**Preamble:** In Saskatoon acute care, the funeral home/transfer company must go to the unit where the patient died to sign the Notice of Death prior to removing the body for transport. If the patient died in the Emergency Department (ED) or an outpatient unit, they must sign the Notice of Death at the ED Registration desk. In Long Term Care homes (LTC), the funeral home/transfer service will be directed by the home. In the Home Care/Community setting, the funeral home/transfer service may bring their own release form to be signed by either the staff or family present.

**Home:** this term will be used when referring to LTC, private care homes and actual homes of patients.

**Perinatal loss:** See the Death-Perinatal, pronouncement, care of the body, viewing and release of body for transport policy.

**Patient:** Term used to refer to residents, patients and clients.

**Nurse:** Unless specified, this term refers to the Registered Nurse (RN), Registered Psychiatric Nurse (RPN) or Licensed Practical Nurse (LPN)

**Most responsible healthcare practitioner (MRHP):** refers to physician most responsible for the patient or the RN Nurse Practitioner (NP)

**APPENDIX**

A. Work Standard- Delivering and removing body log- Morgue only
B. Work Standard - Obtaining a non medicolegal autopsy- informational document
C. Cultural practices and religious beliefs related to dying and respectful care of the body
D. Releasing a body from hospital/home to other than a funeral home

D.1 Work Standard - Releasing a body from hospital/home to other than a funeral home

E. Work Standard - Morgue - delivery of body to morgue

F. Work Standard - Death in Outpatient and Emergency Department - Saskatoon

G. Work Standard - Death in Community

H. Work Standard - Death in the Operating Room

I. Work Standard - Death in Long Term Care home

J. Work Standard - Death in Acute Care - Saskatoon

K. Work Standard - Death in Acute Care - Rural

1. PURPOSE

1.1 To identify roles in the pronouncement of death.

1.2 To prepare a body with respect and dignity and to provide care that is sensitive to cultural and/or religious beliefs of the family and the deceased.

1.3 To identify roles in release of the body for transport and following autopsy and coroner’s cases.

1.4 To establish process for viewing.

2. POLICY

2.1 A nurse may pronounce death as well as the MRHP/NP if the death was expected, anticipated or due to natural causes. To determine if death is a coroner’s case, see 2.2.

   **Note:** Pronouncement of death is based on all of the following criteria:
   - Patient is unresponsive, and
   - no spontaneous respirations, chest movements or breath sounds, and
   - no pulse or heart sounds and
   - pupils are fixed & dilated

2.1.1 Patients who are determined brain dead by neurological determination of death criteria; time of death is at time of declaration by two physicians.

2.1.2 Patients who are going for donation after cardio-circulatory death, time of death is when the second declaration is done after the five minute hands off period.

2.2 Coroners case: When the circumstances and/or clinical information suggest that the death may be unnatural (suicide, accident/misadventure, homicide), or if there is insufficient information to make that determination, the death must be reported to a coroner. Or, in any other death, if after consideration of the circumstances, age and clinical information, it is not possible to establish a reasonable cause of death; the death should be reported to the coroner. If the coroner accepts the case, the body must not be altered or removed unless authorized by the coroner. **Any member of the health care team may report a death to the coroner.**

Ex. A patient falls and dies later on. If the fall was considered a contributing factor to the death, the coroner would need to be contacted.

   **Note:** In keeping with the Coroner’s Act (1999) Part III, 8(6), where a person dies while in hospital to which the person was transferred from a jail, penitentiary, correctional/custody facilities (in the case of inmates), the person in charge shall immediately notify the coroner of the death.
2.3 **A Non Medicolegal Autopsy** may be required for any death not considered to be a coroner’s case and requiring autopsy. The use of a Non Medicolegal Autopsy will apply in the case of a death where an autopsy is required to determine cause of death, extent of disease and/or effects of therapy and the presence of any undiagnosed disease that may have contributed to death. Refer to Appendix B.  
**Note:** *If the death is a coroner’s case, autopsy is at the discretion of the coroner and no consent is required.*

2.3.1 Family requests for autopsy should be discussed with the physician or NP
2.3.2 An autopsy can be requested by the family but the MRHP is required to sign the consent in order for it to be processed.
2.3.3 The signed Consent for Autopsy is sent with the body to the morgue or with the funeral home / transfer service

**Note:** *In rural and LTC, arrangements will be made by the coroner/MRHP for transport to the morgue. This may be done in conjunction with the facility.*

2.4 When a death is expected, anticipated and due to natural causes, the nurse or MRHP can authorize removal of the body from the hospital or home.

2.5 Completing the **Medical Certificate of Death** is the responsibility of the MRHP or Coroner and must be completed within three (3) calendar days. With a Coroner’s case, this timeline does not apply and questions regarding access to documentation should be directed to the Coroner.

2.5.1 If completed at time of transfer, send the completed form with the transfer service/funeral home. This also applies when the body is being transferred to another site for autopsy.

2.5.2 If not completed at the time of transfer:
2.5.2.1 In acute care –Saskatoon, the form and the medical record to remain on the unit for physician to complete. Contact the funeral home once it is ready to be picked up.
2.5.2.2 In rural and LTC, the funeral home will contact the MRHP to arrange to collect the Medical Certificate of Death.

2.6 **A Notice of Death form** must be completed by the nursing unit/home.

2.6.1 For adults and children, use the Notice of Death- Adult and pediatrics (Form # 102683)

2.7 In accordance with OH&S regulations and Disease Control regulations, information to ensure safe handling of the body must be included on the Notice of Death. This ensures the morgue staff, the coroner, the funeral home and any other persons handling the deceased are properly informed.

