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SECTION 1 – POLICY

INTRODUCTION

It is essential that all members of staff, but particularly medical and nursing staff, are aware of their responsibilities in the event of an in-patient’s death.

The necessary paperwork and notifications must be completed promptly, effectively and completely in order to comply with the law and minimise, as far as possible, any further distress to relatives and friends.

All professionals involved in caring for the deceased and their relatives must do so in a compassionate and sensitive manner, as this is often the last service that can be provided for an individual and may help to ease the distress of those who are bereaved.

NHS Lothian recognises and values the differences in people. In carrying out our duties as an employer and service provider we will act to promote equality for all regardless of age, disability, ethnicity, religion, gender or sexual orientation. We respect and uphold the right of individuals to the lawful expression of these differences.

AIM OF THE POLICY AND PROCEDURE

- To provide a reference document for staff working within NHS Lothian.
- To inform staff of their responsibilities and the managerial and practical arrangements in the event of a patient’s death.
- To provide sensitive information to enable staff to care appropriately for deceased patients and their relatives and friends.
- To identify the appropriate documentation to be used within NHS Lothian.
- To ensure compliance with NHS QIS standards and best practice.
- To adhere to the principles contained within relevant professional Codes of Practice.

The policy and procedure have been subject to literature review and comparison with evidence from other health authorities across Scotland and the UK.

KEY OBJECTIVES

- To provide a consistent approach to bereavement care across NHS Lothian.
- To achieve accuracy, consistency and promptness in the completion of necessary paperwork.
- To ensure that staff caring for bereaved relatives are well informed, supported, knowledgeable and compassionate.
SCOPE OF THE POLICY AND PROCEDURE

The procedure is applicable to all care settings within NHS Lothian, including hospitals and care homes.

The procedure has been written to reflect the roles of all hospital and care home staff, including medical and nursing staff, mortuary technicians, porters etc, who come into contact with deceased patients and their relatives during their working day.

The terms ‘relatives’ and ‘family’ are used in the document to denote those who may be affected by the death of a patient and should also be taken to include non- familial relations such as partners, friends and significant others as appropriate.

KEY REQUIREMENTS

Death may occur in a variety of settings and the procedure document identifies the steps that must be followed.

TRAINING FOR STAFF

All staff dealing with deceased patients and their relatives must have the opportunity to access training appropriate to their roles as part of their induction, orientation and / or professional development.

AUDIT AND MONITORING

The following arrangements will be made to audit and monitor the effectiveness of this policy.

- It will be the primary responsibility of clinical staff to initiate audits in their local areas, to measure the impact of the Deaths in Hospital Policy & Procedure on practice.

- Clinical competence will be monitored locally as part of the Personal Development Planning and Review Process

- Feedback will be sought from staff and relatives through questionnaires and focus groups.

- Complaints involving bereavement issues will be monitored through the NHS Lothian Complaints Procedure.

- Completion of documentation will be monitored.

- The policy will be reviewed on a 3-yearly basis.
AIM OF THE PROCEDURE

To provide guidance and direction for staff dealing with in-patient deaths in NHS Lothian.

SCOPE OF THE PROCEDURE

The procedure is applicable to all care settings within NHS Lothian, including hospitals and care homes.

The procedure has been written to reflect the roles of all hospital and care home staff, including medical and nursing staff, mortuary technicians, porters etc, who come into contact with deceased patients and their relatives during their working day.

DESCRIPTION OF PRACTICE UNDER THE PROCEDURE

1. VERIFICATION OF DEATH

1.1 The death should be verified as soon as possible, and always before the body leaves the ward.

1.2 Deaths should usually be verified by a doctor, however deaths that have been identified and recorded as ‘expected’ may be verified by an appropriately trained registered nurse in accordance with NHS Lothian’s Nurse Verification of Expected Death Policy, Protocol and Procedure Document.

1.3 All sudden, unexpected, unexplained or suspicious deaths, including those in which the causes might include accidents, errors, equipment failure or misuse, possible or probable suicide, etc (see Appendix 1) must be verified by a medical practitioner. A registered nurse will never verify a death in these circumstances.

1.4 Specific guidance is available for diagnosing death following irreversible cessation of brain stem function. In all other cases, the following procedure must be followed.

   The doctor / nurse responsible for verifying the death must observe the individual for a minimum of five minutes to establish that irreversible cardiorespiratory arrest has occurred. The absence of mechanical cardiac function is normally confirmed using a combination of the following:

   - Absence of a central pulse on palpation
   - Absence of heart sounds on auscultation.
These criteria will normally suffice, however their use can be supplemented in the hospital setting by one or more of the following:

- Asystole on a continuous ECG display
- Absence of pulsatile flow using direct intra-arterial pressure monitoring
- Absence of contractile activity using echocardiography.

After five minutes of continued cardiorespiratory arrest, the doctor / nurse should also confirm:

- Absence of pupillary responses to light
- Absence of corneal reflexes
- Absence of any motor response to supra-orbital pressure.

Box 1: Verification of Death - Summary

STAGE 1 – Observe for minimum of five minutes to confirm cardiorespiratory arrest:

- Absence of central pulse on palpation
- Absence of heart sounds on auscultation.

STAGE 2 – After five minutes, confirm:

- Absence of pupillary responses to light
- Absence of corneal reflexes
- Absence of motor responses to supra-orbital pressure.

1.5 Confirmation of these criteria should be recorded in the patient’s notes and signed by the doctor / nurse verifying death. The time of death should be recorded as the time at which these criteria are fulfilled.

1.6 Extreme care must be taken in cases where confirmation of death may be more difficult, e.g. hypothermia, certain types of drug overdose and narcolepsy.

