NHS
Somerset
NHS Foundation Trust

Care After Death

Policy

Version Number:	4	**Issue date:**	13/05/2026	**Next review due:**	13/05/2029
Author(s): **Name(s) & Job Title(s)**	Helen Waldon Head of Bereavement & Medical Examiner Services				
Owner: **Name(s) & Job Title(s)**	Dr Melanie Iles, Chief Medical Officer				
Approved by: **Group / Committee Name**	End of Life Steering Group				
Approval date:	22nd April 2026				
Colleagues / Groups Consulted:	Chief Nurse Nurse Director Mortuary Manager Trust HTA Designated Individual HM Coroner Multifunction Team Lead Infection Control Team Spiritual Care Lead Lead Doctor for Child Death District Nursing Service Transformation and Development Lead & Team Manager Head of Radiology Patient Engagement & Involvement Manager Lead Bereavement Midwife Neighbourhoods Service Lead & Community Hospital Matrons Nuclear Medicine				

CONTENTS

1.0 INTRODUCTION

The aim of this policy is to provide guidance to healthcare workers involved in the care and handling of a person following their death. This includes guidance regarding how to care for a deceased person and how potentially infected bodies should be managed after death to minimise infection risk.

Care at the end of life extends beyond death to provide care for the deceased person and support to their family and carers, treating everyone with sensitivity, dignity and respect. This includes performing personal care, preparing the deceased for transfer to the mortuary, maintaining the safety of everyone who has contact with the deceased and returning the personal possessions of the deceased to their relatives. This policy also gives an overview of what information should be given to families following a person's death.

After death, the human body does not generally create a serious health hazard and in most cases standard infection control procedures will suffice to reduce any possible risk. However, not all infected patients display typical symptoms; therefore, some infections may not have been identified at the time of death. In addition, some high-risk infections continue to be a risk to staff having contact with the deceased and extra precautions are required. There is also a need to inform personnel who may be at risk, whilst maintaining the dignity and confidentiality of the deceased person.

This policy applies to caring for all patients who die in Trust inpatient areas, those who are brought into the Emergency Department deceased or are being cared for in a community setting by District Nurses.

2.0 DEFINITIONS

Body Bag – Plastic zip-closing bag designed to be used to transport and store a deceased person where there is a risk from certain infections or leakage of body fluids

Embalming – injecting chemical preservatives into a body to slow the process of decay. Cosmetic work may be included

Hazard Group 1 Pathogen – a pathogen unlikely to cause human disease

Hazard Group 2 Pathogen – a pathogen that can cause human disease, may be a hazard to employees, is unlikely to spread to community and for which there is effective prophylaxis or treatment

Hazard Group 3 Pathogen – a pathogen that can cause severe human disease and may be a serious hazard to staff, may spread to community and there is effective prophylaxis or treatment

Hazard Group 4 Pathogen – causes severe human disease and is a serious hazard to staff, it is likely to spread to community and there is no effective prophylaxis or treatment

Hygienic Preparation – cleaning and tidying the deceased person to present a suitable appearance for viewing (an alternative to embalming)

Personal Care After Death – physical preparation of the deceased person before removal to the hospital mortuary

SNICU Somerset Neonatal Intensive Care Unit

SUDIC Sudden Unexpected Death in Childhood

Standard Precautions – a series of actions and specific precautions developed to minimise the risk of contamination or cross-infection

Verification of death – the opinion or determination that, based on physical assessment, life has ceased.

Viewing - Allowing the bereaved to see, touch and spend time with the deceased person

Shroud – similar to a hospital gown but is plain white and full length with ruffled collar.

3.0 ROLES AND RESPONSIBILITIES

Infection Prevention and Control Team are responsible for advising and supporting staff in the infection control management of a deceased person.

Lead Bereavement & Medical Examiner Officer is responsible for ensuring training on Care After Death is provided to Nurses and HCAs as part of Trust Induction and training programs.

Mortuary Staff are responsible for informing Funeral Directors of any precautions required, beyond standard precautions.

Multi-function team (MFT) / Porters involved with transferring the deceased to the mortuary, ensuring the patients identity is checked with ward staff and following admission procedures to the mortuary abiding by the guidance outlined in the Admission and Release of Deceased from the Mortuary SOP.

The Registered Nurse caring for the patient is responsible for the completion of the Mortuary Admission Form and ensuring the actions of this policy are followed.

Ward / Department Managers are responsible for ensuring that all staff handling a deceased person are aware of the actions in this policy.

Ward Staff involved in the care of a deceased person are responsible for ensuring the actions of this policy are followed.

His Majesty's Coroner (HMC) is an independent judicial officer of the Crown who has a statutory duty to investigate the circumstances of certain categories of death for the protection of the public.

