



THIS POLICY IS UNDER REVIEW

PROCEDURES FOLLOWING A DEATH

**AUTHOR Victoria Williams
AUTHOR'S TITLE Policy Officer
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1.0 Policy Statement

Gloucestershire County Council is committed to ensuring that individuals who are in receipt of social care services from the Community and Adult Care Directorate at the time of their death will be dealt with in a dignified way.

2.0 Purpose

2.1 This procedure should ensure that Community and Adult Care social care staff are supported and have clear guidance to follow in the event of discovering an individual who has died.

2.2 Individuals will be assured that at the time of death staff will treat them and their representatives/advocates with care, sensitivity and respect.

2.3 This policy and procedure is based on the belief that all deaths should be managed in a dignified way.

2.4 Information recorded in the care plan regarding the after-death wishes of an individual and their representatives/advocates will be appropriate and proportionate to the services they are receiving and their individual circumstances.

2.5 Information regarding the death of an individual will be efficiently shared with relevant sections of the social care section of the Community and Adult Care Directorate to ensure that records are updated, and resources are properly accounted for.

3.0 Scope

3.1 This policy applies to all Social Care staff within the Community and Adult Care Directorate, and its contracted providers¹, who may discover an individual currently receiving social care services arranged by the Directorate, who may have died.

(Examples of services this policy aims to cover include residential and nursing care, day care and domiciliary care).

3.2 For the purpose of this policy, death falls into two categories: expected death, and unexpected/suspicious death. This policy gives guidance on how staff should deal with each of these circumstances.

4.0 Definitions

C&ACD – Community and Adult Care Directorate (formerly Social Services)

CQC – Care Quality Commission

ERIC – Electronic Records for Integrated Care

¹ Addition made at policy review 12/05/08

Expected death – “ ...the death following on from a period of illness, which has been identified as terminal, and where no active intervention to prolong life is ongoing. Death is recognised as the expected outcome by the patient’s family/representative/advocate, by the healthcare team and by the person him/herself if in a condition to express a view.” (Confirmation of expected death, draft 2, June 2006, Cotswold and Vale PCT)

FAB – Financial Assessment and Benefits Team

ICT – Information and Communication Technology team

Individual – a person over the age of 18 who receives services from C&ACD, sometimes referred to in other documents as a service user or client.

Social Care Staff – All staff working within the C&ACD, including Registered Social Workers, Care Managers, Occupational Therapists, Fieldwork Assessors/Assistants, Adult Placement Workers, residential care staff, day care staff and Domiciliary Care Assistants.

GSL – Gloucestershire Shared Lives scheme, formerly adult placement

Unexpected death and /or suspicious death – This is where death has not been an expected outcome, for example, heart attack or suicide.

5.0 Legal Context

The following Acts and legislation need to be taken into consideration when using this policy.

Public Health (Control of Diseases) Act 1984, section 46

Care Home Regulations 2001, regulation 37, standards 9 -11)

The Adult Placement Schemes (England) Regulations 2004, regulations 17 & 33

The Race Relations Act 2005

Mental Capacity Act 2005

Human Rights Act 1998

Disability Discrimination Act 2005

Carers (Equal Opportunities) Act 2004

Domiciliary Regulations 2002

NHS and Community Care Act 1990

National Assistance Act 1948

Births and Deaths Registration Act 1953

Mandatory Procedures

Although some staff may be given training in emergency first aid, they are not expected to be qualified first-aiders. If staff are present when an individual dies, they must summon professional assistance (either the GP or the ambulance service) and take only such immediate measures as they feel competent with or are instructed to take by the person they contact. They must report to their Line Manager as soon as possible and then follow the procedures in section 6 or 7, as appropriate.

6.0 Discovering an individual who may have died.

6.1 Expected Death

6.2 Refer to Expected death flow chart (Expected death flow chart)

6.3 If you discover a person who you think is dead, whatever the circumstances, make a note of the time and, if available, press the emergency button/community alarm for back up.

6.4 If it is clear that the individual is dead, refer to the contact sheet in their file and follow any instructions noted in case of death.

(Domiciliary care workers are not allowed to be alone in a individual's house so, if there is no-one else there, after making the appropriate telephone calls the domiciliary care worker will lock the door behind them and wait outside for emergency services/the doctor/next of kin/manager. Please refer to Home Care Policies and Procedures, section 20.10 ²Domiciliary Care policies and Procedures)

6.5 Phone the GP who will attend at the earliest possible moment to certify the death. (In the case of expected death this may not be until the next morning if the call is made during the night.)

