

OP20

Management of the Deceased Patient

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1.0 Policy Statement

The policy for the Swan Suite (Mortuary) and its procedures are important to everyone who deals with deceased patients and their families. Relatives are often distressed and this must be taken into account. The policy applies to all deceased patients, of any age, including foetuses. The aim of the policy is to ensure that dignified, safe, legal and identified procedures are uniformly adopted for the safe keeping and clinical examination of human remains. There is also guidance for staff on how to reduce the risk of infection to other professionals.

2.0 Definitions

No definitions used.

3.0 Accountabilities

Accountability for the development, implementation and monitoring of the policy lies with the Chief Operating Officer. Ensuring that all Trust staff comply with this policy is the responsibility of the Divisional Managers, Divisional Nurses and Head of Midwifery through devolved responsibility to Directorate Managers, Matrons and Clinical Directors.

4.0 Policy Detail

4.1 This policy does not include details relating to the preparation of the body on the ward immediately following death. For further information on this refer to [General Nursing Practise NCP01 care after death \(Adults\)](#)

4.2 Detailed protocols and procedures are described in 4.3 and Attachment 1 (Ward protocols and procedures), 4.4 and [Attachment 2](#) (Transfer of Bodies) 4.5 and [Attachment 3](#) (Swan Suite and Post Mortem Procedures). These procedures must be completed accurately to ensure compliance to all statutory requirements.

4.3 Ward protocols and procedures

The following procedures that are relevant to Ward areas are outlined in [Attachment 1](#). Cross infection requirements are outlined in the section *Infected Cases* in Attachment 1 and *Guidelines for Handling Cadavers* in [Attachment 1 Appendix 1A](#)

- Care after death
- Recording and Custody of Jewellery
- Religious Observances
- Foetuses and babies
- Infected case
- Pacemakers
- Release of the body from clinical areas
- Cremation Forms
- Corneal Retrieval
- Guidelines for Handling Cadavers ([Attachment 1, Appendix 1A](#))

- Deceased Patient Transfer Form including babies / Foetuses
 (Pre-printed form - WCA1235) ([Attachment 1 Appendix 1B](#))
- Deceased Patient Release Form from the Ward / Department
 including Babies / Foetuses ([Attachment 1 Appendix 1C](#))

4.4 Transfer of bodies ([see Attachment 2](#))

It is important for all staff that are involved with transfer of deceased patients between areas in the Trust to be familiar with the procedures and forms outlined in [Attachment 2](#). They ensure compliance to all requirements necessary for statutory records, cross infection, and health and safety.

- Transfer of body from the Ward to the Swan Suite
- Transfer of Foetuses / Babies
- Deaths that occur outside ward areas e.g. Theatre; X Ray; Endoscopy
- Transfer of very large bodies
- Transfer of bodies within the Trust
- Deceased Babies / Foetuses - Return of Empty Box Form
 (Pre-printed MI 212206) ([Attachment 2 Appendix 2A](#))
- Deceased Patient Temporary Release Form including Babies /
 Foetuses ([Attachment 2 Appendix 2B](#))

4.5 Mortuary and Post Mortem Procedures ([see Attachment 3](#))

The following procedures are relevant to cases which require Post Mortem and Swan suite procedures. These are outlined in [Attachment 3](#) and ensure compliance to all requirements necessary for statutory records, cross infection, and health and safety.

- Reception of the Deceased into the Swan Suite
- Release of Jewellery to Third Parties
- Checking of Jewellery on Transfer to Undertakers
- Viewing bodies
- Viewing at weekends and out of Normal Hours
- Release of bodies
- Out of hours release of bodies
- Request for a Post Mortem by Hospital Doctors
- Bodies awaiting Post Mortems
- Relocation of Bodies to other Mortuaries
- Babies / Foetuses
- Coroner's Post Mortems
- Release of bodies to Funeral Directors following Post Mortem
- Procedure if Swan suite becomes Full
- Procedure if Swan suite Refrigeration Units Break Down
- Radiological examination of bodies held within the Mortuary

- Removal of Pacemakers
- Deceased Patient release Form ([Attachment 3 Appendix 3A](#))
- Organ Retrieval Form ([Attachment 3 Appendix 3B](#))

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources?	No
2	Does the implementation of this policy require additional revenue resources?	No
3	Does the implementation of this policy require additional manpower?	No
4	Does the implementation of this policy release any manpower costs through a change in practice?	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
6	Other comments	None

6.0 Equality Impact Assessment

This Policy has been assessed as not affecting the equality and diversity of any one particular group of stakeholders.

7.0 Maintenance

The Trust Management Team will be responsible for reviewing this policy to ensure that it reflects current practice and the changing needs of the Trust.

8.0 Communication and Training

Upon ratification this Policy will be displayed on the Trustnet.

All staff must be made aware of their roles and responsibilities for application of this Policy through line management briefings.