4.0 PROCESS DESCRIPTION

4.1 Verification of Death

- Death should be verified by the doctor responsible for the patient's care whenever possible. However, when this is not possible, or out of hours, the doctor covering the ward/department where the patient has died or the Out of Hours GP must verify and document in the patient's notes the time they verified the death and the process followed. In the acute hospitals there is a verification of death sticker to aid the documentation of the process **(Appendix. A)**
- In cases where death was expected and the patient has a 'Do not attempt resuscitation' decision documented on a Somerset Treatment Escalation Plan (STEP), Clinical Site Team (CST) or a Registered Nurse who has been trained and deemed competent to verify an expected death, can do so as outlined in the 'Verification of Expected Death of an Adult by Registered Nurses and Allied Health Professionals' policy.
- Delays in verification can cause distress for families and to other patients if it has occurred in a communal area. Guidance provided by Hospice UK advises that in an Acute Hospital, verification of death should be performed with **1 hour** following the death and within **4 hours** in other settings. Where possible if the death was close to midnight, the death should be verified before midnight to ensure the date of death remains the same.
- If carrying out care after death prior to the death being verified, patients **should not** be wrapped.

4.2 Sudden unexplained death in childhood (SUDIC)

For guidance on sudden unexplained death in children, please see the 'Unexpected Deaths in Childhood, Joint Agency Response' policy on the Trust Intranet. A SUDIC box is held in each Emergency Department (ED) and paediatric units with the box contents checked monthly by staff for expiry dates.

4.3 Religious / Faith / Personal Considerations

- Some people may wish to assist with personal care after death and should be facilitated to do so by ward staff, if possible, unless the death is suspicious.
- If there are particular faith needs, you can consult www.openingthespiritualgate.net/all-faiths/ where it gives an extensive list of religious/faith needs following death and can be used as a quick reference guide.

- Occasionally families who follow a particular religion/faith may have additional needs to those documented, however they will normally make these known to ward staff if required. The Trust Spiritual Care Team can also help advice on Care After Death in a particular religious/faith group if needed.

4.4 Infection Control Requirements

- The risks of infection from a deceased person are usually prevented using standard precautions. However, for some high-risk infections there are restrictions around the normal practices of personal care after death and there are additional risks that Mortuary staff and/or funeral directors must be made aware of.
- If family members wish to assist with personal care after death they will not normally need to take any specific infection control precautions unless the deceased had a known or suspected infection. In this case they should follow the same precautions as staff.
- For babies it will be extremely rare that a high-risk infection is involved, therefore family members involved in personal care after death do not need to routinely wear any personal protective equipment unless individually advised by ward staff.
- Infections are grouped in terms of risk:
  - Hazard Group 1 & 2 pathogens (Low risk)
  - Hazard Group 3 pathogens (High risk)
  - Hazard Group 4 pathogens (Very High risk)
- For Hazard Group 1 & 2 pathogens standard precautions are all that are required after death.
- For Hazard Group 3 & 4 pathogens there may be restrictions on the personal care that can be given to the deceased and extra precautions may need to be taken by Mortuary staff.
- In this Trust, post-mortems can be carried out on deceased patients with Hazard Group 1 & 2 infections as well as Hazard Group 3 blood borne infections. However, Post-mortems on deceased patients with either Hazard Group 3 airborne infections or Hazard Group 4 infections are not undertaken in this Trust and the deceased will be transferred to a Mortuary with Level 3 Containment facilities.
- If the deceased patient has a known or suspected infection the table in **Appendix. B** should be used to:
  - Check the deceased patient can be washed and viewed
  - Identify if the deceased patient is known to have suffered from an infection listed as Hazard Group 3 or 4 pathogen
  - Identify if the deceased patient has an infection that requires more than standard precautions
  - Identify if a body bag is required for an infection risk
- For acute inpatients the Mortuary Admission Form (MAF) should be completed and record all the above information as requested.

- For death in a Community/Psychiatric inpatient area or deaths at home where there is an infection risk, it is important that the funeral director collecting the deceased is informed of any infection where possible.

4.5 Precautions following death after the administration of a radioactive material

- For diagnostic nuclear medicine or PET, follow advice contained in the 'Ward Sheet' or 'Inpatient Sheet' issued to the ward following the procedure, this will show the type of investigation and the activity. This must be attached to the sheet in which the body is wrapped, visible to all staff until the date specified has passed after which it must be destroyed. Where possible, post-mortem investigations should be postponed until after the restriction period noted on the 'Ward/in-patient Sheet'; given normal precautions, risks to staff are low even during this period. There are no restrictions on burial or cremation.
- For radionuclide therapy, consult the site where the treatment was carried out and follow instructions provided.

4.6 Personal Care After Death

- **NB.** You do not have to wait until a patient has been verified before you can reposition them. If they have died in their own home, then those present need to ensure the dignity of the deceased is maintained. If the person dies outside of their bed/sofa space, they can, with assistance, be returned safely to the bed/sofa and their bodies covered until their death can be verified.
- If the death is suspicious, personal care should **not** be performed. The Police should be contacted via 101 and they will advise on what care can be given to the deceased.
- For children who have died suddenly and unexpectedly, the guidance in the 'Unexpected deaths in Childhood, Joint Agency Response' policy must be adhered to.
- For babies in Maternity and SNICU, the local protocol held within those areas should be followed.
- For adults and children:
    - Personal care after death **must** be carried out within 2-4 hours of the person dying to preserve their appearance, condition and dignity. The body's core temperature will take time to lower and therefore transfer to the mortuary and refrigeration within 4 hours is optimal. However, in times of extreme heat, transfer is advised to take place sooner due to the increased risk of early decomposition.
    - Some families may wish to assist with personal care after death and should be facilitated to do so by ward staff, if possible, unless the death is suspicious.
    - When carrying out personal care standard precautions should be applied. Any extra personal protective equipment that was required while the patient was alive should still be used when providing personal care after death.

