

# **Nursing –Level III**

**Based on January 2022, Version I Curriculum**



**Module Title: Palliative Care and Mortuary Services**

**Module Code: HLTNUR3 M08 0122**

**Nominal duration: 75 hours**

**Prepared By: Ministry of Labor and Skills**

**August, 2022**

**Addis Ababa, Ethiopia**

## Acknowledgement

**Ministry of Labor and Skills and Ministry of Health** wish to extend thanks and appreciation to representatives of, Jimma University, TVET instructors, ENA, Arbaminch, Desie, Shashamene and Pawie health sciences college instructors and respective industry experts who donated their time and expertise to the development of this Teaching, Training and Learning Materials (TTLM).

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## Acronyms

CHF	Congestive heart failure
PPE	Personal protective equipment
LAP test	Learning activity performance test

## **Introduction to palliative care and Mortuary services**

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.” It is offered from the time of diagnosis with advanced disease until death and continues for families during the bereavement period.

Palliative care and mortuary services also covers the end of life care, hospice care, post mortem care and body preservatives. It covers the rules of mortuary service for the society

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### **Module units**

- Palliative care approach
- End of life care
- Care after death
- Receive body at mortuary
- Bodies for viewing
- Mortuary environment
- Bodies to funeral director/ conveyors
- Security requirement

### **Learning objectives of the Module**

At the end of this session, the students will be able to:

- Describe palliative care
- Describe hospice care
- Provide postmortem care
- Maintain the mortuary environment

## **Module Learning Instructions:**

1. Read the specific objectives of this learning guide.
2. Follow the instructions described below.
3. Read the information written in the information sheets
4. Accomplish the self-checks
5. Perform Operation Sheets
6. Do the “LAP test”



## Unit One: Palliative care approach

This learning unit is developed to provide the trainees the necessary information regarding the following content coverage and topics:

- Basic concept of palliative and hospice care.
- Physiological changes of the patient close to death
- Palliative principles and approach
- Pain management and quality of life
- Lifestyle choices and plan of care
- Multidisciplinary palliative care team

This unit will also assist you to attain the learning outcomes stated in the cover page. Specifically, upon completion of this learning guide, you will be able to:

- Describe the basic concept of palliative and hospice care.
- Identify physiological changes patient with dying
- Assess client using palliative principles and approach
- Describe pain management and quality of life
- Explain formulate lifestyle choices and plan care
- Identify multidisciplinary health care team when planning palliative care

### Unit instructions:

1. Read the specific objectives of this learning guide.
2. Follow the instructions described below.
3. Read the information written in the information sheets
4. Accomplish the self-checks

## 1.1. Basic concept of palliative and hospice care

**Palliative care** is an approach that improves quality of life for patients and their families facing the problems associated with life-limiting illness.

**Palliative care** is specialized medical care for people with serious illnesses.

The term "palliative care" may refer to any care that alleviates symptoms, whether or not there is hope of a cure by other means.

- ✓ Palliative care treats people suffering from serious and chronic illnesses such as cancer, cardiac disease such as congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), kidney failure, Alzheimer's, Parkinson's and many more.
- ✓ This is accomplished through the prevention and relief of suffering by means of early identification and comprehensive assessment and treatment of pain and other physical, psychosocial, and spiritual problems.
- ✓ It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.
- ✓ It focuses on providing patients with relief from the symptoms and stress of a serious illness.
- ✓ The goal is to improve quality of life for both the patient and the family.
- ✓ The goal of palliative care is to reduce illness burden, relieve suffering, and maintain quality of life from the time of diagnosis onward.
- ✓ Offers a support system to help patients live as actively as possible until death;

Medications and treatments are said to have a palliative effect if they relieve symptoms without having a curative effect on the underlying disease or cause.

### **Hospice care**

Compassionate care for people facing life-limiting illnesses or injuries. Hospice focuses on caring, not curing and, in most cases; care is provided in the patient's home. It is a type of care involving palliation without curative intent. Usually, it is used for people with no further options for curing their disease. Hospice care under the Medicare hospice benefit requires that two physicians certify that a patient has less than six months to live if the disease follows its usual course.

Palliative care may segue into hospice care if the illness progresses. Typically, hospice care is provided at home and a family member acts as the primary caregiver, supervised by professional medical staff. Hospice services and palliative care programs share similar goals of providing symptom relief and pain management.

A distinction should be made between palliative care and hospice care.

- The biggest difference between hospice and palliative care is the patient.
- Hospice is traditionally an option for people whose life expectancy is six months or less, and involves palliative care (pain and symptom relief) rather than ongoing curative measures, but palliative care is involving the hospice care.

## 1.2. Physiological changes of the patient close to death

Death is part of the cycle of life. Death from any terminal illness is normally preceded by certain physical changes. When a terminally ill person nears the point of death a number of physical changes take place. Understanding this process helps to calm fears and assuages anxiety.

As a person approaches the very end of life, two types of changes occur.

- I. Physical changes:** - that take place as the body begins to shut down its regular functions.
- II. Emotional and spiritual level** as well, in which the dying person lets go of the body and the material world.

### I. Physical changes

You can expect the following physical changes to occur:

#### Cooling

- ✓ Hands, arms, feet and legs begin to cool as the circulation of blood decreases.
- ✓ Changes in circulation also cause the skin to become discolored in spots.

#### Sleepiness and loss of consciousness

- ✓ As death nears, people usually become very drowsy, sleeping more and becoming hard to wake.
- ✓ They might also be less able to communicate.
- ✓ Eventually, they may reach a point where they can no longer be awakened.

#### Confusion and delirium

- ✓ A person near death may become disoriented or agitated.
- ✓ This can occur as less blood flows to the brain or because of other physical changes.

### **Reduced intake of food and fluid**

- ✓ The person who is dying may want little or no food or drink, a change that may begin days or weeks before the final hours of life. No harm will come from this and there is no need to force the issue. In fact, forcing a dying person to eat or drink can actually cause discomfort.

### **Loss of ability to swallow**

- ✓ Swallowing becomes more difficult as weakness increases.
- ✓ As saliva and other secretions build up, you may hear a gurgling or rattling sound with each breath the dying person takes.
- ✓ Changing the person's position may improve drainage and reduce the disconcerting noises.

### **Loss of bowel and bladder control**

- ✓ As muscles weaken, the person who is dying may no longer be able to control bowel and bladder functions.
- ✓ The healthcare team can suggest ways to maintain cleanliness and comfort.

