



NI  
Bereavement  
Network

# Care of the Deceased Adult in Hospital and Those Important to Them

A Guideline for Nursing and Midwifery Practice  
in Northern Ireland

Title:	<b>Care of the Deceased Adult in Hospital and Those Important to Them A Guideline for Nursing and Midwifery Practice in Northern Ireland</b>
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Approvals:	<b>NI Bereavement Network Chief Nursing Officer, Department of Health</b>
Version:	<b>Replaces: Care of the Deceased Patient and their Family A Guideline for Nursing Practice in Northern Ireland March 2017</b>
Date published:	<b>5 May 2026</b>
Date uploaded:	<b>5 May 2026</b>
Review Date:	<b>May 2030</b>

## Foreword by the Chief Nursing Officer of Northern Ireland

As Chief Nursing Officer for Northern Ireland, I am pleased to present an updated version of **'The Care of the Deceased Adult in Hospital and Those Important to Them: A Guideline for Nursing & Midwifery Practice in Northern Ireland'**. This document represents a significant step forward in our ongoing commitment to ensuring that the care provided at the end of life remains both compassionate and respectful, acknowledging the emotional and cultural importance of every individual's journey through bereavement.

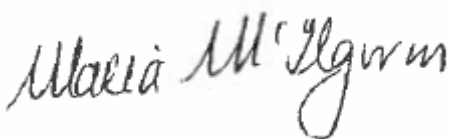
Nursing and Midwifery, at their core, are about care - care for our patients, their families, and the wider community. Nursing and Midwifery practice extends beyond providing care at the end of life to include the delivery of safe, sensitive, and high-quality care for the deceased person at the time of and after death, taking into consideration the wishes of the deceased and their family. In this context, nurses and midwives play a vital role in upholding dignity and respect, helping families and loved ones navigate a challenging transition.

The ever-changing landscape of healthcare requires us to navigate increasingly complex interactions with multidisciplinary teams, ensuring that every individual's unique cultural, religious, and spiritual needs are acknowledged and accommodated. These guidelines support practitioners in delivering safe and sensitive care while ensuring that practice aligns with legal and professional responsibilities. The guidelines equip our practitioners with the knowledge required to support bereaved families effectively, addressing both emotional and practical concerns that can often arise during this sensitive period.

Informed by key strategies and standards across Health and Social Care (HSC) Services, these guidelines are designed to guide practice, foster teamwork, and support continuous professional development. By clarifying roles and responsibilities in bereavement care, they help ensure a seamless and supportive experience for families when it is most needed.

I encourage all nursing and midwifery staff across Northern Ireland to engage with this guidance, embrace its principles, and continually strive to enhance the quality of care provided in this important aspect of practice.

Finally, I want to thank all those who contributed to the formulation of this updated guidance. I wish to acknowledge the commitment and compassion of all healthcare professionals involved in this delicate aspect of care. Your dedication is vital to fostering a culture of empathy and excellence in our health service.



Maria McIlgorm

Chief Nursing Officer for Northern Ireland

<b>Contents</b>		<b>Page</b>
1.	<a href="#">Introduction</a>	<b>1</b>
2.	<a href="#">Review of the guideline</a>	<b>2</b>
3.	<a href="#">Who will find this guideline useful?</a>	<b>2</b>
4.	<a href="#">Aim of guideline</a>	<b>3</b>
5.	<a href="#">Principles for care of the deceased patient and their family</a>	<b>3-5</b>
6.	<a href="#">Before death - steps to creating a supported experience for the patient and their family</a>	<b>5-7</b>
7.	<a href="#">At the time of death - steps to creating a supported experience for the family</a>	<b>7-9</b>
8.	<a href="#">After death - governance and legal issues</a>	<b>9-13</b>
9.	<a href="#">Care after death</a>	<b>13-15</b>
10.	<a href="#">Transfer of the deceased patient from the place of death</a>	<b>15-16</b>
11.	<a href="#">Recording care provided after death</a>	<b>16</b>
12.	<a href="#">Education, training and support of staff providing care after death</a>	<b>17</b>
13.	<a href="#">References and further reading</a>	<b>18-20</b>
14.	<a href="#">Acknowledgements</a>	<b>20</b>
Appendix 1	<a href="#">HSC Services Strategy for Bereavement Care (2009) Standards</a>	<b>21</b>
Appendix 2	<a href="#">Body Transfer Form (1A) - Use to transfer all deceased children and adults</a>	<b>22</b>
Appendix 3	<a href="#">Discharge as Deceased Navigator encompass</a>	<b>23</b>
Appendix 4	<a href="#">Trust Bereavement Coordinators – Contact Details</a>	<b>24</b>
Appendix 5	<a href="#">NI Bereavement Network – Guideline Review Working Group</a>	<b>25</b>
Appendix 6	<a href="#">Glossary of Terms</a>	<b>26</b>
Appendix 7	<a href="#">Maternal Death Protocol</a>	<b>27</b>

# 1. Introduction

'Last offices' is the term traditionally used in nursing and midwifery to describe the final acts of care for a deceased patient's body. The term 'personal care after death' is now more commonly used to describe care of the deceased patient's body and the wider responsibilities that nurses and midwives have at the time of and immediately after death (The Royal Marsden NHS Foundation Trust, 2020).

Whilst nursing and midwifery roles have evolved in recent years, care of the deceased patient's body continues to afford nurses and midwives the opportunity to demonstrate respect and sensitivity, including due regard for any required cultural, religious and spiritual considerations. Advice on the requirements of a range of faiths and cultures around death is available on the Bereaved NI website: <https://bereaved.hscni.net/bereavement-support/spiritual-support/>

Nurses and midwives are in a unique position to liaise with colleagues in other professions and services to coordinate health and safety, legal and administrative requirements resulting from the death.

Providing information and support to bereaved carers and family is also an essential element of nursing and midwifery care after death. The requirement for clear, sensitive and compassionate communication when providing support and information to bereaved families is a fundamental element of person-centred nursing and midwifery care after death.

The Northern Ireland Bereavement Network (NIBN) and Trust Bereavement Coordinators (TBCs) support regional implementation of the Health and Social Care (HSC) Services Strategy for Bereavement Care (Department of Health, Social Services and Public Safety, 2009). The strategy outlines six standards for care that guide the quality of service and support delivered by HSC staff before, at the time of and after death (see Appendix 1).

