Please note that clinical key documents are not designed to be printed, but to be viewed on-line. This is to ensure that the correct and most up to date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours

Care After Death

Key Document code:	WAHT-TP- 083	
Key Documents Owner:	Dana Picken	Matron
Approved by:	Paediatric Quality Improvement meeting	
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Date of review: **This is the most current version and should be used until a revised document is in place**	9th March 2027	

Key Amendments

Date	Amendment	Approved by
19th November 2020	Document extended for 1 year	Paediatric QIM/Dr J West
26th March 2021	Approved with no amendments	Paediatric QIM
9th March 2024	Ward 1 removed	Paediatric Guideline Review Day
	Together for short lives referenced	
	Bereavement and Chaplaincy details updated	

Introduction

This guideline is intended to aid professional caring for Children and Young people when they have died, expectedly or unexpectedly on Riverbank or the respective Accident and Emergency (A&E) departments. It is not intended to replace any other existing policies regarding to Palliative Care, SUDIC procedure, or caring for a baby who has died on the Neonatal Unit. This document should be used in conjunction with all of the aforementioned policies when appropriate.

During this document where the term child is used, this will also include the Young Person, up to their 18th birthday (i.e. 17 years and 364 days)

This document aims to aid professionals to care for the child and their families in a sensitive way after their child has died. Nursing and other medical staff will be expected to provide emotional and psychological support for the family.

This guidance will detail how to cleanse, dress and label the body in preparation for transfer to the Chapel of Rest, mortuary or home.

Caring for a child and their family after death is enormously important and should be seen as a privilege.

Guidance encourages us to move away from the term Last Offices, as this implies only the physical preparation of the body and does not encompass the complex nature of the tasks required caring for a child and their families after death. It also breaks away from the attachment to the military and religious origins of nursing and the association with ‘last rites’ a Christian Sacrament.

The term ‘care after death’ is intended to reflect the differing nursing tasks involved in caring for children and their family after a child’s death. The physical preparation of the body will be referred to as ‘personal care after death’ (RNC 2011)

Care after death is the care given to a deceased child, with specific regard to the procedures involved in preparation for transfer to a chapel of rest, mortuary, undertakers, home or other establishment.

Care after death is a process that demonstrates respect for the deceased child and family and is

focused on fulfilling religious and cultural beliefs, as well as health/safety and legal requirements (Dougherty and Lister 2004).

Physical care of the body after death epitomises our respect for the dead and is the final special service that we can offer (Green and Green 1992). However, effective bereavement care is more than just the physical aspects of caring for the child after death. Psychosocial care is also of considerable importance.

All 'individuals have the right to a dignified death, surrounded by those who love them, whatever the circumstances of the end of their life. Parents should always be closely involved when a child is dying; however, this can be difficult when a child has become acutely unwell and emergency resuscitation is required.

There is a wealth of information that can be obtained from Together for short lives 'A guide to End of Life Care. The information is also available on the Together for Short Lives website which is https://www.togetherforshortlives.org.uk/app/uploads/2018/01/ProRes-A-Guide-To-End-Of-Life-Care.pdf

Competency/ Responsibility required of staff to carry out the protocol / guidelines

RGN
RN CHILD
RN ADULT
Medical Staff – Senior House Officer or above

Care after death is the responsibility of the Registered Nurse caring for the child and their family.

Details

The care given to the infant/child following death should take place discreetly and in such a way as to allow the family the opportunity to participate in the care. Following confirmation of death by medical staff, staff should ensure that the parents/carers are aware and be present to support the parents/carers.

In some circumstances, the care before death has an impact on the care given after death. When a paediatric patient is palliative, or receiving end of life care, important decisions need to be made. These should be clearly documented within the patient's notes, and/or in an Advance Care Plan which is available from the Together for Short Lives website. Please refer to the Palliative Care guideline. Advance Care Plans need to be made available to all members of staff who would be in contact with the child. These need to include details, such as DNCPAR forms and treatment ceilings, i.e. the use of IV fluids and antibiotics.
Advance care plans are available on Riverbank in the ward office and from Children's Community Nursing Team (Orchard offices).

In a care home and home settings, where death is expected, it is crucial that the child is seen by his/her consultant/GP every 14 days. This ensures that care plans are regularly updated and also that a Medical Certificate of Cause of Death can be issued without the involvement of the coroner (RCN 2011). This will enable the family to proceed with arrangements as they wish.

