Ashford and St. Peter's Hospitals
NHS Foundation Trust

POLICY AND PROCEDURE FOR THE EARLY RELEASE OF THE DECEASED PATIENT OUT OF NORMAL WORKING HOURS

Reviewed by: Charlotte Broughton, Head of Patient Experience & Involvement

Status: Approval date: August 2009

Ratified by: Trust Executive Committee

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done via Language Line on Tel. 0800 0280073 who provide a 24 hour service. The Trust's client reference is 270016 please see the Trust's Guidelines for Using the Interpreting Service.

1.5 In addition to discussing the need for a post-mortem, the Ministry of Justice leaflets "What to do after someone dies: When a death is reported to a coroner" https://www.gov.uk/after-a-death/when-a-death-is-reported-to-a-coroner and "What to do when someone dies: step by step" https://www.gov.uk/when-someone-dies should be provided to next of kin. Copies of the Trust's Bereavement Booklet are available from the CSNP's office and on each ward. These leaflets are currently only available in English, however a translation can be provided and staff should refer to the Guidelines for Using the Interpreting Service

1.6 The Registrar of Births, Marriages and Deaths can only register the death and issue the 'Green' disposal form in circumstances where an acceptable cause of death has been clearly established. This should be carefully and sensitively explained to the family.

1.7 Early release is only available for a burial and the Medical Certificate of Cause of Death (MCCD) needs to be completed by one of the medical team who has attended the deceased (The Coronavirus Act 2020 enables any doctor to issue the MCCD, the requirement is that the patient has seen ANY doctor within the last 28 days). A patient requiring early release for a cremation can now (Coronavirus Act 2020) be released so long as the Cremation form 4 paperwork has been completed by the issuing doctor. This is available at; cremation-form-4-medical-certificate.pdf and can be completed online and then sent to the Bereavement Office; ASP.BEREAVEMENTOFFICE (ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST) asp-tr.bereavementoffice@nhs.net See Appendix 3.

1.8 Before a burial can take place the Registrar of Births, Marriages and Deaths must have issued a green Body Disposal form. This form is normally only issued at the time of registration of the death, and it can only authorise burial or cremation in this country. The family must be advised to contact the Registrar, this number can be used out of hours and you will be transferred to the on call registrar; 0300 200 100 or this can be done online; www.surreycc.gov.uk

1.9 The only exception to the above is when, for religious reasons, the body must be buried (not for cremation) within 24 hours. In these circumstances, the Registrar may agree to issue a green Body Disposal form in advance of registration. Details of how to contact the Registrar and their availability can be found above. This can be done by the Next of Kin or if necessary, the responsibility for contacting the Superintendent Registrar can be handed on to the CSNP/Site Co-ordinator on the next shift. Details of emergency numbers are in the Registrar of Births Marriages and Deaths can be found in the Bereavement Booklet on Trustnet on the Bereavement page; https://www.ashfordstpeters.nhs.uk/registering-the-death

body release form (Appendix 5), which should be completed by the CSNP/Site Co-ordinator.

2.3 **Procedure for Release of the body to the next of kin**

2.3.1 The CSNP/Site Co-ordinator should discuss with the family how they intend to transport the deceased, to ensure the appropriateness of the method of removal; wherever possible they should be encouraged to use a Funeral Director.

2.3.2 The deceased patient can only be released to the Next of Kin from the hospital mortuary.

2.3.3 An Early Release Consent form must be signed by the Next of Kin before the body can leave the hospital. (Appendix 6). The form should be completed by the CSNP/Site Co-ordinator and Next of Kin. A copy of the form should be given to the Next of Kin, one should be inserted in the case notes and one other should accompany the body to the mortuary. These forms will be kept in the CSNP office.

2.3.4 Arrangements will need to be made in the normal way for the patient to be transferred to the mortuary. At the same time the on-call Mortuary technician (St. Peter's Hospital) Charge-hand Porter (Ashford) must be contacted to arrange release from the Mortuary.