2. REFERRAL TO THE PROCURATOR FISCAL

2.1 Medical practitioners must report certain deaths to the Procurator Fiscal, including:

Box 2: Referral to Procurator Fiscal

- Any uncertified death – i.e. cause unknown.
- Any death which is sudden, suspicious or unexplained.
- Any death resulting from unnatural causes, e.g. accident, suicide, injury.
- Any death related to occupation eg mesothelioma, pneumoconiosis etc.
- Any death which occurs during the actual administration of general or local anaesthetic.
• Any death which occurs during an interventional procedure.
• Any death which might be thought to be due to surgical / medical mishap.
• Any death due to disease, infectious disease or syndrome which poses an acute, serious public health risk, including any hospital acquired infection.
• Certain child deaths as defined in Appendix 1.

2.2 Full details are contained in Appendix 1, *Death and the Procurator Fiscal*.

2.3 There is no requirement to report all deaths occurring within 24 hours of admission to the Procurator Fiscal. This is a coroner’s requirement in England, but is not the case in Scotland.

2.4 If in doubt about an individual case, after consulting senior medical staff, contact the Procurator Fiscal for advice before issuing a Death Certificate.

2.5 The Procurator Fiscals' Offices are open 9am-5pm Monday to Friday. In situations of urgency, and particularly if the death is suspicious or if there are religious rites which require to be observed, each district has an out of hours on-call service which can be contacted through the police. Any non-urgent cases should be communicated to the Procurator Fiscal on the next working day.

2.6 Deaths should be reported to the Procurator Fiscal for the area in which the most significant event leading to the death occurred. See example in Box 3 (below). If in doubt, contact your local Procurator Fiscal for advice.

**Box 3: Which Procurator Fiscal to Refer To - Example:**

A road traffic accident occurs in the Borders and, due to his particular injuries, the driver is transferred to the Royal Infirmary of Edinburgh where he dies. In this case, the doctor at the Royal Infirmary would report the death to the Procurator Fiscal in the Borders, not Edinburgh.

2.7 Contact details for Lothian Procurator Fiscal offices:

- Edinburgh - Tel. 0844 561 3875
- Haddington – Tel. 0844 561 4225
- Linlithgow – Tel. 0844 561 4240

2.8 The Procurator Fiscal will require the following information:
• Name of deceased
• Age and/or date of birth
• Home address
• Religion/ethnic origin
• Place, date and time of death
• Nearest relatives (if known) and whether they have any special needs e.g. translation
• General Practitioner (if known)
• History
• Cause of death if ascertained and whether the death can be certified
• The name of the doctor who proposes to sign any death certificate
• Whether the family have any concerns about the circumstances of the death.

2.9 If the death is associated with medical care, the doctor reporting the death by telephone should also complete Form F.89 (see Appendix 2) and forward this to the Procurator Fiscal by email or fax without delay.

2.10 Relatives must be informed that the death has been referred to the Procurator Fiscal, and given advice about what will happen next, and the likely timescales involved.

2.11 Where applicable, mortuary staff should be informed if a death is being referred to the Procurator Fiscal.

2.12 In cases where the causes of death might include accidents, errors, equipment failure or misuse, possible or probable suicide, etc, the area of death must be kept intact. All bedding, clothing, any relevant equipment, medical devices or other items connected to the death, and the surrounding area must be left undisturbed until the relevant authorities (police and/or Health and Safety Executive) have investigated and given permission. Note that any disturbance of relevant items in such circumstances that was not required in attempts to save life, prevent injury, or otherwise remove imminent dangers, could constitute interference with a potential crime scene – a serious criminal offence. See Appendix 3 for further information.

2.13 Medical interventional equipment should be removed prior to transfer of the body to the mortuary and the Procurator Fiscal process. Where an endotracheal tube is in situ, a Consultant must examine and verify that the tube was correctly positioned prior to it being removed.

2.14 It is important that the sites of insertion or attempted insertion of medical equipment are clearly and accurately recorded to enable the Procurator Fiscal to distinguish actual injuries from appropriate medical interventions. The form attached at Appendix 6 may be used for this purpose.
3. MEDICAL CERTIFICATE OF CAUSE OF DEATH (FORM 11)

3.1 The medical certificate of cause of death (Form 11) must be completed as soon as possible after death, following discussion with a senior medical practitioner if necessary. The standard procedure in UHD is that the responsible Consultant must check the certificate before it is issued. The certificate must be completed clearly and accurately, and given to relatives promptly.

3.2 The certified causes of death must be formally recorded in the patient’s case notes. This is important for future reference and audit purposes, particularly if the death is subject to Scottish Audit of Surgical Mortality review.

3.3 If a hospital post-mortem examination is to be carried out, the medical certificate should still be completed, indicating that further information on the post mortem findings may be available later.

3.4 In the case of deaths that must be reported to the Procurator Fiscal, the medical certificate may only be completed if the death has been reported to the Procurator Fiscal and he / she proposes taking no action.

3.5 The doctor completing the medical certificate must:

<table>
<thead>
<tr>
<th>Box 4: Completion of Medical Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ensure that both the counterfoil and the medical certificate proper have the patient’s full name written legibly and spelled correctly.</td>
</tr>
<tr>
<td>• Ensure that the dates are correct.</td>
</tr>
<tr>
<td>• Write neatly and legibly.</td>
</tr>
<tr>
<td>• Not use abbreviations.</td>
</tr>
<tr>
<td>• Provide proper diagnosis of death, not just symptom of disease or mode of death e.g. respiratory failure.</td>
</tr>
<tr>
<td>• When recording the presence of a tumour, state whether it is malignant or benign.</td>
</tr>
<tr>
<td>• Sign the form and write name clearly in BLOCK CAPITALS.</td>
</tr>
<tr>
<td>• Write all names in full – initials are not acceptable.</td>
</tr>
<tr>
<td>• Clearly document what has been written on the certificate in the case notes.</td>
</tr>
</tbody>
</table>

3.6 Further advice on completion of the medical certificate is contained in the medical certificate book. More detailed national guidance can be found in SGHD/CMO(2009)10 - Guidance on Completion of Medical Certificates of the Cause of Death. Advice from the Chief Medical Officer. This document is on the staff intranet and on the internet at: http://www.sehd.scot.nhs.uk/cmo/CMO(2009)10.pdf

3.7 The doctor completing the medical certificate must ensure that its contents are discussed sensitively with the family, explaining any technical terms as appropriate. The certificate should be given to the
family in an **unsealed** envelope with information on where and how they may register the death.

