**Canberra Health Services**

**Procedure**

**Providing care after Death**

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| Purpose |

This procedure outlines the steps to follow after the death of a patient who is in the care of Canberra Health Services (CHS). It includes information for staff on Coronial deaths and processes, and on caring for the deceased and their family through Coronial, and non-Coronial processes.

It supports CHS staff to:

* Ensure the appropriate processes are followed for notifying a death to the relevant parties
* Ensure documentation is completed appropriately, and
* Provide appropriate care for the deceased and their family.

This procedure supports registered nurses and registered midwives in the community setting to verify death across all practice settings except the Division of Mental Health, Justice Health Alcohol and Drugs. The Nursing and Midwifery Board of Australia (NMBA) Registered Nursing Standards of Practice advises that:

“Scope of practice *is that in which nurses are educated, competent to perform and permitted by law. The actual scope of practice of individual practitioners is influenced by the settings in which they practice, the health needs of people, the level of competence and confidence of the nurse and the policy requirements of the service provider”*

An overview of the process to follow for death of an inpatient can be found in the Flowchart at Attachment A and for death in the community at Attachment B.

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This Standard Operating Procedure (Procedure) describes for staff the process

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| Alerts |

The *Coroners Act* *1997* imposes a responsibility on all CHS staff to inform the ACT Policing Coroners Team of a death if they feel it meets the Coronial Criteria or if there are reasonable grounds to believe the death is one that a Coroner would have jurisdiction to hold an inquest about, and which has not previously been reported. Staff can contact the ACT Policing Coroner’s Team 24 hours/7 days per week on 0413 009 547 or through ACT Policing Operations on 131 444.

If CHS staff are unsure about any part of this procedure in relation to a specific death and a possible Coroner’s notification, they should contact the ACT Policing Coroners team to clarify before any further action is taken.

The *Coroners Act* *1997* also states that all deaths that occur in custody or in care must be referred to the Coroner. Death in custody refers to a person in the care of a custodial officer (including ACT Policing, Corrections and Mental Health Officers) or at a correctional centre of detention place as defined in Section 3C and 3D Death *Coroners* *Act* *1997*. Death in care refers to a person in the care of a custodial officer subject to an order under *Mental Health* Act 2015 or *Crimes Act* 1900 Section 309 as defined in Section 3BB Death *Coroners Act 1997.*

When CHS Medical Officers (MOs) verifies death, they must complete the Deceased Person Checklist (available on the Clinical Forms Register) to assist with determining whether to make a referral. The MOs must refer a death to the Coroner if it meets any of the criteria outlined in Section 13 of the *Coroners Act* *1997* (please see Attachment C). It is an offence under the *Coroners Act* *1997* for a MO to provide a certificate of death if the death of the person is to be referred to the Coroner for investigation or they will receive/expect to receive property or financial benefit from the death.

Under the *Crimes Act 1900* it is an offense for staff to interfere or create indignity to any deceased person.

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| Scope |

This procedure pertains to all patients (adults and children) whose death occurs while in the care of CHS. It also outlines the criteria for a referral to the ACT Policing Coroner’s Team (as per the *Coroners Act* *1997*) and information to support the decision to refer.

This procedure also outlines circumstances which require consultation and alternative processes to be followed. This includes management of:

* Deaths in the community setting
* Non-coronial post mortems
* Perinatal deaths
* Patients with infectious diseases
* Patients who were treated with Radioactive substances
* Bariatric and tall stature patients.

This procedure applies to CHS staff, including contracted staff, who work in the following settings:

* Canberra Hospital
* University of Canberra Hospital (UCH)
* Extended Care Unit
* Dhulwa Mental Health Unit (Dhulwa)
* Alexander Maconochie Centre (AMC)
* Bimberi Youth Justice Centre
* Periodic Detention Centre
* Court Transport Unit
* Community care setting.

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| Section 1 – Verification of Death |

Verification of death is a clinical assessment to establish a patient has died. Certification of death is when a medical officer documents a cause of death of the patient, this can only occur if the patient’s death is not being referred to the Coroner, see Section 2: Notification of Death and Section 3: Documentation for further information.

## Assessment of the extinction of life and verification of death

It is the MO’s responsibility to verify death and complete the associated documentation. If an MO is not present when a patient dies, a Registered Nurse may make a clinical assessment of the extinction of life and document this in the patient’s clinical record. Staff must then contact an MO to verify death.

It is the MO’s documentation of date and time of death that will be used when registering the death on ACT Patient Administration System (ACTPAS) (see Section 3 – Documentation). The admitting MO should be informed as soon as practicable.

**Registered Nurses may verify death (but not certify death) for patients they provide care to who are known to:**

* ACT Palliative Care Services patients living in the community
* Hospital in the Home (HITH) patients living in the community
* Community nursing patients receiving palliative care and living in the community

For the purposes of this exception, Registered Nurses are solely defined as Registered Nurses working within the following teams:

* Specialist Palliative Care Consultation and Liaison Service Team
* Community Care Service including the LINK team
* HITH Team.

**Clinical Procedure for Verifying death**

Death is to be verified by demonstrating all of the following:

* No palpable carotid pulse (for infants or neonates femoral or radial pulse, and
* No heart sounds heard for two minutes, and
* No breath sounds heard for two minutes, and
* Fixed and dilated pupils.

In situations where the person has been deceased for some time (as evidenced by rigor mortis, dependent lividity or tissue decomposition) the death is considered obvious, and no clinical assessment is required.

It is the MO/GP’s responsibility to certify the death of a palliative patient in the community and complete the associated documentation, see Section 7: Special Circumstances, sub section Community Setting.

## Deceased Person Checklist

The Deceased Person Checklist (available on the Clinical Forms Register) must be completed for all deaths in an inpatient setting at CHS. It is the responsibility of the MO who certifies death to use the Deceased Person Checklist to determine whether a referral is made to the ACT Policing Coroner’s Team. For deaths in the community setting refer to Section 7.

The MO must check the clinical notes and clinical information systems (e.g. ACTPAS, Clinical Patient Folder, Mental Health, Alcohol, Justice Health Integrated Care Electronic Record (MAJICeR), CIS and EDIS) regarding administrative alerts and warnings about patients. These alerts should be checked when deciding whether to refer to the ACT Policing Coroner’s Team. For example, a patient under a Mental Health Order who dies **must** be referred to the ACT Policing Coroner’s Team. Refer to Attachment C for Coronial Criteria.

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| Section 2 – Notification of death |

## DonateLife ACT (DL ACT)

DonateLife ACT and CHS are committed to respecting patient choices about their end-of-life care (EOLC). Only patients referred to DL ACT *before* death may become organ donors.

Staff in critical care areas can refer any pre-mortem patient where EOLC has been discussed or commenced. Referrals are made to the on-call Donation Specialist Nursing Coordinators via the Canberra Hospital Switchboard (5124 0000), 24 hours a day, seven days a week.

After death, patients cannot become organ donors, but they may be suitable to donate tissue. DSNCs are notified of all deaths via automatic ACTPAS death reports. This requires ward areas to update the patient’s death in ACTPAS ASAP. The Death Certificate for the patient must also be completed as quickly as possible to assist with the facilitation of tissue donation. More information is available in the *Organ and Tissue Donation – Adults, Adolescents, Children and Neonates Procedure.*

## Notifying the Coroner

If any of the answers to question 1 – 6 on the Deceased Person Checklist (detailed in Section 3) are “Yes”, the MO must notify the ACT Policing Coroner’s Team as soon as practicable after pronouncing death. Staff should then follow the process as per Section 9 - Coronial Matters.

Any staff member who feels it necessary (or is not sure) may also notify a death to the ACT Policing Coroner’s Team. Attachment C outlines the Coronial Criteria.

If the patient or their family consented to be an organ and/or tissue donors and their death is referred to the Coroner, they are still able to be donors. DonateLife ACT will contact the Coroner’s Team to discuss.

**Note**: For notification criteria for perinatal deaths, see Section 7, Special Circumstances.

If all the answers to questions 1 – 6 on the Deceased Person Checklist are “No”, the Coroner does not require notification and staff should continue to follow Sections 3-7 of this procedure.

## Notifying the next of kin and General Practitioner (GP)

The next of kin **must** be notified in a sensitive and timely manner by the MO or nursing/midwifery staff, and the discussion documented in the deceased person’s clinical record. This applies even if the deceased person had a substitute decision maker, such as Public Trustee and Guardian. Spiritual Support Services may be contacted through the Canberra Hospital switchboard (5124 0000) to assist staff with notifying next of kin and may also be contacted to support family members at any time post death. If the next of kin cannot be located, staff can inform ACT Policing who will attempt to locate them (131 444). When the next of kin and/or family arrive, staff will provide support and clear communication of what has happened and what will happen next.

The patient’s GP, as identified on ACTPAS will be notified of the death via the GP Liaison Unit during usual business hours. However, no clinical information is to be provided. A discharge summary is completed by the MO within 24 hours. An email notification system is currently in place to ensure that Junior Medical Officers are notified of any incomplete discharge summaries for deceased patients requesting that these will be done as a priority (within 24 hours). These emails are sent by Medical Officer Support, Credentialing, Employment and Training Unit (MOSCETU) (see Section 7 for Deaths in the Community Setting).

If the patient lives in a Residential Aged Care Facility the MO or nursing staff are to notify them of the death during usual business hours. However, no clinical information is to be provided.

## Release of information to the public

CHS staff must not release any information concerning the deceased person or the deceased person’s medical condition without consent from the deceased’s legal representative or if there is no legal representative, an immediate family member of the deceased. This is because the deceased person’s family must be made aware of all clinical information relating to the deceased prior to the information being made available for public release. Premature reporting can cause significant emotional distress, anger or the perception that the family’s interests have been ignored by authorities.

**Viewing of the Deceased**

Staff must ask the family (if not already present) whether they would like to spend time with and view the deceased person. The timing of the transfer of the deceased person (see Section 5 for Transfer) to the Mortuary should be accounted for and explained to facilitate the viewing.

**COVID-19 Alert:**

During the COVID-19 response, the Mortuary will not be allowing any visitors (Section 6). As such families are not able to view the deceased person after their transfer to the Mortuary.

If the deceased person has been moved to the Mortuary the family wanting to view the deceased:

* During business hours Monday to Friday 9am to 5pm (Mortuary Office Hours Monday to Friday 7am to 3pm) the family should contact Social Work or be put through to Social Work who will co-ordinate the visit of the family with the Mortuary staff and be present at the viewing to support the family.

1. Social Work staff will contact the Mortuary staff on 5124 2116 to inform them when the family would like to view the body and who the family are coming to view (the name, Date of birth and URN of the deceased).
2. The Mortuary staff will prepare the deceased person for viewing and move the deceased person to the viewing room.
3. Social Work staff will arrange with the family the details of the viewing, including time and meeting place. The family should be directed to the entrance to the Mortuary situated opposite the entrance to National Capital Hospital and labelled “Relatives Room”.
4. Social Work staff will stay with the family during the viewing to provide support as required.

