

Procedure for Managing Sudden Unexpected or Near Death of a Patient

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Managing Death or near Death on Wards

1. Introduction

- 1.1 The sudden unexpected death of a hospitalised patient is distressing to the family and the healthcare team.
- 1.2 While sudden deaths have very different causes, what unites them all is that they are unexpected and consequently unanticipated.

2. Definition of sudden or unexpected death

- 2.1 A sudden death is any kind of death that happens unexpectedly. This includes:
 - Suicide
 - Overdose
 - Road crash or other transport disaster
 - Drowning, falls and fractures, fire or other tragedy
 - Murder
 - War or terrorism
 - Undiagnosed advanced terminal illness, such as advanced cancer
 - Sudden natural causes, such as heart attack, brain haemorrhage, or cot death
 - Sudden death from a serious illness that was known about, but where death wasn't expected, for example epilepsy, diabetes, respiratory conditions.

3. Scope

- 3.1 The purpose of this procedure is to provide teams with guidance to make the required process easier and seamless, ensuring mandatory, corporate and legal responsibilities are met.
- 3.2 There is an end of life policy that looks at expected deaths.

4. Inpatient Unexpected death Roles and Responsibilities

- 4.1 Upon discovery of a collapsed service user the ambulance or crash team should be contacted immediately.
- 4.2 Attempts to resuscitate should commence and continue until emergency services arrive.
- 4.3 Dependent upon the success of CPR attempts, the ambulance or crash team will decide whether the service user should be transferred to the local general hospital for further treatment, or will remain in the ward for the funeral directors to transport to the mortuary when the police indicate it is appropriate to do so.
- 4.4 A log of events should be completed by the DSN or nominated other (Appendix 1).
- 4.5 It is important that all relevant managers are notified (via completion of a Datix report) of a death when it occurs to allow any remedial or immediate action to be initiated. Guidance for staff on the reporting and management of incidents is set out in the Trust's Incident Policy.

5. Escort

- 5.1. If taken to the general hospital, an escorting nurse should be identified. This should preferably be a qualified nurse who knows the service user and their recent treatment input.
- 5.2. Where this is not possible, the escort should have the contact details of a Senior Clinician who can give further information if required.
- 5.3. The role of the escorting nurse is to give medical staff information, to support the service user if they are conscious, and relay medical progress to the Duty Senior Nurse (DSN).
- 5.4. Where a service user is unconscious, and is unlikely to gain consciousness for some time, the modern matron (DSN out of hours) should liaise with general hospital medical colleague to review progress and decide whether to discontinue the requirement of an escort.

6. Preserving the Scene and Police Input

- 6.1. Given the unexpected nature of the event, the Death should be treated as a potential crime scene until the police indicate otherwise.
- 6.2. The role of the police officer in an unexpected death is to ensure that a 3rd party has not been involved in the death or that a criminal act has not taken place.
- 6.3. The police should be contacted as soon as the immediate life support efforts have either stabilised the service user or been confirmed as being unsuccessful.
- 6.4. The ambulance crews are likely to inform the police of the event.
- 6.5. In addition, the DSN should also contact the police on 999 and report the incident. The police will then attend the unit.
- 6.6. While waiting for police attendance, the area where the event took place should be locked or blocked to ensure the scene is maintained. All equipment used must be left as it is in the room.
- 6.7. There should be no attempt to disturb the area in any way until authorised by the police.
- 6.8. The staff that were at the scene should remain in the locality, as the police will decide who they wish to see to take a police statement. This allows the police to quickly assess the situation.

7. Managing the Scene

- 7.1. Once the police have agreed, the environment must be made clean and safe ensuring that areas are de-contaminated.
- 7.2. Personal property should be searched, packed and stored in readiness for collection.
- 7.3. After the room is decontaminated and clean, arrange for a deep clean with Domestic Services. Please note Domestic Services are not responsible for cleaning bodily fluids.
- 7.4. Release of service user's personal belongings to the identified next of kin will be arranged with a property list given a copy retained in the Service Users notes.

8. Management of the Deceased

- 8.1. When the Police have agreed for the body to be released, the DSN will allocate 2 experienced ward staff to prepare the body for collection by funeral services.
- 8.2. Staff should be mindful of cultural and religious beliefs of the service user and expectations in relation to the preparation of the deceased while on the unit,. This might include allocating same sex staff in the preparation process.
- 8.3. If the Service User is soiled, they can be cleaned and covered with a sheet.
- 8.4. The service user should be labelled with their Name, NHS No and DOB.