NB. The on-call Mortuary Technician is not based on site and will have to travel to St Peter's Mortuary. A time should be arranged with the Technician and the Next of Kin for collection at the Mortuary.

2.4 **Contact on-call Mortuary Technician (St Peter's) or Charge-hand Porter (Ashford)**

At SPH the on-call Mortuary Technician must be contacted by the CSNP/Site Co-ordinator via the switchboard, as the Mortuary Register has to be signed by the persons removing the deceased. At St Peter's only the Mortuary Staff have access to this out of hours.

At Ashford the charge-hand porter should be contacted, and he will arrange an appropriate place to meet the Next of Kin or their representative, for the signing of the Mortuary Register and the removal of the deceased.

2.5 **Body Release form and Proof of Identity**

The hospital release form Appendix 5 should include the deceased's full name, date of birth and hospital number.

The body will not be released by the Mortuary unless there is an appropriate form and

proof of identity of the person named on the Early Release Consent form. (Appendix 6).

2.6 **Mortuary Arrangements – Meeting Next of Kin**

Appropriate arrangements need to be made for the Next of Kin, or their representative, to receive the deceased .The family should be advised to go to the Visitor's Entrance of the Mortuary situated in the Brooklands Building, they will be shown into the Viewing Room where they will sign the Mortuary Register and then be assisted with the removal of the deceased. The Mortuary response time is a maximum of 4 hours from the point of contact.

3. PROCEDURE FOR CHILDREN

The policy and procedure should be followed as above except:

3.1 The paediatric nurse caring for the patient and family is responsible for facilitating the process in liaison with the Shift Leader and CSNP/Site Co-ordinator as necessary.

3.2 The deceased patient should be transferred to the Mortuary to be entered into the Mortuary Register and released to the family from the Mortuary on receipt of a completed Early Release Consent form please see Appendix 6. However, the Mortuary will endeavour to facilitate the release of the child from the ward where it would be inappropriate for attendance at the Mortuary (i.e. the death of a small child), providing there is a clear line of communication between the Mortuary and the ward, and that all relevant paperwork is emailed to the Mortuary. The family may wish to carry the child themselves and this should be facilitated. However, they should always be accompanied by a member of staff. The hospital release form Appendix 5 should include the deceased's full name, date of birth and hospital number.

3.3 The family should be advised to go to the Visitor's entrance of the Mortuary situated in the Brooklands Building and they will be attended to in the Viewing Room. The Mortuary response time is a maximum of 4 hours from the point of contact.

3.4 If the family are wishing to remove the child to their own home, they should be advised to contact their funeral directors to consult them regarding the practicalities of this. It is important to ensure that parents who choose to take their child home are given full information regarding what to expect and what they must do – particularly in view of deterioration. If they do not have a chosen Funeral Director, they could be given the number of the Trust Contract Funeral Directors – Alan Greenwood and Sons 01483 210222.

4. CONTACTING THE REGISTRAR OF BIRTHS, MARRIAGES AND DEATHS

4.1 The person who wishes to register the death should telephone: 0300 200 1002 the Surrey Registration Service Contact Centre and select the out of hours service. The

caller will then be put through to the on-call registration manager.

5. CONTACTING THE CORONER

5.1 The Coroner's Office is located at HM Coroner's Court in Woking and the contact details are:
During office hours: **01483 404530**

5.2 Out of hours the Surrey Police Call Centre can be contacted on 101, it will be necessary to ask the Operator to connect directly to or advise of the direct dial number of the on-call Coroner's Officer.

5.3 If the patient is being taken out of the country, it is the responsibility of the family's chosen Funeral Director to contact the Coroner's Office. During office hours the Coroner's Officers can be contacted on 01483 404530 (NB. Only the Coroner has the authority to issue an "Out of England Order"). If appropriate, the Coroner's Office will contact the Superintendent Registrar who will arrange to register the death as soon as possible.

6. DISSEMINATION AND IMPLEMENTATION

6.1 The guidance will be available to download from the Trust's intranet site and shared via Aspire and Ryalto.

6.2 The policy will also be circulated to all Directors on call, CSNP staff. Communication and sharing of Trust guidance is shared with faith leaders as requested.

7. PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF POLICY

7.1 The Bereavement Officer will monitor and record instances of Early Release requests to ensure that the process is fully understood, and that the cultural and religious needs of the deceased patient are met.

7.2 Compliance with the policy will be reported annually to the Clinical Governance Committee via the End-of-Life Care Group.

8. REFERENCES

Religion or Belief - A Practical Guide for the NHS (2009) Department of Health

Meeting the Patients Religious Needs of the Patient Ashford & St Peter's Pastoral Care

Guidance for doctors certifying cause of death (2005) Office for National Statistics' Death Certification Advisory Group When sudden death occurs – Coroners and Inquests (2002) HMSO London

When a patient dies: Advice on Developing Bereavement Services in the NHS (2005) Dept of Health

End of Life Care Strategy, (2008) Department of Health

9. EQUALITY IMPACT ASSESSMENT SUMMARY

Name of Author: Alison Allan Bereavement Officer/Sal Maughan, Patient Experience Manager

Policy/Service: Policy and Procedure for the Early release of the Deceased Patient out of Normal Working Hours (Bereavement Service)

Background

- Description of the aims of the policy
- Context in which the policy operates
- Who was involved in the Equality Impact Assessment

The aim of this Policy is to set out the Trust's policy for the release of deceased patients outside normal working hours and to provide guidance to staff who receive such a request. Working hours are defined as Monday – Friday 8.00 – 1600.

It is intended for use by internal staff only; this will include CSNPs, Site Co-ordinators, Medical staff, Mortuary Staff and the Bereavement Officer.

The Policy has been reviewed and commented on by the Head of Customer Affairs, Complaints Manager, Head of Pastoral Care, the Matron and Business Centre Manager for Children's Services, the Associate Director of Maternity, CSNPs, and the End of Life Care Group, representatives from the Jewish and Muslim faiths. Feedback has been fully reflected.

Methodology

- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

In reviewing the policy full attention has been paid to current best practice guidance from the Department of Health: *Religion of Belief – A practical Guide for the NHS* (2009) and the *End of Life Care strategy,* (2008). The policy also closely links with the Trust's '*Meeting the Religious needs of the patient'* compiled by the Trust Pastoral Care team.

The Policy supports Trust staff in ensuring that the needs of all equality groups are met as far as possible and careful consideration has been given to those equality groups for whom the policy will most affect in terms of spiritual or religious belief.

The consultation has involved circulation of the document for comment to internal staff as detailed above, as well as patient representatives and Muslim and Jewish faith leaders

Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
The Policy is considered to set out clear guidance and support for Trust staff when a request for Early Release is made and of the factors which must be considered in ensuring the needs of all equality groups are met. Potential adverse effects upon certain religious groups have been considered and addressed in this review.
Conclusion • Provide a summary of the overall conclusions
Potentially adverse impact on equalities groups are addressed as far as possible by the Policy
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
There are no further recommended changes to the policy further to those incorporated as part of the most recent review process

Guidance on Equalities Groups

Race and Ethnic origin (include gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	**Religion or belief** (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)
Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	**Sexual orientation including lesbian, gay and bisexual people** (consider whether the policy/service promotes a culture of openness and takes account of individual needs

Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	**Age** (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)
Culture (consider dietary requirements, family relationships and individual care needs)	**Social class** (consider ability to access services and information, for example, is information provided in plain English?)

APPENDIX 1

ACCEPTABLE CAUSES OF DEATH

AIDS-or HIV need not be reported to the coroner unless the Medical Certificate of Cause of Death, or the informant, voluntarily informs you that the death was caused by contaminated blood products, contaminated needles or was drug-related.