2.7.1 **Specified communicable disease** (a highly infective disease or agent) If the deceased was infected with Anthrax, Creutzfeldt-Jakob Disease (CJD), Hemorrhagic fever- viral, Plague or Smallpox, the funeral home must be notified of the issue prior to release of the body for transport. *Disease control regulations 2017*

2.7.2 **Chemotherapy and radiation therapy precautions** must also be reported at the time of release of body for transport in order to protect the safety of the workers in contact with the body

2.7.3 Implanted **devices** need to be reported related to handling after death.
PROCEDURE: CARE OF THE BODY

3.1 The nurse will:
   3.1.1 Inform the attending physician and the MRHP of a patient death. Leave a message for MRHP if outside business hours.
      3.1.1.1 If the family requests an autopsy, the MRHP must be notified and spoken to.
   3.1.2 Notify the admission/discharge team of the death.
      3.1.2.1 In acute care Saskatoon: Update Allscripts and ACAS. See Appendix J
      3.1.2.2 In Long Term care, home care and rural acute care:
         The nurse will follow their unit specific process to ensure their office staff/registration services and all applicable departments are notified in a timely manner.
   3.1.3 Notify family of the death and speak with the family to understand and prepare the body with respect and dignity and to provide care that is sensitive to cultural and/or religious beliefs of the family and the deceased. See Appendix C

3.2 Begin documentation on the Notice of Death form
   3.2.1 Tissue Donor Assessment- found on back of form
      ➢ If the deceased is a potential tissue donor, page the Tissue Donor coordinator on call through switchboard
   3.2.2 Department of Anatomy- Body Bequeathal Program: if the patient/family wishes to donate, the Department of Anatomy should be contacted @ the University of Saskatchewan by the unit @ 306-966-4075. They will determine if the body will be accepted. https://medicine.usask.ca/department/schools-divisions/biomed/body-bequeathal-program/index.php
   3.2.3 Brain removal: Parkinson’s research- this program may have been selected by the patient to further Parkinson’s research. The family should have the contact information.

3.3 Coroner’s case and/or Autopsy
   In all coroners’ cases, leave the body on the unit (in their room) unless the bed is required for another patient. In that circumstance, contact the coroner prior to the move to inform them of the need. Do not remove any invasive lines, tubes or drains unless directed to do so by the coroner.
   3.3.1 Patient transferred to another site for autopsy:
      3.3.1.1 Transfer service is booked by the coroner
      3.3.1.2 Transfer service will sign and collect a copy of the Notice of Death (page 1 only) and take the original Medical Certificate of Death
      3.3.1.3 Unit to complete final discharge notation in the chart
      3.3.1.4 Send the completed chart to Health Records
   3.3.2 Patient remains on same site for autopsy
      3.3.2.1 Send the consent for autopsy (form # 101573), a copy of the Notice of death form (page 1 only) and the chart to the morgue with the body. Place the chart in the designated location in the morgue.
      For an autopsy the Coroner has requested, no consent is required.
      3.3.2.2 Do not send the Medical Certificate of Death to the morgue. It should remain on the unit for the funeral home to collect.

3.4 To grant access to the personal health information, the coroner will provide a signed copy of “Release for access, records, objects or specimens” form. This form is to be left as part of the permanent health record.
   3.4.1 If there is no autopsy requested by the Coroner, the coroner will notify the unit that the body may be released for transport to the funeral home.
3.4.2 Once a non-medicolegal autopsy is completed the final postmortem report is sent to the requesting physician. The family may obtain details from them.

3.4.3 Once a coroner’s case autopsy is completed, the final postmortem report is sent to the coroner. The family may obtain details from the Coroner.

3.5 If an autopsy is requested, the morgue attendant will notify the unit or ED Registration clerk once the autopsy is complete. This information is recorded on the Notice of Death form and the body can now be authorized for release for transport to the funeral home.

3.6 Once the body has been released by the morgue attendant, the unit will notify the funeral home/transfer service that they may come and pick up the body.

➢ If the body had been transferred to another site, the morgue will notify the funeral home for pick up. See 3.3.1.

**Expected death**
For additional details see:

- APPENDIX F Death in outpatient and Emergency department
- APPENDIX G Death in for deaths in Primary Health -community
- APPENDIX H Death in the Operating room
- APPENDIX I Death in Long Term care homes
- APPENDIX J Death in Acute Care- Saskatoon
- APPENDIX K Death in Acute Care- Rural

3.7 Prepare the body for viewing by replacing any prostheses, i.e. dentures. If unable, send with the body. Wash the body as necessary. Remove invasive lines and catheters.

**Note:** Consult information on cultural practices and religious beliefs in Appendix B.

3.8 Remove jewelry if permitted by substitute decision maker. Use tape to secure any rings or other jewelry left on the body. Give the jewelry and belongings to the family.

If unable to send with the family:

➢ Place valuables in a valuable envelope and send to cashiers or locked designated space.
➢ Place the belongings in a bag and keep with the body. Notify family for collection when there are large amounts.
➢ Document specific details of items, disposition of valuables and belongings in the chart.
➢ Document on Notice of Death form.

3.9 **Pediatrics:** the making of a Memory Box (picture, hand or footprints, lock of hair, etc.) must have prior verbal consent from family or guardians. Consent is documented in Progress Notes.

3.10 **Viewing**

3.10.1 The preferred place for family viewing is on the nursing unit or long term care home, otherwise it is recommended that viewing be arranged at the funeral home.

3.10.2 **In Saskatoon acute care:**

In rare cases, families may request to view the body after transfer to the morgue.

3.10.2.1 Page social work (City/RUH) or Spiritual care (SPH) through switchboard, who will meet with the family. They will contact the morgue attendant. If they are not available, a viewing will not be possible.

3.10.2.2 If the morgue attendant is available and a viewing is planned:

The morgue attendant will prepare the body for viewing.
3.10.2.3 Once the body is ready, spiritual care or social work will escort the family to the viewing area and remain available nearby to provide support.

3.11 **Using a shroud:** If the body is to be transferred to the morgue, it must go in a shroud so body fluids will be contained. They are available in one size only, SKU 62676. Identification tags are included which should be attached to the body and on the outside of the shroud.

3.11.1 If the body is being picked up directly by the transfer service you do not need to use a shroud, the transfer service will provide an impervious body bag.

