Final Act of Care Policy

Guidance and Procedure for the Preparation and Care of the Deceased Adult in the Hospital Setting

Lead Manager:	Claire O'Neill
Responsible Director:	Melanie McColgan
Approved by:	Acute Clinical Governance Forum
Date Approved:	November 2022
Date for Review:	December 2025
Replaces previous version: [if applicable]	

NHSGGC is required by the Equality Act (2010) and its Public Sector Equality Duty (PSED) to evidence due regard to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance Equality of opportunity between different groups
- Foster good relations between different groups

In line with this Duty and recognising additional responsibilities as set out in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, this Policy has been Equality Impact Assessed and the resulting assessment published on the NHSGGC website.

NHSGGC Final Act of Care Policy

Contents

1. Introduction

The purpose of this document is to provide instruction and guidance to nursing and other staff across NHSGGC in preparing and caring for the deceased adult in the hospital setting. This guidance empowers nurses to provide timely, safe, effective and respectful care to the deceased person and provide support to their family. The term family is used throughout this document to describe people who matter to the deceased; there may be situations when this is friends or neighbours.

It is important that all nursing staff understand that all actions when a person dies are directed by legislation, policy and guidance.
(See Section 6: References & Associated Documents)

When a person dies, the physical component of their care has been long referred to as 'Last Offices'. This final act and preparation of the body to allow transfer to the mortuary or funeral directors is a fundamental and sensitive element of person-centred care.

This guidance presents a review and update of the 2015 NHSGGC Last Offices procedure and protocol.
'Last Offices' will now be referred to as the 'Final Act of Care'.

Aims of Final Act of Care

- To promote best practice around the preparation and care of the deceased person and their family.
- To prepare the deceased person for transfer from the ward setting to the mortuary or local funeral director.
- To minimise any infection or moving & handling risks to healthcare staff and families.

2. Scope

This guidance and the Final Act of Care procedure is applicable to all adult hospital care settings across NHSGGC and forms part of the wider NHSGGC Death in Hospital Policy.

This guidance has been written to reflect the roles of all nursing staff who come into contact with deceased persons and their families. Nursing staff are encouraged to recognise their role and responsibilities in relation to this guidance and all policy and procedure when a person dies.

To support practice, nurses who undertake the Final Act of Care procedure should receive local education and support tailored to their need. All nurses should have the opportunity to access training as part of their induction, orientation and professional development.

Please note: There is NHSGGC guidance available on Last Offices/ Final Act of Care for Children and Neonates.

3. Roles & Responsibilities

As the Final Act of Care epitomises our respect for the dead, it is essential that all nursing staff are aware of their responsibility and if appropriate, their professional accountability when carrying out the Final Act of Care.

In the hospital setting, the Final Act of Care procedure is the responsibility of the Registered Nurse (RN) or Registered Midwife (RM), although this may be delegated to a suitably trained Health Care Support Worker (HCSW). The procedure should be undertaken by two staff members, one of whom should feel confident, competent and able to role model practice.

The RN or RM has responsibility and accountability for:

- The identification of the deceased.
- Identifying if the death is reportable to the Procurator Fiscal (PF) and/or if a Post Mortem (PM) examination is required. If unsure liaise and seek advice from medical colleagues. All maternal deaths are reportable to the Procurator Fiscal.
- Contacting the Tissue or Organ Donor Co-ordinator should there be known/or documented patient and/or family wishes in relation to Tissue and Organ Donation. When someone dies it is now normal practice to consider this. Referral line telephone numbers are available via switchboard.
- Identifying if the patient had, or was suspected of having an infection or recent radioactive therapy. Risk assess for any additional PPE requirement. Further guidance can be accessed via Infection Prevention and Control - NHSGGC
- Identifying any moving and handling issues. It is important that mortuary staff, porters and funeral directors if applicable are informed if the deceased is a bariatric person. Risk assess for any additional resource requirement and inform. Further guidance can be accessed via Moving and Handling - NHSGGC
- Identifying if the patient has an Implantable Cardioverter Defibrillator (ICD) and noting this on the Mortuary Notification Card. Where the patient has undergone emergency deactivation of the ICD, the patient will have a ring magnet directly over the ICD, secured in place with tape. Further guidance can be accessed via NHSGGC ICD Deactivation for Patients at End of Life
- Communicating sensitively and effectively with families and colleagues using language that people understand. This would extend to provision of communication support where spoken language is not English and would include use of BSL interpreters. Any written materials used should be made available in translated text and other appropriate formats. Further information/ support is available via Clear to All - NHSGGC
- Identifying the need for viewing the deceased person. Consideration must be given to any request from families asking for the deceased person to remain in the ward to allow others to pay their respects. This timescale should not exceed four hours unless discussed and agreed with the nurse in charge. This is crucial in both maintaining dignity and in preserving body condition and appearance.