### **Changes in breathing**

- ✓ Breathing patterns begin to change near death.

### **Eyes**

- ✓ When a person is dying, the eyes may remain open and seem to become glassy and stare. It may appear that the loved one sees something in the distance and may even reach out towards this vision. When the eyes are glassy and fixed, death normally occurs within hours.

## **II. Emotional and Spiritual Changes**

### **Withdrawal**

- ✓ A person who is very close to death may want few people around or simply to be left alone much of the time.

### **Confusing Statements**

- ✓ Sometimes people close to death say things that seem to make no sense, or indicate they are unaware of their true condition. But these statements are often very much about the fact of dying, although they may come in a sort of code.

### **The death vigil**

A vigil, from the [Latin](#) *vigilia* meaning wakefulness is a period of purposeful sleeplessness, an occasion for devotional watching, or an observance.

### **Vigils at the time of death**

Vigils extend from eventual death to burial, ritualistically to pray for a loved one, but more so their body is never left alone.

### **1.3. Palliative care principles and approach**

Palliative care needs assessment is an individualized assessment of palliative care based on the principles/ domains of palliative care. It should take place.

- At a diagnosis of life limiting conditions
- At episodes of significant progression or exacerbation of a disease
- At a significant change in a person's family or social support
- At significant in functional status
- When a person or a family make a request
- At the end of life

#### **There are four domains of a palliative care needs assessment**

Domain 1: Physical wellbeing

Domain 2: Social and occupational wellbeing

Domain 3: Psychological wellbeing

Domain 4: Spiritual wellbeing

#### **Palliative Care Principles**

- Affirms life and regards death as a normal process
- Neither hastens or postpones death
- Provides care that is person-centered and focused on the whole person
- Provides relief from pain and other distressing symptoms
- Offers a support system to help individuals live as actively as possible until death
- Promotes quality of life and choice for the individual and family

- Offers a support system to help families cope during the person's illness and during their own bereavement
- Values and promotes interdisciplinary team-working

#### **1.4. Pain management and quality of life**

Pain is unpleasant sensory and emotional experience associated with actual or potential tissue damage. It is a subjective complex biopsychosocial event.

##### **Classification of Pain**

- a. Nociceptive
- b. Neuropathic

##### **a. Nociceptive**

This type of pain is further classified in to two subtypes

Somatic- pain is a well localized, aching, gnawing, sharp, movement

Visceral-less localized, usually constant and may be referred

##### **b. Neuropathic**

Is a burning pain distributed along path of nerves roots.

This sub type of pain is associated with

- Dysphasia (numbness and tingling)
- Hyperalgesia (exaggerated response)
- Allodynia (pain from stimuli which should not normally cause pain)

##### **Pain evaluation and measurement**

##### **Pain Evaluation**

Health professionals should ask about pain, and the patient's self-report should be the primary source of assessment. Clinicians should assess pain with easily administered rating scales, and should document the efficacy of pain relief at regular intervals after starting or changing treatment. Systematic evaluation of pain involves the following steps.

- Evaluate its severity.
- Take a detailed history of the pain, including an assessment of its intensity and character.
- Evaluate the psychological state of the patient, including an assessment of mood and coping responses.

- Perform a physical examination, emphasizing the neurological examination.
- Perform an appropriate diagnostic work-up to determine the cause of the pain, which may include tumor markers.
- Perform radiological studies, scans, etc.
- Re-evaluate therapy.

The initial evaluation of pain should include a description of the pain using the PQRST characteristics:

P-Palliative or provocative factors: ‘What makes it less intense?’

Q-Quality: ‘What is it like?’

R-Radiation: ‘Does it spread anywhere else?’

S-Severity: ‘how severe is it?’

T-Temporal factors: ‘Is it there all the time, or does it come and go?’

#### **Pharmacological Options of pain management**

- ✓ Non Opioid Analgesics
- ✓ Adjuvant Drugs
- ✓ Opioid Analgesics

#### **Non Pharmacological options**

- ✓ Radiation therapy.
- ✓ Relaxation therapy-Mindfulness.
- ✓ Transcutaneous electrical nerve stimulation.
- ✓ Acupuncture.
- ✓ Interventional – Good immediate relief but long term relief usually lacking

### **1.5. Lifestyle choices and plan of care**

#### **End-of-life plans**

Circumstances and opinions may change, especially when death seems imminent, so the palliative care team may arrange a conference with the doctor and the family to make sure the goals of care are agreed on, and to check that the person’s preferences remain current. Consider the following seven strategies when meeting with the person, their family and careers to discuss the process for making end-of-life ethical decisions.

#### **Ways to help a person and their family make end-of-life ethical decisions**

Suggest involving others suggest to the person that they involve family members, careers or others close to them, so as to minimize the decision-making burden.

### **Encourage the person to make directives**

Some individuals may not have an eligible substitute decision-maker or person responsible, or may prefer that no-one makes medical decisions on their behalf. Encourage the person to consider making a more detailed directive in these circumstances, if appropriate.

### **Choose care team members carefully**

The care team member/s selected to conduct discussions about end-of-life care with a person should be those who are identified as significantly involved in the active care of the person.

### **Be aware of opportunities for end-of-life discussions**

Opportunities for you to begin end-of-life discussions may arise when the person and/or their family or careers inquire about palliative care; when a person says they want to forego recommended life-sustaining treatment; or when they express a wish to die.

### **Consider timing and environment**

Advance care planning is most easily accomplished during stable health or after a person has adjusted to a new illness. Utilize a non-threatening environment such as the person's room or a quiet meeting room

### **Ensure the person understands advance care planning**

Find out how familiar the person is with advance care planning and explain the goals. For example, plan for the potential loss of their capacity to make decisions, either temporarily or permanently, to ensure they are protected from either unwanted treatment or under treatment.

### **Explain the details**

The person usually needs information from you to understand the meaning of the types of therapeutic and comfort scenarios that may arise in their situation, and the benefits and burdens of various treatment options. Key medical terms should be explained in plain English. Allow time for reflection and discussion after this information has been provided



## 1.6. Multidisciplinary palliative care team

Palliative care is provided by a team of healthcare professionals with a range of skills to help you manage your life-limiting illness. Your palliative care team works together to meet your physical, psychological, social, spiritual and cultural needs and also helps your family and careers. Palliative care is a team approach to care. The core team includes doctor, nurse and social work palliative care specialists, massage therapists, pharmacists, nutritionists and others may also be part of the team. Nurses manage most of your ongoing care and treatment while you receive palliative care in a hospital and they can also provide palliative care nursing services to you at home. They assess, plan and administer your daily treatment and manage your symptoms.

