Team Name: Acute Care Team/Personal Care Home Standards Team Team Lead: Regional Manager - Acute Care Approved by: Regional Lead – Acute Care and Chief Nursing Officer	Reference Number: CLI.4110.PL.014 Program Area: Across Care Areas Policy Section: General
Issue Date: March 8, 2019 Review Date: Revision Date: January 26, 2021	Subject: Death in Facility

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

POLICY SUBJECT:

Death in Facility

PURPOSE:

To provide a consistent process in responding to death of a patient/resident in all facilities in Southern Health-Santé Sud that is compliant with respective legislation, and respective professional scopes and standards of practice.

BOARD POLICY REFERENCE:

Executive Limitation (EL-01) Global Executive Restraint and Risk Management
Executive Limitation (EL-02) Treatment of Clients

POLICY:

Southern Health-Santé Sud facilities comply with applicable legislation and Manitoba Health, Seniors and Active Living (MHSAL) policy related to determination, pronouncement, and certification of death in facility. The applicable legislations are:

- The Anatomy Act C.C.S.M. c. A80
- The Vital Statistics Act C.C.S.M. c. V60
- The Fatality Inquiries Act C.C.S.M c F52
- The Human Tissue Gift Act C.C.S.M. c. H180
- The Public Health Act C.C.S.M. c. P210
- The Child and Family Services Act C.C.S.M. c. C80
- The Advocate for Children and Youth Act
- The Health Care Directives Act C.C.S.M. c. H27
- The Health Services Insurance Act C.C.S.M. c. H35
- The Regulated Health Professionals Act S.M. 2009, c. 15
- The Advocate for Children and Youth Act Bill 9

Physicians/Medical Doctors (MD), Registered Nurses (Nurse Practitioners; NP), Registered Nurses (RN), Licensed Practical Nurses (LPN) and Registered Psychiatric Nurses (RPN) are authorized to determine and pronounce death in all facilities. However, as per *The Vital Statistics Act C.C.S.M. c. V60*, only Physicians/Medical Doctors (MD)/Nurse Practitioners are authorized to complete the certification of death.

DEFINITIONS:

Death: within the legislative competence of the Legislature of Manitoba, the death of a person is deemed to occur at the time at which irreversible cessation of all that person's brain function occurs, in accordance with *The Vital Statistics Act.*

- **Expected Death:** refers to when, in the opinion of the health care team, the patient/resident is irreversibly and irreparably terminally ill. That is, there is no available treatment to restore health or the patient/resident refuses the treatment that is available.
- **Natural Expected Death:** where deterioration to death occurs in its natural sequence but plans may not be in place.
- **Unexpected Death:** refers to an unexpected/sudden, unexplained, or suspicious death appearing to be from unnatural causes.
- **Perinatal Death:** includes fetal deaths (stillbirths) and deaths in the first weeks of life.
  - **Stillbirth:** in accordance with *The Vital Statistics Act,* when the complete expulsion or extraction from its mother of a product of conception in which after the expulsion or extraction there is no breathing, beating of the heart, pulsation of the umbilical cord or unmistakable movement of voluntary muscle,
    - (a) where the expulsion or extraction occurs after a pregnancy of at least 20-weeks, or
    - (b) where the product weighs 500 grams or more.
  - **Neonatal Death**: the death of a live born infant, regardless of gestational age at birth, within the first 28 completed days of life.

Spontaneous Abortion: the expulsion or extraction of the products of conception occurs before a pregnancy of 20-weeks gestation and where the product weighs less than 500 grams with no signs of life.

Reportable Deaths: refers to deaths that are reportable to the Office of the Chief Medical Examiner (OCME), a medical examiner, an investigator or to the police in accordance with *The Fatality Inquiries Act* clause 7.1(1), including deaths as a result of contracting a contagious disease that is a threat to public health in accordance with *The Public Health Act*; and where the deceased person is a child, with subsequent reporting by the OCME to the Manitoba Advocate for Children and Youth in accordance with *The Advocate for Children and Youth Act.*

Death Documentation: refers to documentation needed to ensure consistent application of respective legislation as well as professional scopes of practice/competencies/standards of practice of the governing bodies for physicians, nurses and paramedics, through policies, protocols and procedures relating to Pronouncement of Death (POD).

Determination of Death: refers to diagnosis and confirmation of the occurrence of death in accordance with *The Vital Statistics Act*, to establish the irreversible cessation of all functioning of

the brain including the brain stem (loss of capacity for consciousness and brainstem reflexes). This is more precisely indicated as cessation of neurological function occurring along two pathways: (i) permanent absence of circulation, or (ii) subsequent to a catastrophic brain injury. Medical determination of biological death may be made by physical assessment, and is an integration of the neurological and circulatory sequences in the dying process and considered to have occurred when cardiac and respiratory vital signs have ceased, and in accordance with the neurologic and cardiorespiratory criteria the medical profession universally accepts to effect the complete and irreversible cessation of brain function.

In accordance with *The Vital Statistics Act*, any determination of brain death may include circulation still intact, that may be necessary for the purposes of a successful transplant of tissue and which is required by *The Human Tissue Gift Act* to be made by at least two physicians.

Pronouncement of Death (POD): refers to the opinion or determination that life has ceased, based on a physical assessment or determination of death in accordance with *The Vital Statistics Act,* and is a convention used to formalize the occurrence of death and to provide assurance to relatives and the public that appropriate measures are being taken to ensure that individuals are deceased before being treated as such.

There is no legal requirement regarding the pronouncement of death. Health care professionals who may pronounce death in accordance with their scope of practice include physicians, nurse practitioners, registered nurses, registered psychiatric nurses, licensed practical nurses and paramedics. However, in the case of any determination of the occurrence of brain death, or cessation of neurological function with circulation still intact, that may be necessary for the purposes of a successful transplant of tissue, the *Human Tissue Gift Act* requires that determination of death must be made by at least two physicians and subject to *The Vital Statistics Act.*

Notification of Death: refers to the notification requirements and protocols following the death of a person, in accordance with the *Anatomy Act*, the *Fatality Inquiries Act*, the *Vital Statistics Act*, and the *Human Tissue Gift Act*, and also includes the requirements and protocols associated with **notification of imminent death** in accordance with *The Human Tissue Gift Act* for organ donations.