* Out of Mortuary office hours the After-Hours CNC is to be contacted to coordinate the viewing of the deceased. Nursing staff and a wardsperson will prepare the deceased for viewing. The After-Hours CNC will meet the family and be present with them during the viewing.

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| Section 3 – Documentation |

## Adult and Children Death Certification – Medical Certificate of Cause of Death and Certificate of Medical Attendant form

Once the MO determines the deceased person is not a Coronial case, they must ensure the *Medical Certificate of Cause of Death* form is completed in a timely manner. This form is available on all wards and is a carbon copy form that is completed in triplicate. The white copy (original) will be sent to Births, Deaths and Marriages by Health Information Services staff, the green copy is the release form to be given to the collecting funeral director and the blue copy is retained on the patient’s clinical record. The cause of death should be noted according to the *Births Deaths and Marriages Practice Manual* and the *Information Paper – Cause of Death Certification* (Australian Bureau of Statistics – see references).

**Note:** The green copy of the *Medical Certificate of Cause of Death* form must be provided to Mortuary staff so the body can be released to the collecting funeral home staff. If the collecting funeral home staff arrive at CHS and the green copy is not available, the funeral home staff will be directed to contact the MO.

## Perinatal Death Certification - Medical Certificate of Cause of Death

Perinatal deaths from >20 weeks gestation, or <20 weeks gestation with signs of life, or >400g if gestation unknown until 28 days post-delivery should be managed in accordance with the *Neonatal Death, Bereavement, Palliative Care and Borderline of Viability Clinical Guideline*.

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## Documentation

Timely documentation of all essential information will ensure that the process of releasing the deceased person occurs as soon as possible. This must include the following:

* Progress notes of the events leading up to and after the death, including discussions with relatives, any valuables noted, any spiritual/cultural considerations when managing the deceased person. When it is identified that the patient is dying the Comfort Care Pathway located on the Clinical Forms Register should be utilised to document care leading up to and after the death of the person. Comfort Care Pathway includes a Nursing Checklist for completion after the patient’s death.
* Deceased Person Checklist
* Cremation Safety Checklist – MO should complete the Cremation Safety Checklist found on page 3 of the Deceased Person Checklist form. This allows the family to organise cremation of the deceased person and facilitates timely release of the deceased to a funeral home.
* Medical Certificate of Cause of Death

**Note**: For deaths that are referred to the Coroner, the Medical Certificate of Cause of Death and Medical Certificate of Attendance **should not** be completed. Refer to Section 9, Coronial Matters. In cases of organ donations in critical care areas, forms that certify death such as *Death on a Ventilator* or *Declaration of Brain Death* may be completed by the treating team.

The Ward Clerk will update ACTPAS to reflect the deceased person’s time of death as documented by the MO in the clinical record. ACTPAS will automatically update other clinical systems (e.g. Clinical Portal, MAJICeR), and all future appointments will be cancelled. The Ward Clerk or other appropriate staff member should then deliver the Clinical Record of the deceased person to Health Information Services. The details and opening hours are:

* Location: Mezzanine level, Building 12, Canberra Hospital
* Hours:Monday to Friday, 7am-10:30pm; Saturday, Sunday and Public Holidays, 8:30am - 5pm.

If outside these hours, the Ward Clerk retains the medical record on the ward and sends to Health Information Services as soon as office hours resume.

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| Section 4 – Care of the deceased and their Next of Kin/Family |

It is important that the dignity of the deceased patient is maintained. CHS staff can maintain the dignity of the deceased patient by:

* Discussing any religious and cultural needs with the next of kin
* Continuing to use caring and gentle touch when handling and transporting the patient
* Seeking permission from the family prior to performing any procedure or moving the deceased person
* If the death is not a Coronial matter, informing the family that they and/or CHS staff can dress the patient in clothes of their choice before transfer to the mortuary and to the funeral home. If the family have not provided clothing, the patient should be dressed in a clean hospital gown. Continence pants can be put on the patient to minimise urinal and faecal leakage.
* Informing the parents of deceased neonates, if the death is not a Coronial matter, that they can bath the baby, and that mementos (footprints, hair lock, photos) can be arranged by the staff for the family.

**Note**: Paper gowns/yellow gowns are not to be used to dress deceased patients.

* Informing the family that any valuables being worn by the deceased person can remain on their person. Any item remaining on the patient should be noted on the deceased person’s tag and in the Mortuary Register by the accompanying nurse at the time the person is transferred to the Mortuary. Any other valuables and personal effects belonging to the deceased person should be placed into a Comfort Care designated Patient Valuables bag and handed over to family members. Comfort Care designated Patient Valuables bags are available on the ward or from the Comfort Care at End of Life cupboard in the 11B meeting room. The personal effects and who they were handed to must be documented in the patient’s clinical record. If there is no next of kin or family present, the belongings should be transferred along with the deceased person to the Mortuary and then to the Funeral Director as per Section 5 below.
* Family members are encouraged to say their goodbyes before the patient leaves the room. Although not common, there are times when a family member may wish to go with the deceased patient to the Mortuary. This can occur after informing Mortuary staff and preparing the family member by informing them about the environment and smell of the Mortuary. When family members are accompanying a deceased patient to the Mortuary, please use the internal entrance to the Mortuary near Paediatric Outpatients.
* Informing family members, they are welcome to view their loved one at any time by contacting the Mortuary.

The patient’s treating team should check if there are any special circumstances as per Sections 6-8 which may impact on the care of the deceased and their family. The treating consultant can delegate the care of the deceased to an MO or nurse/midwife in the clinical area in which the deceased died. The treating team or palliative care team should liaise with the patient prior to death (wherever possible) and their family to sensitively discuss spiritual, personal, and cultural preferences for the care of the deceased.

These discussions and wishes should be documented in the clinical record. If the patient has an Advanced Care Plan in place, staff must ensure to follow the wishes of the patient wherever possible. Staff should **not** begin preparation of the deceased person without prior discussion with the family. All efforts should be made to uphold the preferences for the care of the deceased, unless a referral has been made to the Coroner.

If a patient has been referred to the Coroner, staff should discuss the families cultural, spiritual and personal requests with the ACT Policing Coroner’s Team. If the ACT Policing Coroner’s Team advises requests are unable to be performed because of their investigation requirements, then the family should be sensitively informed. Refer to Section 9.

All intended or actual organ donation cases in critical care areas will have DNSC present 24/7. DSNCs provide donor management and retrieval coordination along with continual family support throughout the donation pathway.

Just prior to death, or at the time of death, the care team should ensure that all families are provided with a Bereavement Booklet, which is available on the ward, or from Social Work. Family members should be offered a referral to see a Social Worker and be made aware of Spiritual Support Services. Social Workers and Spiritual Support Services can be contacted through the Canberra Hospital switchboard (5124 0000). Where a patient and/or family member identifies themselves as Aboriginal and/or Torres Strait Islander, a referral to the Aboriginal and Torres Strait Islander Liaison (ALO) Service should also be offered. Referrals can be made to the ALO service on ph: 5124 2055, via email at: ALOService@act.gov.au or through the Canberra Hospital switchboard. ALO consultation may be provided over the phone and appointments may be offered for families of community patients.

Family may view and spend time with the deceased person as they desire. Staff should make the necessary arrangements for this and provide access to a quiet room and/or area for the next of kin and family.

**COVID-19 Alert:** During the COVID-19 response, family may not be able to be with a person at end of life, or view and spend time with the deceased person for various reasons e.g. travel restrictions, illness or quarantine requirements, or Mortuary viewing restrictions.

Where their loved ones are unable to attend the hospital, a photo may be taken of a deceased person for compassionate reasons according to the following requirements. A photo of a deceased person can be taken and provided by a CHS staff member if there is written consent from an immediate family member (parent, domestic partner, adult child or sibling of the deceased) or legal representative (e.g. executor of the will or administrator of estate). This may be in the form of an email request from the immediate family member or legal representative. Note this email request should be uploaded to the person’s clinical record.

Wherever possible, clinicians caring for a person that is expected to die should identify early the family’s wish for a photo. If possible, written consent should be arranged prior to death to allow a photo to be taken as soon as possible after the person has died.

The photo should be stored on Clinical Patient Folder in accordance with the *CHS Photos, Video and Audio: Capture, Storage, Disposal and Use Procedure* – review this document for detail on storage, use and disposal of the photo, including guidance on emailing the photo to the identified family member or legal representative.

The Volunteer Manager, Cancer and Ambulatory Services sends out a Bereavement card to the next of kin of all patients who die in CHS inpatient settings two weeks after the death, and bereavement support information three months after the death, unless there are other specific processes in place for bereavement support (e.g. paediatric, fetal or neonatal deaths).

Where a staff member i.e. social worker has an ongoing relationship with a family/carer a post death bereavement call may be made to the family member/carer. Where there has been no relationship, a bereavement call should not be made unless requested by the family/carer.

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| Section 5 – Transfer |

**Note**: where possible the deceased person is to be transferred to the Mortuary via staff only corridors and lifts and not through public thoroughfares.

Prior to transfer to the Mortuary the deceased person is placed in a body bag. Adult, Baraitric, Teen, and Infant body bags can be ordered through Purchasing and Inventory Control System (PICS).

For non-Coronial deaths, transfer, and escort of the deceased person to the hospital Mortuary is by a wardsperson and a unit nurse/midwife. This nurse may be a DSNC in organ donation cases. Any additional paperwork related to the transfer is completed at the Mortuary. The deceased person’s name, date of birth and URN must be entered into Mortuary Register by the accompanying nurse with patient identification sticky label, ward where the patient died, date and time admitted to Mortuary, admitting officer’s name and signature and the listing of any personal possessions still on the deceased.

Mortuary staff are responsible for transfer and/or release of the deceased person to the Funeral Director, family or other designated person/s, and the arrangement of post-mortem particulars where required.

Following the death of a known ACT Palliative Care Services patient living in the community, the family will arrange for transfer and/or release of the deceased person to the Funeral Director or other designated person/s.

**COVID-19 Alert:** On the ward staff must wear appropriate PPE when handling or transporting deceased patients with confirmed or suspected COVID-19. The deceased person is placed in two blue body bags (double bagged) in a supine position the bag is zipped so it is fully closed, and the zipper is sealed with a blue numbered “zip/cable tie” which is supplied with the body bag. Wipe the exterior of the body bag with “Viraclean” pink disinfectant and paper towel. Securely fix a notice indicating COVID-19 infection contained herein to the exterior of the body bag, see Attachment D. If the deceased person has any personal property [i.e. jewellery, clothing, personal effects] present on their body this should be recorded in the Mortuary register. Normal identification [I.D.] tagging remains on the patient.

