



Title: Care of the Body After Death	
Document #: 6565	Issuing Authority: VP Clinical Programs/Chief Nurse Executive, Administration
Last Revised Date: 10/22/2020	Version Number: 3.0 (Current)

PURPOSE:

Brant Community Healthcare System (BCHS) is committed to providing comprehensive end of life care that is compassionate in nature. This document provides guidelines for the care of a body after the death of a patient occurs, including:

1. Pronouncement of Death
2. Coroner's Case
3. Care of the Deceased (Post-Mortem Care)
4. Care of Valuables
5. Identification
6. Documentation and Notification
7. Transport of the Body to the Morgue
8. Release of the Body to the Funeral Home
9. Autopsy
10. Unclaimed Body
11. Referred in Death
12. COVID-19 Care of the Body after Death

POLICY STATEMENT:

It is an expectation of BCHS that all employees ensure the dignity of the individual (at the time of death, during the preparation of the body, and the transport of the body), the completion of all legal requirements regarding death of a patient, and provide emotional and/or spiritual support that is respectful of patient and/or family wishes.

Post-mortem care will be provided with dignity and sensitivity that is consistent with the religious and cultural beliefs of the patient and family whenever feasible. Spiritual Care support will be offered, and to the extent possible under the circumstances, cultural and/or religious customs will be observed and accommodated.

In all instances, the appropriate people will be notified of a patient's death and the body of the deceased and their personal belongings will be prepared and released with appropriate documentation.

DEFINITION (S):

Certify Death: Certifying a death is the legal process of attesting to the fact, cause, and manner of someone's death, in writing, on the form prescribed by the local authority. Currently, in Ontario only physicians and nurse practitioners who are familiar with the patient are able to determine the cause of death and sign the Medical Certificate of Death (Office of the Registrar General, 2010).

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Claimant: A person or organization that is prepared to assume responsibility for disposition after the death of an individual who has no identified next of kin. A claimant does not need to be a blood relative (e.g. friend, colleague, neighbour, charitable organization, religious institution).

Expected Death: A death that was reasonably anticipated by the patient, the family, and the health care team based on patient’s current illness and in the context of contributing co-morbidities. The death has been discussed with the patient and/or family as appropriate.

Medical Assistance in Dying (MAID): In accordance with federal legislation, MAID includes circumstances where a medical practitioner (i.e. physician) or nurse practitioner, at an individual’s request: (a) administers a substance that causes an individual’s death; or (b) prescribes or provides a substance for an individual to self-administer to cause their own death.

Most-Responsible Practitioner (MRP): A physician or nurse practitioner (NP) who has been responsible for directing and coordinating the care and management of the patient while in hospital.

Post-Mortem Care: Includes the preparation and delivery of the body to the morgue.

Pronounce Death: The determination that, based on a physical assessment, life has ceased. Death is defined to have occurred when vital signs have ceased (pulseless at the apex of the heart and absent respiration) and the pupils are fixed and dilated.

Substitute Decision Maker (SDM): An individual who is authorized under the *Health Care Consent Act, 1996 (HCCA)* to give or refuse consent to a treatment on behalf of a person who is incapable with respect to the treatment. The selection of a SDM is guided by the *HCCA*. A SDM is appointed according to the following hierarchy:

- Guardian of the person
- Power of Attorney (POA)
- Representative appointed by the Consent and Capacity Board
- Spouse (living together in a married or common-law relationship)
- Parent or child
- Siblings
- Other relatives

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Unexpected Death: A death that was not anticipated.

Unclaimed Body: The body of a deceased individual that does not have an identified next of kin or the attempts to contact next of kin have been unsuccessful and have resulted in the body remaining in the morgue without arrangements.

Unknown Body: The body of a deceased individual whose identity is not known and therefore requires positive identification.

PROCEDURE:

1. Pronouncement of Death

a. BCHS policy requires physicians to pronounce death except in circumstances of expected death where there is a written plan of Do Not Resuscitate (DNR), then the nurse may pronounce that death has occurred.

b. Unexpected Death:

- i. The pronouncement of death, when death is unexpected, is the responsibility of the MRP.
- ii. If death of a patient occurs, the nurse will notify the MRP (or after hours, the on-call physician or NP).
- iii. It is the responsibility of the MRP to contact and inform the family when an unexpected death occurs.
- iv. It is the responsibility of the MRP to complete and sign the Medical Certificate of Death (Form 16).
- v. Notification to Trillium Gift of Life Network (TGLN) will occur as per Policy: Combined Organ and Tissue Donation
 - 1. All deaths that occur in ventilated units (Critical Care Unit, Emergency Department) regardless if patient was ventilated
 - 2. Death of a patient aged 79 years and younger in all other units
- vi. Notification to the Coroner will be made if required (see section 2 of this policy)
- vii. Post-mortem care will be provided (see section 3 of this policy).
- viii. A RiskPro Level 6 will be entered when an unexpected death occurs.
- ix. The steps outlined in this policy for identification, documentation, and transport of the body to the morgue will be followed.

c. Expected Death

- i. It is BCHS policy that a nurse may pronounce death as a natural continuation of compassionate and timely nursing care, when:
 - 1. The death of the patient is reasonably anticipated, and
 - 2. There is an order for Do Not Resuscitate (DNR)