- Lay the deceased person supine with their arms by their sides and their legs straight leaving one pillow under their head. Remove pillow on for mortuary transfer.
- Close their eyelids, ideally this should be done as soon as possible as the smaller muscles in the face develop rigor mortis very quickly. If the eyes will not remain closed, gently pull down the eyelid and apply light pressure for 30 seconds, alternatively, place damp cotton wool on top (this will need to be removed before viewing and/or transfer to the Mortuary). Do not apply tape.
- Try to gently close the mouth. You can support the jaw by placing a rolled-up towel underneath (this must be removed before viewing and / or transfer to the Mortuary). Straighten limbs with arms by the deceased person's sides.
- Wash the deceased person (unless they have recently been washed or unless requested not to for religious/cultural reasons), clean nails, nostrils, ears, mouth and tidy their hair.
- **Do not** shave the deceased as, following death, shaving can cause bruising and marking to the skin which may not show up for several days. Funeral Directors will normally carry this out once the deceased is in their care.
- Clean teeth/dentures and place them in the mouth if possible. If not, place in a labelled denture pot which **must** accompany the deceased person to the mortuary. This must be documented on the MAF. Replace other prostheses whenever possible. If unable to do so, these also need to be labelled clearly and accompany the deceased person to the Mortuary/funeral director.

4.7 Tubes, Cannula and Leakage

- All tubes eg drains, venous cannulas, subcutaneous cannulas etc. should always be left in situ. Clamp any drains and remove drainage bottles, catheter bags etc and spigot where appropriate. All giving sets attached to cannulas should be removed and the cannula bunged.
- All endo-tracheal (ET) tubes are to be left in, unless inserted as part of cardiopulmonary resuscitation or removed as part of a planned withdrawal of treatment.
- Neck lines should have any giving sets removed and ends bunged then they can be covered with gauze swabs and taped so they are less visible if family wish to view on the ward.
- Contain leakages from the oral cavity or tracheostomy sites by suctioning and positioning. Suction and spigot nasogastric tubes.
- Wounds – leave stitches and clips intact. Cover any wounds likely to continue to leak using waterproof occlusive dressings.
- Cover stomas with a clean bag. Young children should have a nappy on. Older children or adults may need to wear incontinence protection if this was their usual practice.
- For leaking oedematous limbs, a plastic backed incontinence pad can be lightly secured around affected limbs.

- Always clothe a deceased patient before transfer to the Mortuary or collection by a funeral director. Either a shroud, hospital gown or personal clothing can be used. They should never be transferred to the mortuary/funeral director naked.

4.8 Mementos

- Permission from family must be obtained before taking mementos from an adult or child (e.g. a lock of hair, foot or handprints). If there are any special requests of this nature, provide assistance with this as appropriate and document in the medical records.
- Any mementos which are to stay with a deceased adult or child who died in the acute hospital, must be documented on the MAF.

4.9 For deaths which occur in Outpatient Areas eg CT scanner

- Deaths occurring out with a ward environment such as CT or an outpatient clinic can be difficult to manage, however the advice we always give would be to move the patient into a clinic room or recovery area and carry out care after death as per this policy.
- Deceased patients should not be transferred back to the ward/department they came from unless it is absolutely necessary eg there is no suitable area they can go to have care after death performed. This is to protect the patient's dignity but also to avoid staff being put in difficult positions.
- Should transfer back to their originating ward be necessary, it must be discussed with the manager for the area where the person died and the ward manager, with a clear plan of how that transfer is to be managed.
- It is **not** recommended to transfer the patient in a way that make them appear to be alive eg. with oxygen mask in situ, therefore the recommended way to do this would be using the concealment trolley via MFT / Porters.

4.10 Visiting the deceased

- Where possible, all families should be given the opportunity to see their loved one after death on the ward.
- Visiting in the mortuary is **not** guaranteed and can only be done in exceptional circumstances. It **should not** be offered to families without discussion with the Bereavement & Medical Examiner Office during normal working hours or via CST Out of Hours.
- If there is, or likely to be, HMC involvement with the deceased, we are unable to facilitate a viewing without the specific authority from HMC.

- If a visit is to take place on the ward, ideally care after death should be performed prior to family visiting or at the very least the patient should be positioned as per section 4.5 and the bed made with clean linen.
- Patients **should not** be wrapped prior to visiting and should have the sheets folded back with their face and shoulders uncovered, with hands exposed to allow hand holding.
- Other staff working within that area must be informed that there has been a bereavement so that noise can be respectfully kept to a minimum, particularly if the deceased person is in a bay, and they are aware that a bereaved family will be on the ward and may need assistance.
- On arrival to the ward families should be given an opportunity to speak with staff before they visit the deceased person. This allows them to ask questions, understand events and gives an opportunity to ask questions, particularly if they were not present at the time of the death. This conversation should be held in an environment supportive of confidential and potentially distressing conversations and should be out with the main ward area and bedspace to allow for privacy and dignity to all involved.
- Please note, not everyone will have seen a deceased person before, and it is likely to be upsetting for them. Before entering the bedspace, those visiting the deceased person should be prepared appropriately and compassionately about what they are about to see.
- Ward staff should ensure that they remain available to those visiting the deceased person, either in the room or providing a call bell.
- If the visit involves physical contact with the deceased person, the visitor should be encouraged to wash their hands thoroughly before and afterwards.
- In the case of the death of a baby or child, parents may wish to be with a baby/child for several hours and other members of the family may wish to visit. Ensure the room is appropriate and a cold mat or cold cot can be made available. Please contact the Mortuary team if this would be required.