The ward staff must call the Mortuary staff on 5124 2116 to notify them a deceased with or suspected of having COVID-19 is coming. If it is out of hours transfer to mortuary send an email to [TCHMortuary@act.gov.au](mailto:TCHMortuary@act.gov.au) and state, the deceased person’s name, MRN and current COVID status.

The deceased patient is then transported by a Wardsperson and Nurse/midwife and admitted to the CHS Mortuary. Do not use the blue material cloth cover when transporting the deceased person to the Mortuary. Use the transport trolley and vinyl cover.

When entering the deceased person in the Mortuary Register the Nurse/midwife should write COVID-19 positive or awaiting COVID-19 results under the Mortuary Office Use column.

Prior to placement of the deceased person into the cool room, Mortuary staff must wipe the body bag clean using “Viraclean” pink disinfectant and paper towel provided. Upon completion of wiping the body bag dispose of the contaminated paper towel in the yellow infectious waste bag situated outside cool room. The transport trolley and mattress used to transport the deceased to the Mortuary MUST ALSO be cleaned and decontaminated with “Viraclean” disinfectant.

The deceased person is placed onto the body tray of the lifting device then moved into the cool room and place onto an allocated rack. The empty tray from cool room is removed using the lifting device then secured with the metal peg provided and the lifting device with tray is returned to designated area. The lifting device handlebar and controls are wiped down with “Viraclean” and paper towel, disposing of contaminated paper towel in yellow infectious waste bag. The lifting device is then plugged into a power point to charge.

When the deceased person is released to the Funeral Director or the Coroner the body bag WILL NOT BE OPENED. A receipt will be issued by the Funeral Director or their representative stating “one sealed bag received”.

When the deceased person is awaiting COVID-19 results, once the ward is notified of the result the ward staff need to inform the Mortuary staff of the result.

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| Section 6 – Ritual Washing |

**COVID-19 Alert:** Ritual washing/s are not permitted on deceased patients with COVID-19 within the CHS.

**Alert**: UCH does not have the facilities for ritual body washing. Where this is required, arrangements should be made with the accepting Funeral Director.

For some religions it is a requirement that the body of a deceased person is ritually washed and shrouded before burial, and as soon as possible after death.

Ritual washing is unable to occur for deaths referred to the Coroner. The MO should inform the family of this when notifying them the death has been referred to the Coroner and the ACT Policing Coroner’s Team should be made aware of the family’s request for ritual washing

**For inpatients**

Ritual washing is performed by family members and/or by religious representatives who are appointed by their faith group and appropriately trained by CHS. The process of ritual washing and draping can take up to 2 hours.

If ritual body washing is requested by the deceased person’s family, staff should contact Canberra Hospital switchboard (5124 0000) to arrange for the body washing team to be called. The switchboard can contact the team for the faith group directly or through the Manager, Spiritual Support Services on 5124 3849. The family may contact the body washing team for their faith directly if they prefer.

Nursing/midwifery staff should notify Mortuary staff via Canberra Hospital switchboard or on 5124 2116 of the need for ritual washing and the approximate time of the ritual washing if known, as there is a designated morgue room for ritual washing. If it is outside Mortuary office hours: Monday to Friday 7am to 3pm the Mortuary on-call should be contacted via the switchboard. Mortuary staff will liaise with the nominated family member or the Ritual Washers to determine a mutually agreeable time for the washing to occur. When death occurs after hours please ensure to notify the After-Hours Hospital Manager (AHHM) of the requirement for ritual washing.

For any deaths that occur in the afternoons or the evenings, the washing can be held over to the next day and still occur in the Canberra Hospital Mortuary. The ritual washing can occur at the hospital even if a Funeral Director has already been engaged. On occasion, families of the deceased person may have made arrangements to conduct ritual washing and draping at a local Funeral Home. In such instances, the body of the deceased is released to the Funeral Director and family.

Once the patient has been received in the Mortuary, the nurse enters the patient’s details into the Mortuary register and includes a note that the patient is to have ritual washing.

Ritual washing occurs in the allocated area of the Mortuary. If the room is unavailable, the Mortuary theatre can be used. Linen and towels will be available for use on a labelled shelf in the Mortuary. It is the responsibility of Mortuary staff to ensure all visitors to the Mortuary comply with the relevant rules and policies pertaining to the Workplace Health and Safety requirements in the Mortuary.

**Note**: The green carbon copy (second copy) of the *Medical Certificate of Cause of Death* form must be completed prior to the release of the deceased person. Generally, the deceased is transferred to religious institutions (for example their Mosque) or Funeral Director at the completion of the ritual washing, and this cannot happen without the relevant and completed paperwork.

Once ritual washing and draping has been performed it is important that wherever possible the deceased person is released to the family in a timely manner. If the death occurs after midday, burial can occur the following day. If required, Spiritual Support Services should be notified to help support the family, particularly where there is a potential time delay due to the operational requirements of the Mortuary. Where required the use of interpreter services is recommended by calling 131 450 (see *Language Services Interpreter Policy and Procedure* for further information).

**For Palliative Care patients in the Community**

Following the death of a known ACT Palliative Care Services patient living in the community the family will need to arrange for ritual washing to occur in the patient’s home or a Funeral Home.

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| Section 7 – Special Circumstances |

## Community setting:

When attending a patient in the community, staff must first assess the situation by following basic life support principles. If there are any signs of life, contact ACT Ambulance Services and supply any known history that may assist.

Verification of death can be completed by an RN where the GP is not available. The body cannot be removed from the house until verification of death is completed. The death certificate and the cremation certificate are not needed to remove the body from the house. Registered Nurses who verify death must have completed the self-assessment tool at Attachment E and completed training before they are able to verify death.

It is recommended that for expected deaths in the community, the medical team has developed a plan for who will verify and certify death wherever possible. The patients GP should always be encouraged to attend post death to verify death and attend to death certificate / cremation certificate

Where a death is obvious but unexpected, staff must contact ACT Policing by calling 131 444. The ACT Ambulance Service is unable to certify that life is extinct and will also contact ACT Policing in this instance.

Where the death in the community was an expected death, and this is known to the staff member who discovers the death, for example:

* Death follows on from a period of illness which has been identified as terminal
* Palliative care services are involved in the care
* When there is a formal agreement between the treating team and the family that there be no active intervention to prolong life.

In these instances, the staff member must contact the relevant MO/GP to attend in order to certify death.

**Note:** Registered Nurses\* who provide care to known ACT Palliative Care Services patients living in the community may verify death for a palliative patient in the community. A MO/GP must still certify death.

\*Specifically, Registered Nurses working within the following teams:

* Specialist Palliative Care Consultation and Liaison Service Team
* Community Nursing Team
* HITH.

Refer to Section 1 for details.

If there are any signs of life, contact the ACT Ambulance Services and supply any known history including Advance Care Planning information i.e. Do not attempt cardiopulmonary resuscitation (DNACPR) that may assist.

If the Registered Nurse is not certain if the person is deceased, they should seek the opinion of a second health professional e.g. Medical Officer (MO) for HITH patient, or General Practitioner (GP). It is reasonable for the attending Registered Nurse to wait and repeat the above clinical assessments after a clinically appropriate time has elapsed. A second opinion may be sought from a qualified paramedic by calling an ambulance if necessary.

When verifying death, a Registered Nurse will make a clinical assessment of the extinction of life and document this in the clinical record. Nursing Professionals must then contact the patient’s GP to certify death. It is the MO/GP’s responsibility to certify the death of a patient in the community and complete the associated documentation.

Registered nurses / registered midwives who are assessing and verifying death

must use the Verification of Death form (Attachment F). The original form is provided to the funeral director and the copy is kept in the patient file.

*When a Registered Nurse should not complete the verification of death form*

* RNs should only verify death when the GP is not available to attend.
* RNs should not complete the Verification of Death unless there is a concrete plan for completion of the Death certificate and Cremation certificate. This plan should include:
* the name of the doctor completing the certificate/s
* the time frame for completion
* Death certificates must be completed within 48 hours of death. If this is not possible, please notify coroner to discuss. In this situation, do not complete the verification of death without approval from the coroner’s office.
* RNs should not complete verification of death if there is any suggestion the death might be a coroner’s case. If unsure, discuss with relevant PCMO. See Attachment C for definition of coroner’s cases.
* If staff believe the death falls into any of the categories the matter must be discussed with the appropriate PCMO and the Coroners Court representative (i.e., the Coroner’s Offices at ACT Policing) as soon as possible.

The arrangements which follow (i.e. certifying death, contacting the Funeral Home) are the responsibility of the family and the MO/GP. Any assistance provided by CHS staff must not include moving or preparing the deceased person in any way until the MO/GP has confirmed they will complete a death certificate with cause of death.

**Note**: Even when death is expected (e.g. for a patient receiving palliative care), a referral to the Coroner may still be required where the death is due to an unrelated or unexpected event (e.g. as a result of a fall, overdose on medications etc.). All deaths of consumers on an Order under the *Mental Health Act 2015* must be referred to the Coroner, even if cause of death is known.

Staff should document what occurred in relation to the death in the patient’s clinical record.

Notification should be made to the ACTPAS Data Quality Team by using the Patient Death Notification form available on the intranet.

**Note**: All deaths of current CHS Mental Health consumers, or consumers recently discharged from the service (within 3 months) must be notified to the Executive Director, Mental Health, Justice Health, Alcohol and Drug Services. Refer to *Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS) Incidents Reportable to the Executive Director and Intervention Following the Death or Potential Death of a Person* *Procedure* for details.

Registered Nurses may at their discretion *opt out* of verifying death for a palliative patient in the community. In this instance they should contact an MO/GP who is willing and available to verify death for that patient.

*Documentation*

* Death certificate must be completed by a doctor. The doctor must either:
* Know the patient (seen in previous six months)
* Be from the same GP practice

The body does not have to be viewed to complete a death certificate

* Cremation certificate Must be completed by a doctor who knows the patient and has viewed the body. This can be in the home or at the funeral home. If the patient is for cremation, please ensure the doctor writing the death certificate is aware. If they do not attend the home to view the body, they will have to attend the funeral home.

*Other considerations*

Staff should:

* Contact the funeral director to let them know:
* That the verification of death form is complete
* If there are any infectious diseases
* If there are any implantable devices
* If there are any considerations around organ donation
  + Leave the original copy in the home for the funeral director and bring the carbon copy back to CHS for the medical record

An overview of the process to follow can be found in the Flowchart at Attachment B.

## Post Mortem – non-coronial:

Information regarding the process can be found in the *Adult Post Mortem Procedure (Non-coronial cases)* or *Perinatal and Paediatric Post Mortem Examinations and Retention of Body Tissue*, with the associated forms located on the Clinical Forms Register. Informed consent must be obtained from the patient’s next of kin. The Anatomical Pathology Department must be contacted (5124 2867) to discuss the request with the relevant pathologist.

