil in their Will.

12.2 Authorisation must come directly from the potential donor. A relative or someone with power of attorney cannot authorise donation on the person’s behalf.

12.3 The Authorisation document must be lodged with the relevant University Anatomy department and / or produced after death in order for donation to proceed.

12.4 There is no guarantee that an Anatomy department will accept the offer of a donation. There are medical criteria to be met and as circumstances can change, final decisions about whether a body can be accepted cannot be made until after the death has occurred.
12.5 It is the responsibility of the deceased’s next of kin, executor or solicitor to contact the relevant anatomy department as soon as possible for advice and information about handling the potential donation.

12.6 The University of Edinburgh’s Bequest Co-ordinator can be contacted on 0131 651 5996 or by emailing body-donations@ed.ac.uk. Contact details for Bequest Co-ordinators at other Scottish Universities can be found on the Scottish Government website.

12.7 If the donation is accepted the Anatomy department will arrange for a Funeral Director to collect the body. The next of kin or family will be advised of the procedures and informed of the funeral arrangements.

13. DECEASED PATIENTS’ PROPERTY

13.1 NHS Lothian has a responsibility to provide safe custody for funds and valuables handed in by patients, or found in the possession of patients dying in hospital or dead on arrival.

13.2 Patients’ funds and valuables is defined as any item of personal possession, which has financial and / or sentimental worth e.g. items of jewellery, cash, bankcards, passport, birth certificate etc.

13.3 Within service areas, the Head of Department has ultimate responsibility for ensuring the proper administration of patients’ funds and valuables. Where tasks are delegated, responsibility will remain with the Head of Department. In the majority of clinical inpatient areas this responsibility will be borne by the ward Charge nurse.

13.4 In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, Small Payments, Act 1965), the production of Probate or Letters of Administration is required before any of the property may be released. Where the total value of property is £5,000 or less, an indemnity form (either Appendix 6 or Appendix 7) must be completed, witnessed, signed and filed in the patient’s records.

13.5 Clothes should be folded and placed in the patient’s own suitcase / bag or a special carrier bag designated for this purpose. Damp and dry possessions should be placed in separate bags. Soiled clothing should be rinsed and placed in a separate polythene bag. Relatives should be informed of this and their wishes regarding the clothing observed. If they wish it to be destroyed, this should be documented.

13.6 On the death of a patient, the nurse in charge should liaise with the Patient Funds Department / Cashier to agree how the deceased patient’s ward held cash and property is to be dealt with. Any cash or property of the deceased should be returned to the Patient Funds Department / Cashier. Professional judgement should be used
regarding small items of sentimental value, such as toys, cards etc. Relatives should be informed of any cash or valuables held in the cashier’s office, and arrangements made to ensure that these are handed over in accordance with NHS Lothian’s Patients’ Funds and Valuables Procedure.

13.7 Legal Position
NHS Lothian is required to follow the guidance detailed in NHS Circular GEN (1992) 33. This guidance states that despite the fact that the next of kin are identified, the position in law is that those items of the estate in the possession of NHS Lothian should be handed over only to the executor or executors named in the document known as the ‘Confirmation of Estate’. Where the total amount of the deceased’s estate is not more than £30,000 there is provision for the Confirmation of Estate document to be obtained by an expedited procedure, but nevertheless a Confirmation of Estate document should still be obtained. The executor or the next of kin can obtain a Confirmation of Estate document from any Sheriff clerk for a small fee. When any items of the estate are handed over to the executor an Executor Indemnity form (see Appendix 6) should be completed. The completed form is filed along with the Patients’ Funds and Valuables withdrawal form. If the executor wishes a copy of the form a photocopy of the original should be provided.

13.8 Next of Kin
If however, the next of kin decides not to obtain a Confirmation of Estate because, for example, the value of the estate is too small, NHS Lothian should hand over, if possible, all the items of estate in its possession. A Next of Kin Indemnity form (see Appendix 7) requires to be completed before any funds and valuables can be released. Once the form is received and the funds and valuables are handed over, the form should be filed along with the Patients’ Funds and Valuables withdrawal form. If the next of kin wishes a copy of the form a photocopy of the original should be provided.

14. NOTIFYING THE GP

14.1 Failure to notify a deceased patient’s GP can lead to distress if relatives are later contacted about appointments, or if they contact the GP for advice / support following bereavement. It may also waste the GP/ Practice’s time if the patient’s pre-arranged appointments are not cancelled.

