



Policy: Guidance for Working with Deceased Friends, Family and Colleagues

1. Purpose

This policy provides guidance to support Anatomical Pathology Technologists (APTs) and mortuary staff when a deceased person known to them is admitted into the mortuary. It aims to assist with transparent decision-making, risk assessment, and wellbeing considerations while ensuring legal, professional, and organisational responsibilities are met.

2. Scope

This policy applies equally to:

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

3. Background and 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 and their mortuary colleagues have a unique perspective when someone they know dies.

For the purposes of this document reference will be made to APTs however this applies for all mortuary team members.

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.

4. Legal and Professional Framework

All APTs must follow local policies, regulations, and information governance procedures, which should take precedence.

The Health and Safety at Work Act 1974 details the duty that employers and employees have regarding health, safety and welfare at work.

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 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.

NICE guidance recognises the importance of talking to the patient in the last days of life about their end of life care.

5. Transparency and Disclosure

When an APT is informed or realises that someone they know has been admitted to the mortuary, they should immediately inform their manager.

If the deceased person is under the coroner's jurisdiction the Coroner's Office should also be contacted and 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.

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.

If the request is that a specific member of staff is removed from the care after death, where possible this should be facilitated. Whenever this is not possible this must be clearly documented as per your employers incident reporting system which will include the rationale for the decision made.

6. Risk Assessment and Decision Making

It is recommended to have a procedural risk assessment in place for this, and, should this situation occur, there should be an open discussion between the APT/s and their line manager when deciding whether or not participation in care is appropriate.

For immediate family members and close friends it may be necessary to limit access during procedures such as PME. For the protection of the staff member and the deceased person, this may need to include sampling processes.

The wellbeing of all concerned must be considered, including any effect on the wider team.

If the APT does not want to be involved in the care of the deceased person, plans should be made to ensure they have no access to the deceased person.

The death of colleagues is often not disclosed immediately, so maintaining confidentiality is crucial when the issue arises.

The relevant Human Tissue Authority Codes of Practice and guidance must be maintained.

7. Local Arrangements and Escalation

Each NHS trust and/or local authority will have their own Health and Safety Department.

A risk assessment is essential prior to any activity taking place.

If no suitable staff are available, escalation to senior management may be required and transfer to another mortuary considered.

Great care must be taken to ensure the APT is not pressured into participating having voiced their preference not to.

8. Wellbeing and Support

Regardless of participation with care after death processes, following an APT highlighting that they know a deceased person, regular one-to-ones should be held.

Wellbeing will be different for each person affected by a death.

It is important to be included in operational and psychological debriefs as necessary.

Referral to wellbeing support within an organisation should be considered where necessary.

9. Review and Governance

This policy will be reviewed in line with organisational governance arrangements and updated as required to reflect changes in legislation, professional guidance, or best practice. This policy is underpinned by respect, dignity, transparency, and staff wellbeing.