



Guidance for Working with Deceased Friends and Family



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1. Scope of Guidance

This guidance applies equally to:

- Anatomical Pathology Technologists of all grades
- Mortuary Assistants
- Mortuary Managers

2. Introduction

Many APTs will experience the admission of someone they know into their mortuary – for instance a colleague, a friend or a family member. Whilst in the mortuary, awaiting transfer into the care of the nominated funeral director, the deceased person may be subject to procedures such as organ/tissue retrieval, post mortem examination (PME) and viewing, any of which have the potential to bring them into contact with the APT who knows them.

Unlike other professionals and the general public, APTs have a unique perspective when someone they know dies. Having knowledge and experience of the processes and care given after death gives APTs the ability to make an informed decision regarding the extent to which they would like to be involved in the deceased person's care.

Unlike doctors or nurses who, due to the affect their involvement in care can have on living patients' outcomes, are subject to GMC or RCN rules on this subject, APTs are not similarly regulated. There may, however, be other factors that need to be taken into consideration, such as sample-taking, confidentiality and issues around police investigations / forensic examinations that may mean the APTs participation is limited, regardless of their preference.

All APTs in employment will be bound by local policies, regulations and information governance procedures.

This document aims to assist with decision making if and when the situation arises.

3. Current Guidance

The Health and Safety at Work Act 1974 details the duty that employers and employees have regarding health, safety and welfare at work. This includes preventing where possible stress-related illness and harm in the line of duty.

The Management of Health and Safety at Work Regulations 1999 details the importance of risk assessments, plans for alternative service provision and the need for employees to highlight risks to health. The purpose of this is to ensure all parties involved have an opportunity to discuss and prepare a plan of action which is suitable to all.

The Care Quality Commission advises on safeguarding and care for professionals and patients, including measures to ensure their wellbeing, views, choices and beliefs are taken into account. Good end of life care is important and this includes the care after death.

Although there are many opinions, frequently from other medical professionals, on what is best in this situation, it remains essential to recognise and explain that the role of the APT is unique. The APT role is yet to be regulated and therefore this guidance is produced by the AAPT as the professional body working in the interest of APTs, the deceased and the bereaved.

4. Transparency

When an APT realises that someone they know has been admitted to the mortuary, they should immediately inform their manager (the nature of the relationship between them is irrelevant at this stage and need not be disclosed). If the deceased person is under the coroner's jurisdiction the Coroner's Office should also be contacted and informed. Similarly in Scotland the relevant officer of the Crown Office Procurator Fiscal's Service should be informed.

If a family member requests that a specific member of the APT staff is involved with or removed from the care of their relative this must be brought to the attention of the APT and their line manager as soon as possible for further discussion.

As some APTs are becoming more involved with end of life care (EOLC) practices, including meeting the patient preparing to die, it may be the deceased patient who requests the APT be involved with or removed from their care after death. This is usually discussed as part of the EOLC plan; however the EOLC team should be made aware once the death occurs.

Just because an APT has been requested to be involved in someone's care after death, it does not mean they are obliged to do so, especially if they do not feel this is something they can or want to do.

If the APT has been involved in the deceased person's end of life care this must be declared, which is particularly important if the APT was primary carer.

There must be a risk assessment including an open discussion between the APT and their line manager when deciding whether or not to participate. Once an agreement is in place regarding care the wider team(s) will be informed.

5. Risk Assessment

Each APT will have their own wealth of experience to refer to when deciding whether to participate in the care of the deceased person or to request removal from the work environment whilst the person they know is on-site.

At this stage, the relationship between the APT and the deceased person must be established. For immediate family members and close friends it may be necessary to limit access during procedures such as PME, even if they wish to participate.

The preferences of the APT should be carefully documented.

The practicalities of the care after death should be documented and reviewed in conjunction with the APT's requests.

The wellbeing of all concerned must be taken into account. This includes any effect on the wider team. In close communities, and where APTs have out-of-work friendships and relationships it may be that more than one APT is known to the deceased person. Each APT's choice must be documented separately, as each one will have their own preference.

If the APT does not want to be involved in the care of the deceased person, or remain on-site, plans should be made to ensure they have no access to the deceased person and will not have any contact (accidental or procedural).

6. Local Arrangements

Each NHS trust and/or local authority will have their own Health and Safety Department. Ideally any local policies or SOPs written regarding this situation should be done so in conjunction with both these departments and HR, to ensure that they fairly represent the interests of APT(s) should this situation arise. When agreeing local policies, it is often necessary to explain why it may be beneficial for the APT to be involved; some professionals within the workplace will not have experience of care after death or understand the emotional value of undertaking such personal processes and the positive impact this can have for the wellbeing of the APT.

A risk assessment is essential prior to any activity taking place. Where an APT has chosen to care for a deceased person it is necessary to monitor their welfare with regular one-to-one meetings; this will give an opportunity for the APT to highlight any changes since the agreement was reached, and to report back if they no longer want to be involved.

If, in the event that the APT(s) have chosen not to be involved, there is no one else to carry out procedures, this will need to be escalated to senior management. It may be necessary to transfer the deceased person to another local mortuary or arrange cover by staff from another mortuary team. Great care must be taken to ensure the APT is not pressured into participating having voiced their preference not to. Equally, every effort should be made to accommodate a request for the APT to be involved.

If the APT's request to be involved is refused, it is essential that the line manager carefully documents the rationale for this, and makes all necessary arrangements to support the APT; both during the time the deceased person is in the mortuary and after their collection.

7. Wellbeing

Following an APT highlighting that they know a deceased person, regular one-to-ones should be held, regardless of the APT's request and the subsequent outcome. The frequency of the one-to-ones can be agreed between the APT and their line manager, however they should all be documented.

If an APT makes an informed choice, which is upheld, this and follow up documentation will demonstrate that the process has been conducted in line with legislation.

8. References

Health and Safety at Work Act 1974

<http://www.legislation.gov.uk/ukpga/1974/37/contents>

Management of Health and Safety at Work Regulations 1999

<http://www.legislation.gov.uk/uksi/1999/3242/contents/made>

Care Quality Commission Safeguarding

<http://www.cqc.org.uk/what-we-do/how-we-do-our-job/safeguarding-people>