

UNIQUE IDENTIFIER NO: C-18-2009

Review Date: March 2024

Review Lead: Lead Infection Prevention and Control Nurse



Calderdale and Huddersfield
NHS Foundation Trust

Section P - Care of the Deceased Patient

Version 9

Important: This document can only be considered valid when viewed on the Trust's Intranet. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

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Infection Prevention and Control Committee	Consultant Microbiologist / Infection Prevention & Control Doctor	April 2021
Other Stakeholders Consulted		
Does this document map to other Regulator requirements?		
<i>Regulator details</i>	<i>Regulator standards/numbers etc</i>	
The Health Protection (Notification) Regulations 2010		
Health & Safety Executive		
Document Version Control		
Version 9	This document has been reviewed and the personal care after death form has been updated and the mortuary opening hours have been updated.	
Version 8.2	Amendment to accommodate inclusion of COVID-19, viewing changes and mortuary open times/out of hours.	
Version 8.1	Amendment only to accommodate changes to the removal of invasive devices in support of coroner's office and containment of body fluid	
Version 8	This document has been reviewed and now includes arrangements for viewing a deceased patient by family/friends or releasing the deceased patient – Appendix 7. Key points have also been added.	
Version 7	The document has been reviewed and the location of the infection control emergency cupboard at CRH has been updated and the key for the emergency cupboard is held by the site commander (out of hours). The infection risk sticker has also been added.	
Version 6	The document has been updated to include personal care after death check list – Appendix 3.	

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1. Introduction

During the course of their daily work healthcare workers may come into contact with recently deceased patients. Although many will not pose an immediate infection control risk, there are some deceased patients that may pose a potential infection risk to healthcare workers, when handling and providing personal care after death. Advice is now provided within this policy regarding deceased COVID-19 patients.

1.1 Key Points

- Risk of infection after death remains, strict contact/respiratory precautions remain in place when handling and providing personal care after death
- Infection risk stickers are required to protect mortuary staff
- Some infections require specialized handling; this can be found in Appendix 2

2. Purpose

All deceased persons should be regarded as potentially infectious and use of Personnel Protective Equipment (PPE) and Trust Standard Precautions policy must be adhered to when performing personal care after death or handling the deceased patient (cadaver). See Trust Standard Precautions Policy Section 6.

It is the duty of the staff to ensure the deceased patient is handled in a safe, dignified and appropriate manner.

3. Definitions

PPE- Personnel Protective Equipment

Cadaver – Deceased patient

HPU – Health Protection Unit of Public Health England

CCDC - Consultant in Communicable Disease Control

4. Duties

The Chief Executive is responsible for ensuring that there are effective infection control arrangements in the Trust.

The Infection Prevention and Control Committee is responsible for ensuring appropriate policies and procedures are in place.

Managers are responsible for ensuring that this policy is implemented and adhered to in their areas.

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All staff are responsible for ensuring they comply with this policy.

5. Notifiable and other diseases

Certain Notifiable diseases in the United Kingdom are required by statutory duty to be notified to the Local Authority Proper Officer of the Health Protection Unit by the medical team.

These include cholera, plague, relapsing fever, smallpox and typhus) and food poisoning under the Public Health Control Diseases Act 1984, amended 1988, and Health Protection (Notification) Regulations 2010. Notification is to enable action to be taken to control outbreaks, monitor the effectiveness of immunization programmes or facilitate epidemiological investigations (Appendix1).

Instructions on containing the risks of infection from human remains is given in Appendix 2.

5.1 Pandemic Flu

Standard Precautions must be used whilst giving personal cares after death.

5.2 COVID–19 is the infectious disease caused by the most recently discovered coronavirus, which has not been previously identified in humans.

- There is no requirement to use a body bag for a ?COVID-19 patient or a confirmed COVID-19 patient
- Wear standard respiratory PPE when carrying out last offices (surgical mask, visor/goggles, apron, and gloves)
- Leave all lines, drains and tubes insitu
- Mortuary staff and funeral directors must be advised of the biohazard risk. Prior to transfer, ward staff must phone mortuary to notify them
- Viewing is NOT permitted. If families enquire about viewing mortuary staff will refer them to the appointed funeral directors
- Formal notification is not required; this is an automatic process via the laboratory

6. Personal Cares After Death / Hygiene Preparation

Personal care after death needs to be carried out within **2-4 hours** of the person dying (Appendix 3).