6.6 Phone the relevant manager, or emergency duty team if the discovery occurs out of hours and agree who will take responsibility for contacting the next of kin/emergency contact.

6.7 The „agreed responsible person“ (6.6) will phone the next of kin/emergency contact, saying they believe the individual has died but this has not been certified by a GP.

6.8 Confirm any cultural or religious considerations regarding death noted on the contact sheet.

6.9 In the interest of privacy and dignity, try to ensure that only people who have an appropriate need to approach the individual, their room and belongings have access to do so.

6.10 If you have to leave the individual, try to secure the room they are in.

6.11 Try to ensure that visiting next of kin/representatives are as supported as much as possible.

6.12 Update relevant case notes before leaving work and ensure these are made available to the manager.

6.13 In care homes, the registered manager will notify CQC of the incident within 24 hours, or on the nearest working day. See section 37, Home Care regulations 2001.

7.0 Unexpected and/or Suspicious death

7.1 Refer to flow chart. (Unexpected/suspicious death flow chart)

7.2 If you discover a person who you think is dead, whatever the circumstances, make a note of the time and available, press the emergency button/community alarm for back up.

7.3 Phone 999, request ambulance and police assistance and give as much detail about the individual's circumstances and position as possible. Follow any instructions given by the emergency services e.g. applying basic first aid, not touching the individual, agreeing who should contact the next of kin/emergency contact.

7.4 Phone the relevant manager, or emergency duty team if the discovery occurs out of hours and agree with the police who will take responsibility for contacting the next of kin/emergency contact.

7.5 The „agreed responsible person" (7.4) will phone the next of kin/emergency contact, saying they believe the individual has died but this has not been certified by a GP.

7.6 Do not move the person or touch any of their possessions unless it is to make a potential hazard safe e.g. turning off the cooker. Try to avoid touching anything else as this may disturb forensic evidence.

7.7 In the interest of privacy and dignity and particularly if instructed by the police/or your manager, try to ensure that only people who have an appropriate need to approach the individual, their room and belongings have access to do so. Staff should not attempt to enforce this if they feel their own safety is at risk.

7.8 Try to ensure that next of kin/representatives are as supported as much as possible.

7.9 Complete an incident form and update case notes before leaving work and ensure these are made available to the manager. (Accident, incident and near miss reporting and investigation form).

7.10 In care homes, the registered manager will notify CQC of the incident within 24 hours, or on the nearest working day. See Outcomes 4 & 18, Essential Standards of Quality and Safety 2010: [Death of a person using the service – notification form - Care Quality Commission](#)

(see „When sudden death occurs", a leaflet on Coroners and Inquests)

8.0 Information recording.

8.1 The essential information that a member of staff needs when they find an individual who they believe to be dead is recorded on the contact sheet in the individual's personal file. This will include:

- Next of Kin/emergency contact details
- Religious, personal beliefs and preferences
- GP details

8.2 For individuals who are known to have a terminal illness, where death is the expected outcome and/or they have no next of kin/ representatives/ advocates, the following information should be recorded within the „End of Life“ care plan, if they have one, or in their case notes:

- Next of Kin/emergency contact details (and whether they want to be notified "out of hours" of any serious incidents)
- GP details (and whether they want to be called out if the individual dies „Out of hours“)
- Wishes regarding burial/cremation
- Specific cultural and religious considerations regarding death and dying
- Wishes regarding contacting a spiritual advisor
- Whether there is a living will
- Wishes regarding preference of undertaker
- Who has power of attorney
- Inventory of possessions
- Any special wishes regarding funeral services

8.3 As with care plans, an individual's end of life plan or relevant case notes will be regularly reviewed and updated to reflect an individual's needs and wishes.

9.0 Funeral Arrangements

9.1 It is the responsibility of relatives/next of kin to instruct a funeral director, arrange for the deceased to be moved, register the death and confirm funeral arrangements. Next of kin can instruct a funeral director over the telephone.

(The contracted advocacy providers" free phone number: 0800 644 6448 can signpost people to an appropriate advocacy service if they would like support in arranging a funeral, writing a will etc.)

9.2 Where no one is available/prepared to accept responsibility for an individual's funeral or estate, the local district or borough council will take responsibility for dealing with these matters and recover the costs from the estate, if there are sufficient funds available. This is done under the provisions of the National Assistance Act 1948 and the Public Health (Control of Disease) Act 1984.

9.3 The manager of the C&ACD service involved will be responsible for informing the relevant council of the death of an individual in this situation.

