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General Note

NHS Fife acknowledges and agrees with the importance of regular and timely review of policy/procedure statements and aims to review policies within the timescales set out.

New policies/procedures will be subject to a review date of no more than 1 year from the date of first issue.

Reviewed policies/procedures will have a review date set that is relevant to the content (advised by the author) but will be no longer than 3 years.

If a policy/procedure is past its review date then the content will remain extant until such time as the policy/procedure review is complete and the new version published, or there are national policy or legislative changes.

General Note

NHS Fife acknowledges and agrees with the importance of regular and timely review of policy statements and aims to review policies within the timescales set out.

Reflecting the dynamic position of end of life care this policy will be reviewed after 24 months to reflect the progress within NHS Fife and therefore the agreed standards of care required, however the responsibilities and delivery does not change.

1. FUNCTION

1.1 This policy sets out the principles in relation to care given immediately after the death of a person and for the ongoing care of the bereaved. These principles are based on the Scottish Governments Guidelines as set out in “Shaping Bereavement Care – a framework for action” (2011).

1.2 The term “those who have been bereaved” has been used to denote those people who were close to the deceased and are significantly affected by the death. Whilst this may normally be family members (including the legal next of kin) or other carers who act with the patient’s consent, it is recognised that this is not always the case.

1.3 It is recognised that staff caring for the deceased and the bereaved may be affected personally and professionally and should be offered appropriate support.

2. LOCATION

2.1 Good care of the deceased and bereaved involves care for patients, family members, carers and friends before and after a patient's death. This policy applies across all care setting within NHS Fife including domiciliary settings where healthcare professionals provide care.

3. BACKGROUND

3.1 Good care of the deceased and the bereaved contributes to better outcomes for those who grieve. Conversely shortcomings in care can contribute to difficulties in the grieving process which can result in a variety of physical, mental, spiritual and social health issues.

3.2 This policy seeks to address the needs of the deceased and the bereaved and is informed by and supports the key principles contained in:

- Living and Dying Well,
- "CEL 9 (2011);Shaping Bereavement Care"
- the Scottish Governments "Strategic Framework for Action on Palliative and End of Life Care (2016 – 2021)"

3.3 Death is part of the life cycle and bereavement a natural human experience. Care of the deceased and the bereaved should be in ways that are responsive to individual needs and reflect spiritual, religious and cultural requirements.

4. RESPONSIBILITY

4.1 Responsibility of the Chief Executive

4.1.1 The Chief Executive as Accountable Officer has overall responsibility but has given delegated responsibility to the executive lead for bereavement care to ensure the purpose and aims of this policy are met.

4.2 Responsibility of Directors/Senior Management

4.2.1 All Heads of Service and Senior Managers have responsibility for the effective implementation of this policy and for ensuring that arrangements are in place within their spheres of responsibility to facilitate the delivery of safe, effective and sensitive care when a person dies.

4.2.2 Managers should support staff in the development of knowledge and skills that evidence compliance with this policy, ensuring that staff have access to appropriate training resources and support.

4.3 Responsibility of Head of Spiritual Care

4.3.1 The Head of Spiritual Care will be responsible for supporting and coordinating the establishment of bereavement care standards across NHS Fife and will liaise with colleagues, service users and partner agencies to ensure that relevant policies and procedures meet national and regional requirements and reflect the delivery of a person centred and compassionate service to bereaved people.

4.4 Responsibility of NHS Fife Staff

4.4.1 All staff have a responsibility to comply with this policy. Staff have a responsibility to act in the patient's interests and are accountable for their actions and omissions. All staff must be aware of legislation related to managing the deceased person and the bereaved.

5. Operational Systems

5.1 Human Tissue (Scotland) Act 2006

5.1.1 The Human Tissue (Scotland) Act 2006 introduced the concept of authorisation, and in doing so embodied the principle that people can expect the wishes they express during life about what should happen to their bodies after death to be fulfilled. The Act deals with 3 distinct uses of human tissue: its donation primarily for the purpose of transplantation, but also for research or education and its removal, retention and use following a post-mortem examination.