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- ii. If death of a patient occurs, the nurse will confirm patient's code status as documented in the patient's medical chart.
- iii. The nurse will notify family and/or SDM if this has been identified as the nurse's responsibility.
- iv. Should the family at the time of death request to see a physician, the MRP (or on-call physician or NP) will be notified.
- v. The nurse will contact the MRP to notify of death and need to complete the Medical Certificate of Death (Form 16).
- vi. It is the responsibility of the MRP to complete and sign the Medical Certificate of Death (Form 16).
- vii. Notification to TGLN will occur as per Policy: Combined Organ and Tissue Donation.
 - 1. All deaths that occur in ventilated units (Critical Care Unit, Emergency Department) regardless if patient was ventilated.
 - 2. Death of patient aged 79 years and younger in all other units.
- viii. Notification to the Coroner will be made if required (see section 2 of this policy).
- ix. Post-mortem care will be provided (see section 3 of this policy).
- x. The steps outlined in this policy for identification, documentation, and transport of the body to the morgue will be followed.

2. Coroner's Case

- a. The *Coroner's Act, 1990* dictates which deaths are to be identified as a Coroner's case. The Coroner investigates all deaths that appear to be from unnatural causes or natural deaths that occur suddenly or unexpectedly.
- b. Deaths occurring under the following circumstances must be reported immediately to the Coroner's office (as per section 10 of the *Coroner's Act, R.S.O., 1990*):
 - i. As a result of:
 - 1. Violence
 - 2. Misadventure
 - 3. Negligence
 - 4. Misconduct, or
 - 5. Malpractice
 - ii. As a result of Medical Assistance in Dying (MAID)
 - iii. By unfair means
 - iv. During pregnancy or following pregnancy in circumstances that might reasonably be attributable thereto
 - v. Suddenly and unexpectedly

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- vi. From disease or sickness for which he/she was not treated by a legally qualified medical practitioner
- vii. From any cause other than disease
- viii. Under such circumstances as may require investigation
- ix. Where a person dies while resident or an inpatient in,
 - 1. **children’s residence** under Part IX (Licensing) of the *Child and Family Services Act* or premises approved under subsection 9(1) or Part I (Flexible Services) of that *Act*
 - 2. a **supported group living residence or an intensive support residence** under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* (e.g. group home)
 - 3. a **psychiatric facility** designated under the *Mental Health Act*
 - 4. a **public or private hospital** to which the person was transferred from a facility, institution or home referred (e.g. long term care, retirement home, correctional facility)
- c. If the patient’s death has been deemed a Coroner’s case:
 - i. The nurse will obtain direction and authorization from the Coroner regarding disruption of environment, including:
 - 1. Movement of the body (to remain in room or transfer to morgue).
 - 2. If contents of room can be disturbed.
 - ii. The nurse will ensure that no items are removed or disturbed from the patient’s body.
 - iii. The nurse will ensure that all objects directly attached to the body (e.g. catheter, intravenous, dressings) stay intact with the deceased if the Coroner provides authorization for transfer of the deceased to the morgue.
 - iv. The nurse will inform the Coroner if patient is a potential organ donor
- d. Release of the body from BCHS when under Coroner investigation can only be authorized by the Coroner.
 - i. Warrants issued by the Coroner must accompany the body.
 - ii. Switchboard must be notified of all deaths and Switchboard shall coordinate arrangements for release of the body.

3. Care of the Deceased (Post-Mortem Care)

- a. Do not proceed with care of the body until:
 - i. The death had been pronounced
 - ii. The Coroner’s authorization has been obtained (for all Coroner cases).

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- iii. The family, next of kin, and/or SDM has been notified, as possible and applicable.
- b. If the patient's death is not a Coroner's case, proceed with post-mortem care:
 - i. Ensure religious and/or cultural customs are respected and accommodated, if possible:
 - 1. If request is unreasonable, or cannot be accommodated, contact the Clinical Manager (or Leader on call if after hours)
 - ii. Ensure privacy
 - iii. Implement routine precautions or additional precautions (as required_
 - iv. Place deceased in proper alignment
 - 1. Arrange patient on back (supine), with pillow under head
 - 2. Straighten arms and legs, if possible
 - v. If body or linens are soiled:
 - 1. Bathe deceased and replace gown, if possible
 - 2. Replace bed linens, if possible
 - 3. Tidy surroundings, remove equipment that is no longer required (e.g. oxygen, intravenous, urinary catheter)
 - vi. Close eyes, if possible
 - vii. If applicable and/or possible, carefully insert dentures (upper set first)
 - 1. If unable, place dentures in labelled container (denture cup) to accompany patient to the morgue.
 - viii. Ensure that the correct BCHS patient identification band is attached to the deceased patient's wrist (refer to section 5 of this policy).
 - ix. Remove all jewelry, including rings, unless unable or request not to, in which case the jewelry is covered with adhesive (refer to section 4 of this policy)
 - x. Pad wrists and tie together with a 5 cm gauze bandage. Repeat procedure for ankles.
 - xi. Complete identification tags included with the adult cadaver bag (refer to section of 6 of this policy).
 - xii. Apply cadaver bag (after visiting has occurred if requested)
 - 1. Zipper on the cadaver bag must be at the head of the body.