3.11.2 In acute care, the body must have an armband ID.

3.11.3 In long term care homes and private homes the identification will be done by staff or family. See Verification of Identification policy 7311-60-017

3.12 **Bariatric patient** (BMI more than 35 or weight more than 159kg)

3.12.1 Inform the funeral home if the patient weighs more than 159kg. They will let you know who will be coming to transport the body.

3.12.2 In Saskatoon Acute Care: If the patient needs to go to the morgue, notify the transfer service and the body will be transported to the RUH morgue.

3.13 If the patient was infected with a **specified communicable disease** (See 2.7) the body will remain on the unit to be picked up and is NOT to go to the morgue.

Contact Infection Prevention and Control if you have any questions.

**Morgue:** In Saskatoon Acute care only

3.14 Obtain morgue gurney from the morgue- confirm there is space in the morgue.

See Appendix E Work Standard; Morgue; delivery of body to morgue

3.14.1 **Morgue is full:**

- Contact switchboard to speak with the morgue attendant on call to be directed to the appropriate hospital morgue.
- Notify the transport service to transfer the body to the available morgue
- The transport service will show ID and sign the Notice of Death form. The unit will also sign confirmation of ID and that permission has been given to release the body to the transport service.
- The unit will provide a copy of the completed Notice of Death to the transport service and the original Medical Certificate of Death.

3.15 **Transport body to the morgue.** Wrapped infants may be carried to the morgue.

On occasions when the unit does not need the bed for a new admission, the unit may arrange for the funeral home to pick up body on the unit.

**Note:** *The time a body may remain on the unit is dependent on available bed needs.*

3.16 Place a copy of the Notice of Death form (page 1 only) in the morgue in slot identified for it.

3.17 Document time of admission to Morgue and place a patient ID label in the “Delivering and removing body log “found in the morgue. See Appendix A.

3.18 **Removal of the body from the hospital or Long Term Care home**

3.18.1 **Authorization to release the body from the facility:** Once the Notice of Death form has been completed and you have been informed that the autopsy and/or coroner have finished their work (if applicable) the nurse or ED Registration clerk will sign the Notice of Death form to authorize that the body may be released for transport.
3.19 The nursing unit/home will notify the funeral home when they may come to remove the body.
3.19.1 Inform the funeral home/transport company of any Notifiable communicable diseases, chemotherapy or radiation precautions or if patient had an implanted device
3.19.2 In Saskatoon acute care- the ER and Outpatients units send the Notice of Death form (#102683) to the ER registration clerk to notify the funeral home.

3.20 The funeral home/transfer service will come up to the unit/home and show their identification to the unit/home and sign the Notice of Death form.

3.21 The unit staff will sign on the Notice of Death form they have confirmed the ID of the funeral home/transfer service and the staff will confirm ID of the body prior to removal.
3.21.1 If the body is in the morgue, security will grant funeral home/transfer service access to the morgue and will confirm ID of body prior to releasing to funeral home/transfer service.

3.22 Provide the following forms to the funeral home/transfer service at time of release:
- Notice of Death-#102683 make a copy of page 1
- Medical Certificate of death- original
- In the case of a corner’s case, the Coroner’s office will provide the Medical Certificate of Death.

Note: Long Term care, Home Care and rural, it is the MRHP’s responsibility to provide the Medical Certificate of Death to the funeral home.

Note: If the Medical Certificate of Death is not completed when the funeral home/transfer service has picked up the body, it may be faxed to the funeral home upon completion. Then the original must be mailed to the funeral home.

3.23 Unclaimed/Unidentified bodies
3.23.1 Contact the Social Worker for assistance when available. In all other locations, contact the Facility Administrator / Site leader.
3.23.2 In Saskatoon, bodies left in the morgue more than 72 hours without contact from family/funeral home, follow up with Social Work office for assistance.

3.24 Other than funeral home transporting the body
Rarely, the family may choose to manage transport and funeral care outside the services provided through a funeral home. The following outlines what steps to take to help facilitate this. You may offer to connect them with a funeral home if they have questions. They may choose to use the funeral home for the transfer service and paperwork portion alone.
3.25 If the family or authorized decision-maker with the right to control the disposition of human remains states that they will not be using the services of a funeral home, the preparation of the body will remain as outlined in steps 3.8 – 3.12.

3.26 The family or authorized decision maker will need to complete Release of body from hospital/home to other than funeral home form #104459.
   - Unit to make a copy of the Release form for the chart record

3.27 The facility must provide a Statement of Death form to the person transporting the body.
   - This form is available at the ED Registration clerk’s desk in Acute Care Saskatoon. In all other areas, contact the manager in charge
   - See Work Standard- Release of body to other than a funeral home. Appendix D and D.1.

3.28 The person who is completing the Statement of Death will also sign the Notice of Death form as the person removing the body from hospital.

3.29 The MRHP will complete the Medical Certificate of Death and the facility is responsible for mailing the completed document to ehealth Saskatchewan, Vital Statistics as soon as it is practicable.

```
ehealth Saskatchewan
Vital Statistics
2130 11th Avenue
Regina, SK S4P 0J5
```

3.30 At time of removal, the unit will provide the following documents to the person transporting the body.
   - Statement of Death-original
   - Notice of Death- copy
   - Release of body from hospital to other than funeral home form- original

3.31 The unit may contact Spiritual Care or Security (if available) or designated staff in charge to help the family with transporting the body to the exterior of the facility. This may include shrouding and use of a stretcher to porter.

