1.0 Title – Lismore Base Hospital Care of the Deceased Clinical Procedure

2.0 Purpose

Care of the deceased is an integral part of the care that we provide and should be held in the same high regard as the care we provide for the living. All our patients and their family and or carers should be treated with kindness, compassion and respect.

This Clinical Procedure (CP) applies to all situations where a patient may die unexpectedly or is expected to die in Lismore Base Hospital and services including any baby (equal to or over 20 weeks gestations, or 400gms) born with signs of life, who is not able to be resuscitated.

This CP outlines the processes for the care of deceased patients within Lismore Base Hospital. It describes the roles and responsibilities of all staff involved in these processes to ensure the preservation of the deceased patient's dignity and the provision of adequate support for family, carers and staff. It is important that this CP is considered in conjunction with the following legislative requirements when applicable:

- Coroners Act 2009 (NSW)
- Births, Deaths and Marriages Registration Act 1995
- Human Tissue Act 1983
- Health Services Act 1997
- Public Health Regulation 2012, Part 8 Disposal of Bodies

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3.0 Procedure

3.1 Notification of death – Expected

3.1.1 The Nursing staff member responsible for the patient must;

3.1.1 Notify the relevant Medical Officer (MO) immediately of the need to verify the patient's death and complete all associated documentation (see Section 9)

3.1.2 Document the date and time in the patient's medical records when the patient has been noted to have no visible signs of life and the name of the MO who has been informed.

3.1.3 If the patient relatives/carers are present with the patient at the time of death, the nursing staff member should confirm with the relatives/carers that the patient has died, express their condolences to the family and inform them that a MO will arrive shortly to verify death and how this will be performed. Staff should be mindful of the needs of family members and carers at this time and provide ongoing support to them while they remain on the ward.

3.1.4 If it is an expected death and relatives/carers are not present, the Next of Kin / Patient Contact / Person Responsible should be informed of the patient's death over the phone by a MO or the nurse/midwife in charge of the shift.

3.1.5 If the patient is from a Residential Aged Care Facility (RACF), the MO or the nurse in charge of the shift must inform the facility manager immediately.

3.1.6 The nurse/midwife directly responsible for the deceased patient should provide support to the Next of Kin / Patient Contact / Person Responsible whilst on the clinical unit, in conjunction with the nurse/midwife in charge of the shift. Care of the deceased patient must be in accordance with the patient and their family/carers cultural and spiritual beliefs. This includes ensuring families/carers are allowed to grieve appropriately and adequate time and privacy is provided for religious leaders to perform their rites. See Resources for Lismore Base Hospital Bereavement Leaflet and staff help guides to spiritual and cultural needs at the end of life.

3.1.7 The Admitting Medical Officer (AMO) should be notified immediately after a death, however, the AMO may be notified the following morning if the death is expected and occurs overnight.

3.1.8 All deceased patients must have a discharge summary written by the MO to ensure the patient's primary care provider (General Practitioner) is informed of the death.

3.1.9 Wards person should be notified by nursing staff of the time of death when requesting transfer from clinical unit to the mortuary (maximum time allowed for deceased patient to remain on the ward is 4 hours unless for cultural or religious beliefs).

3.1.10 If the patient is known to community services or known to have a Public Guardian, these services should be notified by the nurse in charge of the shift within the next working day.

3.2 Notification of unexpected death

3.2.1 Notification of the AMO must occur immediately for unexpected deaths.

3.2.2 If the death of a patient is unexpected the Next of Kin / Patient Contact / Person Responsible should be contacted immediately and asked to attend the hospital as soon as possible. The MO or nurse/midwife in charge of the shift will make the decision as to whether information regarding the patient's death should be given by telephone. If a decision is made to advise the Next of Kin / Patient Contact / Person Responsible of the patient's death by telephone, the MO or the Nurse/Midwife ICS should do so.

3.2.3 If the patient is from a RACF the MO must inform the facility manager immediately.

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3.2.4 If the patient is known to community services or known to have a Public Guardian, these services should be notified by the nurse in charge of the shift within the next working day.

3.2.5 When there is an unexpected infant (<12months of age) death during an admission to hospital or following an unexpected death of an infant outside hospital where the infant is brought into an Emergency Department, refer to Management of Sudden Unexpected Death in Infancy (PD2019_035)

3.2.6 Social Work should be notified to provide family support if the family agree to the referral.

3.2.7 Bodies may be transported to Lismore Base Hospital Emergency Department for verification of death (Dead on Arrival). See: Verification of Death and Medical Certificate of Cause of Death (PD2020_011) (Section 2.4).

- DOA's not coming from another facility to be registered in FirstNet
- The FACEM in-charge will 'Assign' themselves to these encounters and will note that the DOA has been Verified by Ambulance. *This will allow for labels to be printed for the person.*
- Discharge the encounter as per usual DOA's process.
- DOA's already Verified at other hospitals will continue to avoid registration and MO involvement in Lismore ED. These DOA's will come from the other site with plenty of labels for the mortuary staff.

The MO verifying the death must document a clinical note in the deceased medical record. Please see: Verification of Death and Medical Certificate of Cause of Death (PD2020_011) (Section 2.3.2).This should include the clinical assessment of all the following assessments:

a) No palpable carotid pulse

b) No heart sounds heard for 2 minutes

c) No breath sounds heard for 2 minutes

d) Fixed and dilated pupils

e) No response to centralised stimulus

f) No motor (withdrawal) response or facial grimace in response to painful stimulus

In situations where the body has injuries incompatible with life or has been deceased for some time, documentation in the deceased medical record must describe details of the obvious death.

3.3 Reportable deaths to the Coroner

3.3.1 Under the Coroners Cases and the Coroners Act 2009 (Coroners Cases and the Coroners Act 2009 (PD2010_054), hospitals and medical practitioners *or* any other person, who has reasonable grounds for believing that a death or a suspected death would be examinable by the Coroner must report the death or suspected death to the police (who will then report it to the Coroner) or a Coroner or assistant Coroner as soon as possible (ss35 and 38 of the Act).

3.3.2 Nursing, midwifery and medical staff managing cases reportable to the Coroner should follow the steps outlined in 'Coroners Cases and the Coroners Act 2009 (PD2010_054)'. For deaths reportable to the Coroner, verification of death (extinction of life) is documented within Report of a Death of a Patient to the Coroner (Form A) (State Form SMR010.510). No additional documentation relating to death is required. All medical records pertaining to the deceased patient must be sent to medical records as soon as possible after completion of the above

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paperwork. Verification of death and documentation for medical officers.

3.3.3 Verification of death should be performed in accordance with Verification of Death and Medical Certificate of Cause of Death (PD2020_011).

3.3.4 The MO verifying the death must document a clinical note in the deceased medical record. This should include the clinical assessment of verification of death (as per Verification of Death and Medical Certificate of Cause of Death (PD2020_011) (Section 2.3.2) and the time and date of death. The date and time of death will be recorded as the time at the end of the assessment of verification of death. Where the MO has been unable to attend in a reasonable time frame the MO should refer to the nursing documentation where no signs of life were recorded.

3.3.5 Registered nurses/ midwives can verify death if this has been approved in local department or community settings. Please refer to Verification of Death and Medical Certificate of Cause of Death (PD2020_011), and facility guidelines.

3.3.6 AMO should only certify the cause of death if a diagnosis of cause of death can be made. If the cause of death is uncertain, reasonable steps should be taken to obtain sufficient information to enable the MO to determine the cause of death. Reasonable steps would include reviewing the medical record or contacting other health professionals involved in the recent care of the deceased person.

3.3.7 If another MO has given notice, or the death has been reported to the Coroner under the Coroners Act 2009 (Coroners Cases and the Coroners Act 2009 (PD2010_054), a MO is not required to give repeat notice of death to the Registrar of Births Deaths and Marriages.

3.3.8 All deaths should be reviewed by the MO to determine whether they fulfil the requirements to be reported to the Coroner. Refer to Coronial Checklist (IB2010_058). If the MO is unable to ascertain the cause of death the matter should be referred to the Coroner, refer to Section 8 of the Coroners Cases and the Coroners Act 2009 (PD2010_054).

3.3.9 A Verification of Death form is available at Lismore Base Hospital. This form and a progress note in the eMR verifying death should be attended promptly for all patients.