4. Care of Valuables and Personal Belongings

- a. Any direction provided from the family and/or SDM to leave valuables with the deceased will be followed and documented, as possible:
 - i. Nurse will request that family and/or SDM notify when removing any belongings.
- b. If jewelry (or other valuables) are removed from the patient by hospital staff:
 - i. Belongings will be given to family or SDM, if present, to take home.

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1. All valuables (e.g. money, jewelry, keys) sent with family or SDM will be documented with the name of the person receiving the items.
 - ii. Valuables will be labeled and sent to Security for safekeeping if family or SDM are not present.
 1. Valuables are not to be sent to the morgue.
- c. Valuables requested to be left on the deceased will be taped securely in place and documented in the patient record and on the Funeral Home Release Form (Appendix D).
- d. In the event that an attempt to remove a valuable (e.g. ring) is unsuccessful, the valuable will be taped securely in place.
 - i. Documentation will reflect that the attempt for removal was unsuccessful and the valuable was secured in place.
 - ii. Documentation will occur in the patient's medical record and on the Funeral Home Release Form (Appendix D)
- e. Personal belongings will be placed in a bag and clearly labeled with the third identification tag (included with the cadaver bag).
 - i. Additional labels may be printed as required for additional bags of clothing or belongings.
 - ii. Personal belongings can be given to the family or SDM if present, or kept on the unit to be claimed at a later time.

5. Identification

- a. The nurse will ensure that the correct BCHS patient identification band is attached to the wrist of the deceased.
- b. The nurse will complete the identification tags by attaching a patient label to the tags included with the cadaver bag.
- c. Two (2) healthcare providers will verify the tags against the BCHS patient identification band.
- d. Attach identification tags (included with the cadaver bag) to each of the following:
 - i. Big toe (or on the wrist opposite of the one which is already banded in the case of a bilateral lower leg amputee)
 - ii. Outside of the cadaver bag
 - iii. All personal belonging bags
- e. In the event of an unidentified (unknown) patient:
 - i. The deceased will be tagged by the Coroner (for Coroner cases) or by the nurse with a temporary band (using the patient identification number as identification) until identity is confirmed.

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- ii. When the identity is confirmed, a new BCHS patient identification band will be attached to the wrist of the deceased.
- iii. If an unidentified body is identified in the Emergency Department prior to transfer to the morgue, a second BCHS identification tag with the deceased's name is attached to the wrist.
- f. Identification of an unknown body in the morgue will be directed through the Police Department and is primarily their sole responsibility
 - i. If an unidentified body is identified in the morgue after coming from the Emergency Department, the identification tag on the body must be changed accordingly.
 - 1. The name of the person identifying the body shall be recorded along with the person's identity (e.g. John Herbert Brown identified by nephew William E. Brown).
 - 2. The notifications should be adjusted with the proper identification as well as the patient identification number that has already been recorded.

6. Documentation and Notification

- a. The nurse will thoroughly and accurately document in the patient's electronic medical chart and/or paper chart as well as on the Death Record Checklist (Form 7301-6251 15-12):
 - i. Document the time that the patient was pronounced dead.
 - 1. The pronouncement time becomes the time of death
 - ii. Document the person who pronounced, indicating clearly whether the person pronouncing is a nurse or a physician.
 - iii. Document the notification of next of kin (family and/or SDM).
 - 1. Family or SDM are responsible for providing notification to Long Term Care facility or Retirement Home if applicable
 - iv. Document valuables, indicating clearly what valuables were given to family and/or SDM and what valuables remain with deceased (e.g. jewelry)
 - 1. Valuables that remain with the deceased will be recorded on the Funeral Home Release Form (Appendix D).
 - v. The Death Record Checklist (Appendix A) must be signed by the nurse. This signature indicates that all documentation is thoroughly and accurately completed.
- b. It is the responsibility of the MRP to complete and sign the Medical Certificate of Death (Form 16).
 - i. A photocopy of the completed Medical Certificate of Death (Form 16) will be made (marked copy) and retained on the patient's chart.

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- ii. The original completed Medical Certificate of Death will be sent with the ESA and delivered to Switchboard.
- c. The Funeral Home Release Form (Appendix D) will be initiated by the nurse prior to transport of the deceased to the morgue.
- d. Patient registration will be notified of death
- e. TGLN will be notified as per BCHS policy: Combined Organ and Tissue Donation

7. Transport of the Body to the Morgue

- a. The unit will contact the Environmental Services Aide (ESA) to arrange transport of the deceased.
 - i. Transport of the deceased requires two (2) ESAs
 - ii. It is the responsibility of the ESA to obtain the morgue key from Switchboard.
 - iii. The morgue key must be signed out at Switchboard (indicating date, time, key number and name).
- b. The morgue is located on D wing, Lower Level 2 (door number DL2.865)
 - i. The morgue cart is located in the hallway just outside of the morgue.
 - ii. The ESA will ensure that the cart has the appropriate size tray.
- c. To ensure privacy and dignity for the deceased, the elevator will be locked off by the ESA (using the elevator key attached to the morgue key ring) when transporting the morgue cart to the unit and when returning to the morgue.
- d. The unit will ensure that there are two patient labels available to provide the ESA upon arrival.
 - i. The patient labels will be used to identify the location of the patient (on the door of the individual morgue refrigerator)
- e. Prior to transport of the deceased, the ESA will obtain the Medical Certificate of Death from the unit and will ensure that the identification tag on the outside of the cadaver bag is checked against the Medical Certificate of Death.
- f. The ESA will transport the deceased to the Morgue.
- g. The ESA will carefully and respectfully secure the patient in the morgue.
 - i. The patient labels will be used to identify the location of the patient (on the door of the individual morgue refrigerator)
 - ii. The patient’s location will be indicated on the Death Record Checklist
- h. The ESA will complete the section of the Death Record Checklist and sign as indicated. This signature indicates that all identification tags have been verified.
 The ESA will return the morgue key to Switchboard with the Medical Certificate of Death, the Death Record Checklist, and the Funeral Home Release Form.

