Standard operating procedure (SOP) · HSP-SOP-005 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 10.8

At a glance

- Families are offered follow-up after each death, within the set time.
- The offer and the answer are recorded (HSP-FRM-003).
- Families who accept are referred to a bereavement service.
- Follow-up is offered again if the family asks later.
- Stop and get help straight away if: a death is recorded with no bereavement offer to the family.

1. Purpose

To offer families help after a death and record the offer (10.8).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Bereavement is a hard time for families, and some need help to cope. Offering follow-up after a death, and recording the offer, is a small act with a large effect.

5. Responsibilities

Role	Responsibility	Competence
Social worker or nurse	Makes the offer and refers	Nurse
Lead palliative clinician	Reviews the follow-up record	Clinician

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Offer.

- Offer bereavement follow-up to the family within the set time after the death.

Key point: Offered after each death.

Step 2. Record.

- Record the offer and the answer on HSP-FRM-003.

Key point: Always recorded.

Step 3. Refer.

- Refer families who accept to a bereavement service.

Key point: Referred when accepted.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Deaths with a bereavement offer recorded	100%	Monthly	Lead palliative clinician	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
HSP-FRM-003	Family support and bereavement follow-up record	Record

17. Evidence

Reference	Note
E-009	Based on the WHO Palliative Care fact sheet and the Lancet Commission on the Global Access to Palliative Care and Pain Relief (2017).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Complaints Handling and Patient Feedback** (T-12)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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