Medical Certificate of Death: refers to the completion and signing of a medical certificate by "a duly qualified medical practitioner or nurse practitioner who attended the deceased during their last illness" within 48 hours of the death, or as required by a medical examiner, stating the cause of death, in accordance with *The Vital Statistics Act* and *The Fatality Inquiries Act*; and is required for burial or cremation in accordance with *The Fatality Inquiries Act.*

Registration of Death: refers to the registration of the death of every individual who dies, including every stillbirth in Manitoba in accordance with *The Vital Statistics Act.* It requires completing the *Registration of Death: Vital Statistics Manitoba FORM 5, MG 8033 (REV 06)* **or** the *Registration of Stillbirth: Vital Statistics Manitoba FORM 3, MG-12194 (REV 02)* (**not both**).

Event Registrar (also referred to as District Registrar): person designated by a hospital, personal care home, or funeral home, whose names were reported to the Vital Statistics Office, and are responsible to the Director of Vital Statistics for ensuring compliance with the Vital Statistics Act for the registrations of deaths, births, and stillbirths, and issuing burial permits.

Burial Permit: a permit required to bury, cremate, remove, or otherwise dispose of a dead body in accordance with *The Vital Statistics Act.* This applies to stillbirths as well.

Autopsy: refers to the dissection of a body following exposure of cranial, thoracic and abdominal cavities for the purpose of macroscopic and microscopic examination of organs and tissues of the body to determine the cause or causes of death; the manner of death; or the identity of the deceased and includes toxicological, biochemical, microbiological, serological, radiological tests, and other laboratory processes where performed as a necessary part of an examination. An autopsy may be requested by a preferred claimant who has a legal claim to the deceased body in accordance with *The Anatomy Act,* with the provision of written consent to the attending physician or designate.

An autopsy may be ordered by a medical examiner in accordance with *The Fatality Inquiries Act.*

Preferred Claimant: with respect to a deceased person, means a spouse, unless there is a common-law partner; or if there is no spouse or common-law partner, or if the spouse or common-law partner is unavailable, a parent, child, brother, sister, grandparent, grandchild, uncle, aunt, nephew, niece, first cousin, step-father, step-mother, step-child, step-brother, step-sister, father-in-law, mother-in-law, brother-in-law or sister-in-law — any such kindred of the half-blood ranking equally with those of the whole-blood — or the person named by the deceased as executor of his will, or a representative of **Last Post Fund** incorporated under the laws of Canada.

- **Common-law Partner** of deceased means:
  - A person who, with the deceased, registered a common-law relationship under section 13.1 of the Vital Statistics Act, and who was cohabiting with the deceased immediately before the death of the deceased; or
  - A person who, not having been married to the deceased person, cohabited with him or her in conjugal relationship for:
    - A period of at least one year immediately before the death of the deceased person; or
    - For a period of less than a year immediately before the death of the deceased person and they are together the parents of a child.

Last Post Fund: a nonprofit organization which administers the Funeral and Burial Program on behalf of Veterans Affairs Canada.

IMPORTANT POINTS TO CONSIDER:

A copy of this *Death in Facility* (CLI.4110.PL.014) policy is included in the package of forms to be used when a death occurs. Thus, when this policy is revised or reviewed, it **must** be replaced immediately and all past copies destroyed.

PROCEDURE:

Table of contents for procedure section:

- Section 1: Package of Documentation of Death Forms
- Section 2: Determination and Notification of Death in Acute Care and Transitional Care Centres
- Section 3: Perinatal Death
- Section 4: Dead on Arrival (DOA) to the Emergency Department
- Section 5: DOA Bodies Brought in for Placement in the Morgue
- Section 6: Determination and Notification of Death in Personal Care Homes (PCH)
- Section 7: Post Mortem Care of the Deceased (all facilities)
- Section 8: Autopsy
- Section 9: Death Documentation
- Section 10: Handling of Permanent Pacemaker After Death
- Section 11: Handling of Implantable Cardioverter Defibrillator (ICD) after Death
- Section 12: Death of Patient/Resident Who Has Received Radionuclide Therapy
- Section 13: Human Tissue Gift for Tissue and Organ Donations in Acute Care Only
- Section 14: Release of Body

Section 1: Package of Documentation of Death Forms

Maintain packages of documentation of death forms (placed in an envelope) ready for access when a death occurs on each unit or site.

Include in **ALL** packages:

1.1 Death Documentation Package Checklist of Forms (CLI.4110.PL.014.SD.01);
1.2 Death in Facility (CLI.4110.PL.014) policy;
1.3 Notification of Death (CLI.4110.PL.014.FORM.01);
1.4 Registration of Death: Vital Statistics Manitoba FORM 5, MG 8033 (REV 06);
1.5 Consent for Autopsy- Bilingual (CLI.4110.PL.014.FORM.02);
1.6 Shared Health Necropsy Clinical Data (CLI.4110.PL.014.FORM.03);

Only for Acute Care facilities (except for perinatal deaths) add:

1.7 Tissue Bank Manitoba, Sample Questions to Assess Donation Eligibility (CLI.4110.PL.014.SD.02);

Only for Personal Care Homes (PCH), add:

1.8 Office of the Chief Medical Examiner - Personal Care Home Death Report Form (CLI.4110.PL.014.FORM.04);
1.9 Facility-specific PCH fax cover sheet.