9.4 Under no circumstances will C&ACD staff witness wills for individuals receiving services from C&ACD, with whom they have a professional relationship.

10.0 Medication

10.1 All medication must be kept for seven days following the death of an individual.

10.2 After seven days the medications must be returned to the pharmacy.

Domiciliary Care workers will not keep or dispose of any medicines. This is the responsibility of the next of kin/representative or the police/coroner.

In the event of the death of an individual all paperwork should be immediately returned to the Domiciliary Care Co-Ordinator. This should include all paperwork relating to medication.

Day centre staff will return any medicines held for safe keeping to the individual's next of kin/representative for them to hold for the mandatory seven days, unless staff are responsible for holding and ordering medication. Please refer to the following policies as appropriate:

Medication Administration in Residential Care (Section 17, disposal of medicines)

Medication Administration in the Community - Adult Placements (section 15, disposal of medicines)

Medication Administration in the Community - Domiciliary Care (section 14, Recording)

11.0 Media

11.1 The circumstances around the death of an individual may draw the attention of the media. If this does happen, senior managers must be made aware of the facts and will be briefed on appropriate responses by the Media Team, in the Communications Section.

11.2 C&ACD staff will not discuss any individual or the circumstances surrounding their death with anyone from the media without explicit permission from their manager and the Media Team.

11.3 Media requests for information, statements or interviews must be approved by the Media Team. (G.C.C staff to seek guidance from the Communications handbook, section on „talking to the media“).

12.0 Possessions

12.1 A detailed record should be kept in the individual's file of all personal possessions that:

- have been held for safekeeping at the individual's or the representative/advocate's request
- have gone with the deceased to the mortuary/funeral directors
- have been removed by the individual's representative/advocate

12.2 Two members of staff will witness this inventory.

13.0 Supporting others who use the service

13.1 Those who knew the deceased will be supported to express their feelings about the death. This will be of particular relevance in day centres and residential units where individuals have regular contact with each other.

13.2 Managers will brief staff on what information about the deceased can be shared with others who use their service.

(There are easy to read documents about death for people with a learning disability that have been developed by the staff and individuals at Dursley Training Unit).

13.3 Staff will consult with others using the service to decide how support may be offered, e.g. as a group or individually.

13.4 As part of their professional role, staff may need to support others who use their service to attend funerals and social funeral events and will confirm the acceptability of this with the next of kin/representative.

14.0 Supporting Staff

14.1 Members of staff may require additional formal and informal support after the death of an individual. They should be given the opportunity to discuss their feelings with someone who is not their line manager if they so choose.

14.2 Where appropriate, confidential counselling from Occupational Health will be made available for staff.

14.3 Where possible and appropriate and at the discretion of their line manager, staff will be granted leave of absence to attend the funeral of an individual with whom they have had a regular, professional relationship. This will not include attending social funeral events, e.g. wakes.

[Post Incident Support Policy 2005](#)

15.0 Death Data Processing

15.1 It is important that relevant records are properly closed when an individual dies. Recording Policy.

15.2 Click onto the following process maps for inputting data on the death of an individual:
death data process (CSOs & Placement Administrators),

death data processes (Supporting People, ICT & Home Care),
death process map reopening a case after death
(Please note that these process maps are currently only available to GCC staff. If you require a hard copy, please contact the Strategic Planning and Policy Section on 01452 427036)

15.3 When ERIC is updated with the date of death the person entering this should check if the individual is known to the FAB team and if so, should advise the FAB Team Administration section accordingly (email SS FAB Team Mailbox).

15.4 Some services should not be immediately closed on ERIC due to financial and practical reasons. They are as follows.

- Supporting People Services - Supporting People continue to pay for accommodation-based services until advised by the Provider of the tenancy end date.
- Domiciliary Care services –Domiciliary Care workers hand in their timesheets one week in arrears and therefore the Domiciliary Care service needs to be „open“ on ERIC for up to 7 days after the death of the individual to ensure the Domiciliary Care worker receives the correct payment.
- Occupational Therapy services - if equipment has been loaned to the individual and needs to be returned.

15.5 When an individual dies and there is an outstanding FAB referral the Care Manager should consult with the FAB Team to confirm whether the assessment is still required (Short Break and Residential services only). This can be done via the SS FAB Team Mailbox.

16.0 Carers

If the deceased was a carer (formally or informally), a C&ACD care manager will ensure that the cared for person is offered a new assessment of their needs and will refer them to the Customer Services Officer Team as a matter of urgency.