4.11 Deceased Patients' Property

- The personal effects of the deceased person are to be listed in the ward property book and packed neatly into a bag/bags.
- Soiled items of clothing should be packed separately in water-soluble property bags (available on the wards) and receiving relatives advised. Any equipment, such as walking frames, wheelchairs etc., should be cleaned as per the Trust 'Decontamination of equipment and medical devices' policy. Soiled equipment must not be returned to relatives until appropriately cleaned.
- Do not pack perishable items such as fruit.
- **All property** must be labelled clearly with the deceased person's name and hospital number. Please **do not** apply the green 'Deceased' stickers to bags, these are for Medical Records only.
- Jewellery should only be removed at the family's request, otherwise it should remain in situ. Any jewellery left in situ, must be logged on the MAF by the nurse responsible for the care of the patient. The patient notes and the ward property book should be updated accordingly. If family members

request it to be removed, it should be given to them in the presence of another member of staff or placed in a secure envelope/bag and stored in a secure area until it can be returned to the family.

- **All** medications should be returned to the hospital pharmacy.
- All property should be returned to family directly or, if they have not been present:
    - At MPH the property should be taken to the Bereavement & Medical Examiner Office as soon as possible, along with the medical notes and completed property book. Money over the value of £25 **must** be checked and documented and passed to General Office by the ward. General Office will arrange for its return to a nominated person.
    - At YDH and other Inpatients areas, arrangements should be made with the family to collect directly from the ward.

4.12 Bereavement Information for families

Acute

- All acute inpatient areas should have a supply of Bereavement Information Packs. These are supplied by the Bereavement & Medical Office and contain practical advice and information on what happens next for families following a bereavement. All bereaved families should be given a pack before they leave the ward. Ward staff can collect more packs from the offices in both MPH and YDH. There is also a Paediatric & Neonatal Bereavement Information Pack available for areas dealing with paediatric & neonatal deaths.
- If family has not been present ward staff should give them the telephone number for the Bereavement Office and advise them when to call as below. The Bereavement Office can send all the information to family by email, or by post if necessary.
- Please advise families to call the Bereavement & Medical Examiner Office **after 10am the next working day.**
- The Bereavement & Medical Examiner Officers will be able to advise families on what is happening with regards the paperwork, when it is likely to be ready and any further arrangements to be made. Please note the issuing of a Medical Certificate of Cause of Death can be a complex legal process and information about it should **only** be given to family by the doctor responsible for the patients care or the Bereavement & Medical Examiner Office Staff.
- Please do not advise families to come to the Bereavement & Medical Examiner Office without prior arrangement.

Community & Psychiatric Inpatient areas

- All inpatient areas should have a supply of Bereavement Information Packs. As above, they contain practical advice and information on what happens next for families following a bereavement. All bereaved families should be given a pack before they leave the ward. They can be reordered directly from the publishers, RNS Publications by either emailing enquiries@rns.co.uk or telephoning 01253 832 400.

- The Bereavement & Medical Examiner Service will be informed by the doctor responsible for certifying the patient's death, that the patient has died and then the Bereavement & MEO's will be in contact with family in due course.
- As above, the Bereavement & Medical Examiner Officers will be able to advise families on what is happening with regards the paperwork, when it is likely to be ready and any further arrangements to be made. Please note the issuing of a Medical Certificate of Cause of Death can be a complex legal process and information about it should **only** be given to family by the doctor responsible for the patients care or the Bereavement & Medical Examiner Office Staff.

For District Nursing teams

- There is currently no bereavement pack available to cover deaths at home, however the general principles are the same as the other packs. District nurses can advise families to liaise with their loved ones GP regarding the legal paperwork, and, if the GP is able to issue paperwork, the Medical Examiner side of the Bereavement & Medical Examiner service, will be in contact with them once they have received notification from the GP practice.

4.13 Identification (ID) and Wrapping for all Trust Inpatient areas

- Ensure deceased person has a legible ID band on both wrists, this is a local request which aligns with mortuary protocols.
- The deceased person should be wrapped in a clean sheet. **Do not** wrap the sheet too tightly, particularly around the face.
- One of the hands displaying the wristband should be left outside the sheet to allow the patients ID to be checked. Whilst awaiting Multifunction Team (MFT) / Porter attendance, leave 1 pillow under deceased person's head. The nursing staff **must** check the ID along with MFT / Portering staff, the hand exposed should be wrapped within the sheet by the nursing staff. Patients should not be transferred until this is carried out by the clinical staff.
- Body bags are not routinely required; however, they should be used if there is likely to be leakage or in event of a specific infection (see **Appendix. B** for the infections that require a body bag). Body bags should be available on each ward and should be of the correct size. The deceased should be clothed, wrapped in a sheet as normal and then placed inside the body bag. The bag should be zipped from feet to head.
- For deaths in the community, the person should be covered with a sheet/blanket following personal care being carried out and then the appointed funeral director will wrap appropriately.