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6.1 Containing patient fluids

- To contain patient fluids **all** wounds, skin breaks and puncture sites must be **covered with an occlusive dressing** e.g. tegaderm. **Extra padding with dressings may be placed under the occlusive dressing**
- No orifice packing. Pad and pants can be used
- Where non-containable leakage may occur e.g. gross oedema is present, use incontinence sheets to place under the patient in the cadaver bag
- A mortuary sheet should not be used for a cadaver when a mortuary bag is used
- The deceased patient **MUST** be dressed if using a cadaver bag. Not to be placed in naked

6.2 Invasive devices

- **Indwelling devices must NOT be removed** by ward staff. This will prevent leakage from the site and ensure they are present in the event of a referral to the Coroner
- Devices will be removed by the Mortuary Staff. CVP lines, PEG tubes, urinary catheters, drains etc.

6.3 Jewellery

- With a second member of staff as witness, remove all loose jewellery from the patient and secure with tape any rings to remain with the patient
- Any jewellery left on the deceased must be documented on the death notice
- Avoid using the name of the precious metal or stones when describing jewellery to prevent confusion. Instead use terms such as yellow metal or red stone

Ensure personal care after DEATH CHECKLIST is comprehensively completed and sent to the mortuary with the deceased patient. To be printed double sided from the documentation repository.

6.4 Clothing

Shrouds should be used - however patient's own clothing of nightwear may be used if this is the patient's/relative's preference.

- In extreme circumstances theatre gowns/nightwear can be used e.g shrouds not available

Shrouds

These are ordered at ward level. Place the amount required on the top-up system of ordering, if used. Otherwise, order as normal (Appendix 5).

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Mortuary Sheets

Wards are supplied with sheets with a RED corner by the Linen Department, x1 mortuary sheet per ward. If further supplies are required, contact the Linen Department.

6.5 Cadaver patient bags

Which deceased patient requires one?

The deceased who is:

- known to have, or suspected to be infected with, a blood borne virus
- known to have, or suspected to be infected with, SARS, plague, rabies, smallpox, viral hemorrhagic fever, yellow fever, acute poliomyelitis, brucellosis, invasive Group A Streptococcal infection, typhus, transmissible spongiform encephalopathy e.g. Creutzfeldt-Jakob disease and tuberculosis (TB). Appendix 2

Cadaver bags should also be used in situations where a patient is leaking patient fluids that cannot be contained by dressings.

- The death notice with the deceased identity and Infection Control notification must be attached so that it is clearly readable through a cadaver bag pocket on the front of the bag
- Cadaver bags are ordered at ward level. Place the amount required on the top-up system of ordering if used. Otherwise, order as normal, codes and prices below are in Appendix 5

Please note

The presence of confirmed MRSA and/or *Clostridium Difficile* infection in itself does not require the routine use of a cadaver (patient) bag; therefore standard precautions should be used unless there is a risk of faecal soiling from the cadaver.

Inappropriate use of cadaver bags may cause unnecessary upset to grieving relatives/friends as they may be unable to view their loved ones.

A small supply of cadaver bags for infant, child and extra large sizes are stored in the Infection Control cupboards which are located as detailed below:

HRI

Infection Control cupboard (outside Pathology). Key is held by the Infection Prevention & Control Nurses (office hours) and Security Staff on the Front Desk/Reception (out of hours).

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CRH

Infection Control cupboard (outside old ward 10). Key is held by the Infection Prevention & Control Nurses (office hours) and the Site commander (out of hours).

6.6 Death Notice

- Complete in full the death notice, in particular the diagnosis, any invasive devices e.g. internal cardiac pacemaker and any Infection Risk present
- Ensure carbon copies are easily readable to assist the Mortuary staff (Appendix 4)

6.7 Infection Risk Notification

Mortality data is important in the surveillance of infectious diseases, as well as monitoring the effectiveness of immunization and other prevention programmes. If the patient's death involved a notifiable disease, the medical team should inform the local Health Protection Unit (HPU) about the case. If they are not sure whether a case is notifiable, or what investigations are needed, contact the local HPU or Consultant in Communicable Disease Control (CCDC).