## 1.7. Unit summary

Palliative care is an approach that improves quality of life for patients and their families facing the problems associated with life-limiting illness.

Hospice is traditionally an option for people whose life expectancy is six months or less, and involves palliative care (pain and symptom relief) rather than ongoing curative measures, but palliative care is involving the hospice care. As a person approaches the very end of life, Physical and emotional and spiritual changes occur

Domains of palliative care include physical wellbeing, social and occupational wellbeing psychological wellbeing and spiritual wellbeing. Pain is unpleasant sensory and emotional experience associated with actual or potential tissue damage and classified as nociceptive

Neuropathic.

Palliative care is provided by a team of healthcare professionals with a range of skills to help you manage your life-limiting illness. Your palliative care team works together and perform end of life plan to meet patient physical, psychological, social, spiritual and cultural needs and also helps family and careers

## Self-check -1

**Directions:** Answer the questions listed below.

1. Discuss on difference between palliative and hospice care
2. Describe palliative care principles
3. Discuss on pain management

## Unit Two: End of life care

This learning unit is developed to provide the trainees the necessary information regarding the following content coverage and topics:

- Death and dying
- Legal and ethical issues
- Psychosocial support

This unit will also assist you to attain the learning outcomes stated in the cover page. Specifically, upon completion of this learning guide, you will be able to:

- Describe stage of death and dying.
- Identify legal and ethical issues during dying care
- Support person, families and care givers

### Unit instructions:

1. Read the specific objectives of this learning guide.
2. Follow the instructions described below.
3. Read the information written in the information sheets
4. Accomplish the self-checks

## 2.1. Death and dying

Death is the end of life. Dying is the process of approaching death, including the choices and actions involved in that process. Death has always been a central concern of the law.

According to Kubler-Ross model there are five stage of dying, Denial, Anger, Bargaining, Depression and acceptance

### 1. Denial and isolation:

- Used by almost all patients in some form.
- It is a usually temporary shock response to bad news.
- Isolation arises from people, even family members, avoiding the dying person.
- People can slip back into this stage when there are new developments or the person feels they can no longer cope.

### 2. Anger: Different ways of expression

- Anger at God: "Why me?" Feeling that others are more deserving.
- Envy of others: Other people don't seem to care, they are enjoying life while the dying person experiences pain. Others aren't dying.
- Projected on environment: Anger towards doctors, nurses, and families.

### 2. Bargaining:

- A brief stage, hard to study because it is often between patient and God.
- If God didn't respond to anger, maybe being "good" will work.
- Attempts to postpone: "If only I could live to see . . ."

### 3. Depression:

- Mourning for losses
- Reactive depression (past losses): loss of job, hobbies, mobility.

- Preparatory depression (losses yet to come): dependence on family,

#### 4. Acceptance:

- This is not a "happy" stage, it is usually void of feelings.
- It takes a while to reach this stage and a person who fights until the end will not reach it.
- It consists of basically giving up and realizing that death is inevitable.

**Hope** is an important aspect of all stages. A person's hope can help them through difficult times.

### 2.2. Legal and ethical issues during dying care

Care of critically ill patients, as in any other field, demands the exercise of ethical principles related to respect of patient's autonomy, beneficence, non-maleficence, and distributive justice.

The main situations that create ethical difficulties for healthcare professionals are the decisions regarding resuscitation, mechanical ventilation, artificial nutrition and hydration, terminal sedation, withholding and withdrawing treatments, euthanasia, and physician-assisted suicide.

The ethical dilemmas included inadequate communication, provision of non-beneficial care, patient autonomy usurped/threatened, issues with symptom management and the use of opioids, issues related to decision making, and issues related to discontinuing life-prolonging therapies

### 2.3. Support person, families and care givers of dying patient

The terms family caregiver and informal caregiver refer to an unpaid family member, friend, or neighbor who provides care to an individual who has an acute or chronic condition and needs assistance to manage a variety of tasks, from bathing, dressing, and taking medications to tube feeding and ventilator care.

Most patients have families that are providing some level of care and support. In the case of older adults and people with chronic disabilities of all ages, this “informal care” can be substantial in scope, intensity, and duration.

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It is care given to people who are near the end of life and have stopped treatment to cure or control their disease. End-of-life care includes physical, emotional, social, and spiritual support for patients and their families. The goal of end-of-life care is to control pain and other symptoms so the patient can be as comfortable as possible.

Death is the end of life. Dying is the process of approaching death, including the choices and actions involved in that process. Stage of dying includes Denial, Anger, Bargaining, Depression and acceptance.

[illegible]

End of life care is given to people who are near the end of life and have stopped treatment to cure or control their disease. It may include palliative care, supportive care, and hospice care. Also called comfort care. Difference between Palliative care and end of life care is palliative care for

anyone living with a serious illness at any stage, including the day of diagnosis, while end-of-life care is for the last few weeks or months of life.

## Self-Check - 2

**Directions:** Answer all the questions listed below.

1. A 76-year-old man with terminal cancer is under the care of the palliative care and hospice team. This morning at the care team conference, a provider mentions the patient is upset with family members, blaming them for causing his health problems. According to the Kubler-Ross model of grieving, this patient is in which stage?
  - A. Stage of Denial
  - B. Stage of Anger
  - C. Stage of Bargaining
  - D. Stage of Depression
2. A 55-year-old man is seen by an oncologist during a follow-up visit. He was recently diagnosed with metastatic small cell carcinoma of the lung. He is a farmer and has come in with his wife. This is his third visit after receiving the diagnosis. He is irritated that the doctor has not been able to manage his pain. He states his diagnosis is just some "new disease" doctors came up with. He has continued to work on his farm and wants medication for his pain. His wife has been trying to convince him to check into a hospice facility, but he has refused, stating that he does not have time for "all this nonsense." His harvest is due in the next few months, and he wants the doctor to prescribe medication. Which of the following is the most appropriate response by the treating physician?
  - A. Prescribe oral morphine.
  - B. Confront him with the fact that he is dying.
  - C. Recommend inpatient hospice care
  - D. Ask him what he thinks is causing his pain.
3. The effects of advance care planning on end-of-life care include the following, EXCEPT:

A. Strengthened patient autonomy

B. Decreased hope

C. Decreased net costs of care

D. Improved quality of care; or E. Decreased post-bereavement stress and depression in family members.

4. According to Kubler-Ross, what is the order of emotional responses one goes through when faced with the knowledge of death?