Only for Perinatal Deaths, add:

1.10 Registration of Stillbirth: Vital Statistics Manitoba FORM 3, MG-12194 (REV 02);
1.11 Registration of Birth: Vital Statistics Agency Manitoba (REV May 2018);
1.12 Postpartum Perinatal Loss Care Map Greater Than or Equal to 20 Weeks (CLI.5810.FORM.011);
1.13 Stillborn Assessment (CLI.5810.FORM.007);
1.14 Standard Orders Maternal Stillbirth (CLI.5810.FORM.069);
1.15 Standard Orders Fetal Stillbirth (CLI.5810.FORM.072);
1.16 Standard Orders Maternal Neonatal Death (CLI.5810.FORM.075);

1.17 Standard Orders Fetal Neonatal Death (CLI.5810.FORM.078);
1.18 Caesarean Section Perinatal Loss Care Map (CLI.5810.FORM.004)
1.19 Cesarean Section Perinatal Loss Record of Postpartum Patient Learning (CLI.5810.FORM.081);
1.20 Loss of Your Baby Release Form- Bilingual (CLI.5810.FORM.082)
1.21 Shared Health Authorization for Release Pathology Specimens F170-10-12 (CLI.4110.PL.014.FORM.05)
1.22 Shared Health, Pathology Services, Request for Placental Examination R250-10-38-V02 (CLI.4110.PL.014.FORM.06) requisition
1.23 St. Boniface Pathology Services Laboratory Requisition R250-10-40 V01 (BRHC, HSAH) (CLI.4110.PL.014.FORM.07)
1.24 Westman Lab Pathology Services Laboratory Requisition R250-10-50 V01 (All other sites) (CLI.4110.PL.014.FORM.08)
1.25 Manitoba Health Post-Partum Referral form (MHPP114F).

Section 2: Determination and Notification of Death in Acute Care and Transitional Care Centres

2.1 Determine if the patient has an Advance Care Plan (ACP) or Health Care Directive that identifies goals of care (see *Advance Care Planning – Goals of Care* CLI.5910.PL.008 and *Advance Care Planning - Goals of Care Form* CLI.5910.PL.008.FORM.01).

2.2 If resuscitation actions are indicated:

- In acute care: call "Code Blue" as per *Code Blue* (CLI.5110.PL.002) policy.
  - Initiate Basic Life Support (BLS).
- In Transitional Care Centres: Initiate BLS, call 911, and arrange for patient transfer to an acute care emergency department (ED).

2.3 If resuscitation actions are not indicated, assess the patient to determine that death has occurred.

2.4 Determine that the patient is deceased and pronounce the death.

- Conduct a physical assessment and view the body, including:
  - Identify the patient using two (2) identifiers.
  - Assess for:
    - Absence of respiration.
    - Absence of cardiac activity, including no audible apical pulse and no palpable carotid or femoral pulse.
    - Absence of central nervous system activity, including no response to painful stimuli, no pupil reaction to light, and pupils dilated and fixed.
    - For perinatal death, assess for absence of sign of life at time of delivery. These are:
      - Absence of respiration and cardiac activity.
      - Absence of pulsation of umbilical cord.
      - Absence of unmistakable voluntary muscle movements.
    - View the body for and document the location of: supplies in use (e.g. intravenous [IV], foley catheter, endotracheal tube [ET] tube); involuntary

incontinence, skin integrity, and signs of trauma (e.g. bruising, misaligned limbs); personal belongings on the body (e.g. jewelry).

- If resuscitation actions were initiated and not successful, the physician determines and pronounces when death occurred.

2.5 Notification of Death:

- If pronouncement of death is completed by nurse, **immediately** notify primary care provider on call and Health Information Services (HIS) clerk/designate if on site.
- Diligently endeavor to immediately notify the person that the patient identified as their principal contact and/or the preferred claimant and family.
  - If the patient is under the care of a Public Guardian and Trustee of Manitoba (PGT), as per *Public Guardian and Trustee of Manitoba Committeeship* (CLI.4110.PL.020) policy, report the death to the Delegated Case Manager.
- Determine if death is reportable to OCME.
  - Items in Part B of *Notification of Death* form constitute a reportable death per section (9) of *The Fatalities Act*. Each item is explained in section 9.2.
- Determine if death is reportable to RCMP (e.g. if death occurred prior to arriving to the ED; unexplained death). If unsure, ask the Medical Examiner (ME).
  - If death is reportable:
    - Call Dr. Woelk as the regional medical examiner for sites in close proximity to Boundary Trails Health Centre, at **204-362-1025.**
    - For all other sites, or if Dr. Woelk does not answer or declines, call OCME at **1-204-945-2088** and leave a message.
      - For sites with morgues and no police involvement, call the ME during daytime hours.
    - Until cleared by the Medical Examiner (ME):
      - DO NOT release the body. However, use the morgue if available.
      - DO NOT remove or alter any of the equipment/supplies in use. For example, secure intravenous (IV) lines and tubes, and leave in place.
  - When the death is reportable, ensure that the preferred claimant, family and/or other principal contact understand that:
    - The hospital has a legal obligation to report the death to OCME;
    - A reportable death does not mean that an autopsy will automatically be performed;
  - Death may occur several months after admission of the patient. In this situation, it is important to ensure that the history is taken into account when screening to accurately determine if the death is a reportable one.
    - **The majority of reportable deaths do not have an autopsy.** Therefore, if death is reportable, it is important that autopsy is discussed with the preferred claimant, family and/or other principal contact (see section 8). However, each situation should be treated with sensitivity and discretion is required in determining whether a discussion occurs. For example, if a patient is admitted as palliative and dies within 24 hours, the death is reportable but the discussion on autopsy may not be necessary. Alternately, if a patient is palliative but also

sustains an injury from a fall, this is reportable and may require a discussion about autopsy.

- Except for perinatal deaths, notify Tissue Bank Manitoba within 1 hour of death (see section 13.1).
- Notify Transplant Manitoba if applicable (see section 13.2).
- Notify University of Manitoba if applicable (see section 13.4).
- Documentation: complete all applicable death documentation forms (see section 9).