Alcoholism – Chronic, not Acute, eg. Alcohol poisoning

Alzheimer's disease

Atherosclerosis

Atrial fibrillation

Brain tumour/Glioma/Astrocytoma

Bronchopneumonia

Carcinoma-Non Industrial

Chest infection / infections - In deaths from infectious diseases you should state the manifestation or body of the site, e.g. **pneumonia, pyelonephritis, hepatitis, meningitis, septicaemia, or wound infection.** You should also specify:

- The infecting organism, e.g. pneumococcus, influenza A virus, meningococcus
- Antibiotic resistance, if relevant, e.g. MRSA or multiple drug resistant mycobacterium tuberculosis.
- The source and/or route of the infection, if known, e.g. food poisoning, needle sharing, contaminated blood products, post-operative, community or hospital acquired, or health care associated.

Chronic obstructive airways disease

Cirrhosis of Liver

COVID-19

Congestive Cardiac Failure

Coronary atheroma

Diabetes Mellitus– Remember to specify whether your patient's diabetes was insulin dependent/Type I, or non-insulin dependent/Type II. If diabetes was the underlying cause of death, specify the complication or consequence that led to the death, such as ketoacidosis.

Non-Hodgkin's/Hodgkin's disease/Lymphoma

Health care associated infections - It is a matter of clinical judgement whether this has contributed to their death and whether it should be included in part one or part two of the MCCD.

Hepatitis - acceptable as a cause of death unless the Medical Certificate of Cause of Death, or the

informant voluntarily informs you, that the deceased was a medical or dental worker.

Hypertensive heart disease or Hypertension

Ischaemic heart disease

Left Ventricular Failure - diseases which affect different parts of the heart need not be reported to the coroner. However left and right ventricular failure is often used for heart failure and is not an acceptable cause.

Leukaemia – you must specify whether it is acute, sub-acute or chronic and the cell type involved.

Meningitis

Motor Neurone Disease

Myocardial degeneration/Senile Myocardial degeneration

Myocardial infarction/Acute Myocardial infarction/Senile Myocardial infarction

Neoplasms / Cancers– Where applicable indicate whether a neoplasm was benign, malignant or of uncertain behaviour. Please remember to specify the histological type and anatomical site of the cancer. You should make sure there is no ambiguity about the primary site if primary and secondary cancer sites are mentioned. Do not use the terms 'metastatic' or 'metasteses' unless you specify metastasis to, or metastasis from the named site. If you mention two primary malignant neoplasms, make that clear. If a patient has widespread metastases, but the primary site could not be determined, you should state this clearly.

Old age - As it is unlikely that a person is admitted to hospital if they have no apparent disease or injury **"**old age" is not usually acceptable as the sole cause of death. If you are using 'old age' the patient must have been **80 years** or over. You should also have treated the patient for sometime, e.g. a gradual decline over years, or many months. 'Old Age' can be used as an underlying cause of death but you should also mention any medical or surgical conditions that have contributed to the death. (NB the cut off age is not specified in legislation, regulations etc - it is guidance only). Deaths certified as Old Age that do not meet this new category, may be referred to the Coroner's Officers by the Registrar.

Parkinsons disease

Pneumonia – Often occurs as a complication of another disease affecting the lungs, mobility, immunity or swallowing. Pneumonia may also follow other infections and may be associated with treatment for disease, injury or poisoning, especially when ventilatory assistance is required. Specify, where possible, whether it was **lobar** or **bronchopneumonia** and whether primarily **hypostatic,** or **related to aspiration**. If known specify whether the pneumonia was hospital or community acquired, if it was associated with mechanical ventilation or invasive treatment.

Senile Dementia / Senility - "senility" is perfectly acceptable as the sole cause of death for persons aged 70 or over. (NB the cut off age is not specified in legislation, regulations etc- it is guidance only)

Squamous cell carcinoma (Non industrial only)

Stroke and Cerebrovascular Disorders - Give as much detail about the nature and site of the lesion as is available to you. Specify if the cause was haemorrhage, thrombosis or embolism, and the specific artery involved. Remember to include any antecedent conditions or treatments that may have led to cerebral emboli or haemorrhage. ***Avoid the term cerebrovascular accident*** and consider using terms such as 'Stroke' or 'Cerebral infarction' if you cannot otherwise be more specific.

