

Grief and Bereavement Protocol



Whiddon

Document Control

Title	Grief & Bereavement Protocol
Document Number	000
Version	1.3
Effective Date	25 th November 2024
Initiating service area	Clinical Governance Committee
Release Authority	Clinical Governance Committee

Document Review

Date	Description of review	Initiated by	Version
15 August 2021	New Policy	Clinical Governance Committee	1.0
30/10/2022	Updated with additional information and resource links.	Consumer engagement	1.1
11/01/2023	Further information added regarding cultural considerations.	Feedback	1.2
25/11/2024	NDIS inclusions . Role updates (DCS/RSM DDCCS/CCSM) Facts sheets links updated . HAPSTAR replace Access EAP	GMCR&C	1.3

Contents

Document Control.....	2
Document Review	2
Grief & Bereavement Protocol	4
Introduction	4
Purpose.....	4
Notification of death of a resident.....	4
Acknowledging the death of a resident in the home initially and in the first couple of days.....	4
Acknowledging the death and celebrating the life of the deceased resident	5
Supporting residents' family/significant others following their death.....	6
Inclusive Death, Grief & Bereavement Practices	7
Aboriginal or Torres Strait Islander People (information from Australian Centre for Grief & Bereavement: Working with Aboriginal or Torres Strait Islander Grief & Bereavement)	7
LGBTI+, Grief and Loss (information from Australian Centre for Grief & Bereavement)	8
Handling a deceased person's personal effects after the resident's death and departure from the home	8
Deceased Resident Funeral	9
Emotional Support for Residents and Staff	9
Residents Dealing with Emotional Impacts of Death of Fellow residents.....	10
Assisting a family to choose a Funeral Director	10
Family/Authorised Contact Anxiety Re Accounts, Clearing Room etc	10
The death of an employee	10
Whiddon Fact Sheets (available on MyStaffroom)	11
Whiddon Education	11
Other Resources	11
Ordering of bags and sympathy cards	11

Grief & Bereavement Protocol

Introduction

Whiddon commenced a review of its palliative care approach in early 2021. This review is covering areas such as Advanced Care Planning and Directives, review of pain assessment tools and education tools. Closely aligned with this focus work, are the practical requirements for processes to assist staff and relatives/significant others through dying, death, and grief.

In early 2021, Whiddon received a small number (though significant in impact) of complaints regarding how our services manage the post-death period of our residents and clients. On reviewing these complaints and responding to grieving families, the Operations and Quality, Care & Compliance Teams agreed that a snapshot of the residential services and their current practices was required. A Survey was developed for each Residential Service to complete.

The results confirmed what we knew to be the case, in that there were some very specific, localised, and indeed meaningful practices in place. There were, however, stark inconsistencies that warranted further consideration. This protocol is primarily based on the survey results and aims to provide a baseline of requirements that must be met by all services, whilst allowing for local variations beyond the protocol. It includes various post death emotional touchpoints for families as well as some practical 'Accounts' and discharge related processes.

It also references some areas that Whiddon needs to explore further to enhance this post end of life phase for families and contacts of the deceased.

This document applies to consumers in Residential Care and Community Care funded by the Department of Health and Aged Care and the National Disability Insurance Scheme (NDIS) .

To maintain clarity and consistency throughout the document, the terms "consumers," "residents," "clients," "elders," and "NDIS participants" will collectively be referred to as "consumers," all such references encompass these groups equally.

Purpose

To guide staff and management in the provision of timely, practical, and considerate actions and support to families, loved ones and employees when a resident die. This document includes 'must do' components of the death and post death arrangements for both staff and relatives. This document does not detail how to care for the deceased. Staff may access those care procedures via Johanna Briggs Institute database.

Notification of death of a resident

- A Registered Nurse or authorised delegate is to inform the authorised representative of the death of a resident.
- Care staff are to escalate any death of a resident to the RN or Residential Services Manager on call and confirm that that senior staff member will make notification.

Acknowledging the death of a resident in the home initially and in the first couple of days

Communication to staff of the death of a resident is important and this information should be delivered in a sensitive way.

- Some services will exhibit a dove or a memorial page at the staff log in /finger scanner, whilst others will place a notice in the staff room.
- Either way staff expect to be notified at the commencement of their shift via handover (Virtual Autumn Care or verbal handover or via an AutumnCare message).
- Ensure that whatever system is in place will also ensure that all team members are informed including care, allied health, leisure, admin, hospitality, and maintenance staff.
- Specific consideration should be given to communicating the death of a resident to their MyLife Buddy.

