POLICY STATEMENT

In the event of an unexpected death, a physician examines the patient and pronounces death.

In the event of an expected death and the patient’s plan of treatment did not include resuscitation, RNs and RPNs may pronounce death. A physician must pronounce death for patients admitted to the acute Mental Health Service.

Trillium Gift of Life (TGLN) is notified for all deaths (including coroner’s cases) that meet the criteria outlined in the Trillium Gift of Life Network (TGLN) Act referral provisions.

Funeral arrangements and notification of the Funeral Director are the responsibility of the family. In Ontario, the person who can make disposition arrangements for the deceased person is, in order of priority:

1. Estate Trustee appointed in the will;
2. Married or common-law spouse (even if separated);
3. Parents or adult child (equal in rank)

In the absence of next of kin, any person (friend, neighbor, co-worker, agency worker) or Agency (Shelter, Church, Government Ministry, Hospice) can claim and make disposition arrangements.

If the deceased person had an Office of the Public Guardian and Trustee (OPGT) client representative for property/finance prior to death and in the absence of someone available to claim the body, this representative can make funeral arrangements if the deceased person made pre-arrangements and the OPGT is likely to be the Estate Trustee.

GBHS is responsible to undertake a reasonable effort to locate a Next of Kin (NOK) or claimant alternative for the deceased patient except when the patient falls under the jurisdiction of the Coroner. If under control of the local coroner, the local coroner is responsible for the claimant search.

APPLICATION

This policy applies to all GBHS staff and physicians.

DEFINITION OF TERMS

**Expected Death -** when, in the opinion of the health care team, the client is irreversibly and irreparably terminally ill; that is, there is no available treatment to restore health or the client refuses the treatment that is available (College of Nurses, Practice Guideline: Guiding Decisions about End of life Care, 2009, p. 4).

**Miscarriage:** If the gestation of the fetus is less than 20 weeks and weight is less than 500 grams.

**Neonatal death**: is the death of a live born infant. A live birth is the birth of a fetus, irrespective of gestational age which after its expulsion, breathes or gasps or shows any other evidence of life such as heartbeat, pulsating umbilical cord, or voluntary muscle movement.

**Neonatal period:** time of birth until the first 28 completed days of life.

**Stillbirth** is the complete expulsion or extraction from its mother of a product of conception either after the twentieth (20th) week of pregnancy, or after the product of conception has attained the weight of 500 grams or more, where after expulsion or extraction there is no breathing, beating of the heart, pulsation of the umbilical cord or movement of voluntary muscles. (Vital Statistics Act, CH. 524, Section 1(v))

PROCEDURE

1. **The nurses (RN & RPN) role in pronouncing death– EXPECTED DEATH**
	1. The MRP must have the discussion of expected death in advance with the patient/family AND document this discussion. In addition the MRP must provide written order in advance that nurse may pronounce death and release body to the morgue and subsequently to the funeral home. The ADULT Palliative Care Admission Order Set provides opportunity for the MRP to place this order.
	2. In addition, there must be a written Do Not Resuscitate order on the patient’s chart.
	3. The Nurse observes:
		1. the chest is no longer rising and falling/spontaneous respirations have ceased.
		2. the pupils are dilated and no longer react to light.
		3. the nails beds and lips are no longer pink.
		4. listens for and is no longer able to hear heart sounds or breathe sounds.
	4. The Nurse documents:
		1. observations as above and time of observations
		2. “Death Pronounced @ , signature and designation.
	5. The MRP is notified as documented in the plan of care that death has occurred.
	6. Nurse notifies Trillium Gift of Life. (see Appendix A, Trillium Gift of Life Network (TGLN) Tissue/Organ Recovery Flowsheet).
2. **Unexpected death**
	1. In an unexpected death, the nurse will:
		1. contact the MRP immediately
		2. ascertain in discussion with the MRP whether or not this is a Coroners’ Case
		3. if MRP is unable to attend to the patient in a timely fashion AND there is no alternate physician available (e.g. physician on Code Blue team), nurse may obtain an order to pronounce death,
		4. obtain an order to release the body to the morgue and subsequently to the funeral home. In a Coroner’s case this order will come from the Coroner.
		5. notify Trillium Gift of Life (See Appendix A)
	2. MRP will notify family of patient death.
	3. If the MRP is requesting a post-mortem or is in agreement with the family’s request, the MRP will:
		1. obtain written consent from the Next of Kin. Consent for post mortem is not required if it is a coroner’s case. (Consent for Post Mortem Examination C14-652). Consent may be documented by the nurse and witnessed by a second if obtaining family consent over the phone.
		2. contact the Pathologist on call to inform the Pathologist of the need for a Post mortem
		3. provide the Pathologist with the clinical history of the deceased.
3. **Support to Family**