The development of a regional Body Transfer Form (see Appendix 2) incorporates three of the bereavement strategy standards. This provides nurses and midwives with a standardised approach to facilitate the safe and effective care and transfer of a deceased patient's body. This form also communicates important information to those with responsibility for the deceased patient, such as mortuary staff and funeral directors.

This guideline provides information on nursing and midwifery care after death, including the importance of reporting the death promptly to medical colleagues and recognising the distinct legal and professional responsibilities of doctors.

Certification of death, and referral to the Coroner are the medical responsibility of staff in line with Department of Health guidance (Department of Health, 2018).

Verification of life extinct may be undertaken by nurses who are trained and competent, in accordance with Trust policy. Nurses and midwives should be aware of these processes, as they may influence how they provide care for the deceased, but they are not responsible for undertaking certification or Coroner referral.

This guidance will also inform midwifery staff in the event of a maternal death; additional guidance is available within the Maternal Death Protocol (see Appendix 7)

Originally published in 2017, Care of the Deceased Patient and their Family aimed to provide nursing and midwifery staff with a holistic perspective on all processes associated with care after death. It is considered important to review and update this guideline to ensure the continued delivery of safe, effective and sensitive care for the deceased patient and those important to them.

Throughout this document, the term “family” is used to describe family in the widest sense to incorporate all those who are important to the deceased patient.

## **2. Review of the guideline**

This guideline was due for review in June 2019 and was delayed due to the impact of the Covid-19 pandemic. Trust Bereavement Coordinators reviewed these guidelines, and in 2024 a consultation process invited responses from nurses, midwives, other health care professionals, the Northern Ireland Bereavement Network, external stakeholders and patient and public involvement within Northern Ireland.

## **3. Who will find this guideline useful?**

The guideline has been written for nurses and midwives who have the responsibility for the care of a deceased patient within the hospital setting. It will additionally provide useful insight for other healthcare settings, as well as for healthcare professionals and external stakeholders who support patients and families at the time of death and in the period that follows.

The principles contained within this guidance can be utilised to inform and develop local guidance in other care settings.

It complements the information and related theory in the Royal Marsden Manual of Clinical Nursing Procedures (The Royal Marsden NHS Foundation Trust, 10<sup>th</sup> Ed. 2020), promoted as the gold standard in evidence-based nursing care.

## 4. Aim of the guideline

The guideline aims to:

- Promote safe, sensitive and high-quality care of the deceased patient at the time of and after death, taking into consideration the known wishes of the deceased patient and their family
- Ensure the deceased patient is treated with dignity and respect, and that cultural, religious and spiritual needs are met
- Promote effective multidisciplinary working by outlining the roles and responsibilities of relevant professionals who are involved in caring for deceased patients and their families
- Promote effective communication and the use of a key professional to share information to assist families with the practical issues that arise as a result of the death e.g. registration of death or a death that is referred to the Coroner
- Inform the management of a maternal death (see appendix 7)
- Inform the development of relevant policies, procedures and protocols to guide the practice of health and social care staff
- Provide a resource that will be useful for pre and post registration training and education to contribute to the professional development of nurses and midwives in the care of the deceased patient and their family
- Inform the development of local guidance outside of hospital settings.

## 5. Principles for care of the deceased patient and their family

- 5.1. Death may be expected, sudden, peaceful or traumatic. The nature of the death and the context in which it has occurred, may determine the type of immediate or further support and information required by those who have been bereaved. This is described in the Irish Hospice Foundation Adult Bereavement Care Booklet: <https://hospicefoundation.ie/wp-content/uploads/2025/05/Adult-Bereavement-Care-Booklet-A-National-Framework.pdf>
- 5.2. In the circumstances where a patient with no known next of kin is approaching end of life, the named nurse / social worker / care manager / GP should be informed immediately so that information gathering can take place and the necessary arrangements made.
- 5.3. Regardless of the nature and circumstances of the death, the overarching principles

contained within this guideline should be applied.

- 5.4. The following principles should inform nursing and midwifery practice when death occurs:
- Acknowledgement of the grief of bereaved people, provision of emotional and practical support and information appropriate to the circumstances
  - Consideration for the religious, spiritual and cultural wishes of the deceased patient and their family. Advice on the requirements of a range of faiths and cultures around death is available on the Bereaved NI website: <https://bereaved.hscni.net/bereavement-support/spiritual-support/>
  - Ensure that legal obligations are met in relation to sudden and unexpected death. Please see section 8: After death - governance and legal issues for further information
  - Ensure legal obligations for reporting a maternal death are met as per Maternal Death Protocol (see Appendix 7)
  - Preparation of the deceased patient's body and the immediate environment.
  - Provision of a dignified space for the family to be together in the time immediately after the patient's death.
  - Coordination of the transfer of the deceased patient to the mortuary or the funeral director's premises.
  - Facilitation of family participation in the care after death process, if this is requested. For example, washing and dressing the patient in accordance with the Trust Manual Handling policy and Infection Prevention and Control policy
  - Ward contact details are given to the family in the event that they may have questions or queries after leaving the hospital
  - Notification to the patient's GP in a prompt manner, to inform them of the death so that appropriate bereavement support might be considered. Where a Care Home resident has died in hospital, the Care Home Manager must be informed promptly, to enable Care Home staff to offer appropriate support to the family and other residents
  - Protection of the privacy and dignity of the deceased patient and their family.
  - Protection of the health and safety of those coming into contact with the deceased patient See: NI Regional Infection Prevention and Control Manual December 2025: <https://www.niinfectioncontrolmanual.net/>
  - All aspects of care for the deceased patient and their family as well as any communication should be documented in the Discharge as Deceased navigator on encompass (See Appendix 3)
  - Preparation of the environment to provide a quiet and respectful space when a patient has died or is likely to die, the Trust symbol (Waterlily or Purple Spiral) should be displayed in the immediate area to inform others that a death is imminent or has occurred