4. **CREMATION FORMS B&C**

4.1 Incomplete cremation forms can delay funeral arrangements, cause distress to bereaved relatives, and cause major difficulties for mortuary staff and funeral directors. It is therefore important that forms are completed as soon as possible (and within 3 working days) for **every** death, unless the family have confirmed that the deceased is to be buried or a hospital post-mortem is to be carried out.

4.2 The doctor completing the medical certificate (Form 11) should usually complete Part B of the cremation forms at the same time.

**Box 5: Completing Cremation Forms**

**Cremation Form B**

Should be completed by a medical practitioner who has attended the patient during life and also seen and examined the body after death. This should generally be completed as soon as possible after death. However, if a hospital post mortem is to be performed, Form B (including question 8a) should be completed **once the findings are known**. Form C is then **not** required.

**Cremation Form C**

Should be completed by a medical practitioner who has been fully registered for at least 5 years, who is not a member of the same firm as the first doctor, and who has examined the body and spoken to the doctor who completed Part B. This is not required if a hospital post mortem has been carried out.

4.3 As the two doctors **must confer** with one another, the doctor completing Part B must provide a telephone number where the doctor completing Part C can contact him / her.

4.4 Completed cremation forms must be handed to the funeral director (or other appropriate person collecting the body) in a **sealed envelope** to protect the patient’s confidentiality.

5. **PAPERWORK FOR REPATRIATION OF BODIES OUTWITH SCOTLAND**

5.1 **Repatriation to rest of UK**

No additional paperwork is required unless the death is a Procurator Fiscal case (in which case the PF will issue the relevant documents). The death must be registered in Scotland and the death certificate presented to the Registrar in the area where the burial or cremation is
to take place in order to obtain a “Certificate of No Liability to Register” to enable the funeral to proceed.

5.2 Repatriation overseas

The specific regulations and paperwork required will depend on the destination country and should be checked with the relevant embassy or consular office. In many cases a doctor will be asked to provide a “Freedom From Infection” (FFI) certificate. A pro forma can be found at Appendix 7. This does not have to be completed by the doctor who certified the death – it can be issued by any registered doctor who has reviewed the patient’s case notes to check infection status.

6. REMOVAL OF PACEMAKERS / IMPLANTS

6.1 Certain devices implanted in the body during life – particularly pacemakers, internal defibrillators and radioactive implants - may present a risk of injury to staff, or damage to property, if the body is cremated. Powered devices may explode on heating in the cremator, and must therefore be removed if the body is to be cremated.

6.2 Tips for checking whether such a device is in situ can be found in Box 6 (below).

<table>
<thead>
<tr>
<th>Box 6: Checking for pacemakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Feel the chest.</td>
</tr>
<tr>
<td>• Check the patient’s health records.</td>
</tr>
<tr>
<td>• Check recent electrocardiogram for pacing spikes.</td>
</tr>
<tr>
<td>• Check recent chest x-ray film.</td>
</tr>
</tbody>
</table>

6.3 Removal, handling and disposal of recovered devices must be carried out in accordance with NHS Lothian - University Hospitals Division (LUHD)’s Cardio Thoracic and Respiratory Services Protocol for the Removal of Pacemakers / Implantable Cardiac Defibrillators.

6.4 ECG Departments can provide advice and send an appropriate pre-addressed container for returning the device. It is illegal to send contaminated devices and equipment through the post.

6.5 Contact details for ECG Departments:

- For patients usually followed up at NRRI: 0131 242 1814 (ext 21814)
- For patients usually followed up at WGH: 0131 537 1000 (ext 31852)
- For patients usually followed up at St John’s: 01506 523851 (ext 53851)
- For patients usually followed up at RHSC: 0131 536 0625 (ext 20625)

6.6 Orthopaedic joint replacement implants do not need to be removed.
7. **LAST OFFICES**

7.1 The deceased person’s body should be prepared as detailed in the ‘Last Offices’ section of the guidelines for best practice. At the time of writing (May 2008) this will be the **Royal Marsden Hospital Manual** of Clinical Nursing Procedures, however this will be replaced with the **Joanna Briggs Institute CONNECT** (Clinical Online Network of Evidence for Care and Therapeutics). These are available in the Healthcare > Clinical Guidance section of the staff intranet.

7.2 Specific guidelines on last offices for children are contained in the **Children’s Services Bereavement Policy** available in the Healthcare > Children’s Services > Policies and Guidelines > Clinical Policies section of the staff intranet.

7.3 All medical interventional equipment should be removed prior to transfer of the body to the mortuary. For specific information about removal of equipment in Procurator Fiscal cases, see sections 2.10 to 2.12.

7.4 Consideration must be given to patients’ faith and cultural beliefs and wishes. Guidance on faith and cultural practices is available in NHS Education Scotland’s, **Multi-Faith Resource for Healthcare Staff**, which is available on all wards, on the staff intranet and on the internet at [www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk).

7.5 Relatives may be offered the opportunity to assist with Last Offices if they so wish, except in cases where the Procurator Fiscal is involved or if there are Infection Control issues, which require restrictions.