- Sensitively preparing the family for the changes that happen to the body after death.
- Carrying out wishes of the deceased and their family where possible.
- Timely and accurate documentation highlighting any concerns and the actions required.
- The wellbeing and support needs of any delegated staff.
- Creating a high-quality practice learning environment essential for student nurses or midwives to learn, develop and get the experience they need to deliver safe, effective and inclusive care.

4. The Final Act of Care

The Final Act of Care details how a deceased person's body should be prepared and cared for and is the first step of a series of actions which facilitate transfer from the hospital setting to the mortuary or local funeral director to allow for burial, cremation or repatriation. (See Section 6: References and Associated Documents)

The dignity and privacy of the deceased person and the bereaved must always be preserved.

In line with requirements of the Equality Act 2010: guidance - GOV.UK (www.gov.uk), NHSGGC will work to eliminate discrimination, victimisation and harassment, advance equality of opportunity and foster good relations between protected characteristic groups.

4.1 Before Commencing Final Act of Care

Ensure that:

- Confirmation of Death has taken place.
- The Medical Certification of Cause of Death (MCCD) has been requested.
- The environment conveys dignity and respect. The room area should be tidy and prepared with any unnecessary medical equipment or medicines removed and/or discarded safely. If death occurs out with the ward/room area, a room or screened area must be found.
- Families are listened to and informed of what happens next. Always acknowledge and address as far as possible, any concerns or worries.
- Any request for a faith representative or a healthcare chaplain to attend is carried out.
- If the deceased person had any faith or cultural beliefs that would necessitate alternative procedures, that this is shared with members of the wider team including mortuary colleagues. Guidance on faith and cultural practices is available from the NES multi-faith resource booklet or from the on-call healthcare chaplain. Always ask family what would have been important to the deceased person as resources do not cover every individual right or ritual.

- That all family wishing to see the deceased in the ward area have done so. If families are present, or arrive shortly after death, they may view the deceased on the ward. All efforts should be made for this to occur in a single room. In sites where mortuary facilities are available, viewings in the mortuary are by appointment only and limited to families and close friends.
- Consideration is given to the needs of other ward patients and families.

Sensitively Ask:

- If there has been any special requests made before death/at death e.g. whether jewellery has to remain or be removed, or if there is any preference for the deceased to remain in own nightclothes.
- If mementos or keepsakes would be of comfort e.g. knitted hearts, hand or fingerprinting.
- About the deceased person's belongings. Ask families if they wish all belongings including soiled clothing to be packed and taken home. Any soiled clothing for home laundering should be placed into a patient specific water-soluble bag then into a patient clothing bag before being sent home. All soiled clothing for home laundering should be accompanied with a Home Laundering Information Leaflet and staff should alert families to the condition of the laundry. It should then be recorded in the nursing notes that both advice and the information leaflet has been issued.
- If they wish for any perishable items to be returned.
- If a relative would like to participate or be present during the Final Act of Care. Families should be offered this opportunity except in the cases where the death is reportable to the Procurator Fiscal or if any Infection Prevention and Control issues requiring restrictions are identified. This may be particularly important for some deceased persons with specific religious or cultural practices.