4.14 Mortuary Admission Form (MAF) – Acute Hospitals (Appendix.C)

- Since the deceased person's medical records do not accompany them to the Mortuary, the MAF is the main communication tool between the ward and the Mortuary team. This form ensures the

Mortuary staff have the full patient details and are made aware of any valuables or mementos with the patient, what precautions must be used whilst dealing with the patient and any continuing infection risks. **NB** for deaths in the Emergency department in Musgrove Park Hospital, a copy of the ED CasCard and any other notes should be photocopied with the copy accompanying the patient to the mortuary. The copied notes will be given to the Bereavement & Medical Examiner Service.

- The MAF must be completed prior to transfer of the patient to the mortuary and should be given to Multifunction team (MFT) / Porters. The mortuary team will then scan and email the MAF to the Bereavement & Medical Examiner Office to notify them of the death.
- The Registered Nurse caring for the patient is responsible for the completion of the MAF.
- For adults and children, use the MAF which is available for download on the Bereavement Services page on the Trust intranet.
- For deaths in Maternity Unit / SNICU use the specific neonatal paperwork developed by the bereavement midwives, unless it is a maternal death, in which case and MAF should be completed.

4.15 Transportation to the Mortuary

Acute areas

- Ensure verification is documented clearly in the medical records using the pink verification of death sticker.
- Wards should contact MFT / Porters directly to arrange transport to the Mortuary.
- MFT staff must be informed if the patient is bariatric or paediatric.
- Dignity and privacy must be maintained when the deceased is collected by MFT / Porters. It is the responsibility of the ward/department to prepare the area prior to MFT / Porters collecting the deceased. This may simply involve the closure of doors or curtains however, depending on the location of the deceased and the layout of the ward, extra preparation may be required. If the deceased is in a side room, some can be too small to allow for the safe transfer into the concealment trolley. The deceased may need to be taken out of the room and transfer undertaken in the ward corridor. Ward/department staff may need to draw all patient bed-side curtains, use mobile screens and temporarily limit entry to the ward to visitors. This will allow MFT/ Porters and ward/department staff to transfer the deceased safely and in a dignified manner without distressing other patients or visitors to the ward / department.
- Protective clothing is not regularly required by staff during transportation if proper containment is adhered to. However, this depends on the infection risk and whether the staff transporting are comfortable without it, if not, gloves an apron can be worn. If body fluid leakage or improper containment is noted at the time of collection, removal should be halted until the ward nursing staff have rectified the situation.
- Hands must be washed before returning to subsequent duties.

- For a baby/child it usually preferable for a member of the nursing team to accompany the baby/child with MFT / Porters to the Mortuary. For transfer of Paediatric patients, a concealment trolley, infant transport bag or pram can be used depending on the age of the deceased. The infant transport bag is held in the Mortuary which MFT / Porters can access when required and prams can be accessed from the Maternity or Paediatric unit.
- Family members **cannot** escort their loved one to the mortuary.
- On occasions some families do not wish the deceased person (including babies and children) to be held in the Mortuary. The removal of the deceased from hospital grounds **must** take place within the Mortuary environment. Releasing a body quickly will only be possible if there is no need for HMC involvement and there is a doctor available to complete Medical Certificate of Cause of Death. Ward/department staff must contact either the Bereavement & Medical Examiner Office (in hours) or CST (out of hours) for further support with this process.
- **NB** a 'speedy release' is not guaranteed. Certification of death is a legal process and has many complexities. Release can only happen if those processes can be carried out in accordance with the law.

Community Hospitals

- For those Community hospitals which have compliant body storage facilities, please ensure that the verification of death is documented clearly on Rio prior to moving the patient.
- Dignity and privacy must be maintained when the deceased is transferred. It is the responsibility of the ward/department to prepare the area prior to transfer. This may simply involve the closure of doors or curtains however, depending on the location of the deceased and the layout of the ward, extra preparation may be required. If the deceased is in a side room, some can be too small to allow for the safe transfer into the concealment trolley. The deceased may need to be taken out of the room and transfer undertaken in the ward corridor. Ward/department staff may need to draw all patient bed-side curtains, use mobile screens and temporarily limit entry to the ward to visitors. This will allow ward/department staff to transfer the deceased safely and in a dignified manner without distressing other patients or visitors to the ward / department.
- Protective clothing is not regularly required by staff during transportation if proper containment is adhered to. However, this depends on the infection risk and whether the staff transporting are comfortable without it, if not, gloves an apron can be worn. If body fluid leakage or improper containment is noted at the time of collection, removal should be halted until the ward nursing staff have rectified the situation.
- Hands must be washed before returning to subsequent duties.
- If a person dies at a community hospital without appropriate cold storage facilities their appointed funeral director should be called for removal of the body in a similar manner to how they would be removed from their own home. This may be some while later so it is imperative all of the last offices are well maintained and a clear hand over given to the funeral director transport team.

- If the person does not have an appointed funeral director, has no next of kin of next of kin are unable to appoint a funeral director, then the Trust contracted Funeral Director should be contacted via main switchboard. They can collect the person and transfer them into the care of one of the nearest Trust Mortuaries.