14.2 The deceased patient’s GP must be notified of the death as soon as practically possible – in most cases within 24 hours.

14.3 A local process should be agreed for communicating with the GP, with a nominated person or role for doing this. This may be done by the Ward Clerk and followed up by a letter from the doctor (an email proforma can be found at Appendix 8).
14.4 The GP should be given information on the date, location and cause of death, and the doctor’s name and contact details for further information.

14.5 Where relevant, Nursing staff should inform other healthcare professionals (e.g. Health Visitors, Midwives, School nurses) and health care suppliers (e.g. suppliers of home oxygen, incontinence products, etc).

15. SUPPORT FOR RELATIVES

15.1 Where a patient is known to be dying, the patient (and his or her relatives) should, wherever possible, be accommodated in an area offering privacy.

15.2 Consideration must be given to the religious, spiritual and cultural needs of bereaved relatives. An offer to call the Hospital Chaplain, or other faith representative, should be made. Chaplains offer spiritual and pastoral care to people of all faiths and to those who have no religious beliefs. An on-call Chaplain is available 24 hours a day – contact through the hospital switchboard.

15.3 Relatives may wish to participate in Last Offices or view the body and this should be facilitated as appropriate (see sections 6 and 7).

15.4 Bereaved relatives must be offered a copy of the national bereavement booklet ‘When Someone Has Died’ which contains advice on practical issues following bereavement - obtaining the Medical Certificate of Cause of Death (Form 11), registering the death, arranging the funeral etc – as well as coping with the emotional impact of grief. Copies in other languages and formats can be downloaded from the NHS Lothian Staff Intranet and public website. If the required language is not available, please seek assistance with interpreting or translation as required in accordance with NHS Lothian policy (see Section 15.6).

15.5 Further information and resources on bereavement issues are available on the NHS Lothian’s Staff intranet and public website. This includes information in alternative languages and formats, and resources for different groups including parents and carers, children and young people, older people and people with learning disabilities.

15.6 Translation, Interpretation and Communication Support are available locally. These should be used as required, in accordance with NHS Lothian’s Interpreting and Translation Policy when communicating with bereaved relatives. For further information follow the link: http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/translationinterpretationandcommunicationsupport/Pages/default.aspx
City of Edinburgh Council Interpretation and Translation Service (ITS) includes interpreters and other communication assistance for patients with hearing or visual impairments.

**Interpretation and Translation Service**
Monday to Thursday, 8.30am-5pm, Friday 08.30am-4pm: **0131 242 8181**
For Urgent cases out of hours contact the Council’s Emergency Service: **0131 200 2000 then press 9 then 1**

thebigword has a 24-hour telephone interpreting service. To use this service you will need the big word user guide, language identification chart and language codes. The access codes for NHS Lothian are:

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>RIE</td>
<td>88 900 001#</td>
<td>WGH</td>
<td>88 900 002#</td>
</tr>
<tr>
<td>SJH</td>
<td>88 900 003#</td>
<td>Rest of sites</td>
<td>88 900 004#</td>
</tr>
</tbody>
</table>

16. **PATIENTS WITH NO KNOWN RELATIVES / UNCLAIMED BODIES**

16.1 When a patient dies intestate (i.e. does not leave a Will) and either has no blood relatives or none who can be easily traced, the death should be reported to the National Ultimus Haeres Unit who will attempt to find a will and trace any next of kin.

16.2 In such cases, or if the next of kin are unwilling or unable to make funeral arrangements, the deceased’s Social Worker or the NHS Lothian Bereavement Service should be contacted to make the necessary arrangements. The Bereavement Service can be contacted on ext 26995.

16.3 Mortuary SOPs and / or local bereavement protocols must include appropriate procedures for identifying and dealing with unclaimed bodies. These must clarify the steps to be taken if a body is still in the mortuary after 5 days and no contact has been made about disposal / removal.

17. **TRAINING AND SUPPORT FOR STAFF**

17.1 It is essential that all staff involved in caring for people who are dying and for people who are bereaved are well informed so they feel confident about the care and support they give. They should have adequate opportunities to develop their knowledge, understanding, self-awareness and skills.
17.2 All staff dealing with deceased patients and their relatives should have the opportunity to access training appropriate to their roles as part of their induction and/or professional development.

17.3 Up-to-date information, resources and training on bereavement issues are available on NHS Lothian's staff intranet site.