Provide the family with a copy of the Spiritual Care Department pamphlet “Matters to Consider Following a Death” (misc-34 in DMS forms) and Guidelines for the Bereaved (misc-35 DMS forms)

1. **Notification to the Team**
	1. The Dove Symbol (located on the DMS – search Patient door notice of death – Doves) will be placed on the patient’s door in order to alert all GBHS staff members (see Appendix B – Dove Symbol)
	2. In completing the Expiration Record/Death Notice, page one is faxed to the primary care physician in order to provide prompt notification of patient’s death.
	3. If Expiration Record is completed in Carenet, then call must be placed to primary care physician to provide prompt notification of patient’s death.
2. **Care of the body**
	1. For Coroner’s Case, unless otherwise directed by the Coroner, leave in place all dressings, drainage tubes, restraints, infusion lines, etc. Do not alter or interfere with the body unless otherwise directed by the Coroner.
	2. If death is not a Coroner’s case, refer to the Care Plan to determine for any cultural or religious practices regarding care of the body after death. If no particular practices need to be observed, proceed as follows:
		1. Place the body in the dorsal recumbent position with arms at side.
		2. Remove dressings, drainage tubes, restraints, infusion lines, etc.
		3. Place the body in the body bag and ensure that the morgue ID bracelet is attached to the deceased’s wrist.
		4. Do not plug the rectum.
		5. Do not strap the chin.
		6. Close the body bag and attach the completed identification tag.
		7. Cleanse dentures, if any, place in a denture cup and add to the personal property bag.
3. **Medical Certificate of Death**
	1. The MRP or RN (EC) is responsible to complete the Medical Certificate of Death.
	2. An RN(EC) can complete the Medical Certificate of Death in cases of expected death in the following circumstances:
		1. The RN(EC) had primary responsibility for the care of the deceased during his or her last illness
		2. The death was expected during the last illness of the deceased
		3. A documented medical diagnosis of a terminal illness had been made by a legally qualified medical practitioner during the last illness of the deceased
		4. There was a predictable pattern of decline for the deceased during his or her last illness and
		5. No unexpected events or complications arose during the last illness of the deceased.
	3. Photocopying of the Form 16 Medical Certificate of Death (or the Form 8 for Stillbirth) is allowed once only for the purposes of completion of the Health Record. Release the original Form 16 or Form 8 to the Funeral Director at the time of the pick-up of the body. The copy remains as part of the permanent Health Record.
	4. If the Medical Certificate of Death is incomplete, it remains on the nursing unit with the Health Record for the physician to complete. Once complete, the Medical Certificate of Death is brought (by GSW) to the Morgue to be matched with the appropriate body and other paperwork.
	5. In situations where MRP is waiting for lab/pathology results to determine cause of death, MRP can issue a Warrant to Bury that allows release of the body to the Funeral Home.
4. **Registration and moving body to morgue, funeral home, crematorium**
	1. If the deceased can be released directly to the funeral home/crematorium:
		1. The Nurse documents in Carenet in the Expiry Record or on the Form Misc-111 - Expiration Record/Death Notice,
		2. Patient identification and valuable checks are completed at the bedside with the funeral director.
	2. If the deceased is moved to the morgue at rural site (see Appendix C, Rural Site Morgue Process):
		1. Discharge patient
		2. Enter patient name into site’s morgue log book
		3. If deceased is remaining greater than 24 hours in site morgue, follow process to transfer to Owen Sound morgue
	3. If deceased is transferred to morgue in Owen Sound (see Appendix D – Morgue Process, Workflow from Nursing Unit):
		1. Call the registration clerk in the ED Department in OS at extension 2019 to anticipate transfer
		2. Fax Form 111 to the registration clerk in the ED Department in OS, fax # 519-378-1532
		3. ED registration clerk registers the patient into the morgue, using two unique identifiers to confirm the correct identity of the patient.
		4. ED registration then directs the computer to print the patient armband and labels at the nursing station of the unit involved (OS only).
		5. Unit notifies the GSW of the transport and a patient identification check is done. New patient identification is applied. Document this patient verification and transfer of valuables on the Expiration Record/Death Notice.
		6. Funeral Home vehicle will transport the deceased from rural site to Owen Sound.
	4. The following items are transported with the patient:
		1. Expiration Record/Death Notice form.
		2. Completed Medical Certificate of Death form. (if completed)
		3. Consent for Post-mortem (Form C14-652) if required.
	5. Personal belongings may be transported with the patient to the morgue, sent home with a family member or kept in the business office (locked area) for future pick up.
	6. In the event that a hospital autopsy has been requested during usual office hours (0800-1600 hours Monday to Friday) unit will notify the secretary in Pathology by telephone regarding the need for post mortem. When the Pathologist’s office is closed, the unit will notify switchboard by telephone and switchboard will notify the Pathologist.
	7. If required, once the post mortem is completed the Pathologist will notify switchboard that the body can be released.
	8. The GSW will take a copy of the Medical Certificate of Death and the Expiration Record/Death Notice to Health Records.
	9. Paperwork for this patient is filed in a sleeve in the morgue.
	10. The nursing unit processes a discharge on the computer system when the body is transferred to the morgue. Documentation of the disposition on the computer system is entered as “expired inpatient”, under access management office. Admitting is notified by “auto page” when the bed is cleaned (Environmental Services).
	11. Registration will:
		1. Register body into the Morgue in Cerner
		2. Notify the Funeral Home once body is released with appropriate documentation
	12. Upon collection of the body by the Funeral Home/crematorium:
		1. GSW verifies patient ID and valuables with Funeral Home/Crematorium staff
		2. Funeral Home/Crematorium staff will sign the Expiration Record/Death Notice
		3. GSW notifies Registration to discharge the patient from Cerner
		4. GSW will transport documentation to Health Records.
5. **Miscarriage**
	1. A pathology requisition is entered on mother’s FIN through CERNER