4.2 Final Act of Care Requirements

Collect and prepare equipment required and take to bedside:

- Disposable apron and gloves. Assess requirement for additional PPE e.g. face mask & visor
- Bowl of warm water, soap and disposable wash cloths
- Mouth cleaning/ oral hygiene materials
- Patient's own hairbrush or comb – ward stock if not
- Patient's own toiletries if available - ward stock if not
- Patient's own nightwear clothing/hospital gown

- Incontinence pad or pad & pants
- Wound pads if necessary
- Tape, swabs and scissors
- Sharp box and/ or syringes if required
- 2 flat sheets
- A moving & handling transfer aid
- 2 identification bands (1 for wrist, 1 for ankle)
- NHSGGC Mortuary Notification Card x 2
- Linen buggy/ Alginate Bags as required
- Container for dentures
- Body bag if required (Consider use if death is reportable to the PF and/ or if a PM examination is required OR continual risk of infectious transmission from body fluid and tissues is suspected or confirmed OR a risk of body fluid/ fluids leakage is identified)
- Bereavement bag

4.3 Final Act of Care Procedure

The Final Act of Care and transfer to the mortuary should be completed within two to four hours of the person dying. This is to help maintain dignity, body conditioning and appearance.

The exact timing of the Final Act of Care procedure will be dependent upon clinical judgement and the needs of the family.

Procedure	Rationale
Wash hands and don appropriate level of PPE.	Wearing PPE reduces the risk of cross contamination.
Lay the deceased person on their back placing a pillow under their head. If possible, straighten the limbs and place arms by their side. Ensure the deceased person is appropriately covered with a clean sheet.	For dignity, natural positioning and for future care of the body.
If Death not reportable to Procurator Fiscal (PF): Carry out all personal care of the deceased after death. Gently remove all invasive devices such as Peripheral Venous Catheters (PVC), Central Venous Catheters (CVC), urinary catheters, drains or Endotracheal (ET) tubes. Assess for any leakage and cover as necessary.	These medical devices are no longer required. To minimise the risk of infection to mortuary staff. Wound dressings help with leakage & protect night wear.

Stoma/ Ileostomy bags must be replaced with a clean bag. Safely dispose of any medication.	As per hospital policy
If Death <u>is</u> reportable to the Procurator Fiscal (PF) as sudden or unexplained, or if the circumstances surrounding death give rise to suspicion: There should be minimal contact with the deceased person's body. Do not remove the deceased person from the area of death. Maintain privacy and dignity at all times and manage the surrounding area sensitively. Do not wash the deceased person's body or carry out mouth care. Leave all drains, tubes, PVC/CVCs/ETs in situ. Stop IV infusions but leave intact- this includes all medicines from any syringes or pumps. Leave urinary catheter and catheter bag/contents in situ. This is a legal requirement for PF investigations. All devices left in situ must be recorded on the Mortuary Notification Card. A body bag must be used to aid transfer to mortuary. Do not wrap the deceased person in sheets. Or **If Death <u>is</u> reported to the Procurator Fiscal (PF) to help identify the cause of death (no suspicious circumstances) or to request a Hospital Authorised Post Mortem:** Leave PVC/CVCs/ETs in situ - cap. Spigot any catheters. All medicines and infusions administered via pumps before death can be disconnected and discarded as per hospital policy. Contents of catheter bags can be discarded. All devices left in situ must be recorded on the Mortuary Notification Card. A body bag must be used to aid transfer to mortuary. Do not wrap the deceased person in sheets.	To preserve evidence and assist with Procurator Fiscal and Post Mortem processes.
Wash the deceased person with warm soapy water and gently dry the skin - unless required not to do so for religious/ cultural reasons or if death has been reported to the PF and/ or requires a PM examination.	To maintain dignity and for aesthetic purposes.