2.6 Continue with sections 7, 8, 9, 13 and 14; and with 3, 4, 5, 10, 11, and 12 if applicable.

Section 3: Perinatal Death

3.1 Follow steps defined above for determination and notification of death (see section 2).

- **Screening for Notification of Death (section 2.5) does not apply to stillbirths or products of conception. However, it applies regardless of weight or weeks of gestation if the attending physician/provider registers the birth and death event.**

3.2 Access death documentation package of forms and complete actions to respond to spontaneous abortions, stillbirths, or neonatal deaths as defined in the following forms:

- Registration of Stillbirth: Vital Statistics Manitoba FORM 3, MG-12194 (REV 02);
- Registration of Birth: Vital Statistics Agency Manitoba (REV May 2018);
- Postpartum Perinatal Loss Care Map Greater Than or Equal to 20 Weeks;
- Stillborn Assessment;
- Standard Orders Maternal Stillbirth;
- Standard Orders Fetal Stillbirth;
- Standard Orders Maternal Neonatal Death;
- Standard Orders Fetal Neonatal Death;
- Caesarean Section Perinatal Loss Care Map;
- Cesarean Section Perinatal Loss Record of Postpartum Patient Learning;
- Loss of Your Baby Release Form;
- Shared Health Authorization for Release Pathology Specimens (F170-10-12);
  - For instruction on how to complete the form, refer to Shared Health Pathology Specimens Policy (CLI.4110.PL.014.SD.03)
- Shared Health, Pathology Services, Request for Placental Examination (R250-10-38-V02) requisition;
- At Bethesda Regional Health Centre (BRHC) and Hôpital Ste. Anne Hospital (HSAH) -St. Boniface Pathology Services Laboratory Requisition (R250-10-40 V01);
- All other sites -Westman Lab Pathology Services Laboratory Requisition (R250-10-50 V01);
- Manitoba Health Post Partum Referral (MHPP114F) form.

3.3 **DO NOT** release the body of a stillbirth to the preferred claimant/family until a burial permit is issued by the facility's authorized event registrar.

3.4 Continue with sections 7, 8, 9 and 14.

Section 4: Dead on Arrival (DOA) to the Emergency Department

Only applicable to deaths that have occurred on route to the emergency department.

4.1 HIS clerk/designate: enter patient information into electronic ADT system and print *Emergency/Urgent Care Treatment Record*;
4.2 Nursing: confirm identity and apply identiband to body;
4.3 Follow steps defined above for determination and notification of death (see section 2).
4.4 Continue with sections 7, 8, 9, 13 and 14; and with 3, 10, 11, and 12 if applicable.

Section 5: DOA Bodies Brought in for Placement in the Morgue

5.1 HIS clerk/designate: obtain information from Emergency Medical Services (EMS) and enter the deceased demographics into log.
5.2 Follow site-specific processes for placing the body in the morgue.
5.3 Notify Tissue Bank Manitoba (see section 13.1).

Section 6: Determination and Notification of Death in Personal Care Homes (PCH)

6.1 Determine if the resident has an Advance Care Plan (ACP) or Health Care Directive that identifies goals of care (see *Advance Care Planning – Goals of Care* CLI.5910.PL.008 and *Advance Care Planning - Goals of Care Form* CLI.5910.PL.008.FORM.01).

- If resuscitation actions are indicated:
  - Initiate Basic Life Support (BLS) (if trained staff are available);
  - Call 911 and initiate resident transfer to an acute care emergency department.
- If resuscitation actions are not indicated, assess the resident to determine that death has occurred.

6.2 Determine that the resident is deceased and pronounce the death.

- Conduct a physical assessment and view the body, including:
  - Identify the resident using two (2) identifiers.
  - Assess for:
    - Absence of respiration.
    - Absence of cardiac activity, including no audible apical pulse and no palpable carotid or femoral pulse.
    - Absence of central nervous system activity, including no response to painful stimuli, no pupil reaction to light and pupils dilated and fixed.
    - View the body for and document:
      - incontinence,
      - skin integrity or new or unusual markings,
      - signs of trauma (e.g. bruising, misaligned limbs),
      - potential causes of death based on resident's condition prior to death and findings upon viewing the body and the environment,
    - Document the location of personal belongings on the body (e.g. jewelry).

6.3 Notification of death:

All deaths in Personal Care Homes are reportable to the Office of the Chief Medical Examiner.

- **Unexpected death:**
  - If pronouncement of death is completed by the nurse, **immediately** notify primary care provider on call.

- Determine with the primary care provider if the deceased should be held and the body not be released to the Funeral Home until directions received from the Office of the Chief Medical Examiner.

- **Expected Death:**
  - If pronouncement of death is completed by the nurse, notify the primary care provider as soon as is reasonably possible. This may be in the morning (if death occurred during the night) unless requested by the family to notify the primary care provider at the time of death.
- Notify the preferred claimant, family and/or other principal contact of death.
- If the resident is under the care of a Public Guardian and Trustee of Manitoba (PGT), as per *Public Guardian and Trustee of Manitoba Committeeship* (CLI.4110.PL.020) policy, report the death to the Delegated Case Manager.
- **All deaths:**

  Manitoba Justice Office of the Chief Medical Examiner – Personal Care Home Death Report Form (CLI.4110.PL.014.FORM.04)
  - The nurse (LPN, RN or RPN) immediately completes page 1 and faxes page 1 to the Chief Medical Examiner's Office at 1-204-945-2442.
  - Page 2 is submitted after the Registration of Death Certificate has been completed and signed by the physician or Nurse Practitioner, and the cause of death has been documented.

  Registration of Death – Vital Statistics
  - The nurse who pronounces death completes the Registration of Death: Vital Statistics Manitoba FORM 5, MG 8033 (REV 06), including checking the appropriate box to indicate designation.
  - This is a two-part document. Page 1 remains with the body. Page 2 is the Medical Certificate of Death and may remain in the Health Record until completed by the physician or Nurse Practitioner, at which time it is sent to Vital Statistics.
    - The physician or Nurse Practitioner must complete the Registration of Death certificate within 48 hours. Upon request, this certificate may be faxed to the physician or Nurse Practitioner for completion and signature.
  - Make a copy to keep in the health record.

  Notification of Death Form (CLI.4110.PL.014.FORM.01)
  - Section B.: check off "Yes" to item (n) all deaths in Personal Care Home are reportable to the Medical Examiner. Check "Yes" to other criteria that may apply.
  - Section C.: check off "Yes" (Death is reportable to the Medical Examiner's Office) and then check "Yes" that the Medical Examiner was notified and record the date and time page 1 of the Manitoba Justice Office of the Chief Medical Examiner – Personal Care Home Death Report Form was faxed to the Medical Examiner's Office.