- Liaison with specialist staff in organ and tissue donation (SNOD), where indicated.
- Return personal possessions of the deceased patient to the family in a respectful manner and record same in the Discharge as Deceased navigator on encompass.
- If Coroners post-mortem examination (PME) is discussed please see <https://www.justice-ni.gov.uk/articles/coroners-service-northern-ireland> for further information and refer to Trust policy. Written information should be provided to support the PME conversation
- If hospital consented post-mortem examination (PME) is discussed please see <https://www.health-ni.gov.uk/publications/hsc-consent-hospital-postmortem-examination-regional-policy> for further information and refer to Regional Trust policy. Written information should be provided to support the PME conversation
- The Body Transfer Form (1A) used to transfer all deceased children and adults should be completed as per Trust guidance. (See Appendix 2)

## 6. Before death - steps to creating a supportive experience for the patient and their family

- 6.1. Where death is anticipated and predicted, it is important that agreement is reached between medical, nursing and midwifery teams, patients and their families, about clinical decisions and a plan of care that is appropriate to the needs and known preferences of the dying patient.

In keeping with the principles of advance care planning (ACP), there should be clear and unambiguous communication to ensure there is an understanding that death is imminent (Department of Health, 2022). This allows for timely and appropriate preparation to meet the wishes of the dying patient and their family. For example, in the case of a Care Home resident in hospital, unable to communicate their wishes, with no next of kin, contact the Care Home Manager to ascertain if there has been a record of any Advanced Care Plan conversations.

If appropriate, timely referral to members of the specialist palliative care and chaplaincy teams should be considered.

### **Decisions documented in the patient's digital encompass records may include:**

- The patient's preferences around their treatment and care.
- Resuscitation status (Resuscitation Council UK, 2016).
- Management of implanted cardiac devices. If the patient who died had a pacemaker or other type of implant, this may need to be removed before cremation. (See Trust Policy for deactivation and cremation advice).

- Preferences for place of death, whenever possible.
- Any religious, spiritual, cultural or practical wishes - this is particularly important if immediate release for burial or cremation is a faith requirement. Advice on the requirements of a range of faiths and cultures around death is available on the Bereaved NI website: <https://bereaved.hscni.net/bereavement-support/spiritual-support/>
- Spiritual support for both the dying patient and those that are important to them can be provided by their own faith representative and / or hospital Chaplaincy Service. This should be offered in a timely manner and revisited regularly to allow for meaningful interaction with the patient and their family.
- Contact information for those that the dying patient would like to have with them at the time of death is discussed, recorded in the patient's digital encompass record and should be accessible by all appropriate staff. It is advisable that more than one contact telephone number is recorded in the event that the first point of contact cannot be reached.
- Every effort should be made to accommodate the preferences of the dying patient.
- Where there is no nominated next of kin, record the name and contact number of the patient's solicitor or nominated funeral director, if available. Please refer to Trust guidance.
- Any wishes regarding whole body donation for medical research, can only be arranged prior to death by the patient.

6.2. The patient's wishes regarding organ and tissue donation may or may not be formally recorded on the Organ Donor Register (ODR). However, since 1<sup>st</sup> June 2023, Dáithí's Law states that all adults in Northern Ireland will be considered potential organ donors unless they choose to opt out or are in an excluded group (Organ Donation Northern Ireland, 2022). If a patient dies in hospital, each Trust has a specialist nurse for organ donation (SNOD) that must be contacted and involved in consent discussions, if donation is an option. They will provide appropriate information, advice and support to staff and families. The on-call SNOD can be contacted using the 24-hour pager number for the NI Organ Donation Services Team which can be obtained from the Intensive Care Unit or Trust switchboard.

6.3. Care of the dying patient may have a significant impact on the family's experience before, at the time of death and later in the grief journey. Where possible, a dying patient should be nursed in a single room where the family can spend time with their loved one before, at the time of and after the death. Where a patient is being cared for in an open ward setting, nurses and midwives should be aware of the potential impact of this situation on other patients and visiting families. Measures should be taken to ensure the privacy and dignity of everyone involved, for example drawing the curtains around the patient's bed and displaying the Trust symbol (Waterlily or Purple Spiral) to prepare the environment to provide a quiet and respectful space. If possible, a quiet confidential space for family discussions should also be sought.

- 6.4. Normal visiting hours should be relaxed for families and those important to the dying patient and every effort should be made to accommodate their wishes, where possible. Where families are spending extended periods at the bedside before death, it is important that nursing and midwifery staff consider appropriate comfort measures, explain where refreshments are available and options for reimbursement of car parking costs. In the circumstances where families are unable to visit, the option of virtual visiting should be offered to the patient / family where appropriate.
- 6.5. In sudden death situations, many of the principles outlined above will still be relevant. However, nursing and midwifery staff should be aware of the potential impact of trauma on an individual's response or behaviour and their need for support in the immediate aftermath of sudden and unexpected death.

## **7. At the time of death - steps to creating a supportive experience for the family**

- 7.1. The patient's family should be informed of the death in a clear, supportive and compassionate manner and offered the services of hospital chaplaincy to provide support in the circumstances. The compassionate use of communication strategies for breaking bad news may help reduce the risk of causing further or unintentional distress (National Council for Hospice and Specialist Palliative Care Services, 2003).
- 7.2. Spiritual care is important and should be discussed at various points of the patient's journey. Chaplaincy service / faith-based support will offer support to patients, family and staff when requested.
- 7.3. If the family's first language is not English, the timely services of an interpreter should ensure that they receive the information they need to make sense of what has happened, especially if the death was not expected. They should be supported with the appropriate translated written bereavement literature, where available.
- 7.4. If the family is not present at the time of death, they should be contacted and informed of the news in a sensitive and compassionate manner. In circumstances where staff are unsuccessful in contacting the family, the police service can be of assistance in locating them and breaking significant news. When families arrive at the ward / department, staff should meet them and accompany them to the deceased patient and provide the necessary support.
- 7.5. Anticipate and answer any questions the family may have in relation to their loved one's care before, at the time of and after death.
- 7.6. The family will require a sensitive verbal explanation from medical and nursing and midwifery staff of what will happen next, which will be dependent on the circumstances of death. This includes:
  - when formal verification of life extinct has taken place

- completion and explanation of the Medical Certificate of Cause of Death
- potential review of the Medical Certificate of Cause of Death by the Independent Medical Examiner (IME)
- reporting the death to the Coroner's Service, if appropriate
- transfer to mortuary / funeral director
- contact from the General Register Office (GRO) regarding the registration of the death and the issuing of the Death Certificate

7.7. The NIBN bereavement booklet "When someone dies – information and support for family and friends" is available on the Bereaved NI website <https://bereaved.hscni.net/hsc-bereavement-booklet/> and provides practical and emotional information for people who are bereaved: available in various languages.

