

FROM TB  
9 JULY '08  
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ALTNAGELVIN HOSPITALS HEALTH & SOCIAL SERVICES TRUST  
ALTNAGELVIN AREA HOSPITAL  
DIRECTORATE OF NURSING

PROTOCOL FOR PERFORMANCE OF LAST OFFICES  
(MAPCKT 03/1997)

Circulation: Hospital Executive  
Clinical Directors  
Clinical Services Managers  
In-Service Education Manager  
Ward / Departmental Sisters / Charge Nurses  
Ward Policy Manuals

This protocol represents the standard acceptable within the Altnagelvin Hospitals Health & Social Services Trust.

The performance of Last Offices in hospital is confined to that care which is necessary immediately following the death of a patient. This is regarded as a continuation of the care which the nurse has been giving in the terminal stages of the patients illness and should be identified as the final objective of the care of the dying.

Nursing staff attending to the procedure of Last Offices must be aware of Legislation regarding Moving / Handling and avail of Lifting Equipment as deemed necessary.

In the event of a Jewish death occurring contact the identified Rabbi, screen the patient to ensure privacy is maintained but do not commence Last Offices.

The performance of Last Offices should be limited and proceed as follows:

1.0 Preparation of the Deceased to Accommodate Relatives Viewing.

- 1.1 Straighten the body in preparation for viewing by relatives.
- 1.2 Wash the body if necessary, all deceased who are subject to a Coroners Order should not be washed.
- 1.3 Naso-gastric tube / endo tracheal tubes may be removed to accommodate relatives viewing (*in the case of forensic / coroner or hospital post mortem, all invasive appliances must remain insitu*).
- 1.4 In order to reduce the risk of leakage, venflons, catheters, bandages, plasters or any other wound coverings should be left in place.
- 1.5 Cardiac pacemakers are removed from bodies for cremation but this is not the responsibility of ward nursing staff.

- 1.6 Remove jewellery and record appropriately.
- 1.7 Tidy deceased hair (*do not touch in the case of a head injury*).
- 1.8 Replace dentures if available.
- 1.9 Ensure surrounding environment is suitable for receiving relatives of the deceased.

2.0 Identification / Labelling the Body Prior to Transfer to Mortuary

- 2.1 Patient addressograph labels x 2 attached to body, i.e. one adhered to right arm, one adhered to left leg.
- 2.2 Dress the body in a shroud.
- 2.3 Completed "Notice of Death" black edged card x 2 to accompany the body.
  1. One pinned / taped to front of shroud;
  2. Wrap the body in a white sheet and pin second card to front of sheet.
- 2.4 Preparation for burial i.e. the packing of orifices and removal of invasive appliances etc is the responsibility of either the Mortician or the Undertaker.
- 2.5 Exception to performance of Last Offices are those who are Dead on Arrival, they must be left in their clothes exactly as they present, in order to prevent vital evidence being destroyed which may be of benefit to the police.
- 2.6 Please refer to adjoining pamphlet regarding Advice to Relatives "What to do after death".
- 2.7 Deaths which must be reported to the Coroner. Please refer to pamphlet.
- 2.8 Should death occur between the hours of 9.00am and 4.30pm the Mortuary Technician must be informed of the time of death to enable him / her to deal with enquiries from relatives and the relevant undertaker. This action is extremely important if the body is delayed at ward level. In this event inform the Mortuary Technician of the expected time of transfer of the body to the mortuary.
- 2.9 It is not hospital policy to release bodies outside the official release times.

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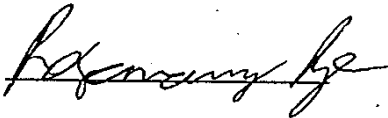
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- 2.9 It is not hospital policy to release bodies outside the official release times.

- 2.10 It is the responsibility of the named nurse or associate to inform the relatives of the agreed official times of release of bodies from the Mortuary.



ROSEMARY RYAN (Miss)  
Director of Nursing

September 1997

\* This protocol is subject to annual review.