17.0 Pets

17.1 If the deceased had any pets, every effort will be made to re-home them with relatives/representatives/neighbours, or if this isn't possible, through a relevant agency. Please see the Protection of Service Users' Property, where appendix 2 lists relevant animal welfare organisations.

17.2 The „Wanted“ section in „Staffnet Classifieds“ can be a useful place to advertise for a carer for pets.

protection of service users' property – appendix 2 within this policy

18.0 Recovering Equipment

18.1 Gloucestershire Industrial Service (GIS) are responsible for the delivery, collection, refurbishment and servicing of medical equipment for the NHS and Social Care Services in Gloucestershire. Once they have been informed about the death of an individual they will arrange for the delivery and collection of all equipment.

18.2 C&ACD social care staff will advise representatives/next of kin that any equipment borrowed from charitable organisations, e.g. the Red Cross, should be returned.

Practice Guidance

Information

CQC's Essential Standards of Quality and Safety indicates what outcomes people should expect in relation to information shared about them and information given to them to enable them to make choices.

Managers of all relevant social care services should use their professional judgement when deciding whether to inform CQC about the death of an individual who received support from their service. This will not include the managers of Care Homes and the Adult Placement Project where the notification of the death of an individual is a statutory requirement.

C&ACD social care staff should signpost individuals to other organisations that will give advice on making wills etc. (See appendix 2.)

Preserving the dignity of an individual

Taking into account any religious and cultural requirements and requests, and providing that they feel comfortable to do so, staff may take any appropriate steps to ensure the dignity of the deceased before the next of kin arrives. Examples of what social care staff may do could include cleaning up bodily fluids, adjusting clothing and combing hair.

Staff

Staff should be aware that how they deal with the death of an individual might have a very profound effect on other people using the service. By adopting a calm and professional attitude this may help to inspire confidence in the service being provided.

Staff should be given the opportunity to attend bereavement training.

Line managers should take into consideration the length and intensity of the professional working relationship between staff and individuals and their family/representatives when deciding whether staff can attend the funeral of

an individual. Managers should be aware that attending the funeral of an individual may help members of staff to deal with their own feelings of grief.

Implementation

Staff will be made aware of this policy via:

The Strategic Policy, Planning and Projects website, This Week in Community and Adult Care and the bi-annual policy slot in adult fieldwork team meetings.

It is the responsibility of Managers to ensure that operational staff are aware of this policy and have received appropriate training to enable them to implement it efficiently.

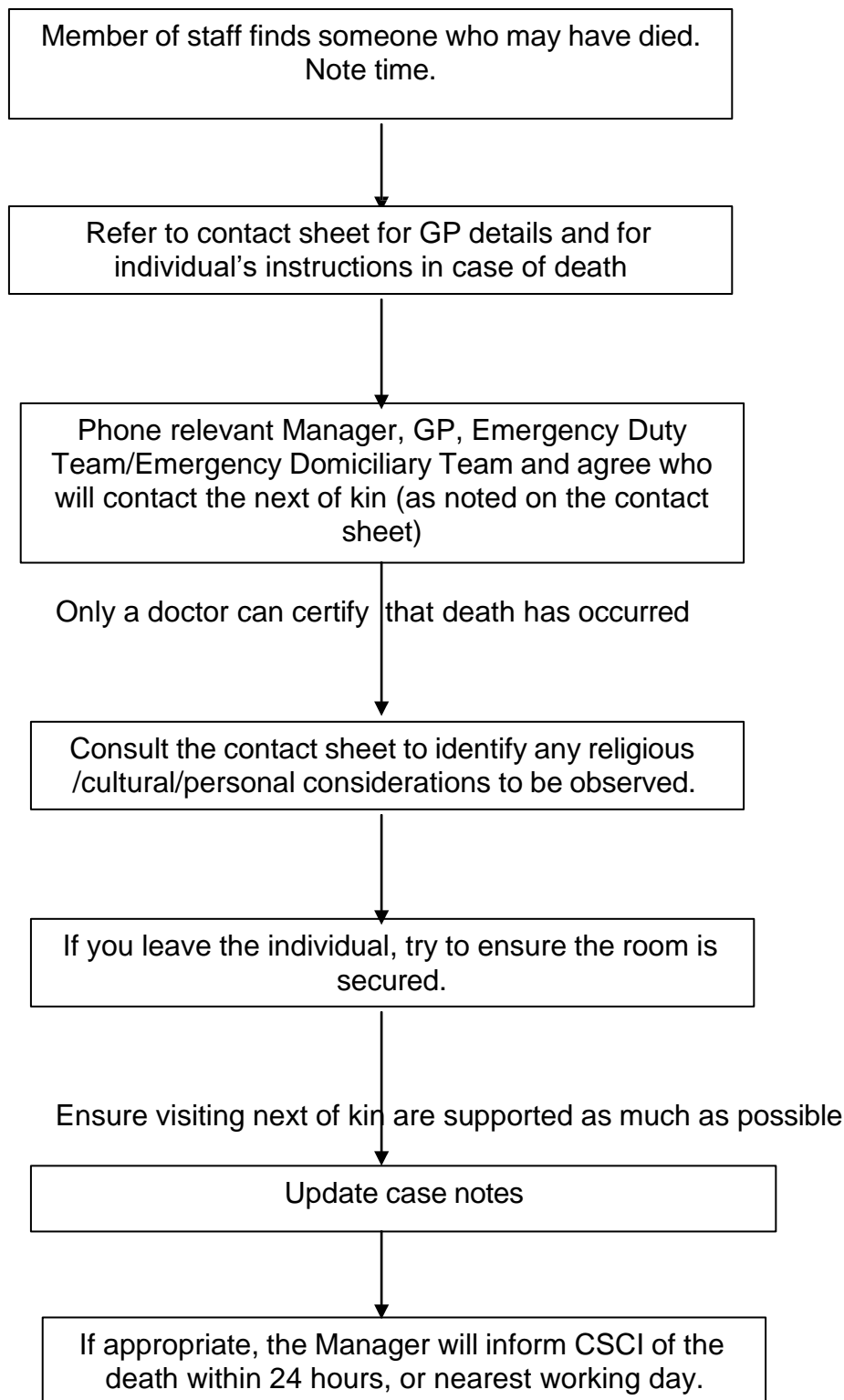
Death, Dying and Bereavement training is offered as part of the Adult Care Services Training Programme.