7.8. Personal care of the deceased patient and attention to the surrounding environment, is an important aspect of nursing and midwifery care prior to a family spending time with their loved one. Families who have requested the opportunity to participate in personal care after death should be facilitated to do so where possible, following the Trust infection prevention and control policy.

Following traumatic death, the family should be prepared for the physical changes that may have occurred as a result of the death.

7.9 If the patient is on a syringe pump at time of death and the death was expected; the registered nurse should stop the pump and complete a monitoring check, detailing the syringe pump being stopped. The syringe pump must be left in situ with the patient until the verification of life extinct has been completed. The professional completing the medical certificate of cause of death must confirm whether a referral to the Coroner is required or not. If the Coroner is involved, they will direct if the pump needs to be left in-situ. Please refer to Trust policy. Verification of life extinct is carried out by medical staff and registered nurses who have completed the appropriate training.

If there is no referral to the Coroner, clamp any drains and intravenous or subcutaneous lines still in situ. Remove any connected infusion lines and infusions.

When the death is being referred to the Coroner to investigate the cause of death, but where there are no suspicious circumstances, then leave IV cannulae and lines in situ and catheters spigotted. Infusions and medicines being administered prior to death via pumps can be taken down and disposed of according to local policy, but must be recorded in nursing, midwifery and medical documentation. The contents of catheter bags can be discarded according to local policy. Leave the ET tube in situ as cutting the tube deflates the balloon holding the tube in position. The increased mobility may enable the ET tube to become displaced during the handling of the body and any possibility of movement will lead to confusion should the Coroner need to investigate this through post-mortem examination. Personal care can then be given as for deaths without Coroner involvement. Ensure the cardiac defibrillator is deactivated.

When the death is being referred to the Coroner as the circumstances surrounding the

death give rise to suspicion, there should be minimal contact with the body. Leave all drains, tubes, intravenous (IV) cannulae and lines in situ and IV infusions clamped but intact (this includes syringes with controlled drugs from syringe pumps). Leave any urinary catheter in situ with the bag and contents. Do not wash the body or begin mouth care in case this destroys evidence. Continue using universal infection control measures to protect people and the scene from contamination. Please refer to local Trust policy. Mortuary staff can provide guidance on this at the time of death. Ensure the cardiac defibrillator is deactivated.

- 7.10 The physical care after death begins once verification of life extinct has been completed and documented on encompass. The deceased patient's body can then be prepared for transfer to the mortuary / funeral director. Families should be offered the opportunity to spend some time with their loved one following death, should they wish.
- 7.11. Further resources to support people who are bereaved are available on the Bereaved NI website <https://bereaved.hscni.net/>.
- 7.12. Some families may request a memento, such as a lock of hair from the deceased patient. These wishes should be accommodated where possible.

## 8. After death - governance and legal issues

In Northern Ireland, holding a 'wake', where family and friends come together to view the deceased patient and support the bereaved family, is a common occurrence. The expectation that a funeral can be arranged within three to four days of death has a deep religious, cultural and social significance. While every effort is made by all services with a responsibility after death to facilitate this practice as far as possible, several statutory and legal processes after death must be fulfilled prior to a funeral and burial / cremation taking place, which may impact upon the timing of the burial / cremation.

Nursing and midwifery staff caring for deceased patients and their families should be familiar with such statutory and legal requirements. Knowledge of the roles and responsibilities of other relevant healthcare professionals and agencies is essential as they too may inform the actions nurses and midwives are required to undertake or coordinate at the time of death.

This section outlines the processes of which nurses and midwives need to be aware.

### 8.1. Verification of Life Extinct (VOLE)

All deaths need to be formally confirmed or verified. A medical practitioner or a health care professional, trained in the verification of life extinct, is required to attend and formally verify that death has occurred. This must be completed prior to the deceased patient being transferred from their place of death (Department of Health, 2019).

It is best practice that verification of life extinct takes place as soon as possible, especially when family are present, or when death occurs close to midnight: the recorded date and time of verification of life extinct informs the date and time of death that will be entered on

the Medical Certificate of Cause of Death.

HSC Trusts and Hospitals must have an appropriate policy and procedure in place for verification of life extinct.

For further information please see: <https://www.health-ni.gov.uk/publications/guidelines-verifying-life-extinct> and <https://www.hospiceuk.org/publications-and-resources/registered-nurse-verification-expected-adult-death-guidance-rnvoed>

## 8.2. Completion of the Medical Certificate of Cause of Death (MCCD)

Registered Medical Practitioners have a legal duty to provide a Medical Certificate of Cause of Death if, to the best of their knowledge, that patient died of natural causes for which, they had treated that patient in the last 28 days as stipulated in <https://www.health-ni.gov.uk/topics/guidance-surrounding-death>.

The doctor completes the Medical Certificate of Cause of Death on the NI Electronic Care Record (NIECR) and emails it to the General Register Office (GRO).

Some Medical Certificates of Cause of Death may be subject to review by an Independent Medical Examiner (IME). This involves a discussion between the Independent Medical Examiner and the certifying doctor. Once the review is complete the doctor emails the Medical Certificates of Cause of Death to the General Register Office.

The nurse should communicate directly with the doctor completing the Medical Certificate of Cause of Death and prompt that it has been completed, and that any review by the Independent Medical Examiner has been completed and subsequently emailed to the General Register Office in a timely manner.

It is good practice that the information on the Medical Certificate of Cause of Death is explained to the family by the treating medical practitioner.

The Medical Certificate of Cause of Death should be processed as soon as possible, so burial or cremation arrangements are not unduly delayed. If this timeframe is not met the reasons for this should be explained sensitively to the family. Cultural or religious practices requiring completion on the same day, should be accommodated if possible.