7.6 Once Last Offices have been completed, the body should be removed from the ward as soon as practicable. The timing of removal can depend on a number of circumstances but must not be unduly delayed by staff / organisational issues, e.g. delays carrying out last offices or for porters / funeral directors to attend. Advice should be sought from a manager if there is any undue delay.

7.7 In some cases, relatives may ask for the deceased to remain on the ward until they can gather to pay their respects (see Section 8 below), or for a faith / religious representative to attend / ritual to take place. In considering such requests, staff must take into account the wishes of the bereaved family, the dignity of the deceased and also the feelings of other patients and visitors.

8. **VIEWING THE BODY**
8.1 Family and friends of the deceased patient may wish to view the body. This can be an important first step in the grieving process and should be facilitated as appropriate.

8.2 If relatives are present, or arrive shortly after the death has occurred, they may view the deceased on the ward. All efforts should be made for this to occur in a side room in order to protect the privacy and dignity of the deceased and their relatives, and out of consideration for the feelings of other patients and their visitors. Advice should be sought from a manager if there is a significant delay for relatives to attend.

8.3 Viewings in a mortuary bereavement suite are by appointment only, and are limited to close friends and family. The family must contact the ward where the patient was cared for to arrange a viewing. Ward staff will liaise with mortuary / portering staff to make the arrangements.

8.4 Relatives must be accompanied to the bereavement suite by an appropriate member of ward staff who will be responsible for identifying the body and providing support. This may be a nurse or a CSW who has demonstrated competency in escorting relatives to viewings. A chaplain may also fulfil this role if appropriate.

9. INFECTION CONTROL

9.1 In some cases the body of a deceased patient may constitute an increased risk of infection because of an active communicable disease or carrier status. This may have been known to be present during life, however in other cases infection may have been present but undiagnosed.

9.2 All persons who handle bodies must understand that the tissues and body fluids may be capable of transmitting infection.

9.3 Standard precautions must be followed when handling bodies on NHS Lothian premises. (See ‘Standard Precautions’ section of the ‘NHS Lothian Infection Control Manual: Section 4’.)

9.4 Where it is known that a body may constitute an increased risk of infection, staff should follow the guidance contained in the ‘Last Offices’ section of the ‘NHS Lothian Infection Control Manual: Section 17’.

9.5 In all cases, an Infection Control Cadaver Notification Sheet - Form 1 (code: LU063) must be completed by an appropriate doctor or a nurse verifying expected death in accordance with NHS Lothian policy. The top copy must be transferred with the body and given to the funeral director (or other appropriate person) who collects the body. The bottom copy must be filed in the patient's medical records.
9.6 Further advice is available from local infection control teams. For urgent enquiries out of hours, the on-call Consultant Microbiologist may be contacted via the switchboard.

10. BODIES CONTAINING RADIOACTIVE MATERIAL

10.1 Where radioactive compounds have been used for treatment or diagnosis, the body may present a radiation hazard.

10.2 Most diagnostic applications involve radioactive materials with a relatively short half-life. The external radiation hazard associated with most diagnostic investigations is small and special precautions are not necessary. Post-mortem examinations, embalming and burial etc can usually take place 48 hours after the administration of the substance.

10.3 Therapeutic applications of radionuclides usually involve the use of materials of longer half-life (i.e. a few days or weeks).

10.4 Bodies retaining permanent sealed radioactive sources (seeds) are unlikely to represent a significant radiation risk unless post mortem examination is to be carried out. Advice following the death of a patient who has received a seed implant within the preceding three years may be obtained from the Radiation Protection Service (extension 32155 or 22371) or from Oncology Physics (32175).

10.5 Bodies retaining unsealed radioactive sources such as Iodine-131 represent both an external and internal risk. In the event of a patient dying within one week of receiving therapeutic quantities of unsealed radioactive substances, the Radiation Protection Service (extension 32155 or 22371) must be informed. Out-of-hours a Radiation Protection Adviser (RPA) may be contacted via the switchboard but it should be noted that this is not an on-call service and it may be necessary to proceed as indicated below prior to an RPA being available. For further information, see local procedures for areas where such treatments may occur.

10.6 Necessary precautions will depend on the type of substance and the dose used, however in general:

10.7 All unnecessary close contact with the deceased should be minimized and impermeable gloves and apron worn if contact with the deceased or body fluids is required.

10.8 The body should be straightened and washed, however the ‘last offices’ procedures of pressing down on the abdomen to discharge waste matter, and/or plugging the orifices with cotton wool, must not be carried out due to the radiation and contamination levels that may result.
10.9 The body must be placed in a body bag to retain leaking body fluids prior to transfer to the mortuary.

10.10 Linen, laundry and other material coming into contact with the patient must be treated as radioactive waste.

10.11 Viewing by relatives can take place subject to individuals not spending prolonged periods close to the body.

10.12 Post mortem examinations must not be performed without the advice of an RPA.

10.13 National regulations place limits on permissible radioactivity levels for burial and cremation and funeral arrangements may need to be delayed to permit sufficient radioactive decay or – in occasional circumstances – to make arrangements for source or device removal. The body may not be released for burial or cremation without confirmation from an RPA that the activity has fallen below the permitted levels.