17.4 Information on religious and cultural customs and practices concerning death should be available in every clinical area. Wherever possible, staff should consult this before the death occurs. Any queries should be made to the on-call chaplain (available 24 hours a day – contact through the hospital switchboard).

17.5 While most staff cope and support one another well following the death of a patient, opportunities should be provided for:

- Space and time (alone or with others)
- Talking through the death/formal debriefing

17.6 Hospital chaplains offer confidential and non-judgemental support to staff with or without religious beliefs.

17.7 A confidential Staff Counselling Service is available for those who require longer-term or more formal support. The Staff Support and Confidential Counselling Service can be contacted on 0131 537 9373 (ext 49373).
SECTION 3 – REFERENCES & EVIDENCE BASE

Relevant NHS Lothian Policies

The policy and procedure should be used in conjunction with the following:


NHS Lothian Sudden Unexpected Death in Children (SUDiC) Guidelines (2014)


NHS Lothian Management of Patients’ Funds and Valuables Policy (2012)

NHS Lothian Management of Patients’ Funds and Valuables Procedures (2012)

NHS Lothian Manual Handling Guidelines

NHS Lothian Patient Identification Policy / Procedure for Adults, Children and Neonates (2013)

NHS Lothian Registered Nurse Verification of Expected Death Policy and Procedure (2013)

NHS Lothian - University Hospitals Division Cardiac Technical Services Cardiac Thoracic and Respiratory Services Protocol for the Removal of Pacemakers / Implantable Cardiac Defibrillators (2011)

NHS Lothian UHD Children’s Services Bereavement Policy (2010)

Evidence Base


Human Tissue Act (Scotland) 2006


NHS Education Scotland (2006) *Multi-Faith Resource for Healthcare Staff*  


http://www.hfs.scot.nhs.uk

Scottish Government / National Records of Scotland (2014)  
SGHD/CMO(2014)27 Guidance for Doctors Completing Medical Certificates of Cause of Death (MCCD) and its Quality Assurance.  


UK Transplant (2003) *United Kingdom Hospital Policy for Organ and Tissue Donation*
DEATHS THAT MUST BE REPORTED TO THE PROCURATOR FISCAL

Extract from Reporting Deaths to the Procurator Fiscal. Information and Guidance for Medical Practitioners. (COPFS, 2014)

Categories of death to be reported

The following deaths must be reported to the Procurator Fiscal:

Unnatural cause of death
Any death which cannot be entirely attributed to natural causes (whether the primary cause or a contributing factor) including:

- Suspicious deaths – i.e. where homicide cannot be ruled out
- Drug related deaths - including deaths due to adverse drug reactions reportable under the MHRA Yellow Card Scheme
- Accidental deaths (including those resulting from falls)
- Deaths resulting from an accident in the course of employment
- Deaths of children from overlaying or suffocation
- Deaths where the circumstances indicate the possibility of suicide.

Natural cause of death
Deaths which may be due in whole or part to natural causes but occur in the following circumstances:

(a) Any death due to natural causes where the cause of death cannot be identified by a medical practitioner to the best of his/her knowledge and belief.

(b) Deaths as a result of neglect/fault, i.e. any death:
- which may be related to a suggestion of neglect (including self neglect) or exposure
- where there is an allegation or possibility of fault on the part of another person, body or organisation.

(c) A death of a child:
- which is a sudden, unexpected and unexplained perinatal death
- where the body of a newborn is found
- where the death may be categorised as a Sudden Unexpected Death in Infancy (SUDI)
- which arises following a concealed pregnancy
Any death of a child or young person under the age of eighteen years who is ‘looked after’ by a local authority, including:

- a child whose name is on the Child Protection Register
- a child who is subject to a supervision requirement made by a Children’s Hearing
- a child who is subject to an order, authorisation or warrant made by a Court or Children’s Hearing (e.g. a child being accommodated by a local authority in foster care, kinship care, residential accommodation or secure accommodation)
- a child who is otherwise being accommodated by a local authority

(d) Deaths from notifiable industrial/infectious diseases, i.e. any death:

- due to a notifiable industrial disease or disease acquired as a consequence of the deceased’s occupation in terms of column 1 of Part 1 of Schedule 3 to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- which poses an acute and serious risk to public health due to either a Notifiable Infectious Disease or Organism in terms of Schedule 1 of the Public Heath (Scotland) Act 2008

(e) Deaths under medical or dental care

Any death:

- the circumstances of which are the subject of concern to, or complaint by, the nearest relatives of the deceased about the medical treatment given to the deceased with a suggestion that the medical treatment may have contributed to the death of the patient.
- the circumstances of which might indicate fault or neglect on the part of medical staff or where medical staff have concerns regarding the circumstances of death
- the circumstances of which indicate that the failure of a piece of equipment may have caused or contributed to the death
- the circumstances of which are likely to be subject to an Adverse Event Review (as defined by Healthcare Improvement Scotland)
- where, at any time, a death certificate has been issued and a complaint is later received by a doctor or by the Health Board, which suggests that an act or omission by Medical staff caused or contributed to the death
• caused by the withdrawal of life sustaining treatment or other medical treatment to a patient in a permanent vegetative state (whether with or without the authority of the Court of Session)

• which occurs in circumstances raising issues of public safety

(f) Any death not falling into any of the foregoing categories where the circumstances surrounding the death may cause public anxiety.

Deaths in legal custody

Any death of a person subject to legal custody. This includes (but is not restricted to) all persons:

• detained in prison
• arrested or detained in police offices
• in the course of transportation to and from prisons, police offices or otherwise beyond custodial premises e.g. a prisoner who has been admitted to hospital or a prisoner on home leave

Common misconceptions

Only deaths which fall into the categories set out above require to be reported. In circumstances where the death does not fall into one of the above categories, the following are not reasons for rendering the death reportable:

• That the death occurred within 24 hours (or any other timescale) of admission to hospital;
• That the death occurred within 24 hours (or any other timescale) of an operation;
• That the deceased, who had a terminal illness died earlier than expected;
• That the deceased had not been seen by a GP for some time; and
• That a consultant has instructed that the death be reported without specifying the reasons why

### Appendix 2

**PM8 DEATHS IN HOSPITAL OR FOLLOWING OTHER MEDICAL CARE**

*(being reported to the Procurator Fiscal)*

#### Information for the Pathologist *(either typed or handwritten)*

<table>
<thead>
<tr>
<th>Details of individual</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of deceased:</td>
<td>Date of birth:</td>
</tr>
<tr>
<td></td>
<td>Age:</td>
</tr>
<tr>
<td>Home address:</td>
<td>Date and time of death:</td>
</tr>
<tr>
<td>Hospital where death occurred:</td>
<td>Date admitted:</td>
</tr>
<tr>
<td>Doctor reporting the death:</td>
<td></td>
</tr>
<tr>
<td>Contact tel. or pager:</td>
<td></td>
</tr>
</tbody>
</table>

#### Relevant past medical history and relevant medication

- Details of individual health history and current medication.

#### Summary of main events prior to death *(with relevant dates, details of any surgery or other major procedure, and significant investigations or scans)*

- Events leading up to the death, including surgery, investigations, and scans.

*Please continue on back of form if required*

#### Presumed cause of death *(in general terms, if known)*

- Hypothesis regarding the cause of death.

#### Reason for referring the death to the Procurator Fiscal?

- Reasons for reporting the death to the Procurator Fiscal.

---

*Contacting the pathologist: Forensic Medicine Unit, Division of Pathology, Edinburgh University. Tel: 0131 650 32890*  
*: City Mortuary, Edinburgh  Tel: 0131 556 4026*
MEDICAL INTERVENTIONAL EQUIPMENT RECORD SHEET

TO BE COMPLETED FOR SUSPICIOUS DEATHS REFERRED TO THE PROCURATOR FISCAL

Medical interventional equipment should be removed prior to transfer of the body to the mortuary. Where an endotracheal tube is *in situ*, a consultant is required to examine and verify that the tube is correctly positioned prior to it being removed.

Please use the body map and space below to clearly and accurately record the sites of insertion (or attempted insertion) of medical interventional equipment.

)[image of a body map with labeled parts]

Comments:

Signature: .................................................... Date:.............
Name: ....................................................

Insert addressograph label, or:
Pt Name:
Pt Address:
Pt DOB:
Patient CHI No:
LAST OFFICES (FINAL ACT OF CARE) CHECKLIST

Please circle appropriate answer to every point.

### Before Commencing Last Offices

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death verified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next of kin / relatives notified</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Religious and cultural requirements checked</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Last Offices Procedure

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lie flat with limbs straightened</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes closed</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Jaw closed and supported</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Tubes etc removed</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Wounds covered with absorbent waterproof dressings</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Bladder drained, if necessary</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Orifices packed, if necessary</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Deceased washed and made presentable</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Mouth cleaned</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Dentures cleaned and in mouth</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Deceased dressed in clothes / disposable shroud</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Incontinence pad/pants in situ</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jewellery removed and documented</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>2 x identity bands attached to each wrist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deceased placed directly into body bag (no sheet required)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2 x mortuary cards completed (DC2 placed inside plastic pocket on outside of body bag at chest level, DC1 to give to porter) dated, timed and signed.</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Nurse .........................................................