All staff involved in the management of deceased patients will receive training at a level dependent on their needs, by their line manager or department.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Regular HTA meetings with Designated Individual (DI) and Person Designates	DI for Walsall and New Cross	Routine	Quarterly	HTA Governance Meetings

Monitoring of Incidents input on Datix	Directorate Manager Patient Services	Routine	Monthly	Patient Services Governance Meeting
Monitoring of HTA standards	Assistant Manager Patient Services	Routine	Monthly	Patient Services Management
Database completed to record all details of the deceased patient	Mortuary Supervisor	Routine	Daily	Mortuary Operational Meetings
Regular Daily and Weekly audits to follow HTA standards	Assistant Manager Patient Services	Routine	Daily/Weekly	Mortuary Operational Meetings

10.0 References

General Nursing Practise NCP 01 Care after death (Adults)

http://intranet.xrwh.nhs.uk/pdf/policies/NCP_01_Policy.pdf?Version=Jan2022

National Guidelines followed with Human Tissue Authority (HTA)

<https://www.hta.gov.uk/>

National Data Collections – weekly Mortuary Capacity data collection

[Data Collections Framework \(model.nhs.uk\)](https://www.model.nhs.uk/Data-Collections-Framework)

Attachments

[Attachment 1 – Ward Protocols and Procedures](#)

[Attachment 1, Appendix 1A](#) – Guidelines for Handling Cadavers

[Attachment 1 Appendix 1B](#) – Deceased Patient Transfer Form including Babies / Foetuses

[Attachment 1 Appendix 1C](#) – Deceased Patient Release form from the ward / department including Babies / Foetuses

[Attachment 2](#) – Transfer of body from the Ward to the Swan Suite

[Attachment 2 Appendix 2A](#) – Deceased Babies / Foetuses – Return of Empty Box

[Attachment 2 Appendix 2B](#) – Deceased Patient Temporary Release Form including Babies / Foetuses

[Attachment 3 – Swan Suite](#) - Post Mortem/Releases/Viewing Procedures

[Attachment 3 Appendix 3A](#) – Deceased Patient Release Form

[Attachment 3 Appendix 3B](#) – Organ Retrieval

Document Control

Policy number and Policy version: OP20 V6	Policy Title Management of the Deceased Patient	Status: Final		Author: Directorate Manager Patient Services Director Sponsor: Chief Operating Officer
Version / Amendment History	Version	Date	Author	Reason
	Version 6	Sept 2023	Directorate Manager Patient Services	Full Review
	Version 5.2	May 2023	Directorate Manager Patient Services	Extension
	Version 5.1	May 2020	Directorate Manager Patient Services	Update to attachment 2 of policy.
	Version 5	March 2020	Directorate Manager Patient Services	Full Review
	Version 4.4	March 2020	Directorate Manager Patient Services	Further update made to Attachment 1, Appendix 1A.
	Version 4.3	March 2020	Directorate Manager Patient Services	Update made to Attachment 1, Appendix 1A
	Version 4.2	Feb. 2019	Clinical Director Pathology	Minor amendment to 4.1 wording clinical practice GNCP01 care after death.
	Version 4.1	October 2017	Clinical Director Pathology	
	Version 4	Dec. 2009	Clinical Director Pathology	
	Version 3	May 2006	Clinical Director Pathology	
	Version 2	Sept. 2005	Clinical Director Pathology	
Intended Recipients: All Trust staff members who deal with management of the deceased patient. This will come via The End of Life Steering Group				
Consultation Group / Role Titles and Date: End of Life Steering Group – July 2023				
Name and date of Trust level group where reviewed	Trust Policy Group v6.0 – September 2023			
Name and date of final approval committee	Trust Management Committee Meeting – September 2023			
Date of Policy issue	October 2023			
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)	September 2026			

<p>Training and Dissemination: Training needed is included in Trust and Local Induction for all staff concerned with Care of the deceased patient – Nursing/Porters/Mortuary/Chaplaincy</p>	
<p>To be read in conjunction with: http://intranet.xrwh.nhs.uk/pdf/policies/NCP_01_Policy.pdf?Version=Jan2022 https://www.hta.gov.uk/</p>	
<p>Initial Equality Impact Assessment (all policies): Completed Yes Impact assessment (as required): Completed Yes If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904</p>	
<p>Monitoring arrangements and Committee</p>	<p>HTA Governance Meetings/End of life Steering Group And Patient Services Governance meetings</p>
<p>Document summary/key issues covered. The policy applies to all deceased patients of any age, including foetuses. The aim of the policy is to ensure that dignified, safe, legal and identified procedures are uniformly adopted for the safe keeping and clinical examination of human remains. There is also guidance for staff on how to reduce the risk of infection to other professionals.</p>	
<p>Key words for intranet searching purposes</p>	<p>Post Mortems, Mortuary, Deceased, Transfer, Foetuses</p>

Ward Protocols and Procedures

1.0 Last Offices

1.1 This policy does not include details relating to the preparation of the body on the ward immediately following death. For further information on this refer to [General Nursing Practise NCP01 care after death \(Adults\)](#)

1.2 Recording of Jewellery during Last Offices

1.2.1 The recording of jewellery present on the deceased is clearly covered by the Trust's policy [NCP01 care after death](#). It is essential that all nursing and midwifery staff involved in the performance of care after death, accurately record any jewellery left on the deceased, to reduce the risk of discrepancies with the Mortuary Technicians, relatives or Funeral Directors.