11. AUTHORISATION FOR POST MORTEM EXAMINATION, RETENTION AND DISPOSAL OF TISSUE

11.1 Post mortem examinations should always be considered from the point of view of:

<table>
<thead>
<tr>
<th>Box 7: Purposes of post mortem examinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Completing clinical investigations and providing information on how a disease might have affected the person.</td>
</tr>
<tr>
<td>• Routine clinical audit.</td>
</tr>
<tr>
<td>• Peer review of clinical care.</td>
</tr>
<tr>
<td>• Increasing understanding of complex illnesses and their responses to therapy.</td>
</tr>
<tr>
<td>• Identifying unrecognised disease and incidental clinical findings which improve understanding of the epidemiology of disease in Scotland.</td>
</tr>
<tr>
<td>• In the case of a baby, providing information that may directly affect the family now, or in future.</td>
</tr>
</tbody>
</table>

11.2 A hospital post mortem examination can only be carried out if a medical certificate (Form 11) has been issued. It is perfectly acceptable, when the cause of death is unclear and the Procurator Fiscal has declined to take the case, for a medical certificate to be issued giving a probable cause of death. In this instance it is essential that the box indicating that further information may be available is ticked. It should also be discussed with the family that the final cause of death may be changed following the results of the post mortem.

11.3 Hospital post mortem examinations are conducted under the terms of the Human Tissue Act (Scotland) 2006 and authorisation for them to take place must be obtained using the national forms and associated
information leaflets. The process of seeking authorisation for the examination and the retention of tissues under this act must be fully understood by the doctor requesting authorisation. If there is any doubt or concerns advice should be sought from a consultant pathologist.

11.4 Authorisation must be obtained by a medically qualified member of staff of at least FY2 grade.

11.5 The national authorisation form must be fully completed, signed and witnessed. One copy must be given to the relative along with an information booklet, one copy must be filed in the medical notes, and a third copy must be sent to pathology.

11.6 A pathology department post mortem request form must also be completed and signed by a medically qualified member of staff.

11.7 Advice on all aspects of a case can be obtained from consultant pathologists by contacting the mortuary or the main pathology department. This should be considered especially if a limited examination or restrictions on keeping tissues are being proposed, as this may prevent the clinical questions raised by a case from being answered.

11.7 A summary of documentation required for a hospital post mortem can be found in Box 8 (below):

<table>
<thead>
<tr>
<th>Box 8: Documentation required for a hospital post mortem</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Completed national authorisation form</td>
</tr>
<tr>
<td>• Completed pathology department request form</td>
</tr>
<tr>
<td>• Hospital case notes (including the outcome of any discussion with the Procurator Fiscal’s office and confirmation that a medical certificate (Form 11) has been issued.</td>
</tr>
</tbody>
</table>

11.8 The requesting clinician is contacted following the post mortem examination and all clinicians are encouraged to attend, if possible, for discussion of the case.

11.9 An initial report summarising the provisional findings should be sent to the requesting clinician within 2 working days of completion of the post-mortem examination.

11.10 A final report should be sent to the requesting clinician and the deceased’s own GP within 21 working days. Where the report is delayed, e.g. due to complex histological investigations, information about the delay should be available.

11.11 Within LUHD, other clinicians who cared for the deceased in life can access the final post mortem report electronically through the iLaboratory system (previously known as APEX). Clinicians from
outwith LUHD may request copies of reports from the consultant with administrative responsibility for the autopsy service, or the lead clinician.

11.12 Under the terms of the Human Tissue Act (Scotland) 2006, patients may indicate that they wish a post mortem to be carried out following their death. Such a request is regarded as over-riding the views of relatives, but as there is no specific documentation for such advance directives, any such cases should be discussed at consultant level in order to identify the best approach.

12. AUTHORISATION FOR ORGAN / TISSUE DONATION

12.1 Organ / tissue donation is a positive option and can be a comfort at a time of great distress. By not offering relatives the option to donate, healthcare professionals may deprive families of an opportunity to find comfort during their time of grief.

12.2 When considering potential organ / tissue donors, the known wishes of the deceased person are paramount. These may have been expressed by carrying a signed donor card or by registering on the Organ Donor Register.

12.3 All potential organ / tissue donors should be referred to a local donor transplant coordinator / tissue coordinator as early as possible for consideration for organ / tissue donation.

12.4 The donor transplant coordinator / tissue coordinator can offer advice on donor identification and suitability, approaching the family and clinical management. They will have access to up-to-date donor criteria including information on donor suitability and will be able to assist with the identification of potential donors.

12.5 To discuss any issues relating to organ or tissue donation, call the switchboard at RIE and ask for the donor transplant coordinator on call.

12.6 If a death requires to be reported to the Procurator Fiscal, the Procurator Fiscal must be notified and provide agreement before donation can take place.

13. DONATION OF BODY FOR MEDICAL EDUCATION, TRAINING OR RESEARCH

13.1 The Human Tissue (Scotland) Act 2006 instructs that a body can only be accepted for donation if the person’s agreement had been written down and witnessed during their lifetime. This can be given on an authorisation form or as a codicil in their will.
13.2 Authorisation must come directly from the potential donor. A relative or someone with power of attorney cannot authorise donation on the person’s behalf.

13.3 The authorisation document must be lodged with the medical school and/or produced after death in order for donation to proceed.

13.4 There is no guarantee that a medical school will accept the offer of a donation. There are medical criteria to be met and as circumstances can change, medical schools are unable to make a firm decision until after a death has occurred.

13.5 It is the responsibility of the deceased’s next of kin, executor or solicitor to contact the relevant medical school as soon as possible for advice and information about handling the potential donation.

13.6 The Biomedical Sciences Department of the University of Edinburgh can be contacted on: 0131 650 8318

Relatives may also contact the Human Tissue Authority for advice.
Tel: 0207 211 3400
Website: http://www.hta.gov.uk

13.7 If the donation is accepted the medical school will arrange for a Funeral Director to collect the body. The next of kin or family will be advised of the procedures and informed of the funeral arrangements.

14. DECEASED PATIENTS’ PROPERTY

14.1 NHS Lothian has a responsibility to provide safe custody for money and other personal property handed in by patients, or found in the possession of patients dying in hospital or dead on arrival.