Equipment needed for the caring for a child after death

- Equipment for washing and oral hygiene/mouth care
- Clean clothes, which can be day or night clothes according to the parent's preference
- Clean nappy, continence pad and disposable pants (as appropriate), if exuding fluid

- Dressings, if necessary (if there are cannulae, percutaneous lines or drains to be removed) e.g. small adhesive, waterproof plasters and gauze swabs or padding in case of leakage of body fluids from any wounds
- Spigots or plugs to cap the end of cannula, drainage tubes etc. if these are to be left in-situ for a post mortem
- Clean bed linen
- Brush or comb
- Identity band with child's name and hospital registration number and labels which concur with local policy e.g. notice of death certificate and tape or safety pin to secure it to the sheet covering the body
- Clean sheet, big enough to wrap around the child's body
- Toy or favourite item to place with the child's body if parents request it
- SUDIC procedure documentation and equipment if appropriate
- Datix incident form should be completed for every child who dies whilst in the hospital regardless if the death is expected or not.
- Bereavement pack containing information leaflet and support networks, available from the bereavement boxes on Ward 1 and Riverbank
- Disposable body bag – WRH (ALX and KTC only if body infectious or exuding fluid)
- White/red plastic bag for dirty linen
- Checklist – Following the death of a patient – Appendix 3 (Order code: WR559)
- Notice of death card (Order code: WR420) X 2 needed – one to be attached to Childs clothing and second to be attached to outside of body bag/ sheet/shroud
- Notification of Deceased Patient (Order code: WR1998) .Once completed the white copy is sent with the patient. The green copy is retained in the patient's notes.
- Documentation to list the child's belongings – this should be in the trust format and is available in appendix

The following may also be needed

- Scissors and suitable container for obtaining a lock of the child's hair
- Equipment for taking hand and foot prints
- Camera for photographs (with parents consent only)

Boxes and card for hand and foot prints, along with keep sake boxes are available from the store room opposite Riverbank ward.

Action	Rational
Inform the nurse in charge and the Paediatric medical staff of the Childs death if they are not already present	Wherever possible and appropriate a Paediatric nurse should be present to provide support for the family. If a Paediatric Nurse is unavailable RGN/RN Adult is appropriate

Ensure the Consultant caring for the Child is contacted. This may not be the Consultant on call. In which case the Consultant on Call may then Contact the Childs primary Consultant. Confirmation of death must be recorded in the Childs medical notes.	A registered medical practitioner who has attended the Child during the last illness where possible will be able to give the Medical Certificate of Cause of Death (MCCD) This will typically be the Childs primary Consultant. Please note that the MCCD is not the same as the Death Certificate which is issued when the Childs death is registered. The MCCD is required to Register the Childs death. On Riverbank – WRH, the MCCD are available from the ward office. For a Child from Ward 1 – Alex the MCCD are kept centrally for the hospital with the Bereavement Officer. Out of hour the duty manager needs to be contacted
Inform the Childs family of the Childs death.	To ensure family are certain of Childs passing.
The nurse caring for the Child at time of death is responsible for identifying the Child to the Medical staff ensuring the Child has 2 identification bracelets which have: 1.Name 2.Date of Birth 3.Ward 4.NHs number 5.Hopsital Number 6.Gender This need not be done if the Child is to be taken home by the family soon after the Child has died	So there is no confusion over the identity of the Child
Gather A Checklist following the death of a patient in hospital and fill in as tasks are completed. Available from the red box in the ward office on Riverbank and ward office on Ward 1	So all tasks are completed in full, and where not completed other professionals aware of what still is required to be done
Complete ‘notification of deceased patient’ form. Instructions are given where each carbon copy is required on the bottom of the form. These are also available in the ward offices on Riverbank and Ward 1.	
If the death is unexpected i.e. not expected within the previous 24 hours, Sudden Unexpected Death in Children (SUDIC) (under 18y)procedures need to be instigated. In normal working hours the duty SUDIC nurse and the police will be contacted (through switchboard)This is done by the Consultant. Out of hours the consultant will lead the SUDIC investigation according to policy, the SUDIC	Relevant professional need to be contacted to ensure correct care given after death The SUDIC policy provides details of all investigations required and flow chart of procedure. Search SUDIC on trust intranet for Policy

