

Death in Hospital Procedures

This document combines the NHS Lothian Death in Hospital Procedures as listed below, and as individually listed on the [Death in Hospital Procedures tab on Policy Online](#).

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1. Support for the family

- 1.1 When a patient is known to be dying, the person and their family should, wherever possible, be accommodated in an area offering privacy. NHS Lothian has adopted the thistle image, from the [When Someone Has Died](#) bereavement information pack as a visual tool to support staff to provide a peaceful and dignified environment for dying patients and their families. Further information and resources can be downloaded from the **NHS Lothian Bereavement Service** section of the [staff intranet](#).
- 1.2 Consideration must be shown to individuals' personal preferences, identity, spiritual, faith and cultural values. Guidance on faith and cultural practices is available in NHS Education for Scotland's **Multi-Faith Resource for Healthcare Staff**, which is available on the [NES website](#). Guidance from NHS Education for Scotland on **Supporting LGBT+ people around death and bereavement** is available on the [Support around Death website](#).
- 1.3 Families should be offered the support of a Hospital Chaplain or other faith representative. Chaplains offer spiritual and pastoral care to people, whatever their beliefs or life situations. An on-call chaplain is available 24 hours a day and can be contacted through the hospital switchboard.
- 1.4 If the family is not present at the time of death, they must be informed by a professional with appropriate communication skills. Staff should consider the family's wishes regarding communication e.g. who is the key contact person, do they wish to be contacted overnight? Breaking news of a death by telephone can be difficult but may be necessary. Helpful guidance can be found on the [Support around Death website](#).
- 1.5 Family members may wish to participate in personal care after death (last offices) or view the deceased person and this should be facilitated as appropriate (see sections 9 & 12).
- 1.6 The bereaved family 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, registering the death, arranging the funeral, etc – as well as coping with the emotional impact of grief.
- 1.7 Further information and support resources on bereavement are available on the NHS Lothian 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.
- 1.8 Translation, interpretation and communication support are available through the [NHS Lothian Interpretation and Translation Service](#). These should be used as required in accordance with NHS Lothian's [Interpretation and Translation Policy](#) when communicating with bereaved families. Further information and an online booking system for face-to-face interpreters can be found on the [intranet](#). Staff can also use **thebigword** 24-hour telephone interpreting service. To use this service you will need the [big word user guide](#), [language identification chart](#) and [language codes](#).

2. Confirmation of Death

- 2.1 Deaths following cessation of cardiorespiratory function must be confirmed in accordance with NHS Lothian's Confirmation of Death Policy, Confirmation of Death Procedure and any relevant local Standard Operating Procedures. Death following irreversible cessation of brain stem function using neurological criteria must follow the NHS Scotland process and documentation for the Diagnosis of Death using Neurological Criteria. If a death has been diagnosed using neurological criteria then further confirmation of death following withdrawal of treatment is not required.
- 2.2 If formal confirmation of death following cessation of cardiorespiratory function is not possible immediately, staff should record the observed time of death as identified by staff or family.
- 2.3 Confirmation of death following cessation of cardiorespiratory function should usually take place within 1 hour, and must be completed before personal care after death (last offices) and transfer of the deceased person to the mortuary or other appropriate facility (e.g. funeral director).
- 2.4 In general, deaths following cessation of cardiorespiratory function may be confirmed by any suitably trained and competent registered healthcare professional in accordance with NHS Lothian policy. It is the right of a registered healthcare professional to refuse to confirm the death and to request the attendance of the responsible doctor / police if there are circumstances around the death that raise concerns.
- 2.5 The Scottish Government and a national Short Life Working Group on Confirmation of Death led by NHS Education for Scotland (NES) have agreed on the following observations as the clinical signs for confirming death following cessation of cardiorespiratory function. Over a minimum of 5 minutes, the practitioner should confirm:
- Absence of carotid pulse (over 1 minute) and
 - Absence of heart sounds (over 1 minute) and
 - Absence of respiratory sounds and respiratory effort (over 1 minute) and
 - No response to painful stimuli (e.g. trapezius squeeze) and
 - Fixed dilated pupils unresponsive to bright light *.
- *Where there are defects in the eye e.g. blind, cataracts, false eye, etc, then practitioner may undertake corneal reflex test if competent to do so.*
- In some hospital settings, the following criteria may also be used if available but are not essential:
- Asystole on continuous ECG monitoring
 - Absence of pulsatile flow on an intra-arterial monitoring
 - Absence of contractile activity of the heart on echocardiogram
- 2.6 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.
- 2.7 Confirmation of these criteria must be recorded contemporaneously in the patient's healthcare records. If the healthcare professional has access to TRAK, confirmation of death must be recorded electronically in the progress notes using the canned text command \deathver

3. Authorisation for Organ/Tissue Donation

- 3.1 Organ / tissue donation is a positive option and can be a comfort at a time of great distress. By not offering family the option to donate, healthcare professionals may deprive family of an opportunity to find comfort during their time of grief.
- 3.2 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. From Autumn 2020, Deemed Authorisation (Presumed Consent) will be considered where there are no known wishes a person was unwilling to consider donation.
- 3.3 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.
- 3.4 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.
- 3.5 The Specialist Nurses in Organ Donation/Tissue Donor Coordinators are available 24/7 for advice through the hospital switchboard. Alternatively you can contact the Specialist Nurses in Organ Donation **03000 20 30 40**. You can contact the Tissue Donor Coordinators via their pager on **07623 513987**. Please leave your name and full telephone number including standard dialling code.
- 3.6 If a death has to be reported to the Procurator Fiscal, the Procurator Fiscal must be notified and provide agreement before donation can take place.

4. Reporting deaths to the Procurator Fiscal

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

Unnatural causes of death:

Deaths 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.
- 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 causes 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 or her knowledge and belief.

(b) Deaths where there is an allegation or possibility that the death was the result of neglect (including self neglect) or fault on the part of another person, body or organisation.

(c) Certain child deaths including Sudden Unexpected Death in Infancy/Childhood (SUDI / SUDIC) and any child or young person who is 'looked after' by a local authority.

(d) Deaths from notifiable industrial / infectious diseases.

(e) Certain deaths under medical or dental care:

- Deaths which are subject to complaint from nearest relatives about medical treatment which may have contributed to the death.
- Circumstances which indicate failure of a piece of equipment which may have caused or contributed to the death.
- Circumstances which are likely to be subject to an Adverse Event Review (as defined by Healthcare Improvement Scotland).
- Caused by withdrawal of life sustaining treatment or other medical treatment to a patient in a permanent vegetative state.
- Occurs in circumstances raising issues of public safety.

(f) Deaths of persons subject to compulsory treatment under mental health legislation including detention or community based compulsory treatment order.

(g) Deaths of persons subject to legal custody.

4.2 Full details are contained in guidance from the Crown Office and Procurator Fiscal Service, [Reporting Deaths to the Procurator Fiscal: Information and Guidance for Medical Practitioners](#).