9. Funeral Services

- 9.1. Where attempts to preserve life have been unsuccessful, ambulance and crash teams are likely to recommend collection by funeral services to transport to the mortuary.
- 9.2. As it is an unexpected death, the police would need to give authorisation for the service user to be moved.
- 9.3. Each locality would have an identified funeral director who should be contacted, post police authorisation.
- 9.4. Consideration should be given to supporting access to the ward, and the discreet movement through the building as this could cause other service users considerable distress.

10. Statements

- 10.1. All involved staff members should complete a contemporaneous account of the incident; staff may require support to do so. This needs to occur as soon as it is safe to do so and before leaving shift. This will provide service leads with a full picture of the incident, and it is also recognised that over time the detail of events are harder to remember.

11. Information Giving

- 11.1. A Senior Clinical should contact the family or next of kin to inform them of the incident, giving details of the service user's current condition, and where the service user will be moved to.
- 11.2. If the service user is deceased in most cases the police will inform the family as they are able to attend the address to ensure the family are safe and supported.

Modern Matron /DSN (Nominated other)

Contact	When to Contact
Ambulance on (9) 999. Hackney 2222 for Crash Team	As soon as individual is found.
Police on (9) 999 (ring 9 to get outside line, followed by 999)	Immediately, post incident
In Working Hours	

<ul style="list-style-type: none"> • Borough Director • Clinical Director • Borough Lead Nurse <p><u>Out of Hours</u></p> <ul style="list-style-type: none"> • On Call Manager • On Call Consultant 	Immediately, post incident
Family/Next of Kin	Immediately, post incident
If Deceased – Funeral Directors	Following Police Confirmation

Borough Director/On Call Manager (nominated other)

Contact	When to Contact
<p><u>In Working Hours</u></p> <ul style="list-style-type: none"> • Chief Operating Office • Chief Nurse • Chief Medical Officer <p><u>Out of Hours</u></p> <ul style="list-style-type: none"> • Director on call 	When fully informed of incident
Where appropriate inform Safeguarding Team	Within 48 working hours
Family/Next of Kin Meeting	Within 24 working hours
Mental Health Act Team	Within 24 working hours
If Service User is on a restrictive order inform Ministry of Justice (0300 303 2079)	Within 24 working hours
Inform CCG (in cases of a death)	Within 48 working hours

Chief Nurse

Contact	When to Contact
Inform CQC (in case of death)	As soon as possible

12. Service User Support

12.1 As soon as is practical, the matron (DSN out of hours) should arrange a meeting with Service Users in the clinical area. In this meeting minimal information can be given. The purpose of this meeting is to acknowledge that a significant event has occurred, and to listen and discuss the support that will be offered.

- 12.1 Directly post the Incident, the Consultant/On-call Consultant and Senior Members of Nursing staff should undertake a review of all service users to consider enhanced care and support where required.
- 12.1 The review should occur daily for the next 72 hours.
- 12.1 On the next working day the Matron and/or Ward Manager supported by the DMT should conduct a de-brief.
- 12.1 Planning with Consultant and Borough Lead Nurse will be required to decide what level of disclosure is appropriate.
- 12.1 The de-brief should provide an opportunity for service users to discuss their thoughts, feelings and fears.
- 12.1 Individual meetings with Service Users should occur where individuals are significantly affected.
- 12.1 The Locality Borough Director, Clinical Director and Borough Lead Nurse will agree who will contact the family to offer face to face meeting to discuss the events, give family carers an opportunity to ask questions and provide support. Where telephone contact is unsuccessful a written offer letter should be sent.
- 12.1 The spiritual care team can provide individual or group support if service users would find this useful.

13. Staff Support

- 13.1. All staff members involved should receive an initial de-brief before leaving the unit. This could be conducted by the DSN or Manager-On-Call.
- 13.2. The Borough Lead Nurse should arrange an official staff de-brief within 10 days of the incident. This would be facilitated by a confident, competent facilitator independent of the immediate team affected. The full team and any other staff affected by the incident should be invited.
- 13.3. Individual staffs within teams are likely to be affected in different ways. Post the incident, the Ward Manager, Matron and Discipline leads should offer a meeting to all staff members involved, and discuss the incident in supervision with the full team.
- 13.4. Where required, increased levels of support should be offered which might include increased levels of meetings, directing to the Staff assistance programme via occupation health.
- 13.5. Staff can contact the spiritual care team to provide individual or team support.

14. Learning and Scrutiny

- 14.1. Within 48 hours a local review of the incident and initial learning points will be established.
- 14.2. Due to the nature of the event, a Serious Incident Review and a comprehensive within 60 days.
- 14.3. All inpatient death will result in a coroner review. Staff involved in the incident may be asked to appear.
- 14.4. If this occurs, support in relation to writing statements and understand process will be given by Trust Legal team.