A. Denial, Bargaining, Anger, Depression, Acceptance

B. Denial, Anger, Depression, Acceptance, Bargaining

C. Depression, Denial, Anger, Bargaining, Acceptance

D. Denial, Anger, Bargaining, Depression, Acceptance



### Unit Three: Care after death

This learning unit is developed to provide the trainees the necessary information regarding the following content coverage and topics:

- Standard precautions during care of body
- Dignity and respect during care of dead body
- Postmortem care
- Mortuary environment
- Bereavement support

This unit will also assist you to attain the learning outcomes stated in the cover page. Specifically, upon completion of this learning guide, you will be able to:

- Providing postmortem care
- Maintaining mortuary environment
- Giving bereavement support for family

#### Unit instructions:

1. Read the specific objectives of this learning guide.
2. Follow the instructions described below.
3. Read the information written in the information sheets
4. Accomplish the self-checks
5. Perform Operation Sheets
6. Do the “LAP test”

### 3.1. Standard precautions during care of body

Standard precautions include a set of prevention practices that apply to all patients across the continuum of care, regardless of the infection status of the patient.

Standard precautions apply to: Blood, All body fluids, secretions and excretions (except sweat), regardless of whether they contain visible blood, non-intact skin and mucous membrane.

**Hand Hygiene.** Hand hygiene is the most important measure to prevent the spread of ...

**Personal: Protective Equipment.** Personal protective equipment (PPE) refers to wearable ...

**Respiratory Hygiene/Cough Etiquette:** Respiratory hygiene/cough etiquette infection ...

**Sharps Safety.** Most percutaneous injuries (e.g., needlestick, cut with a sharp object)

**. When handling of dead bodies:**

(a) Avoid direct contact with blood or body fluids from the dead body.

(b) Observe strict personal hygiene and put on appropriate personal protective equipment (PPE) including gloves, water repellent gown and surgical masks. Use goggles or face shield to protect eyes, if there may be splashes.

(c) Make sure any wounds are covered with waterproof bandages or dressings.

(d) Do NOT smoke, drink or eat. Do NOT touch your eyes, mouth or nose. Remove personal protective equipment after handling of the dead body. Then, wash hands with liquid soap and water immediately.

### 3.2. Dignity and respect of dead body

Dignity refers to the state of being worthy or honorable. Respect is due regard for the feelings, wishes, or rights of others. The bodies of people who die during armed conflict or situations of violence or natural death, falling below the threshold of armed conflict or who have perished in disasters or in the course of migration – must be handled respectfully and their dignity protected; and the remains of unknown individuals must be identified.

Failure to discharge the obligations set out in international and domestic law on managing the dead – or to meet pertinent international and national standards, and implement the necessary policies and practices – could add to the number of people who are unaccounted for; it might also show a lack of respect for the dead, and disregard the rights and needs of their relatives and prolong their suffering.

### **3.3. Postmortem care**

Postmortem care, which can be provided in the home and in health care facilities, involves caring for the body after death with sensitivity and in a manner that is consistent with the patient's religious or cultural beliefs. Post-mortem care is crucial in order to maintain respect and dignity of the person who has died and to keep the body in proper alignment. It is important to do before rigor mortis sets in, which is the stiffening of skeletal muscles, and it occurs within two to four hours after death. Once this happens, it's difficult to reposition the body.

Nothing has to be done immediately after a person's death. Take the time you need. Some people want to stay in the room with the body; others prefer to leave. You might want to have someone make sure the body is lying flat before the joints become stiff. This rigor mortis begins sometime during the first few hours after death.

Methods of caring for the body after death vary from culture to culture. Immediately after death. Keep the atmosphere around the deceased simple and peaceful. If possible, do not disturb or touch the body immediately after death. If the body must be touched, do so very gently.

## Purpose

1. To show respect for the dead.
2. To prepare the body for burial.
3. To prevent spread of infection.
4. To show the kindness for family.

**Rigor mortis** (Latin: *rigor* "stiffness", and *mortis* "of death"), or postmortem rigidity, is the third stage of death. It is one of the recognizable signs of death, characterized by stiffening of the limbs of the corpse caused by chemical changes in the muscles postmortem (mainly calcium). In humans, rigor mortis can occur as soon as four hours after death.

The course of rigor mortis begins in 2 hours of death and peaks at about 12 hours. Overall, the process of rigor mortis goes on for 24-48 hours. Factors such as surrounding temperature, cause of death, temperature of the body, previous levels of fitness and muscle mass, drug abuse, infection, and availability of nutrients and adenosine triphosphate before the onset of rigor mortis. As rigor mortis takes about two hours to set in, you will have enough time to bathe and dress the body.

- As a last act of intimacy and respect, family members and friends can do this.
- Know that before and at the time of death, the dying person may have defecated, urinated, vomited, or sweated.
- Place cotton in the rectum and vagina, and a condom or rubber glove on the penis because wastes do leak from the body.
- The teeth and mouth can be cleaned. Do not remove dentures.
- Mindfully dress and arrange the body before it stiffens. Dress the person in light clothing, and do not cover the body with bedding. The body needs to stay as cool as possible.
- Often the eyes are open after death. If you wish, you can gently close the eyelids and tape them shut. The mouth might be open, and can be closed with a scarf tied around the head.

**What to do with the Body.** Although you might be concerned that it is unhealthy to keep a body in the house after death.

### **3.4. Mortuary environment**

The mortuary must at all times be kept clean and properly ventilated. lighting must be adequate. Surfaces and instruments should be made of materials which could be easily disinfected

After a dead body is removed, the next step is to ensure safety of current and future tenants. Several potentially dangerous aspects of a scene can affect functionality and safety, the most common being structural damage, and blood borne pathogen

After death cleanups when you have lost a loved one or a tenant to death through any situation resulting in biohazards, it is the property owner's responsibility to make sure all biohazards are removed and the affected area thoroughly cleaned and disinfected.