There are a number of ways that the home may wish to communicate the passing of a resident to other residents. Many Whiddon homes have very specific ways in which to share this information. There are however some important things to consider:

1. Do the residents at the home have an accepted/expected way to acknowledge the death of a residents? It is suggested that these practices are discussed at resident meetings and agreed as a local practice.
2. Staff need to consider the other residents in the home and the impact on their emotional well- being.
3. Staff need to consider the deceased person's wishes regarding the communication of their passing as well as those of their family/authorised representative.

Examples of ways in which a home might subtly demonstrate or indicate the passing of a residents are:

1. An electronic candle in a central location
2. A framed photograph of the deceased resident in a central location
3. An in-memoriam book located in a central location
4. A dove on a resident's door or at the staff log in scanner

Examples of ways in which a home might more actively communicate the death of a resident could include:

1. A sensitive announcement to a group of residents in an activity or mealtime
2. One to one notification of death to other residents in the neighbourhood or at shared dining tables
3. A tribute to the deceased resident in a newsletter
4. A guard of honour at the time of the deceased resident's departure from the home

Acknowledging the death and celebrating the life of the deceased resident

All Whiddon homes hold memorial services for deceased residents. The frequency and the capacity of the home to arrange and coordinate these services does vary. Some of our smaller homes like to hold a service for each deceased resident whilst others hold a service each quarter, six monthly or 12 monthly to honour a group of deceased residents.

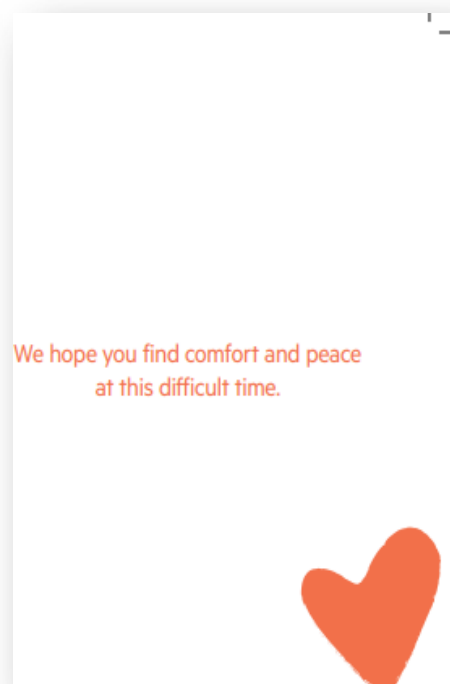
A standard approach for all services is:

1. A local commemorative service to be held each quarter or 6 months at a minimum, dependent on the size of the service. Homes may choose to hold services more frequently or for individual residents if that is the local practice. Care needs to be taken to be consistent regarding the acknowledgement so as to avoid perception of favouritism.

2. An in-memoriam notice that lists and includes a photo of the deceased residents, with a personal note or poem / prayer if appropriate / a summary of the resident's life, character and likes and quirks/ soothing relaxing music/ a choice of music that the resident enjoyed
3. A copy of an in-memoriam page is available [here](#).
4. A series of photos via an audio-visual or booklet is optional
5. Consent by the authorised contact for this memorial to be held and invitation to attend same
6. Staff are invited to attend this service
7. The service can be led by a visiting pastoral care worker, a priest, a pastor, any religious officer, a chaplain, a staff member.
8. Staff to monitor and support residents post the service and provide emotional support.

Supporting residents' family/significant others following their death

- The initial notification of the death of a resident to their authorised representative will occur as outlined in the previous section.
- There are several fact sheets which may be beneficial to support families (see [Fact Sheet](#) list)
- The level of ongoing support of the resident's family will be at the discretion of the service however, the following should occur at a minimum:
 - The Residential Services manager /Authorised delegate will send a sympathy card to the bereaved family/friend within 2 weeks of the death. The MyLife Buddy may also complete this card on behalf of the home and management
 - The Whiddon Sympathy card is to be used, and particular care must be taken to **ensure resident and family names are spelt correctly**.



Examples of messages within the card can include:

- Whiddon sends you thoughts of peace and love during this difficult time
- We are deeply saddened by the loss of (name). We send you and your family our sincere condolences
- You are in our hearts and mind. Everyone at Whiddon xx send our sincerest condolences
- Please accept our heartfelt sympathies for your loss. Our thoughts are with you and your family during this difficult time
- We are sorry for your loss, (name) was such a light in everyone's lives. (he/she) will live on in our memories forever
- From all of us at Whiddon, we send you our heartfelt condolences on your loss. We thank you for allowing us the privilege to care for your loved one. Our thoughts are with you and your family
- The Residential Services Manager (RSM) /Care Services Manager (CSM) may phone the family two weeks following the resident's death to check-in on their wellbeing.