- 4.3 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.
- 4.4 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)**.
- 4.5 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, including when the cause of death is suspicious or there is a need for the process to begin quickly (e.g. for religious, cultural, compassionate or practical reasons or to facilitate organ / tissue donation) a death report may be made outside office hours to the on-call service, contactable through Police Scotland, Tel: 101. This facility should be used in exceptional cases only where the matter cannot wait until the next working day.
- 4.6 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.
- 4.7 Contact details for the regional Scottish Fatalities Investigation Units:
- SFIU East Tel. 0300 020 3702
 - SFIU West Tel. 0300 020 1798
 - SFIU North Tel. 0300 020 2387
- 4.8 When a death is reported, the Procurator Fiscal will require the following information:
- Details of the reporting doctor.
 - Full name, age and date of birth of the deceased.
 - Deceased's home address.
 - Place, date and time of death.
 - GP's name, address and phone number.
 - Any religious / cultural preferences.
 - Family member(s) 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 family. 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.

- 4.9 If the death is associated with medical care, the doctor reporting the death by telephone should also complete Form PM8 (see Appendix 1) and forward this to the Procurator Fiscal without delay.
- 4.10 The deceased person's family must be informed that the death has been (or will be) 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](#).
- 4.11 The member of staff who reports the death to the Procurator Fiscal must record this in the deceased person's health records.
- 4.12 The mortuary staff / contract funeral director must be informed of all deaths reported / being reported to the Procurator Fiscal. This can be recorded on Mortuary Card DC1 that accompanies the deceased patient. The mortuary staff / contract funeral director must also be informed of the Procurator Fiscal's decision e.g. to instruct post-mortem or allow medical staff to issue the Medical Certificate of Cause of Death. Contact mortuary via phone (ext 27177) or email – LHBMortuary/Autopsy.PathologyService@nhslothian.scot.nhs.uk.
- 4.13 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.
- 4.14 Medical interventional equipment can be removed prior to transferring the deceased person 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 [Medical Interventional Equipment Record Sheet](#) may be used for this purpose.
- 4.15 Further information can be found on the Crown Office and Procurator Fiscal Service website at www.copfs.gov.uk.

5. Completion of Medical Certificate of Cause of Death (MCCD) and Review Process



- 5.1 For deaths which are not reportable to the Procurator Fiscal, or where the PF has agreed that death can be certified by hospital medical staff, a doctor must complete the Medical Certificate of Cause of Death (MCCD or Form 11) as soon as possible, 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 the family promptly.
- 5.2 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, 7 and 8 of this procedure for further information on dealing with infection risks, bodies containing radioactive material and hazardous implants.
- 5.3 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.
- 5.4 In the case of deaths that have been 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 in the MCCD. You must not tick this box if you have consulted the Procurator Fiscal only for advice and they advise that the death is not reportable.
- 5.5 The certifying doctor must follow the instructions in Box 1 (below) to avoid common errors.

Box 1: 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 (see section 5.7).

- 5.6 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)
- 5.7 The certified cause of death must be recorded in the deceased person's healthcare records. This is important for future reference and audit purposes, particularly if the death is subject to review by the Death Certification Review Service (see 5.10). A template for standardised recording of death certification on TRAK can be generated using the short code `\deathcert`. This can also be used to send an immediate discharge summary to the patient's GP practice if it is within Lothian. See instructions in Box 2.

Box 2: Death Certification recording and GP notification via TRAK (within Lothian)

- In the EPR, select the Correspondence tab and click "New".
- Select an Inpatient Discharge Summary and type the short code `\deathcert` followed by a space. This will generate a template for recording death certification.
- When the template is complete, change the status from "entered" to "authorised" to send to the GP electronically.
- NB. Electronic transfer is only possible within Lothian so GPs outside Lothian will still need to be contacted by phone / letter (see 17. Notifying the GP).

- 5.8 The healthcare professional issuing the MCCD must offer the family the opportunity to discuss the certified cause of death, explaining any medical terms as appropriate. The certificate should be double-checked for accuracy and 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). Staff must record in the deceased person's health records when and to whom the MCCD was issued.
- 5.9 Registration appointments can sometimes be made out-of-hours if there is an urgent need to register the death so that the funeral can take place quickly (e.g. for religious, cultural, compassionate or other reasons). The family should be advised to contact the registration office via the relevant local authority's contact centre.

Box 3. Emergency out-of-hours numbers for local authority Contact Centres

- | | |
|-----------------------------|---------------|
| - City of Edinburgh Council | 0131 200 2000 |
| - West Lothian Council | 01506 280000 |
| - East Lothian Council | 01875 612818 |
| - Midlothian Council | 0131 270 7500 |

- 5.10 The national Death Certification Review Service (DCRS) 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 (below) for further information about the main types of reviews conducted by DCRS.

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.
- **Level 2**
- Randomly selected or Level 1 reviews escalated due to problems with MCCD.
- Approximately 1000 deaths per year (across Scotland).
- Medical Reviewer will review MCCD, speak to certifying doctor, review relevant clinical records and may also speak to other healthcare staff and family / carer of deceased
- Expected to be completed within 3 working days.

- 5.11 Random selection of MCCDs for review happens when the details are put into the National Records of Scotland (NRS) registration system. For deaths in hospital when a handwritten MCCD is completed by the certifying doctor, this happens when the informant (usually a family member) goes to register the death.
- 5.12 When a certificate is selected for review there may be a short delay in completing the registration and finalising funeral arrangements. 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.
- 5.13 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](#).

6. Infection Control (Death in Hospital)

- 6.1 In some cases the body of a deceased person may present a risk of infection because of an active communicable disease or carrier status. This may have been confirmed or undiagnosed.
- 6.2 The principles of Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) continue to apply whilst a deceased person remains in our care. This is due to the ongoing risk of infectious transmission via contact although the risk is usually lower than for living patients.
- 6.3 Where it is known that the body of a deceased person may constitute an increased risk of infection, staff should follow the guidance contained in Section 2.5 of the [National Infection Prevention and Control Manual](#) which covers infection prevention and control during care of a deceased person.
- 6.4 In all cases, a [Deceased Adult Inpatient Notification Form](#) must be completed by the healthcare professional who has confirmed the death in accordance with NHS Lothian policy. The form must be transferred and remain with the deceased person at all stages until it is ultimately given to the funeral director (or other person) who collects the deceased person.
- 6.5 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.

7. Deceased patients containing Radioactive Material

- 7.1 Radioactive material is used in healthcare settings for treatment or diagnosis of various diseases. Radioactive material is not to be confused with x-rays; if a patient has had an x-ray (for example a CT scan or external beam radiotherapy) they are not made radioactive, they have simply been exposed to ionising radiation.