15. Community death

15.1 If an unexpected death occurs in a service users home the emergency services (ambulance) should be called. Where appropriate and instructed by emergency services CPR should be commence .Wait for the emergency services to arrive and co-operate with their instructions.

15.2 Death will be confirmed by the ambulance crew who will inform the police.

15.3 Do not remove anything from the scene and the environment should be disturbed as little as possible.

15.4 Inform your line manager, complete an incident form, consider need for safeguard alert, and make a full RIO entry before finishing shift.

15.5 The team manager should inform the GP within 8 hours of the event occurring.

Appendix 1 - Managing Sudden Death or Near Death Log
To be completed by the DSN or Nominated other.

Directorate	
Ward/Area	

Service User Details	
Name	
Date of Birth	
Address	
GP Details	
Next of Kin Details	
Outline Admission Details (brief)	
Outline any Medical Conditions	

Time Log

Details	Completed by	Time	Initials
Service User found			
By Whom			
CPR commencement			
Ambulance or Crash Team called			
Ambulance or Crash Team attended			
If pronounced time of death			
Transfer to Hospital or Mortuary			

Details	Completed by	Time	Initials
Handover Clinical Information to emergency services			
Inform Family/Next of Kin			
Contact Police to inform of incident			
Brief Police on attendance			
In working hours, contact Borough Director, Clinical Director and Borough Lead Nurse			
Out of Hours contact On-Call Manager for Locality and On-Call Consultant			
Borough Director to contact Chief Operating Officer, Chief Medical Officer to inform of incident Out of Hours On-call Manager to inform Director On-Call			
Modern Matron/DSN to Log Incident on RIO			
Complete Incident Report			
Complete Safeguarding alert where required			

Managing the Scene

Details	Completed by	Time	Initials
Area secured and locked off (where possible)			
Notes, including Drug Charts, Fluid, News and Observation Charts locked securely			

Staff/Other Service users

Details	Completed by	Time	Initials
Deploy staff from other areas to ensure ward safety is maintained.			
Book additional staff for the ward for next 24 hours			
Staff involved to write Statement before leaving duties (staff may need support) DSN to ensure all statement secured and scanned to Borough Lead Nurse and Borough Director			
Service Users informed of Incident (minimal detail at this point)			
Initial Staff de-brief			
Service Users Management review with Nurse in Charge and Medical Team			

Staff Members Involved

Name:	
Contact Details:	
Role:	
Name:	
Contact Details:	
Role:	
Name:	
Contact Details:	
Role:	
Name:	
Contact Details:	
Role:	
Name:	
Contact Details:	
Role:	
Name:	
Contact Details:	
Role:	

Form to be completed and sent to trust legal team with service users notes and charts.

Appendix 2 – Employee Assistance Programme (EAP)

When you are anxious or stressed about something personal or work-related it can be difficult to be your best at work or at home. That's why we offer the Confidential Care service to anyone working for the Trust.

Confidential Care gives you, your partner and dependent family members a place to turn for support any time of day or night, 365 days a year. Support is available for whatever issues you might be facing, including work stress, depression, marriage and relationship issues, legal concerns, coping with change, parenting issues, financial problems and much more.

How does it work?

You simply call the freephone number whenever it's convenient for you. No appointment is necessary and the service is as close as your phone.

Experienced, professional counsellors are available to listen to your concerns, determine appropriate resources, and then help you take the next steps.

By calling in you can access professional support services offering emotional, psychological and practical help, ranging from referrals for face to face counselling to information and advice teams who will support you through a wide range of personal and work-related issues.

Sometimes you may have more than one issue that's bothering you, rest assured that Confidential Care can provide you with support that will help.

Is this really free?

Absolutely, there is no cost to you and everything is completely confidential, on top of this the people at Confidential Care have many years of specific experience in supporting the unique issues faced by those who work with or for the NHS, If you have access to the internet you can also access the Confidential Care wellbeing website by visiting www.well-online.co.uk, just log in using the username: 'ELFTlogin' and the password: 'wellbeing' (all lower case). By visiting Well Online you can research for yourself the range of support available to you, watch videos and access a wide selection of help sheets and articles written on topics that relate to you and your own wellbeing, we update our help sheets and articles at least once a month so be sure to check back for more if you've already visited.

Are there any limits to the service?

Although the service includes access to structured counselling support for some, this will only be offered following an assessment with one of CiC's Adviceline staff. Our Advice line, staff are themselves counsellors and are professionally qualified to determine the most appropriate course of structured support for you given your own unique set of circumstances.

Face to face counselling is not the only form of structured support that may be offered to you, CiC also make use of structured telephone appointments and a number of other forms of support as well, including our recently introduced 'Introduction to Mindfulness'.