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8. Release of the Body to the Funeral Home

- a. All bodies being released will be respectfully transported through the back of the morgue to ensure privacy.
- b. Switchboard will contact the Funeral Home and provide direction for the representative to contact Switchboard on arrival to BCHS.
- c. Switchboard will notify Security when the Funeral Home representative arrives at BCHS.
- d. Security will meet the Funeral Home representative at the back entrance (i.e. loading dock area).
- e. If family and/or SDM request that the deceased be transferred directly from the nursing unit (without transfer to the morgue):
 - i. All documentation will be completed on the nursing unit and delivered to Switchboard as soon as possible
 - ii. Switchboard will contact the Funeral Home (as above).
 - iii. Switchboard will contact ESA for arrangements to transport deceased when Funeral Home representative arrives.
- f. It is the responsibility of the Funeral Home representative and Security to check three identification tags to confirm the correct identity of the deceased prior to release of the body:
 - i. The BCHS patient identification band
 - ii. The cadaver bag tag
 - iii. The toe tag (or tag on the other wrist if patient is a bilateral leg amputee)
- g. If there is a discrepancy in the information on the identification tags, Security will not release the body and will escalate the incident to the Clinical Manager (or the Leader on call if after hours) by contacting Switchboard.
- h. If the check of the identification tags is correct, Security will release the body to the Funeral Home representative.
 - i. The Funeral Home Release Form (Appendix D) will be completed by the Funeral Home representative and Security. This signature indicates that all identification tags have been verified.
 - ii. The morgue log book (located at Switchboard) will be completed by Security.
 - iii. The Death Record Checklist will be signed by the Funeral Home representative and Security prior to release of the body from BCHS.

9. Autopsy

- a. For all cases in which an autopsy is to be performed, ensure that all objects directly attached to the body (e.g. catheter, intravenous, dressings) remain in situ. Intravenous and other invasive lines may be clamped, tied off or taped.

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- b. Only hospital autopsy cases that are ordered by the MRP are to be performed at BCHS. The MRP will obtain consent for hospital autopsy (Appendix B: Consent for Autopsy).
- c. The family and/or SDM will be provided with the Autopsy Information for Family and Patients (Appendix C)
- d. The ESA will deliver the following completed documents to Switchboard:
 - i. Medical Certificate of Death (Form 16) – 2 copies (original and marked copy)
 - ii. Signed Consent for Autopsy (Appendix B) if not a Coroner’s case
 - iii. BCHS Death Record Checklist (Appendix A)
- e. For hospital autopsy cases:
 - i. The autopsy request will be submitted via order entry. A phone call will be made to Pathology Department and Pathology staff will inform the Pathologist of autopsy request.
 - ii. Autopsy deadline is 12:00 on weekdays - a body that requires autopsy outside of this timeframe will be performed the following day. Autopsies are not performed on weekends or holidays.
 - iii. Once the autopsy is complete, the documents will be returned to Switchboard. The Pathologist will notify Switchboard when the body can be released.

10. Unclaimed Body

- a. If the deceased does not have identified next of kin (or all attempts made to contact next of kin have been unsuccessful), it is imperative that due diligence be carried out with regard to searches for claimants.
- b. Switchboard will notify the Navigation Department after 72 hours or greater
- c. It is the responsibility of the navigator to review the health record to determine if there is a SDM or any other contact listed who would be willing to claim the deceased.
 - i. If SDM or next of kin is located, navigator will attempt contact to discuss arrangements for the deceased
 - If applicable, SDM or next of kin will contact social services regarding funding for burial of deceased.
 - SDM or next of kin will contact Funeral Home to make arrangements.
 - Funeral home will contact Switchboard
 - ii. If no contacts are located, the navigator will:
 - Contact the police chief to request a search of records for patient to assist in the location of contacts if possible,

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- Contact social services to request a review of records to determine if patient is receiving government assistance.
 - iii. If patient is receiving government assistance, social services will contact the Funeral Home. The Funeral Home will contact Switchboard to make arrangements for the release of the deceased.
 - iv. If patient is not connected with social services, the Public Guardian and Trustee (PG and T) will be contacted to request the initiation of an investigation to determine whether patient is under guardianship.
 - If patient is under a trustee, arrangements will be made through the Trustee and navigation support will no longer be required
 - If PG and T are not involved, a letter will be faxed by PG and T to social services to verify no involvement
 - Social services will contact the Funeral Home. The Funeral Home will contact Switchboard to make arrangements for the release of the deceased.

