

COMMUNITY LIVING DURHAM NORTH

DEATH OF A PERSON RECEIVING RESIDENTIAL CARE

Policy No: B-17 (Service Delivery)

Effective Date: May 1, 2009

Rationale:

To ensure that Community Living Durham North responds to the death of a supported person, notwithstanding the stress inherent in the situation, in a way that is prompt, effective, and compassionate.

Policy Statement:

Community Living Durham North will support people to plan for their death, unless such support is declined, and it will also ensure that the person's passing, and the subsequent celebration of their life, are managed effectively and compassionately.

Where families are present, they will be given pride of place and the agency's role will be to consult with and support the family.

Management will articulate clear protocols so that employees are clear about what is expected of them, and about what other people can be counted upon to do, in the case of a person's death.

Approved by: _____ Date: _____

COMMUNITY LIVING DURHAM NORTH

DEATH OF A PERSON RECEIVING RESIDENTIAL CARE

Procedure No: B-17-1
Planning for Death

Effective Date: May 1, 2009

- People receiving residential service, and their families, will be offered the opportunity to articulate their wishes, upon death. Such wishes will be documented and the agency will undertake to honour them.

Procedure No: B-17-2
Death in Hospital or Following Palliative Care

Effective Date: May 1, 2009

- When a person dies in hospital, having been hospitalized for some while with a fatal condition, the hospital will take the initiative in terms of what needs to happen next. If it is necessary, the coroner will be summoned by hospital staff and, as long as the person's preferences are made known, the hospital will also liaise with the funeral home.
- There is no obligation upon the agency, or upon CLDN staff who may have been at the hospital, either visiting or helping to care for the person, to document the time of death or write an incident report. Hospital staff will implement their own procedures with regard to such matters.
- Sometimes a person will return home from the hospital with a *Palliative Care Plan for Expected Death* package. This happens when medicine can no longer assist the person, or can no longer assist without heroic measures that the person/family has declined, and when the person or family prefers that death occur at home. Part of this package is a specific set of instructions about whom to call when death does occur. 911 is not the contact number. The contact number is a direct line to the Palliative Care Nursing organization that will already have been put in place by the Community Care Access Centre. A nurse familiar with the situation, likely someone who has met the supported person and has already made home visits, will be dispatched, and this nurse will be authorized to pronounce death.
- When staff believes that death has occurred, and have called the number provided in the Palliative Care package, they will then contact the on-call Manager, or any manager. A manager or director will report to the scene although, given the Palliative Care package, their role (apart from ensuring that the death is properly reported, see below) should only be to provide emotional support to the staff team.

- Each staff present will then write a clear and brief *Incident Report*.
- Because death has been expected, staff are able, if they feel a need, to rearrange the person's bedding, tidy up in the immediate vicinity, etc. It will not be suggested later on that they should have left these things undisturbed, pending an investigation.

Procedure No: B-17-3

Effective Date: May 1, 2009

In the Case of Sudden Death

- Sudden death can be taken to mean any death that does not occur in hospital, or after the preparation of a Palliative Care package. The person can be very old; therefore, sudden does not necessarily mean "totally unexpected," just sudden.
- Call 911 immediately; and be aware that sometimes all three emergency services (police, fire, ambulance) will respond. Note: 911 must be called even if a DNR Order is on file (see Policy B-12 for the difference between DNR Orders and Palliative Care Plans).
- Staff will then call the on-call manager, or any manager, and then write individual *Incident Reports*. A manager or director will report to the scene.
- In the event of sudden death, do not move the person or disturb in any way the immediate vicinity in which the person died. It is standard procedure for police to conduct a brief investigation that may include taking statements from staff, taking pictures of the room in which the person died, and taking, or reviewing, the person's profile binder and medication records.
- Do not feel intimidated by this process. It is routine, and it is done out of a respect for life; it is a protection for everyone.
- Typically, in the case of sudden death, the person's body will be taken to the hospital by ambulance and death will be pronounced at hospital.
- But it is in the hope of saving a life that the person is taken to hospital. A different procedure will take effect if death is obvious; e.g. if the person was found dead, in bed, during an early morning check. This circumstance does not change the behaviour of staff, who would still call 911 immediately. However, EMS (ambulance) staff then has the option of contacting a physician at their base in order for the physician to pronounce death over the phone. In this case, when the death is unexpected, the coroner will come to the house, and the funeral home can be requested to come for the body following the coroner's visit.

- When death is pronounced in the house, the body might remain there for up to a couple of hours. However, police should remain on site throughout, and until the body is taken to the funeral home.

Procedure No: B-17-4

Effective Date: May 1, 2009

Reporting Death

- As soon as support staff notify a manager or director that a death has occurred, the manager (or director) will immediately notify the following:
 - Next of kin and, if appropriate, other key family members;
 - The entire management team, including Executive Director;
 - Board President and MCSS, via the Serious Occurrence reporting tool.
- While it is a matter of less urgency, the appropriate Program Manager will also send an *Agency Wide* e-mail and notify all other people, e.g. former staff who were close to the person, employer, volunteer, etc. This function will also entail keeping people informed as plans are developed with the family and/or funeral home.

Procedure No: B-17-5

Effective Date: May 1, 2009

In the Immediate Aftermath of Death

Last Revision/Review: Sep. 15, 2013

- CLDN will honour peoples' wishes, or the wishes of their families, in assisting to make arrangements; e.g. choosing a funeral home, choosing between burial and cremation, type of memorial service, etc. In the absence of family or a pre-planned funeral, the agency will take the initiative in all such matters, through the appropriate Manager.
- ODSP and CPP have death benefits to cover basic burial costs, and these benefits can be accessed directly by the funeral home.
- The funeral home can also obtain access to the deceased's bank account for the purpose of covering any outstanding amounts owing.
- In consultation with the family, where appropriate, support staff will gather personal effects such as clothing and mementos for the memorial service and/or burial.
- Following the service, all personal belongings and monies on hand will be given to the next of kin or, in consultation with next of kin, disposed of as pre-determined by the person.
- The Manager will arrange immediate support for staff members most impacted by the circumstance of the death, and for people supported who are close to the situation.

- The Manager will arrange debriefing and grief support which may take the form of individual or group debriefing sessions, accessing individual counselling through the agency's EAP Program; or accessing other grief counselling services available in the community.
- The Team Leader will subsequently notify all of the agencies and services that were involved with the person (e.g. Public Guardian and Trustee, Ontario Disability Support Program, Canada Pension Plan, physicians, banks).
- All benefits received on behalf of the person, after death, are returned (e.g. GST rebates, ODSP cheques).
- After an interval of approximately 60 days, all file documentation pertaining to the deceased person, both the *Working Files* at the home, and the *Primary Files* at head office, will be compiled and forwarded to Archives. Archived files will be retained for a minimum of seven (7) years following death and then shredded.
- The AIMS database will pre-schedule the destruction of the electronic file at a point seven years after death. However, file destruction, even after the passage of seven years, requires the involvement or case specific approval of a staff director.
- The Program Manager will take steps to ensure that the current year's income tax return is properly filed, when due, on behalf of the deceased person.

Approved by: _____ Date: _____
Executive Director