Inclusive Death, Grief & Bereavement Practices

Understanding and respecting individual cultural and diversity requirements for residents is essential. Even if we are unsure of specific customs, approach a grieving person with an open heart and mind and be guided by their responses.

Aboriginal or Torres Strait Islander People (information from Australian Centre for Grief & Bereavement: Working with Aboriginal or Torres Strait Islander Grief & Bereavement)

Aboriginal or Torres Strait Islander people have a unique way of viewing their world, life, and spirituality. Following a death, many Aboriginal or Torres Strait Islander people refer to bereavement as 'sorry businesses'. This is an important period of mourning. It is important to be aware that Aboriginal or Torres Strait Islander people may communicate in different ways. The grieving process for some Aboriginal or Torres Strait Islander people is highly dependent on a person's Aboriginal country from where they originate. When unsure of how to communicate effectively with a bereaved individual or family, ask what approach is appropriate to them. Awareness of this helps to create respect, understanding and better relationships.

Talking to the family of the deceased person is vital to determine cultural beliefs and what kind of cultural practices are required for the family. Open, respectful, and empathic communication is essential to clarify any questions and, support the grieving process. Aboriginal or Torres Strait Islander people may prefer to communicate with one key worker to assist them rather than receive support from multiple workers. Be aware that mentioning the deceased person's name or even asking 'who has died?' may cause distress and unease.

Further information can be found in the information below.

[Culturally Diverse Populations \(information from palliAged, ELDAC and the Australian Centre for Grief and Bereavement\)](#)

Approximately one in three older Australians were born outside Australia. One in five were born in a non-English speaking country. Almost two in five people over 65 years of age who do not speak English at home are not proficient in spoken English.

Across cultures, what is normal to one person may not be normal to another person. This may also be true for people within the same cultural group or even the same family. The only way

to know is to ask.

Beliefs, values, and preferences around death and dying differ across cultures. Western notions of patient autonomy, decision-making, self-determination, informed consent, truth telling and control over dying are not universally accepted values and may compete with other beliefs. Cultural and religious groups can have significant and varied death and mourning rituals. There are also many differences *within* groups. It is important that you speak with all older adults about their personal end of life preferences and their families about what they require once their loved one has died. Ask people about their beliefs, values and preferences concerning family, spirituality, care, dying, palliative care and grief and bereavement. Language can be a barrier, and interpreters should be sourced as required.

Some essential considerations concerning loss and grief in CALD communities are:

- Culturally appropriate end of life care is vital and supports an individual's traditional, linguistic and spiritual needs.
- Different cultural communities may have particular expectations about family involvement and decision-making.
- Different cultural communities will have varied bereavement practices, for example, the rites performed on a person's body will be very different in Jewish, Buddhist, and Sikh religions.
- Different cultures and religions have distinct beliefs about cremation and burials.
- Cultural and religious rituals around death and end of life care will be diverse and varied and may differ from rural and urban settings.
- Factors such as grieving style, personality traits, age, or the way a person died can influence how an individual or community grieves.
- Individuals and families often identify with more than one culture.
- Communication is vital, we must ask and listen.

LGBTI+, Grief and Loss (information from Australian Centre for Grief & Bereavement)

Historically people who identify as lesbian, gay, bisexual, transgender, intersex, plus (LGBTI+) have experienced widespread social stigma and discrimination. People who identify as LGBTI+ may have higher levels of psychological distress and anxiety and may have reduced support networks, particularly as they age. These are important considerations in relation to grief, loss, and bereavement. Refer to Fact Sheet for further information.

Handling a deceased person's personal effects after the resident's death and departure from the home

- The service must always establish with the authorised representative for the deceased as to their wishes regarding the packing up of personal effects. Staff should be aware that family members may need to consult with siblings or other relatives as to who will attend to this stressful and sensitive duty.
- The deceased resident's room is to be kept secure /locked whilst the service waits for the family or contact to advise of who / when will remove the belongings.
- This conversation is best had by the Residential Services Manager / RN
- Any conversations should avoid the imposition of an unreasonable timeframe to empty or vacate the room.
- The ideal situation is for the authorised representative to pack up personal effects

and to determine what is to be discarded or sometimes donated to the home.