14.2 In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, Small Payments, Act 1965), the production of Probate or Letters of Administration is required before any of the property may be released. Where the total value of property is £5,000 or less, an indemnity form must be completed, witnessed, signed and filed in the patient’s records.

14.3 Clothes should be folded and placed in the patient’s own suitcase/bag or a special carrier bag designated for this purpose.

14.4 Damp and dry possessions should be placed in separate bags.

14.5 Soiled clothing should be rinsed and placed in a separate polythene bag. Relatives should be informed of this and their wishes regarding
the clothing observed. If they wish it to be destroyed, this should be documented.

14.6 Relatives should be informed of any cash or valuables held in the cashier’s office, and arrangements made to ensure that these are handed over in accordance with NHS Lothian’s **Policy on Patients’ Funds and Valuables**.

15. **NOTIFYING THE GP**

15.1 Failure to notify a deceased patient’s GPs can lead to distress if relatives are later contacted about appointments, or if they contact the GP for advice / support following bereavement. It may also waste the GP/ Practice’s time if the patient’s pre-arranged appointments are not cancelled.

15.2 The deceased patient’s GP must be notified of the death as soon as practically possible – in most cases within 24 hours of the death being certified.

15.3 A local process should be agreed for communicating with the GP, with a nominated person or role for doing this. This may be done by the ward clerk and followed up by a letter from the doctor (a sample letter can be found at Appendix 5).

15.4 The GP should be given information on the date, location and cause of death, and the doctor’s name and contact details for further information.

15.5 Where relevant, nursing staff should inform other healthcare professionals (e.g. Health Visitors, Midwives, school nurses etc) and health care suppliers (e.g. suppliers of home oxygen, incontinence products, etc).

16. **SUPPORT FOR RELATIVES**

16.1 Where a patient is known to be dying, the patient (and his or her relatives) should, wherever possible, be accommodated in an area offering privacy.

16.2 Consideration must be given to the religious, spiritual and cultural needs of bereaved relatives. An offer to call the Hospital Chaplain, or other faith representative, should be made. Chaplains offer spiritual and pastoral care to people of all faiths and to those who have no religious beliefs. An on-call chaplain is available 24 hours a day – contact through the hospital switchboard.
16.3 Relatives may wish to participate in Last Offices or view the body and this should be facilitated as appropriate (see sections 7 & 8).

16.6 Bereaved relatives must be offered written information in the form of a booklet containing advice on practical issues following bereavement - obtaining the medical certificate (Form 11), registering the death, arranging the funeral etc – as well as coping with the emotional impact of loss and grief.

16.7 Up to date information and resources on bereavement issues are available on the NHS Lothian’s staff intranet and public website. This includes information in alternative languages and formats, and resources for different groups including parents and carers, children and young people, older people and people with learning disabilities.

16.8 NHS Lothian’s bereavement booklet ‘When Someone Has Died’ can be obtained in alternative formats and community languages on request from the Interpretation and Translation Service (Tel: 0131 242 8181).

16.9 An Interpretation and Translation Service is available and must be used as required when communicating with bereaved relatives.

Monday to Friday, 9am-5pm: 0131 242 8181
24 Hour Emergency Service: 0800 731 6969
(Social work emergency team)

17. PATIENTS WITH NO KNOWN RELATIVES / UNCLAIMED BODIES

17.1 When a patient dies and no next of kin can be identified, the Social Worker, General Practitioner and / or local police should be contacted to attempt to find any next of kin.

17.2 If no next of kin can be found and / or no one is able to arrange and pay for the funeral, the local council may do so. For more information, contact the relevant council department for the area where the person died:

City of Edinburgh Council (Bereavement Services Division): 0131 664 4314
Midlothian Council (Commercial Services Department): 0131 561 5280
East Lothian Council (Amenity Services Department): 01620 827430
West Lothian Council (Cemeteries Team): 01506 775240

17.3 Mortuary SOPs and / or local bereavement policies must include appropriate procedures for identifying and dealing with unclaimed bodies. These must clarify the steps to be taken if a body is still in the mortuary after 5 days and no contact has been made about disposal / removal.
18. **SUPPORT FOR STAFF**

18.1 It is essential that all staff involved in caring for people who are dying and for people who are bereaved are well informed so they feel confident about the care and support they give. They should have adequate opportunities to develop their knowledge, understanding, self-awareness and skills.

18.2 All staff dealing with deceased patients and their relatives should have the opportunity to access training appropriate to their roles as part of their induction and / or professional development.

18.3 Up to date information and resources on bereavement issues are available on NHS Lothian’s staff intranet site.

18.4 Information on religious and cultural customs and practices concerning death should be available in every clinical area. Wherever possible, staff should consult this **before** the death occurs. Any queries should be made to the on-call chaplain (available 24 hours a day – contact through the hospital switchboard).

18.5 While most staff cope and support one another well following the death of a patient, opportunities should be provided for:

- Space and time (alone or with others).
- Talking through the death / formal debriefing.

18.6 Hospital chaplains offer confidential and non-judgemental support to staff with or without religious beliefs.

18.7 A confidential staff counselling service is available for those who require longer-term or more formal support. The Staff Support and Confidential Counselling Service can be contacted on 0131 537 9373 or 49373 (internal).
SECTION 3 – REFERENCES & EVIDENCE BASE

Other Relevant NHS Lothian Policies


NHS Lothian (2007) Management of Patients’ Funds and Valuables Policy

NHS Lothian – University Hospitals Division (2007) Children’s Services Bereavement Policy

NHS Lothian – University Hospitals Division (2006) Guidelines for Management of Sudden Unexpected Death in Children (SUDiC)


NHS Lothian - University Hospitals Division Cardiac Technical Services (2006) Cardio Thoracic and Respiratory Services Protocol for the Removal of Pacemakers / Implantable Cardiac Defibrillators

Evidence Base


Chief Medical Officer (2009) Guidance on Completion of Medical Certificates of the Cause of Death


Human Tissue Act (Scotland) 2006


http://intranet.lothian.scot.nhs.uk/subsites/Marsden/content/contents.htm

Scottish Government Health Department / Chief Medical Officer (2009)  
SGHD/CMO(2009)10  *Guidance on Completion of Medical Certificates of the Cause of Death. Advice from the Chief Medical Officer.*  


UK Transplant (2003) *United Kingdom Hospital Policy for Organ and Tissue Donation*  
DEATH AND THE PROCURATOR FISCAL

Categories of deaths to be reported

The following deaths must be reported to the Procurator Fiscal.

