

# Care of the Deceased Policy and Guidelines

This document sets out Leicestershire Partnerships Trusts Policy and Guidelines for the care of a patient who has died (deceased patient) from the point after verification of death until transfer to a Funeral Director or Mortuary.

|   |  |              |
|---|--|--------------|
| Key Words:                                | Deceased   |              |
| Version:                                  | 15.1   |              |
| Adopted by:                               | Trust Policy Committee                                   |              |
| Date this version was adopted:            | 30 October 2019  |              |
| Name of Author:                           | Michelle Churchard-Smith, Head of Nursing AMH/LD Service |              |
| Name of responsible Committee:            | Clinical Effectiveness Group                             |              |
| Date issued for publication:              | October 2019   |              |
| Review date:                              | June 2023  |              |
| Expiry date:                              | May 2024   |              |
| Target audience:                          | Nurses, Doctors and Managers                             |              |
| Type of Policy                            | Clinical<br>✓  | Non clinical |
| Which Relevant CQC Fundamental Standards? | Regulation 12 – Safe care and treatment                  |              |

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## Version Control and Summary of Changes

| Version number                                    | Date              | Comments (description change and amendments)   |
|---|-------------------|--|
| 8   | 21 September 2015 | Integration of all local Trust policies and changes made related to Funeral Guidance and policy format |
| 9   | July 2016         | Addition of appendices for guidance to staff   |
| 10  | September 2016    | Addition of DoLS guidance; review against UHL policy; addition of Infection Control practice           |
| 11  | October 2016      | Minor changes and flowchart added following comments from CEG and discussion with Coroners Office      |
| 12  | December 2016     | Minor changes following MHA Office and Coroners review.  |
| 13  | December 2016     | Removal of appendices 2 and 5.   |
| 14  | August 2018       | Amendments for DoLS practice   |
| 15<br><br>15.1 Ext<br>agreed Dec<br>Quality Forum | September 2019    | Amended following review and consultation.   |

### For further information contact:

Directorate Heads of Nursing or Directorate Lead Nurses

### Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

## Due Regard

This policy has been screened in relation to paying due regard to the general duty of the Equality Act 2012 to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations.

This is evidenced by the references and consideration given throughout the policy to how staff can ensure that patients/service users/ family wishes are considered/ followed on their death and that where possible(unless it is a sudden or suspicious death) their religious preferences are followed for their funeral arrangements; particularly the different needs across all protected characteristics.

There is no likely adverse impact on staff or patient/service users from this policy.

The Due Regard assessment template is Appendix 1 of this document.

## Definitions that apply to this Policy

|   |   |
|---|---|
| <b>Expected Death</b>                           | For the purpose of this policy, death is “expected” when, in the opinion of the health team, in consultation with the patient and family, the patient is irreversibly and irreparably terminally ill, that is, there is no available or suitable treatment to restore health.   |
| <b>Sudden or Unexpected or Suspicious Death</b> | A death where: <ul style="list-style-type: none"><li>• it was not anticipated that the person would die</li><li>• It is suspected a crime has taken place</li><li>• An accident has occurred</li><li>• When death conflicts with the medical prognosis</li><li>• Following trauma in a health setting.</li><li>• It appears self-inflicted.</li></ul>               |
| <b>Last Offices</b>                             | The procedures performed for a dead person shortly after death has been confirmed to prepare the body for transfer to the funeral directors premises or mortuary.   |
| <b>DoLS</b>                                     | Deprivation of Liberty Safeguards – these protect individuals who lack the capacity to consent to being detained in a care home or hospital for the purpose of giving them care and treatment. The individual without capacity is deprived of their liberty when they are under continuous supervision and control of the carers/ nurses and are not free to leave. |
| <b>Verification of Death</b>                    | Sometimes referred to as pronouncing death or confirming death this is the procedure of determining whether a person is actually deceased.  |
| <b>Certification of Death</b>                   | The process of completing a Medical Certificate of Cause of Death (MCCD) and can only be carried out by a medical practitioner. This certificate details the cause of death and enables the deceased’s family to register the death and make funeral arrangements.  |

|                                   |   |
|-----------------------------------|---|
| <b>Mental Health Act<br/>1983</b> | Legal framework that provides for the detention and treatment of certain categories of patients suffering from mental disorder. |
|-----------------------------------|---|

## **1.0. Purpose of the Policy**

- 1.1 This document sets out Leicestershire Partnership (NHS) Trusts Policy for the care of a patient who has died (deceased patient) from the point of death (after verification – please see separate Trust policy) until transfer to a Funeral Service Director or Mortuary.
- 1.2 The aim of this policy is to ensure staff are able to provide a professional service that maintains high standards of care, ensuring dignity and respect, and enabling effective communication with families and other agencies at an emotional time following a patient's death. This policy should be used in conjunction with the appendices and references.

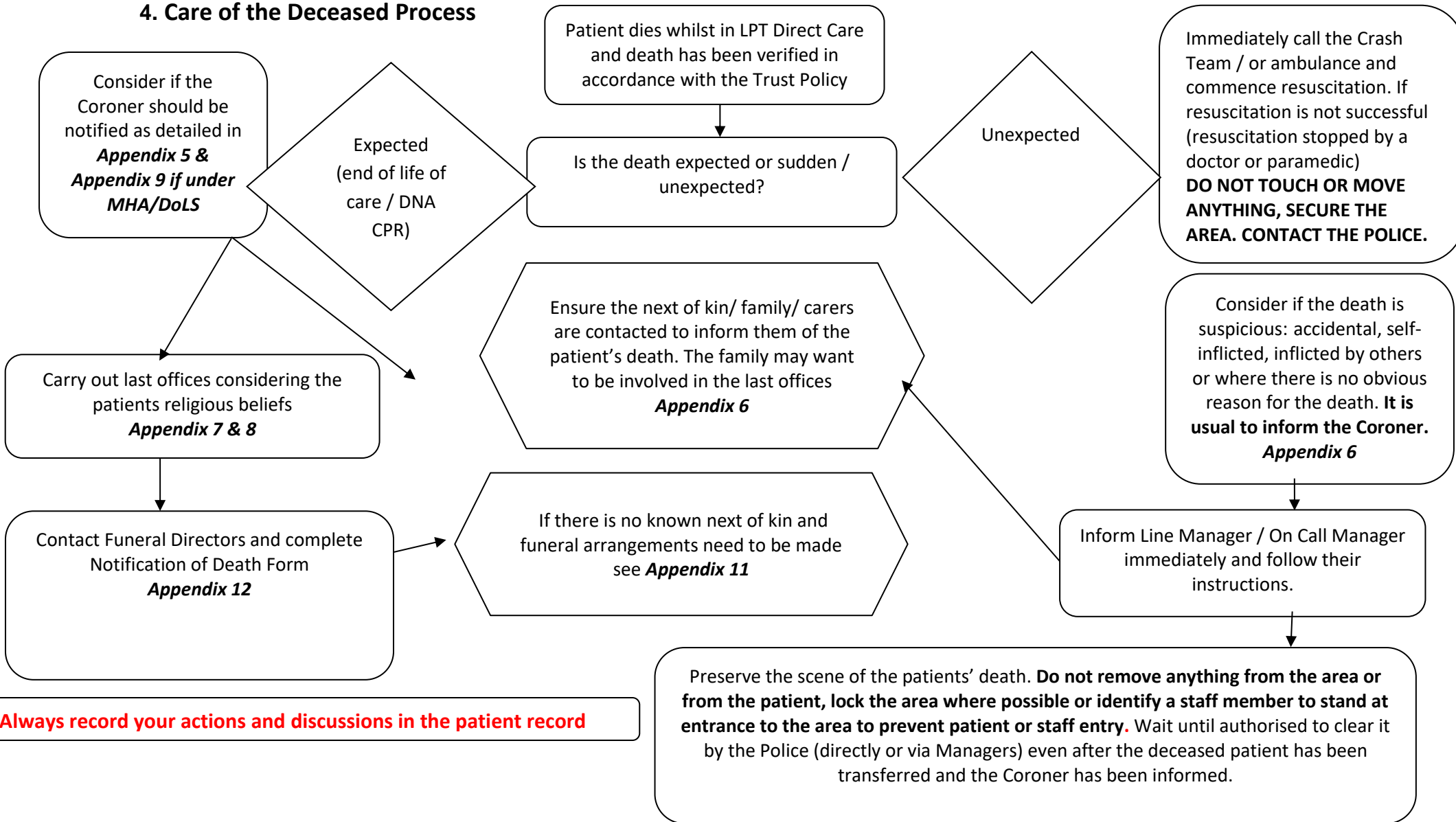
## **2.0. Summary and Key Points**

- 2.1 This policy describes the roles and responsibilities of LPT staff in ensuring patients who die in the care of the Trust, regardless of the death being expected, sudden, unexpected or suspicious are treated with dignity and respect until transfer to a Funeral Director or Mortuary.

## **3.0. Introduction**

- 3.1 Leicestershire Partnership Trust (referred to thereafter in this document as 'the Trust') is committed to ensuring that all clinical staff are able to provide high standards of care, ensuring dignity and respect and communicate effectively with families and other agencies at an emotional time following a patient's death.
- 3.2 This policy provides guidance and procedures to be followed when patients die whilst in the Trusts direct care either in inpatient or community settings. It is recognised that the Trust provides care and treatment in a variety of settings and in inpatient settings belonging to the Trust the responsibility for providing care to the deceased lies with the Trust. In Community settings staff from the Trust may be involved in supporting patients in their own homes and assisting family members or carers with the care of the deceased but are not responsible for the coordination of events thereafter.