nurse will then be made aware of the Child in the next normal working day. The SUDIC policy is available on the intranet and accessible through the paediatric pages The SUDIC box containing equipment needed to aid with SUDIC investigations required is available from both ward offices on Riverbank and Ward 1 In all Child deaths SUDIC proceedings should be considered.	
Inform other parents/patients on the ward if appropriate/necessary and support them as needed	Other patients and parents will often be aware there has been a death on the ward. It is important to be able to reassure and support them.
Ask relatives if they wish to see the hospital chaplain or an appropriate religious leader. This service is available through switchboard – Chaplaincy and pastoral services.	To provide family with emotional and religious support
Begin to tidy up. Ensure all used items are disposed of appropriately. Ensure patients belongings are listed in the notes and carefully tidied in accordance with Parents/families wishes.	The child was once a living person and needs to be cared for with dignity. It is helpful if the surrounding environment conveys respect (RCN 2011) Documentation ensures that no property is misplaced
Clothes and other personal items will sometimes be needed for investigation if the death is unexpected	To adhere to SUDIC procedure if required.
Before the Child is washed, please be aware that in some religions this should be undertaken by the family and performed in a certain way. Please see Appendix 1 for a brief guide. Further guidance on faith/religious matters can be found in the West Midlands Children's and Young People's Palliative Care Tool Kit (2011)	
SUDIC proceeding may mean that the Child cannot be washed	**So potential evidence is not destroyed or impaired**
Personal care after death should be considered within 2-4 hours of death	Rigor mortis can begin as soon as 2 hours after death.
Parents/Grandparents/siblings can be involved as much or as little as they wish in the care of the body. However if there are suspicious or unexplained circumstances following the death	Follow SUDIC guidelines or advice from the police or Consultant

of a Child having the parents present at this time may not be possible	
Gather all equipment required. Wash hands and put on PPE. Where possible there should be 2 professionals attending to the care	To prevent interruption of the care once it has commenced. Handwashing prevents the transfer or micro-organisms. PPE reduces the risk of contamination of bodily fluids 2 people ensure correct manual handling.
Remove the bed clothes if required and straighten the body as much as possible, without using force. This may not be possible in the child with a physical deformity.	Straightening the Child maintains dignity for future management of the Child's body.
Leave one pillow under the child's head. Where this is not possible, consider using a folded soft towel under the child's head.	The pillow under the head will help to keep the mouth closed.
Close the eyes if they are open, by applying light pressure for 30 seconds, if this does not work, gently explain to parents that this can be resolved at a later date. Damp gauze can be placed over the eyes to try and keep them closed. Do not apply tape to eyes.	Tape when removed can cause damage to the skin.
Clean the mouth and very gently remove any debris and secretions. Document if there is any bruising around the mouth prior to cleaning.	Care must be taken when cleaning the mouth as bruising can occur post mortem.
Often the jaw can be slack leaving the mouth gaping. This can be distressing for parents and presents a risk a leakage of bodily fluids. If the jaw is gapping, a rolled towel or small cot sheet can be and placed under the child's chin. Remove this before parents view the child.	Once rigor mortis has set in, the jaw will often remain closed without support.
If needed make a 'nest' around the Child's head to keep the head straight. Use towels covered with a soft sheet to hold the Childs head in place. This maybe particularly important id the Child is to be transferred to the mortuary	This will stop pooling in the face if the Child's head was to turn to one side. A soft sheet should be placed over the towel to prevent marking of the Childs face
If there is leakage from the body, nappies and incontinence pads can be used to absorb any leakage.	Leakage of bodily fluids can present a potential hazard to those who have to handle the body after death.
Any medical devices such as cannulas and drains must be left in situ initially but may be removed at a later stage. Usually if the death	Lines and drains may be removed. This will be done at the discretion of the Police/Consultant who is caring for the child,

is expected all cannulas/drains will be able to be removed.	and in line with the SUDIC.
Any wounds left by removing cannulas/ drains should be covered with an occlusive water proof dressing	To prevent leakage of body fluids policy.
At this stage the child should be undressed, washed and dried carefully. Clothing should be handled carefully. The child may be redressed in clothes the Parents have provided. Parents may wish to dress their child. Attach the 1st Notice of death card to the Childs clothing Comb the child's hair, parents may wish to do this.	If there is to be SUDIC proceedings clothes maybe required as evidence. Ensure there is appropriate containers for the child's clothes if this is the case.
Hand and foot prints can be taken at this time, along with photographs and a lock of hair (with the parents' consent). Any materials used to take hand and foot prints should not leave any staining on the skin. If a lock of hair is taken ensure that it is taken from an area that will not be obviously seen.	Parents may be unsure at this time whether to take keepsakes or not, explain that we can take them if they wish and keep them until the parents are able to decide what they would like to do.
The bed should be remade with fresh linen (Both Childrens wards have a variety of new baby grows and fresh cot linen and duvets)	
Place the child in the freshly made cot/bed, with any toys etc that parents have requested. If the parents have not been present until now, this would be a good time to bring them back into the room. Parents have the right to hold and cuddle their child in death as they did in life. The time parents have with their child after they have died should never be rushed. (This contact may need to be supervised when SUDIC investigations are ongoing.)	Dispose of used linen carefully and in appropriate coloured bags. i.e. red for any infectious or soiled lined Do not be afraid to cry in front of relatives, but ensure they do not have to support you. Be aware that in some cultures it is a mark of respect to grieve loudly and obviously after death.
Transfer to the Mortuary: **Alex and KTC** Wrap the body in a sheet, ensuring that the face and feet are covered and that all limbs	