5.1.2 In relation to organ and tissue donation the Human Tissue (Scotland) Act 2006 states that:

- Any adult or child aged 12 and over, who is able to make their own decisions, can give permission for their organs or tissue to be donated.
- If you want to donate organs or tissue, this will be done in preference to any other requests which are made, for example leaving your body to medical science.
- A person's own decision is the most important thing. A relative does not have the right to change this decision after the person has died.
- Children under the age of 12 cannot give permission themselves. For a child under the age of 12, only their parent or guardian can give permission.

5.1.3 In terms of research, the Human Tissue (Scotland) Act 2006 sets out provisions for the removal, retention and use of 'organs, tissue and tissue samples' from the deceased, i.e. body parts or bodily fluids (including any derivative of skin) removed post mortem, and subsequently used for research. It does not regulate the use of tissue from the living for research.

5.1.4 The Human Tissue (Scotland) Act 2006 states that authorisation is needed in order to remove and use post mortem tissue and tissue samples for research, unless they are Existing Holdings. Since 1 September 2006, it has been an offence to retain or use tissue from a post mortem examination for research without authorisation (unless an exemption applies).

5.2 Management of Hospital Post-mortem Examinations (2016)

5.2.1 The Human Tissue (Scotland) Act 2006 outlines the legislative requirements for the conduct of a hospital post-mortem examination including the authorisation process.

5.2.2 The care of the deceased is a continuation of clinical care and, as such, the deceased's wishes and those of people who have been bereaved are taken into account.

5.2.3 Hospital post-mortem examinations are conducted in NHS premises and within the famework of the Human Tissue (Scotland) Act 2006. Self-authorisation for a hospital post-mortem examination may be given, where not self-authorised, a hospital post-mortem examination requires authorisation by a nominated representative, nearest relative or a person with parental rights and responsibilities. The Human Tissue (Scotland) Act 2006 sets out the hierarchy of authorisation for hospital post-mortem examinations.

5.3 Organ / Tissue donation

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

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

5.3.3 Staff should note that tissue donation (unlike organ donation) can take place up to 48 hrs after death and consequently any death within a hospital can be considered for tissue donation.

5.3.4 All potential organ / tissue donors should be referred to the Specialist Nurse in Organ Donation and or Tissue Donor Coordinator as early as possible. The Specialist Nurse in Organ Donation / Tissue Donor Coordinator can offer advice on donor identification and suitability, approaching the family and clinical management. If a death requires to be reported to the Procurator Fiscal, the Procurator Fiscal must be notified and provide agreement before donation can take place. The Specialist Nurse should be involved in this process

5.3.5 The Specialist Nurses in Organ Donation and the Tissue Donor Co-ordinators are available 24/7 for advice through the main hospital switchboard.

5.4 Notification of the Healthcare Team

5.4.1 Where the patient dies in a hospital setting, it is important that staff notify the persons General Practitioner (GP) as soon as practically possible – in most cases this should be within 24 hours.

5.4.2 A local process, including a named person, should be agreed within in-patient settings for communicating with the GP. The GP should be informed of the date, location and, where known, the cause of death. They should also be provided with the name and contact details of the relevant Doctor should they wish further information.

5.4.3 Where relevant, an appropriate member of the Multidisciplinary Team (within the community this may be the GP or nursing staff within hospital settings) should inform other healthcare professions and health care suppliers.

5.4.5 If staff have concerns about a bereaved person or believe that the individual is at risk of experiencing adjustment difficulties, staff should encourage individuals to seek support from their GP.

5.4.6 Failure to notify members of the wider healthcare team can lead to distress if relatives are later contacted about appointments etc

6. REPATRIATION

6.1 Repatriation to rest of UK : No additional paperwork is required unless the death is the subject of an enquiry by the Procurator Fiscal. In such cases the Procurator Fiscal will issue the relevant documents).

6.2 Repatriation overseas: The specific regulations and paperwork required will depend on the destination country and should be checked with the relevant embassy or consular office. In certain circumstances the doctor may be asked to provide a "Freedom From Infection" (FFI) certificate. Advice should be sought from NHS Scotland Central Legal Services.