If a patient is known to have an infection, an infection risk 'sticker' should be used (Appendix 6).

An Infection risk sticker should be attached on the Death Notice and also on both wrist and ankle identification bracelets. If a cadaver bag is used, the death notice with sticker must be placed in the pocket on the front of the bag.

7. Restriction of viewing a cadaver

This is dependent on the type of infection, the restriction occurs in very few cases.

In most situations, if the relatives/loved ones of the deceased wish to view the deceased the cadaver (patient) bag may be opened for the viewing (Appendix 2).

8. Advice sheet for the Undertaker

- All personnel who will handle the deceased patient outside the hospital must be informed if the patient has, or is suspected to have, an infection that is listed as The Health & Safety Guidance 2005 and given an advice sheet
 - The advice sheet is in the Appendix of this policy and should be photocopied and completed by the mortuary staff and given to funeral workers, cemetery and crematorium staff when the deceased patient leaves the hospital.
- Appendix 5

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9. Trust Equalities Statement

Calderdale and Huddersfield Foundation Trust aims to eliminate discrimination, harassment and victimisation and advance equality of opportunity through fostering good relationships, promoting inclusivity and embedding the “One Culture of Care” approach throughout the organisation. Stakeholder engagement is vital to analyse the equalities impact of this policy and ensure where there are any negative impacts, mitigation has been discussed and acted on.

10. Training and Implementation

Training will be carried out to all Trust staff by the Infection Prevention and Control Team through Induction and risk management as well as targeted training sessions to key personnel/areas. This includes link infection prevention and control practitioners in departments and wards across the trust who will then cascade the information to appropriate colleagues within their area/departments.

11. Monitoring Compliance with this Procedural Document

Compliance with the policy will be monitored through clinical audit as an ongoing process.

12. Associated Documents/Further Reading

Calderdale and Huddersfield NHS Foundation Trust **Infection Prevention and Control Standard Precautions Policy, Section 6.**

COVID – 19 Standard Operating Procedure. Found on Calderdale and Huddersfield NHS Foundation Trust, staff internet page and Infection Prevention and Control internet page.

Andrea Vickerman, Palliative Care Team, Training Lead for End of Life Care, Calderdale and Huddersfield NHS Foundation Trust: **Personal Cares after Death Protocol** (Updated July 2015).

13. References

Healing, Hoffman and Young (1995) **The Infection Hazards of Human Cadavers.** Communicable Disease Report, vol. 5, review number 5.

Bakhshi B (2001) **Code of practice for funeral workers: managing infection risk and patient bagging.** Communicable Disease and Public Health, vol. 2, p283-287.

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World Health Organisation (June 2009) Interim Guidance, **Infection Prevention and Control in Healthcare for confirmed or suspected cases of pandemic (H1N1) 2009 and Influenza type illnesses.**

Lisa Dougherty, Sara Lister (2015)8th edition **The Royal Marsden Hospital Manual of Clinical Nursing Procedures**, p448.

Health & Safety Executive (June 2005) **Controlling the risks of infection at work from human remains**, p17.

DH (2009), **Clostridium Difficile how to deal with the problem**, p 71.

The Office for National Statistics' Death Certification Advisory Group, (April 2005) **Guidance for doctors certifying cause of death.**

Yeovil District Hospital NHS Foundation Trust (June 2008) **Infection Control Policy for the care of the deceased.**

DH (2015), **Health and Social Care Act (2008): Code of Practice for Health & Social care on the Prevention & Control of Infection related Guidance.**

DH (2010), **The Health Protection (Notification) Regulation 2010.**

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APPENDIX 1

List of notifiable diseases

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010:

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- COVID-19
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Legionnaires' Disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

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APPENDIX 2

Handling of Key Infections and use of patient bags

Health & Safety Executive Guidance 2005 – Controlling the risks of infection from human remains