1.2.2 These details must be clearly listed on all of the identity cards attached to the deceased as well as the Deceased Patient Transfer Form ([Appendix 1B](#)).

1.2.3 Any jewellery removed at the time of death must be listed in the departments property book, and transferred to the Bereavement Centre as per [OP18, Patients Property Policy](#).

1.3 Religious Observances

1.3.1 The following information must be considered when preparing and handling deceased patients. More detailed information is available in the Swan Suite if needed.

1.3.2 Buddhism

No special requirements relating to care of the body. Many Buddhist patients will have given a 'who to contact' name for religious reasons. Ideally the body should not be moved until prayers have taken place with the deceased.

1.3.3 Hinduism

Religious objects or jewellery on the patient must not be removed. The family should be asked if they wish to perform care after death rituals.

1.3.4 Islam

Some Muslims may request that non-Muslims do not touch the body. If this is the case, use disposable gloves. The body must be kept covered. Rapid release of the body may be required as ideally burial is within 24 hours of death. The family should be asked if they wish to perform care after death rituals.

1.3.5 Judaism

The body must be wrapped in a white sheet and handled as little as possible by health care workers

Burial must take place as soon as possible after death.

1.3.6 Rastafarianism

Post-mortems are likely to be unacceptable unless requested by a Coroner.

1.3.7 Sikhism

Non-Sikhs are permitted to care for the body of the deceased.

The family should be asked if they wish to perform care after death rituals.

Do not interfere with the Five K's after death.

- Kesh – hair;
- Kangha – small wooden comb;
- Kara – a steel bangle worn on the right wrist;
- Kirpan – a short sword or dagger;
- Kacchera – a particular design of unisex under shorts.

Cremation must take place as soon as possible after death.

1.3.8 Christianity

These are performed according to normal procedures. There are no objections on religious grounds to post-mortems or organ donation. The deceased will be buried or cremated according to preference.

1.4 Foetuses / Babies

1.4.1 All foetuses and babies are taken to the Swan Suite from the Maternity Unit by one Porter. Details are entered into the Body Store Reception Book. The Mortuary Technician enters the details into a separate Mortuary Register.

1.4.2 If a baby or foetus is required to be photographed then the Mortuary Technician will contact Clinical Illustration and book a time for the Photographer to attend the Swan Suite they will photograph the baby or foetus in the Swan suite viewing room.

1.4.3 Deceased Patient Transfer Forms ([Appendix 1B](#)) are issued in respect of babies and foetuses.

1.4.4 The Porter will complete [Appendix 2A](#) to confirm that the empty box for transporting foetuses and babies has been returned; it will be countersigned by the nursing or midwifery staff, who will only be signing to confirm that the box has been returned.

1.5 Infected Cases

1.5.1 On completion of the Deceased Patient Transfer Form ([Appendix 1B](#)), reference will be made to the Guidelines for Handling Cadavers ([Appendix 1A](#)) to grade the infection risk. The Infection Prevention and Control Consultant Microbiologist has agreed these guidelines. The form will be completed reflecting the recommendations of these guidelines.

1.5.2 Body bags are available from the body store fridge area, if not available on the ward/department the patient is transferred from. All patients will be checked for jewellery on the body.

1.5.3 Guidance on procedures for infected bodies can be obtained from the Infection Prevention Team. Outside of normal working hours (17:00 to 09:00]), Infection Prevention advice regarding procedures for infected bodies is available from the on-call Consultant Microbiologist via the Hospital Switchboard.

1.5.4 The Infection Prevention Team will liaise with Mortuary staff in major outbreak situations where appropriate to facilitate planning and coping strategies for dealing with unexpected large numbers of bodies.

1.6 Pacemakers

1.6.1 If a patient who has died is known to have a Pacemaker or Implantable Cardiac Defibrillator, it must be recorded on the Deceased Patient Transfer Form ([Appendix 1B](#)).

1.7 Rapid Release of the Body from a Clinical Area to Relatives / Undertaker

Please refer to OP87 – Death certification and Learning from deaths policy [OP87 Death Certification and Learning from Deaths Policy \(xrwh.nhs.uk\)](https://www.xrwh.nhs.uk/policies/OP87-Death-Certification-and-Learning-from-Deaths-Policy)

Guidelines for Handling Cadavers

Risk	Infection	Bagging	Viewing	Embalming	Hygienic Preparation
[Red]	SARS	Yes	No	No	No
	Transmissible spongiform encephalopathies [e.g. CJD]	Yes	No	No	No
	Anthrax	Yes	No	No	No
	Plague	Yes	No	No	No
	Rabies	Yes	No	No	No
	Smallpox	Yes	No	No	No
	Viral haemorrhagic fever	Yes	No	No	No
	Yellow Fever	Yes	No	No	No
	Invasive Group A Streptococcal infection	Yes	No	No	No
	Hepatitis B, C or Non-A Non B	Yes	Yes	No	No
[Amber]	Relapsing fever	Yes	Yes	Yes	Yes
	HIV / AIDS	Yes	Yes	No	Yes
	Food Poisoning	Yes	Yes	Yes	Yes
	Diphtheria	Yes	Yes	Yes [with care]	Yes
	Dysentery	Yes	Yes	Yes	Yes
	Meningococcal Septicaemia [with or without meningitis]	Yes	Yes	Yes [with care]	Yes
	Paratyphoid fever	Yes	Yes	Yes	Yes
	Scarlet Fever	Yes	Yes	Yes [with care]	Yes
	Tuberculosis	Yes	Yes	Yes	Yes
	Typhoid Fever	Yes	Yes	Yes	Yes
	Typhus	Yes	No	No	No
	Hepatitis A	No	Yes	Yes	Yes
	Acute poliomyelitis	No	Yes	Yes	Yes
	Leptospirosis [Weils Disease]	No	Yes	Yes	Yes
	Malaria	No	Yes	Yes	Yes
Cholera	No	Yes	Yes	Yes	