5.0 Linked Policies

- Admission and Release of Deceased from the Mortuary
- Policy for Decontamination of Hospital Equipment and Medical Devices (Excluding Flexible Endoscopes)
- Notification to HM Coroner, Medical Certification of Causes of Death and Certification for Still Birth
- Unexpected deaths in childhood, Joint Agency Response
- Standard Infection Control Precautions
- Verification of death of adult patients by Registered Nurses and Allied Health Professionals

6.0 TRAINING/COMPETENCE REQUIREMENTS

Care After Death training, gives an overview of the key points in this policy, is provided by the Bereavement & Medical Examiner Service as a part of various teaching programmes and as part of ward study days if requested. You can also find a video on Care After Death on LEAP which forms part of the Chief Nurse Core Standards.

7.0 MONITORING

Note - The monitoring arrangements are required for any Trust Policy. This can also be used as an option for other types of documents.

Element of policy for monitoring	Section	Monitoring method - Information source (e.g. audit)/ Measure / performance standard	Item Lead	Monitoring frequency / reporting frequency and route	Arrangements for responding to shortcomings and tracking delivery of planned actions
Mortuary Admission Form adequately completed	**4.8**	Audit by the Bereavement team of all deceased patients who have been transferred to the Mortuary from a ward within Musgrove Park Hospital, Yeovil Hospital over a period of 2 weeks. Data gathered by mortuary staff. Community Hospital case would only be monitored if there has been negative feedback from funeral directors.	Head of Bereavement & ME Services	Auditing should take place at least annually, or if there has been a trigger whereby monitoring should take place more regularly, such as new outbreak of infection.	Audit report will be shared with the IP&C team and also addressed via the service group Governance Framework. Report will also be fed back to the End of Life Steering Group for information
Patient identified correctly	**4.7**				
Leakage controlled appropriately	**4.6**				
Patient appropriately dressed	**4.6**				
Valuables & jewellery managed and documented appropriately if left with the body	**4.13**				
Infection control requirements recorded on the Mortuary Admission Form	**4.5 & 4.8**				

8.0 REFERENCES

Care After Death – Guidance for staff responsible for care after death Hospice UK (2025)

Guidance for care of the deceased with suspected or confirmed coronavirus (Covid-19) Public Health England (2020)

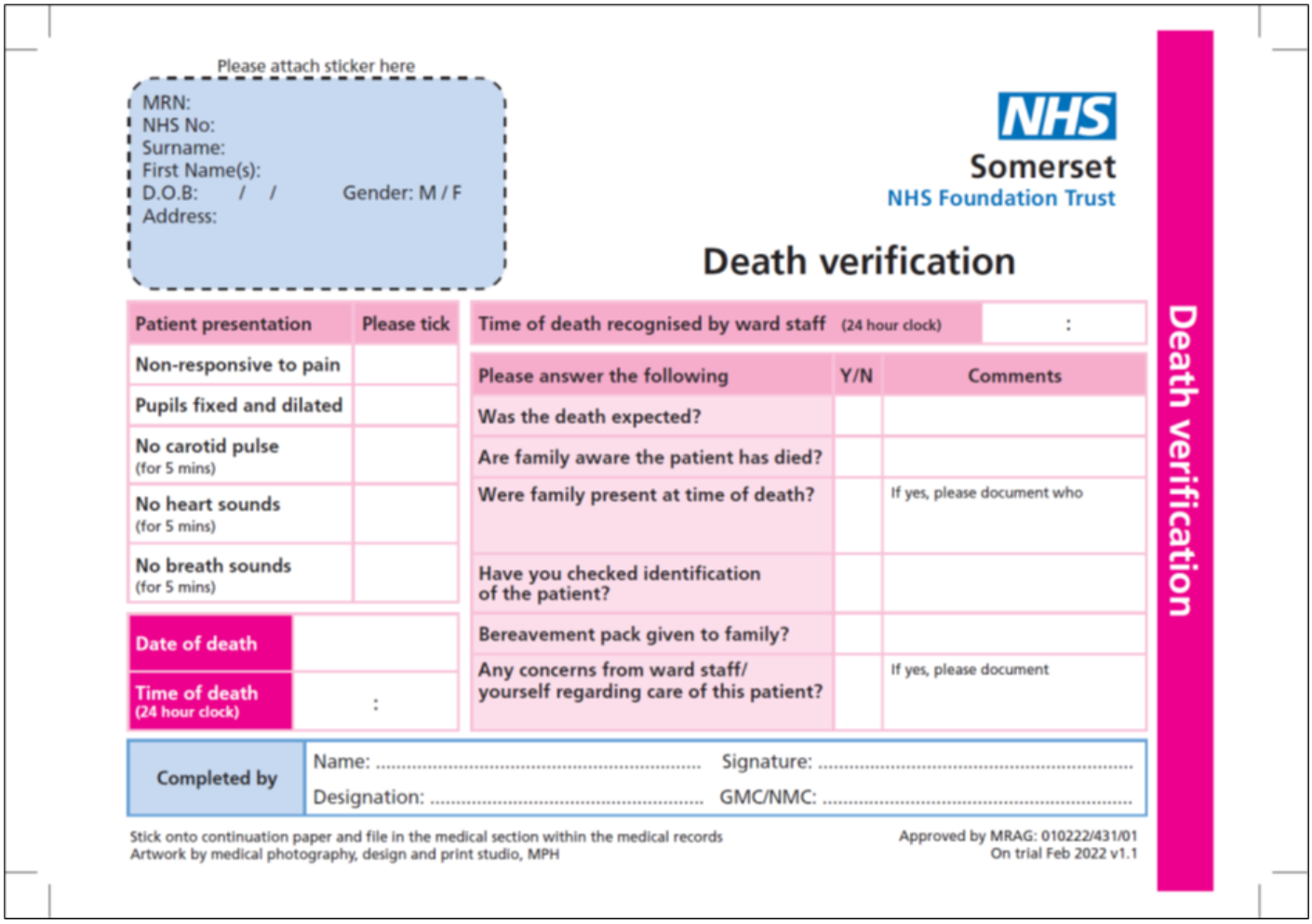
Management of Deceased Individuals Harbouring Infectious Diseases Health Protection Surveillance Centre (2013)