#### 4. Care of the Deceased Process



# LSCB SUDIC RESPONSE PROCEDURE FOR UNEXPECTED DEATHS (of children)

(Defined 'as the death of a child not anticipated as a significant possibility 24 hours before the death, or where there was a similarly unexpected collapse leading to or precipitating the events that led to the death)

Child declared dead in Emergency Department (ED)

Child dies in ALTERNATIVE setting in or out of hospital & not taken to ED

Attending Dr to contact DI via Force Control Room.

Discussion will take place between attending Dr & DI to ascertain that;

- the child's death is unexpected
- there are no suspicious circumstances

The Coroner will be notified of the death

If death occurs Monday-Friday 9am-5pm (excluding Bank Holidays) the CDR Manager will be notified.

- Outside of these hours, the CDR Manager will be notified the next working day. The CDR Manager will liaise with the SUDIC Dr.

**Contact details for CDR Manager: Tel 0116 295 8715, mobile 07876 034566.**

Remain within CDOP

Completion of CDOP Form A to be completed within 1-2 working days and forwarded to the CDOP Office via **secure email** [l.hydes@nhs.net](mailto:l.hydes@nhs.net)

**Home Visit:** wherever possible a joint home visit will take place (with the police and a named nurse)

- Named Nurses are available between 9am – 5pm **Monday to Friday excluding Bank Holidays.**

Outside these hours a home visit may be undertaken by the Police

Are the criteria met for a SCR?

No

Yes

Follow LSCB guidance

**Within 24 hrs** - CDOP will notify all relevant professionals of the death

**Within 5 working days** - CDR Manager will request information (from identified relevant agencies) to be completed and returned within 10 working days to the CDOP office.

**Within 26 weeks:** Following receipt of post mortem results, a case discussion will be chaired by the SUDIC Dr. All relevant agencies will be requested to attend to review the cause of death, ensure ongoing support to the family & identify any lessons learnt. A case summary including any recommendations will be completed ready for review by the CDOP Panel.

## 5.0 Duties within the Organisation

5.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

5.2 Trust Board Committees have the responsibility for adopting policies and protocols.

5.3 Executive Directors / Service Directors and Heads of Service are responsible for:

- Ensuring all clinical staff are aware of the policy and attend any training identified.
- Ensuring they are aware of the policy and requirement to support clinical staff when they receive a report of a death, within work time or while on call.

5.4 Managers and Team leaders are responsible for:

- Ensuring all clinical staff are aware of the policy and attend any training identified
- Ensuring they are aware of the policy and requirement to support clinical staff when they receive a report of a patient death,
- Coordination of communication and activity between family members and the funeral directors/ mortuary and in unexpected deaths the police/ Coroners Office.

5.5 Responsibility of Staff

If the death is unexpected/ sudden it is the duty of all staff to assist in a Coroner's investigation. The Police will be acting as the Coroner's Officers to conduct such an investigation.

5.6 Medical Staff are responsible for:

- Declaring and documenting that life is extinct and assessing whether referral to HM Coroner is required.
- Completion of the appropriate Medical Certificate for Cause of Death for non-Coroner cases. ***Please refer to the Verification of Death Policy for guidance.***
- In conjunction with nursing staff informing other patients of the patients' death and ensuring they have access to ongoing support.
- In conjunction with nursing staff informing family of the patients' death and ensuring all appropriate documentation is completed.
- In conjunction with nursing staff informing the MHA Office; DOLs authorising body, where applicable and CQC via the online notifications process.

5.7 Registered Nurses are responsible:

- Verifying death and if appropriately trained declaring life extinct. ***Please refer to the Verification of Death Policy for guidance.***



- For notifying the relevant Manager, On Call Manager, Doctor / ANP (Advanced Nurse Practitioner) and Bed Manager (where applicable) of the patients' death and circumstances.
- For non Coroners cases ensuring certification of death takes place. **Please refer to the Verification of Death Policy for guidance.**
- For preparing the deceased patients for family viewing or transfer to a funeral director or mortuary
- Completion of the Notification of Death Form (Appendix 14)
- Ensuring relevant Infection Prevention and Control procedures are adhered to and where there are infection prevention and control or other risks relevant staff and funeral directors are informed.
- Arranging transfer to the mortuary / University Hospitals of Leicester (UHL) or funeral directors and recording the date and time of release by the ward
- In conjunction with medical staff informing family of the patients' death, offering bereavement support and ensuring all appropriate documentation is completed.
- For ensuring all equipment is appropriately cleaned after the deceased patient has left the area
- In conjunction with medical staff where required informing the Mental Health Act (MHA) Office; Deprivation of Liberty Safeguards (DOLs) authorising body (usually social services) and CQC.
- The management of the deceased patients' property in conjunction with the Ward Clerk/ Service Administrator. **Please refer to patients' property policy.**

#### 5.8 Nursing Assistants / Health Care Support Worker –

- May under the supervision of a registered nurse prepare the deceased patient for transfer to the funeral directors or Mortuary/ UHL.
- They may also offer support to the bereaved family and support the ward clerk or nurse in the management of the deceased's property, in accordance with the Trust procedures.

#### 5.9 Ward Clerks are responsible for:

- Ensuring the deceased patients' case notes/ any paper files supporting electronic patient records are gathered and completed before transfer to Medical Records / Coroner's Office/ Police in accordance with the Information Governance Policy.
- In conjunction with the nurse, ensuring the management of the deceased patients' property in accordance with Trust procedures.

### 6.0 Training needs

There is not a specific need for training identified within this policy. However clinical staff and On Call Managers / Directors do need to be aware and understand their role outlined in the policy. Nursing staff who have not experienced a patient death before may require support from a more senior or experienced colleague when carrying out last offices.

## 7.0 Monitoring Compliance and Effectiveness -

The Notification of Death form completed accurately, the family notified and offered time with the patient and transfer to the Funeral Director/ Mortuary/UHL will be appropriate and timely.

| Minimum Requirements   | Evidence for Self-assessment    | Process for Monitoring   | Responsible Individual / Group   | Frequency of monitoring |
|--|---------------------------------|--|--|-------------------------|
| The notification of death form is completed accurately.  | Appendix 14,                    | Directorate checks by Matron.  | Service Line Governance Groups (by exception reporting to Clinical Effectiveness Committee within highlight report).                   | Quarterly.              |
| Any deceased patients subject to MHA or DoLS have their death reported to the appropriate bodies within the specified timescales.  | Appendix 11,                    | Directorate checks by Matron.  | Service Line Governance Groups by exception reporting within highlight reports to the Trust MHAAC and Safeguarding Committee.          | Quarterly.              |
| Any deceased child to be reported to the appropriate bodies within the specified timescales.   | To follow flowchart, Appendix 5 | Report to the Incident Team  | Safeguarding Team  | Quarterly               |
| Review of incidents / complaints / concerns by divisions to identify concerns around care of deceased patients, support to relatives and transfer to funeral directors or mortuary.. |                                 | Collection of data via the safeguard incident reporting system and complaints / concern reports. | Lead Nurse to the Service Line Governance Groups (by exception reporting to Clinical Effectiveness Committee within highlight report). | Quarterly               |

## 8.0 Standards/Performance Indicators

| TARGET/STANDARDS   | KEY PERFORMANCE INDICATOR             |
|--|---------------------------------------|
| Care Quality Commission (CQC) Regulation 9 – Person-centred care | Lessons learnt from incidents         |
| Regulation 10 – Dignity and Respect                              | Family/ carer concerns and complaints |

## 9.0 Useful Contacts:

| Name  | Role  | Contact Details |
|---|---|-----------------|
| Leicester City and South Leicestershire Coroner                 | Contact in Normal Working Hours<br><br>If you need to get in contact with the Coroner after hours, you can do so by contacting the Leicester Constabulary | 0116 454 1030   |
| North Leicestershire and Rutland Coroner                        | Contact in Normal Working Hours<br><br>If you need to get in contact with the Coroner after hours, you can do so by contacting the Leicester Constabulary | 0116 305 7732   |
| Leicester City Council Environmental Health                     | To take responsibility of those deaths in the community (City boundary) where there is no NOK   | 0116 454 31365  |
| Blaby District Council Environmental Health                     | To take responsibility of those deaths in the community (District Council boundary) where there is no NOK   | 0116 275 0555   |
| Charnwood Borough Council Environmental Health                  | To take responsibility of those deaths in the community (District Council boundary) where there is no NOK   | 01509 263151    |
| Harborough District Council Environmental Health                | To take responsibility of those deaths in the community (District Council boundary) where there is no NOK   | 01858 828282    |
| Hinckley & Bosworth Borough Council Environmental Health        | To take responsibility of those deaths in the community (District Council boundary) where there is no NOK   | 01455 238141    |
| Melton Borough Council Environmental Health                     | To take responsibility of those deaths in the community (District Council boundary) where there is no NOK   | 01664 502502    |
| North West Leicestershire District Council Environmental Health | To take responsibility of those deaths in the community (District Council boundary) where there is no NOK   | 01530 454545    |
| Oadby & Wigston Borough Council Environmental Health            | To take responsibility of those deaths in the community (District Council boundary) where there is no NOK   | 0116 288 8961   |

| <b>Name</b>   | <b>Role</b>   | <b>Contact Details</b>  |
|---|---|---|
| LPT Chaplains   | Spiritual and Pastoral support to patients, relatives and staff.              | Via LPT Switchboard.  |
| LPT Corporate Affairs Department                                | Advice on registering deaths/ finding the NOK/paying for funeral arrangements | 0116 2950821/ 0116 295 5869   |
| Muslim Burial Council of Leicestershire                         | Advice on funeral services  | <a href="http://www.mbccl.org.uk">www.mbccl.org.uk</a><br><br>Advice via 07833 533490 or 07801 101786<br><br>Out of hours funeral co-ordinator – 07803 240493                           |
| <b>J Stamp and Sons for Fielding Palmer and St Lukes</b>        | LPT Contracted Funeral Directors  | The Chestnuts, 15 Kettering Rd, Market Harborough LE16 8AN<br><br>Mon- Friday 8.30 – 5.30, Sat 9 – 12.30 call 01858 462524<br><br>On call service outside office hours via 01858 462524 |
| <b>Lee Cooper for all other LPT sites</b>                       |   | The Old Courthouse, Belvoir Rd, Coalville, LE67 3PN<br><br>01530 814999   |
| <b>Child Death Review Manager for ALL deaths under 18 years</b> | LPT<br><br>Officer of LSCB  | 0116 295 8715 / 8724<br><br>07876 034566  |