Directorate of Nursing

## LAST OFFICES PROTOCOL

2006

See also: Notification of Deaths to Coroner's Office  
(can be found at Trustnet/elibrary/policy database/medical)  
[http://trustnet/elibrary/index.php?mode=download\\_doc&key\\_id=1850](http://trustnet/elibrary/index.php?mode=download_doc&key_id=1850)

A handwritten signature in cursive script that reads "Francis Rice".


Director Of Nursing  
Mr Francis Rice  
Issue Date: June 2006  
Review: 2008

Collated by Annetta Quigley  
Senior Nurse Professional Development/Quality.

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**This document has been collated with consideration given to Section 75 NI Act (1998) Equality and Human Rights Legislation.**

|   |                                  |  |
|---|----------------------------------|--|
|  | <b>Last Offices<br/>Protocol</b> | Nursing Document: Acute<br>Version No. 3 |
|---|----------------------------------|--|

## LAST OFFICES PROTOCOL

Our society today is multi-cultural, multi-racial and multi-religious, therefore it is essential that nurses deepen their understanding of issues surrounding death, and broaden their knowledge of and respect for other cultures and faiths. They must also possess the legal information required for care of the deceased.

The subject of 'death with dignity' has received much prominence in the health care literature (Hayes & Vander Poel, 1990; Helman, 1990; Green & Green, 1992). All consider that it is the execution of last offices with care and dignity, which concludes the care that has been offered to an individual. From the viewpoint of many bereaved relatives, the way that a deceased loved one is treated forms an important part of their memory of a hospital's care.

### Aim

To provide dignified care to the deceased patient and their relatives, with respect and consideration given to the pertinent ethnic, cultural and religious rituals that accompany their death, in preparation for transfer to a rest room or mortuary.

### Objectives:

To provide a protocol for last offices to prepare a deceased patient for transfer to the mortuary/rest room.

To provide guidelines that nurses must consider to address ethnic, cultural and religious rituals which accompanies the death of a patient.

To provide a protocol for last offices to prepare the patient for viewing by relatives / next-of-kin, and to maximize support and information to the bereaved.



### **Post-Mortem (Autopsy; Necropsy)**

1. Coroners Post-Mortem – an investigation required by law therefore does NOT require relatives' agreement. (Coroner's Act N.I. 1995)
2. Consented Post-Mortem - (Hospital Postmortem) requested by Consultant/Staff Grade or relatives - who can make restrictions - and requires full signed agreement on the Post-Mortem Declaration Form by relatives, after they have been fully informed.

(Information about post-mortem examination for relatives, March 2000. appendix).

The coroner must be notified and a post-mortem examination will be required to establish the cause of death for the following:

1. Death occurring within 24 hours of an operation
2. Unexpected death
3. Unknown cause of death
4. Patient brought in dead - (unless the patient has been seen by a medical practitioner within 14 days before death. In this instance the attending medical officer may complete the death certificate if he/she is clear as to the cause of death).

When a post-mortem is indicated all tubes and/or drains must be left in position, as they may have been a contributing factor to the death. Spigot any cannulae or catheters. Treat stomas as open wounds. Leave any endotracheal or tracheostomy tubes in place.

Provide next-of-kin with written information – 'Examination of the body after death. Information about post-mortem examination for relatives' (March 2000) (appendix).

### **Infection Control**

Patient with leaking wounds must have occlusive dressing applied to prevent leakage. It is advised to leave Central Lines in position (see procedure).

For infected patients please follow the 'Care and Removal of Infected Bodies after Death', (April 2000) in The Trust Infection Control Manual page 31-35(Appendix).

### **Radioactive Precautions**

It is unlikely that a deceased patients, who has had recent radioactive treatment is transferred or discharged from Belvoir Park Hospital, while still requiring contact precautions. Both the G.P. and attending Consultant are informed by letter by letter if their patients have had 'Sanarium – 153' for Cancer of the Prostate. For those who have had a recent bone scan, staff should follow the precautions issued with the treatment of Radioisotope TC99M from the Radioisotope department.