(i) Sudden deaths
   (a) any death where there is evidence or suspicion of homicide;
   (b) any death by drowning;
   (c) any death by burning or scalding or as a result of fire or explosion;
   (d) any death caused by an accident involving the use of a vehicle including an aircraft, a ship or a train;
   (e) any death resulting from an accident in the course of work, including voluntary or charitable work;
   (f) any death where the circumstances indicate the possibility of suicide;
   (g) any death following an abortion or attempted abortion whether legal or illegal;
   (h) any death of a person subject to legal custody, including any death of such a person outwith a Police station or prison (for example during prisoner transport or in hospital);
   (i) any death occurring in health premises in the community including a GP's surgery, health centre, dental surgery or similar facility;
   (j) any death due to violent, suspicious or unexplained circumstances.

(ii) Deaths related to neglect or complaint
   (a) any death where the circumstances seem to indicate fault or neglect on the part of another person;
   (b) any death, if not already reported, where a complaint is received by a Health Board or NHS Trust and the complaint is about the medical treatment given to the deceased with a suggestion that the medical treatment may have contributed to the death of the patient.

(iii) Deaths of children
   (a) any death of a newborn child whose body is found;
   (b) any death which may be characterized as sudden unexplained death in infancy (SUDI) or the like;
   (c) any death of a child from suffocation including overlaying;
   (d) any death of a child in foster care;
   (e) any death of a child in the care of a Local Authority;
   (f) any death of a child on a Local Authority "at risk" register.
(iv) **Public Health**

(a) any death caused by an industrial disease or industrial poisoning;
(b) any death due to a disease, infectious disease or syndrome which poses an acute, serious public health risk including:
   - any form of food poisoning
   - Hepatitis A, Hepatitis B (with or without delta-agent coinfection (Hepatitis D)), Hepatitis C and Hepatitis E
   - any hospital acquired infection
   - Legionnaires Disease

(v) **Deaths associated with medical or dental care**

(a) any death which was unexpected having regard to the clinical condition of the deceased prior to his or her receiving medical care;
(b) any death which is clinically unexplained;
(c) any death which appears to be attributable to a therapeutic or diagnostic hazard;
(d) any death which is apparently associated with lack of medical care
(e) death which occurs during the administration of a general or local anaesthetic;
(f) any death which may be associated with the administration of an anaesthetic;
(g) any death caused by the withdrawal of life sustaining treatment to a patient in a persistent vegetative state (This is to be distinguished from the removal from a life-support machine of a person who is brain stem dead and cannot breathe unaided.) (See also Section 17 below);
(h) any death occurring as a result directly or indirectly of an infection acquired while under medical or dental care while on NHS premises, including hospitals, GP’s surgeries, health centres and dental surgeries.

These categories should not be regarded as exhaustive.

(vi) Any drug-related death (This category includes death as a result of ingestion of any drug where the death does not fall into any category above.)

(vii) Any death not falling into any of the foregoing categories where the cause remains uncertified or where the circumstances of the death may cause public anxiety.

If there is any uncertainty about whether a death should be reported the matter should be discussed with the Procurator Fiscal before any steps are taken to issue a death certificate.

COPFS (2008) *Death and the Procurator Fiscal*
CONFIDENTIAL

DEATH UNDER MEDICAL CARE
(see Note 1)

To the Procurator Fiscal

1. Report on the Death of:
   Full name ........................................ Date of Birth ................................
   Home Address .................................................................
   (block capitals)

2. Date and Time of Death ..................................................
   Place of Death (specifying exact location) ..............................
   Date of admission to hospital (if applicable) ..........................

3. Nature of Disease, Injury or Condition for which medical care was advised.

4. Brief description of clinical findings prior to the procedure, including details of any concurrent pathology.

5. Brief description of medical treatment and preparation of the patient for the procedure. (Please include all medications, doses and times, excluding pre-medication and anaesthetic agents, see para. 9).

6. Was consent obtained for the procedure?

7. PROCEDURE
   (a) Was the procedure elective or emergency? ..........................
   (b) Nature of procedure (indicate whether proposed, performed, or in progress) ..........................................
   (c) Date and Time: Started: ........................................ Finished: ........................................
   (d) Operator (or doctor involved) ...................................... (block capitals)
   (e) Comments:

8. Was anaesthesia employed (local, regional or general)?


9. If so, please give details:
   (a) Pre-medication ........................................................................................................
   (b) Type of anaesthesia ..................................................................................................
   (c) Date and time administration started ................................................................. stopped .................................................................
   (d) Details of agents and techniques used, including quantities .................................................................................................................................
   (e) Anaesthetist ..............................................................................................................
       (block capitals)
   (f) Comments:

10. Details in chronological order of events immediately preceding death and of resuscitative measures undertaken.

11. Opinion as to cause of death, and any other general observations on the case.

   Date .................................. Signature (doctor concerned) ..........................................................
   (designation) ......................................................................................................................
   Signature (doctor concerned) ............................................................................................
   (designation) ......................................................................................................................