3.4 Non-Coronial Deaths

3.4.1 For non-Coronial deaths, it is a medical officer's legal responsibility to certify the facts and circumstances of the death of a person, under the Births, Deaths and Marriages Registration Act 1995.The MO who was responsible for the person's medical care immediately before death, or who examines the body of an adult deceased person after death, must, within 48 hours of the death, complete:

- Coronial Checklist (IB2010_058)
- Medical certificate of cause of death SMR010.509 or
- Attending Practitioners Cremation Certificate SMR010.520

3.4.2 For non-Coronial Neonatal deaths greater than 20 weeks or 400gms (or less than 20 weeks and born alive) Please see: Perinatal Death Caring for Families Experiencing (NNSW-LHD-PRO-0396-18)

3.4.2 For further information related to the care and documentation of stillbirths, neonatal deaths and miscarriage deaths refer to Stillbirth – Management and Investigation (PD2007_025)

3.4.3 All medical records pertaining to the deceased patient must be sent to medical records as soon as possible after completion of the above paperwork.

3.4.4 All subsequent correspondences regarding death of a person in hospital to be made

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/ referred to Medical Records

3.5 Nursing/Midwifery care of the body in the clinical unit or ward

3.5.1 All deceased patients within Lismore Base Hospital will be treated with the utmost dignity and respect. It is the responsibility of the nurse/midwife to ensure that the family/carer has been contacted and ascertain if a viewing is required whilst the deceased is on the clinical unit (see Section11). All staff should be mindful that a deceased patient may need to be viewed by family/carers at a later stage.

3.5.2 The deceased patient's Next of Kin / Patient Contact / Person Responsible should be treated by all clinical staff with compassion and respect. Care of the body must be in accordance with the patient and Next of Kin / Patient Contact / Person Responsible spiritual and cultural beliefs.

3.5.3 Before commencing care of the body, it must be confirmed whether a referral to the Coroner is required. Refer to Coroners Cases and the Coroners Act 2009 (PD2010_054)

3.5.4 Standard precautions must always be used when preparing the deceased body. Personal Protective Equipment (PPE) is required if the patient has a Prescribed Infectious Disease, radioactive isotopes or cytotoxic therapy (see Sections 15-17).

3.5.6 Equipment required for care of the body includes a body bag, two white LBH Mortuary tags.

3.5.7 An additional yellow tag "Caution Radiation" is required if the patient is Radioactive (from Nuclear Medicine Department, see Section 16).

3.5.8 Bodies should be prepared in the following way:
Important: before removing any lines, catheters, or washing the body, ensure that the deceased is not going to be referred to the Coroner. If they are a Coroners Case, all lines, catheters are to remain in-situ and the body should not be washed or prepared as outlined below. Refer to Coroner Cases and the Coroners Act 2009 (PD2010_054) for further information. For all non-Coroner's Cases the following process applies for care of the body:

- Lay the deceased patient on their back and straighten limbs. Remove all but one pillow.
- Remove any mechanical aids such as syringe drivers.
- All wounds are to be covered with a clear waterproof dressing, not gauze or tape. Exuding wounds should be covered with a clean absorbent dressing and secured with a waterproof occlusive dressing.
- Remove drainage tubes (unless otherwise stated) and cover drainage site with a waterproof occlusive dressing. PEG tubes to be clamped.
- Wash the body unless requested not to do so for religious/cultural reasons. It may be important to the family/carer to assist with washing. Ensure all opportunities are provided for this to occur.
- Clean the deceased's mouth using a toothbrush or gauze to remove any debris and secretions. Clean dentures and replace them in the mouth if possible. If not possible to replace dentures in mouth, place dentures in a clearly labelled denture cup and tape to outside of body bag. Document location of dentures in EMR and mortuary register.
- If the family request jewellery to be removed, then it is done in the presence of another nurse and documented in EMR with a full description of each item removed and which family member received the jewellery. Jewellery remaining

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on the body should be clearly documented in the mortuary register prior to transfer to the mortuary. Each item of jewellery is to be individually listed and described in EMR and the register.

- Dress the body in gown or clothes which comply with family/cultural wishes. Ensure the family are aware these clothes will not be returned.

3.6 Death of a patient under Hospital in The Home

3.6.1 Please see: Adult and Paediatric Hospital in the Home Guidelines (GL2018_020)

3.6.2 **Anticipated Death**

For patients where death is anticipated, it is recommended there is agreement in advance on who will complete the Medical Certificate of Cause of Death. This may be patients known to NSW Health palliative care and/or contracted to palliative care services, or HITH patients with a resuscitation plan in place. In these cases, the patient's GP may agree to this responsibility.

3.6.3 **Unexpected Death**

A medical practitioner must not issue a certificate as to cause of death under the Births, Death and Marriages Registration Act 1995 if the death is a 'reportable' death (S6 - Coroners Cases and the Coroners Act 2009 (PD2010_054).

Examples of reportable deaths in HITH include if the person died:
• a violent or unnatural death
• a sudden death of unknown causes
• under suspicious or unusual circumstances
• in circumstances where their death was not the reasonably expected outcome of a health-related procedure
• while in or temporarily absent from a mental health facility (under the Mental Health Act 2007) where they are a resident receiving care, treatment or assistance.

Hospitals, medical practitioners or any other person who has reasonable grounds for believing a death or a suspected death would be examinable by the Coroner must report this to the police, a Coroner or assistant Coroner as soon as possible (Sections 35 and 38 Coroners Cases and the Coroners Act 2009 (PD2010_054).

3.7 Death of a patient under Paediatric Acute Care (PAC)

3.7.1 Please see: Management of Sudden Unexpected Death in Infancy (SUDI) (PD2019_035)

3.7.2 Description of service currently in progress and this clinical procedure will be updated once completed.

3.8 Viewing of the deceased in a clinical unit or ward

3.8.1 The deceased's Family/Carer should be treated with compassion and care.

3.8.2 The Nurse/Midwife is responsible for ensuring the Next of Kin / Patient Contact / Person Responsible has been contacted (refer to section 7- Notification of death) and ascertain if a viewing is required whilst the deceased is on the clinical unit. If a viewing on the clinical unit is to take place, every effort must be made to ensure the deceased's family/carer has an opportunity to view the deceased prior to being placed in the body bag and that the environment is as private and free of clutter as possible.

3.8.3 All deceased patients must be transferred from a clinical unit to the facility mortuary as soon as possible after death once the family/carers are ready for this to occur

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and as a maximum within eight hours following death. Cultural sensitivity should always be maintained. Longer periods on the ward may be approved if cultural/spiritual reasons determine.

3.8.4 Neonates may be viewed on “cold cots” whilst on the ward and are excluded from the 8-hour time requirement if a cold cot is used. Refer to facility guidelines on use for the cold cot.

3.8.5 All neonatal deaths and Unregistered Baby must be entered into the Maternity Register of Deceased (if available) and the Register of Deceased in the general mortuary. Documentation of removal from the mortuary fridge for viewing must be checked by two midwifes. A new toggle/cable tie must be replaced on the body bag after viewing and the new number written in the relevant Register of Deceased.

3.8.6 While baby is with the parents the labelled placenta to be forwarded to histopathology by care provider unless specified otherwise by parents or care provider.

3.8.7 While the baby is not with the parents at LBH W&B’s, the baby to be stored together in LBH mortuary fridge. Documentation of placing the baby into or out of the fridge or mortuary must be signed by 2 midwives in the Maternity Register of Deceased.

3.8.8 When it is decided that the neonate has been viewed by all those who wish to do so, the neonate must be transferred to the main mortuary and checked into the Register of Deceased by 2 Lismore Base Hospital staff members.

3.8.9 The nurse/midwife directly responsible for the deceased should provide support to the deceased family/carer whilst on the clinical unit. Care of the deceased patient must be in accordance with the patient and their family/carers cultural and spiritual beliefs. This includes ensuring families/carers are allowed to grieve appropriately and adequate time and privacy is provided for religious leaders to perform their rites. See resources for links to Lismore Base Hospital Bereavement Leaflet and staff help guides to spiritual and cultural needs at the end of life.

3.8.10 It is the responsibility of the nurse/midwife to ensure the deceased is appropriately presentable prior to the family/carer viewing the body. The nurse/midwife responsible for the deceased patient should meet and escort any family/ Next of Kin / Patient Contact / Person Responsible into the patient area prior to viewing the deceased.

3.8.11 If unable to contact the nominated family / Next of Kin / Patient Contact / Person Responsible, as identified on admission, then contact the Social Worker. If the Social Worker is still unable to contact the nominated Next of Kin / Patient Contact / Person Responsible within 2 working days and with multiple attempts, then the Social worker will notify the police.

3.9 Correct use of the body bag and identification tags by nursing/ midwifery staff

3.9.1 Two nurses/midwives (one of who is a registered nurse/midwife) must correctly identify the deceased prior to the removal of the body from the ward. The identification process includes all the following steps:

3.9.2 Ensure that there are two correct Hospital identification bands on the patient, that include the patient’s Medical Record Number (MRN), full name and date of birth (not applicable for births less than 20 weeks).