In the event that chromosomal studies are ordered by the MRP, Nursing staff notify Pathology that these studies are required (either by calling the department during regular business hours or by asking Switchboard to page the Pathologist during off hours).

NOTE: Specimens for chromosomal studies require special media preparation in order to ensure viability of the specimen. This media will be applied in the lab.

* 1. If there are no special tests ordered, the fetus is placed in a plastic specimen bucket, the side of the bucket is labeled “fetus” in marker and the pathology requisition sticker is applied to the side of the bucket.
	2. The fetus should be taken immediately to Pathology and given directly to Pathology staff as they will need to cover the fetus with formalin.
	3. Social Work consult is entered in CERNER. If the social worker is unavailable (i.e. weekend), give the mother a business card with the social worker’s information and ask her to make contact.
	4. If Family Plans to Take/Bury Miscarriage Remains:
		1. Pathology requisition is entered on mother’s FIN through CERNER
		2. Nurse handwrites on requisition “Family plans to bury body”
		3. Nurse ensures family signs “Release of Liability for Release of Body Part/Tissue” (form cons-02)’
		4. Nurse pages GSW to pick up tissue, pathology requisition and release of liability form and transport to lab
		5. Once lab procedure is completed, lab takes tissue to morgue, calls ext. 2250 to register “mother’s last name, first name TISSUE”
		6. GSW relabels remains with the newly printed labels and armbands
		7. Switchboard contacts WCCU Social Worker via telephone message that remains are in morgue and ready to be picked up
		8. Social worker liaises with family/funeral home to arrange pick-up and ensures the person picking up the remains signs the bottom of the Release of Liability form. This form is then filed on mother’s chart.
1. **Stillbirth**
	1. Infant is pronounced deceased by a physician.
	2. The unit staff calls the admitting department with a health card number as per usual practice. The family is not required to do the health card paperwork or sign the health card.
	3. The infant is admitted as an outpatient to the “clinic of stillbirth” and an outpatient registration chart is forwarded to Labour and Delivery.
	4. It is the responsibility of the MRP to notify the coroner of all stillbirths in the following circumstances:
		* + Over 28 weeks’ gestation
			+ Over 1000 grams in weight
			+ When there is no obvious congenital defect incompatible with life
			+ When there is no obvious natural cause for the stillbirth
			+ When there is a possibility of misadventure
	5. The Coroner investigates the reported case and decides if a medical/legal (Coroner’s) autopsy is necessary. If it is determined to be necessary, all indwelling tubes and lines must remain in situ.
	6. If the Coroner decides a medical/legal autopsy is not necessary, then the MRP of the case can order a hospital autopsy to determine if there is a possible medical cause of death.
	7. Process cord blood for group and screen. Follow postpartum orders for mother to receive Rh Immune Globulin if required.
	8. The placenta will be sent to Pathology in a specimen bucket, the side of the bucket will be labeled “placenta” in marker. The side of the bucket will also be labeled with the pathology requisition sticker. The bucket will be handed directly to Pathology staff. A Pathology requisition is entered in CERNER.
	9. The chart accompanies the body to the morgue.
	10. Social Work and/or Spiritual Care consult is entered in CERNER.
	11. Obtain layette (in room 3104), which will contain blanket, clothing, crib card, educational material.
	12. Gently clean the baby. Dress the infant in a gown. Wrap waterproof pad around infant, underneath the gown to prevent leakage. Wrap infant in baby blanket and put on infant hat.
	13. If infant has hair and parents approve, a lock of hair may be clipped and placed in an envelope (located in bereavement kit) and given to parents.
	14. Handprints/footprints may be taken as keepsakes. Hand and footprint supplies are kept in the bereavement kit.
	15. Family is encouraged to touch/hold the baby. Use of the “cuddle cot” infant cooling cot may be considered if family wishes. This may allow family to keep baby at bedside for a longer period of time. The cuddle cot and instruction sheet is kept in the procedure room outside the intensive care nursery. Family should be offered a second opportunity to touch and hold the infant at a later time if possible.
	16. With family permission, notify volunteer “Heaven Bound” photographer. The contact number is located in the L&D file cabinet under “Heaven Bound.” Attempt to notify the photographer as early as possible when stillbirth is anticipated (before birth occurs if possible). The photographer is available at all times of day/night and during weekend hours. The photographers are hospital volunteers and will be wearing hospital identification upon presentation to the department
	17. MRP will write an order to discharge the infant from the morgue to the Funeral Home.
	18. Burial is required. Social worker and/or Spiritual Care can assist family with the necessary arrangements.

Completion of Forms:

Form 1: Notice of Live Birth or Stillbirth (Vital Statistics Act): This form is completed by delivery room staff and signed by the delivering physician on all stillbirths. This form is mailed to the Owen Sound City Clerk’s Department for the Office of the Registrar General by the unit clerk. A copy of the form is to be kept on the infant’s chart to show that this has been completed.

Form 7: Statement of Stillbirth (VSA): The mother or father of the stillborn child is responsible for completion of this form. Social Worker or Spiritual Care is available to assist with completion as required. A copy is made and placed on the mother’s chart. The original accompanies the infant to the morgue.

Form 8: Medical Certificate of Cause of Stillbirth (VSA): This form is completed by the MRP or the investigating Coroner (in the case of a coroner’s case). A copy remains on mother’s chart and the original accompanies the infant to the morgue.

Consent for Post Mortem (Form C14-652): If an autopsy is required, this form is completed/obtained by the physician and remains on the chart.

Expiration Record/Death Notice: As per section 7 (a).

Perinatal Bereavement Checklist: Completed by nursing staff and kept in mother’s chart. This checklist is located in the file cabinet in Labour and Delivery or ICN.