Infection	Causative Agent	Is a cadaver bag necessary?	Can the patient be viewed?	Can hygienic preparation be carried out?	Can embalming be carried out?
Intestinal infections: Transmitted by hand-to-mouth contact with faecal material or faecally contaminated objects					
Dysentery (bacillary)	Bacterium - <i>Shigella dysenteriae</i>	Advised	Yes	Yes	Yes
Hepatitis A	Hepatitis A virus	No	Yes	Yes	Yes
Typhoid/ Paratyphoid fever	Bacterium – <i>Salmonella typhi/paratyphi</i>	Advised	Yes	Yes	Yes
Blood-borne infections: Transmitted by contact with blood (and other patient fluids which may be contaminated with blood) via a skin-penetrating injury or via broken skin. Through splashes of blood (and other patient fluids which may be contaminated with blood) to eyes, nose and mouth					
HIV	Human immunodeficiency virus	Yes	Yes	Yes	No
Hepatitis B and C	Viruses	Yes	Yes	Yes	No
Respiratory infections: Transmitted by breathing in infectious respiratory discharges					
Tuberculosis	Bacterium - <i>Mycobacterium tuberculosis</i>	Advised	Yes	Yes	Yes
Meningococcal meningitis (with or without septicemia)	Bacterium – <i>Neisseria meningitidis</i>	No	Yes	Yes	Yes
Non-meningococcal meningitis	Various bacteria including <i>Haemophilus influenzae</i> and also viruses	No	Yes	Yes	Yes
Diphtheria	Bacterium – <i>Corynebacterium diphtheriae</i>	Advised	Yes	Yes	Yes

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Contact: Transmitted by direct skin contact or contact with contaminated objects					
Invasive Streptococcal infection	Bacterium – <i>Streptococcus pyogenes</i> (Group A)	Yes	Yes	No	No
MRSA	Bacterium – methicillin resistant <i>Staphylococcus aureus</i>	No	Yes	Yes	Yes
Other infections					
Viral haemorrhagic Various viruses, fevers (transmitted eg Lassa fever by contact with blood)	Ebola virus	Yes	No	No	No
Transmissible Spongiform encephalopathies (transmitted by puncture wounds, 'sharps' injuries or contamination of broken skin, by splashing of the mucous membranes)	Various prions, eg Creutzfeld Jacob disease/ variant CJD	Yes	Yes	Yes	No
Typhus	Bacteria – <i>Rickettia</i> (tick borne disease)	Yes	No	No	No
COVID – 19 Confirmed case/ Query case	Virus	No	Yes	Yes	Embalmers discretion



Unique Identifier NO: TW.072.2013v8
Personal Cares after Death
Check List
 Status: Operational

(Patient ID Label)
 Name:
 DOB:
 MRN Number:

Ward: _____ Nurse In-charge: _____

TO BE PRINTED DOUBLE-SIDED - Must be fully completed and sent to the mortuary with the deceased patient

MANUAL HANDLING	YES	NO	N/A
Patients WEIGHT: _____ if >159Kgs (25st) or whose weight distribution exceeds the Safe Working Load and dimensions of a support surface Bariatric Protocol to be followed: Porters informed to collect the sling from the Mortuary			
PRESENTATION	YES	NO	N/A
Deceased facing upwards and straightened (arms)			
ALL Medication Patches REMOVED Do Not REMOVE the following indwelling equipment CVP Lines, PEG's, Catheters, Venflons/Cannulas', other; The Mortuary Staff will do this. Stoma/Ileostomy – clean bag attached			
Washed, hair brushed, mouth cleaned, eyes closed			
Mouth closed, dentures cleaned and in-situ			
Dressed in a shroud or personal clothing – Not Naked NB Not to be dressed in Theatre Gowns or Hospital Night Wear unless in extreme circumstances e.g no shrouds are available			
Jewellery on the deceased patient – If yes LIST the items			
ID Bracelets attached to wrist and ankle – opposite sides Written clearly – Name, MRN Number , Age, Date and Time of Death, Ward, Consultant			
Death Notice clearly written and fully completed fixed to the front of the shroud (or item of worn garment)			
Sheet used (only)			
INFECTION RISK PRECAUTIONS – See Care of Deceased Policy (Section P)	YES	NO	N/A
Cadaver bag used for any bodily fluid leakage or known infectious risk (do not use a mortuary sheet as well)			
Deceased patient dressed – see above			
Death Notice placed in clear pocket on the front of the Cadaver Bag			
Entry sites covered with a water repellent dressing ie: Tegaderm			
Any wounds dressed and sealed with a water repellent dressing			
Reason for infection risk - Bodily fluids Leaking (if yes – state where from)			
Reason for infection risk - Known Infection (if yes – identify infection)			
INTERNAL EQUIPMENT	YES	NO	N/A
Pacemaker insitu - DEACTIVATED			
Internal Defibrillator (ICD) insitu - DEACTIVATED			
Cardio-re-synchronising therapy (CRT) insitu - DEACTIVATED			
STAFF Signature/s and date			