Monitoring and Review

This policy will be monitored via the staff supervision process.

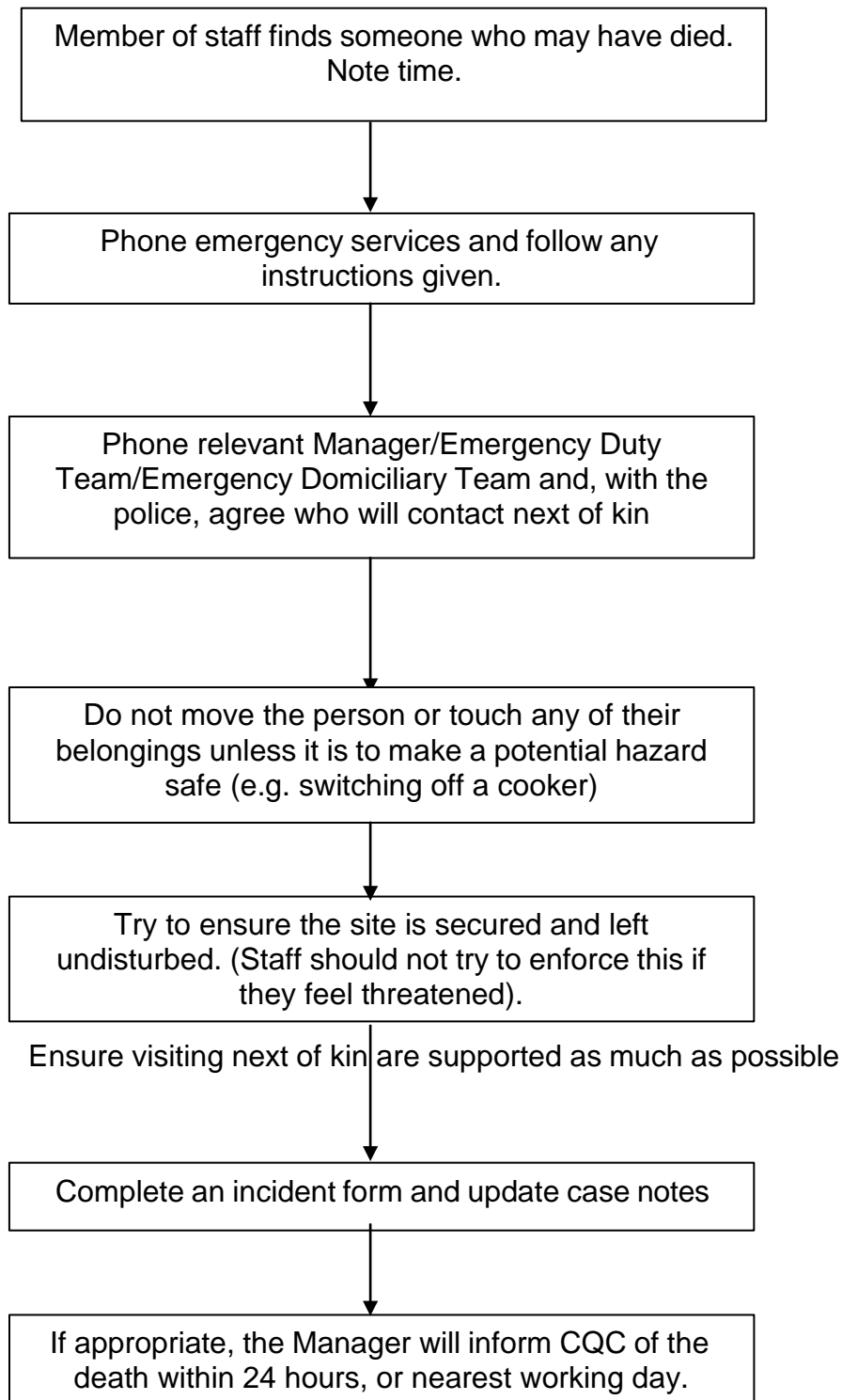
This policy will be reviewed annually in line with the established policy process. Changes may be made prior to this review as a result of potential new joint working agreements with the restructured PCTs.