## Perinatal deaths:

Where there is a question around the cause and nature of a perinatal death (see definition of terms), the nurse/midwife or Registrar should contact the on-call neonatologist and/or obstetrician, who will determine whether the Coroner should be notified. The baby must have exhibited an objective sign of life once separated from the mother to be referred to the Coroner (i.e. breath, limb movement, pulse or pulseless electrical activity).

**Note**: Any birth at less than 20 weeks gestation or when weight is less than 400 grams should be managed in accordance with *Management of Termination of Pregnancy, Miscarriage or Fetal Death Clinical Guideline*.

## Infectious diseases:

Infectious diseases are categorised into List A and List B (see table below). If a deceased person is suspected or known to have been exposed to these, additional precautions apply. Diseases identified that are not listed require standard precautions when caring for the deceased patient and the deceased person may be touched/viewed/handled by family members if so desired.

| **List A** | **List B** |
| --- | --- |
| *Does* ***not*** *require hermetically sealed bag* | *Does require hermetically sealed bag* |
| Acquired Immunodeficiency Syndrome (AIDS) | Anthrax |
| Acute Viral Hepatitis (Unclassified) | Diphtheria |
| Hepatitis A, B, C, D | Creutzfeldt-Jakob Disease (CJD) |
| Human Immunodeficiency Virus Infection (HIV) | Plague |
| Meningococcal Disease | Small Pox |
| Rabies | Yellow Fever |
| Active tuberculosis | (Any) Viral Haemorrhagic Fever including:   * Lassa * Marburg * Ebola * Congo Crimean Fevers |
| COVID-19 |  |

Each case needs to be individually assessed regarding any additional precautions and the use of PPE. In the likelihood of a splash with blood or body fluids, PPE must be worn and removed as per the *Infection Prevention and Control - Healthcare Associated Infections procedure*.

If a patient is suspected or known to be exposed to a disease from List A then the patient should be cared for in death with the same precautions as they were in life. A label “Infectious Disease List A/B-Handle with Care” (Attachment G) should be attached once the person has been placed in a body bag.

A deceased person with exposure to a disease on List B requires the following:

* Place the deceased in two body bags
* The second bag should be hermetically sealed - the equipment to hermetically seal the bag is available from the Mortuary
* A label “Infectious Disease List A/B – Handle with Care” (Attachment G) should be attached to the body bag
* Viewing the body is not permitted.

Staff should contact Infection Prevention and Control for advice and assistance on

5124 5848.

Mortuary staff should advise the appropriate people of further precautions when the deceased person is released.

## Death of a Patient in the Perioperative Unit

If the death of a person occurs within the Perioperative unit, the perioperative staff caring for the patient need to notify the Patient Flow Co-Ordinator or the Theatre Team Leader on duty who are then responsible for notifying the Assistant Director of Nursing Perioperative Services of the death. If the death of a patient occurs in the perioperative unit after hours the After-Hours Hospital Manager is to be notified.

For non-Coronial deaths the management, transfer, and escort of the deceased person to the hospital Mortuary is to occur as per Sections 1 to 6.

If the person’s death has been referred to the Coroner, the management of the deceased person and their belongings is to occur as per Section 9 – Coronial Matters for more information.

For deaths referred to the ACT Coroner, Perioperative Unit staff are to:

* Leave all tubes, drains, cannula, airway devices and dressings are to remain in situ on the deceased person. Permission for the removal of any device or equipment should be sought from ACT Policing and must be noted in the patient’s clinical record and on the Deceased Person Checklist (including the asset number of equipment, if labelled) and staff should consider describing the site of the device or equipment with a sketch/diagram.
* Not place anything in or on the deceased person, including surgical packs, dressings, and drains.
* Not take foot and/or handprints without ACT Policing permission in the case of a death of a child/neonate.
* Not wash the deceased person’s body. If the body is going to be viewed by relatives before leaving the perioperative unit to go to the Mortuary, ask for instruction from ACT Policing prior to removing any blood or fluid from the body.
* If ACT Policing give permission for the deceased person to be viewed by relatives or have rights administered by a Minister of Religion and have given permission for the deceased person to be moved, the deceased person may be moved out of the theatre and into a nearby room such as the perioperative tutorial room. The deceased person is to be covered with a clean sheet.
* Gastric aspirate and vomitus from the deceased person are to be placed in a yellow top specimen container, labelled with a patient ID label, and sent with the deceased person to the Mortuary.
* Ensure the deceased person’s identification is checked as correct and identification tags are attached to the deceased person’s ankle and wrist. After the patient identification process has been completed and the police are instructed by the coroner’s office, the deceased person may be removed from the theatre complex. Do not remove the body until instructed to do so by the Police.
* When transferring the deceased person, a wardsperson is to be contacted to assist with placing the deceased person into a body bag and transferring them to the Mortuary.
* If requested to give a statement to ACT Policing, please refer to Attachment H “Staff Options - interaction with ACT Policing following a coronial death”

## Radioactive or Cytotoxic substances

If death occurs during or following treatment with radioactive substances, the treating MO and the Medical Physics Expert (MPE) or, if no MPE is available, the Radiation Safety Officer (RSO) must be contacted via the Canberra Hospital switchboard (5124 0000) for information on the level of hazard remaining. Written advice required for burial or cremation is to be provided by the MPE or appropriate RSO.

For patients treated with radioiodine staff should follow the *Inpatient Radioactive Iodine –* *131 Therapy: Care and Discharge Procedure*. In addition, the following principles should be observed:

* Handling the deceased person should be minimised
* Any viewing or handling of the deceased by the family should not be permitted until consultation with the MPE or appropriate RSO occurs
* Any temporarily implanted sealed source or radioactive applicator should be removed in consultation with the MPE or appropriate RSO
* Consideration should be given as to whether a permanent radioactive implant or tissue containing unsealed radioactive material is to be excised in consultation with the MPE. When post-mortem procedures are planned further advice may also be needed from MPE or appropriate RSO.
* Mortuary staff should advise the appropriate people of further precautions when the deceased person is released following the above steps.

A certificate must be signed by the MPE or appropriate RSO indicating the levels of remnant radioactivity, precautionary advice and the type of radioactive material to be identified for burial, cremation or embalming.

In the community setting, staff should contact the treating MPE or appropriate RSO about precautions to be taken following treatment with radioactive substances and provide the advice to the family.

If death occurs during or following treatment with cytotoxic substances cytotoxic PPE should be used when handling or transferring the patient. PPE for cytotoxic precautions include wearing purple Nitrile gloves when handling the patient. If there is a risk of exposure to the patient’s body fluids staff should wear goggles and disposable gown made of impermeable material. PPE is to be disposed of into a purple cytotoxic waste bag.

## Bariatric and tall stature patients in inpatient settings

The Canberra Hospital Mortuary has limited size storage facilities. Therefore, the body of a bariatric or tall stature patient may not be able to be stored in the Mortuary. A bariatric or tall stature patient is someone who weighs more than 120kg or who has a girth of over 72cm at the widest part of the abdomen when supine or is over 7 feet (213cm) tall. Staff should proceed as follows:

* In Mortuary business hours (Monday to Friday 7am to 3pm) notify Mortuary staff on 5124 2116, who will arrange transportation of the deceased person. In this instance, provide the Mortuary staff member with the weight, height and girth measurements (around the widest part of the abdomen when supine) of the deceased person.
* After hours staff should contact the After Hours Hospital Nurse Manager, who will make arrangements as appropriate.
* Larger sized body bags are available from Ward Services.
* If the bariatric or tall stature patient is in the infectious category and requires a ‘sealed’ body bag (see Infectious Diseases above) these are obtained from Mortuary staff.
* The deceased person must be transported on their bed.

**Note**: The deceased person may need to be collected by a Funeral Director directly from the ward. Mortuary staff or After hours Hospital Nurse Manager will make arrangements and provide the weight, height and girth measurements of the patient to the service provider.

## Deceased person with no money or assets

When a deceased person has no money or assets and their next of kin/family/friend are unable to pay for the cost of a cremation or burial there is financial assistance that may be accessed to help pay for the deceased person’s funeral. Social work can assist the next of kin/family/friend to access the financial assistance. A consumer handout “Funeral Financial Assistance” is available on the Policy and Guidance Register.

Where the next of kin/family/friend of the deceased person are unable to pay for a basic cremation or funeral as they are in financial hardship or paying would put the person into financial hardship and they are not eligible for the ACT Funeral Assistance Program they can be referred to the Public Trustee and Guardian (PTG) at: [ptg@act.gov.au](mailto:ptg@act.gov.au)

## Deceased person who’s next of kin are unable to claim them

If a deceased person’s next of kin/family/friend are unable or unwilling to claim them, CHS can refer the deceased to PTG for cremation arrangements.

Deceased persons can be referred to PTG where:

The next of kin/family/friend may be unwilling to claim the deceased person if:

* The person had little contact with the deceased person in the years before their death.
* Family dysfunction arising from but not limited to indifference, conflict, fraud, or abuse.

The deceased person’s treating team are to collect evidence of the next of kin/family/friend being unable or unwilling to claim them and provide it to their Divisional Executive Office within two weeks of the person’s death.

If the deceased person is not claimed within two weeks of admission to the Mortuary, their body will be transferred from CHS Mortuary to the Forensic Medical Centre (FMC) in Phillip for freezer storage. Transfer will be in accordance with the FMC *Procedure for the Storage of Non-coronial cases.*

The Executive Office of the Division that was caring for the deceased is responsible for notifying the PTG of the deceased person and handing care of the deceased person over to the PTG within three months of their death.

## Deceased person with no next of kin

If a deceased person does not have a next of kin recorded, CHS will make reasonable inquiries with ACT Policing to identify a next of kin. If a next of kin cannot be located within three months, the deceased is to be referred to PTG.

To establish if a deceased person has a next of kin/family/friends the treating team or a delegated nurse should check the patient’s clinical record on all clinical record systems at CHS for contact details of a next of kin/family member/friend. If the patient received services from Social Work while alive, the Social Worker who saw the patient may be able to assist in the identification of an appropriate person to organise a burial/cremation. If the patient has a General Practitioner (GP) listed in their clinical record the treating team or delegated nurse can contact the GP to see if they have a recorded next of kin/family member/friend and/or their contact details for the patient.

As part of the attempt to identify a next of kin the Department of Veteran’s Affairs should be contacted to see if the deceased person was an Australian Ex-Service member. Department of Veteran’s Affairs can be contacted Monday to Friday 8am to 5pm on 1800 838372. Department of Veteran’s Affairs will pay a certain amount towards the funeral expenses of an ex-service member.

Where the deceased person does not have an identified next of kin/family member/friend the treating team need to inform their Divisional Executive Office via email and the Mortuary staff via phone 5124 2116.

When a next of kin/family member/friend cannot be identified the deceased person’s body will be transferred within 2 weeks from CHS Mortuary to the FMC for freezer storage. The cost of the storage will be initially paid by ACT Pathology and then invoiced to the deceased person’s next of kin/family/friend if identified.