7. PATIENTS WITH NO KNOWN RELATIVES

7.1 When a person dies intestate, the death should be reported immediately to the National Ultimus Haeres Unit (Telephone 0844 561 4846 or email on NationalUltimusHaeresUnit@copfs.gsi.gov.uk).

7.2 Responsibility for arranging the funeral will lie with Fife Council.

8. LEGAL FRAMEWORK

8.1 A death due to a "notifiable infectious disease" as a consequence of the deceased's occupation or which poses an "acute and serious risk to public health" must be reported to the Procurator Fiscal. Depending on the circumstances an enquiry may be required. In such cases the Procurator Fiscal has the right to control the disposal of a dead body which may include whether or not cremation may take place.

8.2 The Consultant in Public Health Medicine (CPHM) for the area requires to be notified of the death of a person suffering from a notifiable disease.

8.3 The Public Health (Scotland) Act (2008) requires that Health Boards have in place a policy which ensures that those who will be handling a deceased person are aware of any known risk of infection or contamination and precautions which should be taken to minimise such risk.

8.4 The Control of Substances Hazardous to Health Regulations (COSHH) (1994) requires risk assessment from exposure to hazardous substances including biological agents and control measures to be applied; Sections 2 and 3 of the Health and Safety at Work Act (1974) impose regulations for the safety of workers and public while they are on the hospital or funeral premises.

8.5 The Health Board has a duty to inform any person who appears to be responsible for the transfer or disposal of the deceased person of:

- Any risk to public health which results from disease or contamination
- Any precautions which should be taken
- Any other appropriate matter

9. INFECTION CONTROL

9.1 It cannot be assumed who is and who is not infected and a body is no more infectious following death than during life. All patients have the potential to be infected and therefore there is the potential to transmit infection to others. To minimise the risk of cross infection, Standard Infection Control Precautions (SICP's) should be applied to the deceased.

9.2 Standard Infection Control Precautions or Transmission Based Precautions against infection must be used by all healthcare staff when caring for the deceased patient. Where it is known that there is an increased risk of infection, refer to the Infection Control Manual or contact a member of the Infection Control team for advice.

National Infection Prevention and Control Manual:
http://www.nipcm.hps.scot.nhs.uk/

Chapter 2: Transmission Based Precautions, Infection Prevention and Control during the care of the deceased

http://www.nipcm.hps.scot.nhs.uk/chapter-2-transmission-based-precautions-tbps/

9.3 To ensure that all patients are managed appropriately and safely a practical risk assessment should be undertaken.

Key Infections from HSE Guidance 'Controlling the risks of infection at work from Human Remains'

http://www.nipcm.hps.scot.nhs.uk/media/1295/nipcm-appendix12-20160322.pdf

9.4.1 The Medical Certificate of Cause of Death (MCCD) (Part D) asks about potential hazards and must be completed to the best of the certifying doctor's knowledge and belief. If Part D is not completed this will result in a mandatory reissue requirement both by Death Certification Review Service and National Records of Scotland. In particular Part D seeks to identify the following:

- If the deceased's body poses a risk to public health such as infections or 'contamination'.
- If there is a pacemaker or any other potentially explosive device currently present in the deceased.
- If there is radioactive material or other hazardous implant / material currently present in the deceased.

9.4.2 When considering the reporting of potential hazards it should be noted that "The Data Protection Act" does not apply to people who are deceased. In addition the General Medical Council advises that whilst doctors have a duty of confidentiality to patients who are deceased, the duty of confidentiality is not absolute. Personal information can be disclosed in certain circumstances, such as if it is required by law.

9.5 Medical Staff may be asked to provide a "Freedom from Infection" (FFI) certificate. This does not need to be issued by the doctor completing the death certificate - it can be issued by any registered doctor who has reviewed the patient's medical records to check infection status. There is no obligation on a doctor to issue a FFI certificate. If a doctor does agree to issue one, there may be an additional fee for this service.

10. REQUIRED PROCEDURES FOLLOWING A DEATH

10.1 NHS Fife will provide the deceased and the bereaved with appropriate care regardless of place of death.NHS Fife seeks to ensure that such care is totally person-centred and meets the cultural and religious needs of the deceased and the bereaved.

