

## **DEATH – ADULT – PROCESS OF BODY**

### **1. OPTIMAL OUTCOMES**

- The deceased is treated with dignity and respect
- The family are supported
- Documentation is correctly completed and submitted
- The case is reviewed by the clinical team as appropriate

### **2. PATIENT**

- Adult patient who dies in hospital

### **3. STAFF**

- Registered Nurse/Midwife
- Medical Officer
- After Hours Nurse Managers (AHNM)
- NUM
- Porters
- Director of Clinical Services (DCS) secretary

### **4. EQUIPMENT**

- Sponging utensils
- Sheets
- Shroud
- Safety pins
- Mortuary tags(x3)
- Body bag
- Scissors
- Gloves.

### **5. CLINICAL PRACTICE**

- Establish any infectious risk (see Education)
- Viewing of the body by the Medical Officer and pronouncement death
- Establish if a coroner's case and complete coronial checklist
- Complete documentation as below
- Prepare the body for viewing by the family by:
  - Placing one pillow under the patients head
  - Folding arms across chest, close eyes, replace dentures and support jaw.
  - Cover body with appropriate covers
  - Remove unnecessary equipment from bedside.
- Comply with the requests, where possible, from relatives to dress body in religious habit or special clothing. If requested, the wedding ring may be left on the body (it is to be noted on the mortuary tags and in the medical record)
- Offer services of Social Work to support the family during their bereavement. This will include practical information around viewing the body/planning a funeral/financial and legal assistance; information about grief and the responses to loss; bereavement counselling; written resources; liaison with the medical team; and referral to community services and bereavement supports, as appropriate
- Obtain consent by registrar or consultant if autopsy is required. If only a telephone consent is available, the consent should be taken by the registrar or consultant, and verified by another staff member, and documented in the medical record

**ROYAL HOSPITAL FOR WOMEN**

LOCAL OPERATING PROCEDURES

Approved by

Quality &amp; Patient Safety Committee

**CLINICAL POLICIES, PROCEDURES & GUIDELINES MANUAL 21/10/10****DEATH – ADULT – PROCESS OF BODY cont'd****Preparation of the body (if not a coroner's case)**

- Wash body
- Clean mouth and replace dentures
- Comb and tidy hair
- Make sure identity band is present on the patient's wrist
- Dress drain and wound sites
- Place shroud on the body – position arms by side
- Secure mortuary tag, once completed, with tape to the front of the shroud
- Wrap body in one standard sheet and tape securely
- Place in body bag and attach label to outside of the bag

**Patients of Jewish Faith**

- Close the eyes.
- Keep arms and hands straight by the sides of the body.
- Remove any tubes and dress incisions (except in Coroner's case).
- Wrap the body in a plain sheet, label and despatch to the mortuary.  
Before sending the body to mortuary inform relatives or the Jewish Burial Society (Sydney Chevra Kadisha) on 9363 2248 or 9389 3499 – Walter Carter.

**Collection of patient's belongings:**

- The property should be held in the ward until it is convenient for the family to collect. A copy of the 'Release of patients' assets (after death) form' should accompany the belongings and the original left in the medical records.

**Case Review**

- Complete notes review and Death Screening form which indicates the need for further review by CPIU. Generally, all adult deaths are formally reviewed by the clinical team, within a Morbidity and Mortality meeting. All maternal deaths are investigated via a Root Cause Analysis (RCA) investigation
- Report outcomes of the RCA to the Patient Care Committee

**6. HAZARDS/SUB-OPTIMAL OUTCOMES**

- Documentation is not completed/submitted in a timely manner
- Post-mortem consent is not appropriately addressed
- Family is inadequately supported

**7. DOCUMENTATION****Medical**

- NSW Medical Certificate of Cause of Death (Death certificate)  
or
- Notice of Intention to sign a medical certificate of cause of death
- RHW pronouncement of Death Certificate
- Coronial Check List (link to SESIH checklist)
- NSW Health Attending practitioner's Cremation Certificate (first part).
- Consent for non-coronial Post Mortem (if appropriate and following discussion with family)
- Complete Medical Records
- SCIDUA form (Coroners form B) to be completed & submitted if death has occurred within 24 hours of anaesthesia or sedation



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- Release of patients' assets (after death) form

**Family**

- Application for permission for cremation with Statutory Declaration (if required)

**All of the above forms are to be sent to the DCS office**, either directly or via the AHNM

**Documents should NEVER be:**

- Wrapped with body in the mortuary
- Sent in the internal mail
- Left on an unattended desk
- Put under a locked door
- Sent to Anatomical Pathology

**8. EDUCATIONAL NOTES****INFECTIOUS CADAVERS NB: Standard Precautions at all times**

- List A: INFECTIOUS DISEASES DEEMED TO POSE RISK WITH INVASIVE PROCEDURES ONLY - HOSPITAL SPECIFIED.

Certain diseases pose a risk if invasive procedures are to be performed, eg autopsy, embalming. These may include:

- AIDS/HIV Antibody positive
- Hepatitis C/Hepatitis B IGg positive
- Creutzfeldt Jakob Disease (CJD)

In such cases:

- Standard universal precautions as per RHW policy
- Place in double body bag.
- Medical Officer to write the words "INVASIVE PROCEDURES POSE A RISK" or words to that effect, and advise the Anatomical Pathology Department.

- List B: HEALTH DEPARTMENT SPECIFIED INFECTIOUS DISEASES

- Diphtheria
- Tuberculosis
- Respiratory Anthrax
- Plague
- Smallpox
- Viral Haemorrhagic Fevers (including Lassa, Marburg, Ebola and Congo-Crimean fevers)

In such cases:

- Wear gowns, gloves and mask (disposed of as contaminated linen/waste)
- Cadaver to be double bagged and sealed.
- The words "INFECTIOUS DISEASE - HANDLE WITH CARE" are to be written in capital letters at least 12 mm in height - use waterproof marking pen.
- Medical Officer to write the words "SPECIFIED DISEASE" on death certificate.

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- **OTHER INFECTIOUS DISEASES-NO RISK FROM CADAVERS**

The following infections pose no more risk than a normal cadaver, but may be misunderstood by undertakers:

- Septicaemia due to gram negative rods
- Multi Resistant Staphylococcus Aureus Infections – MRSA

In such cases:

- Place in single body bag.

Standard universal precautions as per RHW policy

- **VIEWING OF INFECTIOUS CADAVERS**

Viewing of all infectious cadavers in the ward/mortuary is permitted (excluding smallpox).

**9. RELATED POLICIES/ PROCEDURES/CLINICAL PRACTICE GUIDELINES**

- Coroners Cases and the Coroners Act 2009. PD2009\_083
- NSW Health memo. Trim No H09/62916-1. Notifications to the Special Committee Investigating deaths under Anaesthesia (SCIDUA)
- Death Screening in SESIAHS. PD 213
- Transportation of deceased Adult Patient to the mortuary
- Maternal Death NSW Health Policy Directive Deaths- Reporting of Maternal Deaths to NSW Department of Health PD 2005\_219
- Cremation Certificates and related requirements PD 2006\_081

**10. REFERENCES**

- Ref: Public Health (Funeral Industries) Regulation 1987 as amended 1991