NOTES:

1. Deaths to be reported:
   (a) Cases to be reported would include deaths associated with medication and deaths occurring during or immediately after diagnostic or therapeutic procedures including surgical operations whether anaesthesia was employed or not.
   (b) Deaths which occur in the immediate post-operative period ordinarily not exceeding 12 hours following a general anaesthetic from which consciousness has not been regained.

2. Wherever practicable this form should be completed in consultation with any other Medical Practitioner specially concerned or specifically mentioned and forwarded to the Procurator Fiscal as soon as possible.

3. The Death Certificate must not be issued until instructions have been received from the Procurator Fiscal or his representative.

4. The completion of Question 11 is a matter of discretion. It is to assist the Procurator Fiscal and his Medical Adviser to arrive at a certifiable cause of death.
## PROCESS FOR SUDDEN AND UNEXPLAINED DEATH

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep the area of death intact if possible.</td>
<td>Necessary to preserve what may later be seen as evidence.</td>
</tr>
<tr>
<td>Leave the patient as found.</td>
<td></td>
</tr>
<tr>
<td>If medical intervention is necessary, the patient must be left undisturbed after the doctor has verified death.</td>
<td></td>
</tr>
<tr>
<td>The patient and surrounding area must not be cleaned or tidied up.</td>
<td>The police may take the clothing, bedding and any nearby articles as evidence.</td>
</tr>
<tr>
<td>All bedding, clothing and surrounding area must be left undisturbed, acknowledging that intervention may have been necessary.</td>
<td></td>
</tr>
</tbody>
</table>

### POSSIBLE / PROBABLE SUICIDE

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the case of a hanging, the police would prefer the patient to be left untouched. However they appreciate that medical and nursing intervention will be necessary.</td>
<td>Necessary to preserve all pieces of evidence for police investigation.</td>
</tr>
<tr>
<td>When the patient is cut down, if possible cut away from the ligature. Retain all pieces of cord, rope, belt, etc. for the police.</td>
<td></td>
</tr>
<tr>
<td>If the patient is in a room with a telephone, the police would prefer that the telephone is not used. However they again appreciate that in an emergency the telephone may have to be used to summon urgent assistance.</td>
<td></td>
</tr>
<tr>
<td>If a good-bye note is found this should not be handled.</td>
<td></td>
</tr>
<tr>
<td>If the patient is found dead in the grounds, the above would apply where applicable.</td>
<td></td>
</tr>
</tbody>
</table>
BEREAVEMENT PATHWAY - CHECKLIST

This checklist may be used at ward level to ensure that all important steps are taken and to document timing and responsible individuals.

<table>
<thead>
<tr>
<th>Item</th>
<th>Initials</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death verified by doctor / Registered Nurse with VOED training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior nurse in charge informed of patient’s death</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next of kin notified of death</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procurator Fiscal notified – if appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical certificate (Form 11) completed (see instructions in medical certificate book)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical certificate checked by Consultant (UHD only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical certificate given to family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family returning later for medical certificate (Form 11) if yes, please record at the bottom of the page</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bereavement booklet given to family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valuables / belongings returned to family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valuables held in cashier’s office</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post mortem authorised</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, copy of PM form and booklet given to family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cremation Form B completed – if appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cremation Form C completed – if appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection Control Form 1 completed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant informed – within 24 hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP contacted – within 24 hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical records informed – within 24 hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancel any follow-up appointments if already booked prior to death</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Arrangements to collect medical certificate (Form 11):
Date: __________ / ______ / ______  Time: __________
Comments: ___________________________________________________________

Determine family’s wishes regarding jewellery

To remain on patient?  Yes / No
Comments: ___________________________________________________________
EXAMPLE LETTER TO GP TO INFORM OF DATE AND CAUSE OF DEATH

GP Name
GP Address

Date

Dear Dr…………..

I regret to inform you that your patient:

Insert addressograph label, or type:
Pt Name
Pt Address
Pt DOB
Patient CHI No

was admitted to the [Hospital Name] on [Date] under the care of [Consultant Name] and died on [Date of Death] on [Ward / Unit]. For your information, the cause of death recorded on the medical certificate was:

1a......................................................................................................................
1b......................................................................................................................
1c......................................................................................................................
1d......................................................................................................................

Please contact me if you require any further information.

Yours sincerely

[Doctor's signature]

[Doctor's Name]
MEDICAL INTERVENTIONAL EQUIPMENT RECORD SHEET

TO BE COMPLETED FOR SUSPICIOUS DEATHS REFERRED TO THE PROCURATOR FISCAL

Medical interventional equipment should be removed prior to transfer of the body to the mortuary. Where an endotracheal tube is in situ, a consultant is required to examine and verify that the tube is correctly positioned prior to it being removed.

Please use the body map and space below to clearly and accurately record the sites of insertion (or attempted insertion) of medical interventional equipment.

Comments:

Signature:  .................................................................
Name:  .................................................................  Date:.............
FREEDOM FROM INFECTION CERTIFICATE

TO WHOM IT MAY CONCERN

Deceased’s Details:

Name: ...................................................................................................................

Date of Birth: ......................................................................................................

Date of Death: .......................................................................................................

Place of death: ...................................................................................................

[Ward & Hospital]

Cause of Death:  I (a) ...........................................................................................

(b) .....................................................................................................................

(c) .....................................................................................................................

(d) .....................................................................................................................

II ......................................................................................................................

I certify that to the best of my knowledge the deceased was not suffering from an infectious or contagious disease immediately prior to death, and the body may be transported safely.

Name of Registered Medical Practitioner..........................................................

Address..............................................................................................................

..............................................................................................................Postcode .................................................

Signature........................................................................................................ Date .........................................