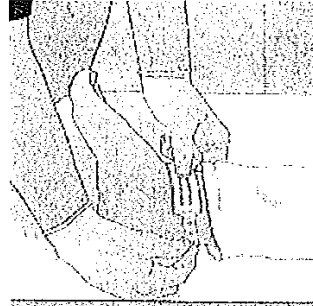
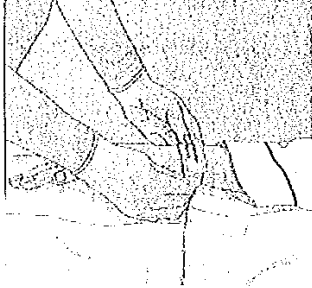
6. Leave central lines (to prevent leakage) but remove peripheral cannulae dressings, drainage tubes, syringe drives, unless otherwise instructed (post-mortem) and apply pressure dressing. Then seal all these open wounds/needle puncture sites/drainage sites with an occlusive dressing.
7. If there is a significant risk of fluid secretion from orifices, pack or apply pads as appropriate and inform the porter/mortuary staff of potential risk of leakage. (
8. Dress patient in shroud, or specified clothing, as previously requested by patient by the family/next-of-kin. Apply any particular named items (religious icons; jewellery etc).
9. Label one wrist and one ankle with an identification label. Complete any documents such as notification of death cards. Tape one securely to shroud.
10. Wrap the body in a sheet as pictorial guidance (page 9).
11. Consider need for body bag as per Infection Control Guidelines (appendix)
12. Tape the second notification of death care to the outside of the sheet (or body bag).
13. Inform the mortuary technician and arrange time for transfer.
14. Screen off appropriate area.
15. Two staff check and record all property (indicate those items left with patient) in the 'Patient Property Book'
  - ♦ Due care is taken to present belongings to the next-of kin in a tidy and sensitive manner, in the Trusts designated packaging.
  - ♦ If next-of-kin are not present to accept and sign for these, then they should be contacted to arrange for collection.
  - ♦ Meanwhile appropriate items must be transported to the valuables safe or Trust Finance Department as per Trust Protocol for Dealing with Patients Property.
16. Inform relatives that items left in the valuables safe or finance department can be collected Mon-Fri 9.00am - 4.30pm. Provide information leaflets and information re: death certificate (appendix)
17. Transfer Arrangements:

Contact porters and mortuary staff re: expected time of transfer to the rest room or mortuary and inform them of any relevant information of the above. Record and sign that all appropriate procedures have been undertaken and information provided.

## Pictorial Wrapping of the Deceased

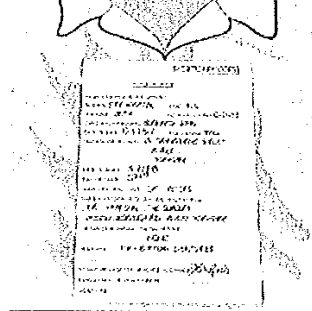
Page 1.

Secure identification labels to patient



Complete the identification labels and "notification of death" form. Place the identification labels on the patient's wrist and ankle.

"Notification of death" form

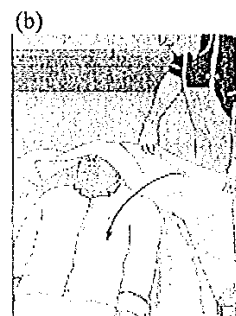


The "notification of death form" should be dealt with according to local policy, which may include attaching it to the shroud, the sheet or handing it to a mortuary attendant/porter.

Wrapping the body (a)



Wrap the body in a clean sheet, and ensure that the face and feet are covered and that the limbs are aligned and held securely in position. Fold the sheet over the patient's face.



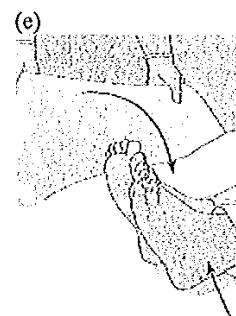
Fold the sheet over the patient's left side.



Fold the sheet over the patient's right side.



Fold the sheet over the lower limbs.



Fold the sheet over the patient's feet.