3.9.3 Complete all the information on two white Mortuary tags and one Deceased Information tag supplied. Ensure all details are correctly matching Medical Record details.

3.9.4 The deceased’s full name, MRN, date of birth and date of death are to be written in

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waterproof pen on the outside of the body bag, at the head of the bag.

3.9.5 Both nurses/midwives must sign all identification tags, confirming identification is correct and that it is documented on the tags regarding whether the patient has implantable devices, is cytotoxic, is radioactive or has a Prescribed Infectious Disease.

3.9.6 Using cloth tape, one completed white mortuary tag is to be tied to the patient's wrist on the same side as the zipper on the body bag. For small babies, the tag may be attached around the waist, on top of the sheet or blue that wraps the baby.

3.9.7 After appropriate care of the body (see Section 10), place the body in the body bag. The zipper must close at the head of the deceased.

3.9.8 If deceased requires a bariatric body bag, write weight in waterproof pen (estimate if unknown) on the outside of the bag, at the head of the bag.

3.9.9 Secure the body bag zipper with the second completed white mortuary tag and a toggle/cable tie.

3.9.10 On the outside, at the head of the body bag, the deceased patient's MRN, date of birth and date of death must be written with a permanent marker. (This is a requirement of the Public Health Regulation 2012

3.9.11 Place the completed Deceased Information tag in the outside pocket or attached to the outside of the body bag.

3.10 Custody of the deceased patient

3.10.1 Lismore Base Hospital and services are responsible for the safe custody and respectful care of the deceased until collection by a registered funeral director or other person's with appropriate authority.

3.10.2 All facilities are responsible for the safe custody and transfer of sudden infant deaths to approved designated facilities (refer to Management of Sudden Unexpected Death in Infancy (SUDI) (PD2019_035). Staff involved with these situations should have appropriate knowledge, skills and sensitivity to assist grieving parents.

3.10.3 All facilities must transfer deceased babies to approved facilities in body bags with identification procedures as per Section 12. Exceptions to this rule is inter-facility transfer of sudden infant deaths to approved designated facilities (refer to Management of Sudden Unexpected Death in Infancy (SUDI) (PD2019_035)

3.10.4 All facilities are to ensure there is a system where the deceased can be easily identified and located within the cool room.

3.10.5 All facility mortuaries must have a system in place to be able to clearly identify a body which has been in the mortuary for more than 3 days and have a process to manage this situation if it occurs. If a body is to be retained in the mortuary for longer than 5 days after death an application to the Public Health Unit must be made in line with Section 2.2 GL2013_015 Retention of Bodies - Approval to retain bodies for longer than permitted (GL2013_015)

3.10.6 For Neonates and Unregistered Babies the mortuary to contact the Midwifery Unit Manager to follow up with the funeral home and / or coroner.

3.10.7 All facility mortuaries must have a system in place to ensure that deceased patients who are waiting for the Coroner or post-mortem (autopsy) are flagged and transfer is expedited.

3.10.8 All facilities are responsible for ensuring adequate lighting and manual handling equipment is located within the mortuary.

3.10.9 All facilities must have a system in place to ensure the temperature of the mortuary

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cool room remains below 5 degrees Celsius.

3.10.10 Weekly follow up on deceased patients still in the mortuary to be made to the Environmental Officer from the Public Health Unit. The Environmental Officer will liaise between the police and the coroner's office.

3.11 Viewing of the deceased patient in the Mortuary

3.11.1 Where possible, patients, families/carers should be encouraged to view the deceased whilst on the clinical unit prior to transfer to the mortuary unless prior cultural requests have been made. Staff are to provide sensitive and caring support to families and carers at this time.

3.11.2 Viewing in mortuaries viewing rooms should only occur during business hours unless there are exceptional circumstances.

3.11.3 Viewing in the mortuary of deceased may not be recommended if the deceased has been treated with cytotoxic therapy or has had radioactive treatment.

3.11.4 Viewing is not permitted if the deceased has a Prescribed Infectious Disease as per: Public Health Regulation (2012) Division 3 & 5 (2013)

3.11.5 The family/carer must be accompanied by a social worker or nurse/midwife escort to the mortuary viewing room and provided caring support during the viewing.

3.11.6 A social worker or nurse/midwife is responsible for contacting the wards person to inform them a mortuary viewing is required.

3.11.7 It is the responsibility of the wards person to locate the deceased person and transfer the body into the viewing room, ensuring safe manual handling techniques.

3.11.8 It is the responsibility of the Nurse/midwife/social worker and the wards person to correctly identify the deceased person in the viewing room and to sign the Register of Deceased.

3.11.9 Prior to a viewing, the body should be checked to make sure it is presentable. A social worker or nurse/midwife must remain with the deceased at all times.

3.11.10 Once the viewing has been complete, both staff involved in the identification process must reseal body bag with the existing white Mortuary tag and a new toggle/cable tie.

3.11.11 The new toggle/ cable tie number must be documented in the Register of Deceased**.**

3.12 Prescribed Infectious Diseases

3.12.1 If the deceased is suspected to have one of the following prescribed infectious diseases (see list below and Public Health Regulation 2012, Part 8) the deceased is double bagged and that the Public Health Unit has been notified.

a) Avian influenza in humans
b) Diphtheria
b1) Middle East Respiratory Syndrome Coronavirus
c) Plague
d) Respiratory anthrax
e) Severe Acute Respiratory Syndrome
f) Smallpox
g) Tuberculosis
h) Any viral haemorrhagic fever (including Lassa, Marburg, Ebola and Crimean- Congo fevers).

3.12.2 Lismore Base Hospital will manage deceased patients with COVID-19 as if they had a prescribed infectious disease. The patient will be double bagged and nursing

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staff preparing deceased bodies must clearly write **"COVID-19 Handle with Care"** on the 2 white tags and the yellow sticker in the Lismore Base Hospital Body Bag kits. See NSW Health Factsheet COVID-19 Handling ~~of Bodies~~ describes the risks to funeral directors and mortuary personnel.

3.12.3 Minimal handling of the patient is recommended, and PPE must be worn for all patient care. Refer to the Ministry of Health Policy Directive PD2017_026 Clinical and Related Waste Management for Health Services.

3.12.4 If the deceased has a Prescribed Infectious Disease, viewing of the body is prohibited by the *Public Health Regulation 2012, Part 8.*

3.12.5 If the deceased has a Prescribed Infectious Disease, the Identification tags must be marked "YES", and the body bag is not to be opened. Identification of the deceased is to occur by correctly matching the Medical Certificate of the cause of Death (SMR010.509) with the details on the external white Mortuary tag, the Deceased Information tag and the writing on the body bag. This is to include the name, MRN, date of birth and date of death.

3.13 Death of a patient being treated with radioactive material

3.13.1 Deceased patients who have been previously treated with radioactive treatment during past presentations are not a risk to Lismore Base Hospital staff or viewing in the mortuary as they are below the Environmental Protection Authority guidelines. If a patient dies shortly after undergoing a diagnostic nuclear medicine procedure, no special handling or post-mortem precautions are required. The mortuary tags should be ticked:

Has this person had radioactive treatment during this admission?
No (use standard precautions)

3.13.2 If a patient dies whilst having radioactive treatment during the current admission there may be a risk for Lismore Base Hospital staff and families viewing the deceased in the mortuary and funeral services. The AMO must contact the treating radiation oncologist, medical physicist and/or Radiation Safety Officer, to determine the level of risk. A Release Statement from the Admitting Medical Officer may be required for the Funeral Director and this should accompany the body to the mortuary.

Refer to **Radiation Safety Manual NNSWLHD (2019)**

3.13.1 Patients who have died and a radiation risk has been determined (16.2), require special precautions. PPE must be worn when caring for the deceased and viewing in the mortuary is not recommended.

Has this person had radioactive treatment during this admission?
Yes, DO NOT OPEN THE BODY BAG

3.13.2 If a radiation risk has been determined (16.2), the body of the deceased must be removed from the ward as soon as possible after death and, if possible, placed in the centre section of the mortuary cool room.

3.13.3 If a radiation risk (16.2) has been determined, the body bag is not to be reopened and the body is to be identified in the mortuary by external body bag mortuary tags only. This includes correctly matching the Medical Certificate of the Cause of Death (SMR010.509) with the external details on the white mortuary tag (name, MRN, date of birth and date of death), the Deceased Information tag, and the writing on the body bag.