11. Referred in Death

- a. When a death occurs outside of BCHS the deceased (hereinafter termed Referred in Death) may be transferred to the morgue by one or more of the following authorized services (removal company attendants):
 - i. City authorized Funeral Home transport service
 - ii. Coroner
 - iii. Local Police Service
 - iv. The authorized transportation service (i.e. Removal Company) representative (i.e. Funeral Home representative, Coroner, Police Officer) will assume responsibility for:
 - 1. Transport, storage, and retrieval of referred in death using the delivery access ramps at the rear of BCHS
 - Obtaining and signing out keys required to access morgue (utilizing the Switchboard morgue log)
 - Completion of Referred in Death Record (located in the morgue)
 - The completed Referred in Death Record will be returned to Switchboard with the morgue keys.
- b. The Local Police Service may choose to secure the integrity of the referred in death by utilizing the City Police keys (located at Switchboard) to lock access to a specific door of the morgue refrigerator. There are three (3) secure units available and all have different keys.

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- i. The Police Officer will take the keys with them (for security reasons) after securing the referred in death.
- ii. Upon return, the Police Officer will bring the keys back and unlock the door for release when appropriate.
 - 1. NOTE: Only the Local Police Service is authorized to access Police keys
- c. Identification of referred in death is the sole responsibility of the Police.
- d. If the referred in death is a Coroner’s case, the Coroner has the sole authority to release the body to the Funeral Home.
- e. If an autopsy has been or is to be performed, the body must be accompanied by the Coroner’s Warrant to Bury the Body of a Deceased Person.
- f. The Medical Certificate of Death is required for burial by the Funeral Home.
- g. It is the responsibility of Switchboard to log **all** referred in death.

12. COVID-19 Care of the Body after Death

- a. Coroner
 - i. The Coroner should be contacted if COVID-19 is confirmed or suspected.
 - ii. If the patient’s death requires a Coroner investigation, proceed with the usual process for notification of the Coroner.
- b. Care of the Deceased (Post-Mortem Care)
 - i. For patients with confirmed or presumptive COVID-19, the body will be handled as follows:
 - 1. Staff involved in preparing body for transport will maintain the infection prevention and control practices, including PPE, that was in place prior to death:
 - Nitrile gloves
 - Long-sleeved gown
 - Mask
 - Eye-protection
 - 2. Leave any lines, catheters, and drains in place. Ensure they are covered or capped.
 - 3. Leave any wound dressings in place.
 - 4. Place a surgical mask over the mouth of the deceased.
 - 5. Ensure that the correct BCHS patient identification band is attached to the deceased patient’s wrist.
 - 6. Place patient in zippered cadaver bag and close securely.
 - 7. The cadaver bag must be completely disinfected with hospital-grade disinfectant. Start wiping at the perimeter, then the

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zipper, ending with the center to ensure complete coverage. Allow for appropriate drying time according to manufacturer recommendations.

8. The outside of the bag will be labelled with Infectious Disease (suspected or confirmed COVID-19) using permanent marker, in addition to the patient identification tag.
- c. Care of Valuables and Personal Belongings
 - i. Patient's belongings will be double bagged.
 - ii. An identification (ID) label will be placed on the outermost bag.
 - iii. The personal belongings bag will be placed in the cadaver bag.
 1. If there is no room in the cadaver bag for the personal belongings, disinfect the belongings bag using the hospital accepted disinfectant wipe(s) and place the personal belongings at the foot of the patient, on top of the cadaver bag.
 - d. Documentation and Notification
 - i. For suspected or confirmed COVID-19 deaths, the Medical Certificate of Death should include:
 1. COVID-19 for all deceased persons where the disease caused, or is assumed to have caused, or contributed to death.
 2. The causal sequence leading to death (e.g. respiratory distress syndrome due to pneumonia due to COVID-19).
 3. Existing chronic conditions (Part II of Medical Certificate of Death).
 - ii. If the patient's death has been determined to require Coroner investigation, the Coroner is responsible for completion of Medical Certificate of Death (Form 16).
 - e. Transport of the Body to the Morgue
 - i. The ESA team will consist of:
 1. 2 ESA to support within the patient's room.
 2. 1 ESA buddy to assist with PPE donning and doffing, support for transport and checklist paperwork.
 - ii. The ESA team will don appropriate PPE (gown, nitrile gloves, procedure mask, eye protection) prior to entering the room to prepare to move the body to the morgue stretcher.
 - iii. The Nurse will accompany the ESA to assist with the transfer of the body. The Nurse will clean the cadaver bag and patient belongings bag with disinfectant wipe(s).

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- iv. The ESA buddy will don nitrile gloves, place bleach wipes just outside the door to the length of the doorway, 3 wide. This procedure will clean the wheels as the cart is removed from the patient room.
- v. After the body has been transferred to the stretcher, the ESA will doff gloves and gown, perform hand hygiene and don clean gloves.
- vi. The ESA buddy will hand morgue cart frame and cover to the ESA team in the patient room. The ESA team will place the frame and cover the morgue stretcher in the patient's room. The morgue cart will be moved from the patient's room into the hallway.
- vii. The ESA team will doff PPE in the patient room (as guided by the ESA buddy) and perform hand hygiene before exiting patient's room.
- viii. One ESA will don clean gloves and wipe the handles of the morgue cart with disinfectant wipe(s), doff and perform hand hygiene.
- ix. The ESA team will don clean nitrile gloves and isolation gown prior to transport of the patient to the morgue. The ESA buddy will travel with the ESA team to the morgue with the death record checklist and labels.
- x. The ESA team will transfer the cadaver bag on tray to the storage drawer in the morgue.
- xi. The ESA will clean the morgue cart, frame of the cover with disinfectant wipe(s) and place a new tray on the morgue cart. The used fabric cart cover will be bagged for delivery to the linen room.
- xii. The ESA will doff PPE and perform hand hygiene after securing the patient in the morgue.
 - 1. COVID-19 will be included in the information on the patient's label on the drawer.
- xiii. A clean cover (located in the grey tote marked "clean covers" beside the desk in the morgue) will be placed onto the cart frame.
- xiv. The bag with the soiled cart cover will be taken to the linen room and the ESA will don gloves and place cover in small washing machine to be cleaned.
- xv. The ESA buddy will complete the section of Death Record Checklist and sign as indicated. This signature indicates that all identification tags have been verified.
- xvi. The ESA buddy will return the morgue key to Switchboard with the Death Record Checklist, and Funeral Home Release Form.
- f. Autopsies are not performed at BCHS for patients with suspected or confirmed COVID-19.