3.32 Documentation summary
   3.32.1 In Progress Notes- Nursing
      - Date & time of death
      - Criteria of death if nurse pronounced death. See 2.1
      - Name of individual pronouncing death
      - If family or other present at death and care provided to them
      - Time body taken to morgue or picked up by funeral home
      - List of jewelry and/or dentures remaining on the body. Include details about what items are sent with the family and the name of the person taking them

3.32.2 Notice of Death- Nursing or Nursing + ED Registration clerk for ED /Outpatient units
3.32.3 Consent for Autopsy if applicable- Nursing and MRHP
3.32.4 Medical Certificate of Death- MRHP, then provide to family
3.32.5 Statement of Death- family see 3.26
3.32.6 Release of body from hospital to other than funeral home - family

4 REFERENCES:


Guidelines for completing the Medical Certificate of Death and the Medical Certificate of Stillbirth vital statistics, eHealth Saskatchewan
https://www.ehealthsask.ca/residents/deaths/Documents/HowToCmpltMCD%20v7.pdf

Physician obligations regarding medication certification of death-policy. Revised March 2019

Regina Qu’Appelle Health Region Health Services (February 6. 2019 ) Nursing Procedure: Death, Care of body. Author Regina SK


The Coroner’s Act, Saskatchewan. Chapter C-38.01 of the Statutes of Saskatchewan, 1999 (effective June 1,2000) as amended by Statutes of Saskatchewan, 2003,c.20;2004,c.65;2006, c.;2009,c.32;2012, c.C-39.2 and c.8;and 2018,c.42
https://pubsaskdev.blob.core.windows.net/pubsask-prod/511/C38-01.pdf

The Disease control regulations. Chapter P-37.1 Reg 11 effective April 17,2003
https://pubsaskdev.blob.core.windows.net/pubsask-prod/2351/p37-1r11.pdf

The Vital Statistics Act, 2009 as amended by the Statutes of Saskatchewan.,2013,c.21;2014,c.11;2015,c.26;2016,c.7;2017,c.23; and 2018,c.7 and c.49
https://pubsaskdev.blob.core.windows.net/pubsask-prod/35757/V7-21.pdf
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### Definition
An autopsy performed which is not accorded by the Coroner’s Act of Saskatchewan (i.e. autopsy is not required by the Coroner’s Office). An autopsy is performed to determine the cause of death, extent of disease and/or effects of therapy and the presence of any undiagnosed disease that may have contributed to death.

### Policy
A physician or Nurse Practitioner as the most responsible healthcare provider is responsible for making the request for an autopsy. The pathologist may authorize following consultation with the MRHP.

### Task Definition

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| 1.   | To obtain a non medicolegal autopsy:  
 a. On weekdays during operational hours (Monday – Friday 0800 – 1700 hours) MRHP calls SPH Laboratory at 655-5160 and asks for the Pathologist on Autopsy service. (When the phone is not answered the voicemail message at this number will indicate the pathologist on autopsy service)  
 b. On weekdays after operational hours and on weekends (Monday – Friday 1700 – 0800 hours, Saturday and Sunday 0000 – 2400), MRHP calls SHR Switchboard and asks for the Pathologist on Call. |
| 2.   | Information to be discussed between the physician and the pathologist must include;  
 MRHP is responsible for providing the following:  
 - Clinical information of deceased  
 - Any cultural or religious issues regarding autopsy or burial (i.e. timeframe for burial)  
 - Current location of deceased  
 - Any limitations for autopsy  
 - Appropriate identification of body  
 Pathologist will identify and discuss with the MRHP and or designate when and where to transport the body in special circumstances i.e.: Bariatric, pediatric, and Creutzfeldt Jakob Disease or neuropathology consult. |
| 3.   | Consent for autopsy to be completed and signed by the requesting MRHP for autopsy must accompany the body |
| 4.   | If communication takes place with the on call pathologist or triage pathologist they shall relay all information provided by the physician or designate to the pathologist who will be performing the autopsy requested. |
Cultural Practices and Religious Beliefs Related to Dying and Respectful Care of the Body

The following list gives a brief overview of some of the death and burial customs commonly practiced. The information is intended to broaden the awareness of staff so they can make dying patients and their family more comfortable.

The process of mourning and burial or cremation may be highly emotional to the family and friends of the dead person. It is important to take time to observe the wishes and traditions of different groups. Misunderstandings between health care professionals and families may result in unnecessary friction.

Buddhism:

For Buddhists, the most important consideration at the time of death relates to their state of mind as they believe in reincarnation of the soul and state of mind will influence their character at re-birth. The dying patient may seek quiet and privacy for meditation. They may be reluctant to use medications, as the goal at death is for the mind to be calm, hopeful and as clear as possible. There is no objection to blood transfusion, organ and tissue donation or post-mortems. No special rituals regarding body.

Hinduism:

Prefer to die at home and as close to mother earth as possible (on floor or ground). Holy water from the holy river of Ganges may be sprinkled onto the body. A thread may be tied around the neck or wrist to bless the person. Symbols of blessing should not be removed. Important for family to wash body. Eldest son安排s funeral. There are no religious objections to post-mortems or organ or tissue donation.

Judaism:

A dying Jew may wish to hear or recite special psalms, particularly Psalm 23 (The Lord is my Shepherd) and the special prayer (The Shema). They may appreciate being able to hold the page on which it is written. Body must not be left unattended from death till burial. Soul leaves body from feet – do not stand at feet. Jews are opposed to most autopsies. All tissue, amputated limbs, hair, etc. must be buried with the body.

Catholicism:

- Revolves around the Christian theme that there is life after death.
- Anointing of the sick is often administered near the time of death, to bring spiritual and physical strength during an illness.
- Belief that baptism is necessary for salvation and those children of believers should be baptized.
- Salvation of unbaptized infants is possible.

Lutheranism/Anglican:

- Revolves around the Christian theme that there is life after death.
- Belief that baptism is necessary for salvation.
- A “Service of blessing” may be provided.
- Baptism is not done after the person has died.
Jehovah’s Witnesses:

- Revolves around the Christian theme that there is life after death.
- Request the use of nonblood medical alternatives.
- The Witnesses do not feel that the Bible comments directly on organ transplants; hence decisions regarding cornea, kidney, or other tissue transplants must be made by the individual Witness.

Muslims:

A dying Muslim may wish to lie or sit facing Mecca (northeast direction) and moving the bed to make this possible would be greatly appreciated. Usually a relative or Muslim priest whispers prayers from the Koran to the dying. The dead person’s head should be bandaged to the lower jaw to ensure that the mouth is closed. Close the eyes. Hands should be put on the abdomen, right hand on top of the left. Legs should be straightened. A spouse or relative of same sex washes patient’s body. Muslims believe that their body belongs to God; therefore, the subject of organ/tissue donation should not be discussed unless the family initiates it.