Once a patient has been administered with a radioactive material for diagnostic or therapeutic purposes, they will remain radioactive until the radioactive material is excreted and / or has decayed. For sealed sources, the only route is via physical decay of radioactive material. If a patient dies immediately after the administration of an unsealed source then there will be no excreted material and decay of the radioactive material will rely on physical decay only.

- 7.2 There are two types of radioactive source that a patient can receive: a sealed or an unsealed source. Sealed sources are encapsulated, which means that if someone came into contact with it, they would receive an exposure to radiation whilst in contact, but would not become contaminated with any radioactive material when they moved away. Sealed sources are commonly used in brachytherapy, where small radioactive seeds are implanted into the body surgically for cancer therapy (e.g. 125-I brachytherapy for prostate cancer). These seeds are not excreted, and remain in the patient.

Examples of unsealed sources include nuclear medicine diagnostic (for example a PET scan with 18-F) and therapeutic procedures (for example 131-I for thyroid cancer). Unlike sealed sources, an unsealed source will both give you a radiation exposure, and make you radioactive if you come into contact with it. **Therapeutic unsealed sources in a deceased patient, i.e. one who has recently received nuclear medicine therapy, pose the biggest risk to staff.**

- 7.3 Unsealed sources can be administered to a patient a number of ways, including being implanted (example 90-Y for liver metastases – SIRT), IV injection (for example 99m-Tc for a bone scan), inhaled (for example 99m-Tc for lung scans) or swallowed in a capsule (for example 131-I for radioiodine therapy).
- 7.4 Sealed sources used for brachytherapy are usually 125-I seeds. If the patient death has occurred 20 months post implant, the patient is not considered to be radioactive.
- 7.5 Due to the nature of the risk, precautions and restrictions must be followed to minimise the radiation dose to staff, and prevent the spread of radioactive contamination. SEPA regulate radioactive material in the environment, compliance with the regulations must be maintained.
- 7.6 If a **brachytherapy** patient (with implanted seeds) has died within 20 months of implantation follow [Bodies containing Radioactive Material](#), section 1.
- If a patient who has been administered recently with **diagnostic radioactive material** dies follow [Bodies containing Radioactive Material](#), section 2.
- If a patient who has been administered with **therapeutic radioactive material** dies follow [Bodies containing Radioactive Material](#), section 3.

- 7.7 The doctor completing the Medical Certificate of Cause of Death is 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. This information must also be recorded in Section 2b of the [Deceased Adult Inpatient Notification Form](#). They should also be able to respond to queries from mortuary staff or cremation authorities regarding any known radioactive hazards.
- 7.8 If you suspect a patient who has died is radioactive please contact Medical Physics.
- Medical Physics admin office WGH: ext: 33904
- Medical Physics admin office RIE: ext: 22371
- Oncology physics: ext: 32174
- Out of hours please contact switch board and rota watch 'radiation emergency'.

8. Safe Management of Pacemakers and other implanted devices

- 8.1 Various types of implanted devices need careful consideration to ensure safe and appropriate care after death (see Box 5 for types of devices).
- 8.2 Guidance on management of cardiovascular implanted electronic devices (CIEDs) in people towards the end of life, during cardiopulmonary resuscitation and after death has been developed by the Resuscitation Council (UK), British Cardiovascular Society and National Council for Palliative Care ([Pitcher, D., Soar, J., Hogg, K. et al. Heart 2016; 102:A1-A17](#)).
- 8.3 If a patient with a CIED dies suddenly and unexpectedly, early interrogation of the device by a cardiac devices physiologist should be considered to seek information about cardiac rhythm and device behavior immediately prior to death. This may help to establish the mechanism and cause of death.
- 8.4 Implantable Cardioverter Defibrillators must be deactivated before post-mortem examination and/or before any attempt is made to remove the device, to avoid the risk of a shock to the person carrying out the procedure.
- 8.5 Battery-powered electronic and other devices may explode when heated to a high temperature, and must therefore be removed if the deceased person is to be cremated. A current list of potentially hazardous implants (this may change in future) is included in Box 5 (below). If removal is necessary prior to cremation, this is generally carried out by the funeral director according to the family's instructions.

Box 5: Implants that can cause problems during cremation include:

- Pacemakers
- Implantable Cardioverter Defibrillators (ICDs)
- Cardiac resynchronisation therapy devices (CRTDs)
- Implantable loop recorders
- Ventricular assist devices (VADs)
- Implantable drug pumps including intrathecal pumps
- Neurostimulators (including for pain and functional electrical stimulation e.g. sacral nerve stimulators, dynamic graciloplasty)
- Bone growth stimulators
- Hydrocephalus programmable shunts
- Any other battery powered implant
- Expandable intramedullary nails (e.g. Fixion nails)
- Radiotherapy – see section 7.

- 8.6 Any known implants that would present a risk during cremation must be recorded in section 2 of the [Deceased Adult Inpatient Notification Form](#) by the healthcare professional who has confirmed the death in accordance with NHS Lothian policy. The form must be transferred and remain with the deceased person at all stages until it is ultimately given to the funeral director (or other person) who collects the deceased person.

- 8.7 The doctor completing the Medical Certificate of Cause of Death is 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.
- 8.8 Mortuary staff will not usually remove devices as this is an invasive procedure for which express consent is required from the nearest relative or executor. If a family decides not to use a funeral director and devices need to be removed prior to cremation, the Mortuary may be able to assist. Deactivation, removal, handling and disposal of devices must be carried out in accordance with local policy and procedures.
- 8.9 ECG Departments can provide advice and send an appropriate pre-addressed container for returning pacemaker-type devices. It is illegal to send contaminated devices and equipment through the post.
- 8.10 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)
- 8.11 Orthopaedic joint replacement implants and dental mercury amalgam do not need to be removed.

- 9.1 Specific guidance on care of children who have died is contained in the [Children's Services Bereavement Guidelines](#).
- 9.2 Immediate communication and care environment
- 9.2.1 Care after death requires sensitive and skilled communication to ensure that the deceased person and their family continue to receive compassionate person-centred care.
- 9.2.2 If the death has occurred in a bay or area where other patients are present, it may be appropriate to sensitively inform them within the boundaries of confidentiality.
- 9.2.3 Consider moving the deceased person to a discrete area to provide personal care after death if possible / appropriate but if this is not possible, ensure that the area is appropriately screened.
- 9.2.4 NHS Lothian has adopted the thistle image, from the [When Someone Has Died](#) information pack as a visual tool to support staff to provide a peaceful and dignified environment for dying patients and their families. Further information and resources can be downloaded from the **NHS Lothian Bereavement Service** section of the [staff intranet](#).
- 9.3 Procedure for Personal Care after Death
- (For ordering supplies or paperwork refer to [Final Act of Care \(Adult\) Ordering Codes](#))
- 9.3.1 As soon as possible after death is observed, the deceased person should be laid flat with one pillow under their head. Straighten limbs (arms by the sides) and close the eyes and mouth. This is for dignity and aesthetic reasons as rigor mortis can begin within a short time after death, however it may not always be possible e.g. if the deceased person has scoliosis, contractures or arthritic problems.
- 9.3.2 The death must be formally confirmed (see section 2) before beginning the procedure for personal care after death. Ideally, confirmation should take place within 1 hour so that personal care and transfer to the mortuary or funeral directors premises can be completed within 4 hours of death.
- 9.3.3 Personal care after death should ideally be carried out within 4 hours of the person dying, to preserve their appearance, condition and dignity. There are several factors that must be taken into account before commencing (see Box 7 overleaf).