Close eyes gently by applying light pressure for 30 seconds. If this is not possible sensitively share this information with the family and advise that funeral director will help rectify. Do not tape the eyelids closed.	To preserve dignity and for tissue protection in case of corneal donation. Tape can mark skin.
Ensure oral hygiene is carried out, cleaning teeth and/or dentures. If the deceased has dentures, place them in the mouth if possible. If not possible place dentures in a lidded container or specimen bag, label with name/CHI number and ward and tape dentures to gown at chest level.	To maintain dignity and for aesthetics. Fitting dentures may be easier just following death. Dentures may be required by funeral directors.
Patients should only be shaved if requested by family.	Some faiths prohibit shaving. Shaving may mark or bruise the skin, resulting in funeral directors needing to apply cosmetics for aesthetic purposes. Shaving can be done by funeral directors.
Always use incontinence pad or pad & pants.	To maintain dignity and prevent leakage of body fluids.
Dress the deceased in own clean night clothing if preferred, or a hospital gown.	To maintain dignity and respect personal choice.
Tidy hair and arrange in a preferred style.	To maintain dignity and respect personal choice.
If desired, obtain any requested memento/keepsakes such as a hand or fingerprint. Knitted hearts are often used to help the family stay connected to their loved one.	Memento's may offer comfort and aid physical connection.
If possible, remove all jewellery unless requested not to do so by the deceased or family. Any jewellery left worn for e.g. a wedding ring, must be gently taped. Record any jewellery left on the deceased person's body on the Mortuary Notification Card.	To respect personal choice and patient/ family choice. Taping of rings/ jewellery will help secure and minimise risk of any loss.
Record all jewellery and other valuables in the patients' property book. Store items as per hospital policy. Refer to Financial Operating Procedure	To meet with organisational procedure & policy.
Complete both Mortuary Notification Cards recording any risk of leakage, infection, radioactive risk or the presence of any implantable devices.	To meet with organisational procedure & policy.

The Mortuary Notification Cards must also highlight all items sent to mortuary and/or any special instructions or requests. Gently tape the first Mortuary Notification Card to the deceased nightwear / gown at chest level.	For Legal and Health & Safety requirements.
Complete both identification bands detailing the deceased person's name, CHI number, Date of birth, Ward/Care setting. Remove old identification bands and attach two new bands, one to wrist and one to the ankle. If a body bag is being used, place wrist band on wrist closest to bag opening. Identification of the deceased is the responsibility of the Registered Nurse. It is considered good practice that two members of staff confirm identity.	To meet with organisational procedure & policy. For Legal and Health & Safety requirements.
If the deceased has been identified as a potential Tissue Donor, follow all Donor Coordinator instruction and ensure any blood samples for Tissue Donation testing are present and taped securely to the deceased chest.	
Video demonstrating wrapping the deceased person using sheets Gently place arms by side and remove any pillows. If a body bag is not required, gently wrap the deceased person in a sheet. Lightly secure the sheet with tape, taking great care around the face and head. Loosely cover the deceased person with a top sheet until transferred.	To maintain dignity and to prevent any marking to the skin.
If a body bag is required, place the deceased person in a body bag. A pillow is not required. If there is a risk of leakage of body fluid(s), place absorbent pads in the body bag. This hazard must be detailed on the Mortuary Notification Cards and every effort made to inform the Mortuary staff or Funeral Director. Loosely cover the body bag with a top sheet until transferred.	To meet with organisational procedure & policy. To comply with Health & Safety and Infection, Prevention and Control requirements.
The second Mortuary Notification Card should always be placed and secured on top of the wrapped body or sealed body bag.	
Remove all PPE in the appropriate manner and place in clinical waste bag. Wash hands as per infection prevention and control policy.	To prevent the risk of infection
Pack personal belongings with consideration for the feelings of those receiving them using a hessian bereavement bag. The organza pouch can be useful	

for jewellery. Gather other items such as perishables and newspapers and pack separately (ask if relatives wish to have these items). Do not return any medicines belonging to the patient to family. All valuables must be returned to the family, or if no next of kin known or present send to the cashier office following death. Further guidance can be accessed via the GGC-Cashiers - Home (sharepoint.com) Follow all NHSGGC policies including any COVID-19 specific guidance.	

4.4 Nursing Responsibilities to the Bereaved family

The Registered Nurse (RN/RM) should sensitively:

- Return belongings.
- Explain what happens next and provide NHS Scotland When Someone Has Died booklet.
- Explain the MCCD procedure to the Next of Kin/family. Prior to this, the nurse should clarify with medical staff if the MCCD certificate will be shared with the Registrar electronically or given directly to the Next of Kin/family. If paper copy to be given, organise a mutually agreeable time for collection and document this.
- Notify the family in the event that the deceased person is transferred from the hospital site where they died, either to a neighbouring hospital mortuary or contracted funeral directors.

The RN or RM must document in the nursing notes that the Final Act of Care has been carried out and whether any mementos were requested and given. They must also document any concerns and any advice given to the family.