Sikhs:

A dying Sikh will receive comfort from reciting hymns from Guru Granth Sahib – the Sikh holy book. A relative, priest or any Sikh present can recite hymns. The five traditional symbols that could cause distress if removed from dying person should be left with him.

- Kesh – long uncut hair of face and head.
- Kanga – hair comb (symbol of discipline).
- Kara – steel bangle on wrist (strength and unity).
- Kirpan – sword, worn as broach (authority and justice).
- Kachha – special shorts (spiritual freedom).

Staff may prepare the body.

Chinese:

Families “bedside company” is very important. It is crucial for the nurses to inform the family in time about the deterioration so that they could take the last opportunity to see the patient. The presence of children will give the parent a sense of completeness, and if they are brought to the patient’s bedside at the time of death, the patient will think that they have completed the family duty (bringing up the children to adulthood and seizing the flourishing of the family tree). The presence of sons, especially the eldest son is very important. It is sinful for them to have long-term pain, and being “bad patients” implies that they are failing to fulfill their social responsibilities in the doctor-patient relationship. Thus, consequently they choose to minimize their pain descriptions in front of their doctors.

Christianity

Personal or sentimental items and religious items such as prayer books or crosses may be important, especially when holding them. Belief that each human being is made in the image of God, and death is not the end – belief in resurrection of the body. The dying person should feel comfortable, safe, loved and where appropriate, assured of the love of God. Being at peace with family, neighbors, friends and oneself is important. May choose to forego pain medications in favor of clarity of mind in their last hours.
Aboriginal First Nations/Metis

The following do not apply under every circumstance. This information is meant as a guide to make you aware of what you may witness in your work.

First Nations and Metis Relations Advisor

Death is the Seventh Fire of the Life Cycle

- Upon death contact First Nations and Métis Health Services office – after business hours contact Switchboard to contact on-call Lead.
- Some First Nations and Métis follow traditional cultural practices and others follow faith-based religions and both must be respected.
- Large extended family may gather when there is a health crisis demonstrating respect and support.
- When requested by the family, involve traditional healers and interpreters in care as appropriate. Healers, and Medicine Men or Women may be brought in to help with the transition between life and the afterworld.
- Treat ceremonial and spiritual items and medicines with respect – they should not be handled by anyone other than the keeper of the item or medicines. These include bundles, rattles, drums, teas, feathers cloth, special stones, sweet grass, cedar, sage and other natural medicines.
- The deceased person’s medicines, spiritual items and personal belongings will be looked after by the family.
- Be aware of individual and cultural customs, characteristics and non-verbal communication. First Nations & Métis Health Services can assist clinical staff to understand these
Releasing a body from hospital/home to other than a funeral director

Occasionally a family may choose not to use the services of a funeral home. Funeral homes will also offer to do the paperwork and register the death as a separate service.

According to the Vital Statistics Act, s 34(1)(3)

1. The hospital must provide a Statement of Death form to the person to whom the body is released.
   a. Name, date of death, place of death, sex
   b. Provincial health services number
   c. Name, relationship to deceased and address of the person completing the statement of death
   d. Date, place and manner in which the final disposition (burial, cremation) will be carried out

2. If the patient had a Specified communicable disease. See 2.7 of the policy, the nurse will contact the Medical Health Officer (MHO) to request written permission to release the body to the family for transport.
   a. The body must not be released without notifying the person to whom it is released that the body was infected with that specified communicable disease.
   b. Subject to any instructions given by the MHO, the person handling the body must wrap and securely seal the body in a plastic bag before removing it from the room or other place where the death occurred and place the body in a metal or metal-lined casket that is sealed against leakage and reopening by welding or soldering or the use of gaskets and suitable screws. Unless otherwise approved by the MHO, no person shall accept the body for removal or transportation unless the body will reach its destination within 72 hours from the time of death or the time the body is released to the person by a coroner or a medical examiner, is embalmed or placed in a metal-lined casket that is permanently sealed against leakage or reopening by welding or soldering or by the use of gaskets and suitable screws, and enclosed in a strong outside box.

   Note: With a Coroner’s case, permission is required from both the MHO and Coroner.

   Note: Chemotherapy or radiation precautions, in the event the deceased person was still on chemotherapy or radiation precautions, the family must be made aware of the risk. Per section 29 (2) of the Disease control regulations:
   (2) No person shall transport the body of a deceased person by common carrier without the written approval of the local authority. In the event that the family is using public transportation (bus/plane/train) written approval is required from the MHO.

3. Register the death

   The Medical Certificate of Death will be mailed by the facility. The person completing the Statement of Death must submit the completed Statement of Death to the Registrar of Vital Statistics (the Vital Statistics Act, s 34(3)).

   eHealth Saskatchewan
   Vital Statistics
   2130 11th Avenue
   Regina, SK S4P 0J5

4. Burial

   The person who takes responsibility for the final disposition of the body shall ensure that the death is registered in accordance with Part V of the Vital Statistics Act, s. 33(2)

   A burial permit must be obtained from vital statistics prior to burial.
   a. A statement of death and a medical certificate of death must submitted to vital statistics in order for a burial permit to be obtained
   b. If this is done by the family they will need to wait for the paperwork to come by the mail.
APPENDIX D.1

Name of Activity: Release of body from hospital or home to Other Than a Funeral Home

Role performing Activity: RNs, RPN’s, NP and LPNs

<table>
<thead>
<tr>
<th>WORK STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Activity: Release of body from hospital or home to Other Than a Funeral Home</td>
</tr>
<tr>
<td>Role performing Activity: RNs, RPN’s, NP and LPNs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location: Saskatoon Health Region</th>
<th>Department:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Owner: Nursing Practice and Education</td>
<td>Region/Organization where this Standard Work originated: Former SHR</td>
</tr>
</tbody>
</table>

Date Prepared: November 12, 2019 | Last Revision: | Date Approved: |

Rarely, the family may choose to manage transport and funeral care outside the services provided through a funeral home. The following outlines what steps to take to help facilitate this. You may offer to connect them with a funeral home if they have questions. They may choose to use the funeral home for the transfer service and paperwork portion alone.