Box 7: Considerations before commencing personal care after death:

- Has the death been confirmed (see section 2)?
- Is the death reportable to the Procurator Fiscal (see section 4)?
- Any personal preferences / wishes, spiritual, religious, faith, culture or identity?
- Is the person a tissue donor (see section 3)?
- Are there any infection risks and / or precautions in place (see section 6)?
- Are there any manual handling issues?
- Is there a likelihood of excessive purging or leakage (e.g. leaking wounds, clotting disorders, oedema, anti-coagulant therapy)?
- Do the family wish to be involved in washing and dressing the person?
- Any wishes regarding mementos, jewellery and personal belongings?
- Any wishes regarding viewing (see section 11)?

9.3.4 The family can be offered the opportunity to assist with personal care after death if they wish and provided there are no restrictions due to Procurator Fiscal investigation. This can be a positive experience for family members. Prepare them sensitively for the changes they may notice in the person following death.

9.3.5 Assess what medical equipment the deceased person has in-situ and how it should be dealt with (see Box 8). Gather the resources required to remove any equipment and carry out personal care. This list is not exhaustive but may include:

- Mortuary box / trolley or assemble items required for personal care of deceased person
- Routine equipment for washing and oral care.
- Own nightwear or disposable shroud.
- Incontinence product / pad and pants.
- ID bands x 2.
- Mortuary cards DC1&2 and [Deceased Inpatient Notification Form](#).
- Body bag
- Clean sheet (ideally fitted).
- Linen buggy for soiled linen.
- Appropriate bag(s) for patient's belongings.
- Clinical waste bag.
- If wounds require covering or medical equipment is to be removed, additional items may be required, e.g. Gauze swabs, crepe bandage, tape and waterproof dressing for wounds or puncture sites.
- Syringe(s) for example to remove urinary catheter.
- Sharps bin.
- Scissors.

9.3.6 If the deceased person's weight / size / shape means a standard body bag is not suitable, a bariatric body bag should be obtained from the mortuary or Clinical Site Coordinator. Consider whether there are any other manual handling issues related to personal care after death, and seek advice and assistance from colleagues as necessary.

- 9.3.7 Use appropriate personal protection equipment as Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) continue to apply following death (see section 6).
- 9.3.8 Strip the bed to the bottom sheet leaving the deceased person with one pillow under their head and a sheet over their body.
- 9.3.9 Disconnect and remove medical equipment as per Box 8 and dispose of any remaining medicines as per [NHS Lothian Safe Use of Medicines Policy](#), and [procedures](#). Apply a gauze swab covered with a waterproof dressing to wounds or puncture sites to absorb leakage.

Box 8: Removal of medical equipment

- Equipment which **CAN USUALLY*** be removed includes:
 - Venflons
 - Indwelling urethral catheter
 - Intravenous lines
 - Drains
 - Nasogastric tube
 - Endotracheal tube
- Medical equipment which **SHOULD NEVER** be removed:
 - PEG tube
 - Supra-pubic catheter
 - Sutures and clips

Occasionally there may be circumstances when it is appropriate to leave equipment in situ e.g. significant risk of leakage in patients with clotting disorders, oedema or anti-coagulant therapy.

Any equipment left in-situ must be documented in Section 3 of the [Deceased Inpatient Notification Form](#).

- 9.3.10 If necessary, drain the bladder by gently applying pressure over the abdomen. If the deceased person has a stoma, the stoma bag should be left in situ or renewed if full.
- 9.3.11 Wash the deceased person as for a bed bath, using tepid water and soap / shower gel to gently wash then pat dry with a towel. Pay particular attentions to hands and nails as family may wish to hold the deceased person's hands. Moisturising the skin helps keep it supple and can help to preserve appearance.
- 9.3.12 Shaving a deceased person can cause marks and bruising so must be carefully considered, taking into account what matters to the deceased person and their family. It may be important to some individuals to be clean shaven whereas others may have religious or personal preferences regarding facial hair.
- 9.3.13 Gently suction the mouth to remove any debris and secretions. Clean teeth with toothbrush and toothpaste. If the deceased person has dentures, remove them and clean with a toothbrush and toothpaste and replace. If dentures cannot be replaced then send them with the deceased person in a labelled denture pot and document this in Section 3 of the

[Deceased Inpatient Notification Form](#). Close the mouth and if necessary support the jaw by placing a pillow or rolled-up towel on the chest underneath the chin.

- 9.3.14 Trying to close the deceased person's eyes is important for dignity and aesthetic reasons and will also provide protection in case of corneal donation. Apply light pressure to the eyelids for 30 seconds or place moistened gauze swabs over eyelids until they remain closed without assistance. Do not tape eyes closed as this can cause unsightly marks.
- 9.3.15 Use an incontinence product / pad and pants to absorb any leakage from the bladder and bowels as they can continue to leak after death.
- 9.3.16 Dress the deceased person in their own night clothes or a disposable shroud, depending on what is available, appropriate and / or family preference.
- 9.3.17 Two ID bands must be placed on the deceased person (usually one on each wrist) to facilitate identification.
- 9.3.18 Staff must ensure that personal care after death has been completed appropriately and the deceased person is ready for transfer. A local checklist can be used as an aide memoire. Ensure that the [Deceased Inpatient Notification Form](#) has been completed and any specific risks or variances in care after death have been recorded.
- 9.3.19 For sites with mortuary facilities, place the deceased person directly into a body bag and close the bag with the zips at the head end. Position a clean sheet underneath the body bag ready for lateral transfer. **Mortuary Card DC2** should be completed and placed in the small clear plastic pocket at the foot of the body bag.

10. Transfer of deceased person from ward to care of mortuary/funeral director



For sites with mortuary facilities: See section 10.1 below and [Transfer to mortuary flowchart](#)

For sites without mortuary facilities: See section 10.4

10.1 For sites with mortuary facilities

10.1.1 To maintain the dignity of the deceased person and ensure the safety of personnel, staff must identify any risk factors (see Box 9) prior to requesting transfer. This will ensure that the porters have the appropriate equipment and number of personnel required for transfer.

Box 9: Risk assessment for transfer to mortuary:

- Any known risks of infection or contamination?
- Is their weight within the safe working limit of the concealment trolley? These are:
 - RIE – 340 kgs / 50 stone.
 - WGH – 160kgs / 25 stone
 - SJH – 160kgs / 25 stone
- Is their height and width within the dimensions of the concealment trolley?
- standard tray is 55cms wide.
- Are there any risks in relation to their shape and / or position e.g. contracted, lying on their side, etc?