The treating team completes the No Identified Next of Kin form, Attachment I, and gives it to the mortuary staff who will contact ACT Policing via [act-coroners@afp.gov.au](mailto:act-coroners@afp.gov.au) for assistance. The No Identified Next of Kin form provides ACT Policing with the details that are known about the deceased person, and what action CHS has taken to identify a next of kin, family or friend of the person.

If ACT policing are unable to identify a next of kin/family/friend within six months after the death of person then the Divisional Executive Office will notify PTG of the deceased persona and hand the care of the deceased over to PTG. ACT Policing will provide the PTG with written evidence of their inquiries into locating a next of kin.

An overview of the process to follow can be found in the Flowchart at Attachment J.

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| Section 8 – University of Canberra Hospital Body Holding and Release of a Deceased Person |

The purpose of this section is to provide staff at the University of Canberra Hospital (UCH) with direction on the process for signing in and releasing a deceased person from the Body Holding Room within UCH. This section applies to all staff involved in the transport of a deceased person at UCH, including Registered Nurses, Enrolled Nurses, Medical Officers and Brookfield Global Integrated Solutions (BGIS)/Medirest staff.

**Alert**: UCH does not have the facilities for ritual body washing or viewing of the deceased person. Where this is required, arrangements should be made with the accepting funeral director.

## UCH Body Holding Room

The UCH Assistant Director of Nursing (ADON) is responsible for management of the UCH Body Holding Room, located in the basement of the UCH building. Only CHS Registered Nurses or Medical Officers are permitted secure access to the Body Holding Room. Contracted staff (BGIS/Medirest) may only enter the room under the supervision of CHS staff.

The UCH Body Holding Room can hold two deceased persons, with additional capacity to be available at a later date. The AHHM and Clinical Nurse Consultant (CNC) must include in their shift handover to each other that there is a deceased person in the Body Holding Room until they are collected.

A deceased person up to 350 kg can be accommodated in the Body Holding Room. If the deceased person is larger than this, then the Registered Nurse will need to arrange for the deceased to be released ASAP to the Funeral Home as below. UCH staff are responsible for organising the paperwork and transfer of the body to the Funeral Home.

Further information on how to care for a bariatric or tall stature deceased person can be found in Section 7, subsection Bariatric or Tall Stature Patients.

A deceased person may be stored in the Body Holding Room for up to five days. If the storage time is likely to exceed five days, then an authorised staff member will need to contact the Canberra Hospital Mortuary on 5124 2116 or 5124 2879 to discuss other storage options.

## Transport of a deceased person to the UCH Body Holding Room

* The Team Leader/Registered Nurse or Enrolled Nurse on the UCH Ward must contact the AHHM/CNC or ADON (Nurse in Charge) to inform them that a person is deceased
* The Nurse in Charge will then contact the UCH Help Desk and request a “deceased person transport”
* A BGIS staff member will collect the body transfer trolley and attend the required location
* Once the body has been transferred to the trolley and trolley cover is in place, the Nurse accompanies the BGIS staff member to the Body Holding Room
* The body is transferred into one of the body holding drawers
* The Nurse must complete the body holding register (Attachment K) located on the desk in the Body Holding Room, including documenting any valuables transported with the deceased person
* The Nurse must note any infectious diseases according to the procedure set out in Section 7, subsection Infectious Diseases
* BGIS staff clean the Body Transfer Trolley and return the trolley to storage.

**Releasing a deceased person from the UCH Body Holding Room**

Only authorised staff are permitted to release a deceased person from the UCH Body Holding Room. Authorised staff include:

* Director of Nursing (DON)
* Assistant Director of Nursing (ADON)
* After Hours Hospital Manager (AHHM)
* Clinical Nurse Consultant (CNC).

Once a body has been cleared for release to a Funeral Home (i.e. *Medical Certificate of Cause of Death* and *Deceased Persons Checklist* are completed) or to the ACT Policing Coroner’s Team, the authorised staff member will:

* Liaise with the Funeral Home or ACT Policing Coroner’s Team regarding a suitable time to collect the deceased person
* Advise UCH Helpdesk of expected arrival time (if known) so BGIS staff can meet and escort the Funeral Home or ACT Policing Coroner’s Team representative to the Body Holding Room
* Meet the Funeral Home or ACT Policing Coroner’s Team representative at the Body Holding Room
* Check credentials of Funeral Home or ACT Policing Coroner’s Team representative
* Complete DON/ADON/CNC/AHHM section of the Body Holding Register
* Escort the Funeral Home or ACT Policing Coroner’s Team representative and deceased person to the transport vehicle.

Transport of a body from UCH may be undertaken by:

* The Funeral Home that will manage the funeral arrangements, or
* The Funeral Director contracted to provide service for Coroner’s Team in the case of a coronial enquiry.

### BGIS staff will:

* Meet the Funeral Home or ACT Policing Coroner’s Team representative at the loading dock
* Escort the Funeral Home or ACT Policing Coroner’s Team representative to the Body Holding Room
* Assist transfer of the deceased person to the trolley and into the transport vehicle
* Accompany Funeral Home or ACT Policing Coroner’s Team representative and DON/ADON/CNC/AHHM to the transport vehicle.

## Documentation

* Documentation should be completed in accordance with Section 3 of this procedure
* The completed Green copy of the *Medical Certificate of Cause of Death* needs to be checked for legibility. If not legible, a photocopy of the original should be attached to the Green copy. The original death certificate MUST be placed in the clinical record for processing. The **Green copy must be retained at UCH until release of the deceased person.**
* The Green copy of the *Medical Certificate of Cause of Death* (with photocopy if required) and Cremation Safety Checklist will be stored in the AHHM office until release of the deceased person. This is to enable the AHHM/CNC to be able to confirm that the deceased person may be released as per Section 3
* The Deceased Person Checklist must also be completed by the MO declaring the patient deceased and the Cremation Safety Checklist must be completed to alert Mortuary staff and Funeral Home staff to the presence of any implants in the deceased. This needs to remain in the patient’s clinical record
* The UCH ADON is responsible for the administrative management of the Body Holding Register, document template found in Attachment K
* Sufficient hard copies of the Body Holding Register will be available within an A3 folder in the Body Holding Room. At the end of the calendar year an official file will be ordered (as per the *Administrative Records Management Policy*) from Records Management to store the completed pages of the register.

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| Section 9 – Coronial Matters |

The death of a person that occurs in the ACT that need to be investigated by the Coroner (regardless of the state the person resides, or an accident occurs) are referred to the ACT Coroner.

## Notifying the Coroner and the next of kin

Once the MO certifying death determines that the death of a patient is a matter for the Coroner, they are responsible for informing the ACT Policing Coroner’s Team as soon as practicable (0413 009 547 or through ACT Policing Operations on 131 444).

Parents/carers/legal guardians need to be informed of this and the process and implications explained by the MO.

Staff should notify ACT Policing if the deceased person:

* was exposed to any infectious diseases
* was undergoing treatment with any radioactive substances
* is a bariatric or tall stature patient which may impact on the transportation or handling of the deceased person.

**Alert:** When the deceased person referred to the Coroner is suspected of having COVID-19 or for ALL deceased persons referred to the Coroner when a COVID-19 Lockdown in place in ACT the following procedure must be followed:

1. CHS staff are to test the deceased for COVID-19 and communicate with the ACT Policing Coroner’s Team that the test has been completed when referring the deceased to the Coroner
2. Deceased person should be double bagged and external body bag is to be clearly labelled by CHS staff as pert Alert box in Section 5. Document on the label when the deceased person was tested for COVID-19
3. The deceased person is not to be transferred to the FMC until the CHS Mortuary staff has emailed [act-coroners@afp.gov.au](mailto:act-coroners@afp.gov.au)  and [fmc@courts.act.gov.au](mailto:fmc@courts.act.gov.au) the following information:
   1. Name of deceased
   2. Date of death
   3. Date COVID swab taken
   4. Test result
   5. Confirmation body is ready for transfer.
4. If the test result is NOT DETECTED, then normal process apply and the ACT Policing Coroner’s Team will arrange transfer of deceased from hospital
5. If the test result is DETECTED, the Coroner will be notified, and further instructions will be given.

**Note:** For perinatal deaths, the neonatologist/paediatrician should liaise with the ACT Policing Coroner’s Team and request that they do not attend CHS in uniform. The ACT Policing Coroner’s Team will facilitate this request where possible.

**Note:** Section 26(1) of the *Coroners Act 1997* states if the Coroner has reasonable grounds for believing a person has died in circumstances that the Coroner has jurisdiction to hold an inquest, the Coroner may issue a warrant to a police officer authorising them to take and remove a deceased person to a stated place for post mortem examination.

If this occurs, staff should:

* Ask the police officer for proof of identification
* Ask for a copy of the warrant, which is required in order to take the deceased person
* Telephone the ACT Policing Coroner’s Team on 0413 009 547
* Confirm the identification of the representative present and the warrant with the Coroner’s Court Representative and document this in the patient’s clinical record
* Inform their direct line managers that this has occurred.

All discussions with the ACT Policing Coroner’s Team must be documented in the patient’s clinical record.

**Note**: The MO is required to advise the next of kin that the death has been referred to the Coroner and sensitively communicate to the next of kin/family that:

* ACT Policing will need to attend the scene of the death and may need to photograph the deceased person
* ACT Policing will require the next of kin or person who has known the deceased for a minimum of two years to identify the deceased person
* ACT Policing will need to interview the next of kin and/or the family, and
* Some requests such as ritual washing or other preparations of the deceased person may not be able to be carried out until the Coroner gives permission.

All discussions with next of kin/family about the Coronial process must be documented in the clinical record. The next of kin/family can be provided with the consumer handout *If your Family Members Death is to be Reported to the Coroner* and referred to the ACT Coronial Counselling Service provided by Relationships Australia ACT, phone 6122 7191 (9am to 5pm Monday to Friday).

If ACT Policing advise that the death does not need to be reported, this must be documented on the Deceased Persons Checklist including:

**•** The name of the person who provided the advice

* The date and time of this conversation, and
* If/when the next of kin were notified.

## Do not certify death if referred to the Coroner

Deaths referred to the Coroner must not have a *Medical Certificate of Cause of Death* form completed. Only the Deceased Person’s Checklist and the Cremation Safety Checklist should be filled out in order to determine the need for a referral.