Risk	Infection	Bagging	Viewing	Embalming	Hygienic Preparation
	Pandemic influenza	Yes	Yes [with care]	Yes	Yes
	COVID-19 (Coronavirus)	Yes	Yes	No	Yes
[Yellow]	Chickenpox / Shingles	No	Yes	Yes	Yes
	Cryptosporidiosis	No	Yes	Yes	Yes
	Dermatophytosis	No	Yes	Yes	Yes
	Legionellosis	No	Yes	Yes	Yes
	Lyme Disease	No	Yes	Yes	Yes
	ORF	No	Yes	Yes	Yes
	Psittacosis	No	Yes	Yes	Yes
	Q fever	No	Yes	Yes	Yes
	Acute Encephalitis	No	Yes	Yes	Yes
	Leprosy	No	Yes	Yes	Yes
	Measles	No	Yes	Yes	Yes
	Meningitis [except meningococcal]	No	Yes	Yes	Yes
	Mumps	No	Yes	Yes	Yes
	Ophthalmia neonaturam	No	Yes	Yes	Yes
	Rubella	No	Yes	Yes	Yes
	Tetanus	No	Yes	Yes	Yes
	Whooping cough	No	Yes	Yes	Yes
	Fluid leaking bodies	Yes	Yes	Yes	Yes
	Infection – Clostridium Difficile	Yes	Yes	Yes	Yes
	Infection – ESBL	No	Yes	Yes	Yes
	Methicillin Resistant Staphylococcus Aureus [MRSA]	No	Yes	Yes	Yes
	Tetanus	No	Yes	Yes	Yes
	Influenza, Seasonal and swine	No	Yes	Yes	Yes
[Green]		No	Yes	Yes	Yes

**Please ensure that all of the form is completed.
If you are unsure please ring the Mortuary on ext 85516.**

Deceased Patient Transfer Form including Babies / Foetuses

This form is to be completed, by ward staff, following the death of all patients.

Please attach the form to the sheet wrapping the body or to the outside of the body bag.

This form must stay with the body through to the Funeral Directors.

Consultant:

Ward:

Date of Death:.....

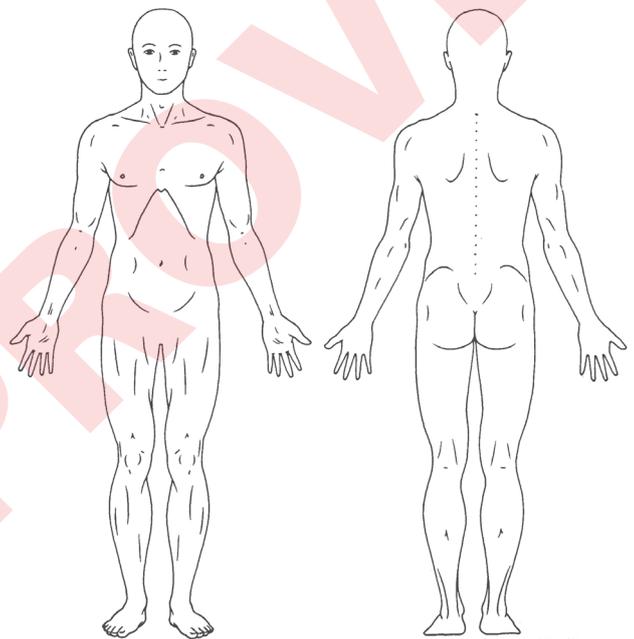
Time of death:

Details of jewellery / items on body:

Surname	Unit No
Forename	
Address	DOB
Postcode	(or affix patient label)

- The deceased patient has a Pacemaker Fitted
 Yes No
- The body is to be stored in a body bag
 Yes No
- The Risk associated with this body is:
(tick applicable box only)

<input type="checkbox"/> RED	} Please refer to Guidelines for Handling Cadavers
<input type="checkbox"/> AMBER	
<input type="checkbox"/> YELLOW	
<input type="checkbox"/> GREEN	
- Can the body be viewed? Yes No
- Can the body be removed from the body bag for
hygienic / ritual preparation? Yes No
- Can the body be embalmed? Yes No
- Mark body maps showing skin changes, wounds, or
devices left in-situ.



Further information

.....

.....

Patient's identified religion / faith / spiritual care needs:.....