6.4 Release of Deceased to the Funeral Home
    - With expected death, after viewing by the family, the release of the deceased to the funeral home can occur anytime and is not dependent on direction from the Office of the Chief Medical Examiner.

6.5 Continue with sections 7, 8, and 9; and 10, 11, 12, and 13.4 as applicable.

Section 7: Post Mortem Care of the Deceased (all facilities)

Provide post mortem care of the deceased, including:

7.1 Respectfully care for the body.

7.2 Prepare body for viewing by preferred claimant, family and/or other principal contact.
- Replace any dentures that may have been removed.
- Close eyelids, groom hair if required.
- Remove any catheters or tubes.
- Cleanse the body, and apply a clean garment, ensure body is positioned in a supine, respectful manner, with a blanket or sheet covering, keeping arms/hands outside of the blanket

7.3 Provide emotional support to preferred claimant, family and/or other principal contact and allow for private time with the deceased.

7.4 Respect cultural beliefs and provide access to a private or quiet area if available (e.g. chapel, quiet room).

7.5 Notify spiritual care provider/indigenous elder at the request of the preferred claimant, family and/or other principal contact.

7.6 Assist with gathering patient/resident's belongings.
- Secure valuables not taken by preferred claimant, family and/or other principal contact and request pick up as soon as possible.

Section 8: Autopsy

- An autopsy can help a bereaved family obtain answers to questions as to why or how their loved one died. The autopsy has the additional value of increasing medical knowledge, thus benefiting others.
- Types of autopsy:
    - Complete: is an external and internal examination of the body after death using surgical techniques. The examination is performed by a pathologist, and usually takes about 2 to 4 hours to perform.
    - Limited: An autopsy can be limited to a specific organ system. Preferred claimants can indicate limits they wish to place when consenting to autopsy.
- Approaching families to discuss their wishes regarding autopsy can seem like a difficult task. A general statement validating their current situation is a good start. For example: "**I know this must be a confusing and difficult time for you**." Then follow this statement with a more specific question, such as, "**I'm wondering if you have thought about whether you and your family would like to request an autopsy**?"
    - Religious or Cultural Concerns: If families have concerns that an autopsy may conflict with their beliefs, they should discuss the decision to have an autopsy with other family members and religious/spiritual advisors.

- In the case of Medical Examiner (ME) ordered autopsy, ask the family to direct their questions and concerns to the Office of the Chief Medical Examiner (OCME).

- The performance of an autopsy should not delay a funeral or affect viewing of the body. Autopsies are conducted at the Health Sciences Centre and St. Boniface Hospital in Winnipeg.
  - Autopsy report: The final report will take several weeks to a few months to prepare, and will become part of the deceased patient's permanent health record. The findings may be discussed with the attending primary care provider.
    - Family members may request a copy of the autopsy by contacting Health Information Services at the hospital/PCH. A *Request to Access Personal Health Information* (CLI.1411.PL.101.FORM.01) form will be required.
  - For Medical Examiner (ME) ordered autopsy, family requests for the reports should be made directly to the OCME office, at **1-204-945-2088**. Families may discuss the autopsy with a representative from the OCME or with the attending primary care provider.

8.1 Discuss autopsy with the preferred claimant, family and/or other principal contact(s) regardless of whether the death is reportable or not.

8.2 Autopsy required by OCME:
- Does not require consent from preferred claimant.
- Cost of autopsy is the responsibility of Southern Health-Santé Sud.
- Inform family to connect directly with OCME to request any reports and for more information about the autopsy.

8.3 Autopsy requested by primary care provider or preferred claimant:
- Complete the *Consent for Autopsy* form and obtain an informed consent from preferred claimant. Only the preferred claimant has the legal authority to give consent for the deceased to be autopsied for medical purposes.
  - Telephone consent: if the preferred claimant is only available by telephone, the primary care provider or nurse, with a second staff member, obtains the consent over the telephone, speaking to the preferred claimant and verifying their identity, and confirming that an informed consent was provided.
  - HIS staff is not responsible to obtain consent for autopsy. However, they may witness the signature of the preferred claimant on the *Consent for Autopsy* form, or participate as a witness when consent for autopsy is obtained by telephone.
- Regardless of whether the death is a reportable one or not, the preferred claimant must provide consent for autopsy if they are requesting one to be performed.
  - Inform preferred claimant, family and/or other principal contact(s) that the cost of autopsy requested by them is their responsibility.
  - Provide preferred claimant, family and/or other principal contact(s) with information about the autopsy and have them select a complete or limited autopsy.
  - If preferred claimant, family and/or other principal contact(s) are uncertain of their intent, they can request more time (approximately 24 hours) to make their decision, at which time consent would be obtained.
  - If there is a difference of opinion between the preferred claimant, family and/or other principal contact, advise the parties that they must seek their own legal advice and that the facility will not take a position on the matter.

- Cost of autopsy requested by physician based on unknown cause of death is the responsibility of Southern Health-Santé Sud.

Section 9: Death Documentation

9.1 Obtain one death documentation package that contains all documents related to death in facility. Only replace used forms in the death package.