are held in position	
Tape the second notification of death card to the outside of the sheet.	To avoid damage to the body during transfer.
If the body may be infectious or there is a risk of leakage of bodily fluids, place the body in a body bag and put the second id card into the pocket of the body bag. Ward 1 have different size body bags of required	For ease of identification in the mortuary.
For any queries regarding transfer please ring mortuary on 42151/42045 You can request the portering staff to attend the ward and take the child, however this is often done by ward staff	Actual or potential leakage of fluid whether infectious or not poses health and safety hazard to those handling the body (Cooke 2000) If you would like a porter please contact them at Alex via switch board 40000
WRH As all bodies are moved outside the main building to the mortuary they must be placed in body bags. However the body bags do not need to be zipped up. They can be used just as containment fields	Different size body bags are available from Riverbank. This issue has been discussed widely as many staff feel uncomfortable placing children in these bags. It may be possible to negotiate this with the mortuary. Ext Number 33190
If the Child is under the age of 2 yrs it is possible to use a moses basket to place the Child in for transfer to the mortuary. There is a moses basket in the store room for Riverbank and in the mortuary. The portering staff can collect the moses basket from either place and bring it to where the child is. At present the child will then be placed on a stretcher and taken away by the porters to the mortuary **NB the bag that is provided by the mortuary for younger Children/ Babies should ideally be secured, particularly if infectious organisms are suspected to be present**	
If the Child is over 2yrs they must be placed on a stretcher for transfer. Again a body bag should be used but does not need to be zipped up.	
If for infection control purposes the body bag needs to be closed, please be assured that as soon as it is possible when the Child reached the mortuary it is removed.	To minimise risk of cross infection
If a body bag is used for health and safety reasons - please record the reason on the ID card.	

Remove gloves and apron. Dispose of equipment according to local policy and wash hands.	
You can request the portering staff to attend the ward and take the child, however this is often done by ward staff	If you would like a porter please contact them at WRH via help desk 33333.
Where possible, screen off the area which the child is to be taken from.	To avoid causing unnecessary distress to other patients and relatives on the ward
Please give parents a Bereavement pack. This will contain all the information they will require. The pack should contain a leaflet from: •The Child Bereavement Charity entitled Bereavement Support and Information, •Grief Encounter, and Living with Bereavement from Winstons wish. The pack should also include either the sheet from Appendix 2 telling parents how to register their child's death or, if you prefer the bereavement office supply a booklet entitled: Information for Relatives Following a Bereavement. The booklet contains the same information, but is set more from the adult perspective. If you would like to use the information contained in Appendix 2 please print off as required on the Trust's headed paper The bereavement office should be contacted to inform them of the child's death. They may collect the child notes from the ward.	A lot of information will be given to parents at the time of their child's death, which may not retained when parents are only told verbally.

Documentation

Bereavement Office

Ask parent to call the Bereavement Office after 10.00 hrs on the next working day.
Please do not advise relatives to go to the Bereavement Office.
Please be aware that the Death Certificate will not be available when they call.
The Bereavement Office will contact the Doctor to issue a death certificate or a Coroner's referral form.
This process can take between 24 and 72 hours.
When this is completed the Bereavement Officer will contact the family to advise them and explain what happens next.

Worcestershire Royal Hospital office can be contacted on internal extension 33405.

The bereavement office is located at The Bereavement Services Department, Ground floor, Aconbury North.

Bereavement Office Opening Hours: 08:00 – 16:30 (except bank holidays and weekends)

The **Alexandra Hospital, Redditch** can be contacted on internal extensions 42083 and 44660.

The bereavement office is located on the ground floor of the hospital, near the coffee shop in the main entrance of the hospital.

The office is manned from 08.00 to 4.00 Monday to Friday (except Bank Holidays and weekends).

Both offices liaise with medical staff to ensure that documentation is completed in a timely way for bereaved relatives.

Complete the Check list available from this guideline in Appendix 3 – Check list following death of a patient - this should be kept in the child's medical notes

Contact as many professionals as possible listed in Appendix 4. If death occurs within ward clerks working hours, please ask them to cancel any existing appointments. It is hoped that this will prevent letters arriving at the home address after the child has died (for future appointments etc) which may cause distress for parents.

Spiritual and Pastoral Care:

Chaplaincy Services

Multi-Faith Prayer Rooms are available on the Hospital Sites

There are 3 hospital chaplains who can be contacted 24 hours a day
Worcestershire Royal Hospital 01905 760 124
Alexandra Hospital 01527 505723.