## 10.0 References and Bibliography

The policy was drafted with reference to the following:

- CQC Fundamental Care standards (2015) accessed via <https://www.cqc.org.uk/content/regulations-service-providers-and-managers->

[relevant-guidance#end of life care/support-at-work/gp-practices/service-provision/confirmation on 31.12.2015](#)

- Guidelines for staff responsible for care after death (2011 and 2015) NHS National End of Life Care Programme/ Hospice UK
- Leadership Alliance for the Care of Dying People (LACDP) (2014) *Priorities of Care for the Dying Person*. June 2014 accessed via [www.nhs.uk/endoflifecare](http://www.nhs.uk/endoflifecare) on 14.4.16
- LPT Verification and Certification of Death Policy (2016)
- LPT Infection Prevention and Control Policy (2018)
- LPT Patient Property Policy (2018)
- MHA 1983: Code of Practice Revised 2015  
[https://www.gov.uk/government/uploads/system/.../MHA Code of Practice. PDF](https://www.gov.uk/government/uploads/system/.../MHA_Code_of_Practice_PDF)
- MCA :Code of Practice (2007)  
<https://www.gov.uk/government/uploads/.../Mental-capacity-act-code-of-practice.pdf>
- National Institute for Health and Care Excellence (NICE) (2017) Guideline QS13 '*End of Life Care for Adults*'. London
- National Institute for Health and Care Excellence (NICE) (2015) Guideline NG31 '*Care of dying adults in the last days of life*'. London
- National Institute for Health and Care Excellence (NICE) (2017) Guideline QS144 '*Care of dying adults in the last days of life*'. London
- Working Together 2018 to Safeguard Children

| Section 1   |  |
|---|--|
| Name of activity/proposal   | Care of the Deceased Patient   |
| Date Screening commenced  | Reviewed September 2019.   |
| Directorate / Service carrying out the assessment   | Clinical Effectiveness Group   |
| Name and role of person undertaking this Due Regard (Equality Analysis)   | Michelle Churchard-Smith   |
| <b>Give an overview of the aims, objectives and purpose of the proposal:</b>  |  |
| <b>AIMS:</b> This document sets out Leicestershire Partnerships (NHS) Trusts Policy for the care of a patient who has died (deceased patient) from the point of death (after verification) until transfer to a Funeral Service Director or Mortuary.  |  |
| <b>OBJECTIVES:</b> This policy ensures staff are able to provide high standards of care, ensuring dignity and respect and communicate effectively with families and other agencies at an emotional time following a patient's death.  |  |
| Section 2   |  |
| Protected Characteristic  | If the proposal/s have a positive or negative impact please give brief details   |
| Age   | No negative impact expected for any protected characteristics.<br><br>The requirements on the bases of cultural, religion and/or beliefs or any other consideration relating to protected groups will be discussed with the person, family, carers, etc. and also, ensuring individual needs are met as per their wishes prior to death. Where the person was not able to discuss their needs prior to death staff will liaise with family, carers and friends to ensure the above are considered. |
| Disability  |  |
| Gender reassignment   |  |
| Marriage & Civil Partnership  |  |
| Pregnancy & Maternity   |  |
| Race  |  |
| Religion and Belief   |  |
| Sex   |  |
| Sexual Orientation  |  |
| Other equality groups?  |  |
| Section 3   |  |
| <b>Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.</b> |  |
| <b>No</b>   |  |
| High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B   | Low risk: Go to Section 4.   |
| Section 4   |  |
| <b>If this proposal is low risk please give evidence or justification for how you reached this decision:</b>  |  |
| Discussion at CEG and through consultation process.   |  |
| <b>Signed by reviewer/assessor</b>  | Michelle Churchard-Smith   |
| <b>Date</b>   | 9 <sup>th</sup> September 2019   |
| <i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>  |  |

**The NHS Constitution**

**The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services**

|  |   |
|--|---|
| <b>Shape its services around the needs and preferences of individual patients, their families and their carers</b>                         | ✓ |
| <b>Respond to different needs of different sectors of the population</b>   | ✓ |
| <b>Work continuously to improve quality services and to minimise errors</b>  | ✓ |
| <b>Support and value its staff</b>   | ✓ |
| <b>Work together with others to ensure a seamless service for patients</b>   | ✓ |
| <b>Help keep people healthy and work to reduce health inequalities</b>   | ✓ |
| <b>Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance</b> | ✓ |

## Key individuals involved in developing the document

| Name                     | Designation            |
|--------------------------|------------------------|
| Michelle Churchard-Smith | AMH/LD Head of Nursing |
| Sarah Latham             | Senior Matron CHS      |
| Neila Patel              | Legal Affairs          |

## Circulated to the following individuals for comment

| Designation  |
|--|
| Clinical Governance Lead, AMH/LD   |
| Clinical Director FYPC   |
| Trust Secretary  |
| Clinical Director CHS  |
| Trust Lead, Quality & Patient safety   |
| Trust Associate Nurse for Professional Standards   |
| Chief Nurse  |
| Clinical Director AMH/LD   |
| Training Delivery Manager, LPT   |
| Patient Safety Analyst   |
| ANP Lead   |
| Regulation & Assurance Lead  |
| Matrons, LPT   |
| Ward Sister / Charge Nurses: AMH/ LD Acute, PICU, Low Secure Rehabilitation and Short Breaks, FYPC, MHSOP, Community Hospitals |
| Patient, Quality & Safety Manager  |
| Senior Health Safety & Security Advisor  |
| Admin Manager  |
| CRISIS Service Manager   |
| Assertive Outreach Manager   |
| Safeguarding Lead Nurse  |
| Clinical Governance Manger, AMH/LD   |
| Equality and Human Rights Coordinator  |
| Patient Experience and Improvement Lead  |
| Staff Side Representative  |
| AMH Acute Team Manager   |
| Clinical Trainer& Practice Development Officer   |
| Risk Manager, Assurance  |
| Interim Medical Director   |
| Head of Service, Community Health Services   |
| CHS Governance Lead  |
| Deputy Chief Nurse, Quality & Innovation   |
| Lead Nurse, Diana Team   |
| Emergency Planning Manager   |
| Head of Chaplaincy and Bereavement Services  |
| Lead Nurse, MHSOP  |
| FYPC-Clinical Governance & Quality Lead  |
| CAMHS  |



|   |
|---|
| Lead Nurse AMH/LD                               |
| Head of Nursing CHS                             |
| LD Service Manager                              |
| Security Management Specialist                  |
| Senior MHA Administrator                        |
| Leicester City and South Chief Coroner          |
| Detective Superintendent, Leicestershire Police |
| Child Death Review Manager LPT                  |

## Appendix 4 PRIVACY IMPACT ASSESSMENT SCREENING

|  |                                |   |                 |
|--|--------------------------------|---|-----------------|
| <p>Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.</p> <p>The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.</p> |                                |   |                 |
| <b>Name of Document:</b>   |                                | <b>Care of the Deceased Policy</b>              |                 |
| <b>Completed by:</b>   |                                | <b>Michelle Churchard-Smith</b>                 |                 |
| <b>Job title</b>   | <b>Head of Nursing, AMH/LD</b> | <b>Date</b>                                     | <b>9/09/19</b>  |
|  |                                |   | <b>Yes / No</b> |
| 1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.   |                                |   | <b>No</b>       |
| 2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.  |                                |   | <b>No</b>       |
| 3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?   |                                |   | <b>Yes</b>      |
| 4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?   |                                |   | <b>No</b>       |
| 5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.   |                                |   | <b>No</b>       |
| 6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?  |                                |   | <b>No</b>       |
| 7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.  |                                |   | <b>Yes</b>      |
| 8. Will the process require you to contact individuals in ways which they may find intrusive?  |                                |   | <b>No</b>       |
| <p><b>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy</b><br/> <b>Tel: 0116 2950997 Mobile: 07825 947786</b><br/> <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a><br/> <b>In this case, ratification of a procedural document will not take place until approved by the Head of Data Privacy.</b></p>  |                                |   |                 |
| <b>IG Manager approval name:</b>   |                                | Sam Kirkland – previous discussed and approved. |                 |
| <b>Date of approval</b>  |                                |   |                 |

Acknowledgement: Princess Alexandra Hospital NHS Trust

## Appendix 5 – Declaring Life Extinct and Assessing the Cause of Death

### 1 Declaring Life Extinct

- 1.1 All deaths must be verified by a medical practitioner or suitably trained registered nurse. This is a clinical process involving assessing the patient for signs of life and declaring that the patient has died.
- 1.2 The procedure for assessing the patient for signs of life is detailed in the 'Verification and Certification of Death Policy'.
- 1.3 The time of the patients' death must be recorded in the patients' record.
- 1.4 Verification of death must take place before the deceased patient is transferred to funeral services or the mortuary.