10.2 Confirmation of Death

10.2.1 Confirmation of Death is the procedure of determining whether a patient has died and formally verifying that life is extinct. It should be noted that confirmation may not be the same time at which death occurred, especially in the community setting. The policy and procedure, along with guidance is set out in NHS Fife Policy COD-03 Confirmation of Death.

10.2.2 Whist recognising that all registered healthcare professionals may undertake Confirmation of Death, and that this role can be undertaken in any circumstances, NHS Fife believes that in most situations, Confirmation of Death should be carried out by a Medical Practitioner or Registered Nurse who has demonstrated an appropriate level of competency.

10.2.3 Confirmation of death is required so that the deceased may be removed to a suitable environment, such as a mortuary or a Funeral Directors premises. Funeral Directors and mortuary staff cannot facilitate removal of the deceased person until Confirmation of Death has been undertaken by a Registered Healthcare Professional.

10.2.4 Whether in the case of expected or unexpected death, the most appropriately available Registered Healthcare Professional should attend to confirm death in order to ensure that any unnecessary delay or distress is minimised.

10.3 Certification of Cause of Death

10.3.1 A Medical Certificate of Cause of Death (MCCD) is a statutory requirement, it provides a permanent legal record of the fact of death and enables the family to register the death, make arrangements for the disposal of the body, and settle the deceased's estate. In addition, a MCCD provides a record of causes of death for public health reasons.

10.3.2 MCCDs can only be completed by a Registered Medical Practitioner. For completion, definitive diagnostic proof (e.g. from tests or post mortem) is not required. Instead the statement is what, to the best of the medical practitioner's knowledge and belief, is regarded to be the cause(s) of death.

10.3.3 NHS Fife recognises that timely completion of the MCCD will minimise unnecessary distress for those who are bereaved.

10.3.4 Certain implants can explode during cremation; therefore accurate recording is necessary to ensure that such devices can be removed. The certifying medical practitioner must accurately record all known implants on the MCCD.

10.3.5 The certifying medical practitioner is also responsible for identifying the appropriate person to deactivate and remove implants, to liaise with the appropriate medical physics department regarding radioactive treatments and advise mortuary staff and funeral directors.

10.3.6 The certifying medical practitioner is responsible for clarifying prior to last offices what medical equipment can or cannot be removed regardless of place of death.

10.3.7 It is essential to comply with legal requirements for deaths that require an investigation by the Procurator Fiscal. Staff need to ensure they are familiar with deaths that require such a referral as this will facilitate the correct personal care and enable staff to prepare the family both for a potential delay in the processing of the MCCD and the possibility of a post-mortem examination, issues concerning viewing of the body and possible restrictions in relation to "Last Acts of Care".

10.3.8 Where, by law, it is required to report the death to Police Scotland and / or the Procurator Fiscal it is the responsibility of the certifying medical practitioner to identify and communicate the presence of any implanted devices or radioactive substances to the Procurator Fiscal.

11. CARE OF THE DECEASED

11.1 Once death has been confirmed, the care of a recently deceased person in preparation for transfer to a place deemed appropriate (e.g. Mortuary, funeral directors, family home, place of worship) can be carried out. This is traditionally known as last offices and involves practical interventions regarding hygienic, aesthetic and legal responsibilities. (See NHS Fife Policy COD-04: Last Acts of Care).

11.2 In caring for the deceased all procedures must be carried out with the utmost dignity and respect ensuring that any specific religious or cultural need is met. (see Appendix 1)

11.3 Following the death of a patient, staff should take responsibility for any personal effects, which may be on the body of the deceased or have been brought into hospital by or with the patient. Staff must ensure safe custody of all property until the next of kin is identified and arrangements made to hand over the property.

11.4 Sudden and unexplained deaths often require multi-agency involvement and can be particularly challenging, both for those who are bereaved and for professionals. The conflicting roles of these agencies can add additional demands and complexities and staff must ensure that they are aware of their responsibilities.