The Chaplaincy service should be able to help contact other faith leaders if required. This can also be done through the main trust switchboards

Viewing Arrangements once bodies have left the ward and Transfer home/Funeral directors

Worcester Royal Hospital
If families wish to visit their child once they have been transferred to the mortuary this can be organised during office hours by the Bereavement Officer on both sites.

Out of hours viewings can be organised on both sites on Saturdays, Sundays and Bank Holidays between 09.30 and 12.30 by contacting A&E reception or the 401 bleep holder. For further guidance on Mortuary Assistance please see document Mortuary Assistance – Out of hours WAHT-PAT-002

At WRH if there is to be no coroner involvement and the Consultant has issued a Medical Certificate of Cause of Death whilst the Child remains on the ward, the parents will be able to take their Child home.

The parents can take their child home in the car if they so wish. This may be particularly significant if there is to be a quick funeral due to religious beliefs. In Appendix 5 there is a consent form which can be given to parents should there be any problems during the journey home. You may print this form from this guideline, but please ensure this is done on Trust headed paper

If the Child is transferred to the mortuary then the parents will be unable to take the child home until the death has been registered and the family have been given the green release form.

Alexandra Hospital
At the Alexandra Hospital, there are no Medical Certificate of Cause of Death available on the ward and all Children are taken to the mortuary.

The child cannot be released from the mortuary until the death has been registered and the family have been given the green release form. During normal working hours the registrar can be contacted by the family. Out of hours this can be done through the on call mortuary technician. The technician is contactable through switch board.

In all cases, even if the Medical Certificate of Cause of Death has been issued, it would be wise to liaise with the Registrar and inform them of the cause of death (exactly what has been stated on the death certificate) prior to release to ensure there will be no problem obtaining a release form, when the child has gone from the ward

Acorns Hospice

Acorns Hospice have their Special Bedroom (which is temperature controlled), which children and young people can sometimes be transferred to when they have died. This can be offered to the parents but Acorns must be contacted first before this is suggested. Acorns are allowed to take SUDIC cases, as long as all the appropriate paperwork is completed, and after post mortem has been completed. All children/young people that are transferred to Acorns must have a completed a Medical Certificate of Cause of Death. Families who use the special bedroom will be offered some bereavement support by Acorns.
If you would like to offer this service please ring Acorns (01905 767676) and check that you are able to provide this service to the family. During office hours please ask to speak to Jane Collins, in her absence please ask to speak to the nurse in charge.

Acorns can take children and young people up to the age of 18 years. They may take young people older than this if they are known or present clients.

Removing a child's body from the country

If the child's body is to be removed from the country for any reason, advice should be sought from the Coroner as an 'Out of England' form (Form 104) will be required. This will be provided by the Coroner. (Worcestershire Coroner can be contacted on 01905 766066 09.00 to 16.00 hours Monday- Friday. Access to a Coroner out of hours would require consultant liaison via the on-call mortuary staff. It may be possible for these discussions to be initiated as part of the advanced care plan. Additional documents needed to accompany the body are:

- Free from infection certificate (the Health Protection Agency will provide this form contact on 01562 756300. Out of hours and in emergency situations the coroner can provide this certificate)
- Embalming certificate
- Death certificate
- Funeral directors declaration (re contents of coffin, casket or urn)

Quick Registration of Deaths

If there is an urgency to register the child's death, i.e. if the family are Muslim and would like a quick funeral, the death certificate can be issued by the consultant in charge provided the cause of death is known. In office hours the Bereavement office can then be contacted who will in turn contact the Registrar

of Births and Deaths.

At WRH the Registrar can be contacted out of hours via switchboard.

At the Alexandra Hospital site, the Registrar can be contacted through the on-call mortuary staff.

If the cause of death is not known, the consultant must liaise with the Coroner. The Consultant will then explain to parents the next course of action.

Post- Mortem Consent

Seeking consent for post-mortem when the parent has just lost a child is difficult and can be distressing for all involved. Consent for post-mortem examination should be obtained from the parents, with the relevant explanation, information and discussion being provided by an experienced Paediatric Registrar or a Consultant, preferably someone who has been involved in patients care. Parents cannot refuse a post-mortem if the child is subject to SUDIC proceedings.

It is rare for post-mortems to be carried out at WAHT. Most post-mortems are completed out of area.

Guidance on this can be found on the internet Post Mortem Examinations: Good Practice in Consent and the care of the bereaved, by the Department of Health, Social Services and Public Safety.

For neonatal deaths please seek advice from the Neonatal Unit

Organ/ Tissue donation

Organ donation may or may not have been discussed with the parents before or at time of death. Organ donation is very rare in children at a district general hospital. If organ donation is a possibility it will be the responsibility of the consultant to liaise with the appropriate Organ Transplant Co-ordinator. The consultant should contact the on-call Specialist Nurse for Organ Donation. The nurse can be contacted 24 hours a day 7 days a week via air pager on 07659 137821.