Public information is available at
Funeral and Cremation Services Council of Saskatchewan 1-306-584-1575
www.funeralinfo.ca or www.fcscs.ca

Note: Special permissions are required if the patient had a specified communicable disease. See policy Appendix D

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Task Definition</th>
</tr>
</thead>
</table>
| 1.       | Provide a “Statement of Death” form (obtain from the ED Registration clerk) to the person transporting the body to complete.* In Long Term Care, community care or rural contact the Manager on call for the form. According to the Vital Statistics Act, s 34(1)(3) The Statement of Death must be completed by the following persons
|          | • An adult relative of the deceased individual
|          | • If no adult relative is available, any other adult who was present at the time of death or who has knowledge of the personal particulars of the deceased individual;
|          | • If no person described in (a) or (b) is available, a coroner who had conducted an investigation or held an inquest with respect to the death. |
| 2.       | Inform the family/authorized decision maker that in accordance with the Vital Statistics Act 33 (2) and 34(3) they must:
|          | • Register the death with vital Statistics by submitting the Statement of Death:
|          | eHealth Saskatchewan
|          | Vital Statistics
|          | 2130 11th Avenue
|          | Regina, SK S4P 0J5
|          | • Obtain a burial permit to ensure final disposition of the body (burial/cremation) is in accordance with the Act. **This will have to come by mail** |
| 3.       | Have the family or authorized decision maker complete the “Release of Body From Hospital or Home to Other than funeral Home form # 104459
|          | • Make a copy of the completed form for the chart |
| 4.       | Complete the “Notice of death” form and have the family/authorized decision maker sign as the one removing the body.
|          | • Make a copy to give to the person removing the body |
| 5.       | Prepare body as usual and assist with transporting the body to the exterior of the facility. |
| 6.       | Notify admission/discharge team of discharge |
### WORK STANDARD

<table>
<thead>
<tr>
<th>Task Sequence</th>
<th>Task Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong></td>
<td>Go to the morgue to pick up the transport stretcher</td>
</tr>
<tr>
<td></td>
<td>• Contact security to open the morgue if no one is available to open</td>
</tr>
<tr>
<td></td>
<td>• Confirm there is space available</td>
</tr>
<tr>
<td><strong>2.</strong></td>
<td><strong>Space available</strong></td>
</tr>
<tr>
<td></td>
<td>Use the stretcher to bring the shrouded body to the morgue</td>
</tr>
<tr>
<td></td>
<td>Transfer body to the morgue using the correct TLR (slider sheets or ceiling lift)</td>
</tr>
<tr>
<td></td>
<td>SCH/SPH- transfer body into drawer</td>
</tr>
<tr>
<td></td>
<td>RUH- transfer body onto morgue stretcher</td>
</tr>
<tr>
<td></td>
<td>Place bodies of fetuses, newborns or babies on shelves immediately to the right of the morgue door</td>
</tr>
<tr>
<td></td>
<td>Place the copy of the “Notice of Death” form on the drawer with the body</td>
</tr>
<tr>
<td></td>
<td>If an autopsy is requested, leave the consent in the morgue</td>
</tr>
<tr>
<td></td>
<td>Record admission to morgue in the “Delivering and Removing Body Log”</td>
</tr>
<tr>
<td><strong>3.</strong></td>
<td><strong>No space available</strong></td>
</tr>
<tr>
<td></td>
<td>• Contact Morgue Attendant on call, they will direct which morgue has available space</td>
</tr>
<tr>
<td></td>
<td>• Call transfer service to transfer body. Both companies can transport bariatric bodies. Inform at time of booking</td>
</tr>
<tr>
<td></td>
<td>Platinum emergency service or Prairie Removal</td>
</tr>
<tr>
<td></td>
<td>306-371-7837 or 306-221-5309</td>
</tr>
<tr>
<td></td>
<td>Transfer service will pick up the body from the unit</td>
</tr>
<tr>
<td></td>
<td>Transfer service will sign for the removal on the Notice of Death after they have shown their ID.</td>
</tr>
<tr>
<td></td>
<td>Unit will sign as “staff releasing the body for transport from hospital” on the Notice of Death and provide a copy to give to the transfer service as well as the original Medical Certificate of Death.</td>
</tr>
<tr>
<td></td>
<td>Receiving hospital</td>
</tr>
<tr>
<td></td>
<td>• Transfer service will register the body as a DOA with the ER registration clerk</td>
</tr>
<tr>
<td></td>
<td>• ER Registration clerk will notify funeral home when able to pick up and will provide the paperwork upon release.</td>
</tr>
</tbody>
</table>
This applies to the Emergency Department and units that are not open 24hrs. The funeral home will go to the ER registration clerk to sing the Notice of Death.

<table>
<thead>
<tr>
<th>Task Sequence</th>
<th>Task Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Print off form # 102683 Notice of Death on Forms on Demand</td>
</tr>
</tbody>
</table>
| 2.            | The unit where the death occurs will initiate the Notice of Death in cooperation with the home nursing unit if applicable  
|               | • Date and time of death  
|               | • Belongings and valuables  
|               | • Tissue donor assessment  
|               | • Attending physician notification  
|               | • Family physician notification  
|               | • Determination of coroners case or autopsy  
|               | • Medical Certificate of Death-completed by physician  
|               | • Admission to morgue time |
| 3.            | Obtain a shroud/tags SKU#62676, place body in shroud. |
| 4.            | Photocopy the Notice of Death to accompany body to the morgue |
| 5.            | Transport the body to the morgue |
| 6.            | Place the photocopied Notice of Death on the morgue drawer/or in the designated spot. |
| 7.            | Sign in “Delivering and Removing Body log” in the morgue |
| 8.            | Send the Notice of Death to the ER registration clerk for completion |
| 9.            | Send the chart to the medical records |
| 10.           | ER Registration Clerk will be notified of completion of autopsy, coroners case or donation in order to release the body from hospital |
| 11.           | ER Registration clerk will notify Funeral Home to pick up body for transport |