**Note:** In cases of organ donations in critical care areas that are referred to the Coroner, forms that certify death such as *Death on a Ventilator* or *Declaration of Brain Death* may be completed by the treating team. Refer to *Organ and Tissue Donation – Adults, Adolescents, Children and Neonates Procedure*

**CHS staff must NOT carry out any of the following without first confirming with the ACT Police Coroner’s Team Representative:**

* Leave all tubes, drains, cannula, airway devices and dressings are to remain in situ on the deceased person. Permission for the removal of any device or equipment should be sought from ACT Policing and must be noted in the patient’s clinical record and on the Deceased Person Checklist (including the asset number of equipment, if labelled) and staff should consider describing the site of the device or equipment with a sketch/diagram.
* Not place anything in or on the deceased person, including surgical packs, dressings, and drains.
* Not take foot and/or handprints without ACT Policing permission in the case of a death of a child/neonate.
* Not wash the deceased person’s body. If the body is going to be viewed by relatives before leaving the perioperative unit to go to the Mortuary, ask for instruction from ACT Policing prior to removing any blood or fluid from the body.
* If ACT Policing give permission for the deceased person to be viewed by relatives or have rights administered by a Minister of Religion and have given permission for the deceased person to be moved, the deceased person may be moved out of the theatre and into a nearby room such as the perioperative tutorial room. The deceased person is to be covered with a clean sheet.
* Gastric aspirate and vomitus from the deceased person are to be placed in a yellow top specimen container, labelled with a patient ID label, and sent with the deceased person to the Mortuary.
* Ensure the deceased person’s identification is checked as correct and identification tags are attached to the deceased person’s ankle and wrist. After the patient identification process has been completed and the police are instructed by the coroner’s office, the deceased person may be removed from the theatre complex. Do not remove the body until instructed to do so by the Police. When transferring the deceased person, a wardsperson is to be contacted to assist with placing the deceased person into a body bag and transferring them to the Mortuary.
* If requested to give a statement to ACT Policing, please refer to Attachment H “Staff Options - interaction with ACT Policing following a coronial death”

If permission is granted by ACT Policing, removal of any device or equipment must be noted in the clinical record and on the Deceased Person Checklist (including the asset number of equipment, if labelled) and staff should consider describing the site with a sketch/diagram.

CHS staff are encouraged to engage with ACT Policing officers investigating a death at CHS on behalf of the Coroner.

Staff must advise ACT Policing of any identified religious or cultural considerations as expressed by the deceased person prior to their death or as indicated by their family.

## Documentation

Documentation of all essential information is to be completed immediately. Timely documentation will ensure that the process of releasing the body to the Coroner occurs as soon as possible. Required documentation includes:

* A completed Deceased Person Checklist
* A completed Verification of Death Form when death is verified by a Registered Nurse
* A completed ACT Police Life Extinct Statement available in hard copy triplicate in inpatient clinical areas (note this can be completed when death is verified, or when the ACT Policing Coroner’s Team attends)
* Documentation of discussions with the ACT Policing and any other relevant information e.g. devices that have been removed following permission from the ACT Policing
* Documentation of discussions with next of kin/ family.

The Ward Clerk or other appropriate staff member should then deliver the clinical record of the deceased to the Clinical Record Service as per section 3.

## Care of the deceased and their family

In addition to the steps in Section 4 once a death has been referred to the Coroner, management of the deceased person and their belongings becomes the responsibility of ACT Policing. If there is no next of kin, the deceased person’s belongings are signed over to the Public Trustee by ACT Policing. The next of kin and family may view the body with staff present and in consultation with ACT Policing.

**Transfer of the deceased to the Mortuary**

ACT Policing officers accompany the deceased person to the CHS mortuary. The police officer will place white name tags on the deceased person, one on their wrist and one their ankle. The police officer will securely seal the body bag with a light green cable tie and record the unique number of the green cable tie used to seal the bag. Then the deceased person will be stored in the Mortuary cool room until they can be transferred to FMC. The white name tags and green bag ties are stored in a container next to the mortuary register. In cases of organ donations, DSNCs are delegated by the Coroner to perform the above duties.

## Release of information to the ACT Policing Coroner’s Team

It is usual practice for the Coroner to make a formal request via a written court order to the relevant agency for a copy of the clinical record. Original clinical records should not be released by CHS staff directly to the Coroner and/or ACT Policing from clinical areas. ACT Policing may request to look at the original clinical record and may write their own notes based on the clinical record, but they may not remove the record from CHS.

When an Order to Release Clinical Records is signed by the Coroner, it is then presented by the ACT Policing to the Medico-Legal Team or Health Information Services to action. A copy of every document in the clinical record for the deceased person’s admission must be provided. Additional records may be requested by the Coroner. This will be included in the Order to Release Clinical Records form.

**Note**: The Coroner has power under Section 66 of the *Coroners Act 1997* to issue a search warrant to attend in person (or send a representative) to enter, search, take measurements and/or photos and seize the clinical record or other documents if they deem it necessary.

If this occurs, staff should:

* Ask the representative for proof of identification
* Ask for a copy of the warrant, which is required in order to seize the record
* Telephone the ACT Policing Coroner’s Team on 0413 009 547
* Confirm the identification of the representative present and the warrant with the ACT Policing Coroner’s Team and document this in the clinical record
* Inform their direct line managers and the Health Information Services that this has occurred.

The Coroner may subpoena additional clinical records and any other documents believed relevant to the investigation. The subpoena must be directed to Office of the Chief Executive Officer, CHS, Level 2, Building 28, Canberra Hospital.

## Information provided verbally to ACT Policing

When ACT Policing attend a death at a CHS facility staff are able to provide the following information as soon as practicable after time of death:

* Names of staff involved
* Consumers demographic information (e.g. age, date of birth, address, contact details)
* Medical details
* What procedures were carried out, and
* Any information relating to notification of the next of kin.

In the course of investigating a coronial death, the ACT Policing (on behalf of the Coroner) may ask to formally interview staff in relation to the death. Staff are not obliged to be interviewed and should contact the Medico-Legal Team during business hours on 5124 9556 or 5124 2451.

If the death occurs out of hours, staff have the right to decline an interview and request that ACT Policing contact the Medico-Legal Team during business hours. The Medico-Legal Team will liaise with the staff member regarding their preferences in response to this request.

Please see Attachment H – Staff Options – Interactions with ACT Policing following a Coronial death.

## Release of information to the public

CHS staff must not release any information concerning the deceased person or the deceased person’s medical condition without consent from the deceased’s legal representative or if there is no legal representative, an immediate family member of the deceased. This is because the deceased person’s family must be made aware of all clinical information relating to the deceased prior to the information being made available for public release. Premature reporting can cause significant emotional distress, anger or the perception that the family’s interests have been ignored by authorities.

## Special Circumstances:

**Deaths in a correctional facility or youth justice centre**

All deaths that occur when a person is in a correctional facility or youth justice centre must be referred to the Coroner, pursuant to the *Coroners Act* *1997*. Deaths in these facilities are the responsibility of the relevant justice agency, ACT Corrective Services or the Community Services Directorate.

**Note**: For the purposes of this section, Dhulwa is not considered a correctional facility, as it is a health facility, and jurisdiction for deaths in this facility remains with CHS.

The correctional facilities this section refers to are as follows:

* Alexander Maconochie Centre (AMC)
* Bimberi Youth Justice Centre
* Periodic Detention Centre
* Court Transport Unit

CHS staff at these facilities must:

**•** Provide any appropriate care required by the person until death has been verified e.g., resuscitation or first aid

* Record complete, accurate and detailed information in all necessary clinical records and relevant software applications and electronic patient files (e.g. MAJICeR and Riskman)
* Report all deaths to line managers and appropriate operational areas
* Provide all clinical records to the appropriate area for storage as soon as practicable.

CHS Staff at these facilities must NOT:

* Request assistance from ACT Ambulance Service
* Contact ACT Policing
* Refer to the Coroner
* Wash the deceased person
* Remove any devices or equipment from the deceased person or the area/cell inhabited by the deceased person at time of death, until permission is granted by the ACT Policing Coroner’s Team
* Remove anything or place anything on, or in, the deceased person.

These tasks, if required, are the responsibility of the relevant justice agency, ACT Corrective Services or the Community Services Directorate (Youth Directorate).

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| Evaluation |

**Outcome**

People who die while in the care of Canberra Health Services are managed as per this procedure.

**Measure**

* Annual review of clinical incident reports related to the care of a person after death
* Annual review of consumer feedback relating to care provided to a person or their family after their death

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| Related Policies, Procedures, Guidelines and Legislation |

**Policies**

* Clinical Incident Management
* Language Services Interpreter

**Procedures**

* Infection Prevention and Control - Healthcare Associated Infections
* Donate Life Organ and Tissue Donation – Adults, Adolescents, Children and Neonates
* Inpatient Radioactive Iodine – I131 Therapy
* Adult Hospital Post Mortem Procedure (Non-coronial cases)
* Perinatal and Paediatric Post-Mortem Examinations and the Retention of Body Tissue
* Clinical Incident Management
* Neonatal Death, Bereavement, Palliative Care and Borderline of Viability Clinical Guideline
* MHJHADS Incidents Reportable to the Executive Director and Intervention Following the Death or Potential death of a Person
* Language Services Interpreter
* Management of Termination of Pregnancy, Miscarriage or Fetal Death Clinical Guideline
* Approval of External Counselling Sessions – MHJHADS
* Advance Care Planning
* End of Life and Palliative Care for Detainees at Alexander Maconochie Centre

**Legislation**

* *Public Health Act* 1997
* *Births, Deaths and Marriages Registration Act* 1997
* *Cemeteries and Crematoria Act* 2003
* *Cemeteries and Crematoria Regulation 2003*
* *Coroners Act 1997 & Coroners Exclusion List* 1994
* *Crimes Act* 1900
* *Health Records (Privacy and Access) Act* 1997
* *Health Act* 1993
* *Mental Health Act* 2015
* *Privacy Act* 1988
* *Public Sector Management Act* 1994
* *Transplantation and Anatomy Act* 1978
* *Human Rights Act*2000
* *Public Trustee and Guardian Act* 1985

**Other**

* *Australian Charter of Healthcare Rights*

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| References |

1. Australian Bureau of Statistics 2008*: Information Paper, Cause of Death Certification, Australia*; viewed March 2013 at [www.abs.gov.au](http://www.abs.gov.au).
2. ACT Government Justice and Community Safety 2012: *Births, Deaths and Marriages Practice Manual*; viewed March 2013 at <http://www.ors.act.gov.au/publication/view/1524/title/births-deaths-and-marriages-practice>

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| Definition of Terms |

**ACT Policing Coroner’s Team**

A team of ACT Policing acting on behalf of the Coroner.

**Assessment of the extinction of life**

A clinical assessment process is undertaken to establish that life is extinct. The clinical assessment includes assessing the absence of pulse, heart sounds, respiratory effort and papillary response, movement or any other signs of life for at least one minute.

**Autopsy *see* Post Mortem**

**Bariatric Patient**

A person who weighs more than 120kg or who has a girth of over 72cm at the widest part of the abdomen when supine.

**Certification of Death**

This refers to the process of pronouncing of identifying the deceased persons cause of death and completing the Medical Certificate of Cause of Death to meet the requirements of the *Births, Deaths and Marriages Registration Act* (1997). This can only be done by a MO.