9.2 Complete ***Notification of Death*** form:

- Provider who pronounced the death: complete all sections on **Parts A and B**
  - Complete Part B to screen for a reportable death. All items must be answered as either YES or NO.
    - (a) If an accident was the reason for admission, select "YES". This includes a fall that occurred in facility that resulted in serious injury (e.g. fracture, head injury that required medical attention) and which may have caused, or contributed to the death.
    - (b) By suicide or homicide
    - (c) A sudden or unexpected death is applicable only if the deceased appeared to have been in good health prior to his/her death.
    - (d) Consider possible internal or external poisonous elements when determining if death could be due to poisoning.
    - (e) Contagious diseases that could be a threat to public health are the reportable ones listed in Schedule B of M.R. 37/2018 under *The Public Health Act,* and can be accessed at https://www.gov.mb.ca/health/publichealth/act.html
    - (f) In relation to pregnancy: this applies to maternal deaths.
      - Report any maternal deaths that occurred within the puerperium period of childbirth. This is a period of about six weeks post childbirth during which a mother's reproductive organs return to their original non-pregnant condition. However, reportable deaths are not limited to this time period but depend on whether the death is believed to be pregnancy-related.
    - (g) Surgery includes surgical procedures/interventions performed under general/spinal/epidural anesthesia and death **does not** have to be as a result of the surgery itself to be reportable.
    - (h) "Admission" means presentation to a hospital; it does not mean admission to an inpatient unit.
    - (i) A deceased that was in the custody of a peace officer or a result of the use of force by the peace officer who was acting in the course of duty includes being in the custody of Royal Canadian Mounted Police (RCMP), Peace Officers, or Security Personnel on contract.
    - (j) Exposure to toxic substances includes conditions such as asbestosis or mesothelioma. These conditions should be reported as possible workplace deaths, even if the exposure may have been many years prior to the death.
    - (k) Eden Mental Centre, Crisis Stabilization Unit, and Manitoba Developmental Centre are examples of facilities that fall under *The Mental Health Act* or a

developmental centre under *The Vulnerable Persons Living with a Mental Disability Act.*

- (l) Select "YES" if a death occurred on route to hospital from a mental health facility, developmental centre, prison, or correctional institution.
- (m) Anyone under the age of 18 is considered a child.
- (n) A prescribed type or class of facility or institution refers only to PCHs.
- (o) Re. prescribed circumstances: to date, none have been identified in the Fatalities Inquiries Act.

- When in doubt if any of the items in Part B are applicable, err on the side of caution and select "YES".

➢ Nurse / designate: complete **Parts C to F**

- Personal belongings include anything that belongs to a patient/resident, such as clothing, glasses, dentures, medications, aids, reading materials, or crafts.
- Valuables includes money, jewelry, and legal documents. If a valuables envelope is used, record the number of the envelope.
  - Record name of person assuming responsibility for belongings and if any jewelry was left on the body.
- At the direction of the preferred claimant, the body can be released to a funeral home, to the University of Manitoba (if body was donated for scientific purposes), or other (e.g. based on religious rights and practices).
  - Prior to releasing the body, Tissue Bank Manitoba (in acute are only) and the OCME (if applicable) must clear the final release of the body.
  - A signature of the person who is accepting the body must be secured.

9.3 Complete the ***Registration of Death: Vital Statistics Manitoba*** or ***Registration of Stillbirth: Vital Statistics Manitoba*** form:

➢ **Refer to the reverse side of the form for instructions on how to complete it.**

➢ Give the **FULL LEGAL NAME** of the deceased in Section 1.

➢ If death was reported to OCME, include name of Medical Examiner on page 1.

➢ Section 14(3) of *The Vital Statistics Act* requires the completion and the signature of the Medical Certificate of Death (Part 2) by "a duly qualified medical practitioner or nurse practitioner who attended the deceased during their last illness" within **48 hours** of death, including stillbirths.

- This section cannot be completed by Residents, Interns, Physician Assistants, Clinical Assistants or nurses.

➢ If the physician is on site, complete all sections at the time of death.

➢ If the physician is not on site, advise the physician where to go to complete section 2 of the form.

9.4 Complete ***Consent for Autopsy*** and ***Shared Health Necropsy Clinical Data*** forms if applicable.

➢ The preferred claimant must stipulate whether the autopsy will be complete or limited.

- In a **complete autopsy**, the preferred claimant places no restrictions on the depth of examination of the body, organs and tissues.

- In a **limited autopsy** the preferred claimant places restrictions on the depth of examination. For example, external examination only, or examination of brain only, or examination of heart only, or examination of abdominal organs only, etc.

- The **PRIMARY CARE PROVIDER** must complete and sign the *Necropsy Clinical Data* form or inform the nurse as to what to document and then the nurse signs the form on their behalf.
- Send original completed *Consent for Autopsy* and *Necropsy Clinical Data* form with the body; retain a copy for the health record.

9.5 Document assessment findings and pronouncement of death on the *Integrated Progress Notes (IPN,* CLI.4510.PR.002.FORM.01). This includes:

- Name of care provider/other who discovered the change in patient/resident status.
- Any resuscitative efforts provided.
- Absence of respirations, cardiac activity, and central nervous system activity.
- Date and time of pronouncement of death.
- Condition of body when viewed, including supplies in use, signs of trauma, and personal belongings on person.
- What was left on the body (e.g. if jewelry were taped in place).
- Time preferred claimant, family and/or other principal contact(s) and physician notified of death.
- Time preferred claimant, family and/or other principal contact(s) arrived to facility and their response to viewing of the body.
- If applicable, spiritual ceremonies provided and by whom.
- For acute care: outcome of Tissue Bank Manitoba (TBM) organ donation eligibility and any tissue retrieval.
  - If tissue retrieval occurred, include time of Tissue Bank Manitoba (TBM) team arrival and retrieval completion.
- Disposition of body: document to whom the body was released to.

9.6 For perinatal death, complete all applicable forms listed in section 3.

Section 10: Handling of Permanent Pacemaker After Death

- Document the presence of pacemaker and the patient/resident-specific identifying pacemaker information from the pacemaker clinic card.
- Inform the funeral home staff of the presence of pacemaker.
  - There are no associated risks from the permanent pacemaker to anyone handling the body and it is not necessary to remove or deactivate pacemaker prior to burial.
  - However, pacemaker does need to be removed if the body will be cremated. Pacemakers contain lithium battery which may explode during incineration.
    - It is the responsibility of the funeral home to remove the pacemaker if required.

Section 11: Handling of an Implantable Cardioverter Defibrillator (ICD) After Death

- It is not necessary to deactivate the ICD after death by placing a magnet over the device. There is no risk to staff who touch the body since the ICD only responds if a shockable rhythm is detected.