10.1.2 Based on the assessment above, staff must identify:

If the deceased person **can** be safely transferred to the mortuary by concealment trolley, if so follow Section 10.2

If the deceased person **cannot** be safely transferred to the mortuary by concealment trolley, in which case follow Section 10.3

10.2 Transfer to hospital mortuary on concealment trolley

(for overview of process see the [Transfer to mortuary flowchart](#))

10.2.1 When the deceased person is ready to be transferred, staff should contact porters requesting 'transfer of deceased person to the mortuary by concealment trolley'. It is important to use clear and appropriate terminology.

10.1.3 Staff must prepare the room / bed space prior to the porters arriving. This may include removing furniture and equipment so that the concealment trolley can be brought alongside the bed for lateral transfer.

- 10.2.4 Porters will collect the concealment trolley from the mortuary and take it to the ward. The concealment trolley ensures that the deceased person is transferred safely and discretely. Prompt transfer to the mortuary is particularly important for larger deceased patients who may begin to deteriorate more quickly.
- 10.2.5 On arrival at the ward, porters must liaise with nursing staff regarding handover. Nursing staff will:
- Confirm the deceased person has been appropriately prepared for transfer.
 - Identify any manual handling risks as required.
 - Record the names of porters and time of transfer on the **Mortuary Card DC1** (it is important to know the time of transfer as this may be required e.g. for tissue donation).
 - Hand over the **Mortuary Card DC1** and [Deceased Inpatient Notification Form](#) to the porters. (**Mortuary Card DC2** should be visible in the clear plastic pocket at the foot of the body bag).
 - Ensure that glidesheet(s) and Patslide are available for safe lateral transfer.
 - Lead the lateral transfer of the deceased person from the bed to the concealment trolley, together with the porters. This is to ensure that lateral transfer is carried out with the correct number of staff and correct equipment as per NHS Lothian Lateral Transfer Guideline.
- 10.2.6 Staff must check that the deceased person is positioned in the centre of the concealment trolley, and the sheet should then be folded neatly around the outside of the body bag. No taping is required. This will identify the correct position of the deceased person on the tray to avoid any harm. See NHS Lothian Deceased Patient Handling Procedure and training video for further guidance on positioning and wrapping.
- 10.2.7 Porters raise sides of the trolley, place concealment cover over the top and transfer the deceased person to the mortuary.
- 10.2.8 On arrival in the mortuary, porters will select the most appropriate location for ongoing care of the deceased person, seeking support from mortuary staff / Clinical Site Coordinators as necessary (see Box 10 below).

Box 10: Process for placement within mortuary:

- If the deceased person's body **can** be accommodated within the fridge dimensions, porters transfer them to an appropriate space. The [Deceased Inpatient Notification Form](#) and **Mortuary Card DC1** should be clipped to the door of the fridge space (RIE / SJH) or placed on board at WGH.
- If the deceased person's size, shape or body position **cannot** be accommodated within fridge dimensions, the process will depend on the site and time when the situation arises (see below).

RIE

- **In hours** – Mortuary staff will oversee transfer the deceased person to Cooled Room in RIE Mortuary.
- **Out of hours** – Clinical Site Coordinator will oversee transfer of the deceased person to Cooled Room in RIE Mortuary.

WGH/SJH

- **In hours** - Mortuary staff will arrange transfer of the deceased person to RIE Mortuary for ongoing care in larger bariatric fridge / Cooled Room or direct transfer to the family appointed funeral director.

On arrival at RIE, porters and RIE Mortuary staff will assess patient for appropriate care in fridge or Cooled Room as above.

Out of hours – Clinical Site Coordinator should establish if transfer of care to a family appointed funeral director can be achieved within a reasonable time frame as this is preferred. They should ask ward staff to contact the deceased person's family to advise of potential transfer to RIE and give them the opportunity for their own funeral director to attend for an out of hours transfer of care. If this is not possible the Clinical Site Coordinator will arrange transfer of the deceased person to RIE Mortuary for ongoing care in larger bariatric fridge or Cooled Room. They will need to liaise with RIE Clinical Site Coordinator to make them aware of transfer, NHSL's contract funeral director (Fosters Funeral Services 0131 629 3131) to arrange transfer to RIE as well as ward staff to update them of transfer. On arrival at RIE, porters and RIE Clinical Site Coordinator will assess patient for appropriate care in fridge or Cooled Room as above.

For all transfers to RIE Mortuary from other sites

- The [Deceased Inpatient Notification Form](#) and **Mortuary Cards DC1 & 2** must be placed in the top clear plastic pocket on the body bag and transferred with the deceased person.
- The transfer must be recorded on TRAK.
- Ward staff must update the deceased person's family of their transfer to RIE for appropriate ongoing care.

10.2.9 Once transfer is complete, the porters should put concealment trolley back on charge in the mortuary to ensure it is ready for next use.

10.3 Transfer to hospital mortuary on bed (in and out of hours)

(for overview of process see the [Transfer to mortuary flowchart](#))

10.3.1 When the deceased person is ready to be transferred, ward staff should contact porters requesting 'Transfer of deceased person to the mortuary on bed with XCcube'. It is important to use appropriate terminology and to be clear about the type of transfer required to ensure that correct equipment is brought to ward. **N.B.** The XCcube is a piece of equipment that's used to cover the hospital bed (including bariatric) to allow discrete and dignified transfer of the deceased person to the mortuary. Ward staff should advise if additional handlers are required to assist.

10.3.2 If transfer is **out of hours**, staff must also contact Clinical Site Coordinator to inform them of the transfer as this will ensure that they attend the mortuary to complete further assessment.

10.3.3 Staff must prepare the room / bed space prior to the porters arriving. This may include removing furniture and equipment to allow space for the XCcube to be assembled.

- 10.3.4 Porters collect the XCube from the mortuary and take it to the ward. It is best practice for porters to transfer the deceased person from the ward to the mortuary within one hour of request so they can be cooled within four hours of death. Prompt transfer to the mortuary is particularly important for larger deceased patients who may begin to deteriorate more quickly.
- 10.3.5 On arrival at the ward, porters must liaise with nursing staff regarding handover. Nursing staff will:
- Confirm the deceased person has been appropriately prepared for transfer.
 - Identify any manual handling risks as required.
 - Record the names of porters and time of transfer on the Mortuary Card DC1 (it is important to record the time of transfer as this may be required later e.g. for tissue donation).
 - Hand over the Mortuary Card DC1 and [Deceased Inpatient Notification Form](#) to the porters. (Mortuary Card DC2 should be visible in the clear plastic pocket at the top of the body bag).
- 10.3.6 Porters will assemble and position the XCube over the bed according to manufacturers' instructions and transfer the deceased person to the mortuary ensuring sufficient staff are present to safely manoeuvre the bed.
- 10.3.7 On arrival in mortuary, porters and / or mortuary staff (in hours) or Clinical Site Coordinator (out of hours) will use a measuring device to identify the most appropriate location for ongoing care (see Box 10 on previous page). This decision must be documented in Section 4 of the [Deceased Inpatient Notification Form](#).
- 10.3.8 Once transfer is complete, the porters should return the XCube to agreed location within mortuary to be cleaned and packed by mortuary staff ready for next use.
- 10.3.9 Any transfers from other sites to RIE Mortuary must be recorded on TRAK. Ward staff must be advised of the transfer so they can inform family regarding transfer and viewing arrangements. For viewings in hours, ward staff should contact RIE Mortuary (who can request support from Bereavement Service / Spiritual Care as necessary), out of hours contact RIE Clinical Site Coordinator.