## 8.3. The Death Certificate

Families should be informed that they will be contacted by the local Registrar who will arrange for the Death Certificate to be posted out or collected. See NIBN bereavement booklet "When someone dies – information and support for family and friends" <https://bereaved.hscni.net/hsc-bereavement-booklet/> for further information

The Death Certificate is the permanent legal record of the death. It provides the family with an explanation of how their relative died and allows them to settle the affairs of the deceased.

It also contributes to statistical information on causes of death used for monitoring the health of the population as evidenced by the Northern Ireland Statistics and Research

Agency (NISRA) <https://www.nisra.gov.uk/>

Once the death is registered the family can then make funeral arrangements.

#### 8.4. Cremation

If the deceased patient or their family indicate that cremation is their preferred option, there is a separate cremation certification process. This involves the completion of a series of medical forms by the doctor who has seen and treated the patient and a second doctor, who is independent. The doctors are required to examine the deceased patient after death.

The funeral director nominated by the family will make the necessary arrangements for completion of cremation documentation and will liaise with medical staff.

Bereaved families may ask nursing and midwifery staff about the process for arranging cremation and they should be reassured that their nominated funeral director will assist them with arrangements. Universal forms must be used for all requests for cremation at both Cremation Authorities and are available to be downloaded at the relevant Council websites at:

<https://antrimandnewtownabbey.gov.uk/residents/crematorium/>

<https://www.belfastcity.gov.uk/cremations#319-2>

#### 8.5. Reporting Death to the Coroner

Section 7 of the Coroners Act (Northern Ireland) 1959 states:

***Duty to give information to coroner***

*Every medical practitioner, registrar of deaths or funeral undertaker and every occupier of a house or mobile dwelling and every person in charge of any institution or premises in which a deceased person was residing, who has reason to believe that the deceased person died, either directly or indirectly, as a result of:*

- *violence or misadventure or by unfair means*
- *or as a result of negligence or misconduct or malpractice on the part of others*
- *or from any cause other than natural illness or disease for which he had been seen and treated by a registered medical practitioner within twenty-eight days prior to his death*
- *or in such circumstances as may require investigation (including death as the result of the administration of an anaesthetic)*

*shall immediately notify the coroner within whose district [service] the body of such deceased person is of the facts and circumstances relating to the death.*

For the management of a maternal death please also see Appendix 7

Decisions concerning referral to the Coroner are based on the DoH Guidance Surrounding

Death, available at: <https://www.health-ni.gov.uk/publications/guidelines-matters-relating-coroner>

Following report of a death, the Coroner in NI will direct one of three courses:

- Advise doctor to complete Medical Certificate of Cause of Death
- Allow death to be processed under Pro Forma system
- Direct a post-mortem examination

If the Coroner directs to use the Pro Forma system, they will ask the doctor to complete a special Pro Forma form (or accompanying letter) that briefly sets out the background and circumstances to the death. This is then sent to the Coroner with an unsigned Medical Certificate of Cause of Death. The Medical Certificate of Cause of Death and Clinical Summary are accessed via NIECR by the Coroner's Office.

In order to establish the cause of death the Coroner may direct that a post-mortem examination takes place.

At this particularly distressing time, bereaved families should be given information and support to help them understand the Coroner's process and what will happen next. In particular, families must be informed that they will need to formally identify the body of their loved one, in the presence of the Police Service of Northern Ireland (PSNI). Advice on the Coroners processes and frequently asked questions is available at <https://www.justice-ni.gov.uk/articles/coroners-service-northern-ireland>

Police officers, acting as Coroner's agents will speak with families to gather information about the deceased patient's last minutes / hours of life and give details about where and when a post-mortem examination, if directed, will take place.

Regardless of the Coroner's decision to proceed with a post-mortem examination, any contact with the Coroner's Office should be shared with the family.

Nursing and midwifery staff can assist medical colleagues in providing support and information to the family in these situations. They also need to be made aware that, as part of the Coroner's process, they may be required to provide information on the circumstances of death. It is best practice that all organisations have their own policy and guidance for assisting the Coroner's investigations that staff must be familiar with and adhere to.

Formal statements or digital encompass records are usually requested through the Risk Management / Litigation Departments who will follow agreed protocols and assist staff to provide information to the Coroner's Service.

#### **8.6. Implications for practical nursing and midwifery care of the deceased patient when the Coroner directs a post-mortem examination**

A key consideration for nurses and midwives when the Coroner directs a forensic post-mortem examination is the restrictions that will apply to the practical care of the deceased patient. If a forensic post-mortem examination is ordered it is essential that the deceased

patient is seen by the pathologist exactly as the deceased was at the time of death. Please refer to local policy / guidance.

Where the Coroner directs a post-mortem examination, liaise with medical colleagues for confirmation of the Coroner's directions and adhere to the instructions below in relation to caring for the deceased patient:

- Do not wash the deceased patient. Fluids or discharge should be managed by using absorbent dressings or pads
- Leave all intravenous and subcutaneous cannulae and lines in situ and infusions clamped but intact
- The registered nurse can stop the infusion and complete a monitoring check detailing the pump being stopped. The syringe pump must be left in situ with the patient and only when instructed by the doctor who has had the discussion with the coroner can the syringe pump be removed and medication discarded
- Leave endotracheal (ET) tubes in situ
- Leave catheter / drains in situ with the bag and contents
- Continue using universal Infection Prevention and Control measures to protect people and the scene from contamination
- Follow your organisation's policy and procedure for securing and preserving evidence in suspicious circumstances and transfer of the deceased patient from their place of death to the Forensic Mortuary based at the Royal Victoria Hospital for post-mortem examination
- Document all your nursing and midwifery care including communication with the family, on encompass

Sensitively inform the family of the reasons why devices are left in situ and that after examination they will be removed.

See: <https://www.health-ni.gov.uk/publications/guidelines-matters-relating-coroner>

## 9. Care after death

The body of the deceased patient needs to be cared for with dignity and respect and it is helpful if the surrounding environment conveys this. Evidence suggests that the entire holistic end of life care may have a substantial effect on families and also a profound impact on their grief journey.