- Clearly label body of the presence of an active ICD with a sticker, placed on the outside of shroud, and/or on the back of the identification toe tag.
  - Order ICD stickers from St. Boniface Hospital (SBH) Print Shop # 7102-3880-3.
- Inform the funeral home staff of the presence of an ICD.
  - Funeral homes have standard work to safely explant ICDs (active or deactivated) and return the devices to the Pacemaker/Defibrillator Clinic for safe disposal.
- Inform SBH Pacemaker/Defibrillator Clinic.
  - Acute Care sites: **fax** copy of the Notification of Death record to SBH Pacemaker/Defibrillator Clinic at 1-204-231-2541
  - Non-acute care sites: notify SBH Pacemaker/Defibrillator Clinic of the death by telephone, at 1-204-237-2432.

Section 12: Death of Patient/Resident who has Received Radionuclide Therapy

- Because small amounts of radiation can remain in the body and the remaining radionuclide is eliminated from the body through the urine and feces, precautions are required when a death occurs.
- Patients/residents who have received I-131 radionuclide therapy at Health Sciences Centre or St. Boniface Hospital are issued a card entitled "I-131 Radionuclide Treatment Record". This card includes the date of treatment and patients/residents are instructed to carry the card at all times until three (3) months after the date of therapy. Use this card to confirm whether the deceased has recently received I-131 radionuclide therapy.
- If the patient/resident dies within the six (6) months from time of having received radionuclide therapy, contact Nuclear Medicine at 1-204-787-2071 and ask for Nuclear Medicine on call or call Radiation Safety Officer by paging 1-204-931-5653 or 1-204-931-5650 at Cancer Care and take direction from them.
  - If autopsy is required, communicate any special precautions to autopsy personnel.
  - If embalming is planned, communicate risks and directions received to funeral home personnel.
  - If cremation is planned, communicate risks and directions received to crematoria personnel.
  - Discuss possible funeral implications with preferred claimant, family and/or other principal contact(s).

Section 13: Human Tissue Gift - for Tissue, Organ and Body Donations (acute care only)

Four different gift programs exist. These are: Tissue Bank Manitoba, Transplant Manitoba - Gift of Life, Lions Eye Bank, and Body Donation Program with the University of Manitoba.

13.1 <u>Tissue Bank Manitoba (TBM)</u> **in acute care only, excluding stillbirths and perinatal deaths:**

Nurse / designate:

- Report all deaths (including the receipt of a DOA body) in acute care to Tissue Bank Manitoba **within 1 hour of death** by calling 1-866-366-6778 (1-866-donors8). Relate name of hospital, unit, unit phone number, name of deceased, age, date of birth, gender, time of death, and PHIN number.

- If preferred claimant, family and/or other principal contact(s) ask about tissue donation before eligibility has been determined, inform them that Tissue Bank Manitoba is being notified of the patient's death and, if the patient is eligible to donate, a **Tissue Transplant Coordinator** will call them.
  - Confirm the contact information, including cell phone numbers.

Unit staff: Prepare to receive a call from Tissue Bank Manitoba (TBM). Tissue Bank Manitoba (TBM) will determine donation eligibility based on the sample questions (see *Tissue Bank Manitoba, Sample Questions to Assess Donation Eligibility* CLI.4110.PL.014.FORM.04 completing this form is optional). Keep patient health record accessible.

- Tissue Bank Manitoba (TBM) may perform a secondary screening by coming to the hospital to review the chart.
  - Clarify if body can be released.
    - The body does not have to remain on the Unit but does need to be refrigerated as soon as possible within 12 hours after death to maximize the time Tissue Bank Manitoba (TBM) has to complete all screening, consent and arrangements for recovery.
    - If no morgue on site, inform Tissue Bank Manitoba (TBM).
    - Follow established processes for sending the body to the morgue or releasing the body.
  - If body is released, send the chart to HIS when documentation is completed.
- Support tissue recovery if requested by providing reasonable access to an available operating room (OR). For those sites without an OR, Tissue Bank Manitoba (TBM) staff arranges for an OR at another facility and for transfer of the body.
  - Tissue Bank Manitoba (TBM) provides all necessary staff and supplies except for: OR scrubs, OR table, 2 back tables, Mayo stand, 4 IV poles, and disinfectant solution and cloths for pre and post recovery OR clean-up.
  - OR use is at no cost to TBM.
- Operating Room (OR) Clinical Services Manager (CSM)/Designate:
  - Assess OR availability and coordinate access with Tissue Bank Manitoba team.
  - If no OR can be made available, Tissue Bank Manitoba arranges for the body to be transferred to an alternate site with OR availability.
  - Upon completion, transfer the body to the patient room or release directly to the funeral home.
  - Notify housekeeping to ensure that terminal cleaning of the OR used is done before the start of the next day surgical slate.

13.2 Transplant Manitoba - Gift of Life **in acute care only, excluding stillbirths and perinatal deaths:**

Physician/Nurse: for all intubated and ventilated patients, prior to withdrawing life sustaining therapy, consult with **Transplant Manitoba Gift of Life** before end-of-life conversation occurs.

- Page the **Organ Donor Transplant Coordinator**-on-call at 204-787-2071 to discuss opportunity or potential for organ donation. The Organ Transplant Donor Coordinator

accesses donation intent through signupforlife.ca as well as screen the patient as a possible organ donor candidate.

- Follow the direction provided by Organ Transplant Donor Coordinator.
  - If the patient is a candidate, do not withdraw life support. The Organ Transplant Donor Coordinator engages with the preferred claimant to discuss organ donation.
- Donor screening criteria includes:
  - The patient must be ventilator dependent; and
  - Discussion has occurred between Organ Transplant Donor Coordinator and the preferred claimant about the withdrawal of life sustaining therapies.
- Inform HIS clerk/designate of plan.

13.3 Eye Bank: take no specific action. This program will be notified by Organ Transplant Donor Coordinator or Tissue Bank Manitoba if the patient qualifies as a donor for the eye bank.