For Babies / Foetuses: Gestation of baby _____/40

Please indicate: NVF / Stillbirth / Neonatal death

	Persons Releasing Body		Persons Collecting Body	
	1	2	1	2
Signature / Print Name				
Designation / Stamp				
Date				
Time				

Date and Time of Transfer:

The time the body arrived in the mortuary will be logged in the mortuary register

The Royal Wolverhampton Hospitals NHS Trust

Deceased Patient Release form from the ward / department including Babies / Foetuses

Section 1

To be completed by
Nurse in charge

Surname	Unit No
Forename	
Address	DOB
Postcode	[or affix patient label]

The above named has been released from Ward / Department
to the next of kin or Funeral Director stated below. The following jewellery was sent with
the deceased

Section 2

To be completed by
Next of Kin or
Funeral Director

Next of Kin OR Funeral Director

Signature	Signature
Name	Name
Address	Address
.....
Relationship	Tel. No
Tel. No	

Section 3

To be completed by Nurse in charge:

Witnessed and authorised by:
Signed:
Date: Time:

This record to be filed in patient's case notes

THIS RECORD TO BE FILED IN PATIENT'S CASE NOTES

Transfer of Bodies

2.0 Transfer of body from the Ward to the Swan Suite

- 2.1.1 When a body needs to be moved from the ward to the Swan Suite, the ward staff responsible for the patient will book porters to collect the body via the tele-tracking system.
- 2.1.2 The deceased patient transfer form ([Appendix 1B](#)) will be completed and attached to the body bag or outer sheet prior to transporting to the Swan Suite.
- 2.1.3 The movement and transfer of adult bodies to and from the Swan Suite will require two porters. Babies up to 6 months of age and foetuses will require only one porter. The same procedure will apply when moving deceased patients from the Emergency Department to the Swan Suite.
- 2.1.4 The porters will transfer the body from the bed to the cadaver box, which will then be taken to the Swan Suite via the underground tugway.
- 2.1.5 The security of the Swan Suite is extremely important and hospital access is by key holder only via the lift in the underground tug way. If the lift is out of order bodies are transported to the Swan Suite via the internal ambulance and delivered to the garage area of the Swan Suite.
- 2.1.6 Once the porters have delivered the body to the Swan Suite they find a vacant tray in the fridges by viewing the mortuary availability board. The following details including the selected tray number are copied from the patient identity card and deceased patient transfer form into the mortuary reception book located in the fridge room by the porters.
- Full patient name
 - Date of Birth
 - Hospital number
 - Consultant
 - Date of Death
 - Details of jewellery
- 2.1.7 The mortuary reception book is an important hospital document and must be completed accurately and clearly and signed. Bodies are then placed onto the tray, ensuring the bodies are loaded into the fridge head first.
- 2.1.8 The deceased patient transfer form ([Appendix 1B](#)) is attached to the body by the porters.
- 2.1.9 The porters need to make sure that the fridge is closed securely.
- 2.1.10 The mortuary technician will check all details on the body identity card and deceased patient transfer form ([Appendix 1B](#)) and will enter details into the mortuary register and then onto the electronic register.
- 2.1.11 All jewellery will be checked against the details of the patient identity card and deceased patient transfer form ([Appendix 1B](#)) and these details will be entered into the mortuary register and the electronic register. Any discrepancies will be checked with the ward.

2.1 Transfer of Foetuses / Babies

2.2.1 All foetuses and babies are taken to the Swan Suite from the Maternity Unit by one Porter. Details are entered into the mortuary reception book. The mortuary technician enters the details into a separate mortuary register and then onto the electronic register.

2.2.2 If Parents wish to accompany their baby to the Swan suite, wherever possible, this should be facilitated, (National Bereavement Care Pathway 2017 and Ockendon 2022). During the day the midwife/nurse caring for the family must liaise with the staff in the Swan suite to arrange a time for transfer.

The midwife/nurse will then need to book an internal ambulance for this to take place. Parents will then need to be accompanied by a midwife/nurse and a porter.

The baby will be transferred to the Swan suite and baby handed over to staff with all the relevant ID checks being carried out with the parents in the viewing room.

If the transfer is requested out of hours or weekends/bank holidays, arrangements should be made for the transfer to take place the next working day and discussions had with the parents by the midwife/nurse.

All relevant paperwork must be completed and it should be indicated on the Deceased Patient Transfer form that the parents have accompanied the baby to the Swan suite.

2.2.3 Deceased patient transfer forms ([Appendix 1B](#)) are issued in respect of babies and foetuses.

2.2.4 The porter will complete [Appendix 2A](#) to confirm that the empty box for transporting foetuses and babies has been returned; it will be countersigned by the nursing or midwifery staff to confirm that the box has been returned.

2.3 Deaths that occur outside the ward, e.g. Theatre, X Ray, Endoscopy etc.

2.3.1 The deceased patient will be transported back to the ward on a bed or trolley. Discretion is required to ensure that the deceased is appropriately covered, exposing only the head, to which an oxygen mask must be applied.

2.4 Transfer of Very Large Bodies

2.4.1 When a large body needs to be moved to the Swan suite, the portering staff will assess the manual handling risks involved. More porters will be utilised to help if required.