For all environmental cleaning procedures, these are the best practices for environmental cleaning of surfaces:

- Use fresh cleaning cloths at the start of each cleaning session (e.g., routine daily cleaning in a general inpatient ward).
- Change cleaning cloths when they are no longer saturated with solution, for a new, wetted cloth

### **3.5. Bereavement support**

Bereavement is the experience of losing someone important to us. It is characterized by grief, which is the process and the range of emotions we go through as we gradually adjust to the loss. Losing someone important to us can be emotionally devastating whether that be a partner, family member, friend or pet. grief is a natural response to loss. It's the emotional suffering you feel when something or someone you love is taken away. Often, the pain of loss can feel overwhelming. You may experience all kinds of difficult and unexpected emotions, from shock or anger to disbelief, guilt, and profound sadness It includes physical, psychological, cognitive and behavioural responses to loss

## **Factors affecting normal grief function**

- Characteristics of the loss
- Personal resources
- Personal stressors
- Socio-cultural resources
- Socio-cultural stressors

## **Types of grief**

**A. Conventional grief:** psychological and physiological responses after actual loss of significant person, object, belief or relationship

### **B. Anticipatory grief**

As the name suggests, anticipatory grief develops before a significant loss occurs rather than after. If a loved one is terminally ill, for example, you have an aging pet, or you know that your retirement or job loss is imminent you may start grieving your loss before it has full

Like conventional grief, anticipatory grief can involve a mix of confusing emotions, particularly anger. Some people even equate it to giving up hope and refuse to allow themselves to grieve before their loss has occurred. However, anticipatory grief can also give you chance to prepare for your loss, resolve any unfinished business, or say your goodbyes, for example.

### **C .Disenfranchised grief**

Disenfranchised grief disenfranchised grief, also known as silent grief, occurs when a grieving person feels they cannot openly acknowledge a person's death because of real or imagined pressures. The source of this pressure could be family and friends, cultural or religious beliefs, or society in general

### **D. Complicated grief**

The pain at a significant loss may never completely disappear, but it should ease up over time. When it doesn't—and it keeps you from resuming your daily life and relationships—it may be a sign of complicated grief.

Complicated grief usually arises from the death of a loved one, where the loss has left you stuck in a state of bereavement. You may be unable to accept your loved one has gone, search for them in familiar places, experience intense longing, or even feel that life isn't worth living.

If you're experiencing complicated grief and the pain from your loss remains unresolved, it's important to reach out for support and take the steps that will enable you to heal

### **Symptoms of grief**

While loss affects people in different ways, many of us experience the following symptoms when we're grieving. Just remember that almost anything that you experience in the early stages of grief is normal—including feeling like you're going crazy, feeling like you're in a bad dream, or questioning your religious or spiritual beliefs.

### **Emotional symptom of grief**

**Shock and disbelief.** Right after a loss, it can be hard to accept what happened. You may feel numb, have trouble believing that the loss really happened, or even deny the truth. If a pet or someone you love has died, for example, you may keep expecting them to show up, even though you know they're gone.

**Sadness.** Profound sadness is probably the most universally experienced symptom of grief. You may have feelings of emptiness, despair, yearning, or deep loneliness. You may also cry a lot or feel emotionally unstable.

**Guilt.** You may regret or feel guilty about things you did or didn't say or do. You may also feel guilty about certain feelings (feeling relieved when a person died after a long, difficult illness,

for example). You may even feel guilty for not doing more to prevent your loss, even if it was completely out of your hands.

**Fear.** A significant loss can trigger a host of worries and fears. If you've lost your partner, your job, or your home, for example, you may feel anxious, helpless, or insecure about the future. You may even have panic attacks. The death of a loved one can trigger fears about your own mortality, of facing life without that person, or the responsibilities you now face alone.

**Anger.** Even if the loss was nobody's fault, you may feel angry and resentful. If you lost a loved one, you may be angry with yourself, God, the doctors, or even the person who died for abandoning you. You may feel the need to blame someone for the injustice that was done to you.

### Physical symptom of grief

We often think of grief as a strictly emotional process, but grief often involves physical problems, including:

- Fatigue
- Nausea
- Lowered immunity
- Weight loss or weight gain
- Aches and pains
- Insomnia

### 3.6. Phases of anticipatory grief



There may be days when parts of each stage come up and other days when none do

The individual accepts that there is no hope for a cure for their own or their loved one's illness. This realization is often accompanied by depression and sadness.

Meanwhile, the dying person may imagine what their loved ones' lives will be like once they're gone and consider where they might go after they die.

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Fig. 1 Grief

### **Stages of grief**

In 1969, psychiatrist Elisabeth Kübler-Ross introduced what became known as the “five stages of grief.”

#### **1. Denial and Shock**

At first, it may be difficult for you to accept the death of a loved one. As a result you will deny the reality of death. However, this denial will gradually diminish as you begin to express and share your feelings about death and dying with other persons.

#### **2. Anger**

- During this stage the most common question asked is "why my family?"

#### **3. Bargaining**

- Saying, 'Okay, but please...'

#### **4. Depression**

- You may at first experience a sense of great loss. Mood fluctuations and feelings of isolation and withdrawal may follow.

- As you go through changes in your social life because of the loss, you may feel lonely and afraid. The more you are able to reach out to others and make new friends, the more this feeling lessens.

## 5. Acceptance

- Acceptance does not mean happiness. Instead you accept and deal with the reality of the situation.
- If grieving is normal hope will emerge; eventually you will reach a point where remembering will be less painful and you can begin to look ahead to the future and more good times.

.Bereavement is a normal response to loss

- **Bereavement** services means emotional, psychosocial, and spiritual support services provided to the family before and after the **death** of the patient to assist the family in coping with issues related to grief, loss, and adjustment.

Making meaning facilitates resilience following a death and has two components.

- Making sense of the loss, for example, acknowledging that “she's no longer in pain” or “he won't have to suffer anymore.”
- Finding some benefit in the aftermath of the loss, for example, improved family communication, positive change in lifestyle,

All hospices share certain characteristics that set them apart from other forms of health care for terminally ill persons:

- (1) The dying person and family is the unit of care,
- (2) The interdisciplinary team serves both the dying person and the family,
- (3) Care focuses on the physical, psychosocial, socioeconomic, and spiritual aspects of dying,
- (4) Services are available on a 24 hour a day, 7 days a week basis,
- (5) Inpatient and home care services are available, and
- (6) Bereavement

## Coping with death and dying

## Why the fear of death?

There are several reasons why people afraid of dying:

- The premature interruption of life activities.
- Effects of death upon family members and friends.
- The fear of death without dignity.
- The fear of nothingness after death.