11.5 Staff, where appropriate, may offer advice to the bereaved in relation to process and procedures (e.g. Registration, funerals etc) or shall, if requested, direct the bereaved to appropriate sources of help.

12. CARE OF THE BEREAVED

12.1 The deceased was once a living person and this should be reflected in the attitudes and behaviour of the staff caring for the bereaved.

12.2 Breaking the news that someone has died can be particularly challenging for professionals, especially where a death was sudden or unexpected. Effective communication includes showing empathy as part of providing good quality bereavement care.

12.3 Staff should be sensitive to individual needs, providing a comfortable and supportive environment for the bereaved.

12.4 The bereaved are entitled to receive appropriate, effective, sensitive and efficient care for themselves and for the deceased. (See Appendix 1)

12.5 Staff should be aware of high risk groups who may experience adjustment difficulties and be familiar with organisations and staff groups which provide appropriate support.

12.6 The National Bereavement Pack containing the MCCD should be issued to the next of kin by the certifying doctor or an appropriately trained member of staff. The issuer should have the required skills and knowledge to discuss the content of the Bereavement Pack, including the completed MMCD with the bereaved.

13. CARE OF STAFF

13.1 Good bereavement support also entails caring for all staff through informal and formal support, professional development and supervision. Support is available for staff from their line manager; Staff Health & Wellbeing or the Department of Spiritual Care should they be distressed by the experience of death or who experienced personal bereavement. Such support should also include facilitating informal support between staff members as appropriate.

13.2 Staff should consider the potential impact of the death of a patient on themselves and their colleagues (including ambulance staff who may have been involved with the case) utilise local support mechanisms e.g. debriefing in and around the time of death. Additional support for staff is available from Staff Health & Wellbeing or the Department of Spiritual Care.

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

13.4 It is essential that procedures, training and support are in place to assist staff in caring for maternal, pregnancy loss, still birth, neonatal and paediatric deaths.

14. RISK MANAGEMENT

14.1 Awareness of this policy will ensure that patients, relatives and carers wishes are respected at the time of death.

14.2 All NHS Fife staff must follow this policy and local procedures to ensure all patients who die are cared for appropriately.

14.3 This policy will ensure operational systems are in place to support:

- Ensure that medical staff are aware of the policy and procedures in relation to the completion and issuing of the MCCD.
- Awareness of the difference between Confirmation and Certification of death.
- Awareness of those deaths which are required by law to be reported to Police Scotland and / or the Procurator Fiscal.

- The completion of the 'Record of Last Offices / Care following Death' form to ensure that there is effective communication with mortuary staff in relation to certification, infection risk prior to release of the deceased.
- Provision of dignified care which is sensitive and respectful for the deceased and Observance of religious and cultural needs
- Adverse events are reported and monitored.

15. References

This policy should be read in conjunction with

- NHS Fife Policy COD-01 :Care of Person in the last days and hours of life
- NHS Fife Policy COD-03 : Confirmation of Death
- NHS Fife Policy COD-04: Last Acts of Care
- NHS Fife Policy SPC-01: Spiritual Care
- NHS Fife Infection Control Manual

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Appendix 1

Care of the Bereaved and Deceased

Introduction

The death of a loved one is one of the most distressing experiences we face and grief is a normal response to such a loss. Everyone reacts differently and although we often fear that our responses are abnormal in some way, it is more helpful to see that each situation is individual and we all have individual styles of coping. Most individuals experience a natural grief process that starts when we realise that the death is inevitable. Most people experience shock and numbness and periods of intense sorrow, yearning, guilt or anger. Gradually these feelings ease, and it becomes possible to accept the loss and continue to live fully.

This guidance seeks to address the needs of patients, relatives, carers and staff following a death and supports the key principles of Shaping Bereavement Care and other related documents such as 'Living and Dying Well' which highlight the need for greater public acceptance of death and dying as part of the life cycle and bereavement as a natural human experience.

Bereavement Care

Bereavement care begins as soon as a death is anticipated. Good care of the dying, the deceased and the bereaved, at and around the time of death, contributes to better outcomes for those who grieve. Conversely shortcomings in care can contribute to difficulties in the grieving process which can result in a variety of physical, mental, spiritual and social health issues (Scottish Government 2011).