Substance Misuse – Deaths from diseases related to chronic alcohol or tobacco use need not be referred to the coroner, provided the disease is clearly stated on the MCCD. Death due to acute or chronic poisoning, by **any** substance, and deaths involving drug dependence or misuse of substances other than alcohol and tobacco must be referred.

THE FOLLOWING SHOULD BE DISCUSSED WITH/REFERRED TO THE CORONER BEFORE COMPLETING A CERTIFICATE

Septicaemia: where the word septicaemia appears by itself, or in conjunction with an injury or illegal procedure. Where septicaemia is as a result of a quite natural occurrence, e.g. pneumococcal septicaemia, then there is no need to report the death to the Coroner.

Heart attack/heart failure: when it appears on its own with no supporting cause of death. Left ventricular failure or congestive heart failure are the only 'failures' that can be used in Part 1A without a supporting cause of death.

Gangrene: where gangrene appears on its own and we do not know whether it is as a result of a natural occurrence or not.

Smoking (on its own): in the very rare cases where smoking appears alone with no supporting cause of death, or there is some other reason for doing so.

Alcoholism (on its own): or if the death was due to an acute episode of poisoning (e.g. a young child dying after drinking the contents of a bottle of whisky). Chronic alcoholism is acceptable.

Fractures: all fractures no matter how old (other than pathological fractures)

Subdural haematoma: can suggest a blow to the head. However, subdural haematoma – spontaneous would be acceptable.

Tetanus

Hepatitis – occupation related

Dehydration: When it appears on any certificate it needs reporting.

APPENDIX 2

UNACCEPTABLE CAUSES OF DEATH

Natural Causes – this term alone with no specification of any disease is not sufficient.

Organ Failure/Multi Organ Failure – these can only be used if the disease or condition leading to the failure is specified.

Cardiac/respiratory Arrest

Cardiovascular event

CIRCUMSTANCES IN WHICH A DEATH MUST BE REPORTED TO THE CORONER

Death due to accident

Death due to suicide

Death due to violence

Death due to neglect by self or others

Death from industrial disease

Death which occurs during or post surgery

Death due to injury or fall during hospitalisation

Death before recovery from anaesthetic

APPENDIX 3

cremation-form-4-medical-certificate.pdf

APPENDIX 4

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TO WHOM IT MAY CONCERN

Re: _____ deceased

Who died on date _____

in Ashford & St Peter's Hospital Trust (state site) _____

I certify that the above named deceased patient was free of infection.
In my opinion, providing the deceased is placed in a zinc-lined, hermetically sealed coffin, they pose no risk of infection.

Signed: _____

Print name: _____

Qualifications: _____

Date: _____

APPENDIX 5

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

To: **Senior Post-mortem Technician**

From: **Bereavement Officer (ext. 2319)/Clinical Site Nurse Practitioner**

Name of Patient: **……**

The body of the above-named person is cleared for release to the Funeral Directors named below.

Funeral Director: **……**

Address: **……**

Date: …… Signature:……..

APPENDIX 6

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

EARLY RELEASE CONSENT FORM

NAME OF DECEASED: _____

HOSPITAL NO: _____

NHS NUMBER: _____

WARD: _____

NAME OF NEXT OF KIN: _____

ADDRESS: _____

TELEPHONE: _____

I have been advised by Ashford & St Peter's Hospital Trust of the guidelines for removal of the late _____ (name of patient).

I have arranged for suitable transport.

I undertake to contact the Registrar of Births, Marriages and Deaths at the earliest possible time on the next working day to formally register the death.

I confirm that I take whole responsibility for the removal and disposal of the remains of the late _____ (name of patient).

Signed: _____

Print name in block capitals here: _____

Date: _____

Witnessed by: (Site Co-ordinator) _____

Print name in block capitals here: _____

Transport will be provided by:
(Funeral Director or name of vehicle driver) _____

To: (address to which the deceased patient is being taken)

The above-named person will need to provide proof of identity to collect the body from the Mortuary

APPENDIX 7

Procedure for the early release of the deceased patient outside working hours