Please check the reverse of the checklist and complete as necessary

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Improving Care after Death Form
Status: Operational

(Patient ID Label)
Name:
DOB:
MRN Number:

Please complete the section below if the deceased patient was on the ward over 4 hours.

Time of Death (Documented on the Death Notice)	Time left the ward	
Reason for Delay		
Awaiting Dr/Senior Nurse to confirm the Death	Family viewing on the ward	
Any other reason for delay –		

To be completed by the Mortuary Staff ONLY

	YES	NO	COMMENTS
Checklist checked			
Informed patient is Bariatric (overleaf)			
Jewellery checked			
Removed all indwelling equipment unless specified not to (Coroners case)			
Deceased Patient released Saturday/Sunday or Bank Holidays			
Indwelling equipment removed – if not, agreed to be removed by Funeral directors			Funeral Director Signature
Signature required			
Mortuary Staff Name			
Date			

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APPENDIX 4



DEATH NOTICE No

Ward Hospital No.

Surname Mr/Mrs/Miss
Block letters

First Name

Date Admitted Date of Birth

Consultant Religion

Date of Death Time.....AM/PM

Diagnosis Infection Risk Yes/No

Person(s) present at death

Address and Telephone No.

Personalisation (please tick as required)

	Left on patient	Removed	No valuables
Wedding Ring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Ring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Certified by Dr.

Signed Sister of Ward

This Notice to be retained in this book on the Ward.

Guidance form for funeral workers, cemetery and crematorium staff
on handling the deceased

This form should accompany the patient when enclosed in a cadaver bag.

Part 1 – Personal Details

Name of deceased person

Address

.....

.....

.....

GP

.....

Part 2 – Cadaver Bag to be used because of:

1. A known or suspected infection risk as follows:
Please circle
- | | |
|----------------------------------|--------|
| Blood borne virus infection risk | YES/NO |
| Gastro intestinal infection risk | YES/NO |
| Neurological infection risk | YES/NO |
| Respiratory/airborne infection | YES/NO |
| Contact risk | YES/NO |
2. Likely leakage of patient fluids during transportation YES/NO
 Poor physical condition of the patient YES/NO

Part 3 – Patient Preparation

1. Patient can be removed from bag and washed YES/NO

Part 4 – Final Presentation

1. Patient can be viewed with bag opened YES/NO
 Or
2. Limited viewing of face only with the bag open to allow this YES/NO
 Or
3. Viewing only permitted with the agreement of the local
 Consultant in Communicable Disease Control YES/NO

Part 5 – Safety Instructions.

- There should be, no smoking, eating or drinking in workrooms.
- Protective clothing should be worn (water repellent, single use, apron and gloves).
- Remove and dispose of apron and gloves between every procedure.
- Employ a good hand wash between every procedure.
- Keep movement of cadaver, especially the chest area to a minimum.

Adherence to Standard Precautions is necessary at all times.

For further advice please contact: Consultant in Communicable Disease Control tel:
 0113 284 0606 and/or the Community Infection Control Nurses on ext. 01484
 344305/01924 512079 (Huddersfield) and 01422 281861 (Calderdale).

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APPENDIX 6

Infection Risk Sticker



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APPENDIX 7

Arrangements for viewing a deceased patient by family/friends or releasing the deceased patient

Contact the Mortuary Team

Calderdale Royal Hospital 014220357171 switchboard

Huddersfield Royal Infirmary 014840342000 switchboard.

From April 6th 2021

HRI Mortuary opened 8.00am – 12.00

CRH Mortuary opened 12.30 – 4.00pm.

*** Bank Holidays and Saturday/Sunday – The Undertaker will arrange for Registering the Death, after the Medical Certificate of the Cause of Death has been completed by a Doctor who had attended the deceased patient in their last illness.**