- 9.1. The personal care of the deceased patient's body is the responsibility of two people, one of whom must be a registered nurse. The registered nurse is responsible for correctly identifying the deceased patient, checking the three-point identifier on both identification bands, as part of practical nursing and midwifery care and communicating accurately with

mortuary staff or the funeral director in line with local policy and protocols. The registered nurse must ensure that the ID bands on the deceased patient match the information documented on Section A of the Body Transfer Form.

- 9.2. Personal care after death should be carried out within **four hours** of the patient dying, to preserve their appearance, condition and dignity. This is because rigor mortis can occur relatively soon after death and the time period is shortened in warmer environments. Tasks such as laying the deceased patient flat with a single pillow supporting their head, need to be completed as soon as possible within this time. If the family are not present at the time of death and they request to view the deceased patient, arrangements should be made for this to take place in an appropriate setting, if available. Families wishing to spend time with the deceased patient should be accompanied and supported by an appropriate member of staff.

Nursing and midwifery staff should contact the mortuary staff in advance if viewing is requested, to make the necessary arrangements. The viewing of a patient in the mortuary may not be possible outside normal mortuary operational hours and can only be accommodated by prior appointment. Families should be encouraged, where possible to view their loved one in the designated funeral home after the funeral director has appropriately prepared the body.

Mortuary staff must also be informed if the deceased patient has no next of kin.

- 9.3. Standard Infection Prevention and Control precautions should be followed during the care of all deceased patients. Any additional infection control precautions in place before the patient died should continue after death, during the personal care of the deceased patient. See below links for precautions relevant to infection, including advice on when a body bag may be required or where viewing of the body is affected.

For further information see: [https://www.niinfectioncontrolmanual.net/transmission based precautions/](https://www.niinfectioncontrolmanual.net/transmission-based-precautions/)

- 9.4. To encourage a quiet and respectful environment when a patient has died or is likely to die, the Trust symbol (Waterlily or Purple Spiral) should be displayed in the immediate area to inform others that a death is imminent or has occurred.
- 9.5. The family should be facilitated to spend time with their loved one in the period immediately after death if they wish. Regardless of the circumstances surrounding the death, families' wishes to view the deceased patient should be facilitated where possible. Families should be prepared for what they may see.
- 9.6. Personal property should be returned with consideration for the feelings of those receiving it and in line with local policy. If the deceased patient has any soiled or cut clothes, this should be discussed sensitively with the family. They should be given the option to have these returned or disposed of by staff. They may wish to be involved in gathering and packing their loved one's personal property and should be given the opportunity to do so. Woven bags designed for the specific purpose of returning a deceased patient's property should be used, where available.

- 9.7. In circumstances where the deceased patient has no next of kin, staff need to alert the

mortuary or funeral director of this and the deceased patient's property may need to accompany them.

- 9.8. Nurses and midwives should take time to explain to the family what will happen next and provide suitable written / electronic bereavement support information to supplement the conversation. This information should be given to the family after the death of the patient has occurred, with an opportunity for the family to ask further questions. Additional specific bereavement resources are available on the Bereaved NI website <https://bereaved.hscni.net/>.
- 9.9. When family members are ready to leave their loved one, it is good practice for a member of staff to accompany them as they leave and offer a final word of condolence, providing an opportunity to answer any questions they may have.
- 9.10. When personal care and identification of the deceased has been completed as per Royal Marsden Procedure Guidelines Care after Death, the nurse or midwife should complete the relevant section on the Body Transfer Form (see Appendix 2)
- 9.11. Staff health and wellbeing is important; bereavement support / resources should be available to staff in all organisations. These can be accessed on the Bereaved NI website <https://bereaved.hscni.net/>.

## **10. Transfer of the deceased patient from the place of death**

After death, the deceased patient will be taken from their place of death, to a mortuary or funeral home while burial and cremation arrangements are made. The privacy and dignity of the deceased patient on transfer from the place of death is paramount.

Healthcare staff are responsible for ensuring the respectful and dignified transfer of the deceased patient. This should include the way in which the deceased patient is covered and how they are moved from their place of death to the mortuary / funeral home.

- 10.1. Nursing and midwifery staff should have discussions with the staff involved in the transfer e.g. porters / Funeral Director, who should be aware of the importance of maintaining the dignity and respect of the deceased patient, the privacy of families and the feelings of other people. Porters and funeral directors must be informed if the patient is bariatric to ensure that the transfer can be carried out safely, appropriately and with dignity.
- 10.2. If the family request to see their loved one in a mortuary and this is feasible, nursing and midwifery staff should arrange this with mortuary colleagues prior to their attendance and a member of staff should accompany the family, adhering to mortuary guidelines. Please refer to section 9.2.
- 10.3. Mortuary staff and Funeral Directors must be informed about deceased patients who present a serious infection hazard. In order to maintain patient confidentiality, the nature of

the disease must not be disclosed to the designated family funeral director. Nursing and midwifery staff can seek advice from their Infection Prevention and Control Team if required. Please refer to Section 9.3.

- 10.4. There needs to be clear communication to mortuary staff and funeral directors regarding; property transferring with the deceased patient, the presence of implanted devices and information relevant to the burial or cremation including risk assessment for deceased patients who are bariatric. This information should be recorded in the Body Transfer Form that accompanies the deceased patient (see Appendix 2) and on encompass.
- 10.5. Universal Infection, Prevention and Control precautions should be followed during transfer. Please refer to Section 9.3 Standard Infection Prevention and Control precautions <https://www.niinfectioncontrolmanual.net/transmission based precautions/>
- 10.6. Where a family member wishes to accompany their relative on their transfer, consideration should be given to this request and facilitated where possible following discussion with the mortuary staff or funeral director.

## 11. Recording the care provided after death

- 11.1. It is important that all aspects of care carried out after death are documented in the Discharge as Deceased navigator on encompass (See Appendix 3), in keeping with advice on record keeping, as outlined in the NMC Code <https://www.nmc.org.uk/standards/code/> (The Nursing and Midwifery Council, 2018). This should include the date, time and who was present at time of death.
- 11.2. Any risks or problems that may have arisen and the steps taken to address them should be documented to ensure continuity of care.
- 11.3. Section A and B of the Body Transfer Form must be completed as per Trust guidance (see Appendix 2)
- 11.4. The Discharge as Deceased navigator on encompass must be completed following the death of a patient documenting actions taken by nursing and midwifery staff. (see Appendix 3)
- 11.5. Confirmation that the deceased patient's General Practitioner (GP) has been informed of their patient's death should be documented.
- 11.6. Document that bereavement information has been shared with the family in the Discharge as Deceased navigator on encompass.