## Ways to cope with death and dying

- Discuss feelings such as loneliness, anger, and sadness openly and honestly with other family members.
- Maintain hope.
- If your religious convictions are important to you, talk to a member of the clergy about your beliefs and feelings.
- Join a support group.
- Take good care of yourself. Eat well-balanced meals. Get plenty of rest.
- Be patient with yourself. It takes time to heal. Some days will be better than others.

### 3.7. Unit summary

Standard precautions include a set of prevention practices that apply to all patients across the continuum of care, regardless of the infection status of the patient.

Dignity refers to the state of being worthy or honorable. Respect is due regard for the feelings, wishes, or rights of others. The bodies of people who die during armed conflict or situations of violence or natural death falling below the threshold of armed conflict or who have perished in

disasters or in the course of migration – must be handled respectfully and their dignity protected; and the remains of unknown individuals must be identified.

The mortuary must at all times be kept clean and properly ventilated. Lighting must be adequate. Surfaces and instruments should be made of materials which could be easily disinfected

Bereavement is the experience of losing someone important to us. It is characterized by grief, which is the process and the range of emotions we go through as we gradually adjust to the loss. Losing someone important to us can be emotionally devastating whether that be a partner, family member, friend or pet. Grief is a natural response to loss. Five stages of grief are Denial and Shock, Anger, Bargaining, Depression and Acceptance

### Self-check-3

**Directions:** Answer all the questions listed below.

1. Define postmortem care
2. Describe different types of grief and find out their difference
3. List components of Bereavement support and describe each components
4. List and describe different symptom of grief
5. List out similarity and difference between anticipatory and conventional grief

## **Operation sheet -1: Postmortem care/Care after Death**

**Instruction:** Perform all steps/tasks according to standard procedures /guideline

**Purpose:**

- To show respect for the dead
- To prepare the body for morgue
- To prevent spread of infection
- To show kindness to the family
- To preserve the natural appearance of the body for the family and relatives

**Required tools and equipment:**

1. Gauze or soft string ties,
2. Gloves
3. Cotton
4. Adhesive tape/ bandages/Dressing to cover wounds or punctures (if necessary)
5. Clean sheet
6. Identification tags
7. Stretcher
8. Forceps
9. Formalin if necessary
10. Plastic bag for patient's belongings
11. Water-filled basin, soap, towels, washcloths

**Precautions:** Use PPE

### Procedures:

S.N	Task/Step	0	1	2
1	Note the exact time of death and chart it			
2	If the doctor is present call him to pronounce death			
3	If the family members are not present send for them			
4	Wash your hands and wear clean gloves according to hospital policy			
5	Close the doors to room or pull curtains			
6	Raise bed to comfortable working level (when necessary)			
7	Place the body in the supine position,			
8	Bath the patient, brush and comb hair (when necessary)			
9	Remove all indwelling urinary catheters, tubes, and tape, and apply Adhesive bandages to puncture sites. Replace soiled dressings.			
10	Close the mouth, nose, all orifices with gauze/cotton And eyes by gently pressing on the lids with your fingertips. If they don't stay closed, place moist cotton balls on the eyelids for a few minutes, and then try again to close them. Place a folded towel under the chin to keep the jaw closed.			
11	Tie the upper extremities at upper arm, elbow and wrist--- then tie both thumbs of the hands at vagina (if female) & with penis (if male)--- tie the lower extremities at upper leg, knee, ankle and both thumbs of leg			
12	Inject formalin (if necessary)			
13	Replace soiled dressing with clean ones when possible and apply name tag/code			
14	Care for valuable and personal belongings of the patient and document dispersant			
15	Allow the family to view patient and remain in room			
16	Attach special level tag if patient had contagious disease			
17	Transfer to morgue			
18	Remove gloves and wash hands			
19	Document the procedure			

### Quality criteria:

**Performed:** performed the step or task according to the standard procedure or guidelines=2

**Partially Performed:** unable to perform the step or task according to the standard procedure or guidelines=1

**Not Performed:** step or task not performed by participant =0



LAP Test	Practical Demonstration
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Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time started: \_\_\_\_\_

Time finished: \_\_\_\_\_

**Instruction I:** Given necessary templates, tools and materials you are required to perform the following tasks within 2 hours.

**Task:** Provide postmortem care

## Unit Four: Receive bodies at mortuary

This learning unit is developed to provide the trainees the necessary information regarding the following content coverage and topics:

- Dead body identification with records.
- Body to merge.
- Legal requirements
- Dead body store

This unit will also assist you to attain the learning outcomes stated in the cover page. Specifically, upon completion of this learning guide, you will be able to:

- Identify dead body with records
- Transfer body to morgue
- Describe body store

### Unit instructions:

1. Read the specific objectives of this learning guide.
2. Follow the instructions described below.
3. Read the information written in the information sheets
4. Accomplish the self-checks

Deceased body identification should be recorded on the morgue registration sheet other relevant registration formats of the health facility before received to the mortuary room/ service.

Deceased personal identification cards given by authorized organizations or residential identification cards. So every dead patient who requires mortuary services should be registered in liaison office of the hospital. Before transferring to mortuary room the deceased body should be given post mortem care with appropriate identification tags on his body. Transfer sheet which is in line with the patients' medical record/death summary sheet.

Consider if the patient was a candidate for organ or tissue donation. Patients who previously expressed a wish to be a donor (or carry a donor card), or whose family has expressed such a wish, might need specific preparation. If an individual's wishes regarding organ and tissue donation were not formally recorded before death, consent can be sought from a nominated representative or someone else in a qualifying relationship, if they believe the deceased wanted to donate. Whole-body donation can only be agreed by individuals themselves and not by anybody else after death

#### **4.2. Body to morgue**

Deceased body who requires mortuary services should be transferred with relevant deceased body transfer sheet. Since there is a time limit to how long a patient should remain in the heat of a ward (there could potentially be early onset of rigor mortis), the nurse will have to exercise discretion over when to send the patient to the mortuary. This will vary according to family circumstances (there could be a short delay in a relative travelling to the ward/area) and to the ward situation. As a general rule, 1–2 hours would be considered the upper limit for a patient to remain in the ward area, after care after death has been completed.

#### **4.3. Legal requirements**

There is no single registration format during registration of the deceased body. Facilities can develop and use their registration format for deceased bodies requiring mortuary services, but the registration formats developed should incorporate information's may be required by legal/laws,

Nurses should be aware of the legal requirements for care of patients after death as it is essential that correct procedures are followed. It is particularly important that nurses are aware of deaths that require referral to the coroner as this will facilitate the correct personal care and enable nurses to understand the possibility of a postmortem examination.