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RELATED PRACTICES AND / OR LEGISLATIONS:

Government of Ontario (1990). *Public Hospitals Act*
Policy: Combined Organ and Tissue Donation Procedure

REFERENCES:

College of Nurses of Ontario (2016). *Can an RN or RPN pronounce death when death has occurred?* Available at: <http://www.cno.org/fr/exercice-de-la-profession/educational-tools/ask-practice/can-an-rn-or-rpn-pronounce-death-when-death-has-occurred/>
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Coroners Act, R.S.O. 1990, c. C. 37. Available at: <https://www.ontario.ca/laws/statute/90c37>

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Office of the Registrar General, Ministry of Consumer and Business Services. (2010). Handbook on medical certification of death. Available at:

<http://www.publications.serviceontario.ca/ecomlinks/016600.pdf>

Ontario Ministry of Health and Long-Term Care. (2018). Medical Assistance in Dying. Available at: <http://health.gov.on.ca/en/pro/programs/maid/#deaths>

Ontario Ministry of Community Safety & Correctional Services (2018). Common questions about death investigations. Available at: http://www.mcscs.jus.gov.on.ca/english/DeathInvestigations/CommonQuestionsAboutCoronersInvestigations/OCC_common_questions.html

Royal Victoria Regional Health Centre. (2019). Pronouncing Death by Nursing

Southlake Regional Health Centre. (2016). Death of a patient – care of the deceased (non-stillbirth or neonatal).

Southlake Regional Health Centre. (2016). Death of a Patient.

Thunder Bay Regional Health Sciences Centre. (2016). Death of a patient.

APPENDICES:

Appendix A: Death Record Checklist

Appendix B: Consent for Autopsy: Post-Mortem Examination

Appendix C: Autopsy Information for Patients and Families

Appendix D: Funeral Home Release Form

Appendix E: Care After Death Flow Chart

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Appendix A: Death Record Checklist



Death Record Checklist

Patient Identification Label

Date:	Time respirations ceased:	Yes	No	N/A	Initials
Notifications					
Family notified : Who:	Relationship:				
Trillium Gift of Life Network (TGLN) Notified					
Attending Physician notified					
Family Physician notified					
Name of Funeral home (if known):					
Coroner's Case- Refer to Coroner's Case section of policy					
Is this a Coroner's Case? If yes, see below					
Coroner notified	Date:				
Autopsy- If no, continue to Death Forms section					
Did a Coroner request a coroner's autopsy case to be referred out?					
Order for autopsy written on chart					
Order entry for autopsy completed?					
Did the MRP request a Medical Hospital case?					
Lab called (ext. 2456) to notify of hospital autopsy request					
Order for autopsy written on chart					
Order entry for autopsy completed?					
Consent for Medical Hospital autopsy signed	Date:				
Death Forms					
Photocopy of completed Form 16 Certificate of Death left on chart					
Original copy of completed and signed Form 16 (Certificate of Death) sent with ESA to be delivered to Switchboard					
Body sent to morgue					
Death Record sent to morgue (If possible, Completed Form 16 Certificate of Death)					
Nursing staff to Complete:					
Patient identification band in place and checked					
Identification tag in place and checked					
Tag on outside of Cadaver bag in place and checked					
Morgue refrigeration door tag checked					
After Care package given to family					
Patient belongings returned to family (Identify name of family member)					
Death record checklist completed (Nurse's Signature):					
ESA staff to Complete:					
Death Certificate checked					
Tag on outside of Cadaver bag checked					
Morgue refrigeration door tag checked					
Crypt Compartment Number					
Death record checklist completed (ESA Signature):					
Switchboard to Complete:					
Pathology department notified:	Date:				By :
Pathologist conducting autopsy:	Date:				By :
Body released by Pathologist following Hospital case	Date:				By :
Body released by the Coroner:	Date:				By :
TGLN: Hold body form received	Date:				By :
TGLN: Body released by TGLN	Date:				By :
Funeral Home notified:	Date:				By :
Security to Complete:					
Certificate of Death given to Funeral Home representative					
Release of body from the Hospital (Security):	Date:				By:
Release of body to funeral home (Funeral Director):	Date:				To:

Note: In case where funeral home is retrieving the body directly from the clinical unit, please refer to section 7 of the policy. Switchboard will inform Security that their support will not be required in these situations.