Expected Death Flow Chart



** Social Care staff will not remove IV's or catheters, wash or 'lay-out' the person.*

Unexpected and/or Suspicious Death Flow Chart



** Social Care staff will not remove IV's or catheters, wash or 'lay-out' the person.*

Appendix 1 - Guidance on multicultural issues

The following has been adapted from Norfolk NHS Guidance on Multicultural issues around death and dying and South Devon Healthcare, Handbook on cultural, spiritual and religious beliefs.

Norfolk NHS guidance on Multicultural issues

South Devon NHS Cultural Handbook

Working with cultural diversity requires knowledge and sensitivity. Family members will often prefer to be asked about their customs and religious requirements around death and dying.

It is vital to establish what is important to the person receiving care regardless of culture or creed in order for their needs to be met.

Do not assume that because a person has declared that they are of a specific faith that they will necessarily adhere to all the associated customs. There will be many variations and interpretations.

Some religious practices and customs are not detailed here, for example the Zoroastrian/Parsi or Merina cultures. Where traditional funeral customs cannot be observed in this country the family of the deceased will be asked for guidance.

Guidelines

These guidelines are intended to help health and social care staff, particularly if no immediate family members are available.

If at all possible, the views of the individual or family concerned should be sought. Undertakers can often provide contact details for representatives of different faiths in each locality.

Atheist/Humanist or Agnostic

Atheists do not believe in God or in life after death, while an agnostic neither believes nor disbelieves. The families may or may not object to an organ donation.

The funeral could be held at a crematorium, cemetery chapel or green burial ground and the service may be taken by a member of the family or a humanist minister. The minister would spend some time talking to the congregation about the deceased and would probably read some poetry and then listen to some music. It is very unlikely that an incumbent of a church would allow an atheist/humanist burial in a churchyard.

Baha'i Faith (mainly Iranian)

Baha'is believe that the deceased should be treated with the greatest respect at all times. Prayers may be said by family members at the bedside shortly after the death has occurred. They do not object to post-mortems or organ donation although embalming is not permitted.

Baha'is must be buried, and this must be arranged as soon as possible and preferably not more than one hour's journey from the place of death.

Buddhism

Care of the dying: Consideration for the dying will vary among the different Buddhist groups. The most important considerations relate to the state of mind at the time of death, as Buddhists believe that this will influence the character of rebirth. The dying patient may seek the help in arranging for a time of peace and quiet to allow for meditation or may seek counselling from a fellow Buddhist. Some form of chanting may be used to influence the state of mind at death so that it may be peaceful.

Once the death has occurred a Buddhist priest needs to be contacted as soon as possible. Ideally the deceased should not be removed until the priest has arrived.

Organ donation is acceptable but sometimes it may be seen as unwise as the moment of clinical death is not seen as the end of the death process.

Most Buddhists prefer cremation rather than burial. Where the rites cannot be observed any burial service may be used, but there should be no reference to Christian doctrine or deity.

Chinese Culture

The position, wealth or poverty of the family are key factors to be considered in the performance of rites. Organ donation is usually acceptable. When an adult dies the body is washed. The family may want to clothe the deceased in white or old-fashioned clothing. Relatives and friends may want to see the body before the coffin is closed.