10.4 For sites without mortuary facilities:

- 10.4.1 To maintain the dignity of the deceased person and ensure the safety of personnel, staff must identify any risk factors (see Box 11) prior to requesting transfer. This will ensure that the funeral director has the appropriate equipment and number of personnel required for transfer.

Box 11: Risk assessment for transfer to funeral director:

- Any known risks of infection or contamination?
- Cardiac pacemaker or any other potentially explosive device present?
- Any medical equipment left in-situ?
- Any problematic leakages?

- Are height, width and weight within the safe working limit of the funeral director's transfer trolley?
- Are there any risks in relation to their shape and / or position e.g. contracted limbs or lying on their side?

- 10.4.2 Staff must prepare the room / bed space prior to the funeral director arriving. This may include removing furniture and equipment to accommodate the transfer trolley. Staff must ensure that glidesheet(s) and Patslide are available for safe lateral transfer onto the funeral director's transfer trolley.
- 10.4.3 Ensure that the [Deceased Inpatient Notification Form](#) is completed and any variances of care have been recorded.
- 10.4.4 When the deceased person is ready to be transferred, contact the funeral director to arrange this. First preference is always to contact the family's chosen funeral director.
- 10.4.5 If the family has not selected a funeral director, or if it is not possible to contact the family within a reasonable timeframe to confirm their wishes, staff should contact the funeral director contracted by NHS Lothian to provide ongoing care until the family has reached a decision. Currently this is Fosters Funeral Services who can be contacted on 0131 629 3131 24hrs / 7 days per week.
- 10.4.6 If NHS Lothian's contract funeral director is used for interim care, the family must be advised that they will not be charged for this service and they are under no obligation to use this funeral director.
- 10.4.7 When the funeral director collects the deceased person, staff are required to check the ID bands and the information on the Deceased In-patient Notification Form correspond. **There is now a requirement for three identifier checks with the funeral director i.e. Name/ Date of Birth /Address.** The funeral Director must be advised of any relevant risks regarding ongoing care and the top copy of the [Deceased Inpatient Notification Form](#) must be given to the funeral director and the carbon copy filed in the deceased person's health records.

11. Returning deceased person's property to family/next of kin



- 11.1 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.
- 11.2 Patients' funds and valuables are 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.
- 11.3 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.
- 11.4 On the death of a patient, **who has no known next of kin**, any cash or valuables such as keys, bank cards, money, jewellery or mobile phone must be deposited with cashiers. The **Patient Cash and Valuables Book** must be used to make the deposit. A completed [Notification of Discharge/Death Form](#) should also be given to cashiers along with the valuables. Bereavement Service can be recorded as the next of kin or curator and if required, contact staff at the [Bereavement Service](#) for further advice.
- 11.5 On the death of a patient, who has funds and valuables **held in the safe custody of NHS Lothian** i.e. deposited with Cashiers or is being managed by the Patient Funds Department, family should be informed and arrangements made to ensure that these are returned. The nurse in charge must complete a [Notification of Discharge/Death Form](#) and send it to Cashiers or Patient Funds office as soon as possible. The Patients Funds Department will liaise with the deceased patient's next of kin on the return of all the funds and valuables in the possession of NHS Lothian in accordance with [NHS Lothian's Patients' Funds and Valuables Procedure](#).
- 11.6 On the death of a patient who has any cash or valuables that **have been handed in to the ward** for safe keeping professional judgement should be used regarding small amounts of cash and any items of value such as mobile phone or sentimental value, such as toys, cards etc. The nurse in charge can return the property to next of kin once a [Next of Kin Indemnity Form](#) has been completed listing each item being returned. This form must be signed by the next of kin receiving the property and witnessed by the member of staff returning it. The completed form must be returned to Patients Funds, Royal Edinburgh Hospital, Morningside Place, Edinburgh, EH10 5HF.
- 11.7 On the death of a patient who has cash or valuables that **have NOT been handed in to the ward** for safe keeping the nurse in charge must ensure that a [Next of Kin Indemnity Form](#) has been completed, listing each item being returned. This form must be signed by the next of kin receiving the property and witnessed by the member of staff returning it. The completed form must be returned to Patients Funds, Royal Edinburgh Hospital, Morningside Place, Edinburgh, EH10 5HF.

- 11.8 The deceased patients' property must be returned to the family sensitively. Clothes should be folded and placed in the patient's own suitcase / bag or the **purple thistle bags** available for this purpose. Damp and dry possessions should be placed in separate bags. Soiled clothing must be packed separately in a water-soluble bag. Family should be informed of this and their wishes regarding the clothing followed. If they wish anything to be disposed of, this should be documented.

NB. Purple Thistle Bags order codes:

Bags come in large size for belongings such as clothing or toiletries and a small size drawstring pouch for valuables such as mobile phones, glasses or jewellery.

PATIENT BELONGING BAGS	COST	NDC SKU
NHS DECEASED BELONGINGS BAG (LARGE) (W400mm X L400mm purple fabric bags with handles)	£18.50 (1 x 25) 74p per bag	241996
NHS DECEASED VALUABLES BAGS (SMALL) (W170mm X L250mm purple fabric drawstring pouches)	£5.50 (1 x 25) 22p per bag	242009

11.9 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 person'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](#) 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.

11.10 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 (less than £2,500), NHS Lothian should hand over, if possible, all the items of estate in its possession. A [Next of Kin Indemnity Form](#) must 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.

- 11.11 The Patients Funds department will liaise with the deceased person's next of kin on the return of all the funds and valuables in the possession of NHS Lothian.

12. Viewing the deceased person

- 12.1 Family and friends of the deceased person may wish to view the body. This can be an important first step in the grieving process and should be facilitated as appropriate.
- 12.2 If family are present, or arrive shortly after the death has occurred, they may view the deceased person 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 family, 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 family to attend.
- 12.3 Viewings in the 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 (in hours)/portering staff (out of hours) to make the arrangements.
- 12.4 Family must be accompanied to the Bereavement Suite by an appropriate member of ward staff who will be responsible for confirming the identity of the deceased person with mortuary staff (portering staff out of hours) and providing support to family for the duration of the viewing. This may be a nurse or a CSW who has demonstrated competency in escorting families to viewings. A Bereavement Coordinator or Hospital Chaplain may also fulfil this role if appropriate.