2.4.2 If the deceased patient is too large for the cadaver box, the patient is transported to the Swan suite on a bariatric bed via the underground tugway. The bed may have to go into the lift without any porters, one porter will stay in the tugway while the other goes to the Swan suite to meet the lift as it arrives. Discretion is required to ensure that the deceased is appropriately covered.

2.4.2 In extreme cases, a Private Ambulance service will need to be contacted to assist with moving the patient to the Swan suite, this ambulance service can

be contacted via switchboard, (Cartello Ambulance Service) or Immediate care services.

2.5 Transfer of Bodies within the Trust

- 2.5.1 There are occasions when a body will be removed from the Swan suite onto wards or Departments (such as viewing of babies within the Maternity unit or x-raying in preparation for a post mortem).
- 2.5.2 When this occurs, the body must be booked out of the Mortuary Register and a temporary release form will be completed ([Appendix 2B](#)).
- 2.5.3 When the body is returned to the Swan Suite, the time and date will be entered in the relevant section of the mortuary register.
- 2.5.4 The body is then returned to the same tray within the fridge that it was removed from.

Deceased Babies / Foetuses – Return of Empty Box

PRE-PRINTED FORM MI 212206

This document is to confirm that the box carrying the baby / foetus has been returned to the Maternity Unit.

Full Patient Name

.....

Fridge No

Porter Returning Box to the Ward

Date Time

Name

Signature

Designation

Midwife Accepting Returned Box

Date Time

Name

Signature

Designation

THE MIDWIFERY STAFF ARE ONLY SIGNING TO CONFIRM THAT THE BOX HAS BEEN RETURNED.

The completed document will be taken to and filed in the Maternity Porters' Room by the Porter returning the box.

OP 20 Att 2 Appendix 2B

Deceased Patient Temporary Release Form Including Babies / Foetuses

This form is to be completed by Trust staff to document the temporary release and transfer of deceased patients, babies and foetuses within the Trust. The form is to be transferred with the patient. A copy of the form will be kept by the Department that is temporarily holding the body, with the original being kept within the Swan suite.

Deceased Patient Details

Full Name
 Hospital No.
 Consultant
 Date of Death

Transfer from Swan Suite

The person detailed above was transferred to from the

Swan Suite on [Date] at [Time] for viewing / examination.

Name _____	Name [1] _____ [2] _____
[Person Receiving Body]	[People Transporting Body]
Signature _____	Signature [1] _____ [2] _____
Designation _____	Designation [1] _____ [2] _____
Department _____	Department [1] _____ [2] _____

Return to Swan Suite

Following completion of viewing / examination, the deceased patient was released from

_____ to return to the Swan Suite on [Date] _____ at [Time]

Name _____	Name [1] _____ [2] _____
[Person Releasing Body]	[People Transporting Body]
Signature _____	Signature [1] _____ [2] _____
Designation _____	Designation [1] _____ [2] _____
Department _____	Department [1] _____ [2] _____

The time the body arrived in the Swan Suite will be logged in the Mortuary Register.

Top copy accompanies deceased patient

Bottom copy retained in Swan Suite

Swan Suite - Post Mortem/Releases/Viewing Procedures

3.0 Reception of the Deceased into the Swan suite

- 3.1.1 The Mortuary Technician will check for any jewellery worn and compare it with the identity cards and the Deceased Patient Transfer Form ([Appendix 1B](#)).
- 3.1.2 If there is any discrepancy, the Mortuary Technician will notify the appropriate Ward Manager and will log the error onto Datix and raise an incident Form.

3.1 Release of Jewellery to Third Parties.

- 3.1.3 No jewellery will be released by ward staff or the Mortuary Technician to any third parties. Relatives wishing to receive jewellery must be advised to contact the Bereavement Centre or their chosen funeral directors once the deceased has been transferred to them.

3.2 Checking of Jewellery on Transfer to Undertakers

- 3.2.1 The Mortuary Technician will verify, with the funeral director, any jewellery present on the deceased at the point of transfer. This information will be entered in the Mortuary Register and signed for by the funeral director.

3.3 Viewing of Bodies

- 3.3.1 Viewing of Adults can take place between the hours of 10am and 4pm, Monday to Friday, by appointment only. Viewings are booked in half an hour slots. Please contact the Bereavement Nurses on 01902 695091. Relatives will be asked if they require any religious and/or spiritual support for this and the Bereavement Nurse will inform the Chaplaincy office if they are required. The Bereavement Nurses will also be at the viewing, supporting the relatives.
- 3.3.2 Viewing of Children (Age 0-19) can take place between the hours of 10am and 4pm, Monday to Friday by appointment only. Please contact the Specialist Nurse for Child Deaths on 07770332184 who will arrange the appointment and support the family when they visit. Chaplaincy support can also be provided if required.
- 3.3.3 Arrangements for viewing of deceased babies will need to be arranged with the Swan suite – 01902 695516. If parents want to view the baby within the Maternity Unit or Neonatal unit this will have to be arranged with the relevant specialist bereavement midwife, and the Midwife will then call the portering service and the Swan Suite.
- 3.3.4 In order to demonstrate clear accountability for the movement and reception of the deceased, nursing, midwifery and portering staff will sign the Porters' register which is kept in the Swan Suite. The register will be signed when the baby is taken to maternity and again when they are returned to the Swan Suite.
- 3.3.5 Preparation of the adult/child body for viewing consists of removing the body from the fridge, transferring it to a viewing trolley and then moving it into the

Swan Suite viewing room. The upper body and head are unwrapped, the whole body is covered with a shroud and the arms are placed on top of the shroud. Staff will have to be aware of religious beliefs when preparing bodies, please see [\(Attachment 1\)](#) section 1.3

Babies will be placed in a Moses basket and the 'cuddle cot' set up in order to keep the baby cool for the duration of the viewing.