### 2 Assessing if the Death is Suspicious

- 2.1 Death is considered to be suspicious where the person's death was not expected or where the person's body is found and it is immediately apparent that something untoward occurred to cause the persons death, either accidental, self-inflicted, inflicted by others or where there is no obvious reason for the death.
- 2.2 Where death is considered to be suspicious it is important to manage the scene carefully to preserve evidence and the Police / Manager / On Call Manager must informed immediately.
- 2.3 For Children's deaths please refer to Appendix 5.

### 3 Actions to be taken for suspicious death:

#### 3.1 What should be done?

- a) Immediately call the Crash Team / or ambulance and commence resuscitation. If resuscitation is not successful (resuscitation stopped by a doctor or paramedic):
- b) **DO NOT TOUCH OR MOVE ANYTHING** Do not touch anything on the body, the surrounding area or personal effects. If there is any evidence of items being involved in the death, for example rope, clothing, medication, razor blades or items related to drug abuse do not touch or move the evidence.
- c) If in a communal area screen off the area, if it is a single room lock/ secure the room wherever possible, to maintain the dignity of the deceased patient and prevent the scene being contaminated; post a staff member outside of the room to ensure patients or staff do not enter until the police confirm normal access can be resumed.
- d) Inform the Police then Line Manager / On Call Manager immediately and follow their instructions.
- e) ALL equipment and dressings must be kept in situ. This includes intravenous lines, central lines, arterial lines, catheters, chest drains, enteral tubes and

any disposable equipment. This equipment should be left in situ but sealed off prior to the collection by the Coroners removal services. A list of all equipment present at the time of death must be completed and filed in the patient's record. If the Crash Trolley is not implicated in the incident it may be removed and restocked following consultation with the police

- f) The Police or Coroner may wish a copy from the electronic record within the resuscitation defibrillator. In working hours (Monday to Friday 08.00 till 16.30) contact the Trust Resuscitation Officers via LPT Switchboard. If out of hours please leave a message for the Resuscitation Officers and they will attend on the next working day. The information from the defibrillator is then downloaded by a member of resus team using a special programme and infra-red dongle which connects to the defibrillator to download the information. The Senior Resuscitation Officer then forwards this information to the coroner electronically and will provide a copy with analysis to Trust Investigators. **The Trust defibrillators store 2 episodes of use therefore if there is a further resuscitation episode before the information is downloaded the defibrillator must be taken out of use and the designated spare defibrillator used.**
- THE POLICE SHOULD NOT REMOVE A DEFIBRILLATOR UNLESS THE EQUIPMENT ITSELF IS SUSPECTED OF CONTRIBUTING TO THE DEATH.**
- g) **DO NOT PERFORM LAST OFFICES;** do not wash the deceased, change their clothes or bed linen. The deceased patient will be collected by HM Coroner's removal service. If this does not happen or is directed by HM Coroner, the Line Manager / On Call Manager will establish with the Trust funeral services appropriate transfer. The deceased patient should be placed in a body bag and the point of transfer documented clearly on the Notification of Death Form (Appendix 14).
- h) Preserve the scene of the patients' death until authorised to clear it by the Police / Line Manager / On Call Manager even after the deceased patient has been transferred.

### **3.2 Who should be informed?**

- a) The Line Manager / On Call Manager will inform the Police if they have not been notified on finding the person or by the ambulance service or Nurse in Charge of the ward.
- b) Inform patient's Consultant in working hours or the On Call / Duty doctor.
- c) Appropriate manager(s) within the department.
- d) The patients Next of Kin / Relatives / or agreed contacts should be informed and supported (see Appendix 8 "Communication with the Family"). Communication with the next of kin / relatives should be (in hours) via the Ward Matron / Senior Matron or Medical staff, or (out of hours) via the On Call Manager or On Call / Duty doctor. It is important to be clear about the

procedures and further investigations that are conducted in suspicious circumstances. Explain that under these circumstances they may wish to attend the ward but may not be able to see their relative before removal to the mortuary or the funeral directors.

- e) The Line Manager / On Call Manager will cascade/ escalate this information as appropriate to the Director / On Call Director and the Executive Team.
- f) The staff on duty at the time of the incident should complete an incident form (e-irf)
- g) If the deceased patient is detained under the MHA or by a DoL's the appropriate MHA/ DoLs documentation should be completed and relevant statutory bodies informed (See appendix 11).
- h) If the deceased patient is below the age of 18 years, the CDR Manager must be notified on 0116 295 8715 / 07876 034566 and the LPT Safeguarding Team.

## Appendix 6 - Referral to H.M. Coroner

### 1. Reporting Deaths Meeting with Mrs Mason to confirm amended criteria

Registered Medical Practitioners are required by law to report deaths to H.M. Coroner if any of the following apply:-

- 1.1 The deceased was not attended by a Registered Medical Practitioner during his/her last illness.
- 1.2 The deceased was not attended by a Registered Medical Practitioner immediately after death or within 14 days preceding death.
- 1.3 The death is sudden, unexplained, violent and unnatural or attended by suspicious circumstances.
- 1.4 The cause of death is unknown, or if there is any doubt regarding the cause of death.
- 1.5 The deceased is a child in foster care.
- 1.6 The death occurred in the following circumstances:
  - a) After an operation or invasive procedure necessitated by injury or disease within the preceding 12 months.
  - b) During an operation.
  - c) Before recovery from the effects of any anaesthetic.
  - d) The death may be related to a medical procedure or treatment whether invasive or not
- 1.7 When it is believed there is a possibility the death was due to neglect, ill-treatment, self- neglect or abortion.
- 1.8 Still birth where there was any possibility of the child being born alive.
- 1.9 The deceased was detained under the Mental Health Act (MHA). Only those patients under a Deprivation of Liberty (DoLS) and the cause of the death is unknown or where there are concerns that the cause of death was unnatural or violent, including where there is any concern about the care given having contributed to the person's death should be reported. (From Monday 3 April 2017 Coroners no longer have a duty to undertake an inquest into the death of every person who was subject to an authorisation under the Deprivation of Liberty Safeguards (known as DoLS) under the Mental Capacity Act 2005.)
- 1.10 Where it is believed the death is due to any kind of poisoning including alcohol, and drugs either taken in therapy, in addiction, in suicide or accidentally.
- 1.11 When death occurs either directly or indirectly, following an injury or accident, including those associated with road traffic accidents **of any date**. Injuries may include burns, scalds, choking or other effects of foreign bodies, suffocation, concussion, wounds drowning and effects of heat or cold, sunstroke, lightning, fractures, electricity, electric shock.
- 1.12 The deceased is a person detained in prison or in any other place of detention, or is a person who has recently been in police custody (release within 24 hours of death).
- 1.13 The deceased was in receipt of a disability pension / war pension.

- 1.14 When the death is believed to be due to an industrial injury, conditions associated with service in H.M forces, or due to actual or suspected industrial diseases or industrial poisonings as detailed below:-
- a) Diseases of the Lungs:-
    - Any form of Pneumoconiosis, Asbestosis and Mesothelioma, Berylliosis.
    - Any Lung Disease qualified by an occupational term (e.g. Farmers Lung)
  - b) Other Diseases if Occupationally Related
    - Any form of barotrauma, Weils disease, hepatitis B or C, Anthrax
    - Malignancy related to any form of industrial exposure
    - Any form of industrial toxicity or poisoning.
- 1.15 At the request of the H. M. Coroner's office certain treatment-related infections which are considered to have caused or contributed to death must be referred to the Coroner's office. In most cases, there will be no requirement for an autopsy, but the final decision rests with the Coroner.
- The following types of cases should be referred:*
- Deaths due to infection following iatrogenic neutropenia
  - Deaths due to infection following immunosuppressive therapy for transplantation, autoimmune or other disease.
  - Deaths due to infection of in-dwelling medical equipment.
  - Any other case where medical treatment may have contributed to the development of a fatal infection.
  - Signs of life before 24 weeks of pregnancy - *only if the cause of death is unknown or not natural*. Child deaths should follow the flowchart on page 7.
  - Where a fall has taken place in the 12 months prior to the death.
- 1.16 Any maternal death should also be referred to the Coroner.

**The Coroner's Offices can be contacted by telephone as detailed in section 9 of the policy.**

## **2. Out of Hours contact with the Coroner -**

### **Certification and Release of Deceased Out of Hours**

Medical Staff should **NOT** attempt to make contact with the Coroner in respect of body release. Medical staff should contact the Duty / On Call Manager for advice and where appropriate any initial contact **MUST** be made by the Duty Manager.

Only the Duty / On Call Manager may contact the Coroner and in deciding whether to make contact the Duty / On Call Manager shall consider the following stipulations laid down by the Coroner:-

1. If the urgent release of the body of a deceased patient is required out of normal working hours where the doctor believes that the death requires referral to the Coroner, contact with the Coroner can be made via the Duty / On Call Manager **ONLY**. **The Coroner can be contacted by the Duty Manager at the following**

**times only:-**

**a. Out of Hours Weekdays between the hours of 4pm and 9pm.**

**b. Weekends and Bank Holidays between the hours of 8am and 9pm.**

**There are no exceptions to this rule irrespective of the personal beliefs or age of the deceased.**

2. If, following an out-of-hours consultation with the Duty / On Call Manager, the Coroner agrees that the Medical Certificate of Cause of Death can be issued by a doctor, the doctor will be asked to provide contact details of the deceased's next of kin. This is so that the Coroner can confirm with the next-of-kin that they are satisfied with the cause of death before the paperwork is issued (Pink A) to the Leicester Registrar. A death cannot be registered until the Coroner's form has been received by the Leicester Registrar. Needs to be reviewed with Coroner.
3. If the patient dies out of hours but there is no need for urgent release, the Coroner should be contacted the next working day.