Good bereavement care involves patients, family and friends. Family structures take many forms; therefore consideration should be given to who is regarded as significant to the patient.

Communication is fundamental to good bereavement care. It entails listening to people's needs, giving information and space to help the individual understand what has happened, what is happening and what will happen. Bereavement care should enable people to express their feelings, ask questions and support their understanding to enable them to make choices about what is right for them. Ideally it starts pre- bereavement as part of our responsibility to prepare people for dying and death.

Principles for Bereavement Care

These principles are adapted from Shaping Bereavement Care and incorporate an understanding that bereavement care begins as soon as a patient's death is expected and care continues after a patient dies

- Sensitive communication from an early stage with patients who are dying and their close relatives can ease transition into grief.
- Dignity, sensitivity and respect should be shown at all times to individuals who are dying deceased and bereaved.
- Spiritual, cultural and religious needs of individuals who are dying, deceased and bereaved should be identified and met before and after death
- Information about what to expect at the end of life, should be offered.
- Clear guidelines on last offices and protocols around death must be flexible enough to meet needs of deceased and bereaved people.

- Accurate written and verbal information should be carefully prepared and sensitively presented to dying patients and bereaved individuals.
- All staff supporting bereaved individuals and families should be trained for the task, regularly updated in complex issues, and work within relevant competencies.
- Relatives and friends should be given a clear point of contact should they wish to speak to someone or obtain clarification on any issues before or after the death.
- Follow up of bereaved individuals should include awareness of risk of suicide, post-traumatic stress and adjustment difficulties.
- Resources for bereavement support should be available to staff.
- Fife Specialist Palliative Care ensures the privacy and confidentiality of its patients and carers by complying with NHS Fife Information Governance guidelines and protocols.

Religious and Cultural Considerations

Scotland is a religiously and culturally diverse country and it is therefore important for all staff to be culturally sensitive and ensure that any specific religious beliefs or cultural needs of the deceased and the bereaved are considered when carrying out processes around Confirmation and Certification of Death (including the last "Act of Care").Staff can resolve potential issues arising from specific religious or cultural needs by simply asking the next of kin what practices are important to them.

NHS Fife's Department of Spiritual Care is staffed by Registered Healthcare Chaplains who are a source of knowledge and experience on how to serve the needs of a multi-faith population. Healthcare Chaplains can help to facilitate spiritual or religious care for all, whatever their faith or life stance. The Department of Spiritual Care and the on-call chaplain can be contacted 24/7 via the main hospital switchboard. In addition, NHS Fife offers access to interpreting services and it is essential to use these services when a patient has difficulty communicating their needs.

Information and Support

Following death, the information pack entitled "When someone has died – information for you" should be given to the deceased's 'next of kin' or significant other **by an appropriate member of staff**. The pack must have a contact number which families can access should they have further questions or require further support in relation to the process following a death.

- Whenever possible, the information pack should contain the completed "Medical Certificate of Cause of Death" (Form 11). When this is not completed, clear instructions about where and when the next of kin can collect this must be given.
- Where a death has been referred to the 'Procurator Fiscal' the family should be given appropriate information and support **by a member of staff who has been trained to do this.**
- Within in-patient settings a designated member of staff (ideally known to the family) should be available to the bereaved, allowing time to ask questions.
- The bereaved should be offered the use of a comfortable room, privacy and the opportunity to be with deceased with as few restrictions as possible.
- The bereaved should be offered the opportunity to meet with the appropriate senior nurse on duty and the appropriate Doctor in charge of the deceased's care.
- Staff should consider the needs of the bereaved in relation to their journey on leaving the hospital.

Return of Personal Belongs

Personal property should be returned with consideration for the feelings of those receiving it. Family members may wish to be involved in gathering and packing their loved ones personal property and should be given the opportunity to do so. Discuss the issue of soiled clothes sensitively with the family and ask whether they wish them to be disposed of or returned. Under no circumstances should “Patient Belonging Bags” or “Domestic Bags” be used. If the family request that soiled items are returned, these should be sealed in an appropriate plastic bag and placed within a separate Bereavement Bag.