## ISSUE OF DEATH CERTIFICATES TO NEXT-OF-KIN

- 1 Death certificates should be written as soon as possible after death and issued to the next of kin.
  - 2 If the next-of-kin are not available to receive the death certificate then it should be taken directly to Business Services Department, where it will be recorded and sent by recorded delivery to the next-of-kin.
  - 3 It is imperative that the cause(s) of death and the signature on the death certificate are legible and the exact date of death is recorded on the certificate. Care should be exercised when writing death certificates and all relevant information should be checked before passing the certificate to the next-of-kin.
  - 4 When a case is discussed with the Coroner he/she will advise one of the following:-
    - (a) ..... is a Coroner's case and the death certificate will be issued by the Coroner following investigation.
    - (b) .....does not require the Coroner to investigate eg a natural cause of death related to a fracture but which cannot be identified by a doctor. The Coroner will issue the certificate to the Registrar.
    - (c) .....the Coroner who will usually direct the Doctor to issue the death certificate in specific cases.
- It is important for the Doctor to be entirely clear who is to issue the death certificate after talking to the Coroner.
- 5 If the Coroner is to issue the death certificate (4a & 4b) then the next-of-kin should be informed of this and it should be explained that there will be a delay in the issue of the certificate by the Coroner to the Registrar.
  - 6 The next-of-kin should be told to contact the Registrar of Deaths and explain the above circumstances. The Registrar will ask the next-of-kin for a contact address and will inform them when the Coroner has issued a certificate.

**REMEMBER:** *It causes more distress to relatives if death certificates are not properly completed.*

*Francis Rice*

Director Of Nursing  
Mr Francis Rice  
Issue Date: June 2006  
Review: 2008  
Collated by Annetta Quigley  
Senior Nurse professional Development

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- McGilloway, O. & Myco, F. (eds) (1985) Nursing and Spiritual Care. Harper & Row, London.
- Olivant, P. (1986) Coping with death: last offices ... steps nurses should take to help bereaved relatives. Nursing Times, 82(12), 32-3.
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- Speck, P. (1988) Being There: Pastoral Care in Time of Illness. SPCK, London.
- Wald, F.S. (ed.) (1986) In Quest of the Spiritual Component of Care for the Terminally Ill. Yale University Press, New Haven.
- Weymont, G. (1982) The Howie Report, Nursing Times, 78(35), Journal of Infection Control Nursing, Supplement 16.
- Which? (1987) What to do when Someone Dies. Hodder, London.
- Williams, A. (1982) Procedures Following Deaths in Hospitals. Institute of Health Services Administrators, London.

### Legislation:

Awaiting up-dated references from the Risk management team:

1. Notification of Impending Inquests and Provision of Statements to the police acting as Coroners Officer.
2. Coroner's Act (Northern Ireland) 1959

## GUIDELINES OF REQUIREMENTS FOR PEOPLE OF DIFFERENT RELIGIOUS FAITHS

The following are only guidelines. Varying degrees of adherence and orthodoxy exist within all the world's major faiths and individual requirements may vary even among members of the same faith. Nurses first consider the personal wishes of the dying patient or a 'given religion' may be offered to indicate an association with a particular faith. However some dying patients may not wish to be associated with any faith at all.

The following is listed in alphabetical order as listed in Mallett, J (1996) editor. Manuel of Clinical Nursing Procedures. Royal Marsden NHS Trust. London..

### Bahai

- 1 Bahai relatives may wish to say prayers for the deceased person, but normal last offices performed by nursing staff are quite acceptable.
- 2 Bahai adherents may not be cremated or embalmed, nor may they be buried more than an hour's journey from the place of death.
- 3 Bahais have no objection to post-mortem examination and may leave their bodies to scientific research or donate organs if they wish.
- 4 Further information can be obtained from the nearest Assembly of Bahais or Contact:-

National Spiritual Assembly of the Bahais of the United Kingdom  
27 Ruthland Gate  
London SW7 1PD  
Tel: See local directory or London [REDACTED]

### Buddhism

- 1 There is no prescribed ritual for the handling of the corpse of a Buddhist person, so customary laying out is appropriate. However, a request may be made for a Buddhist monk or nun to be present.
- 2 There are a number of different schools of Buddhism. It is important to confirm which school the patient belongs to, as ritual requirements differ.
- 3 When the patient dies, inform the monk or nun if required (the patient's relatives often take this step). The body should not be moved for at least one hour if prayers are to be said.