For further guidance regarding organ and tissue donation please see West Midlands toolkit (Purple pages) Section 4 pages 4-15.

Appendix 1

BCH Faith Matters Belief Grid -1

Religion Issues	Buddhist	Christianity	Hinduism	Judaism	Muslim	Sikhism
Care of the Dying/ End of Life	May not wish sedatives. Family may wish to wash body. Provide a place of peace and quiet. Some families may not wish for the body to be touched for as long as possible after the death. (time for the mind to leave the body	Offer a Baptism or blessing for the child if this has not happened	Any jewellery and sacred threads should not be removed. Close eyes and straighten body. May wish to be placed on the floor. Family may wish to wash the body and wrap it in a white cloth. Holy water may be applied to the lips.	May wish to hear Psalm 23 read and the Shema. The body should be handled as little as possible. After death close eyes, clothing remain and cover with sheet then untouched for a short time (enquire about washing). Family may wish to wash the body. Some traditions may wish for same gender contact only. Most traditions may wish for the child not to be left alone. Separate Undertakers	May wish for reading before death. Eyes and mouth closed, body straightened, turn head to the right and cover with clean sheet. May wish to face Mecca (S.E direction in UK) Privacy for family to grieve. Any sacred jewellery should not be removed. Washing has to be in accordance to Islamic Faith. Families may wish to take child home with them. Separate undertakers	The five K's should not be removed. Family will read Holy books, there are no priests. Music or prayers may be played. Close eyes and straighten body. Family may wish to wash and dress the body. If the boy is over 5 or puberty, he will wear a turban

West Midlands Children and Young People's Palliative Care Toolkit 2015

Appendix 2

When your Child dies in Hospital

We would like to offer you our deepest sympathy at this difficult time. We hope that information in this leaflet will help you with some of the practical arrangements.

Please ask us if you need any help. There are many members of staff who will be able to help you.

When your child Dies

When your child dies we want to help you do whatever is right for you and your family

You and your family may wish to have a short blessing or ceremony for your child. The Hospital chaplain can be contacted by the ward staff. The Hospital Chaplain can contact representatives of all faiths as requested.

You will be able to spend time with your child and spend time together as a family. Riverbank has a room which can be sealed off for you and your family for as long as you need.

Special mementoes, toys and favourite things can stay with you child all the time. Please feel free to talk about this with a member of the nursing team.

We can make a card of remembrance for you, if this is what you would like, with a lock of hair, handprint, foot print and photograph of your child. Please ask us if there is anything else you would want us to include, or if there is anything you would like us to leave out.

You can this card with you when you leave the hospital or it can be kept in the ward and the ward staff will make sure that you receive it later on.

The Consultant Paediatrician who looked after your child will be offered to you 1-2 months after your child has died. This can be as outpatient appointment in the hospital or as a home visit

When you leave the Hospital

When you leave the hospital, your child will be taken to the chapel of rest.

If you wish to see your child again after this in the Hospital Chapel of rest, the ward staff or the bereavement office can arrange this for you. We can also arrange for a ward member of staff to accompany you if you wish

Taking your child from the Hospital

Most families leave their child at the hospital until they have chosen a funeral director. Once you have chosen a funeral director they will be able to offer advice and help you decide where you would like your child to be until the funeral.

If there is no Coroner's input required and your child is free from infection you may like to think about taking your child home or somewhere else that you choose.

If you decide to do this before you have registered your child's death we will need to complete some forms first and then you will be given a letter of consent to take home with you.

When the Coroner is involved

In certain circumstances the law states that the Coroner needs to be informed to find out why your child has died. When this is necessary the Coroner can order a post-mortem.

This will be explained to you by the Medical staff.

Obtaining a Medical Certificate of Cause of Death - MCCD

When your child dies, the consultant who looked after your child will issue a MCCD if the cause of death is known and expected. If the cause of death is not known, the death is unexpected or the child is not known to the consultant in charge they will be unable to issue a MCCD and the coroner will be involved. The coroner will then be responsible for finding the cause of death and issuing a medical certificate

The certificate is needed to register your child's death

Organ Donation

The possibility of organ donation may or may not be something you have already thought about. Medical staff will usually discuss this with you if it is appropriate.

Registration of the Death

You must register your child's death within 5 days if the coroner is not involved. The Registrar of Births, Marriages and Deaths has an office within the hospital. An appointment can be made for you by the Bereavement Office staff to see the Registrar to register the death.