If the RN or RM has identified a possible bereavement risk, they should with permission, contact the General Practitioner (GP) to update. They must also discuss any concerns with medical staff.

When a person dies with no known Next of Kin or family, support and advice on what happens next is available via each Hospitals Cashier/ Finance office. The nurse must send both a copy of the MCCD and any house keys to the office. Multi-agency protocols exist to help facilitate further investigations including funeral care and costs and attempting to trace the closest relative.

For guidance on death of a person known to have Refugee or Asylum status see Section 6: References & Associated Documents.

4.5 Preparing for Transfer to the Mortuary

The privacy and dignity of the deceased person on transfer from place of death is of paramount importance. Each individual healthcare worker involved is responsible for

ensuring that the procedures adopted to transfer a deceased person's body is respectful and dignified. The transfer trolley used should be appropriate to the needs of the deceased person and any covering used must be deemed suitable and be in good condition.

In the hospital setting where there is a mortuary facility on site, the deceased person must go to the mortuary before they can be released to the family or funeral director.

It is the responsibility of the RN or RM to:

- Inform portering staff of any manual handling and/or infection risks prior to the uplift of the deceased person.
- If required, help or assist with the transfer the deceased person's body from bed to trolley.
- Remain in the room at the time of transfer if possible.

The hospital porter will liaise with the mortuary regarding imminent transfer.

The RN or RM should contact the mortuary with any concerns.

4.6 Staff Wellbeing

Caring for the dying and supporting those who are bereaved can be difficult and upsetting. It is important to recognise the personal impact of living and working with loss, death, and bereavement. Nursing staff should take steps to look after themselves, their colleagues and the wider team. This may include accessing support from e.g. Line Manager/ Occupational Health, Staff Listening Service facilitated by the Health Care Chaplaincy Teams or through reflective practice sessions.

The NHS Education for Scotland Support Around Death website aims to support health and social care staff who are working with patients, carers and families before, at, and after death.

5. Review

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed without change, this information will still need to be recorded although the version number will stay the same.

Version	Date	Brief Summary of Change	Author(s)
1	December 2022		Claire O'Neill

6. References & Associated Documents

This guidance and procedure document gives cognizance to the following:

Bereavement Charter for Scotland

Hospice UK (2020) Care after Death: guidance for staff responsible for care after death (3rd edition)

Nursing & Midwifery Council (2018) The Code. Professional standards of practice and behaviour for nurses, midwives and nursing associates.

Standards for student supervision and assessment - The Nursing and Midwifery Council (nmc.org.uk)

National Scottish Blood Transfusion Service Information on Tissue Donation

NHSGGC Family Memento/Keepsake & Bereavement Resources.

NES Involvement of the Procurator Fiscal (PF) and reporting deaths.

NES Information surrounding Post Mortem (PM) Examinations.

NES & SSSC Palliative and End of Life Care: Enriching and Improving Experience

NHSGGC Staff Support and Wellbeing

NHSGGC (2014) Deaths in Hospital Policy and Procedure *Requires Review/Updating

NHSGGC (2017) Bereavement Policy (Draft)

NHSGGC Guidance at End of Life for Healthcare Professionals (GAEL)

NHSGGC Acute CAS Standard 11: End of Life Care

NES Spiritual Care multi-faith resource for healthcare staff

NHSGGC Confirmation of Death

NHSGGC Organ and Tissue Donation Sharepoint Website

NHSGGC Spiritual Care Policy

NHSGGC Procedure for Death of an Asylum Seeker in Hospital

NHSGGC ICD Deactivation for Patients at End of Life

NHSGGC Pathology Department and Mortuary Services Webpage

NHSGGC Hospital Sites with Mortuary Facilities

PRoMIS, National wellbeing hub for those working in health & social services in Scotland.

Video demonstrating wrapping the deceased person using sheets (with thanks to NHS Grampian)

7. Appendices

Appendix 1. Stakeholders Consultation

There has been wide consultation with stakeholders from across NHSGCC with feedback and comments offered via face-to-face meetings, telephone, formal feedback forms and email. Names of all involved can be produced. Speciality area input feedback was sought from Mortuary colleagues, Health Care Chaplaincy, Infection Prevention and Control, Organ and Tissue Donation, Human Resources, Staff Side and HSPC Leads from the Complex Needs Asylum and Homeless services.