See Nursing Policy Adult and pediatric, pronouncement, care of the body and belongings, viewing and release of body for transport # 1077
NAME OF ACTIVITY: Death in Primary Health-Community (Home Care)

ROLE PERFORMING ACTIVITY: RNs and LPNs

WORK STANDARD

<table>
<thead>
<tr>
<th>Task Sequence</th>
<th>Task Definition</th>
</tr>
</thead>
</table>
| 1.            | RN or LPN pronounces death  
|               | - If death seems unnatural it must be reported to the coroner- See section 2.2 and 3.3 in policy 1077. |
| 2.            | Document using the Notice of Death form # 102683 |
| 3.            | Notify family physician of the death  
|               | - For Palliative Home Nursing clients or those whom death is expected, the family physician will have indicated they will complete the Medical Certificate of Death.  
|               | - If the death occurs after business hours a message may be left to indicate the death has occurred and the body may be released to the funeral home  
|               | - For any other death, notify family physician of the death prior to releasing the body. |
| 4.            | Notify family if not present |
| 5.            | Prepare the body for viewing by replacing any prostheses, i.e. dentures, if appropriate, and wash the body as necessary. Remove subcutaneous cathlons and medication patches.  
|               | - Consult information on cultural practices and religious beliefs in Appendix B of policy. |
| 6.            | Notify the funeral home of release of body. Family arranges the time of removal. |
| 7.            | If staff present when funeral transfer service arrives, sign their release form.  
|               | - Family will sign when staff are not present  
|               | - The release form will vary but may ask for the name of person releasing the body to them and the relationship to the deceased. It also may include details about any valuables left on/with the deceased |
| 8.            | The Notice of Death will remain with clients chart.  
|               | - Indicate not applicable (N/A) for the bottom sections of the form that are related to the section related to removing bodies from hospital. |
| 9.            | Complete remainder of documentation on the nursing progress notes. |

See Nursing Policy # 1077 Adult and pediatric, pronouncement, care of the body and belongings, viewing and release of body for transport for more details.

APPENDIX G

See page 19 of 24
## Name of Activity: Death in the Operating room

### Role performing Activity: RNs and LPNs

### WORK STANDARD

<table>
<thead>
<tr>
<th>Task Sequence</th>
<th>Task Definition</th>
</tr>
</thead>
</table>
| 1.            | Physician, RN or LPN pronounces death  
  - If death seems unnatural it must be reported to the coroner by calling switchboard and asking for Coroner on Call - See section 2.2 and 3.3 in policy 1077. Note: OR death does not automatically have to be reported to Coroner unless it is deemed “unnatural”, as described in section 2.2 of policy. |
| 2.            | Document using the Notice of Death form # 102683, found on Forms on Demand. Fill out as much as you can on both sides of form, and notify Tissue Coordinator if the deceased qualifies to be a donor. |
| 3.            | Surgeon to notify family physician of the death  
  - Surgeon is to complete the Medical Certificate of Death. If completed, send with patient chart. If not completed by the time body is ready for transport, surgeon is responsible for transport of form to unit patient is from. Notify MRP and family physician of the death |
| 4.            | Notify family |
| 5.            | Work with MRP and the inpatient unit to complete the Notice of Death |
| 6.            | Prepare the body for viewing by replacing any prostheses, i.e. dentures, if appropriate, and wash the body as necessary. |
| 7.            | Document on the OR Case record:  
  - Delay/complications; PT_Death  
  - Complete applicable times  
  - Modify procedure mnemonic and ellipsis box to reflect actual procedure performed  
  - For transferred to: Choose OTHER  
  - Under additional remarks  
  - Time of death  
  - Name of individual pronouncing death  
  - Care provided to family  
  - Body taken to morgue  
  - List whereabouts of patient belongings |
| 8.            | If the deceased was classified as an ASA I or II call the Safety alert system #1600 |
| 9.            | If family wants to view body in Operating Room theatre, remove garbage, dirty case cart |

See Nursing Policy # 1077 Adult and pediatric, pronouncement, care of the body and belongings, viewing and release of body for transport for more details.
and unneeded extra equipment to provide a cleaner atmosphere for viewing. For other viewing options, see section 3.11. PACU is not a viewing option.

10. Notify ACAS #6319 when the body is moved off the unit.

11. Transport unclothed patient in shroud with patient labels attached (see section 3.12) to the morgue and send a copy of the Notice of Death to go with the patient for drawer/stretcher identification.

12. Send patient belongings in a bag, labeled, to morgue with patient. Patient valuables - See section 3.9

13. Send the chart with the Notice of Death to the inpatient unit (Exception: Coroners case where autopsy is requested, in which case chart will go to morgue with patient). If death occurs after hours, leave chart at front desk with note for unit clerk to transport in am.

14. The inpatient unit will notify the funeral home when ready to be released from hospital.

**Outpatient death (Emergency department and any unit not open 24hrs/day)**

15. Follow steps 3-12 as above.

16. Send chart to health records and Notice of Death to the ER Registration clerk. (If death occurs after hours, leave chart at front desk with note for unit clerk to transport in am. Walk Notice of Death over to ER.)

17. The ER registration clerk will notify the funeral home when ready to be released from hospital.

**Organ/Tissue Donation**

18. Once the organ donation is complete, the Organ or Tissue donor coordinator will contact the unit to give permission to release the body. The unit will then discharge the patient from the Patient flow system.