3.13.4 If a patient has been treated previously with an **implanted radioactive source (within the last 12 months), there may be a risk for coroner's cases (autopsy) or funeral services**. If this history is known, reasonable effort must be taken to ensure that the history is communicated to these services, i.e. the AMO should contact the treating radiation oncologist, medical physicist and/or Radiation Safety

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Officer, to determine if there is a threat for coroner or funeral services. A Release Statement from the AMO may be required for the Funeral Director and this should accompany the body to the mortuary. Refer to **Radiation Safety Manual NNSWLHD (2019).**

3.13.5 Viewing is permitted of patients who are identified as having radioactive implants from previous admissions (16.6) as they are below the Environmental Protection Authority guidelines. The mortuary tag should be ticked:

Has this person had radioactive treatment <u>during this admission?</u>
No (use standard precautions)

3.14 Death of a patient being treated with cytotoxic therapy

3.14.1 Personal Protective Equipment (PPE) MUST be worn when handling a deceased patient who has received chemotherapy (antineoplastic therapy) within the last 7 days before death. Refer to the **Cytotoxic Drugs and Related Waste Management, Staff Education, Training and Health Surveillance NNSWLHD Clinical Procedure (2018)**

3.14.2 Patient identification tags must be marked "YES Cytotoxic" if indicated.

3.14.3 It is recommended that each facility has a centralised supply of Lismore Base Hospital "Cytotoxic Box" (containing a single set of PPE) that may be provided to clinical areas that have a death that is cytotoxic. Refer to Nurse Manager for location of packs or availability of PPE.

3.14.4 It is recommended that all mortuaries have a supply of Lismore Base Hospital "Cytotoxic Box" for the handling or viewing of deceased cytotoxic patients in the Mortuary.

3.14.5 It is the responsibility of Managers to ensure that relevant staff are aware how to use PPE.

3.14.6 Viewing the deceased in the mortuary is not recommended for cytotoxic patients. In extreme circumstances, the haematology/oncology nurse specialist should be contacted for the viewing to ensure that correct PPE is used by family/carers.

3.15 Transfer of deceased patient to facility mortuary, including Unregistered Baby

3.15.1 Wards persons are responsible for the transfer of the deceased patient from the clinical unit to the facility mortuary. It is essential that two Lismore Base Hospital staff check the deceased into the mortuary and complete the Register of Deceased.

3.15.2 It is to be determined by the facility which two Lismore Base Hospital staff are required to check the deceased into the mortuary (a wards person and an escort nurse from the clinical area, ensuring there is no impact on nurse to patient ratios).

3.15.3 Throughout the transfer process the deceased patient must be handled and treated with respect and dignity, with consideration also be given to other patients, visitors and staff.

3.15.4 All births and Unregistered Babies that are transferred to a mortuary must be signed into the Register of Deceased and checked by two Lismore Base Hospital staff members.

3.15.5 Two Lismore Base Hospital staff members MUST witness that the deceased patient and/or Unregistered Baby details are correctly entered into the Register of Deceased:

3.15.6 Two Lismore Base Hospital staff members MUST check all patient details, from white Mortuary Tag and/or the labelling on the outside of the container that holds the Unregistered Baby.

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3.15.7 This includes reading out loud that the patient details and the number of toggle/cable tie securing the body bag, are written exactly in the Register of Deceased, as they appear on the white Mortuary Tag and toggle securing the body bag.

3.15.8 It is the responsibility of facility managers to ensure that all relevant staff are provided training prior to care of the deceased. See suggested Appendix 1-3 for Mortuary Checklists that may be printed for use in the facility mortuary and department training programs.

3.15.9 It is acknowledged that care of the deceased and the bereaved may provoke occupational stress. It is the responsibility of managers to ensure that staff have access to Employment Assistance Program (EAP) services and supported appropriately. See Section 24 for links to resources.

3.16 Authority for Funeral Director to Collect Body

3.16.1 The Lismore Base Hospital form Authority to Collect Body AMR002.001 must be completed by the Funeral Director and a copy presented to Medical Records Department of the facility prior to release of the body and the Medical Certificate of Cause of Death SMR010.509 or the Medical Certificate of Cause of Perinatal Death Form B and the Attending Practitioners Cremation Certificate SMR010.520 to the authorised Transit Company.

3.16.2 Two Lismore Base Hospital staff members (determined by the facility) must sign the Lismore Base Hospital Authority to Collect Body form AMR002.001 ensuring it has been completed in full by the Funeral Director and the Next of Kin / Patient Contact / Person Responsible.

3.16.3 A copy of the form Authority to Collect Body AMR002.001 must be retained by the facility Medical Records Department.

3.16.4 All deceased persons, including neonates equal to or over 20 weeks gestation (or 400gms), or births less than 20 weeks and born live or not born live and are for post- mortem, must be released via the mortuary and checked into and out of the Register of Deceased.

3.16.5 The deceased must be released in a body bag.

3.17 Checking a deceased patient out of the mortuary, including Unregistered Baby

3.17.1 A Lismore Base Hospital staff member and the Transit Company Representative must ensure the deceased is correctly identified prior to being released from the mortuary. This includes opening the body bag and reading out loud the patient details (deceased name, date of birth and date of death) on the white Mortuary Tag on the deceased body – the details must be verified as being identical to the details on the Medical Certificate of Cause of Death.

3.17.2 Deceased and/or Unregistered Baby that require transfer to a facility for a Post-Mortem must have an identity check and be checked out of the Register of Deceased. The Transit Company Representative must show a copy of the Lismore Base Hospital form Authority to Collect Body AMR002.001 if there is no Medical Certificate of Cause of Death.

3.17.3 Deceased bodies that arrive at the Mortuary and are awaiting transfer to the Coroners Court must have an identity check using the Coroners request form presented by the Coroner's Representative (i.e. the Police) and be checked out of the Register of Deceased.

3.17.4 A Lismore Base Hospital wards person must always remain in the Mortuary when non- Lismore Base Hospital persons are in the Mortuary. It is the responsibility of

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Lismore Base Hospital staff to ensure that the mortuary is locked and secure.

3.17.5 The Lismore Base Hospital staff member and the Transit Company Representative must complete the following details in the Register of Deceased;

- Date and time deceased patient transferred out of mortuary
- Number of toggle/cable tie securing the body bag
- Name of Funeral Company (if known)
- Name of Transit Company
- Name and signature of Transit Company Representative
- Destination of transfer of deceased and/or Unregistered Baby
- Signature of Lismore Base Hospital staff member and funeral/transit company staff member to confirm identification check is correct.

3.17.6 If the Next of Kin / Patient Contact / Person Responsible is to take a fetus less than 20 weeks and/or Unregistered Baby from the mortuary, the identity tags on the body bag and/or container must be checked by 2 Lismore Base hospital staff members with a copy of "Consent to take a Fetus home less than 20 weeks" (AMR 010.080) The Next of Kin / Patient Contact / Person Responsible must also sign the Register of Deceased after the identity check is completed.

3.17.7 If the Next of Kin / Patient Contact / Person Responsible is to directly take a neonate from the Mortuary without a Funeral Director, 2 Lismore Base Hospital staff members must check details of the deceased with the Medical Certificate of Cause of Death and sight a copy of the Authority for Direct Release of body to Next of Kin / Patient Contact / Person Responsible (AMR 010.077). The Next of Kin / Patient Contact / Person Responsible must also sign the Register of Deceased after the identity check is completed. See: Perinatal Deaths - Caring for Families Experiencing (NNSW-LHD_PRO-0396-18)

3.17.8 If the toggle/cable tie number is different from the one previously recorded in the Registry of Deceased, the Lismore Base Hospital staff member must inform their supervisor. The supervisor should ensure that information on the Deceased Information tag matches what is found on or with the deceased body (i.e. jewellery). If a mismatch occurs, an internal investigation should take place. If correct identification of the body has been confirmed, despite the wrong toggle/cable tie number, the deceased patient should still be transferred to the Funeral Director.

3.17.9 Standard precautions should always be followed when opening a body bag.

3.17.10 If the deceased has a Prescribed Infectious Disease (Section14) or is radioactive (Section 15) DO NOT OPEN THE BODY BAG. Identification of these patients must be done by checking the external tags and the writing on the outside of the body bag only as per normal procedures

3.17.11 PPE must be worn if the deceased has a Prescribed Infectious Disease or is cytotoxic (Section 16).

3.17.12 It is the responsibility of the facility to ensure that PPE is available in the mortuary, ideally this is available in a Lismore Base Hospital "Cytotoxic Box".

3.17.13 It is the responsibility of managers to ensure that staff are trained on the correct use of PPE.

3.17.14 Collection of the deceased patient by the Funeral Director, Coroner should occur within five days. If this has not occurred, then the relevant person needs to be contacted and a 'Approval to retain a body for longer than permitted' request must

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be made as per 'Retention of Bodies – Approval to Retain Bodies for Longer than Permitted' (GL2013_015)

3.18 Destitute Funeral

3.18.1 Social worker to follow NSW Policy Directive PD2008_12 regarding process following the death of a destitute person.