Following early draft work a multidisciplinary Short Life Working Group was established with representation from Porter, Mortuary and Nursing Colleagues.

NHSGGC Short Life Working Group Members

Karen McGugan	Lead Nurse, Imaging
Claire O'Neill	Clinical Service Manager/Lead Nurse Palliative Care
Jackie Wright	Project Lead /Palliative Care Practice Development Nurse
Elaine O'Donnell	Project Lead/Palliative Care Practice Development Nurse
Lelia Dunn	Lead Nurse, Critical Care
Eileen Docherty	Mortuary Manager
Clare Bowater	Clinical Co-ordinator Surgical Specialties
Gillian Hunter	Lead Nurse
Vivian Cummings	Staff Nurse
Jackie Britton	Planning Manager
Alison McKinnon	Lead Nurse
Deborah Brown	Mortuary Scheduling Manager
Laura Wilson	Senior Charge Nurse
Lynn Moore	Senior Charge Nurse
Susan Falconer	Deputy Charge Nurse
Alison Craig	Lead Nurse
Gerry Mc Dermott	Site Facilities Manager, Portering /Transport /Clinical Waste
Anne Marie Burns	Senior Charge Nurse

Appendix 2. Approvals Cover Sheet

Name of Policy, Strategy or Procedure: NHSGGC Final Act of Care
Approving Body: Acute Clinical Governance Forum
Lead Manager: Claire O'Neill, CSM & Lead Nurse for Palliative Care

	Requirement	Comment
Scope	The scope is clearly defined. Where the scope is limited to one area, department or operational entity, there is clear evidence that it does not apply more widely.	All Adult Hospitals within NHSGGC
Consultation	There has been wide consultation with those affected by the policy, including those with responsibility for implementation.	Wide Consultation has taken place with those affected by policy and those responsible for implementation. Detailed in Appendix 1
Communications Plan	There is a comprehensive communication and implementation plan in place.	Detailed in Appendix 3
Finance	Cost implications are fully understood and agreed by budget holders, or additional resource secured.	Cost implications agreed. Funding obtained from NES via Bereavement Project bid to cover educational package.
Equalities	The policy has been screened to see if EQIA is required and EQIA carried out if necessary.	EQIA completed
Human Resources	Implications for staff are fully understood and agreed.	HR consultation via document review has taken place.
Sustainability	Impact on the environment (e.g. carbon emissions; travel) is understood and agreed.	N/A
Risk	Any risks to the organisation are fully understood and agreed	
Service Delivery	Implications for service delivery including achievement of HEAT targets are	N/A

Appendix 3. Communication and Implementation Plan

All nursing staff should have access to the appropriate information and training. Relevant recipients include Registered Nurses, Registered Midwifes, Health Care Support Workers, Mortuary staff, Porters, Bereavement Support staff and Medical staff.

Training: To support implementation, the training package will include the development of masterclasses to support peer to peer learning, and an interactive e module surrounding the key elements of the guidance.

Appendix 4. Monitoring

To monitor implementation and work towards reducing variance in practice it is proposed that a communication channel/ feedback tool between the ward area staff and mortuary colleagues will be planned, implemented and evaluated. This channel/ feedback tool will work towards reducing variance in practice.

Evaluation: Following implementation of the guidance and the development of the educational package, it is anticipated that the below measures will aid evaluation and assess quality.

Process:

- Staff engage with the Final Act of Care evaluation (via e survey attached to guidance)
- Staff are released to attend and or participate in any training specific to their role.
- Staff engage in evaluation of any education offered.
- Staff engage in evaluation of any resources developed.

Outcome:

- Staff report greater understanding of Last Offices/Final Act of Care.
- Staff report an improvement in their skills and abilities.
- Staff report an improvement in their skills and abilities within supporting others.
- Line management report improvement in skills and abilities post education.

Appendix 5. Equalities Impact Assessment (EQIA)

EQIA approval met, document available upon request.

Any feedback on this policy should be sent to PalliativeCare@ggc.scot.nhs.uk