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Appendix B: Consent for Autopsy



Patient Identifier

CONSENT FOR AUTOPSY

I, _____, bearing the relationship of
(Print name of person giving consent)

_____ to _____, the deceased person,
do hereby authorize the Pathologist to perform a:

- Full post mortem examination of the body of said decedent and to retain fluids, tissues and organs considered necessary in ascertaining the correct cause of death.
- Limited post mortem examination, restricted to the following organs: _____

and to retain fluids, tissues and specified organs considered necessary in ascertaining the correct cause of death.

(Signature of Person giving consent) (Print name) (Day/month/year)

(Signature of Witness and Designation) (Print name) (Day/month/year)

STATEMENT OF WITNESS TO CONSENT OBTAINED BY TELEPHONE (Two witnesses are required)

We have witnessed over the telephone the consent given to

_____ by _____
(Print name and designation of Health Practitioner)

(Print name of person giving consent and relationship to deceased)

for an autopsy on _____
(Print name of deceased)

Witness 1

(Signature and Designation) (Print name) (Day/month/year)

Witness 2

(Signature and Designation) (Print name) (Day/month/year)

Form 7692

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HIERARCHY OF CONSENT FOR AUTOPSY

Consent for Hospital (i.e. non-Coroner) autopsies must be obtained from the following decision-makers in this order of priority:

1. Deceased person's spouse; married spouse, common law spouse*, same sex spouse, parents together of a child
2. Deceased persons child (16 or older)
3. Deceased person's parents
4. Deceased persons brothers or sisters (16 or older)
5. Deceased person's identified next of kin
6. Legal guardian
7. Executor of deceased's estate
8. Person in legal possession of the body excluding the hospital, coroner, public trustee, embalmer, funeral director or crematorium

* Persons having entered a combination agreement under Sec.53 Family Law Act 1986 (cohabitation agreement)

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Appendix C: Autopsy Information for Patients and Families

Is there a report of the autopsy findings?

1) Medical Hospital Autopsy:

- Yes.
- The final detailed written report is made by the Pathologist.
- This report could take months to complete.
- Microscopic examinations and/or other testing may be needed.

2) Coroner's Case Autopsy:

- Yes.
- The final detailed written report is issued from the Office of the Chief Coroner.
- This report takes longer to complete.
- The investigation is different.

Can I get a Copy of the Report?

1) Medical Hospital Autopsy:

- Copies of the report are sent:
 - To the patient's health record
 - The referring doctor
 - The family doctor
- The next of kin may contact Health Records to request a copy.
- The report is very complex.
- You may wish to contact your family physician to talk about the report and help you understand the findings.

2) Coroner's Case Autopsy:

- The report is not issued by BCHS.
- The next of kin must contact the investigating or Regional Supervising Coroner for the report or explanation.



Contact Information

Brantford General Hospital
 200 Terrace Hill Street
 Brantford, ON N3R 1G9
 Phone: 519-751-5544

Regional Supervising Coroner's Office

119 King Street West, 13th Floor
 Hamilton, ON L8P 4Y7
 Phone: 905-546-8200

Boundaries: Brant, Dufferin, Haldimand,
 Hamilton, Niagara, Norfolk, Waterloo

AUTOPSY

Information for Patients and Families

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What is an autopsy?

An autopsy is a procedure done on a person after death. An autopsy involves both an external and internal examination of the body.

Autopsies may be of two different types:
A *Complete Autopsy* is a full examination of the body (internal and external).

A *Restricted Autopsy* is a limited to certain areas of the body (a specific organ or system). This will limit information gained to only the organs examined.

Why have an autopsy?

It can help a doctor determine a cause of death.

The information gathered from an autopsy may help to better understand a disease now and in the future. This can benefit family members, medical scientists and our society.

Who can request an autopsy?

- 1) Medical Hospital Case Autopsy:
 - The doctor caring for the patient may order an autopsy if there are unanswered questions about the illness, the cause of death, or other conditions affecting the health of the deceased.
- 2) Coroner's Case Autopsy:
 - The law requires some deaths be reported to the Coroner.
 - A Coroner's Case Autopsy is performed at a Regional Centre.

Who gives consent for an autopsy?

- 1) Medical Hospital Autopsy:
 - The consent form must be signed by the next of kin or substitute decision maker.
- 2) Coroner's Case Autopsy:
 - Family consent is not required.
 - The Coroner has the right to make certain decisions regarding autopsy.

Who does the autopsy?

- 1) Medical Hospital Autopsy:
 - A Pathologist.
 - He/she is a medical doctor who specializes in the study of how disease affects organs and tissues.
- 2) Coroner's Case Autopsy:
 - A Coroner may order a Pathologist to perform an autopsy.
 - A Coroner is a medical doctor who investigates deaths that fall within the Coroner's Act.

What happens to the organs or tissues that are removed during autopsy?

- Some organs and tissues may be removed for diagnosis, research, or education.
- Some tissues, organs, or fluids are kept for closer and more detailed examination.
- This is always done in a dignified manner.
- Family may request that the organs or tissues be returned before burial or cremation.

Can organs and tissues still be donated if there is an autopsy?

The Trillium Gift of Life Network works with the hospital to honour the wishes of patients and families.

- 1) Medical Hospital Autopsy:
 - Organ and tissue recovery occurs before the autopsy is performed.
- 2) Coroner's Case Autopsy:
 - Organ and tissue recovery occurs before the autopsy is performed
 - The Coroner's permission is required.