Adjustment Difficulties

Most individuals do not develop a mental health condition as a response to bereavement, but a minority will become disabled by long lasting grief that worsens over time. During the first few months after a loss, many signs of grief are the same whether the bereaved person adjusts to the loss of whether they develop a more complex response, which may demonstrated by worsening symptoms. It is unlikely that staff caring for families pre-bereavement, or in the immediate aftermath of the death, will be able to identify individuals who will go on to develop difficulties in adjustment. However, we know that the way the individual dies, the relationship with the deceased and current life events can have a crucial impact on the grief response. For example, there is an increased risk following the death of a partner or child and loss as a result of unexpected or violent circumstances, and among people already vulnerable to stress. In addition, pre-existing mental health conditions, multiple unresolved stressors, emotional dependency, or substance abuse issues influence the grieving process and increase the likelihood of adjustment difficulties that may require professional treatment.

Sometimes staff will be working with individuals who are already grieving from a prior bereavement. Individuals who are already struggling with adjustment to this death may describe the following

- Extreme focus on the loss and reminders of the loved one or excessive avoidance of reminders
- Intense and persistent longing or pining for the deceased
- Problems accepting the death
- Bitterness about the loss and / or inability to enjoy life
- Depression, guilt, self-blame or belief that could have prevented the death
- Trouble carrying out normal routines or engaging with treatment
- Isolation from others and withdrawal from social activities
- Feeling that life holds no meaning or purpose
- Feeling that life isn't worth living without the deceased and is unable to think back on positive memories
- Persistent wish of the bereaved that they had died along with the deceased
- Suicidal ideation with thoughts of a plan

If staff are concerned about an individual’s response to a death they should encourage the individual to visit their GP or refer to an appropriate support agency (e.g. SANDs of CRUSE). Where a patient affected by grief expresses such thoughts; staff can contact the Department of Spiritual Care for advice and support.

Caring for Children

In situations where families express concern about children at all times staff should work with parents and carers of children. Staff should not have conversations with children and young people without parents present. Staff should encourage and support parents to involve their children by giving appropriate information, allowing children to ask questions and allow the expression of natural emotions.

Helping parents to consider the child's understanding of what is happening can be a useful way to support them to get started. For example; children may think they are responsible involved in some way - so it is important to advise parents to tell their children it's not their fault that their loved one got ill, or more ill but that this is caused by a disease/ accident stopping the body from working properly.

Often parents do not want to tell their children a parent or grandparent will die. Staff can suggest parents explain that the person will not get better, will get more ill and won't be able to come home. Staff can also help families prepare for the terminal phase by

- Explaining their role to all family members
- Explaining what is happening at each stage as patient deteriorates and coaching parents to communicate this to children
- Preparing adults for what may happen to the patient next and rehearsing what they might say to children
- Encouraging time and space for private meetings with a dying parent and child or young person
- Coaching parents to explain their own adult behaviour/distress to children and normalise this
- Preparing adults for what may happen next

If children are present at the time of the death they should be allowed to talk to, touch or leave any personal items for their loved one.

Staff can help by modelling a relaxed approach and using straightforward language, avoiding euphemisms such as "passed away" or "gone to sleep". For example we can explain to parents that children to need to understand that when you are dead, you cannot move, breathe or feel pain anymore and you cannot come alive again. A range of resources for parents to use with Children are available from the Department of Spiritual Care.

Education, Training and Support

Education and training will contribute to meeting the core dimensions of the knowledge and skills framework and should be considered in a range of dimensions focusing on the practical, psychological, spiritual and socio-cultural aspects of care.

Equitable access to education and training on bereavement issues is available to all staff. The level of education and training will depend upon the nature of the health care professional's role and their exposure to death and dying. Staff should be made aware of internal and external support systems which are available to them.

NHS Fife seeks to create a consistent, supportive and confidential culture for all staff dealing with bereavement issues. Managers should take overall responsibility to ensure all staff are supported within their place of work.