## 12. Education, training and support for staff providing care after death.

- 12.1. Education and training on all aspects of care after death should be included in relevant pre- registration training curricula for nursing and midwifery.
- 12.2. The practical aspects of care after death including communication and documentation should be included in Trust induction and mandatory training programmes.
- 12.3. The opportunity for reflection and support should be available for staff after a death and this should be facilitated by the ward sister / charge nurse or midwife and / or Clinical Medical lead. In some circumstances, referral to support services may be helpful such as: Occupational Health, Lena by Inspire <https://lenabyinspire.com/> or Staffcare <https://www.staffcare.org/>
- 12.4. All incidents or concerns related to care after death should be reported via organisational arrangements for Health and Social Care Incident Reporting with outcomes and learning points or actions shared with the staff involved.
- 12.5. All comments or compliments received from families, relating to care before, at the time of and after death, should be shared with relevant staff to demonstrate the impact their care had on the family. If helpful, families can be directed to Care Opinion. <https://www.careopinion.org.uk/>
- 12.6 Trust service user feedback links
  - **Belfast Health & Social Care Trust:** <https://belfasttrust.hscni.net/contact-us/compliments-and-complaints/>
  - **Northern Health & Social Care Trust:** <https://www.northerntrust.hscni.net/contact-us/compliments-and-complaints-form/>
  - **South Eastern Health & Social Care Trust:** <https://setrust.hscni.net/contact-us/complaints/> or <https://setrust.hscni.net/contact-us/compliments/>
  - **Southern Health & Social Care Trust:** <https://southerntrust.hscni.net/get-in-touch/website-feedback-form/>
  - **Western Health & Social Care Trust:** <https://westerntrust.hscni.net/contact-us/complaints-comments-and-compliments/>

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## 14. Acknowledgements

The HSC Trust Bereavement Coordinators would like to acknowledge the support of the Health and Social Care Trusts, the Northern Ireland Bereavement Network, the Department of Health and Palliative Care in Partnership for their review of and consultation on this guideline.

## Appendix 1

# HSC Services Strategy for Bereavement Care (2009) Standards

### Standard 1: Raising Awareness

Health and Social Care staff will be suitably trained to have an awareness and understanding of death, dying and bereavement. Staff should also acknowledge the fact that grief is a normal process following loss and that needs vary according to an individual's background, community, beliefs, and abilities.

### Standard 2: Promoting Safe and Effective Care

Health and Social Care staff who have contact with people who are dying and/or those affected by bereavement will deliver high quality, safe, sensitive and effective care before, at the time of and after death according to individuals' backgrounds, communities, beliefs and abilities.

### Standard 3: Communication Information and Resources

People who are dying and those who are affected by bereavement will have access to up to date, timely, accurate and consistent information in a format and language which will be helpful to their particular circumstances and consistent with their needs, abilities and preferences. Staff will remember that the availability of written or other information does not negate their personal support role.

### Standard 4: Creating a Supportive Experience

Those who are dying and their families will be afforded time, privacy, dignity and respect and wherever possible, given the opportunity to die in their preferred environment with access to practical, emotional and spiritual support based on their individual needs and preferences.

### Standard 5: Knowledge and Skills

Health and Social Care organisations recognise the value of a skilled workforce by ensuring that those coming into contact with, or caring for people who are dying and those affected by bereavement are competent to deliver care through continuing professional development; and by having systems in place to support them.

### Standard 6: Working Together

Good communication and coordination will take place within and between individuals, organisations and sectors, to ensure that resources are targeted efficiently and effectively and that there is integration of care to meet the needs of people who are dying and their families, friends and carers.