In certain cases the patient's death may need to be referred to the coroner or medical examiner for further investigation and possible post-mortem. If those caring for the deceased are unsure about this then the person in charge of the patient's care should be consulted before care after death has commenced. If the death is going to be referred to the coroner, advice must be sought before interfering with anything that might be relevant to establishing the cause of death.

#### **4.4. Body store**

After the deceased body is appropriately recorded by responsible mortuary personnel, the body should be examined stored in appropriate ways, or preservatives should be considered depends on the reason why the body received to mortuary room. Preservative equipment's may vary from refrigerator to chemical preservatives. The method of choice depends on the expected duration of the body would be stored on morgue.

## **Unit summary**

Deceased body identification should be recorded on the morgue registration sheet other relevant registration formats of the health facility before received to the mortuary room/ service.

There is no single registration format during registration of the deceased body. Facilities can develop and use their registration format for deceased bodies requiring mortuary services.

After the deceased body is appropriately recorded by responsible mortuary personnel, the body should be examined stored in appropriate ways, or preservatives should be considered depends on the reason why the body received to mortuary room

## Self-check -4

**Directions:** Answer all the questions listed below.

1. Discuss identification and documentation process of dead body
2. Discuss the organ donation requirement for dead body
3. Describe the techniques of transferring and storing dead body

## Unit Five: Dead bodies for viewing

This learning unit is developed to provide the trainees the necessary information regarding the following content coverage and topics:

- Prepare and present body for viewing
- Lines of communication with key personnel
- Empathy to bereaved family and friends
- Documentation

This unit will also assist you to attain the learning outcomes stated in the cover page. Specifically, upon completion of this learning guide, you will be able to:

- Prepare and present body
- Maintain correct lines of communication with key personnel
- Show empathy to bereaved family and friends
- Practice documentation related to dead body

### Unit instructions:

1. Read the specific objectives of this learning guide.
2. Follow the instructions described below.
3. Read the information written in the information sheets
4. Accomplish the self-checks

### **5.1. Prepare and present body for viewing**

Embalming is the process of preserving a body by delaying the natural effects of death. This is done by introducing specialist embalming solutions into the body after someone has passed away, helping to give them a more peaceful appearance.

The first step in the embalming process is surgical, in which bodily fluids are removed and are replaced with formaldehyde-based chemical solutions. The second step is cosmetic, in which the body is prepared for viewing by styling the hair, applying makeup, and setting the facial features.

The eyes are closed, often using skin glue and/or plastic flesh-colored oval-shaped “eye caps” that sit on the eye and secure the eyelid in place. The mouth is closed and the lower jaw is secured, either by sewing or wires. If the jaw is sewn shut, suture string is threaded through the lower jaw below the gums, up and through the gums of the top front teeth, into the right or left nostril, through the septum, into the other nostril, and back down into the mouth. Then the two ends of suture string are tied together. If the jaw is wired shut, a tool called a needle injector is often used to insert a piece of wire anchored to a needle into the upper and lower jaws. The wires are tied together to securely close the mouth. Once the jaw has been secured, the mouth can be manipulated into the desired arrangement.

For arterial embalming, the blood is removed from the body via the veins and replaced with an embalming solution via the arteries. The embalming solution is usually a combination of formaldehyde, glutaraldehyde, methanol, ethanol, phenol, and water, and may also contain dyes in order to simulate a life-like skin-tone.

### **5.2. Lines of communication with key personnel**

Good communication helps to create mutual and trusted respect in the workforce, regardless



of individual roles and responsibilities, and reduces mistakes from miscommunication. It also provides opportunities for everyone to share their views and ideas, including people who need care and support.

### **5.3. Empathy to bereaved family and friends**

Empathy involves feeling what someone else feels. Having empathy for another person means connecting with them, bringing you to the space that they're in. When you allow yourself to accompany that person on their journey through grief, they no longer have to go through it alone.

Before you find yourself speaking to someone who is suffering a loss, genuinely try to step into their shoes. When someone passes away, imagine what it would be like. Think about never again being able to hear their voice, ask for advice, or receive their loving care when you are sick. This exercise is painful because it draws up feelings that your friend or loved one is currently experiencing. You feel the pit in your stomach, the sadness, and the anxiety that accompanies loss. This is how we build empathy, and the ability to empathize makes us more helpful individuals.

Empathy gives us the ability to respond to the situation appropriately even when our words don't come out exactly right. So much of human communication is nonverbal and, when we empathize, the emotion we are trying to convey is nevertheless communicated. The idea parallels an insincere apology. The words of admission may sound good, but the feeling with which they're imparted is hollow and disingenuous.

## **Unit summary**

Embalming is the process of preserving a body by delaying the natural effects of death. This is done by introducing specialist embalming solutions into the body after someone has passed away, helping to give them a more peaceful appearance. The first step in the embalming process is surgical, in which bodily fluids are removed and are replaced with formaldehyde-based

chemical solutions. The second step is cosmetic, in which the body is prepared for viewing by styling the hair, applying makeup, and setting the facial features

Good communication helps to create mutual and trusted respect in the workforce, regardless of individual roles and responsibilities, and reduces mistakes from miscommunication

Empathy involves feeling what someone else feels. Having empathy for another person means connecting with them, bringing you to the space that they're in. When you allow yourself to accompany that person on their journey through grief, they no longer have to go through it alone Documentation is a material that provides official information or evidence or that serves as a record.

## Self-check -5

**Directions:** Answer all the questions listed below.

1. Discuss how to prepare and present dead body for viewing
2. Describe line of communication in mortuary environment
3. Discuss basic concept of empathy in family bereavement process

## Unit Six: Mortuary environment

This learning unit is developed to provide the trainees the necessary information regarding the following content coverage and topics:

- Clean mortuary environment
- Waste disposal standard
- Consumable and stock inventory

This unit will also assist you to attain the learning outcomes stated in the cover page. Specifically, upon completion of this learning guide, you will be able to:

- Clean the mortuary environment according to organization policy and procedures
- Dispose of waste according to organization policy and procedures
- Maintain inventory of linen, consumables and stock

### Unit instructions:

1. Read the specific objectives of this learning guide.
2. Follow the instructions described below.
3. Read the information written in the information sheets
4. Accomplish the self-checks

## 6.1. Clean mortuary environment

Mortuary is place where dead bodies are kept before cremation whereas morgue is a place where dead bodies are kept in the refrigerated body store and examined in a postmortem room.