**If the deceased was in custody or was detained under the Mental Health Act, or a DoLS where the circumstances of the death are unnatural or violent, including where there is any concern about the care given having contributed to the person's death the body cannot be released and the police must be informed via the Duty / On Call Manager.**

It is accepted that medical staff may come under pressure to contact the coroner from the families of deceased. However the coroner has clearly stated what is required of the Trust and staff need to be very clear with families that we will adhere to the coroner's requirements.

### **Child Death**

Refer to the flowchart on Page 7.

If a child dies in hospital and Medical Staff want to seek advice on how to proceed on matters other than body release (e.g. removal of tubes etc.) then contact can be made with the Coroner at the same times as stipulated for **Certification and Release of Deceased Out of Hours** i.e.

- a) Out of Hours Weekdays between the hours of 4pm and 9pm.
- b) Weekends and Bank Holidays between the hours of 8am and 9pm.  
Medical Staff should contact the Duty Manager to obtain the coroner's contact details.



## **Appendix 7 – Communication with the family/carers**

### **1. Introduction**

- 1.1 Relatives always remember the way in which the news of the death of a loved one was broken to them. The way that the news was given and subsequent actions may influence the bereavement process.
- 1.2 Breaking bad news over the telephone is never easy but sometimes it is unavoidable. It is important to tell the truth when giving such sensitive information over the phone, and try and support that person as much as possible.

### **2. Breaking bad news**

- 2.1 Prior to informing the next of kin that a patient has died, it is essential to confirm the correct information i.e. that the correct patient and their relatives are identified.
- 2.2 For those patients having palliative/end of life care, it should already be established how the next of kin wish to be contacted during the day and night.
- 2.3 In circumstances of sudden death, informing the next of kin that an accident or sudden illness has occurred and requesting their presence at the hospital can be justified; please remember that in the event of a sudden unexpected death or suspicious death the NOK/ relatives may not be able to see the deceased before removal to the Coroner; this decision will be made by the police. The intention is to prevent harm and maximise benefit by imparting news in a supportive environment. It may be more appropriate to involve the Police, if not already involved, and ask them to support informing the next of kin.

### **3. Breaking bad news over the telephone**

- 3.1 Consider the following before making the decision to break bad news over the telephone:
  - a) Whether it is appropriate to break bad news over the telephone
  - b) Whether you are the most appropriate person to deliver this news
  - c) What knowledge the next of kin / bereaved may have about the patient's condition prior to death.
  - d) When that person last saw the patient
  - e) The age and health of the person
  - f) How far the next of kin may have to travel to reach the hospital; please remember that in the event of a sudden unexpected death or suspicious death the NOK/ relatives may not be able to see the deceased before removal to the Coroner; this decision will be made by the police please remember that in the event of a sudden unexpected death or suspicious death the NOK / relatives will not be able to see the deceased before removal to the Coroner.

- g) Language barriers; speech, hearing or language
- h) Whether they wanted to be contacted over the telephone or during the night / have any previous discussions taken place?

3.2 Once the decision has been made to break the bad news over the telephone:

- a) It is essential to confirm the correct information, i.e. that the correct patient and their relatives are identified.
- b) Do not imply or state that the patient is alive at the time of the call if they are not, as omitting truth or facts may later appear suspicious.
- c) Make sure you will not be disturbed or interrupted when making the call
- d) Check their location and whether they are alone
- e) State who you are when calling and whether you have met or spoken to them previously
- f) Acknowledge the difficulty of having this conversation over the phone as this will reduce the negative impact and serve as a warning shot
- g) Be direct and clear with the information you give. Confirm that death has occurred – use the words ‘is dead’ or ‘has died’
- h) Be honest if they ask if the patient has died and give a brief description of what happened
- i) Make sure you have time to listen and answer any question that the next of kin may have
- j) Offer that they can phone back later with any questions or queries and provide them with the appropriate telephone number
- k) Do they want to see the deceased patient? Not all people do. Are other relatives / friends / important others likely to want to visit. Please remember that in the event of a sudden unexpected death or suspicious death the NOK/ relatives may not be able to see the deceased before removal to the Coroner; this decision will be made by the police.

#### **4. Care of the deceased patient’s family**

The experiences of those grieving can very much affect the grieving process in the short and long term. The response of relatives and important others are not always going to be the same and may vary significantly. It is important that staff respect and are sensitive to the grief response of relatives and important others.

- 4.1 It is essential that a lead is taken from the family with regards to their needs. They may have religious or cultural needs that they wish to demonstrate, even if the patient does not have a religion recorded. Chaplains can provide pastoral and spiritual care for relatives and carers and they may ask to see a member of the chaplaincy (see section 9 of the policy) or ask to contact a specific person. It is appropriate to ask if they wish anyone else to be contacted.
- 4.2 In each circumstance, where possible privacy should be offered.
- 4.3 Family and important others may not wish to see the deceased.

- 4.4 Family may wish to speak to a Doctor or ask questions regarding the time before the patient's death e.g. 'who was with them' and 'were they in pain'.
- 4.5 Do not use medical language. At such times a lot of information is not absorbed by relatives and it may be necessary to reiterate the information or give them written information.
- 4.6 Family members should not be rushed to leave the ward / area and refreshments should be offered.
- 4.7 The family should be offered any bereavement information / guides.

## **5. Viewings/ time with the deceased**

- 5.1 Viewings or time with the deceased should ideally not take place in the main ward / area; however the Trust does not have a mortuary facility.
- 5.2 When the patient has just died and the family are en-route to the hospital, the viewing of patients should be in a single room where possible or a screened area in a shared room with no other patients present. The room should be neat and tidy and the patient presented in accordance with the last offices guidance.
- 5.3 The family should be asked if they wish to arrange an appointment for viewing with the Funeral Director and support should be given to arrange this.
- 5.4 Staff should consider their safety when supporting families who may be confrontational, angry or intoxicated; if staff feel their own or other patients safety is at risk the viewing should be deferred.

**APPENDIX 7 – Last Offices for adults and children**

|   | <b>Actions for staff</b>   | <b>Rationale</b>   |
|---|--|--|
| 1 | <p><b>Do not proceed further if the death is considered unexpected or suspicious or has been referred to HM Coroner (including MHA/DoLS) only the following:</b></p> <p>The deceased patient may be collected from the place of death by HM Coroner’s removal service. Staff should ensure the identification bands are on the deceased patient and document any equipment in use (including batch numbers if available).</p>  | <p>Evidence must be preserved for a forensic investigation into the cause of death for the Policy and / or HM Coroner.</p>   |
| 2 | <p>If the Coroner is not involved authority for removal must be given by the Line Manager/ or Duty Manager/ or On Call Manger and the deceased patient placed directly into a body bag and transferred to the Funeral Director.</p> <p><i><b>Note in the case of patients requiring cremation and who have not been seen by a doctor within LPT following transfer from UHL, the body should be transferred back to UHL Mortuary. Please refer to the Community Health Services local procedure.</b></i></p> <p>Equipment list:</p> <ul style="list-style-type: none"> <li>- Disposable plastic aprons and nitrile gloves</li> <li>- Mouth care equipment</li> <li>- Identification bands (x2)</li> <li>- Disposable gown or patient’s own clothes or nightwear</li> <li>- Bowl, soap, towel and disposable cloths, comb</li> <li>- Micropore tape</li> <li>- Clinical waste bag</li> <li>- Valuable/ other property bag</li> <li>- Clean sheets</li> <li>- Sharps bin</li> <li>- Clean sheet</li> </ul> <p>Extra equipment may include:</p> <ul style="list-style-type: none"> <li>- Dressings, bandages, gauze, Cannula bungs</li> <li>- Body bag</li> </ul> | <p>Personal protective equipment (PPE) for staff to maintain cleanliness, hygiene and prevent the potential spread of infection</p> <p>To ensure the patient is clean and well presented for viewing by family and transfer to Funeral Director/ Mortuary.</p> |

|   | <b>Actions for staff</b>   | <b>Rationale</b>   |
|---|--|--|
| 3 | Put on gloves and apron.   | Standard (universal) precautions must be followed for any contact with bodily fluid. To reduce risk of contamination and cross infection.  |
| 4 | Lay the patient on his/her back with assistance of other member/s of staff (adhering to LPT Manual Handling Procedures and Safer Handling Policy).   | To maintain the patient's dignity and for future management of the body, as rigor mortis occurs 2-6 hours after death, with full intensity within 48 hours and then disappearing within another 48 hours.  |
| 5 | <p>Ensure a pillow is placed underneath the head<br/>Support the jaw by placing a pillow or rolled-up towel on the deceased's chest underneath the jaw.</p> <ul style="list-style-type: none"> <li>• Do not tie jaw unless otherwise guided by family members.</li> </ul> <p>Remove only mechanical aids such as syringe drivers, etc., and secure the sites with gauze and tape to syringe driver sites and document actions in nursing documentation. All lines must be left in situ and capped off with a blind end cannula bung. <b>Document all lines left in on the Notification of Death form.</b></p> <p>Endotracheal tubes (rarely used in LPT) or tracheostomy tubes must not be removed where death is sudden, suspicious or referred to the Coroner.<br/>ET/ tracheostomy tubes may be removed if it is clear when death is verified that referral to the Coroner is not required. If there is any doubt the tubes must be left in place until referral is clarified.</p> <p>Ensure family are aware ET/ tracheostomy tube has been left in situ, and reassure them they will be able to view deceased without tubes when Coroner's investigations have been</p> | <p>To assist with drainage from the head and promote jaw closure</p> <p>Lines removed after death leak profusely.</p> <p>Instruction received from HM Coroner regarding the removal of lines and tubes.</p> <p>To alleviate distress caused by medical devices left in situ.</p> |