## Appendix 2

### Body Transfer Form (1A)

Use to transfer all deceased children and adults



Health and Social Care  
in Northern Ireland

**BODY TRANSFER FORM (1A) ID number**

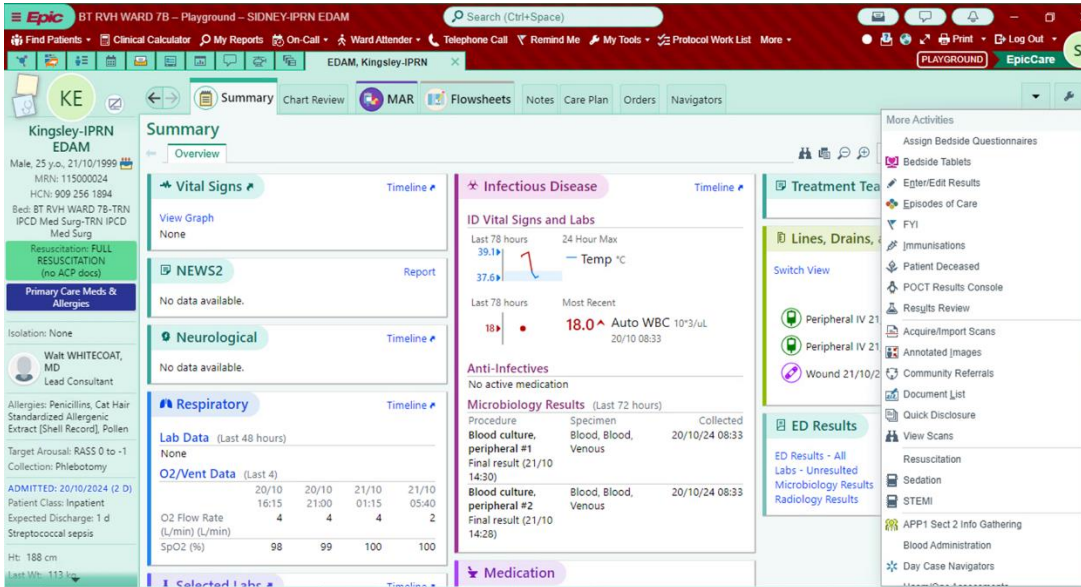
**USE TO TRANSFER ALL DECEASED CHILDREN AND ADULTS**

<b>Section A - To be completed before body is moved from place of death</b>			
Hospital/Facility: _____		Ward/Dept: _____	
		Consultant: _____	
Name _____		Address: _____	
DOB: _____			
Male <input type="checkbox"/> Female <input type="checkbox"/> H&C no. _____		Date of Death: _____	
		Time of Death: _____	
Is Death Certificate issued? Yes <input type="checkbox"/> IF NOT, specify reason: _____			
Has death been reported to the Coroner?		No <input type="checkbox"/> Yes <input type="checkbox"/>	
If Yes, has Coroner ordered PM examination?		No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/>	
Is a hospital PM examination to take place?		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Is organ/tissue retrieval to take place?		No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Specify: _____	
<b>Additional Information</b> - if yes please specify.		<b>Detail:</b>	
Infection Risk (if pathogen 3 follow protocol)		No <input type="checkbox"/> Yes <input type="checkbox"/> _____	
Property left on body		No <input type="checkbox"/> Yes <input type="checkbox"/> _____	
Drains, tubes left in situ		No <input type="checkbox"/> Yes <input type="checkbox"/> _____	
Cardiac pacemaker/implantable defibrillator in situ		No <input type="checkbox"/> Yes <input type="checkbox"/> _____	
Spiritual/religious/cultural requirements		No <input type="checkbox"/> Yes <input type="checkbox"/> _____	
Section A completed by: _____ (PRINT NAME AND DESIGNATION)			
<b>Section B - To be completed at time of transfer from place of death to:</b>			
Hospital mortuary <input type="checkbox"/> State Pathology <input type="checkbox"/> Family funeral director <input type="checkbox"/> Own home <input type="checkbox"/> Other <input type="checkbox"/>			
Patient's name checked by person releasing: _____ and			
person removing the body: _____ Time: _____			
(PRINT NAMES AND DESIGNATIONS)			
Any significant information in Section A has been shared Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
<b>Section C - To be completed ONLY if body is transferred to hospital mortuary</b>			
<b>C1</b> Patient named above admitted into mortuary		<b>Date:</b>	<b>Time:</b>
By: _____ (PRINT NAME AND DESIGNATION)			
<b>C2</b> Patient released from mortuary		<b>Date:</b>	<b>Time:</b>
Patient's name checked by person releasing : _____ and			
person removing the body: _____ Company Name: _____			
(PRINT NAMES AND DESIGNATIONS)			
Any significant information in Section A has been shared Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Release authorisation: Death Certificate issued <input type="checkbox"/> Coroner authorised <input type="checkbox"/> Transferring for PM <input type="checkbox"/>			

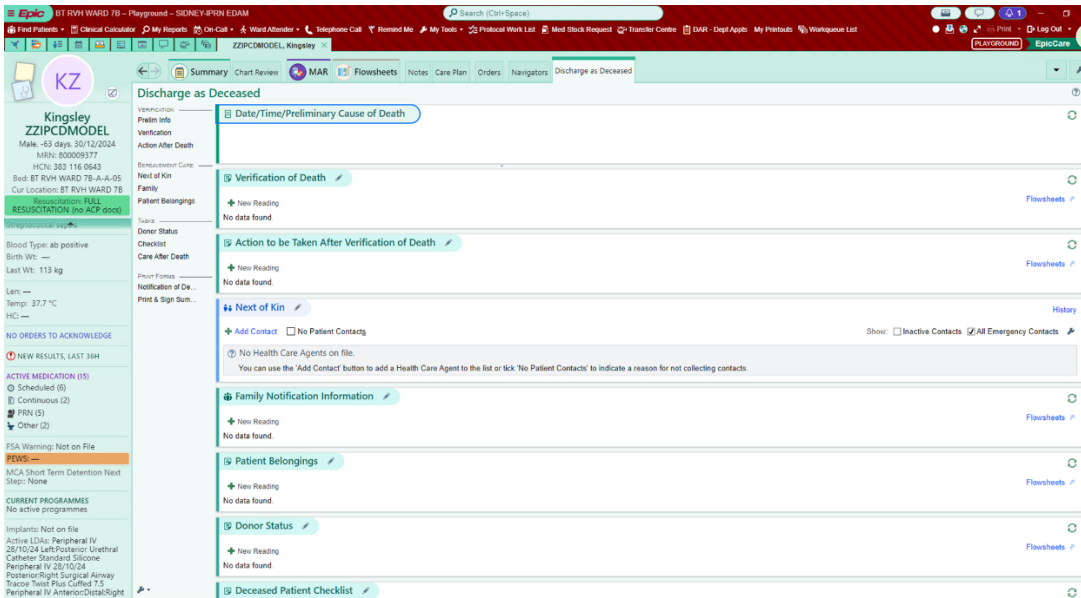
# Appendix 3

## Discharge as Deceased Navigator

### HOW TO LOCATE ON ENCOMPASS



### DISCHARGE AS DECEASED



## Appendix 4

### Trust Bereavement Coordinators

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## Appendix 5

### NI Bereavement Network - Guideline Review Working Group

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## Appendix 6

### Glossary of Terms

CNO	Chief Nursing Officer
DOH	Department of Health
NHS	National Health Service
TBC	Trust Bereavement Coordinator
DHSSPS	Department of Health, Social Services and Public Safety
GP	General Practitioner
IPC	Infection Prevention and Control
PME	Post Mortem Examination
ACP	Advanced Care Plan
ODR	Organ Donation Register
SNOD	Specialist Nurse for Organ Donation
MCCD	Medical Certificate of Cause of Death
IME	Independent Medical Examiner
NIECR	Northern Ireland Electronic Care Record
GRO	General Register Office
VOLE	Verification of Life Extinct
NISRA	Northern Ireland Statistics and Research Agency
PSNI	Police Service of Northern Ireland
ET	Endotracheal
NMC	Nursing and Midwifery Council
NIBN	Northern Ireland Bereavement Network

## **Appendix 7**

### **Maternal Death Protocol**

This has been developed and is in the final stage of approval for publication.