13. Authorisation for hospital post mortem examination

- 13.1 Post mortem examinations should always be considered for the reasons outlined in Box 12 (below).

Box 12: Purposes of post mortem examinations

- Completing clinical investigations and providing information on how a disease might have affected the person.
- Routine clinical audit.
- Peer review of clinical care.
- Increasing understanding of complex illnesses and their responses to therapy.
- Identifying unrecognised disease and incidental clinical findings which improve understanding of the epidemiology of disease in Scotland.
- In the case of a baby, providing information that may directly affect the family now, or in future.

- 13.2 A hospital post mortem examination can only be carried out if a Medical Certificate of Cause of Death has been issued. It is acceptable, when the cause of death is uncertain and the Procurator Fiscal has declined to investigate further, for a medical certificate to be issued giving a probable cause of death. In this situation it is essential that the box PM2 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.
- 13.3 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 statutory NHS Scotland forms and associated information leaflets. The process of seeking authorisation for the examination and wishes regarding retention or return 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.
- 13.4 Authorisation must be obtained by a medically qualified member of staff of at least FY2 grade.
- 13.5 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.
- 13.6 A pathology department post mortem request form must also be completed and signed by a medically qualified member of staff.

- 13.7 Advice on all aspects of post-mortem examination can be obtained from a consultant pathologist 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.
- 13.8 A summary of documentation required for a hospital post mortem can be found in Box 13 (below):

Box 13: 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.

- 13.9 The requesting clinician is contacted following the post mortem examination and all clinicians are encouraged to attend, if possible, for discussion of the case.
- 13.10 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.
- 13.11 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.
- 13.12 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 outwith NHS Lothian may request copies of reports from the consultant with administrative responsibility for the autopsy service, or the lead clinician.
- 13.13 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.

14. Donation of body for medical education, training or research



- 14.1 The Human Tissue (Scotland) Act 2006 instructs that a deceased person's 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.
- 14.2 Authorisation must come directly from the potential donor. A relative or someone with power of attorney cannot authorise donation on the deceased person's behalf.
- 14.3 The authorisation document must be lodged with the relevant University anatomy department and / or produced after death in order for donation to proceed.
- 14.4 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.
- 14.5 It is the responsibility of the deceased person'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. NHS Lothian staff should not refer a death on the family's behalf, although they may later be asked to provide information to help the department ascertain whether a potential donation can be accepted.
- 14.6 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](#).
- 14.7 The mortuary must be informed if it is known that a deceased person has bequeathed their body to an anatomy department. This should be recorded on the Mortuary Card DC1. If the donation is accepted the anatomy department will arrange for a Funeral Director to collect the body.

15. Paperwork for repatriation of bodies and funerals outwith Scotland



15.1 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. If a funeral director requests ‘cremation papers’ in these circumstances they should be advised that these are no longer issued for deaths in Scotland and the required information can be found on the Form 14 Certificate of Registration and the full extract of the entry in the Register of Deaths.

15.2 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](#). 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.

16. Release of the deceased person to the funeral director



- 16.1 Documentation is not usually required for release however funeral directors must be acting on the instructions of an appropriate person dealing with the funeral arrangements: usually the deceased person's nearest relative or executor.
- 16.2 In the event of dispute between family members, the body of the deceased person will only be released according to the instructions of the person with a legal right to make the funeral arrangements.
- 16.3 Occasionally families may request the urgent release of the deceased person out of hours, when there are no mortuary staff on site. This may be for religious, cultural or other reasons. The following services should be contacted to facilitate this:

RIE – Engie Services 0131 242 7015

WGH – Site Manager 0131 537 1000

SJH – Site Manager of Clinical Nurse Manager 01506 522084

The member of staff releasing the deceased person must ensure that the necessary paperwork is completed and available. **N.B.** deceased persons released for burial or cremation require a completed and signed [Deceased Adult Inpatient Notification Form](#).

The member of staff and funeral director / family representative must check the patient ID bands and the Deceased Inpatient Notification Form to confirm deceased's identity. **There is now a requirement for three identifier checks with the funeral director i.e. Deceased person's Name / Date of Birth / Address.** Sections 2 , 3 and 4 must be discussed with funeral director as this will ensure those coming into contact with the deceased person are informed of any potential infection, contamination, pacemakers or potentially explosive devices and any manual handling issues. Deceased person must be checked for any personal belongings, jewellery or mementos and Section 5d must be signed by the funeral director.

The member of staff and funeral director/family representative must **BOTH** sign the mortuary register before the deceased person can be released.

- 16.4 Occasionally the family may request that the deceased person is transferred from the ward directly into the care of their chosen funeral director (bypassing the hospital mortuary). This may be due to personal preferences, religious, cultural or practical reasons. This can happen in hours and out of hours, but requires careful co-ordination to ensure that transfer of the deceased person is seamless as per family's wishes
 - **In hours** – ward staff must liaise with family, funeral director, mortuary staff and porters.
 - **Out of hours** – ward staff must liaise with family, funeral director, Clinical Site Coordinator. When funeral director arrives the porters will collect the deceased person from the ward with concealment trolley or bed as per usual NHSL procedure. If requested the funeral director can accompany the porters to the ward or can remain in the mortuary while porters collect deceased person and paperwork from ward.

Porters transfer deceased person to mortuary where:

- **In hours** – mortuary staff will check the deceased person and all necessary paperwork before releasing to funeral director.
- **Out of hours** – Clinical Site Coordinator will check necessary paperwork prior to releasing deceased person to funeral director.

17. Notifying the GP

- 17.1 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 and support following bereavement. It may also waste the GP/Practice's time if the patient's pre-arranged appointments are not cancelled.
- 17.2 The deceased patient's GP must be notified of the death as soon as practically possible – in most cases within 24 hours.
- 17.3 Clinical areas must have a clear and effective local process for timely notification of patients' deaths to their GPs. Section 5.7 of [Completion of Medical Certificate of Cause of Death \(MCCD\) and Review Process](#) outlines how TRAK can be used to notify GPs within Lothian of a patient's death via an immediate discharge summary. Alternatively the GP can be contacted by telephone call and followed up by letter.
- 17.4 The GP should be given information on the date, location and certified cause of death, and the certifying doctor's name and contact details for further information.
- 17.5 Where relevant, nursing staff should inform other healthcare professionals (e.g. health visitors, midwives, school nurses etc) and health care suppliers (e.g. suppliers of home oxygen, incontinence products, etc).