|    | <b>Actions for staff</b>   | <b>Rationale</b>   |
|----|--|--|
|    | <p>completed, either in the Mortuary viewing room or at the Funeral Directors. Ensure that relatives are fully prepared prior to viewing of the deceased's body as to what they will observe in relation to lines etc.</p> <p>Straighten the lower limbs. Raise the hands up onto the chest / abdomen.</p> | <p>To prevent blood to pool in the fingers and hands as this can be distressing to see.</p>  |
| 6  | Close the patient's eyes by applying light pressure to the eyelids for 30 seconds.   | To maintain the patient's dignity and for aesthetic reasons.   |
| 7  | If a catheter is in-situ, gently drain the bladder by pressing on the lower abdomen. Leave catheter bag insitu.  | Because the body can continue to excrete fluids after death.   |
| 8  | <p>Only pack orifices with gauze if fluid secretion continues or is anticipated.</p> <p>If excessive leaking of bodily fluids occurs, consider suctioning.</p> <p>Consider body bag if there is excessive body fluid leakage.</p>  | Leaking orifices pose a health hazard to staff coming into contact with the body.  |
| 9  | <p>Exuding wounds should be covered with a clean absorbent dressing and secured with an occlusive dressing.</p> <p>If a post mortem is required, existing dressings should be left in situ and covered with an additional dressing.</p>  | Open wounds pose a health hazard to staff coming into contact with the body.   |
| 10 | Open drainage sites may need to be sealed with an occlusive dressing.  | Open drainage sites pose a health hazard to staff coming into contact with the body. If a post mortem is required drainage tubes, etc, should be left in situ. |
| 11 | <p>Wash the patient, unless requested not to do so for religious / cultural reasons (please refer to sections on individual faiths).</p> <p>Family members must not perform last offices without a member of staff being present.</p>  | <p>For hygienic and aesthetic reasons.</p> <p>As a mark of respect and a point of closure in the relationship between nurse and</p>                            |

|    | <b>Actions for staff</b>   | <b>Rationale</b>  |
|----|--|---|
|    | <p>It may be important to family and carers to assist with washing, thereby continuing to provide the care given in the period before death</p> <p>Do not shave the deceased. If shaving is necessary, it should be performed prior to death using an electric razor if possible.</p>  | <p>patient.</p> <p>Post-death shaving causes severe burn marks that cannot be disguised by the funeral director, causing disfigurement.</p> |
| 12 | <p>Clean the patient's mouth using a foam stick to remove any debris and secretions.</p> <p>Clean dentures and replace them in the mouth if possible. If not, ensure they accompany the body.</p> <p>Suction may be necessary to clear fluids from the patient's mouth.</p>  | <p>For hygienic and aesthetic reasons.</p> <p>To maintain the integrity of the face shape.</p>  |
| 13 | <p>Remove all jewellery (in the presence of another member of staff) unless requested by the patient's family to do otherwise. (Release of property to relatives must be recorded in the Trust property book as per policy).</p> <p>Sikh's may wear a bangle that should not be removed.</p> <p>If jewellery does not come off easily leave it on, and document it on the Notification of Death form.</p> <p>Refer to LPT's Management of Patient Property – Policy and Procedure for further details.</p> | <p>To meet with legal requirements and relatives wishes.</p>  |
| 14 | <p>Ensure the patient is clothed during transfer to the mortuary, e.g. night clothes, hospital gown or shroud. Patients should NOT be sent to the mortuary without being appropriately and decently attired unless it is a sudden/ unexpected or suspicious death.</p>   | <p>To maintain dignity.</p>   |
| 15 | <p>Ensure two identification bracelets with the following information are present:</p> <ul style="list-style-type: none"> <li>- Patient's NHS number</li> <li>- Date of Birth</li> </ul>   | <p>To ensure the legal, correct and easy identification of the body in the mortuary/ funeral directors.</p>                                 |

|    | <b>Actions for staff</b>   | <b>Rationale</b>   |
|----|--|--|
|    | <p>- Name<br/>Place one label on the deceased's right wrist, and one label on their right ankle. It is acceptable for this to be their current identification bracelet, and one other. If the right limbs are missing, place identification label on the left limbs.</p>   |  |
| 16 | Complete Notification of Death form (including addressograph label) and hand to porter/ funeral director when deceased patient is transferred to mortuary/ funeral directors.  | To ensure legal, correct and easy identification of the body in the mortuary/ funeral directors. |
| 17 | Sensitivity should be used when preparing the transsexual deceased patient to maintain strict confidentiality of previous gender including discussion with the family.   | To comply with the Gender Recognition Act 2004   |
| 18 | Non-infectious / non-leaking bodies should be wrapped in a clean white sheet.  | To maintain the deceased patient's dignity.  |
| 19 | <p>Body bags should be used for the following cases:</p> <ul style="list-style-type: none"> <li>a) Hepatitis B&amp;C, HIV, TSE (including CJD) and active tuberculosis where the patient has not successfully completed a course of antibiotics</li> <li>b) Known or suspected intra-venous drug abuse</li> <li>c) Forensic and suspicious death including death in custody (place deceased patient in body bag with minimal intervention from nursing staff)</li> <li>d) Recently administered active unsealed source radioactive material for cancer treatment</li> <li>e) Where leakage and discharge of body fluids or faeces is likely (this includes patients with large pressure sores, trauma, burns, gangrenous limbs and infected amputation sites)</li> </ul> <p>The deceased can remain unwrapped (i.e. clothed but not wrapped in a sheet) within the bag but, a sheet must be wrapped around the exterior of the bag, allowing the deceased patient to be transferred with minimal risk of</p> | Minimize the risk of transmission of infectious diseases.  |



|    | <b>Actions for staff</b>   | <b>Rationale</b>  |
|----|--|---|
|    | <p>tears to the bag.</p> <p>If the exterior of the bag inadvertently comes into contact with potential sources of infection, clean and disinfect the exterior with a Chlorclean solution.</p>  |   |
| 20 | <p>Dispose of equipment according to infection prevention and control principles.</p> <p>Remove gloves and apron and dispose of in clinical waste, wash hands with liquid soap and water and dry with disposable paper towels.</p>   | To minimize risk of cross-infection and contamination.  |
| 21 | <p>Request transfer of deceased patient to mortuary/ funeral director by contacting the funeral director/ porters. Inform porters/ funeral directors of any relevant factors:</p> <p>a) Deceased patient weighing more than 200Kg (may need to contact Manual Handling Team or Duty Manager out of hours for advice)</p> <p>b) If body bag has been used, including reason why (leaking fluids, risk of infection, radiopharmaceuticals, other)</p> <p>c) Other ward factors such as ward rounds, catering rounds, drug rounds and visiting times</p> <p>d) Potential threat of any aggression or conflict (transfer may be delayed until area secure)</p> | <p>Decomposition occurs rapidly, particularly in hot weather and overheated rooms and safe transfer to the mortuary should take place within a reasonable time.</p> <p>Transfer to mortuary/ funeral directors should be within 2-4 hours of death, although sensitivity to family needs must be exercised.</p> |
| 22 | <p>Prepare ward area for arrival of porters/ funeral directors with concealment trolley by drawing curtains and remove unnecessary equipment to allow the concealment trolley to be placed next to the bed.</p>  | To ensure the safe, legal and dignified transfer of the deceased patient to the mortuary.   |
| 23 | <p>Greet porters/ funeral directors on their arrival, confirm identity of deceased patient (NHS number on ID bands) and assist with transfer by ensuring bed brakes are locked, bed and trolley are at the same height and patslide used for lateral transfer.</p>   | To ensure the safe, legal and dignified transfer of the deceased patient to the mortuary/ funeral directors.  |
| 24 | <p>Provide appropriate support and reassurance to other patients and visitors to the ward.</p>   | Other patients and visitors may be aware that a death has occurred.   |

|    | <b>Actions for staff</b>  | <b>Rationale</b>  |
|----|---|---|
| 25 | Record all details and actions within the nursing documentation and complete an incident form (e-IRF)   | To record the time of death, names of those present, and names of those informed.               |
| 26 | All patients property should be stored in individual bags, and properly identified in accordance with “Management of Patient Property Policy and Procedures”.<br>If deceased is under 18 years of age – copy case notes as the death will be subject to review.   | Documentation / case notes etc. needed to process the death certificate or property collection. |
| 27 | You must ensure that there is a system in place for other professionals involved in the adults/ child’s care to be informed (such as GP, community nurses, Health Visitor, respite home, etc.)<br>You must ensure that, when possible, the family have a follow-up appointment in place with the adults/ child’s consultant before they leave the hospital. | To provide ongoing support.   |

## Appendix 9 - Cultural and Religious Requirements

- 1.1 It is essential that any religious beliefs held by the patient are identified on admission, or at least prior to death, so that nursing staff can seek to accommodate the specific needs of the patient, relatives and important others.
- 1.2 In planning care, it should be remembered that Individual requirements will vary even among members of the same religion.  
Varying degrees of adherence and orthodoxy exist within all the world's religions and beliefs. The identified religion may occasionally be offered to indicate an association with particular cultural and national roots, rather than to indicate a significant degree of adherence to a particular religion. It is essential where a specific need is identified, a lead should be taken from the family as to their preferences.  
The family may wish for religious support prior to the patient's death.
- 1.3 When requesting a member of the Chaplaincy to visit a dying or recently deceased patient, use the following procedure:
  - Call the UHL switchboard on 0300 303 1573 and ask them to contact the chaplain on call for **Leicester General Hospital**. Give your direct dial telephone number to the switchboard operator. A chaplain will call you back. If you have not received a response within 15 minutes please repeat the process.
- 1.4 Guidance on the requirements for people of different religious faiths can be found on the Trust intranet in the **NHS Staff Multi-faith resource**.