- 3.3.6 The relatives will be directed to the entrance of the Swan Suite. Relatives will be asked to complete a viewing slip with the relevant details of the deceased so that staff are sure it is the correct patient. After viewing, the body is re-wrapped and put back into the fridge.

3.4 Viewing on Weekends and Out of Normal Hours

- 3.4.1 This is for exceptional circumstances only and is not offered as a routine service.
- 3.4.2 Where the immediate next of kin wishes to view a body at times other than normal working hours, they must first make contact with the ward where their relative was a patient. The ward will explain that the Swan Suite is usually only open for viewings during the hours 10am – 4pm Monday to Friday.
- 3.4.3 If there are exceptional circumstances, the ward will contact the On Call Manager who will consider all of the circumstances and make the final decision on whether the viewing can go ahead.
- 3.4.4 If viewing out of hours is unavoidable, the On Call Manager will contact the Chargehand Porter to arrange for two porters to attend the Swan Suite to prepare the body.
- 3.4.5 The porters will remove the adult/child body from the fridge, transfer it to a viewing trolley and move it into the Swan Suite viewing room. The upper body and head are unwrapped and the whole body is covered with a shroud and the arms are placed on top of the shroud. Staff will have to be aware of religious beliefs when preparing bodies, please see [\(Attachment 1\)](#) section 1.3.
- 3.4.6 A member of the ward staff will take the relatives to the Swan Suite and stay with them until the viewing is over. Once the family has completed the viewing, the porters will return the body to the fridge.
- 3.4.7 In cases of baby deaths, the parents may wish to see their baby out of hours after having discussions with the Maternity unit staff. In these cases the delivery suite or neonatal staff should be contacted to try and arrange a viewing in their area.

3.5 Release of Bodies

- 3.5.1 Bodies will only be released to Funeral Directors who present the necessary release slips; this can include a green form from the Registrar of Deaths; a Crem6 form, if a cremation is taking place; Coroner's order for burial; Funeral Director's release form; and, occasionally, an out of England form. The removing Funeral Director must sign the Mortuary Register including receipt of any identified jewellery.
- 3.5.2 The Deceased Patient Transfer Form ([Appendix 1B](#)) will remain on the body during transfer to the Funeral Directors.

3.6 Out of hours rapid release of bodies

Please refer to [OP87 – Death certification and Learning from deaths policy](#).

3.7 Request for a Post-Mortem by Hospital Doctors

- 3.7.1 The Pathologists from the Trust carry out post mortems at Wednesfield Public Mortuary (WPM), contracted Funeral Directors will transfer bodies requiring post mortems from the Swan suite to WPM in a lawful and respectful way.
- 3.7.2 Consent for a post mortem examination can only be obtained by a senior clinician who has undertaken the appropriate training and has been deemed competent see [CP06 Attachment 2](#) Consent to a Hospital Post Mortem Policy, on the Trustnet.
- 3.7.3 The consent form will stay with the patient's skinny file within the Bereavement Centre until it is sent to the scanning department.

3.8 Bodies awaiting Coroner Post Mortem/Digital Autopsy/Inquest

- 3.8.1 The Coroner will send a release form to the Mortuary generic email address for any post mortem, digital autopsy or inquest.
- 3.8.2 The Deceased Patient Transfer Form (Appendix 1B) will stay with the body at all times.
- 3.8.3 The patient's hospital notes, once received from the Bereavement Centre, will be the responsibility of the Consultant Pathologist in charge of the post mortem and will remain in their charge until placed back into the hospital records system.
- 3.8.4 The Coroners contracted Funeral Directors, responsible for the body transportation will contact the Swan suite and arrange a suitable collection time. The contracted Funeral Directors will also contact Wednesfield Public Mortuary to notify them of the expected delivery time.
- 3.8.5 The Coroner's contracted Funeral Directors will take the body to Wednesfield Public Mortuary (WPM). The body will not return to New Cross.
- 3.8.6 In cases where a digital autopsy or independent post mortem is to take place, the contracted Funeral Directors will take the body to Sandwell Hospital. If there is an Independent PM at Sandwell Hospital the skinny file goes with the body and will be returned to the Swan suite by the Coroner's Office.
- 3.8.7 Mortuary staff will email rwh-tr.healthrecordslibrary@nhs.net or call extension 8101 to change the skinny file tracking location on PAS.