13.4 Body Donation Program with the University of Manitoba (U of M):
If it becomes known that the deceased wished to donate his/her body for teaching and learning:

- Discuss with preferred claimant that information has been received whereby the deceased wished to donate their body to the U of M. This requires the body to be neither autopsied nor embalmed.
- Notify U of M Department of Human Anatomy and Cell Science at 1-204-789-3652 and leave a message, including your name, facility name, phone number where you can be reached, and name of deceased. The call will be returned during the same or next business day.
  - Inform the preferred claimant that U of M has been notified.
- The body must be accepted as a donor by U of M. Although the Department of Human Anatomy and Cell Science would normally accept each body, the University reserves the right to refuse any body with conditions attached to the assignment such as: lack of space, when death occurs beyond a 322 km radius of Winnipeg or if the body is unsuitable for anatomical studies.
  - **In the event that the body is not accepted by U of M, the preferred claimant or executor is responsible for making alternate arrangements.**
- Make transportation arrangements.
  - If the body cannot be kept under proper cold refrigeration beyond 8 hours following death or requires immediate removal, call Winnipeg Funeral Transfer Service toll free at 1-877-956-2882 to arrange for transportation to their facility until a decision on acceptance can be made. Please note that the transfer service does not make the decision on acceptance of a donor.
- Confirm with preferred claimant that they are aware of associated charges. These are:
  - Since the death occurred outside of Winnipeg and transportation of the deceased is required, mileage charges of $1.50 per kilometer (round trip) will be charged to the preferred claimant or to the estate of the deceased.

Section 14: Release of Body

When cleared by Medical Examiner (if applicable), Tissue Bank Manitoba, and when preferred claimant, family and/or other principal contact(s) are ready.

14.1 Ensure that identification information is attached to the body prior to its release.

14.2 The nurse: notify funeral home selected by preferred claimant, family and/or other principal contact(s)

- Under the *Anatomy Act*, when a body is not claimed by preferred claimant, the manager or designate notifies the OCME as soon as it is suspected that the body will not be claimed. This action must then be followed by written signed notice from manager or designate to OCME within 24 hours. Fax to 1-204-945-2442.
- In the event that a facility receives a request to release a body to a **lay funeral** director/home:
  - **DO NOT** release the body (including that of a stillbirth or neonatal death) to a lay funeral director or the preferred claimant/family until a **burial permit** is issued by the **facility's authorized event registrar**.
    - Upon receiving the *Manitoba Vital Statistics Registration of Death* or the *Registration of Stillbirth: Vital Statistics Manitoba* form, the event registrar prepares and delivers a burial permit to the person requiring it for the purpose of the burial, cremation, or other disposition of the body.

14.3 Make copies for facility health record and provide funeral director or designate with page 1 of original *Manitoba Vital Statistics Registration of Death* form and *Necropsy Clinical Data* form if applicable – both of these forms must accompany the body.

14.4 HIS clerk/assigned facility designate: copy page 2 of *Manitoba Vital Statistics Registration of Death* form for patient/resident's health record and forward original to Manitoba Vital Statistics office.

14.5 Nurse / designate: complete *Notification of Death*, Part F.

SUPPORTING DOCUMENTS:

CLI.4110.PL.014.FORM.01	Notification of Death
CLI.4110.PL.014.FORM.02	Consent for Autopsy-Bilingual
CLI.4110.PL.014.FORM.03	Shared Health Necropsy Clinical Data
CLI.4110.PL.014.FORM.04	Manitoba Justice Office of the Chief Medical Examiner, Personal Care Home Death Report Form
CLI.4110.PL.014.FORM.05	Shared Health Authorization for Release Pathology Specimens (F170-10-12 V02)
CLI.4110.PL.014.FORM.06	Shared Health, Pathology Services, Request for Placental Examination (R250-10-38-V02)
CLI.4110.PL.014.FORM.07	St. Boniface Pathology Services Laboratory Requisition R250-10-40 V01 (BRHC, HSAH)
CLI.4110.PL.014.FORM.08	Westman Lab Pathology Services Laboratory Requisition R250-10-50 V01 (All other sites)
CLI.4110.PL.014.SD.01	Death Documentation Package Checklist of Forms

CLI.4110.PL.014.SD.02	Tissue Bank Manitoba: Sample Questions to Assess Donation Eligibility
CLI.4110.PL.014.SD.03	Shared Health Pathology Specimens Policy

REFERENCES:

CLI.5910PL.008	Advance Care Planning – Goals of Care
CLI.5910.PL.008.FORM.01	Advance Care Planning - Goals of Care Form
CLI.5110.PL.002	Code Blue
CLI.4510.PR.002.FORM.01	Integrated Progress Notes
CLI.5810.FORM.004	Caesarean Section Perinatal Loss Care Map
CLI.5810.FORM.007	Stillborn Assessment
CLI.5810.FORM.069	Standard Orders Maternal Stillbirth
CLI.5810.FORM.072	Standard Orders Fetal Stillbirth
CLI.5810.FORM.075	Standard Orders Maternal Neonatal Death
CLI.5810.FORM.078	Standard Orders Fetal Neonatal Death
CLI.5810.FORM.081	Cesarean Section Perinatal Loss Record of Postpartum Patient Learning
CLI.5810.FORM.011	Postpartum Perinatal Loss Care Map Greater Than or Equal to 20 Weeks
CLI.5810.FORM.082	Loss of Your Baby Release Form- Bilingual
ORG.1411.PL.101.FORM.01	Request to Access Personal Health Information
CLI.4110.PL.020	Public Guardian and Trustee of Manitoba Committeeship

Manitoba Health Post-Partum Referral form (MHPP114F).

Registration of Death: Vital Statistics Manitoba FORM 5 (MG 8033; Rev 06).

Registration of Stillbirth: Vital Statistics Manitoba FORM 3, MG-12194 (REV 02).

Registration of Birth: Vital Statistics Agency Manitoba (REV May 2018).

Burial Permit: Vital Statistics Agency Manitoba MG906

Cardiac Sciences Program. (2019). Implantable Cardioverter Defibrillator Handling after Death (Adult). Winnipeg, MB: Winnipeg Regional Health Authority.

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Manitoba Health, Healthy Living and Seniors. (2005). *Pronouncement of death* [Draft]. Winnipeg, MB: Author.

Shared Health Diagnostic Services. (2016, January 17). *Handling and transporting histology and cytology specimens* [Document #: 170-10-08].

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Winnipeg Regional Health Authority. (2018, November). Pathology specimens (management of): Acute care setting [Policy Number: 100.220.070].