NOTE: Anytime a post-mortem is not completed, form Release of Liability for Release of Body Part/Tissue (Cons-02) must be completed and signed by the mother before she discharges. The form is to be completed, a copy made for the mother’s chart, and the original is to accompany the body to the morgue.

1. **Neonatal Death**
	1. Infant is pronounced deceased by a physician.
	2. The unit calls the admitting department with a health card number as per usual practice. The family is not required to do the health card paperwork or sign the health card.
	3. Neonatal death is admitted as live birth.
	4. It is the responsibility of the MRP to notify the Coroner of the neonatal death, with the exception of infants born with documented major congenital defects not compatible with life or prematurity less than 28 weeks gestation or weighing less than 1000 grams.
	5. If the newborn has been admitted to a secondary or tertiary perinatal centre and death occurs, a Coroner must be notified by the MRP if there are any questions about the adequacy of care given or if the medical care and management has not been well documented prior to admission or transfer. If it is determined that a Coroner’s autopsy is necessary, all indwelling lines and tubes must remain in situ.
	6. If the Coroner decides that a medical/legal autopsy (Coroner’s autopsy) is not indicated, the MRP of the case can order a hospital autopsy to determine if there is a possible medical cause of neonatal death.
	7. Process Cord blood (if available) for group and screen. Follow postpartum orders for mother to receive Rh Immune Globulin if required.
	8. Upon a physician’s order, the placenta (if available) will be sent to Pathology in a specimen bucket. The side of the bucket will be labeled “placenta” in marker and the side of the bucket will also be labeled with the pathology requisition sticker. The bucket will be handed directly the Pathology staff. A Pathology requisition is entered in CERNER.
	9. The chart accompanies the body to the morgue.
	10. Social Work and/or Spiritual Care consult is entered in CERNER.
	11. Obtain layette from room 3104, which will contain blanket, clothing, crib card and educational material.
	12. Gently clean the baby and take family keepsake photos. Camera kept in bereavement kit in room 3104. \*Hands and feet are good options for photographs.
	13. Dress the infant in a gown. Wrap waterproof pad around infant, underneath the gown to prevent leakage.
	14. Wrap infant in baby blanket and put on infant hat. Obtain more family keepsake photos.
	15. If infant has hair and parents approve, a lock of hair may be clipped and placed in an envelope (located in the bereavement kit) and given to parents.
	16. Handprints/footprints may be taken as keepsakes. Hand and footprint supplies are kept in the bereavement kit.
	17. Family is encouraged to touch/hold the baby. Use of the “cuddle cot” infant cooling cot may be considered if family wishes. This may allow family to keep baby at bedside for a longer period of time. The cuddle cot and instruction sheet is kept in the procedure room outside the intensive care nursery. Family should be offered a second opportunity to touch and hold the baby at a later time if possible.
	18. MRP will write an order to discharge the infant from the morgue to the Funeral Home.
	19. Burial is required. Social work can assist the family with any necessary arrangements.

Completion of Forms:

The unit clerk registers the birth of the infant online via the Service Ontario portal, followed by a telephone call to Service Ontario to inform them that this is a neonatal death.

Form 2-Statement of Live Birth (Vital Statistics Act): The mother or father of the infant is responsible for completion of this form. Social Worker or Spiritual Care is available to assist with completion as required. Form 2 gets mailed to the address provided on the form and a copy is kept on the infant’s medical record. Alternatively, parent may register birth online via the Service Ontario portal if they prefer.

Consent for Post Mortem (Form C14-652): Completed/obtained by the MRP and remains in the chart.

Death Notice and Medical Certificate of Death: As per sections 6 and 7(a).

Perinatal Bereavement Checklist: completed by the nursing staff and kept in mother’s chart. This checklist is located in the file cabinet in Labour and Delivery or ICN.

NOTE: Anytime a post-mortem is not completed, form Release of Liability for Release of Body Part/Tissue (Cons-02) must be completed and signed by the mother before she discharges. The form is to be completed, a copy made for the mother’s chart, and the original is to accompany the body to the morgue.