Christian

Although the doctrines of Christian churches vary greatly both within and between countries, there are four features of Christianity that are nearly universal: initiation (baptism), worship, ministry and „good works“. The sacred writings of Christian religion are in the Bible. A Christian's individual faith and religious practice will be influenced by the tradition of the church to which they belong as well as their own personal relationship with God. Please record the individual's specific denomination in their notes.

Routine Last Rites are appropriate for all Christians.

Most Christians will not object to post-mortems. Organ donation is an individual decision and there are no doctrinal reasons for it to be refused.

Church of England (Anglican)

Always ask the individual and/or family/friends if they would like to see a Chaplain or their local minister.

Prayers may be said at the bedside of a dying patient. Sometimes the family or the patient will ask to receive the "Sacrament of the Sick". This involves anointing with holy oil.

After death some families may like to offer prayers of thanksgiving for the person's life.

Roman Catholic

The patient will probably wish to be visited by a Catholic Priest and to receive Holy Communion and the "Sacrament of the Sick". This is not only for the dying, but also for the sick, especially before an operation.

The Sacraments are very important. The Catholic Priest must be called to the dying patient and if the death is sudden, immediately afterwards.

Roman Catholics prefer burial rather than cremation; however, some practicing and non-practicing Catholics are now cremated.

Free Churches

Free churches can include the following:

Baptist

Independent churches and missions

Methodist

Moravian Brethren

Pentecostal

Plymouth Brethren

Presbyterian

Salvation Army

The Religious Society of Friends (Quakers)

United Reformed Church

Free Church patients may like to receive a visit from a Minister, a member of their own church or the Free Church Chaplain. Ceremony/sacraments may not be observed as strictly as the Anglican and Catholic religions; however, they may welcome prayers being said with them.

Christian Scientist

There are no last rites or special rituals, and routine last offices are acceptable. Female nurses should only handle females. Organ donation is not normally approved of, and post-mortem is only allowed if legally required.

Hinduism

Care of the dying: A devout Hindu who is very ill or dying may receive comfort from hymns and readings from the Hindu holy books, especially the Bhagavad Gita. Some may wish to lie on the floor, symbolising closeness to Mother Earth. Hindus very much wish to die at home. This has religious significance and death in hospital can cause great distress. All possible steps should be taken to enable the person to go home to die – if this has been requested.

The deceased needs to be treated with great respect. Sometimes the family may want to perform last offices. Under normal circumstances – where the attending doctor has issued a death certificate – the family should, if available, be consulted before non-Hindus touch the body. The family will usually want to wash the body at home. There is no objection to organ donation. The eldest

son usually takes part in arranging the funeral whatever his age. Hindus are always cremated except for children under 5 years of age who are buried. The cremated remains are quite often sent to India to be scattered on the Ganges or alternatively on the waters of a British river or sea, so long as it is flowing.

If no family are available, the following procedure should be followed:

- Wearing disposable gloves, close the eyes and straighten the limbs.
- Jewellery, sacred threads and other religious objects should not be removed.
- Wrap the body in a plain sheet.
- In most cases the body should not be washed as this is part of the funeral rites and will usually be carried out by relatives later.
- If there is a delay, e.g. because the death has to be reported to the coroner, this must be carefully explained to the family because it is their practice for the funeral to take place as soon as possible.
- If a body is to be left in a room overnight a light or candle should be left burning throughout the night.
- If the family wish to view the body, staff should ask the mortician to ensure that the room is free of any other religious "symbols".

Islam

Care of the dying: The dying Muslim may wish to sit or lie with their face towards Mecca. Another Muslim, usually a relative, may whisper the call to prayer in the dying persons' ear and family members may recite prayers round the bed. If no relatives are available and the patient has required this service, any practicing Muslim can give help and religious comfort.

Muslims believe that the soul remains in the body for some time after death and that the body still feels pain. The deceased should be treated with the greatest respect and gentleness. After death the body should not be touched by non-Muslims, and for this reason social care workers who need to touch the body should wear disposable gloves.

Strict Muslims will not agree to organ transplants, and the subject should not be raised unless the family initiates the discussion.

A Muslim funeral should take place as soon as possible, preferably within 24 hours of death. Muslims are buried not cremated.

The body should be prepared according to the wishes of the family. If family are not available, the following procedure should be followed wearing disposable gloves:

- Turn the head towards the right shoulder before rigor mortis begins. This is so that the body can be buried with the face towards Mecca.
- Do not wash the body, nor cut hair or nails.
- Wrap the body in a plain white sheet.