Clean mortuary environment is a pleasing and comfortable environment for mortuaries. The elastic property of the cling film plastic wrap can withstand and able to accommodate the expansion of the dead bodies from decomposition changes. Similarly, its body fluid resistant property has contributed to the ability to contain the body fluid as a result of the decomposition process. The dead body is cleaned to remove traces of fluid or blood. The hair is washed. You complete the cause of death documentation and the body can be released for cremation or burial.

Mortuary environment includes autopsy room , viewing room , admission room ,refrigeration , waiting room ,changes areas and staff room , wet areas ,autopsy bench and drains , tables , floors walls, storage

## 6.2. Waste disposal standard

Waste is a product or substance which is no longer suited for its intended use. Incineration is the most widely used waste treatment method to treat hazardous HCW before the final disposal particularly in most developing countries. In Ethiopia, incineration and open burning are common treatment methods to treat hazardous and general waste types, respectively.

While handling the dead body you should follow infection control policy and procedures may relate to:

- Standard and additional precautions.
- Cleaning procedures.
- Cleaning of surfaces and equipment.
- Use of cleaning chemicals.
- Personal protective equipment.
- Standards of hygiene.
- Disposal of clinical and other wastes.

### 6.3. Consumable and stock inventory

Consumable and non -consumable material used in mortuary process should be checked after completing the whole process of procedures. List of medical and other equipment are head rests , drapes ,sheets ,pillows ,shrouds ,cleaning materials, face protection ,eye protection , gown , apron , surgical suits , gloves and protective footwear

#### Unit summary

Mortuary is place where dead bodies are kept before cremation whereas morgue is a place where dead bodies are kept in the refrigerated body store and examined in a postmortem room.

Waste is a product or substance which is no longer suited for its intended use. Incineration is the most widely used waste treatment method to treat hazardous HCW before the final disposal particularly in most developing countries. Consumable and non -consumable material used in mortuary process should be checked after completing the whole process of procedures.

#### Self-check -6

**Directions:** Answer all the questions listed below.

1. What is difference between mortuary and morgue
2. What are precautions taken before handling the dead body
3. List the medical and other equipment's used in mortuary area

## Unit Seven: Funeral director/ conveyors

This learning unit is developed to provide the trainees the necessary information regarding the following content coverage and topics:

- Internal and external personnel for funeral release
- Documentation

This unit will also assist you to attain the learning outcomes stated in the cover page.

Specifically, upon completion of this learning guide, you will be able to:

- Liaise with key internal and external personnel
- Process documentation in accordance with established procedures

### Unit instructions:

1. Read the specific objectives of this learning guide.
2. Follow the instructions described below.
3. Read the information written in the information sheets
4. Accomplish the self-checks

## **7.1. Internal and external personnel for funeral release**

The funeral director will oversee, direct, and coordinate all aspects of funeral services including body preparation, visitation, services, burials, and cremations, while providing caring support and advice to families and friends of the deceased.

### **Skill and knowledge of funeral director need to have**

- Sensitivity and understanding.
- To be thorough and pay attention to detail.
- Patience and the ability to remain calm in stressful situations.
- Customer service skills.
- The ability to work well with others.
- The ability to accept criticism and work well under pressure.
- Business management skills.

Key internal and external personnel may include the hospital medical staff ,relatives ,management , pathologist , government medical officer , other relevant medical practitioners , coroner/coroner's officers , nursing staff ,police , social worker ,medical students and funeral director/conveyor.

## **7.2. Documentation**

Documentation is a material that provides official information or evidence or that serves as a record.

- Completion of mortuary register (computer or manual)
- Legal documents (e.g. death certificates, cremation forms, Coroner's approval)
- Record of release
- Overseas burials
- Donation to Science documents
- Medical Records

- Receipts for Medical Records
- Organization documents (e.g. request for hospital autopsy form)
- Records of valuables and items found with and on the body

### Unit summary

The funeral director will oversee, direct, and coordinate all aspects of funeral services including body preparation, visitation, services, burials, and cremations, while providing caring support and advice to families and friends of the deceased. Documentation is a material that provides official information or evidence or that serves as a record.

### Self-check-7

**Directions:** Answer all the questions listed below.

1. Describe the role of funeral director
2. Describe documentation process



This learning unit is developed to provide the trainees the necessary information regarding the following content coverage and topics:

## Security procedures in mortuary environment

Specifically, upon completion of this learning guide, you will be able to:

## Follow security procedures

1. Read the specific objectives of this learning guide.
2. Follow the instructions described below.
3. Read the information written in the information sheets
4. Accomplish the self-checks

Medical expertise is crucial in death investigations. It begins with body examination and evidence collection at the scene and precedes through history, physical examination, laboratory tests, and diagnosis – in short, the broad ingredients of a doctor’s treatment of a living patient. The key goal is to provide objective evidence of cause, timing, and manner of death for adjudication by the criminal justice system.

The examination of a death scene and subsequent collection of potential evidential material requires special skill, knowledge, aptitude, and attitude. The manner in which a death scene investigation is conducted may be a critical factor in determining the success of an

investigation. The thorough examination of a death scene requires a disciplined and systematic approach to recording the various observations made and collection of potential evidential material.

## 8.2. Security procedures in mortuary environment

Security means safety, as well as the measures taken to be safe or protected. In order to provide adequate security for in mortuary environment, you have to understand the security area while maintaining the mortuary environment

Security procedures/areas includes retained tissue , specimens , documents and records , information concerning the deceased ,photographs ,items found with body , confidentiality ,entry control , key control , physical security and authorization of entry.

### Unit Summary

Medical expertise is crucial in death investigations. It begins with body examination and evidence collection at the scene and precedes through history, physical examination, laboratory tests, and diagnosis – in short, the broad ingredients of a doctor’s treatment of a living patient. The key goal is to provide objective evidence of cause, timing, and manner of death for adjudication by the criminal justice system. Security means safety, as well as the measures taken to be safe or protected. In order to provide adequate security for in mortuary environment, you have to understand the security area while maintaining the mortuary environment.

### Self-check-8

**Directions:** Answer all the questions listed below.

1. Discuss safe guard evidence
2. Describe security procedure in mortuary environment

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