- On those occasions where the authorised contact advises the home that nobody will be packing up the effects, staff are to check with the RN/RSM before commencing this task.
- If staff are instructed to start packing and discard the deceased persons effects, a comprehensive record must be made of any valuables such as jewelry, money, photographs, and items that are particularly personal. These items are to be retained and saved in case the family/contact were not aware of such items.
- The remaining items, if instructed by family/contact, can be discarded into general waste at the home.
- If the family have requested that the effects be packed up and retained for later collection, again, a record is to be made of the items, and these are to be stored safely and labelled appropriately. There are blue/green Whiddon bags at the service for personal effects to be packed. These can be found in your clinical care office (picture below).
- The record of the valuables can be entered into Autumn Care progress notes.
- The resident room and or storage area where effects are located is to be secured safely.
- If families wish to donate their loved one's items, this needs to be carefully considered. Consideration needs to be given as to whether the items are required by the service, are they in working order, where can they be stored. If the items are not required, respectfully advise the families of other methods of donation or disposal e.g., the local Lion's Club who may use the goods for overseas donations.

Deceased Resident Funeral

- The Director of Care Service or authorised delegate is to check with family /contact as to prospect of any staff attending the funeral.
- If the grieving family/contact is happy for the funeral to be attended by staff, staff are free to attend same.
- The RSM must be informed of any staff attending the funeral.
- Attendance is not mandatory and would not be taken as paid leave unless specifically approved by the RSM.
- My Life Buddy attendance should be facilitated by the RSM/authorised delegate
- Some services arrange flowers from the home for the funeral. This is a local decision to be determined by the RSM/Operations.

Emotional Support for Staff

- The RSM/CSM at the Service needs to ensure that staff are provided an opportunity to debrief about a resident's death and discuss their feelings.
- Pre-emptively, services should encourage staff to access Grief and Loss learning materials via the LMS/Altura Learning Portal.
- This should be conducted in a safe and private area
- In addition, staff may benefit from independent and confidential counselling via the EAP contact.
- Staff should logon to their Hapstar account



Residents Dealing with Emotional Impacts of Death of Fellow residents

- Staff need to sensitively monitor and observe for signs of outward distress and more subtle behaviours such as isolation and withdrawal from usual activities.
- A My Life Buddy or staff member who has a close relationship with a resident and or family contact may discuss concerns with them.
- Any concerns should be escalated to the Registered Nurse or CSM/RSM at the service.
- The Service in consultation with resident/ consumer, family and GP can refer to a local counsellor/psychologist.
- Services may include local telephone counselling services
- All services should ensure that staff have awareness of local services telephone contacts for psychological support (for staff and /or residents)

Assisting a family to choose a Funeral Director

- Each service generally has a selection of local Funeral Directors pamphlets available to residents/visitors.
- Whilst it is standard practice to have these available, the Service is not to actively promote any Director so as to ensure that there is no conflict of interest.
- Ideally these decisions are made earlier on in the admission. This assists the service when a death has occurred as it is already clear which funeral parlour is to be contacted.
- Families will often ask staff who do you think is better etc. Staff are best off avoiding making any recommendations.
- Registered Staff and Management should pre-empt discussions particularly when death is looking more likely if this information is not already at hand.

Family/Authorised Contact Anxiety Re Accounts, Clearing Room etc

- Staff to refer family to Revenue Team.
- Refer to FAQ from Revenue
- [Whiddon Refund Facts Sheet After Death Families](#)
- [Whiddon What to do Fact Shet \(Grief and Bereavement\)](#)

The death of an employee

In the sad event of the death of an employee, consideration for the impact on the residents and employees needs to be given. The communication protocols outlined in this document for residents will provide some guidance. The Cancer Council fact sheet on [Death and bereavement \(A guide for managers and HR professionals\)](#) may be of

assistance.

The People and Culture Team and EAP can provide assistance and on the ground support.

Whiddon Fact Sheets (available on [MyStaffroom](#))

- Refund fact Sheet
- Taking care of yourself when you lose someone you love
- What to do when you lose someone you love
- Anticipatory Grief and Loss Fact Sheet
- Culturally appropriate care
- LGBTI+ grief and loss and ageing
- Grief Anniversaries and Significant Events
- Older adults when grief wont heal
- Responding to the grief and loss of older people from culturally and linguistically diverse communities

Whiddon Education

A module titled End of Life Care: Bereavement is available on MyLearning for all employees.



End of Life Care: Bereavement

Supporting people who are experiencing bereavement is an important aspect of care. This course explores the effects of bereavement related to end of life and how residents and relatives can be supported.

Other Resources

<https://aged.grief.org.au/default.aspx>

<https://grieflink.org.au/>

<https://www.eldac.com.au/tabid/4887/Default.aspx>

<https://www.palliaged.com.au/>

[Cancer Council NSW - Cancer Information and Support](#)

Ordering of bags and sympathy cards

The sympathy cards and bags can be ordered through the Marketing and Communications Team.