19. The OR will transport the body to the morgue and place a copy of the Notice of Death with the body.

20. The chart and the original copy of the Notice of Death with be delivered to the unit the patient came from.

21. The operating room is not required to notify the coroner of organ retrieval cases.

22. If Tissue Coordinator is procuring extra tissue or organs following team retrieval (corneas, heart valves, tendon, etc), he/she will be responsible for transport of body to morgue.
APPENDIX I

| Name of Activity: Death in Long Term Care Home |
| Role performing Activity: RNs, RPN’s and LPNs |
| Location: Saskatoon Health Region | Department: Continuing Care - Saskatoon |
| Document Owner: Nursing Practice and Education | Region/Organization where this Standard Work originated: former SHR |
| Date Prepared: August 15, 2019 | Last Revision: October 22, 2019 | Date Approved: |

**WORK STANDARD**

<table>
<thead>
<tr>
<th>Task Sequence</th>
<th>Task Definition</th>
</tr>
</thead>
</table>
| 1.            | RN, RPN, LPN or physician pronounces death  
  • If death seems unnatural it must be reported to the coroner- See section 2.2 and 3.3 in policy 1077.  
  o Work Standard: Reporting all sudden, unexpected and unnatural deaths in LTC homes to the Coroner’s Office.  
  o Work Standard: Disclosure of Personal Health Information to Coroners |
| 2.            | Document using the Notice of Death form # 102683 |
| 3.            | Notify MRHP and family physician or nurse practitioner of the death  
  • If the death occurs after business hours a message may be left to indicate the death has occurred and the body may be released to the funeral home |
| 4.            | Notify family if not present |
| 5.            | Notify Admission/discharge team of the death |
| 6.            | Prepare the body for viewing by replacing any prostheses, i.e. dentures, if appropriate, and wash the body as necessary. Remove subcutaneous cathlons and medication patches.  
  • Consult information on cultural practices and religious beliefs in Appendix B of policy. |
| 7.            | Notify the funeral home of release of body. |
| 8.            | Confirm Identification of transfer service/funeral home and have them sign the Notice of Death |
| 9.            | Staff releasing body to transfer service/funeral home will sign the Notice of Death |
| 10.           | Make a copy of the Notice of Death and provide it to the transfer service/funeral home |
| 11.           | Original Notice of Death to remain with chart. |
| 12.           | Physician responsible to complete the Medical Certificate of Death |
# APPENDIX J

## Name of Activity: Death in Acute Care

**Role performing Activity:** RNs and LPNs

<table>
<thead>
<tr>
<th>Location: Saskatoon Health Region</th>
<th>Department: Inpatient areas</th>
</tr>
</thead>
</table>

## WORK STANDARD

**Document Owner:** Nursing Practice and Education  
**Region/Organization where this Standard Work originated:** former SHR

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<tr>
<th>Date Prepared: October 21, 2019</th>
<th>Last Revision: Nov 18, 2019</th>
<th>Date Approved:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Task Sequence</th>
<th>Task Definition</th>
</tr>
</thead>
</table>
| 1.            | Nurse or physician pronounces death  
  • If death seems unnatural it must be reported to the coroner - See section 2.3 in policy 1077. |
| 2.            | Document using the Notice of Death form # 102683 |
| 3.            | Notify MRHP and family physician of the death  
  • If the death occurs after business hours a message may be left to indicate the death has occurred and the body may be released to the funeral home |
| 4.            | Notify family if not present |
| 5.            | The unit clerk/RN/LPN/RPN will update Allscripts (patient flow) of the pending discharge due to death and notify acute Care Access Services (ACAS) once the body has been moved off the ward.  
  **Note:** Organ donation - once the patient is moved to the operating room for the tissue/organ donation, the unit will request a transfer to an overflow bed in the ICU and contact the patient care supervisor of this request. Once the donation is complete, the Organ donation coordinator will contact the unit so the patient may be discharged from the patient flow system. This will also be recorded on the Notice of Death to indicate the body can be released from hospital.  
  • Prepare the body for viewing by replacing any prostheses, i.e. dentures, if appropriate, and wash the body as necessary. Remove subcutaneous cathlons and medication patches.  
  • Consult information on cultural practices and religious beliefs in Appendix B of policy. |
| 6.            | Notify the funeral home of release of body. |
| 7.            | Confirm Identification of transfer service/funeral home and have them sign the Notice of Death |
| 8.            | Staff releasing body to transfer service/funeral home will sign the Notice of Death |
| 9.            | Physician to complete Medical Certificate of Death.  
  • Send with transfer service/funeral home  
  • If not complete when body picked up, leave on unit and funeral home will return to pick it up |
| 10.           | Make a copy of the Notice of Death and provide it to the transfer service/funeral home |
| 11.           | Original Notice of Death to remain with chart. |
**Task Definition**

1. Nurse or physician pronounces death as per section 2.1
   - If death seems unnatural it must be reported to the coroner. See section 2.3 in Policy and Procedure #1077: Death: Adult and pediatric pronouncement, care of the body and belongings, viewing and release of body for transport.

2. Document using the Notice of Death form #102683

3. Notify MRHP and/or family physician or NP of the death
   - If the death is expected and occurs after business hours a message may be left to indicate the death has occurred and the body may be released to the funeral home

4. Notify family if not present

5. The unit clerk/RN/LPN will follow their unit specific process to ensure their office staff/registration services and all applicable departments are notified in a timely manner.

6. Prepare the body for viewing by replacing any prostheses, i.e. dentures, if appropriate, and wash the body as necessary. Remove IVs, subcutaneous cathlons and medication patches. In all coroners’ cases do not remove any invasive lines, tubes or drains unless directed by the coroner.
   - Consult information on cultural practices and religious beliefs in Appendix B of policy.

7. Notify the funeral home of release of body.

8. Confirm Identification of transfer service/funeral home and have them sign the Notice of Death

9. RN or LPN releasing body to transfer service/funeral home will sign the Notice of Death

10. Family physician or NP to complete Medical Certificate of Death.
    - If completed, send Medical Certificate of Death with transfer service/funeral home
    - If not complete when body picked up, the funeral home will make arrangements to obtain from the family physician or NP.

11. Make a copy of the Notice of Death form and provide it to the transfer service/funeral home

12. Original Notice of Death form to remain in the client’s chart.