3.18.2 Non-Coronial death inside hospital – Hospital Social Worker makes enquiries of nominated Next of Kin / Patient Contact / Person Responsible / Family / friends to conduct funeral, may request police to assist

- If no Next of Kin / Patient Contact / Person Responsible, family or friends able to pay for the funeral the hospital arranges contracted Funeral Director for burial or cremation. Officer from the hospital to attend the funeral service.
- Funeral Director forwards invoice to the hospital which the hospital then forwards to the area health service for payment

3.18.3 Coronial matters inside / outside hospital – police determine if deceased is destitute

- Police issue form P372 and forwards to coroner
- Coroner issues and Order for Disposal and forwards form to the director of the hospital
- Environmental Health Officer completes HEALTH 373 and arranges contracted Funeral Director for burial or cremation
- The Funeral Director forwards the invoice to the PHU to arrange payment by the Area Health Service

3.19 Follow up of Care of the Deceased documentation

3.19.1 All documentation including the verification of death certificate, cremation certificate, coronial checklist and Medical certificate Cause of Death to be completed and sent to medical Records as soon as practical.

3.19.2 Follow up on the completion of the above to be undertaken by the Medical records department

3.20 Escalation Process

Delays in any of the above processes should be escalated by following the standard escalation process to enable timely follow up.

4.0 Implementation and Required Knowledge and Assessment to Perform this

General Managers

The General Manager is responsible for disseminating this CP throughout their facility/service. They must ensure that all required resources and support are available and appropriately managed and any factors that may prevent compliance with the CP are identified and rectified.

General Manager to ensure that all staff receive relevant training and education regarding processes within this CP, including how to identify stress caused by care of the deceased and where to seek counselling and support if required.

Department Heads, Nursing and Midwifery Unit Managers

Managers are responsible for ensuring their staff are aware of their individual responsibility and accountability for caring for patients who are deceased and ensuring that all deceased patients are treated with utmost respect and dignity and are only removed from the clinical environment in accordance with this CP.

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Managers must ensure that;

- All staff are aware of this CP and associated policies and that they are disseminated and implemented appropriately.
- Staff receive the necessary education and training to carry out the processes outlined in this CP
- There is a clear expectation that the care of the deceased patient and their family/carers is conducted with respect, dignity, kindness and compassion.
- Referrals are made to the Chaplaincy Department in a timely manner once a request from a patient or family member to see a chaplain has been made.

Staff Members

All staff have an individual responsibility to treat the deceased patient and their family/carers/ Next of Kin / Patient Contact / Person Responsible with respect, dignity, kindness and compassion.

5.0 Monitoring and Evaluation

Monitoring and evaluation will be undertaken by collection of IIMS

6.0 Definitions

Cool room	The refrigerated room within the Mortuary for the storage of bodies
Cytotoxic Mortuary Kit	This kit contains one set of Personal Protective Equipment (PPE), including PPE instruction leaflet, “purple” gown, gloves, goggles, mask and disposal bag.
Deceased	Body of dead person, including that of a child born over or equal to 20 weeks or greater or equal to 400gms.
Designated Officer	In relation to a hospital, a person appointed under s5(1) (a) of the Human Tissue Act 1983, to be a Designated Officer for the hospital.
Notification of Death	The informing of Next of Kin / Patient Contact / Person Responsible and relevant clinicians of the patient’s death.
Maternity Register of Deceased	A Lismore Base Hospital Register of deceased, including Unregistered Baby that are held in the maternity ward/unit fridge.
Mortuary	Premises in Lismore Base Hospital facility for the holding of the deceased and/or Unregistered Baby, prior to the transfer to Funeral Director or other approved facility
Register of Deceased	A Lismore Base Hospital Register of deceased, including Unregistered Baby that are held in the facility mortuary.
Unregistered Baby	Babies not registered, including products of conception
Verification of death	The formal clinical procedure described in Verification of Death and Medical Certificate of Cause of Death (PD2020_011)
Viewing room	Separate area of the mortuary used for the viewing of the deceased.

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7.0 References

- **Adult and Paediatric Hospital in the Home Guidelines (GL2018_020)** Link: https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2018_020
- **Client Registration Policy (PD 2007_094)** Link: https://intranet.nnswlhd.health.nsw.gov.au/docs/PD2007_094-client-registration-policy-v-001.pdf
- **Clinical and Related Waste Management for Health Services (PD2017_026)** Link: https://intranet.nnswlhd.health.nsw.gov.au/docs/PD2017_026-clinical-and-related-waste-management-for-health-services-v-001.pdf
- **Coroner Cases and the Coroners Act 2009 (PD2010_054)** Link: https://intranet.nnswlhd.health.nsw.gov.au/docs/PD2010_054-coroners-cases-and-the-coroners-act-2009-v-001.pdf
- **Coronial Checklist (IB2010_058) COVID-19 Handling of Bodies (NSW Health Factsheet) Link:** https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2010_058.pdf
- **Cytotoxic Drugs and Related Waste Management, Staff Education, Training and Health Surveillance NNSWLHD Clinical Procedure (2018)** Link: NNSW-LHD-PRO-0348-18 Cytotoxic Drugs and Related Waste Management Staff Education Training and Health Surveillance-v-001.pdf
- **Deaths - Review and Reporting of Perinatal Deaths (PD2011_076)** Link: https://intranet.nnswlhd.health.nsw.gov.au/docs/PD2011_076-deaths-review-and-reporting-of-perinatal-deaths-v-001.pdf
- **Designated Officer Policy and Procedures (PD2013_002)** Link: https://intranet.nnswlhd.health.nsw.gov.au/docs/PD2013_002-designated-officer-policy-and-procedures-v-001.pdf
- **Destitute Persons Cremation or Burial (PD2008_012)** Link: https://intranet.nnswlhd.health.nsw.gov.au/docs/PD2008_012-destitute-persons-cremation-or-burial-v-001.pdf
- **Deceased Organ and Tissue Donation – Consent and Other Procedural Requirements (PD2013_001) Link:** https://intranet.nnswlhd.health.nsw.gov.au/docs/PD2013_001-deceased-organ-and-tissue-donation-consent-and-other-procedural-requirements-v-001.pdf
- **Infection Prevention and Control Policy (PD2017_013)** Link: https://intranet.nnswlhd.health.nsw.gov.au/docs/PD2017_013-infection-prevention-and-control-policy-v-002.pdf
- **Management of Sudden Unexpected Death in Infancy (SUDI) (PD2019_035)** Link: https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019_035
- **Non-coronial post-mortems (PD2007_051)** Link: https://intranet.nnswlhd.health.nsw.gov.au/docs/PD2013_051-non-coronial-post-mortems-v-001.pdf
- **Perinatal Deaths - Caring for Families Experiencing (NNSW-LHD_PRO-0396-18)** Link: https://intranet.nnswlhd.health.nsw.gov.au/docs/NNSW-LHD-PRO-0396-18-perinatal-death-caring-for-families-experiencing-v-003.pdf
- **Public Health Regulation (2012) Divisions 3 & 5 (2013)** Link: https://www.legislation.nsw.gov.au/#/view/regulation/2012/311/full
- **Radiation Safety Manual NNSWLHD (2019)** Link: https://intranet.nnswlhd.health.nsw.gov.au/docs/NNSW-LHD-MAN-0610-19-radiation-safety-manual-v-003.pdf

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- **Retention of Bodies - Approval to retain bodies for longer than permitted (GL2013_015)** Link: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2013_015.pdf
- **Stillbirth – Management and Investigation (PD2007_025)** Link: https://intranet.nnswlhd.health.nsw.gov.au/docs/PD2007_025-stillbirth-management-and-investigation-v-001.pdf
- **Verification of Death and Medical Certificate of Cause of Death (PD2020_011)** https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020_011.pdf

8.0 Appendices

- LBH Management of Adult Death in Hospital Flow Chart
- Verfication of Death SMR010.530
- Attending Practitioners Cremation Certificate SMR010.520
- Medical Certificate of Cause of Death SMR010.509
- Report of Death Associated with Anaesthesia / Sedation (SMR010.511)
- Coronial Checklist SMR010.513
- Non-coronial post-mortem Consent & Authorisation (SMR020.032)
- Agreement and Arrangements for Burial/ Cremation of Unregistered Baby (SMR020037)
- Cremation or Burial of Deceased Destitute Persons Flow Chart
- Lismore Base Hospital Care of the Deceased Clinical Procedure Folder Contents