Managing infection risks when handling the deceased Health and Safety Executive (2018)

Biological Agents, Code of Practice Health & Safety Executive (2020)

APPENDIX. A

Verification of Death Sticker – Acute Hospitals



Please attach sticker here

MRN:
NHS No:
Surname:
First Name(s):
D.O.B: / / Gender: M / F
Address:

NHS
Somerset
NHS Foundation Trust

Death verification

Death verification

Patient presentation	Please tick
Non-responsive to pain	
Pupils fixed and dilated	
No carotid pulse (for 5 mins)	
No heart sounds (for 5 mins)	
No breath sounds (for 5 mins)	

Date of death	
Time of death (24 hour clock)	:

Time of death recognised by ward staff (24 hour clock) :

Please answer the following	Y/N	Comments
Was the death expected?		
Are family aware the patient has died?		
Were family present at time of death?		If yes, please document who
Have you checked identification of the patient?		
Bereavement pack given to family?		
Any concerns from ward staff/ yourself regarding care of this patient?		If yes, please document

Completed by

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

Designation: ..... GMC/NMC: .....

Stick onto continuation paper and file in the medical section within the medical records
Artwork by medical photography, design and print studio, MPH

Approved by MRAG: 010222/431/01
On trial Feb 2022 v1.1

APPENDIX. B

Infection Risks after Death

Low Risk (Hazard Group 1 & 2 Pathogens)						
Infection	**Body Bag Required**	**Viewing**	**Hygienic Preparation**	**Embalming**	**Infection precautions**	**Notification of Infection Form (Bereavement & ME Office ONLY)**
Acute encephalitis	No	Yes	Yes	Yes	Standard Precautions	No
Carbapenemase-Producing Organism (CPO)	No	Yes	Yes	Yes	Standard Precautions	No
Campylobacter	No	Yes	Yes	Yes	Standard Precautions	No
Chickenpox/shingles	No	Yes	Yes	Yes	Standard Precautions	No
Clostridium Difficile (Cdiff)	No	Yes	Yes	Yes	Standard Precaution	No
Covid-19	Yes	No	Yes	Yes	Standard Precautions	Yes
Cryptosporidiosis	No	Yes	Yes	Yes	Standard Precautions	No
Dermatophytosis	No	Yes	Yes	Yes	Standard Precautions	No
Hepatitis A & E	No	Yes	Yes	Yes	Standard Precautions	Yes
Influenza	No	Yes	Yes	Yes	Standard Precautions	No
Legionellosis	No	Yes	yes	Yes	Standard Precautions	No
Leprosy	No	Yes	Yes	Yes	Standard Precautions	Yes
Lyme disease	No	Yes	Yes	Yes	Standard Precautions	No
Measles	No	Yes	Yes	Yes	Standard Precautions	No
MRGNO / VRE	No	Yes	Yes	Yes	Standard Precautions	No
MRSA	No	Yes	Yes	Yes	Standard Precautions	No
Meningitis (except meningococcal)	No	Yes	Yes	Yes	Standard Precautions	No
Mumps	No	Yes	Yes	Yes	Standard Precautions	No
Norovirus	No	Yes	Yes	Yes	Standard Precautions	No
Ophthalmia	No	Yes	Yes	Yes	Standard Precautions	No

Low Risk (Hazard Group 1 & 2 Pathogens)						
Infection	**Body Bag Required**	**Viewing**	**Hygienic Preparation**	**Embalming**	**Infection precautions**	**Notification of Infection Form (Bereavement & ME Office ONLY)**
neonatorum						
Orf	No	Yes	Yes	Yes	Standard Precautions	No
Psittacosis	No	Yes	Yes	Yes	Standard Precautions	No
Respiratory Syncytial Virus (RSV)	Yes	Yes	Yes	Yes	Standard Precautions	Yes
Rubella	No	Yes	Yes	Yes	Standard Precautions	No
Tetanus	No	Yes	Yes	Yes	Standard Precautions	No
Whooping cough	No	Yes	Yes	Yes	Standard Precautions	No