**Cremation Safety Checklist**

This checklist is completed by the treating MO and ensures all actions have been completed and the deceased is ready for cremation.

**Coronial Criteria**

Criteria for reporting a death to the Coroner, which are listed in the *Coroners Act* *1997*. See Attachment C.

**Death in custody**

Death in the care of a custodial officer as defined in Section 3C Death *Coroners Act* *1997* e.g. ACT Policing, Corrections and Mental Health Officers. It includes deaths of all people subject to an order under the *Mental Health Act 2015*, and deaths that arise while being taken into or detained in custody. This applies to deaths that occur in hospital or in the community where a person is subject to a Mental Health Order.

**DonateLife ACT**

ACT Organ and tissue donation service. Available 24/7. Located at Canberra Hospital, Building 6, Level 1.

**Family**

For the purposes of this policy, “family” refers to next of kin, health attorney, Enduring Power of Attorney, significant other or any person who the deceased person may have nominated to be listed as a contact and/or arrange their affairs after death.

**Hermetically sealed**

Completely sealed and impermeable against the escape or entry of air and microorganisms.

**Medical Certificate of Cause of Death**

The form that is completed, once death is verified, by a MO/GP who meets the criteria as per the *Births, Deaths and Marriages Registration Act* (1997) to complete the form. Also known as a Death Certificate.

**Medical Officer**

A conditionally registered or unconditionally registered MO employed by or contracted to CHS

**Next of Kin/Personal Contact/Emergency Contact**

The person nominated by the patient on admission to CHS and recorded as such on the ACT Patient Administration System

**Oral Interview**

A taped record of the oral interview with the staff member and ACT Policing.

**Patient**

In this Policy, the term patient is used to refer to any person under the care of Canberra Health Services.

**Perinatal death**

This term refers to two types of death.

1. Fetal death: that of a stillborn fetus delivered at > 20 weeks gestation or >400gm if gestation unknown
2. Neonatal death: death of a live born neonate at > 20 weeks gestation or <20 weeks gestation with signs of life or >400gm if gestation unknown until 28 days post-delivery.

**Planned end of life**

It is known that a patient will not survive their injury or disease, and palliation or comfort care has been discussed or initiated. Patients that die despite active treatment will not have a *planned* end of life.

**Post-Mortem**

Also known as an autopsy. A medical examination of a deceased person in order to determine the cause and manner of the person’s death.

**Tall Stature Patient**

A person who is over 7 feet (213cm) tall

**Verification of Death**

This refers to the process of undertaking an assessment that life is extinct and may be undertaken by the MO or a registered nurse in the community setting as per section 1. Death is to be verified only by demonstrating all of the following:

* No palpable carotid pulse, and
* No heart sounds heard for two minutes, and
* No breath sounds heard for two minutes, and
* Fixed and dilated pupils.

**Written Statement**

A statement written by staff and provided to the ACT Policing following review by a supervisor or the Australian Capital Territory Government Solicitors (ACTGS).

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| Search Terms |

Death, Deceased, DonateLife, Organ Donation, Coroner, Coronial, Ritual Washing, Perinatal, Bariatric, Infectious, Autopsy, Post-mortem, Post Mortem, Hermetically Sealed, Certification, Verification, Death Certificate, Police, Life Extinct

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| Attachments |

Attachment A: When Death Occurs Inpatient Flowchart

Attachment B: When Death Occurs Community Flowchart

Attachment C: Coronial Criteria

Attachment D: COVID-19 Infection Contained Herein Signage

Attachment E: Self-assessment tool verification of Death in the absence of Medical Officers CHS

Attachment F: Verification of Death certificate

Attachment G: Sign to be printed and used for exposure to infectious diseases

Attachment H: Staff Options - Interaction with ACT Policing following a coronial death No

Attachment I: Identified Next of Kin form

Attachment J: Deceased Person with no next of kin flowchart

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**Disclaimer**: *This document has been developed by Canberra Health Services specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and Canberra Health Services assumes no responsibility whatsoever.*

*Policy Team ONLY to complete the following:*

|  |  |  |  |
| --- | --- | --- | --- |
| *Date Amended* | *Section Amended* | *Divisional Approval* | *Final Approval* |
| *22/09/2021* | *Complete Review* |  | *CHS Policy Committee* |
| *17/12/2021* | *Information related to deceased with no next of kin unable to claim them updated with PTG legislation amendment* | *Josephine Smith, EBM Strategy and Governance* | *CHS Policy Team* |
|  |  |  |  |

*This document supersedes the following:*

|  |  |
| --- | --- |
| *Document Number* | *Document Name* |
| *CHS 19/167* | *Death and Dying* |

## Attachment A: When Death Occurs Inpatient Flowchart



## Attachment B: When Death Occurs Community Flowchart



## Attachment C: Coronial Criteria –*Coroner’s Act* *1997* Section 13 (1)

**13 Coroner’s jurisdiction in relation to deaths**

(1) A coroner must hold an inquest into the manner and cause of death of a person who—

(a) dies violently, or unnaturally, in unknown circumstances; or

(b) dies under suspicious circumstances; or

(c) dies and the death appears to be completely or partly attributable to an operation or procedure[[1]](#footnote-2); or

(d) dies after having undergone an operation or procedure and in circumstances that, in the opinion of the Chief Coroner, should be better ascertained; or

(e) dies and a doctor has not given a certificate about the cause of death; or

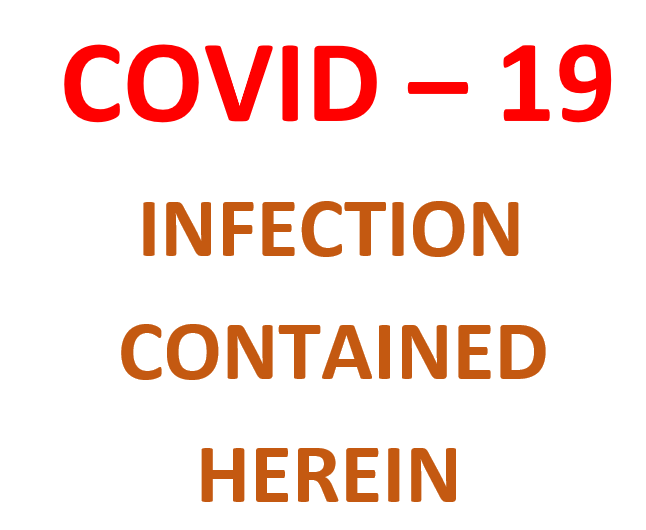
(f) dies not having been attended by a doctor at any time within the period commencing 6 months before the death; or

(g) dies after an accident where the cause of death appears to be directly attributable to the accident; or

(h) dies, or is suspected to have died, in circumstances that, in the opinion of the Attorney-General, should be better ascertained; or

(i) dies in care or custody.

## Attachment D: COVID-19 Infection Contained Herein Signage

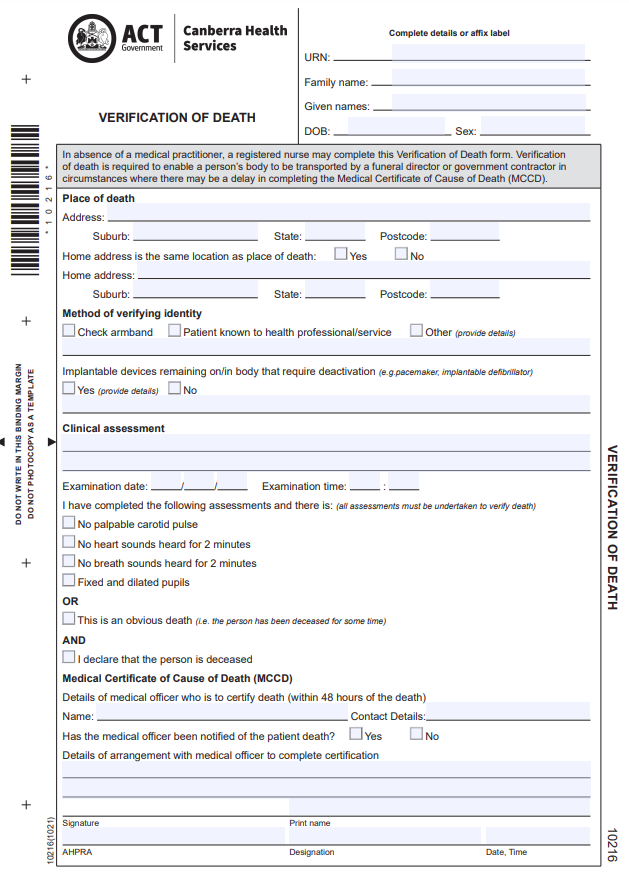


## Attachment E Self-Assessment Tool: Verification of Death in the absence of Medical Officer CHS

***Self-Assessment Tool: Verification of Death in the absence of Medical Officer***

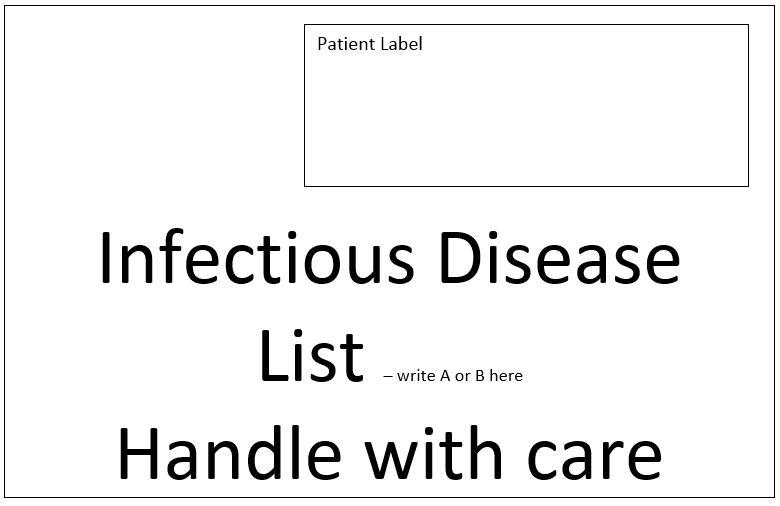
|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Competency Title:** | | Verification of Death in the absence of a Medical Officer | | | | | |
| **Competency Aim:** | | To demonstrate appropriate knowledge to verify death in the absence of Medical Staff | | | | | |
| **Applicable Staff:** | | Registered Nurses working in the community who may be called on to verify death of known palliative patients | | | | | |
| **Frequency of Assessment:** | | Once | **Date:** |  | | | |
| **Achievement through self-assessment** | | | | | | | **Signed** |
| I have read and understand these HBPC documents   * HBPC Verification of death factsheet * CHS Policy: Verification of death in the absence of medical officer * HBPC Policy: Care of the deceased patient in the community | | | | | | |  |
| I have attended an education session on Verification of Death at CHH | | | | | | |  |
| I understand the difference between the following forms:   * Death Certificates, * Verification of Death (pronouncing life extinct) * And a Cremation Certificate? | | | | | | |  |
| I understand the indications for a referral to the coroner | | | | | | |  |
| I understand the situations in which a nurse CANNOT complete the verification of death form | | | | | | |  |
| I understand the need for three identifiers (Address, UR, Name, DOB) | | | | | | |  |
| I understand the need to be able to identify:   * The presence of relevant infectious diseases (I have read the relevant section in the Calvary infection control manual) * The presence of Implantable devices * Patients for tissue donation | | | | | | |  |
| I understand the 4 assessments required to verify death | | | | | | |  |
| I understand the correct procedure for documentation of verification of death   * Uses patient sticker where at all possible * Leave original in patient home for funeral director * Return carbon copy to CHS for medical record * Document in the progress notes | | | | | | |  |
| **Candidates Name:** |  | | | | **Sign:** |  | |
| **CNC Name &**  **Designation:** |  | | | | **Sign:** |  | |

## Attachment F: Verification of Death Certificate



*Original to Funeral Director Copy to Medical Records*

## Attachment G: Sign to be printed and used for exposure to infectious diseases



## Attachment H: Staff Options - Interaction with ACT Policing following a Coronial death

A staff member may be asked to provide information in a coronial matter as a witness of fact. This is to provide assistance to the Coroner to make a determination on the manner and cause of death.