Name of Nurse (PRINT) ...........................................................

Date .../.../.... Time ........

File in Healthcare records on completion.
FREEDOM FROM INFECTION CERTIFICATE
(REPATRIATION OVERSEAS)

TO WHOM IT MAY CONCERN

Deceased’s Details:

Name: ..............................................................................................

Date of Birth: ......................................................................................

Date of Death: ......................................................................................

Place of death: .................................................................................[Ward & Hospital]

Cause of Death: I (a) ...........................................................................

(b) .................................................................................................

(c) .................................................................................................

(d) .................................................................................................

II ........................................................................................................

I certify that to the best of my knowledge and belief the deceased was not suffering from an infectious or contagious disease immediately prior to death, and the body may be transported safely.

Name of Registered Medical Practitioner ........................................

Address ..............................................................................................

.................................................................Postcode..........................

Signature ............................................................ Date ..........................
EXECUTOR INDEMNITY FORM

I/We……………………………………………………………………………….. (Executor)
of ………………………………………………………………………………... (Address)
being an executor named in the late estate of
………………………………………………………………………………………….. (Patient) of
………………………………………………………………………………………….. (Address)
dated ………/……………/………. (Date)
which confirmation has been exhibited to NHS Lothian, acknowledge to have
received from NHS Lothian the following items being the property of the late
………………………………………………………………………………………….. (Patient)
who died in hospital on ………/…………/………. (Date) namely:

and I/we agree that by handing the said items to us as agents for the
executors of the said deceased the said NHS Lothian holds us
……………………………………………………………………………(Executor)
responsible for relieving the said NHS Lothian of all claims in respect of the
said items at the instance of creditors and other persons having an interest in
the estate of the said deceased, and I/we hereby undertake to relieve the said
NHS Lothian of such liability.

Name of Recipient: …………………………………………………………………
Signature of Recipient: ……………………………………………………………..
Date: ………/………………/………..

Name of Witness: …………………………………………………………………
Signature of Witness: ……………………………………………………………….
Designation: ………………………………………………………………………….
Date: ……………. /……………/………………

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS
NB WITNESS IS NOT TO BE A RELATIVE OR THE NEXT OF KIN
NEXT OF KIN INDEMNITY FORM

I ...................................................................................................................................(Next of Kin)
of ...................................................................................................................................
being ...................................................................................................................................(Address),
being ...................................................................................................................................(Relationship)
of ...................................................................................................................................(Patient)
of ...................................................................................................................................
who died in hospital on ...........................................................................................................(Date)
(a) acknowledge that a decision has been taken that no Confirmation of the Estate is to be obtained and (b) acknowledge to have received from NHS Lothian the following items being the property of the late ...................................................................................................................................

and I agree that by handing the said items to me as next of kin of the said deceased, the said NHS Lothian holds ...................................................................................................................................(Next of Kin)

responsible for relieving NHS Lothian of all claims in respect of the said items at the instance of creditors and other persons having an interest in the estate of the said deceased, and I hereby undertake to relieve the said of such liability.

Name of Recipient: ............................................................................................................

Signature of Recipient: ....................................................................................................

Date: .............................................

Name of Witness: ...........................................................................................................

Signature of Witness: .....................................................................................................

Designation: ...................................................................................................................

Date: .............................................

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS
NB WITNESS IS NOT TO BE A RELATIVE
EXAMPLE EMAIL / LETTER TO GP TO INFORM OF DATE AND CAUSE OF DEATH

GP Name
GP Address

Date

Dear Dr…………..

I regret to inform you that your patient:

Pt Name
Pt Address
Pt DOB
Patient CHI No

was admitted to the [Hospital Name] on [Date] under the care of [Consultant Name] and died on [Date of Death] on [Ward / Unit]. For your information, the cause of death recorded on the medical certificate was:

I
(a) ..................................................................................................................

(b) ..................................................................................................................

(c) ..................................................................................................................

(d) ..................................................................................................................

II .....................................................................................................................

Please contact me if you require any further information.

Yours sincerely

[Doctor’s signature]

[Doctor’s Name]