1. **Death of a patient under the care of the Ontario Public Guardian &Trustee (OPGT)**
	1. The Social Worker will seek direction from OPGT prior to the patient’s death with regard to estate and burial arrangements. Information required by OPGT will include:
		1. Name and telephone number of health centre, name of staff phoning, nursing unit of patient
		2. Name of patient and Public Trustee case file number
		3. Name of estate officer. This information is available on the original form from the Public Trustee’s Office or may be available from the previous caregiver (when the patient has been transferred from another facility, e.g. nursing home).
	2. The OPGT will apply to be appointed Estate Trustee if:
		1. the deceased was an Ontario resident or owned real estate here; and
		2. the deceased did not make a will or the deceased did make a will but the executor has since died or become incapable; and
		3. there are no known next-of-kin living in Ontario or the next-of-kin are minors or mentally incapable adults; and
		4. the estate is valued at a minimum of $10,000.00 after payment of the funeral and all debts owing by the estate.
	3. If the deceased person had an OPGT representative for care and/or treatment decisions the OPGT’s role ends upon death. However, this representative may be aware of NOK and/or possible claimants and should be approached during the search process.
	4. The plan and directions of OPGT will be recorded on the patient’s chart. This information should include:
		1. Contact information for family or friend who will make funeral arrangements
		2. The funeral home/crematorium is to be notified of the death of the patient.
	5. If death is imminent and OPGT direction has not already been sought or recorded on the patient’s chart, the Manager (or delegate) will request the Social Worker notify the Public Trustee’s office (1-800-891-0504).
	6. Upon Death:
		1. The Manager (or delegate) advises the Public Trustee (1-800-891-0504) of patient’s death and confirms documented plans.
		2. The Manager (or delegate) phones the funeral home/crematorium and notifies them that the Public Trustee is involved.
	7. OPG&T Estates Office will notify hospital if they will not take the case. Upon notification, SW will contact the Chief Coroner to issue the Warrant to Bury.
	8. Once the Warrant to Bury is issued, the Social Worker will contact the Ontario Works office in Owen Sound to arrange payment for burial by either Bruce or Grey County, dependent upon the county in which the deceased passed.
2. **Death of an indigent patient**
	1. When planning can occur with the patient prior to death the Social Worker will attempt to identify, locate and notify relative and/or friends who might be willing to take responsibility for burial arrangements.
	2. If such planning has not occurred, this procedure applies to patients when:
		1. The next of kin or legally responsible person is unknown and the Office of the Public Guardian and Trustee is not involved, and/ or
		2. The designated person indicated on the Health record is unavailable, unable or unwilling to take legal and/ or financial responsibility for the cost and direction of burial arrangements including selection of a funeral home/crematorium.
	3. Rural Hospitals: due to the time required in making arrangements, immediate removal of the body to a funeral home/crematorium may not be possible and transfer to the Owen Sound morgue will be necessary. Manager of Registration will place referral to Social Worker