- 4 The patient's body should be wrapped in an unmarked sheet.  
For further information contact:

The Buddhist Society  
58 Ecclestone Square  
London SW1  
Tel: [REDACTED]

Tel: [REDACTED]

Tel [REDACTED]

### **Jainism**

- 1 The relatives of a Jainist patient may wish to contact their Brahman (priest) to recite prayers with the patient and family.
- 2 The family may wish to be present during the last offices, and also assist with Washing. Not all families will want to perform this task, however.
- 3 The family may ask for the patient to be clothed in a plain white gown or shroud with no pattern or ornament and then wrapped in a plain white sheet. They may provide the gown themselves.
- 4 Post-mortems may be seen as disrespectful, depending on the degree of orthodoxy of the patient.
- 5 Cremation is arranged whenever possible within 24 hours of death.
- 6 Orthodox Jains may have chosen the path of Sallekhana, that is, death by ritual fasting. This unusual approach to death is permitted by the Jainist faith after permission has been granted by family and priests. This act is seen as the supreme path for fulfilling religious obligations.
- 7 For further information contact:

The Institute of Jainology  
Unit 18,  
Silicon Business Centre  
26 Wandsworth Road  
Greenford  
Middx UB6 7 JZ  
Tel [REDACTED]

### **Jehovah's Witness**

- 1 Relatives may wish to be present during last offices, either to pray or to read from the Bible. The family will inform staff should there be any special requirements, which may vary according to the patient's country of origin.
- 2 Further information can be obtained from the nearest Kingdom Hall.

The Medical Desk  
Watch Tower House  
The Ridgeway  
London NW7 1RN  
[REDACTED]

### **Mormon (Church of Jesus Christ of the Latter Day Saints)**

- 1 There are no special requirements, but relatives may wish to be present during the last offices. Relatives will advise staff if the patient wears a one or two piece sacred undergarment. If this is the case, relatives will dress the patient in these items.
- 2 For further information contact the nearest Church of Jesus Christ of the Latter Day Saints.

The Church of Jesus Christ and\ater Day Saints  
751 Warwick Road  
Solihull  
West Midlands B91 DQ  
[REDACTED]

### **Muslim (Islam)**

- 1 Family members will probably wish to stay with the dying patient and perform The last rites. If possible the patient's head (never the feet)
- 2 Ideally the body should be untouched by non-Muslims, but if it must be touched, gloves should be worn. If no family are present, close the patient's eyes and straighten the body. The head should be turned to the right shoulder, and the body covered with a plain white sheet. The body should not be washed.
- 3 The patient's body is normally either taken home or taken to a mosque as soon As possible to be washed by another Muslim of the same sex. A wife may wash her husband, but the reverse is not permitted.
- 4 Burial, never cremation, is preferred within 24 hours of death.
- 5 Post-mortems are only allowed if required by law, and organ donation is not encouraged.

For further information about Islamic groups, contact:

Islamic  
Belfast Islamic Society  
38 Wellington Park  
Belfast BT9 6DN  
Tel: [REDACTED]

The London Central Mosque  
Trust Ltd.  
The Islamic Centre  
146 Park Road  
London NW8 7RQ  
[REDACTED]

Islamic Centre Belfast,  
Eglantine Avenue  
Belfast BT9  
Tel: [REDACTED]  
[REDACTED]



### **Zoroastrian (Parsee)**

- 1 Customary last offices are often acceptable to Zoroastrian patients.
- 2 The family may wish to be present during, or participate in, the preparation of the body.
- 3 Orthodox Parsees require a priest to be present, if possible.
- 4 After washing, the two sacred garments are required: the Sadra is placed next to the skin under the sheet, and the Kusti is replaced.
- 5 Relatives may cover the patient's head with a white cap or scarf.
- 6 It is important that the funeral takes place as soon as possible after death.
- 7 Post-mortems are forbidden unless required by law.
- 8 Organ donation is forbidden by religious law.
- 9 For further information:

The Zoroastrian Information Centre  
88 Compayne Gardens  
London NW6 3RV  
Tel: [REDACTED]

In addition to the addresses given previously, further information is available from:

The Shap Working Party on World Religions in Education  
The National Society's RE Centre  
23 Kensington Square  
London W8 5HN  
Tel: [REDACTED]