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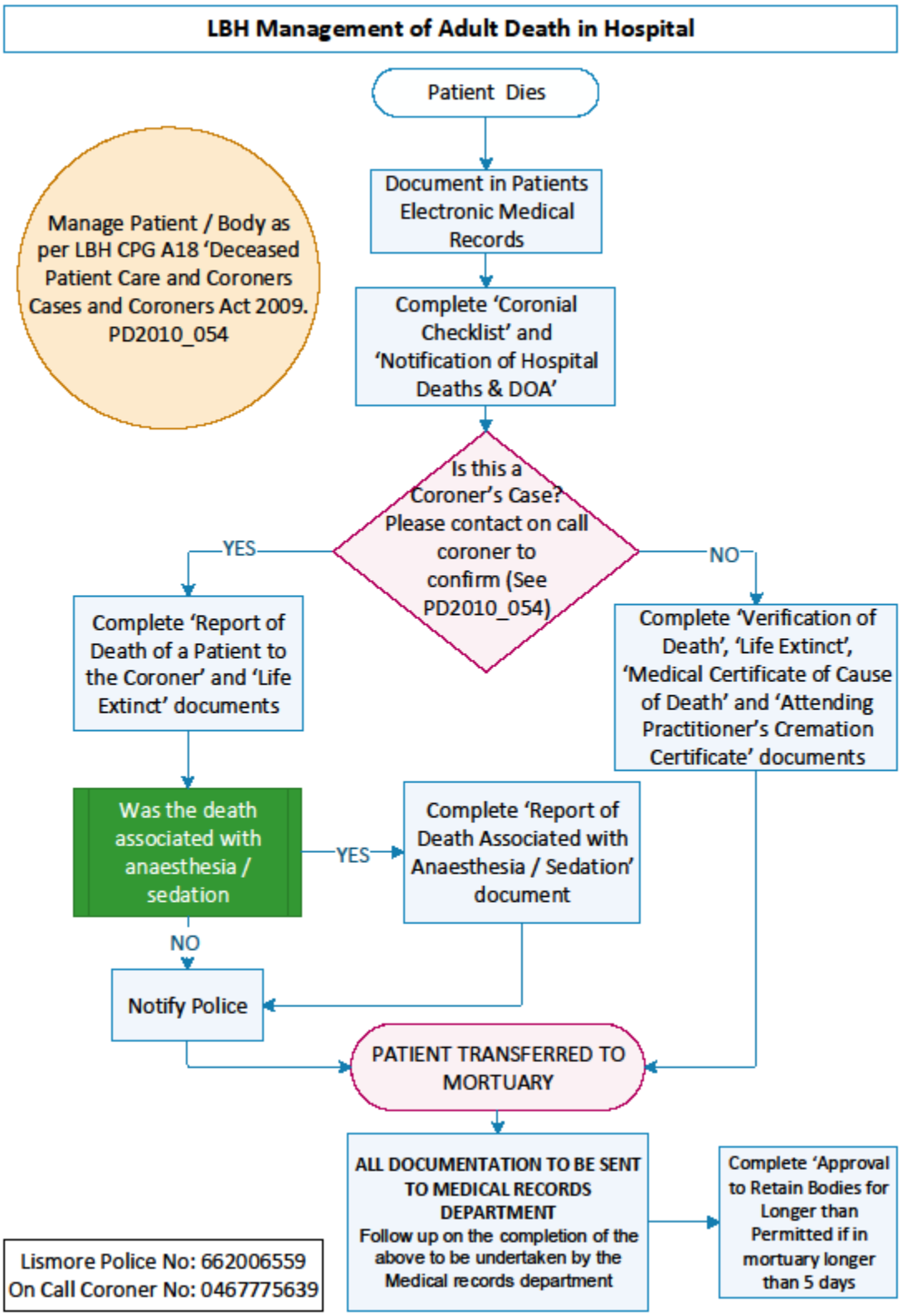
Appendix A: Management of a Death in Hospital Flowchart



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Appendix B: Verfication of Death - SMR010.530

NSW Health

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ____/____/____	M.O.
ADDRESS	
LOCATION / WARD	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

VERIFICATION OF DEATH

SMR010.530

Verification of Death is required to enable a person's body to be transported by a funeral director or government contractor, in circumstances where there may be a delay in completing the Medical Certificate of Cause of Death (MCCD).

Completion of this *Verification of Death* form is not required when a person's death is reportable to the Coroner (see PD2010_054) or where a MCCD has been completed.

In the absence of a medical practitioner, a registered nurse / registered midwife or qualified paramedic may complete this *Verification of Death* form.

Details of the deceased

Family name _____ Given name(s) _____

Sex _____ Age / DOB _____ MRN _____

Address _____

Place of death _____

Method of verifying identity
- ☐ Check arm band
- ☐ Patient known to health professional/service
- ☐ Information relayed by government contractor
- ☐ Other, provide details _____

Implantable devices remaining on / in body that require deactivation (eg pacemaker, implantable defibrillator)

_____

Clinical Assessment

Examination Date _____ Examination Time _____

I have completed the following assessments and there is: (all tests must be undertaken to verify death)
- ☐ No palpable carotid pulse
- ☐ No heart sounds heard for 2 minutes
- ☐ No breath sounds heard for 2 minutes
- ☐ Fixed and dilated pupils
- ☐ No response to centralised stimulus
- ☐ No motor (withdrawal) response or facial grimace in response to painful stimulus

Details of any additional assessments undertaken (eg ECG strip) _____

OR

- ☐ This is an obvious death (i.e. the person has injuries incompatible with life and/or has been deceased for some time)

AND

- ☐ I declare that the person is deceased.

Details of person verifying death

Name _____

Designation: ☐ medical practitioner ☐ registered nurse / registered midwife* ☐ qualified paramedic*

Pager/Phone _____ Employing facility _____

Signature _____ Date _____

Medical Certificate of Cause of Death (MCCD)

Details of medical practitioner who is to certify death (within 48 hours of the death)

Name _____ Contact Details _____

Has the medical practitioner been notified of patient death? ☐ Yes ☐ No

Details of arrangement with medical practitioner to complete certification _____

_____

*In the absence of a medical practitioner, a registered nurse / registered midwife or qualified paramedic may verify death.

Page 1 of 1

Original - Funeral Director Copy - Medical Record

BINDING MARGIN - NO WRITING

VERIFICATION OF DEATH

SMR010.530

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Appendix C: Attending Practitioners Cremation Certificate – SMR010.520

NSW GOVERNMENT | Health

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ____ / ____ / ____	M.O.
ADDRESS	
LOCATION / WARD	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

ATTENDING PRACTITIONER'S CREMATION CERTIFICATE

PUBLIC HEALTH REGULATION, 2012 Clause 81

SMR010520

My name is ..... *(Full name in block letters)*. I am a registered medical practitioner in Australia. I am informed that an application has been made or is to be made for the cremation of the remains of

..... *(Name of deceased)*

of ..... *(Last address of deceased)*.

I am the attending practitioner because:

I attended the person immediately before, or during, the illness terminating in their death;

OR

As no such practitioner is available, or it is not practical for them to issue the cremation certificate:

(i) I have reviewed the dead person's medical record, **AND**

(ii) I am a member of staff of the hospital where the death occurred, or work at the same general practice as a medical practitioner who attended the person immediately before, or during, the illness terminating in their death.

(cross out which does not apply above)

AND

I have seen the body after death and am satisfied as to the identity of the body.

1. State date and time of death .....

2. State place where the deceased died. (Give address and state whether own residence, lodgings, hotel, hospital, nursing home, etc)

.....

3. How soon after death did you examine the body? Days ..... Hours.....

4. Have you have previously cared for this patient? Yes / No

   If yes, when did you last see the deceased alive? (Insert date) .....

   If no, when did you review the deceased's records? (Insert date) .....

5. Cause of death

   (a) Has a Cause of Death Certificate been issued for the deceased? Yes / No

   (i) **If no**, an Attending Practitioners Cremation Certificate cannot be issued.

   (ii) **If yes**, are you the person who completed the cause of death certificate? Yes / No

   (b) In your view, is the cause of death as stated on the Cause of Death Certificate? Yes / No

   (i) **If no**, please state what you believe is the cause of death to be.....

   (ii) What was the duration of this condition in years, months, or days? .....