If you wish you can make an appointment at a Registry Office within the county if this is more convenient for you. To arrange this you will need to contact the Central Registry
Office : 0845 603859. Your child's details will be transferred to the local office. This will obviously take a few days longer. It is important to think about this when you are making your child's funeral arrangements.

Who can Register the Death

Only certain people can register the death.

- The next of kin or close relative
- A person designated as "occupier" i.e. the Matron or officer in charge of a nursing home or other, provided they knew of the illness before death
- In case of registering the death of a baby, if a baby is to be registered in the name of the father and the parents are not married then both parents register together.

When you go to the Registrar

You will need to take with you:

- The medical certificate of cause of death given to you by the hospital doctor
- Your child medical card if available (this is the card given when you register with a GP.

The Registrar will ask you

- The date and place of your child death
- Your child's address
- Your child's full name and surname, and where your child was born
- Your names dates of birth and our occupations
- A list of benefits if any your child was receiving i.e. disability living allowance.

The Registrar will then give you

- A certificate for burial or cremation (known as the green form) unless the Coroner has given you an order for burial or a certificate for cremation. You will need one of these forms to give to the

Funeral Director so that the funeral can take place.

- A certificate of Registration of Death will be given to you. You may need to purchase copies of for any financial matters, solicitors, insurance policies.

Arranging a funeral

The following points may help you when deciding what arrangement you would like to make for your child. There is no hurry to arrange your child funeral unless there are special religious or cultural reasons to do so.

The funeral is a very special occasion. It is important to have the funeral you want for your child. You may like to discuss this with family and friend and your funeral director

You may be concerned with the funeral costs. If you are receiving any social security benefits, check with your benefit office to see if you are entitled to any help with funeral expenses

You may be able to claim the funeral expenses by completing a form SF200 which will be available from the hospital, funeral director or Benefits Agency. You can ring free phone 0800 666555 if you need help with your claim.

It is possible to arrange a funeral yourself or you can ask a funeral director to take care of everything for you. It may be a good idea to ask a friend to contact a few directors on your behalf so you have a choice.

People to inform

Wherever we can we will try to inform as many professionals that your child has died. All hospital appointments your child may have had will be cancelled for you. If you were under the care of a paediatrician we will inform them that your child has passed away.

You may still need to contact your local Social Security Office if you were receiving DLA etc.

Your Grief: How you might feel

No one will be able to tell you how you will feel as everyone deals with loss very differently. There is no right or wrong way to grieve.

The loss of a child will turn your world upside down and is one of the most painful experiences we have to endure. There is a wide range of support available to you. Before you leave the ward, the nurses will give you an information pack, containing some information on some of the support charities and useful numbers. Your GP will also be able to help you if you need them.

There are many ways to cope. You may want to:

- Use your own family and friends for support
- Talk to previously bereaved parents
- Find religious or spiritual support
- Contact groups given to our in your pack, such as The child death helpline sunrise or Child bereavement Trust

Siblings and younger family relatives

Children will need to grieve as well; this can be difficult for you as parents you will want to protect your children form pain. But children need an explanation of what is happening. If information is given to them they may overhear information and imagine thing far worse than reality. To cry with your child is natural and it is natural they will be upset to

Generally children do not understand the meaning of death until they are about 3-4 years old, but they feel the loss of a close friend or relative in much the same way as adults. Even in infancy it is clear that children grieve and feel great distress. Children experience the passage of time differently to adults and can therefore appear to overcome grief quickly. Children in the early school years may need reassuring that they are not responsible for the death of a close relative as sometimes they blame themselves.

Children also need to have the chance to be involved in what is happening. You may want to give them the chance of visiting their brother or sister that has died. Many children, if prepared, find this helpful in accepting the situation. Talking with them about the funeral and also giving them the choice to be involved in some way helps them a great deal.

It is important that the grief of young people is not overlooked as they will often not want to burden parents by talking about their feelings. They should be encouraged to take part in the whole bereavement process. Wherever possible they should be allowed to attend the funeral and to express their own grief by talking, writing, drawing pictures, buying flowers from their own money or in whatever way they wish.

(Adapted from When a Child dies at Birmingham Childrens Hospital)

Appendix 3

CHECKLIST FOLLOWING THE DEATH OF A PATIENT IN HOSPITAL

Patient's Name …….. Ward …….. NHS Number ……. Date & Time of Death…….. Next of Kin …….. Tel No ……