High Risk (Hazard Group 3 Pathogens)						
Infection	**Body Bag**	**Viewing**	**Hygienic Preparation**	**Embalming**	**Infection Precautions in Mortuary**	**Notification of Infection Form (Bereavement & ME Office ONLY)**
Salmonella	Adv	Yes	Yes	Yes	Standard Precautions	No
E. coli 0157	Adv	Yes	Yes	Yes	Standard Precautions	No
HIV/AIDS	Adv	Yes	Yes	No	Inoculation	Yes
Acute poliomyelitis	No	Yes	Yes	Yes	Standard Precautions	No
Diphtheria	Adv	Yes	Yes	Yes	Standard Precautions	Yes
Dysentery	Adv	Yes	Yes	Yes	Standard Precautions	No
Leptospirosis (Weil's disease)	No	Yes	Yes	Yes	Standard Precautions	No

High Risk (Hazard Group 3 Pathogens)						
Infection	**Body Bag**	**Viewing**	**Hygienic Preparation**	**Embalming**	**Infection Precautions in Mortuary**	**Notification of Infection Form (Bereavement & ME Office ONLY)**
Malaria	No	Yes	Yes	Yes	Inoculation	No
Meningococcal septicaemia (with or without meningitis)	Adv	Yes	Yes	Yes	Inoculation	No
Paratyphoid fever	Adv	Yes	Yes	Yes	Standard Precautions	Yes
Q fever	No	Yes	Yes	Yes	Standard Precautions	No
Cholera	No	Yes	Yes	Yes	Standard Precautions	No
Scarlet fever	Yes	Yes	Yes	Yes	Standard Precautions	Yes
Tuberculosis	Adv	Yes	Yes	Yes	Aerosol / Airborne	Yes
Typhoid/paratyphoid fever	Adv	Yes	Yes	Yes	Standard Precautions	Yes
Typhus	Adv	Yes	Yes	No	Standard Precautions	Yes
Hepatitis B, C and non-A non-B	Yes	Yes	Yes	No	Inoculation	Yes
Invasive group A streptococcal infection	Yes	Yes	Yes	No	Inoculation	Yes

Very High Risk (Hazard Group 4 Pathogens)						
Infection	**Body bag**	**Viewing**	**Hygienic preparation**	**Embalming**	**Infection Precautions in Mortuary**	**Notification of Infection Form (Bereavement & ME Office ONLY)**
Anthrax	Adv	No	No	No	Do not open body bag until	Yes

					further information received	
Lassa fever	Yes	No	No	No	Do not open body bag until further information received	Yes
Plague	Yes	No	No	No	Do not open body bag until further information received	Yes
Rabies	Yes	No	No	No	Do not open body bag until further information received	Yes
Smallpox	Yes	No	No	No	Do not open body bag until further information received	Yes
Transmissible spongiform encephalopathies	Yes	Yes	Yes	No	Standard Precautions	Yes
Viral haemorrhagic fever	Yes	No	No	No	Do not open body bag until further information received	Yes
Yellow fever	Yes	No	No	No	Do not open body bag until further information received	Yes
Brucellosis	Yes	No	No	No	Aerosol / airborne	Yes

If the infection is **not** on the list and you are in any doubt, contact the Infection Prevention and Control team.

Adv = Advisable and may be required by local health regulation

Other conditions requiring a body bag and with restriction of contact are:

- Death in a dialysis unit
- Known intravenous drug user
- Severe secondary infection
- Gangrenous limbs and infected amputation sites
- Large pressure sores
- Leakage and discharge of body fluids likely
- Post-mortem
- Incipient decomposition

APPENDIX C

Mortuary Admission Form

Deceased Patient's Name				**Male**	❑	**Female**	❑
Date of Birth		**Age**		**NHS Number**			
Date of Death		**Time of Death**		**Ward / Dept.**			
Any valuables left on the deceased person:				**Yes**		**No**	
If yes, please itemise:							
Does the patient have a known or suspected infection?				**Yes**		**No**	
If yes, please specify group	**Group 2**		**Group 3**		**Group 4**		
Infection Control Precautions in Mortuary:							
Standard Precautions		**Airborne infection**		**Blood borne Infection**			
Is the patient in a body bag?		**Yes**		**No**			
Reason for Body bag - please tick		**Risk of leakage**		**Infection**			

Signature (Person completing form)		***Print Name***	
Status		***Date and Time***	
Name of porters transferring deceased person to Mortuary			
Time of Transfer		***Date of Transfer***	

FOR MORTUARY USE ONLY				
Is the patient in a satisfactory condition?	**Yes**		**No**	
If no is selected, please complete an incident report on RADAR				

APPENDIX D

Audit Tool

For use by Mortuary & Bereavement Staff **only**

Name of Patient	MRN	Date of Death	Ward	Date of Audit

		Yes	No
1	Mortuary Admission Form fully completed?		
2	If MAF not fully completed was ward contacted to come and complete the form?		
3	ID band in place and legible?		
4	If ID band not in place or illegible was the ward contacted to come and re-issue an ID band?		
5	Were both hands wrapped within the sheet?		
6	Leakage prevented appropriately?		
7	Was a body bag used appropriately?		
8	Is reason for body bag specified?		
9	IP&C precautions section complete?		
10	Hazard group section completed accurately?		
11	Patient clothed in a hospital gown, shroud or personal clothing?		
12	Patient's mouth closed?		
13	Patient's valuables correct and rings taped?		