	4. Owen Sound Site: Place referral to Social Worker.
	5. If a Coroner’s Case, Social Worker will gather any information known about NOK, relatives and/or friends who might be willing to claim the body and forward this to the local Coroner’s office.
	6. Social Worker will initiate a search for NOK, relative and/or friend who might be willing to take responsibility for burial arrangements. See Appendix E – Decision Tree-Next of Kin/Claimant Search for Facilities and guidelines outlined in: *Conducting a Reasonable Next of Kin/Claimant Search for an Unclaimed Body* (Chief Coroner’s Office, January 2019) <https://www.hpco.ca/wp-content/uploads/Conducting-a-Claimant-Search-for-Facilities-S.F.-FINAL-June-6-2019.pdf>. Social Worker will use Claimant Search Worksheet (Appendix F) to document work.
	7. If after 5 days of search, no claimant is found the Social Worker will complete a referral to the OPGT Estates office as required by the Office of the Chief Coroner in all cases when a body remains unclaimed including situations when deceased persons were homeless or living in apparent poverty.
	8. Exceptions are:
		1. when the deceased person already has an OPGT client representative for property/finance;
		2. when there are NOK in Ontario, even if they are not claiming
		3. when the deceased person is not an Ontario resident
		4. when it is certain, from pre-death information, which the value of the Estate, after paying funeral and all Estate debts, is under the OPGT threshold (currently $10,000).
	9. If these exceptions are met proceed directly to the next step.
	10. Making an OPGT Estates referral:
		1. Complete the Crown Estate Report Template (Appendix G) and attach in an email along with a summary of the search thus far(contacts found, results of attempts to contact)
		2. Email OPGTEstatesAdmin@ontario.ca with the following message: Hello, I would like to launch an investigation into the estate of <name of deceased person>. <name of deceased> died on<date> and is thus far, unclaimed. Thank you <name of staff/contact information>
		3. OPGT should reply within two business days with the name and contact information of the Estates Officer and a file number for the deceased person
		4. If no response received from the Estates Officer within 4 weeks, Social Worker will send a follow-up email referring to the file number assigned to the deceased person’s case with the following message: Hello, I am following up on the investigation into the estate of<deceased person’s name> which was launched on <date>.Can you please, provide an update? Thank you, <name of staff/contact information>
		5. If the OPGT Estates investigation is ongoing after 8 weeks then the Social Worker will ask the Estates Officer if they have enough financial information to move forward with funeral arrangements or fund storage of the deceased person’s body.
	11. If the OPGT Estates Officer is unable to move forward with funeral arrangements after 8 weeks OR patient meets the exclusion criteria for the OPGT Estate division, then the Social Worker will l fax ALL the following documents to the Regional Supervising Coroner’s Office (fax 519-661-6617, phone 519-661-6624 ext. 202):
		* + Fax cover sheet with name, phone number and email of Social Worker who completed the search
			+ Copy of the Medical Certificate of Death
			+ Copy of the facility demographic admission sheet ( Expiration Record/Death Notice Form M-25)
			+ Completed Unclaimed Body Submission Form (Appendix H)
			+ Completed Claimant Search Worksheet (Appendix F)