3.9 Children / Babies / Foetuses

- 3.9.1 Post mortems for a Child, baby or foetus are carried out at Birmingham Women's Hospital or at a specialist centre. The consent form for foetal and perinatal post mortem, together with the clinical information for foetal and perinatal post mortem form (or a photocopy of the notes) will accompany the baby or foetus to the Swan Suite.
- 3.9.2 The Mortuary Technician will contact the Trusts contracted Funeral

Directors responsible for the body transportation and arrange a suitable collection time for the body to be transferred to Birmingham Women's Hospital.

- 3.9.3 After the post mortem, the Mortuary Technician is contacted by the specialist centre and they will make arrangements for the return of the baby/child to the Swan Suite, New Cross.

3.10 Direct Transfers from the Emergency Department (ED)

3.10.1 Patients who die in ED or who are brought in dead may be transferred directly to Wednesfield Public Mortuary at the request of the Coroner e.g. a suspicious death. All other patients will be transferred to the Swan suite.

3.10.2 The contracted Funeral Directors will come to the Swan suite and collect the appropriate body. The current normal policies and procedures for signing out bodies to Funeral Directors will continue. However, the Mortuary Register will show that the body has been released for post mortem at Wednesfield Public Mortuary.

3.11 The Release of Bodies to Funeral Directors following Post Mortem

- 3.11.1 Individual Funeral Directors chosen by the deceased's friends or family will collect bodies from Wednesfield Public Mortuary after the post mortem. The Funeral Directors will be asked to liaise with Wednesfield Public Mortuary.

3.12 Procedure if Swan Suite Refrigeration Units Break Down

There is a Service Level agreement (SLA) between Walsall Manor Hospital and RWT and a separate SLA with Wednesfield Public Mortuary and RWT to take bodies into their care if there are any refrigeration breakdowns within the Swan suite.

3.13 Radiological Examination of Bodies held within the Swan suite

- 3.13.1 Whenever possible examinations will be carried out within normal working hours (Monday to Friday 09.00 – 17.00hrs).
- 3.13.2 Requests will be made directly by the Radiographer who is to carry out the x-ray examination.
- 3.13.3 The Radiographer will contact the Chargehand Porter and arrange for the transportation of the body to a designated department within Radiology.
- 3.13.4 Examination of the body will not proceed until a Temporary Release Form (Appendix 3) has been presented.
- 3.13.5 For transfer of very large bodies, refer to section 2.4 ([Attachment 2](#)).
- 3.13.6 For infected cases, refer to section 1.5 ([Attachment 1](#)).
- 3.13.7 On completion of the examination the Chargehand Porter will be contacted by Radiology, the Temporary Release Form ([Appendix 2B](#)) will be completed and returned with the body to the Swan suite.

3.14 Removal of Pacemakers

- 3.14.1 If a patient who has died is known to have a pacemaker, this must be

recorded on the Deceased Patient Transfer Form ([Appendix1B](#)).

- 3.14.2 Cardiac Investigations must be contacted by the Mortuary Technician to determine the type of pacemaker involved and whether it is safe to remove.
- 3.14.3 If the cardiac pacemaker is an Implantable Cardiac Defibrillator then removal must not be attempted until the device has been made safe. This is normally undertaken by a member of staff from the Cardiac Investigations Department at New Cross Hospital.
- 3.14.4 Once the pacemaker has been made safe, arrangements are made with Mortuary staff to remove the pacemaker in the case of cremations, prior to the patient being transferred out of the Swan suite. If the patient is being buried the pacemaker will stay in the body.
- 3.14.5 Once removed, the pacemaker is placed in a sealed bag and collected by the relevant company designated by Cardiac Investigations.

3.15 Tissue and Organ Donation

- 3.15.1 The NHS Blood and Transplant team will call and email the Mortuary to advise that a patient or family has agreed to donate organs or tissue.
- 3.15.2 A consent form must be signed by the family and is shown to the Mortuary staff.
- 3.15.3 The NHS Blood and Transplant team can arrive at the hospital at any time of the day. During normal working hours Mortuary staff will remove the body and take it to the preparation room within the Swan suite if the donation is small.
Larger donations may have to take place in Theatres; if this is the case, Porters will transfer the body to Main Theatres for the NHS Blood and Transplant team to take the donation.
- 3.15.4 Out of hours the Transplant team will need to liaise with the Trust on call Manager who will arrange for Porters to take the body to either the Swan Suite preparation room or Main Theatres to take the donation.
- 3.15.5 NHS Blood and Transplant contact details **0208 957 29423**.

Deceased Patient Release Form

[To be completed by the Bereavement Office]

PM IS / IS NOT BEING HELD

New Cross Hospital

Date of Death

Date of Birth

Please allow Messrs

Funeral Directors of [address]

.....

to remove the body of the late

of [address]

Signed

On behalf of the Bereavement Office

Organ Retrieval

This form is completed by the Senior Mortuary Technician following organ retrieval. The form is handed to the Undertaker when the body is released.

The following body has had organs (*please specify e.g. Corneas*) removed by the National Blood Service / Organ Retrieval Team.

Full patient name _____

Date of Birth _____

Hospital number _____

Consultant _____

Date of death _____

Organs Removed _____

Signed: _____ Date: _____

Senior Mortuary Technician