Jehovah's Witnesses

Jehovah's Witnesses give no recommendation for either burial or cremation. There is no formal ritual. The funeral would take place at either the local Kingdom Hall or the chapel or the local cemetery or crematorium.

Although they refuse blood transfusions, they do not object to organ donations and transplants.

Jewish faith

Care of the dying: A dying Jew may wish to hear or recite special psalms, particularly Psalm 23 (The Lord is my Shepherd) and the special prayer (The Shema) and may appreciate being able to hold the page on which it is written.

The family will possibly want to wash and prepare the body once death has occurred. The eyes should be closed, preferably by a member of the family. Relatives would be unhappy to consent to post-mortems unless it is legally required and would not accept organ donation.

Orthodox Jews are against cremation and will insist on a traditional burial. This will ideally take place within twenty-four hours. However, in this country it is not always possible. Non-orthodox Jews may accept cremation, although it is not encouraged.

Mormon

The deceased are usually buried, however cremation, though not encouraged, is permitted. Organ donation is allowed; after taking medical advice and this being confirmed through prayer.

Quaker

Quakers attach little importance to the body after death and concentrate more on celebrating the life of the deceased. They do not object to organ donation.

Sikh

Care of the dying: A dying Sikh may receive comfort from reciting hymns from Gur Grant Sahab, the Sikh holy book. If he or she is too ill to recite hymns, then a relative or reader from the Sikh Gurdwara (temple) may do so instead. If no family members are present, any practicing Sikh may be asked to give help, and religious comfort should it be required by the patient. If they are not present at the death, the family should be consulted immediately because they may want to carry out the last rites themselves. Apart from still births and neonates who may be buried, Sikhs are always cremated with the remains being scattered on a rise or at sea. There are no objections to post-mortems or organ donations.

Appendix 2 - Useful organisations and websites

http://www.dwp.gov.uk/publications/dwp/2006/d49_april06.pdf - a booklet written by the DWP about what you should do and the help you can get when someone close to you dies.

Rights And Responsibilities around death - information on all aspects of death (probate, wills, arranging funerals, benefits etc.)

Cruse Bereavement Care

Cruse House
126 Sheen Road
Richmond
Surrey, TW9 LUR
Telephone: Helpline 0870 1671677 (Monday to Friday, 9.30 to 5pm)
Telephone: Bereavement Line 0345 585565 (limited-service times)

Age concern

Freepost (SEB 30375)
Ashburton
Devon TQ13 7ZZ
Freephone: 0800 009966

The Law Society

113 Chancery Lane
London WC2A 1PL
Telephone: (020) 7242 1222
Accident line: 0800 192939
Website: www.solicitors-online.com

The Law Society is a professional body for solicitors in England and Wales. It can provide details of solicitors who will be able to give legal advice and information in the event of a bereavement.

Mailing Preference

Ring this number to remove a deceased person from advertising mail and telemarketing lists

Phone: [0845 7034599](tel:08457034599)

Epilepsy Bereaved

Epilepsy Bereaved support families and friends bereaved through epilepsy.
Phone: [01235-772850](tel:01235772850)

Human Rights Society

The Human Rights Society (HRS) can provide leaflets outlining modern methods of relief of pain and information concerning hospices and project material for students.

Phone: [01263-740990](tel:01263740990)

INQUEST

INQUEST provides an independent, free legal and advice service to the bereaved on inquest procedure and their basic rights in a Coroner's Court.

Phone: [020-7263-1111](tel:020-7263-1111)

The Natural Death Centre

The Natural Death Centre is an educational charity (part of the Nicholas Albery Foundation) which provides information on inexpensive, green and family organised funerals.

Phone: [0871-288-2098](tel:0871-288-2098)

The Sudden Death Support Association

The Sudden Death Support Association offers help to relatives and close friends of people who die suddenly.

Phone: [01189 888099](tel:01189-888099)

The Compassionate Friends (TCF) is a nationwide organisation of bereaved parents offering friendship and understanding to other bereaved parents after the death of a son or daughter of any age and from any cause whatsoever.

Phone: [0845-123-2304](tel:0845-123-2304) (helpline)

Winston's Wish offers a grief support programme to any child aged between three and eighteen who has experienced the death of their father, mother, brother or sister and their families.

Phone: [01242-515157](tel:01242-515157) (General Enquiries)

Ring the GUIDE – they will send information out to people, or use the links on the website GUIDE

Telephone enquiries (9 am - 5 pm, Monday to Friday): 01452 331131

All calls are confidential, and the service is free to anybody.