All the above documents must have either patient label or patient name and MRN number noted on each piece of paper for scanning into patient electronic medical record.

* 1. During this time the facility remains responsible for storing the deceased person’s body. If capacity of the morgue to hold deceased is limited, the Social Worker may contact the Regional Supervising Coroners’ office who has the authority to transfer the body to another facility.

RELATED DOCUMENTS

* Admin. Manual IV-10 Coroners Cases
* Admin Manual VIII-290 Safekeeping of Patient Valuables and Belongings
* Admin Manual VIII-305 Chapel Use Viewing of Deceased
* “Matters to Consider Following a Death” (misc-34 in DMS forms)
* Guidelines for the Bereaved (misc-35 DMS forms)
* Lab Manual, Autopsy Section
* Nursing Manual NUR-105 Owen Sound Site Organ & Tissue Donation, NUR-106 Sites
* Nursing Manual NUR-107 Donating Body for Research
* PTREG-2.13“Morgue Patient Owen Sound”

REFERENCES

* College of Nurses Practice Guideline: Guiding Decisions about End of Life Care, 2009
* Conducting a Reasonable Next of Kin/Claimant Search for an Unclaimed Body, Office of Chief Coroner’s, Jan 2019
* Handbook on Medical Certification of Death Prepared for: Registered Nurses (Extended Class), Office of Registrar General, Ministry of Consumer and Business Services, Aug 2010
* Office of the Chief Coroner and the Ministry of Community Safety and Correctional Services March 30, 2017 (memo C17-75)
* Public Hospitals Act, 1990
* Ward, J. (2018). Resolving grave disputes. Toronto, ON: Wards Lawyers; Vol. 38; No. 1. Thompson Reuters Canada. p. 18.

APPENDIX

Appendix A – Trillium Gift of Life Network (TGLN) Tissue/Organ Recovery Flowsheet

Appendix B – Dove Symbol

Appendix C – Rural Site Morgue Process

Appendix D – Morgue Process, Workflow from Nursing Unit

Appendix E – Decision Tree – Next of Kin/Claimant Search for Facilities

Appendix F – Claimant Search Worksheet

Appendix G – Crown Estate Report

Appendix H – Unclaimed Body Submission Form