## **Appendix 10 - Patients subject to the provisions of the Mental Health Act 1983 and DoLS**

### **1.1 Requirements to report the death of a patient who is detained or liable to be detained under the provisions of the Mental Health Act 1983 at the time of death.**

Under Regulation 17 of the Care Quality Commission Regulations 2009 the Trust is required to report the death of a patient detained under its authority at the time of death. This remains relevant where that authority relates to a death that occurs outside of Trust property.

The following sections of the Mental Health Act are applicable to this procedure:

Section 2 – Admission for Assessment

Section 3 – Admission for Treatment

Section 4 – Emergency Admission for Assessment

Section 5(2) – Report on Hospital In-patient

Section 5(4) – Nurses' Six Hour Holding Power

Section 17 – Leave of Absence

Section 17a – Community Treatment Order

Section 18 – Patients Absent without Leave

Section 35 – Remand to Hospital for Report on Mental Condition

Section 36 – Remand to Hospital for Treatment

Section 37 – Hospital Order without Restrictions

Section 38 – Interim Hospital Order

Section 41 – Order Restricting Discharge

Section 47/49 – Transfer to hospital of sentenced patients

Section 136 – Power of police to remove mentally disordered persons from public places to a place of safety

### **1.1.2 Reporting Procedure following the Death of a Detained Patient**

In addition to the provisions of the Trust Care of the Deceased Policy staff must ensure that where the death occurs whilst the patient is detained under the Mental Health Act 1983, the following reporting procedure is followed.

The Mental Health Act Office must be informed of the death within 24 hours or as soon as practicable after the death has occurred. The Mental Health Act Office can be contacted via the Trust switchboard; voice mail is available out of hours. Time limits do not permit the completion and return of forms for this purpose.

The office will need the following information:

- Patient's name
- Section status (e.g. section 3)
- Ward
- Place of death
- Name of Responsible Clinician
- Name and contact number of informant

Where the death occurs on the ward it is the responsibility of the nurse in charge, or duty co-ordinator/ Manager to inform the Mental Health Act Office.

If the patient dies whilst detained, or liable to be detained, outside of Trust property it remains the responsibility of the Responsible Clinician to notify the Mental Health Act Office (as above). Such instances are as follows (although this list should not be considered exhaustive):

Section 17 - Leave of Absence - It is important to remember that the Trust remains responsible for the detention of patients on section 17 leave of absence; this includes those patients who have been transferred to another NHS Trust under section 17.

Section 17a – Community Treatment Order

Section 18 – Absent without Leave of Absence

### **1.1.3 Notification and Statutory Documentation**

The informant will be responsible for accessing a copy of the following form - 'Statutory Notification Regulation 17, Care Quality Commission (Registration) Regulations 2009 - Death of a person using the service who is detained or liable to be detained under the Mental Health Act 1983' through the following link : [https://www.cqc.org.uk/sites/default/files/20150330\\_800139\\_v4\\_00\\_Notification\\_Death\\_of\\_Patient\\_liable\\_to\\_be\\_detained](https://www.cqc.org.uk/sites/default/files/20150330_800139_v4_00_Notification_Death_of_Patient_liable_to_be_detained).

The Trust is required to officially notify the Care Quality Commission (CQC) using the above form immediately.

It is the responsibility of the Responsible Clinician to complete the form (this includes any consultation with persons necessary for completion) online and submit using the link provided on the form (MH [NOTIFICATION@cqc.org.uk](mailto:NOTIFICATION@cqc.org.uk)).

A copy should be sent to the MHA Office who will upload onto RiO.

## **1.2 Patients subject to Deprivation of Liberty Safeguards (DoLS)**

Coroners do not undertake an inquest into the death of every person who was subject to an authorisation under the Deprivation of Liberty Safeguards (known as DoLS) under the Mental Health Capacity Act 2005 unless the cause of death is unknown or where there are concerns that the cause of death was unnatural or violent, including where there is any concern about the care given having contributed to the person's death.

## **1.3 Reporting a death under DoLS and statutory documentation**

When the death has been verified and after the police and Coroner have been informed if the cause of the death is unknown or where there are concerns that the cause of death was unnatural or violent, including where there is any concern about the care given having contributed to the person's death the authorising body should be informed (usually Local Authority), the Trust Safeguarding Team and the Directorate Lead who hold the DoLS log should be contacted to report the death to the Care Quality Commission. The death should be notified to the CQC using the Statutory Notification 'Death of a person using the service' Form found on the CQC website (Guidance for Providers – Notifications); this should be completed by the Responsible Clinician and in Section 7 clearly state that the deceased is subject to a DoLS.

## **1.4 The role of the Care Quality Commission**

The Care Quality Commission's statutory responsibility is to keep under review the exercise of powers and discharge of duties under the Mental Health Act 1983 as they relate to the detention of patients liable to be detained. The death of a detained

patient may raise issues within the remit of the Commission.

The Commission maintains a database containing information relating to the deaths of patients detained under the Mental Health Act which provides analytical information to assist the work of the Commission.

The Commission also bring to the appropriate notice any failings and/or poor practice in particular cases.

They also have a duty to report to the Secretary of State.

The Commission may decide, on reviewing the details of the death as provided in the MHAC3/ Notification of Death document, to visit the relevant hospital. The Commissioner(s) will conduct a thorough examination of all relevant records, including:

- A detailed history of the deceased's Mental Health Act/ DoLS status
- Prescribed medication
- Medical and nursing care before the death occurred.

The visiting Commission's visit should be made known and any relevant staff, or patients, who were on duty or present at the time of the death, should feel able to talk freely and in private to the Commissioner(s) if required.

The Commission will liaise directly with the Coroner in it's findings and will attend the inquest in one of a number of prescribed roles dependent on their conclusions.

### **1.5 The Role of the Coroner**

The Coroner is responsible for investigating deaths that occur within certain circumstances. It is the statutory duty of the local Coroner to investigate and hold an inquest for all patient deaths that occur whilst the patient is in custody or state detention detained under the Mental Health Act and or DoLS where the cause of the death is unknown or where there are concerns that the cause of death was unnatural or violent. The Coroner will liaise directly with the Care Quality Commission in such instances.

## Appendix 11 - Infection prevention and control guidance for caring for the deceased patient

- 1.1 It is important that where a patient dies with a known or suspected infection staff feel confident in correctly handling the body to prevent further spread of infection. Staff must comply with safe handling of such bodies in accordance with Infection Prevention and Control guidance. See appendix 9, carrying out last offices for guidance on infection control measures when handling a deceased patients body.
- 1.2 Controlling the risk of exposure in non-employees: religious / ritual preparations. There are considerable variations between people of different faiths, ethnic backgrounds and national origins in their approach to, and practices for death and dying, as regards preparation for burial. At the time of death, these practices may require involvement in last offices / first offices. These are essentially the same, ie: closing of eyes and mouth but the former is sometimes carried out when death takes place in hospital. First offices are carried out by the funeral director or their staff. If there is a requirement for involvement, those carrying out the washing, dressing etc of any risks and advise them of the control measures to be used.
- 1.3 Viewing, when relatives and others wish to view the deceased patient, they will need to be advised if there is a risk of infection if they touch or kiss the deceased, as well as advising them of any controls they need to take after contact, for example washing of hands. Certain infectious diseases will present a significant risk, so relatives may need to be discouraged from physical contact and informed of the risks involved. Viewing can still take place at a distance.
- 1.4 If staff are involved with the care of a deceased patient and are aware or suspect there may be an infection present and the risks of infectivity they can contact the Infection Control Team, Consultant in Communicable Disease Control or Consultant Microbiologist for advice.

| <b>Contact details:</b>  |              |
|--|--------------|
| Consultant in Communicable Disease Control<br>Health Protection Agency | 0116 2631400 |
| Consultant in Infectious Diseases<br>UHL                               | 0116 2586951 |
| LPT Infection Prevention and Control Team                              | 0116 2951668 |



