



GENERAL MANUAL POLICY

APPROVED BY:

Executive Director

CATEGORY: Supports and Services

TOPIC: Death of a Person Supported

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POLICY

It is the policy of Community Living Thunder Bay that except in the case of an expected death, where a palliative care plan is in place (including a Do Not Resuscitate Confirmation form(DNR-C)), that support will be provided immediately to people supported who have stopped breathing. In case of death appropriate follow-up for notification and documentation shall be done.

Death has occurred legally only when it has been pronounced by a legally qualified health care professional (Physician, Nurse Practitioner, Registered Nurse, or Registered Practical Nurse) and certified by a Physician/Nurse Practitioner or their designate.

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PROCEDURE

Definitions

Palliative Care Plan:

A palliative care plan should be developed once a person supported has been diagnosed with a terminal illness. It is to be developed in consultation with the person, his/her family, medical professionals and anyone else the person chooses to have as an advocate. This may or may not include a DNR-C form. If it is determined that the person is not going to be resuscitated, a DNR-C form must be filled out. Community Living Thunder Bay staff may be a support in the palliative care plan process but are not authorized to make any legal decisions about the person's health.

Procedure #1- Unexpected and/or sudden death (a palliative care plan does not exist with a DNR-C)

Immediate Action:

1. Upon discovering that a person supported is not breathing, call 911 and request an ambulance, and begin rescue breathing. If there are no signs of circulation, begin CPR until the ambulance arrives and the Emergency Medical Services (E.M.S.) assumes responsibility.
2. Remain calm.
3. Contact the Supervisor or On Call Supervisor. The Supervisor is then responsible to contact the Coordinator, the Director of Services and the Executive Director. If after hours, the On Call Supervisor will notify the Back Up Supervisor and Senior Manager On Call. The Supervisor, Back Up Supervisor or designate will notify next of kin.
4. The Supervisor or Back Up Supervisor or designate must contact the Ministry with the Serious Occurrence information within one hour. If it is after hours, call 1-800-628-5249 or 1-705-897-1313. If during work hours, call 1-800-268-6119 extension 3275.

The Ministry will require the following information (at minimum):

- a. Name and date of birth
 - b. Address
 - c. Time of death
 - d. Was the coroner notified? By who?
 - e. Has an autopsy been ordered?
5. **If the sudden death is likely to attract media attention, follow the Enhanced Serious Occurrence Reporting Procedure (Policy SS 5.1).**

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6. Inform the hospital of known prepaid funeral arrangements. If no arrangements have been made, provide contact information for next of kin/Public Guardian and Trustee.

Reporting and Recording:

1. An Incident Report form must be completed by a support staff on shift.
2. A Serious Occurrence form must be completed by the Supervisor. This is to be done on AIMS. The Supports & Services Assistant or delegate must be notified when it is complete. He/she will then print it out and ensure it is signed by the Director of Services or delegate and faxed in to the Ministry (705-564-9557). If after hours, the call in to the Ministry is sufficient until the next business day, on which the Serious Occurrence must then be completed.
3. Document in the Person's Service Activities:
 - a. Assessment of situation and person supported prior to transfer, i.e. cessation of respirations and no signs of circulation, CPR started, etc.
 - b. The person's place of residence will be informed and the following information will be documented in the person's Service Activities:
 - i) the person relaying the notice of death
 - ii) the date, time and place of death
 - iii) persons contacted
 - iv) the date and time of notifications made
4. Prepare medication for wastage and pick up by pharmacy.
5. Forward all person supported documentation to Central File at the Administration Office.

Other

1. Once all of the person supported's belongings have been gathered, contact next of kin/Public Guardian and Trustee to arrange for re-allocation of personal property.
2. Refer to the *Death of a Person Supported- Checklist for Supervisors* for a full list of what must be completed.

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Procedure #2- Expected Death (with a care plan that includes a DNR-C)

Immediate Action:

1. Remain calm.
2. Do not call 911, Police, Fire or Ambulance. This is not necessary when the death is expected. If these personnel come to the home they may attempt resuscitation and transfer to the hospital's Emergency Department. If they do attend and there is a DNR-C form available, give it to the EMS and they will not attempt resuscitation.
3. Notify the Home Care Nurse/Doctor/Nurse Practitioner, as previously discussed and arranged with the Home Care Nurse/Doctor/Nurse Practitioner &/or Community Care Coordinator (CCC). This person will be identified in the palliative care plan. He/she must be notified that the person has died and come and pronounce the death.
4. Contact the Supervisor or On Call Supervisor. The Supervisor is then responsible to contact the Coordinator, the Director of Services and the Executive Director. If after hours, the On Call Supervisor will notify the Back Up Supervisor and Senior Manager On Call. The Supervisor, Back Up Supervisor or designate will notify next of kin.
5. The Supervisor or Back Up Supervisor or designate must contact the Ministry with the Serious Occurrence information within one hour. If it is after hours, call 1-800-628-5249 or 1-705-897-1313. If during work hours, call 1-800-268-6119 extension 3275.

The Ministry will require the following information (at minimum):

- a. Name and date of birth
 - b. Address
 - c. Time of death
 - d. Was the coroner notified? *The coroner does not need to be notified in the case of an expected death.*
 - e. Has an autopsy been ordered?
6. Refer to the palliative care plan for who needs to be contacted. This may include, but is not limited to, calling family (if not already present), a spiritual advisor, and friends that the person/family would like to be present.
 7. Allow time to say goodbyes before calling the funeral home, or alternative.
 8. Call the funeral home, or alternative.
 9. Please call the Community Care Coordinator (CCC) at the Community Care Access Centre (CCAC) and leave a message. This person is responsible to make sure that any equipment he/she had put in place is removed from the home, that any other services associated with CCAC are notified, and to close the person's file at CCAC.

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Reporting and Recording:

1. An Incident Report form must be completed by a support staff on shift.
2. A Serious Occurrence form must be completed by the Supervisor. This is to be done on AIMS. The Supports & Services Assistant or delegate must be notified when it is complete. He/she will then print it out and ensure it is signed by the Director of Services or delegate and faxed in to the Ministry (705-564-9557). If after hours, the call in to the Ministry is sufficient until the next business day, on which the Serious Occurrence must then be completed.
3. Document in the Person's Service Activities:
 - a. Assessment of situation and person supported prior to death, i.e. cessation of respirations and no signs of circulation. Record who was present and summary of what occurred.
 - b. The following information will be documented in the person's Service Activities:
 - i) the person relaying the notice of death
 - ii) the date, time and place of death
 - iii) persons contacted
 - iv) the date and time of notifications made
4. Prepare medication for wastage and pick up by pharmacy.
5. Forward all person supported documentation to Central File at the Administration Office.

Other

3. Once all of the person supported's belongings have been gathered, contact next of kin/Public Guardian and Trustee to arrange for re-allocation of personal property.
4. Refer to the *Death of a Person Supported - Checklist for Supervisors* for a full list of what must be completed.