Next of Kin's Address……

Please tick, sign and date when the following have been completed

TASK – *Please* PRINT *all names clearly*	TICK	SIGNATURE	DATE
Next of kin informed of death by: …… Name of person informed if not next of kin ……			
Names of people present at death (if any) …….. ……			
Relatives given opportunity to see the patient			
Name of doctor informed of death ……			
Patient's death verified by: ……			
Name and status of nurses who attended care after death …… ……			
Care after death carried out according to hospital policy			
Religious advisor notified if desired by relatives (contact switchboard) Or Religious advisor not required by relatives			
Cause of death explained to relatives as fully as possible			
Organ/tissue donation explained: Yes/No			
Information about death certificate collection given			
Relatives informed of arrangements for seeing the patient in the Chapel of Rest			
Worcestershire Bereavement Handbook given/ When your child dies within WAHNHST			
Details of property given to relatives …… ……			

TASK – *Please* PRINT *all names clearly*	TICK	SIGNATURE	DATE
Details of property left on patient …… ……			
Death notice book and armbands completed			
Bereavement Office informed of patient's death			

Appendix 4

Professionals Contact List

WHO TO CONTACT FOLLOWING THE DEATH OF A CHILD IN HOSPITAL

NAME
DOB
Hospital Number
NHS Number
Address
Affix Hospital Label

Medical Records

Please inform ward Clerks in office hours so all appointments can be cancelled

Persons/Departments to be informed immediately by telephone

	Name & Tel No.	Date & Sign
1. Community Child Health (IMH) 2. Community Child Health (Redditch)	Liz Groves 01905 681563 01527 507049	
2. General Practitioner		
3. Health Visitor/School Nurse		
4. Consultant @ Worcs Acute/Community		
5. Consultant @ BCH		
6. Consultant @ other hospitals		
7. Specialist Nurses (Macmillan, etc)		
8. Acorns Hospice		
9. School (Special or Mainstream)		
10. Riverbank Unit/ Ward1		
11. Social Services Disabilities Team		
12. Safeguarding team (SUDIC)		
13. Children's Clinic		
14. Physiotherapists		
15. Speech & Language Therapist		
16. Occupational Therapist		
17. Dietician @ Worcs Acute Hosp		
18. Dietician @ BCH/ community		
19. Nutritional Care Team (BCH)		
20. Community Midwives (if applicable)		
21. SCBU (WRH / Alex or BWH)		
22. Homeward (Include Nurse)		
23. Baywater (Oxygen)		

	Name & Tel No.	Date & Sign
24. Community Equipment Loans Service		
25. Orchard Team		
26. Orchard Service Lead	Stephanie Courts	
27. Child Death Overview Panel Susie Crook	In hours 01905 681575	

Funeral Details

Name & Address

Contact Name

Tel No:

Comments (any special requests by family)

Person completing this form

Name:

Date:

Position:

Signature:

Appendix 5

Consent Letter to take a Child's Body Home by car from Worcestershire Acute Hospitals NHSTrust

Date & Time:

To whom it may concern.

This letter is to confirm that:

Name: ……..……..

NHS Number: ……

DOB: ……/……/……..

Address: ……

……
Has died at Worcester Royal Hospital/Alexandra Hospital

The family of the above named child is taking their child to the following location from hospital.

…….

…….

…….

By

……..

The child died at Worcestershire Acute Hospital on Ward 1/ Riverbank Unit/
…….…… and their family wish to have their child at home

The child died of natural causes and the Consultant is happy to issue the Medical Certificate of Cause of Death.(MCCD)
The MCCD has been given to ……

Name of Consultant: …….

If you need confirmation of these details, please contact the Hospital on ……..., but no additional information can be given without the permission of the parents.

Yours faithfully

Nurse in Charge: ……..

Print Name: ……..

Monitoring and Compliance

This section should identify how the Trusts plan to monitor compliance with and the effectiveness of this Treatment pathway. It should include auditable standards and/or key performance indicators (KPIs) and details on the methods for monitoring compliance.

WHAT?	HOW?	WHO?	WHERE?	WHEN?
These are the 'key' parts of the process that we are relying on to manage risk.	*What are we going to do to make sure the key parts of the process we have identified are being followed?*	*Who is responsible for the check?*	*Who will receive the monitoring results?*	*Set achievable frequencies.*
	Clinical Audit	Paediatric Clinical Governance Committee		Every 12 months
	Staff Electronic Record system	Local Managers/Staff		8-10 weeks
	Clinical Audit/Observation	Paediatric Clinical Governance Committee		
		S Weale, K Haley & R Delves		Yearly
	Review of Datix and completed "escalation trigger list"	Nursing Staff		
	6 Monthly Audit	CYP Nursing and Medical Staff		6 monthly
Viewing Arrangements	Spot checks	Children's wards or Emergency Departments	CYP Standards Committee, escalating to Trust Children's Board if required	Three times a year
Documentation – Completion of Checklist: Following the death of a CYP in hospital. Professional Contact List	Audit of checklists via CYP medical records	Children's Wards or Emergency Departments	CYP Standards Committee, escalating to Trust Children's Board if required	Three times a year

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