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1.5 TABLE 1 Infection Control Precautions to be taken when handling a deceased patient

| Infection   | Causative agent  | Use of body bag* | Viewing (see also Infobox 4) | Hygienic preparation | Embalming |
|---|--|------------------|------------------------------|----------------------|-----------|
| <b>Intestinal infections</b> – transmitted by hand to mouth contact with faecal material or faecally contaminated objects   |  |                  |                              |                      |           |
| Dysentery (bacillary)   | Bacterium - <i>Shigella dysenteriae</i>                        | Adv#             | ✓                            | ✓                    | ✓         |
| Hepatitis A   | Hepatitis A virus  | X                | ✓                            | ✓                    | ✓         |
| Typhoid/paratyphoid fever   | Bacterium – <i>Salmonella typhi/paratyphi</i>                  | Adv              | ✓                            | ✓                    | ✓         |
| <b>Blood-borne infections</b> – transmitted by contact with blood (and other body fluids which may be contaminated with blood) via a skin-penetrating injury or via broken skin. Through splashes of blood (and other body fluids which may be contaminated with blood) to eyes, nose and mouth |  |                  |                              |                      |           |
| HIV   | Human immunodeficiency virus                                   | ✓                | ✓                            | ✓                    | X         |
| Hepatitis B & C   | Hepatitis B and C viruses                                      | ✓                | ✓                            | ✓                    | X         |
| <b>Respiratory infections</b> – transmitted by breathing in infectious respiratory discharges   |  |                  |                              |                      |           |
| Tuberculosis  | Bacterium - <i>Mycobacterium tuberculosis</i>                  | Adv              | ✓                            | ✓                    | ✓         |
| Meningococcal meningitis (with or without septicemia)   | Bacterium – <i>Neisseria meningitidis</i>                      | Adv              | ✓                            | ✓                    | ✓         |
| Non-meningococcal meningitis  | Various bacteria including <i>Haemophilus influenzae</i>       | X                | ✓                            | ✓                    | ✓         |
| Diphtheria  | Bacterium – <i>Corynebacterium diphtheriae</i>                 | Adv              | ✓                            | ✓                    | ✓         |
| <b>Contact</b> – transmitted by direct skin contact or contact with contaminated objects  |  |                  |                              |                      |           |
| Invasive Streptococcal infection  | Bacterium – <i>Streptococcus pyogenes</i> (Group A)            | ✓                | ✓                            | X                    | X         |
| MRSA  | Bacterium – methicillin resistant <i>Staphylococcus aureus</i> | X                | ✓                            | ✓                    | ✓         |
| <b>Other infections</b>   |  |                  |                              |                      |           |
| Viral haemorrhagic fevers (transmitted by contact with blood)   | Various viruses eg Lassa fever virus, Ebola virus              | ✓                | X                            | X                    | X         |

| Infection   | Causative agent   | Use of body bag* | Viewing (see also Infobox 4) | Hygienic preparation | Embalming |
|---|---|------------------|------------------------------|----------------------|-----------|
| Transmissible spongiform encephalopathies (by puncture wounds, 'sharps' injuries or contamination of broken skin, by splashing of the mucous membranes or, exceptionally, by swallowing.) | Various prions eg Creutzfeld Jacob disease/variant CJD, | ✓                | ✓                            | ✓                    | X         |

- If there is leakage of body fluids, a body bag should be used despite what is indicated in the Table.

\* Adv=Advised; =✓ Yes; X=No

### 1.6 Conditions which do not require a body bag:

- *Clostridium difficile*
- Meticillin Resistant *Staphylococcus aureus*
- Tuberculosis
- Food poisoning
- Vancomycin Resistant *enterococci*
- Influenza

## **Appendix 12 – Making and paying for funeral arrangements**

The Trust is aware that speaking to or finding the next of kin/ relatives following the death of a patient is not easy and if staff require advice or support they should contact the Corporate Affairs Dept. See section 9.

### **1.1 Who is responsible for registering a death?**

The person under a duty to register a death is generally a relative of the deceased. If there are no relatives, those responsible for registering a death are:

- any person present at the death;
- the *occupier* of the *house* where the death occurred;
- any person living in the *house* who was aware of the death;
- the person arranging disposal of the body.

*House* is defined in the relevant legislation as including a hospital and the *occupier* will be the designated officer of the institution where the death occurred. Please contact the Trust Corporate Affairs Officer to confirm.

The death should be registered with the registrar of deaths for the sub district in which the death occurred. If it is not known where the death occurred, the death must be registered in the sub district in which the body was found. Registration must take place within five days of the death or finding the body or within fourteen days, provided that within five days the registrar receives written notice that a doctor has signed a certificate as to the cause of death.

### **1.2 Who is responsible for arranging a funeral?**

Where the deceased's estate comprises of sufficient funds to pay for the funeral, responsibility for arranging this lies with the deceased's Personal Representatives. Where the deceased left a Will, the Personal Representatives will be the executors named in the Will.

Where there is no Will, family members are entitled to apply to be appointed as Administrators, at which point they become the Personal Representatives. Strictly speaking, they are not Personal Representatives until formally appointed by the Probate Registry and named on a Grant of Letters of Administration. By convention, prior to appointment, they are able to deal with matters such as the funeral that require urgent attention.

There is a strict order of priority which determines the family members that are entitled to apply to act as administrator. That order is:-

Surviving spouse;

Adult children;

Adult grandchildren;

Parents;

Brothers and sisters;

Nieces and Nephews;

Aunts and Uncles;

Cousins;

Other relatives

Under section 46 of the Public Health (Control of Disease) Act 1984 it is the duty of the Local Authority to arrange the burial or cremation of a person found dead in their area, when it appears that no suitable arrangements are otherwise being made. The Local Authority may recover the expenses of arranging funerals in accordance with this provision from the deceased's estate. (The Local Authority may not cremate a body if it has reason to believe that this would be contrary to the deceased's wishes).

A hospital has the right (but not a duty) to arrange the burial or cremation of a body where there is a dispute about who the Personal Representatives are, but there are no statutory provisions for it to be reimbursed for the cost of this. Therefore, the preferable course of action where the Personal Representatives refuse to deal with matters, or if it is unclear who they are, would be to contact the Local Authority to arrange a funeral under section 46.

### **1.3 What steps should LPT take following the death of a patient in relation to the funeral?**

At first instance LPT should contact known relatives as they should organise the funeral. If relatives are not sure who is responsible then LPT might advise them that the executors named in any Will are primarily responsible, followed by family members in the order set out above.

If there is a dispute between the relatives about who is entitled to arrange a funeral then staff should take specific legal advice from the Trust's Corporate Affairs Dept on the position before releasing the body.

If no Personal Representatives come forward then LPT should contact the Local Authority and ask them to arrange a Public Health funeral. If LPT is aware that the deceased would not have wanted a cremation then the Local Authority should be informed of this. See section 9 for contact details.

If LPT is holding sufficient funds on behalf of the deceased to arrange the funeral then it should make the family or the Local Authority aware of this. The family may ask for the funeral directors' invoice to be paid out of those funds, which would be fine. In the case of the Local Authority, it may claim against any funds held for its costs. The Local Authority might ask LPT to arrange the funeral and pay for it out of the funds held.

#### **1.4 What should LPT do if it holds funds belonging to the deceased? Who can personal belongings and cash be released to?**

Any assets belonging to the deceased should only be released to the Personal Representative: either the executor/s named in the Will or the family member with highest priority on the list in section 13.3. The Trust Corporate Affairs Dept are to be contacted by the service to take these matters of assets disposal forward.

In order to confirm that LPT is dealing with the Personal Representative, it is entitled to ask to see an official copy of the Grant of Probate (where there is a Will) or of the Grant of Letters of Administration (where there is no Will, or where the executors named in the Will are unable to act). The official copy of the Grant will have an imprint of the Court Seal and will name the Personal Representative/s.

For small sums or assets of little value LPT may take the view that it is not worth insisting upon sight of the Grant of Probate or Letters of Administration. In those cases it should ask to see the Will to confirm who the executors are, or should ask for confirmation of living family members to ensure that they are dealing with the correct person. The person should be asked to provide LPT with an indemnity, so that if it subsequently transpires that a different person proves to be the proper Personal Representative, LPT can claim back any losses from the person they originally dealt with.

When LPT is holding sums and there appear to be no family or executors, then LPT will refer the case to the Treasury Bona Vacantia division of the Treasury Solicitor.

**Appendix 13– Trust Notification of Death Form**  
**Leicestershire Partnership NHS Trust**  
**DEATH NOTIFICATION FORM**

*To be completed and 1 copy to be retained in patient notes 1 copy to given to funeral director and 1 copy to stay with the patient. To also be used to notify Coroner, where applicable. Meeting with Coroner as now use e-referrals with different criteria.*

|   |   |  |
|---|---|--|
| Full Patient Name & Address   | Location:<br>(Service & Directorate)                      |  |
|   | Ward Area:  |  |
|   | Date & Time of Death:                                     |  |
|   | Consultant / GP:  |  |
|   | Date of Birth & Age:                                      |  |
|   | Religion:   |  |
| Death Expected / Death Unexpected (circle)  | Verified / Certified (circle)<br>By: (Name & Designation) |  |
| Religious/ Other Considerations:  |   |  |
| Next of Kin:  | Contact No 1:   |  |
|   | Contact No 2:   |  |
| Relatives present at Death Y / N  | Relatives informed of Death Y / N                         |  |
| If No state action taken to contact them:   |   |  |
| Referral to Coroner Y/N   | Please complete sections below for rationale:             |  |
| Patient detained under Mental Health Act Y/N; if yes please state section and date this commenced:  |   |  |
| Patient is subject to a Deprivation of Liberty and the cause of the death is unknown or where there are concerns that the cause of death was unnatural or violent or where there is any concern about the care given having contributed to the person's death. Y/N; if yes please state if authorised or applied for and who the authorising body is. |   |  |
| Patients death unexpected or meets Coroners other criteria for referral Y/N; if yes please state why.   |   |  |

|   |  |   |      |
|---|--|---|------|
|   |  |   |      |
| <b>CARE OF THE DECEASED</b>                 |  |   |      |
| Patient prepared for transfer by            |  | 1.  | 2.   |
| Dentures Y / N                              | Bottom Set   | Top Set   | Both |
| Jewellery in situ<br>Give details:          | 1.   | 2.  | 3.   |
| Pacemaker in situ Y / N                     | Infection Control status and relevant information:             |   |      |
| Skin Condition: Intact / Broken<br>Details: |  |   |      |
| For Cremation: Y / N                        | Cremation Form 1 completed <input type="checkbox"/>            | Cremation Form 2 completed <input type="checkbox"/> |      |
| For Burial: Y / N                           | Trust contracted or Chosen Funeral Directors (please specify): |   |      |
| <b>TRANSFER OF CARE</b>                     |  |   |      |
| Patient Transferred to:                     |  |   |      |
| Funeral Director Signature:                 |  | Print:  |      |
| Nurses Signature:                           |  | Print:  |      |