18. Patients with no known next of kin, or relatives who are unwilling/unable to make arrangements



- 18.1 When a patient dies with no known or traceable next of kin, or if family are unwilling or unable to make the necessary arrangements, staff should refer the case to the NHS Lothian Bereavement Service as soon as possible for advice and assistance. Telephone 0131 242 6995 (ext 26995) or email bereavement.service@nhslothian.scot.nhs.uk.
- 18.2 In such cases the Bereavement Service can make enquiries to trace next of kin and, if necessary, will make arrangements to refer to the National Ultimus Haeres Unit, register the death and organise a simple dignified funeral. This can be a prolonged process so early notification to the Bereavement Service is essential to ensure that timely and dignified arrangements can be made.
- 18.3 Mortuary SOPs and service level agreements with funeral directors contracted to provide care for patients who die in sites without mortuary facilities must include the escalation procedure to be followed if the deceased person is still in the mortuary after 5 days and no contact has been made from a funeral director or family representative regarding transfer of care.

19. Training and Support for staff

- 19.1 It is essential that all staff involved in caring for people who are dying, and for people who are bereaved, that they are well informed so they feel confident about the care and support they give. They should have opportunities to develop their knowledge, understanding, self-awareness and skills.
- 19.2 All staff dealing with deceased patients and their families should have the opportunity to access training appropriate to their roles as part of their induction and/or professional development.
- 19.3 Up-to-date information, resources and training on bereavement issues are available on NHS Lothian's staff intranet site.
- 19.4 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).
- 19.5 While most staff cope and support one another well, following the death of patient, opportunities should be provided for:
 - Space and time (alone or with others).
 - Talking through the death / formal debriefing.
- 19.6 Hospital chaplains offer confidential and non-judgemental support to staff with or without religious beliefs.
- 19.7 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 536 1135 (option 3).
- 19.8 Additional resources can be found in the [Staff Health and Wellbeing](#) section of the NHS Lothian staff intranet.

20. End of Life Care (Purple Thistle) Sign Procedure

Purpose of this procedure:

To provide guidance for staff on use of the End of Life Care (Purple Thistle) Sign when a patient is imminently dying or has died.

The Procedure:

The procedure includes a step-by-step guide including:

1. Use of the End of Life Care (Purple Thistle) Sign as a communication tool.
2. Special considerations and consent.
3. Preparing to implement the Purple Thistle Sign in your area.
4. Operational procedure for using the Purple Thistle Sign.

1. Use of the End of Life Care (Purple Thistle) Sign as a communication tool

The End of Life Care (Purple Thistle) Sign is a communication tool which can be used to promote dignified, respectful and compassionate care when a patient is imminently dying or has died. Using a simple visual indicator to raise awareness of this profound event can enable staff to interact appropriately with those affected by the death and help to create a calm and dignified environment (Duffin, 2011).

The purple thistle image is taken from the 'When Someone Has Died' bereavement booklet that should be offered to all families following a death in NHS Lothian.

Copyright of the purple thistle image belongs to NHS Education for Scotland (NES). NHS Lothian has obtained permission to use the thistle image as our End of Life Care Sign, however this is subject to certain restrictions. Therefore the sign must not be adapted, embellished or otherwise changed or added to without first checking with the NHS Lothian Bereavement Service whether the proposed change is in line with our agreement with NES. Should you wish to adapt the sign (e.g. by adding text which may be relevant to your area), please contact the Bereavement Service for advice: bereavement.service@nhslothian.scot.nhs.uk.



2. Special considerations and consent

The End of Life Care (Purple Thistle) Sign should only be used in the circumstances when a patient is **imminently** dying or has died. Other uses may dilute the impact of the sign and undermine its purpose.

The sign is intended to be a visual communication tool and is not a substitute for sensitive and honest conversations. However it may not suit all clinical areas or indeed all dying patients and their families, therefore its use may vary from one clinical area to another.

It is essential that staff explain to the patient and/or their family (as appropriate) the purpose of the sign and its value in creating a dignified and supportive environment for end of life care. Patients and families should be assured that is simply a way to promote awareness and help staff to provide better care. The outcome of this conversation must be clearly documented in the patient's healthcare records. If the dying patient or their family have any concerns or objections then their views and wishes must be respected.

If a patient is imminently dying or a death has occurred in an area where other patients are present, it may be appropriate for the nurse to sensitively inform them of the situation. It is important to offer support and reassurance, to allay any fears and misconceptions.

3. Preparing to implement the End of Life Care (Purple Thistle) Sign in your area

Prior to implementing the End of Life Care (Purple Thistle) Sign in a clinical area, there must be agreement within the ward team about how, when and where it will be used. When the decision has been made to implement the End of Life Care (Purple Thistle) Sign, the sign can be downloaded from [Policy Online](#). It must be printed in colour and laminated prior to use.

The Senior Charge Nurse must communicate the purpose of the sign with colleagues and wider team members who may visit the clinical area (including medical, nursing, CSWs, AHPs, bank staff, administrative, portering or domestic staff). This is to ensure that everyone is aware of its use and the meaning of the sign.

Appropriate locations to display the sign will vary depending on local facilities and the layout of the clinical area. The Senior Charge Nurse should confirm the locations where the sign is to be displayed (e.g. entrance to ward, outside patient's room or bed space, relatives' room). The Senior Charge Nurse should identify where it is to be stored when not in use, so that it is readily available when required.

4. Operational procedure for using the End of Life Care (Purple Thistle) Sign

PROCEDURE		
4.1	<p>Consent MUST be obtained from the patient / family before being displayed.</p> <p>If consent given, continue with rest of the procedure.</p> <p>If consent NOT given then their wishes must be respected and the sign not used.</p> <p>The conversation MUST be clearly documented in the patient's healthcare record.</p>	It is important that patients / families are appropriately informed and consulted.
4.2	The sign should be displayed when a patient is imminently dying or has died in your clinical area. It should be displayed at agreed place(s).	To ensure that staff are aware of the situation. Awareness of this profound event allows staff to interact appropriately with those affected by the death.
4.3	If a patient is imminently dying or a death has occurred in an area where other patients are present, it may be appropriate for the nurse to sensitively inform them of the situation.	It is important to offer support and reassurance, to allay any fears and misconceptions.
4.4	When staff notice the sign they should be conscious of maintaining a calm and respectful atmosphere, e.g. keep noise to a minimum, avoid mobile phone use and should only enter the room / bed space to offer care and support to the patient and family.	To ensure privacy, to promote a calm, caring environment and to prevent any unnecessary interruptions, in particular during sensitive conversations with family or during the final act of care.
4.5	Once the bereaved family has left the clinical area and the deceased patient has been transferred to the mortuary, remove the sign and return to the agreed storage area.	<p>To ensure it is ready for next use.</p> <p>It's important that the sign is only displayed at appropriate times, so that its impact is not compromised.</p>

Associated materials/references:

- [End of Life Care \(Purple Thistle\) Sign](#)
- [Death in Hospital Policy & Procedures](#)
- Duffin, C (2011) Silent Order: encouraging respect for bereaved families. *Emergency Nurse*. 19, 5, 9