Staff may be asked to provide a written statement or participate in a record of interview/ conversation with ACT Policing. Staff are not required to provide a written statement to ACT Policing in a Coronial matter or required to participate in a record of interview/ conversation with ACT Policing. The level of interaction with ACT Policing is determined by the individual staff member. However, CHS encourages and asks for staff member’s cooperation in Coronial matters.

**Note:** Section 99B of the *Coroners Act 1997* states a person may give information to the coroner (or their representative) if they reasonably believe it is related to the coroner’s functions under the Act. If the person gives information to the coroner under this section, the giving of the information is not a breach of confidence or professional ethics or rule of professional conduct and does not incur civil or criminal liability or disciplinary action or dismissal because of giving the information.

For example, information provided to the coroner from a theatre nurse who was present during an operation where a patient died unexpectedly.

The ACT Government Solicitor (ACTGS) represents the Territory – CHS and its employees in coronial matters. The ACTGS, in conjunction with the Medico-Legal Team, provide support to staff members throughout the coronial process, including during their interactions with ACT Policing.

When asked to provide information to ACT Policing, staff are encouraged to advise their preference for how they provide that information to the Medico-Legal Team. The Medico-Legal Team are then available to provide assistance to staff during the process including answering any questions or queries.

The options for staff are outlined below, noting that staff can choose as many of the options as is their preference:

**Written Statement**

A written statement usually provides information about the staff member’s involvement, and provision of care and treatment to the deceased person.

Staff should be aware it is expected that their statement be developed with access to the deceased person’s clinical records to ensure accurate information regarding the deceased person’s clinical care and treatment is included. If operational issues are to be included in the statement (i.e. number of staff on the roster, design of the building or information about policies and procedures) the staff will have access to the information at the time of drafting to inform their statement.

Staff can draft their statement themselves, or with the assistance of ACTGS. The statement will be reviewed by ACTGS prior to finalisation and provision to the ACT Policing Coroner’s Team ensure that all relevant information is included, and it is in a format which will be accepted by the Court.

It is the expectation of CHS that staff complete the written statement as soon as practicable following a request from the Medico-Legal Team.

**Interview with ACT Policing**

ACT Policing may request to obtain information directly from the staff member to seek their account of their involvement and provision of care and treatment to the deceased person. The request to speak to staff may occur relatively close to the time of the person’s death (i.e. an hour after the death), or at a later date.

The interview will ACT Policing can occur at the site of the death or ACT Policing may request the staff member attend a ACT Policing Station for the interview.

Staff should be aware they will have very limited access to clinical record during this process, as the records will be closed in preparation for provision to the Coroner’s Court. If the interview occurs at a ACT Policing Station, staff are not permitted to take clinical records to that interview.

Staff should also be aware if asked about operational issues (i.e. number of staff on the roster, design of the building or information about policies and procedures) any response will be to the best of their knowledge at the time, as they may not have access to those documents at the time of the interview with ACT Policing.

Staff should request a copy of their interview with ACT Policing for their records.

**Combination of Options**

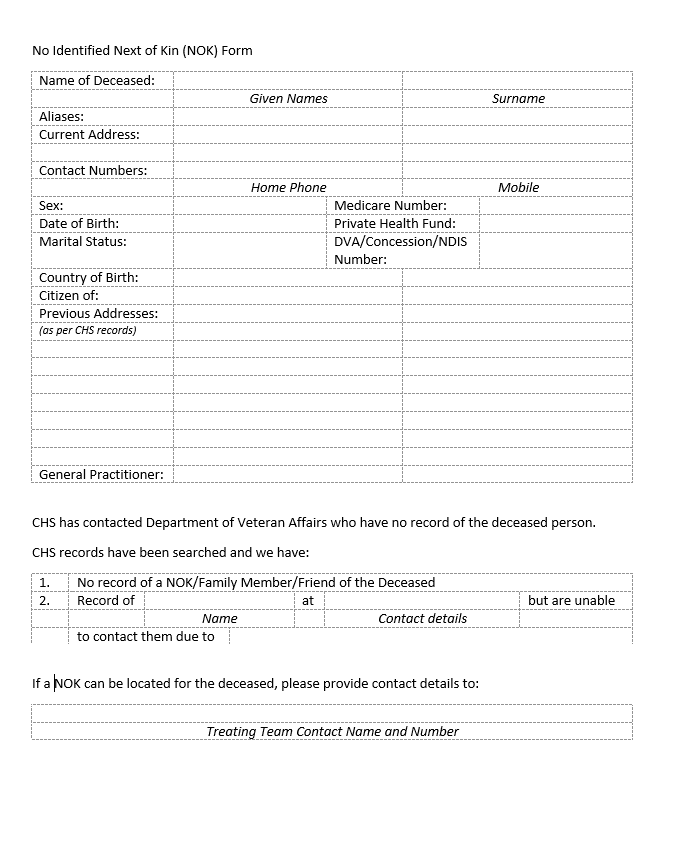
Staff can choose to provide a written statement and undergo an interview with ACT Policing or to only undertake one of the above options.

**Do Nothing**

Staff can express their preference to not provide a written statement or participate in an interview with ACT Policing.

Staff should be aware if the Coroner is satisfied that a person may be able to give material evidence relevant to the inquest, the Coroner can issue a subpoena requiring the person to appear at the inquest and give evidence even if they have chosen to neither provide a statement nor speak directly to ACT Policing.

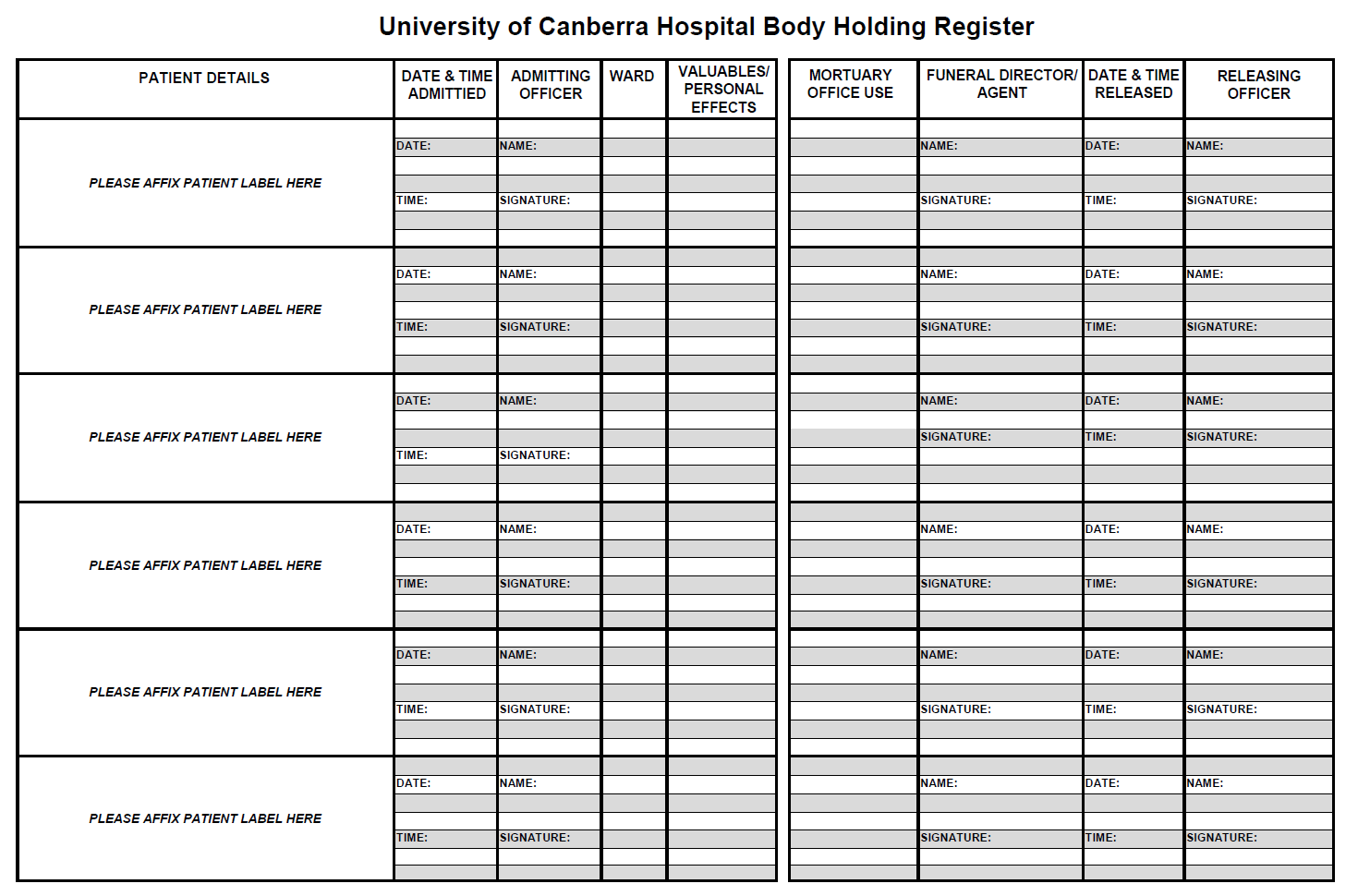
## Attachment I: No Identified Next of Kin form



## Attachment J: Deceased Person with no next of kin flowchart

## 

## Attachment K: Body Holding Register



1. operation or procedure means—

   (a) an operation of a medical, surgical, dental or similar nature; or

   (b) an invasive medical or diagnostic procedure. [↑](#footnote-ref-2)