Holes Punched as per AS2328.1: 2012

BINDING MARGIN - NO WRITING

NH606572 220313

ATTENDING PRACTITIONER'S CREMATION CERTIFICATE SMR010.520

NO WRITING

Page 1 of 2

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Appendix D: Medical Certificate of Cause of death – SMR011.509

Registry of Births Deaths & Marriages
Department of Justice

Facility:

MEDICAL CERTIFICATE OF CAUSE OF DEATH

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ____/____/____	M.O.
ADDRESS	
LOCATION / WARD	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

New South Wales

Births, Deaths and Marriages Registration Act, 1995

Medical Certificate of Cause of Death

General Information:

This form is required under Section 39 of the *Births Deaths and Marriages Registration Act 1995* and forms the basis for the registration of a death and the issue of a Medical Certificate of Cause of Death (MCCD). A penalty may apply if a death is not reported within 48 hours of death.

The purpose of this form is to notify the Registrar, Registry of Births Deaths & Marriages ('the Registry') of a death and the cause of that death. This form must be

- completed by a registered medical practitioner
- submitted to the Registry within 48 hours of the death
- used in relation to a death of a person
- used in relation to a death that is not reviewable or reportable to a coroner, as specified in Sections 6 and 38 of the *Coroners Act 2009*. Statutory requirements can be found on page 4 of this form.

If you need assistance or are unsure whether you are required to report this death to the Coroner contact the NSW State Coroners Court during business hours on 8584 7777. Otherwise contact the Sydney Department of Forensic Medicine on 8584 7800, or the Newcastle Department of Forensic Medicine 4922 3700 to speak with a Duty Pathologist. You can also refer to the Coroners website at http://www.coroners.lawlink.nsw.gov.au/coroners/for_health_professionals.html

If under section 39 (1)(b) of the BD&M Act, the issue of a MCCD must be deferred, a notice of intention to sign such a certificate must be advised to the Registry by emailing BDM-Deathcertificate@agd.nsw.gov.au. The email must contain the name of the deceased in the subject line. The body of the email must contain the date of death, place of death, any notifiable diseases, the cause of death together with the full name, address and AHPRA number of the doctor.

The importance of the Cause of Death

The cause of death is the basis on which statistics of cause of death are compiled. It is defined as the disease or injury which initiated the chain of events leading directly to death.

Was the deceased of Aboriginal or Torres Strait Island origin?

Please ensure that question 20 is completed as accurately as possible. Accurate identification and reporting of deaths of Aboriginal and Torres Strait Islander people is crucial to accurate ongoing measuring of the prime causes of mortality and morbidity for this population and measuring the impact of strategies to improve their health outcomes.

Correct procedure for reporting the Cause of Death – Part Three

Where a chain of events is in evidence, certification is made by listing the disease or condition leading directly to the death in line (a) of Part Three of the certificate, followed by, on lines (b) (c) (d), the antecedent causes. If a certificate is completed correctly, the underlying causes should appear alone on the lowest used line of Part Three, and the conditions, if any, which arose as a consequence of this underlying condition, should appear above it, one condition on each line, in ascending order of causal sequence.

Other significant conditions are to be stated. These should not directly be part of the chain of diseases or conditions which have caused death but have unfavourably influenced the course of the morbid process. In the case of an accident which led to the condition(s) recorded in (a) to (d), the circumstances of the accident should be stated here.

Section 38(2) - Deaths over 72 years of age - Part one

Notwithstanding that the death may be reportable to the Coroner, if the person was aged 72 years or older and death resulted, directly or indirectly, from an accident resulting in complications such as a fractured neck of femur or subdural haemorrhage, you may certify the cause of death if you are comfortably satisfied that the fall was attributable to the person's age (unless relatives object). See Section 38(2) of the *Coroner's Act 2009*.

Privacy and disclosure of information

Information collected in this form and held in the Register may be used for statistical purposes. See the Registry's website for more information. www.bdm.nsw.gov.au

MEDICAL CERTIFICATE OF CAUSE OF DEATH

SMR010.509

11/14 F500 Page 1 of 4

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NSW GOVERNMENT Health

Facility:

REPORT OF DEATH ASSOCIATED WITH ANAESTHESIA/SEDATION
(PREVIOUSLY FORM B)

SMR010511

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

LOCATION OF DEATH (eg, OR, ICU, HDU etc)	DATE OF DEATH	TIME OF DEATH	WEIGHT

Pre-operative diagnosis / condition

ASA classification *(please tick)* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ E

Operation(s) / procedure(s)

Findings at operation/procedure

Induction	DATE OF INDUCTION	TIME OF INDUCTION	TIME ANAESTHETIC CEASED
Anaesthetic / Sedation *(tick all relevant boxes)*	☐ GA	☐ Regional	☐ Local ☐ Sedation
List of all drugs given & doses *(including premedication if any)*			

Brief description of events

Likely cause(s) of death

Anaesthetist / Sedationist *(Please print name, title and qualifications)*
1.
2.

Contact details of Medical Officer completing this report *(for feedback)*	PRIVATE MAILING ADDRESS	HOSPITAL ADDRESS

Name of Medical Officer completing this report:	SIGNATURE	DATE

Please send completed form to:
Secretary NSW Health, c/o Special Committee Investigating Deaths Under Anaesthesia
Clinical Excellence Commission, Locked Bag 8 HAYMARKET NSW 1240

SPECIAL COMMITTEE INVESTIGATING DEATHS UNDER ANAESTHESIA

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REPORT OF DEATH ASSOCIATED WITH ANAESTHESIA/SEDATION (PREVIOUSLY FORM B) SMR010.511

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Appendix E: Coronial Checklist – SMR010.513

NSW HEALTH

Facility:

CORONIAL CHECKLIST

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

SMR010513

Deaths Reportable to the Coroner – check list

This checklist is to be used to determine if a death should be reported to the coroner. It is to be completed by the officer determining extinction of life for all patients (PD 2005_488). The form is filed in the front of the medical record.

This check list is to be used in conjunction with NSW Health Policy Directive 'Coroners Cases and the Coroners Act' http://www.health.nsw.gov.au/policies/pd2010_054

Coronial Flags	YES	NO
1. Did the person die a violent or unnatural death?		
2. Did the person die a sudden death, the cause of which is unknown?		
3. Did the person die under suspicious or unusual circumstances?		
4. Did the person die in circumstances where the person **HAD NOT** been attended by a medical practitioner during the period of six months immediately before the person's death?		
5. Did the person die in circumstances where death **WAS NOT** the reasonably expected outcome of a health related procedure carried out in relation to that person? *(see point 1 over page for further guidance)*		
6. Did the person die while in or temporarily absent from a declared mental health facility and while the person was a resident at the facility for the purpose of receiving care, treatment or assistance? (includes admission to acute care facility whilst a patient of a Mental Health Facility)		
7. Did the person die whilst in the custody of a police officer or in other lawful custody? *(see point 2 over page for further guidance related to deaths in custody)*		
8. Did the person die whilst escaping or attempting to escape from the custody of a police officer or other lawful custody?		
9. Did the person die as a result of, or in the course of police operations?		
10. Did the person die whilst temporarily absent from an institution or place where the person was an inmate?		
11. Was the person a child in care, or a child whose death is or may be due to abuse or neglect or that occurred in suspicious circumstances? *(see point 3 over page for definitions and guidance related to death of a child)*		
12. Was the person (child or adult) living in or temporarily absent from, residential care provided by a service provider and authorised or funded under the Disability Services Act 1993 or a residential centre for disabled persons? *(see point 3 (e) over page for definitions and guidance)*		
13. Was the person disabled within the meaning of the Disability Service Act 1993 and receiving from a service provider assistance to enable them to live independently in the community? *(see over page point 3 (f) for definitions and guidance)*		

If answers to ALL of the questions are NO, the death is NOT required to be referred to the Coroner and a death certificate MAY be issued. Where doubt exists as to whether a death should be reported, telephone the Duty Pathologist (**Glebe:** *Business Hours (02) 8584 7821, After Hours (02) 8584 7821.* **Northern Forensic Hub, Newcastle:** *Business Hours (02) 4922 3700, After Hours (02) 49290822)* for clarification. The State Coroner's Court may also be contacted for advice on (02) 8584 7777.

If the answer is YES to ANY question the death must be referred to the Coroner using S*MR010.510 – Reporting of Death of a Patient to the Coroner* and a death certificate MUST NOT be issued.

The exception to this rule is that under S38 (2) of the Act, medical practitioners can issue a death certificate if they are of the opinion that the person:
(a) was aged 72 years or older, and
(b) died in circumstances other than in any of the circumstances referred to above, and
(c) died after sustaining an injury from an accident, being an accident that was attributable to the age of the person, contributed substantially to the cause of death and was not caused by an act or omission by any other person(this applies to accidents at home or in institutions)

However the medical practitioner **must state** on the certificate that it is given in pursuance of *S38(2) of the Coroners Act 2009.* A medical practitioner cannot certify the cause of death in accordance with this section if before the certificate is given a relative of the deceased person indicates to the medical practitioner that s/he objects to the giving of the certificate. If an objection by a relative occurs the death must be reported to a police officer who is then required to report the death to a coroner or assistant coroner as soon as possible after the report is made.