Will an autopsy affect the type of funeral?

- Every effort is made to release a body in a timely manner.
- The doctor is careful to respect the dignity of the deceased.
- There should not be any obvious signs of the autopsy for funeral purposes.
- The face is not altered.



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Appendix D: Funeral Home Release Form



Patient Identification Label

Release Form

Before release of the body to the Funeral Home, a Funeral Home representative and Security will check the identification tags to confirm the correct identity of the deceased. A signature on the Release Form indicates that identification has been verified by Funeral Home representative and Security.

Valuables List (Nursing staff to Complete)	
Item	Location

Patient Identification (Funeral Home to Complete)	Yes	No	N/A	Initials
Morgue refrigeration door tag checked				
Patient identification band in place and checked **Contact Switchboard if identification band not located				
Identification tag on body in place and checked				
Tag on outside of cadaver bag in place and checked				
Medical Certificate of Death received (original copy)				

Name of Deceased: _____

Funeral Director Name (printed): _____

Funeral Home signature: _____

Date: _____

Patient Identification (BCHS staff to Complete)

Patient identity has been confirmed according to the appropriate and approved process.

Name of Deceased: _____

Staff Signature: _____

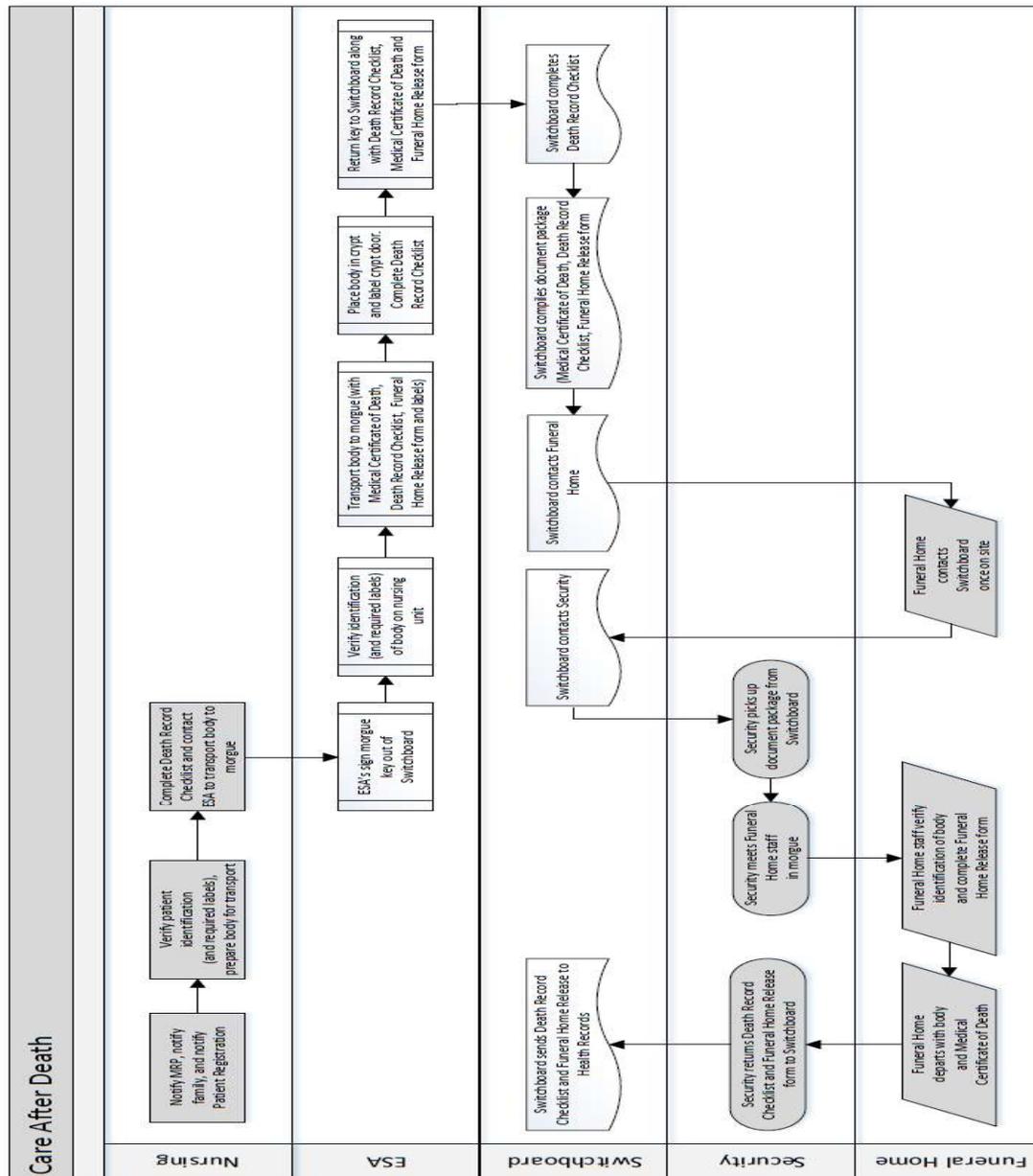
Date: _____

** If there is a discrepancy in the information of the identification tags, Security will not release the body and will contact Switchboard.

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Appendix E: Care After Death Flow Chart



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