Staff Name: Signature: Designation: Date:

081010

NO WRITING

Page 1 of 2

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CORONIAL CHECKLIST

SMR010.513

Approved Do Not Print

Appendix F: Non-coronial post-mortem Consent & Authorisation (SMR020.032)

NSW Health

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ____/____/____	M.O.
ADDRESS	
LOCATION / WARD	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

NON-CORONIAL POST MORTEM CONSENT & AUTHORISATION

SMR020032

[Note: This form should be used to obtain consent for the conduct of a non-Coronial post mortem. A copy of the completed form must be (1) retained as part of the post mortem record; (2) placed in the deceased person's notes; and (3) given to the person who provided consent i.e. the senior available next of kin or their delegate].

SECTION 1

DETAILS OF PERSON OBTAINING CONSENT

Family name _____ Given name _____

Institution/Hospital: _____

Person's Position: _____

Contact: Phone _____ Pager _____

ADDITIONAL DETAILS OF THE DECEASED

Date of death of the deceased ____/____/____

Optional: Is the deceased an Aboriginal person or Torres Strait Islander? *[Tick as appropriate]*

- ☐ **YES**
- ☐ **NO**
- ☐ **UNKNOWN**

SECTION 2: PERSON GIVING THE CONSENT

[Tick relevant box and complete as appropriate]

☐ **PERSON GIVING THEIR CONSENT DURING THEIR LIFE TIME TO A POST MORTEM EXAMINATION OF THEIR BODY AFTER DEATH**

I_____ (insert name) consent to a post mortem examination of my body after I have died as detailed in Section 3.

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NON-CORONIAL POST MORTEM CONSENT & AUTHORISATION

SMR020.032

111213

NO WRITING

Page 1 of 4

NON-CORONIAL POST MORTEM CONSENT & AUTHORISATION FORM_111213.indd 1 11-12-2013 1:13:44 PM

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Appendix G: Agreement and Arrangements for Burial / Cremation of Unregistered Baby (SMR020037)

NSW GOVERNMENT | Health

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION / WARD	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

SMR020037

AGREEMENT AND ARRANGEMENTS FOR BURIAL/CREMATION OF UNREGISTERED BABY

This form is to be used for a baby whose birth will **not** be registered with the Registry of Births, Deaths and Marriages as per their definition: (Baby does not show signs of life and is less than 20 weeks completed gestation or if gestation unknown has a body mass of less than 400 grams)

A photocopy of the completed form (1) must be retained in the maternal health record; (2) given to the Funeral Director and (3) given to the parent or nominated senior next of kin

Statement of birth

Mother's name: _____

Gave birth to: _____ (baby's name or write B/O *maternal name*)

At: _____ (Facility name) On: _____ (date/time of birth)

Birth attendant name: _____

Designation: _____

Baby's weight: _____ grams Gestation: _____ completed weeks Sex: _____

Understanding

☐ I understand that there is no legal requirement for the formal burial or cremation of an unregistered baby

☐ I have been given the opportunity to discuss options for my baby

Arrangements

I have elected: _____ (name of parent/Senior Next of Kin)

☐ To make my own arrangements for burial or cremation.

Arrangements: _____

☐ For the hospital/pathology (delete as appropriate) to manage my baby as described below

Arrangements: _____

(Please ensure parents are aware of the local procedures in their area)

Signatures

Parent name: _____ Signature: _____

or/Senior Next of Kin name: _____ Signature: _____

(As defined by The Human Tissue Act 1983 Part 1 Section 4 Definition: Senior available next of kin)

Witnessed by:

Name: _____ Signature: _____

Designation: _____ Date: _____

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NH700321 250718

AGREEMENT AND ARRANGEMENTS FOR BURIAL/ CREMATION OF UNREGISTERED BABY

SMR020.037

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Page 1 of 1

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Appendix H: Deceased Destitute Persons Flow Chart

CREMATION OR BURIAL OF DECEASED DESTITUTE PERSONS FLOW CHART

This flow chart is a summary of NSW Health Policy Directive 2008_012 Sections 4.1, 4.2 and 4.3 to assist PHU, Public Health Facility (public hospital, State Government nursing home or other) staff, Police & Government Contractors following the death of a destitute person.

Note 1. If a patient is transferred from their admitting hospital to a remote hospital and then dies, it is the responsibility of the remote hospital for arranging transfer of the deceased (via contractor and payment of transfer) to the area of residence of the deceased (*Sec.10 of PD2008_012*).
Note 2. If staff of hospital/public health facility are aware that the family of a deceased person who in obvious need for assistance with funeral expenses should direct the family to the hospital social worker (*Sec 9 of PD2008_012*).
Note 3. Cost recovery from destitute persons estate is possible and should be investigated by referral to Police where relevant.

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Appendix I: Lismore Base Hospital Care of the Deceased Clinical Procedure folder contents

Lismore Base Hospital Care of the Deceased Clinical Procedure Folder
List of Document

Table of Content

Lismore Base Hospital Care of the Deceased Clinical Procedure LBH-PRO-0754-20

Management of an Adult Death in Hospital Flow Chart

Verification of Death (SMR10.530)

Attending Practitioner's Cremation Certificate (SMR010.520)

Medical Certificate of Cause of Death (SMR010.509)

Report of Death Associated with Anaesthesia / Sedation (SMR010.511)

Non-coronial post-mortem Consent & Authorisation (SMR020.032)

Coronial Checklist (SMR01.513)

Report of Death of a Patient to the Coroner (SMR010.510)

Cremation or Burial of Deceased Destitute Persons Flow Chart

Bereavement Guide

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COVER SHEET **NNSW Local Health District** **CLINICAL Policy Framework**	
Name of Document	**LBH Care of the Deceased Clinical Procedure**
Type of Document	**Procedure**
Document Number	**NNSW-LIS-PRO-0754-20**
Superseded Document	N/A
Sites/Services where compliance with this procedure is mandatory.	Lismore Base Hospital
Related Ministry of Health PDs, LHD Documents or Australian Standards:	• PD2015_043 Risk Management - Enterprise-Wide Risk Management Policy and Framework - NSW Health. • NSW Health Risk Matrix • PD2010_054 Coroner Cases and the Coroners Act 2009 • IB2010_058 Coronial Checklist • PD2007_094 Client Registration Policy • PD2017_06 Clinical and Related Waste Management for Health Services • PD2011_076 Deaths-review and reporting of perinatal deaths • PD2015_040 Death Verification of Death and Medical Certificate of Cause of Death • PD2013_002 Designated Officer Policy and Procedures • PD2008_012 Destitute Persons Cremation or Burial • PD2017_013 Infection Prevention and Control Policy • PD2019_035 Management of Sudden Unexpected Death in Infancy • GL2013_015 Retention of Bodies - Approval to retain bodies for longer than permitted • PD2019_035 Management of Sudden Unexpected Death in Infancy • GL2013_015 Retention of Bodies - Approval to retain bodies for longer than permitted • NNSW-LHD PRO-039618 Perinatal Death Caring for Families Experiencing • NNSWLHD-LHD-PRO-0074-16 Verification of Death in the Community Setting
Links to National Safety & Quality Health Service Standards	• Clinical Governance • Communicating for Safety
Risk Management	• That the deceased and/or their bereaved are not

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	treated with dignity and respect. • Authorisation from the Next of Kin / Patient Contact / Person Responsible to release the deceased will not be completed. • Incomplete identification verification and certification of death occurs. • Respectful care of the body with consideration of cultural and spiritual needs are not met. • Dignified processes for viewing and transfer of the body to the Funeral Director are not met. • WH&S requirements for staff caring for deceased are not met.
Current Risk Rating	*Refer to NSW Health Risk Matrix above.*
Targeted Risk Rating	*Refer to NSW Health Risk Matrix above.*
Date Created	4th December 2020
Date of Publication	
Next Review Date	December 2021
Aboriginal Health Advisory Committee Registration Number	
Author	**Acknowledgement:** Procedure developed with permission from Sydney Local Health District: SLHD Policy Compliance Procedure (SLH_PCP2020_002)
Clinical Authority	LBH Quality and Safety Committee
Management Authority	LBH Executive Committee
Key Words	Care of the Deceased
Summary	Standardising the Care of the Deceased process in line with MoH and NNSW LHD Policies.
Date Approved for Electronic Distribution by LBH General Manager	15.10
Signature LBH General Manager	Ian Hatton

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