

**Policy & Procedure Manual**

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**DEATH OF A PERSON SUPPORTED – R-VI-13**

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**POLICY:**

It is the Policy of OPTIONS northwest that First Aid/CPR and other necessary care will be provided immediately to people we support who have no pulse and have stopped breathing except in the case of an expected death where an approved End of Life Care Plan is in place.

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

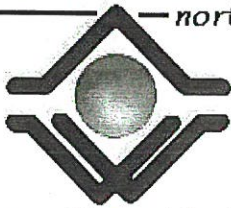
**PURPOSE:**

1. To provide prompt care with dignity and respect for the person supported at the time of and after death.
2. To ensure accurate documentation and appropriate notification.
3. To respect and support the person's choice to remain at home during the end of their life phase.

**PROCEDURE:**

**A) UNEXPECTED OR SUDDEN DEATH**

1. Upon discovering an individual who is unconscious and not breathing, staff will follow their First Aid certification training and continue to do so until Emergency Medical Services (E.M.S.) assumes responsibility.
2. Staff on shift will contact the Supervisor or Supervisor on call who will ensure next of kin/person acting on behalf of the individual are notified. Staff will complete an incident report in accordance with Incident Reporting and Follow-Up Policy AD-I-6.
3. When a death has been pronounced, the Supervisor will inform the Director of Personal Support Services who will inform the Executive Director. In accordance with Serious Occurrence Reporting and Follow-up Policy AD-I-7, the Supervisor will



Personal Support Services

**POLICY: R-VI-13**

**DEPARTMENT:** Personal Support Services

**CATEGORY:** Health and Well-being - Specialized Procedures

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complete an Initial Report of Serious Occurrence form and the Director of Personal Support Services will complete the Serious Occurrence Report form.

4. If in place, information related to prepaid funeral arrangements will be available in the Funeral Arrangement section of the individual's Personal Binder. If no arrangements have been made the person acting on behalf of the individual or the Public Guardian and Trustee for Financial Decisions will be contacted for directions. If the individual was a patient in the hospital when they passed away, staff will provide this information to the hospital.
5. As soon as possible following an individual's death, the Supervisor/Designate will notify the following:
  - i) Finance and Administration staff
  - ii) Pharmacy
  - iii) Public Guardian & Trustee for Treatment Decisions, if applicable
  - iv) Outside agencies or contact people i.e. O.D.S.P., Financial Institution etc.

## **B) EXPECTED DEATH WITH AN END OF LIFE CARE PLAN IN PLACE:**

### **Definitions**

#### **Terminal Illness:**

A disease is terminal when it cannot be cured or adequately treated and is reasonably expected to result in the death of the person within a short period of time. Often, a person is considered terminally ill, when their estimated life expectancy is six months or less as determined by the individual's attending Physician.

#### **Palliative Care:**

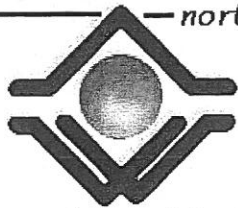
Care given to a terminally ill person which focuses on the individual's comfort and quality of life. It is designed to relieve the symptoms of the disease rather than to cure it.

#### **End of Life Care Plan:**

An End of Life Care Plan (see Appendix A for a template) will be developed when a person supported has been diagnosed with a terminal illness, is in their end of life phase and chooses to remain at home.

The end of life care plan is to be developed in consultation with the person, their family, support staff, medical professionals, the assigned palliative care team from CCAC (Community Care Access Centre) and anyone else the person chooses to have as an advocate.

If it is determined by the individual and/or the person acting on their behalf that they will not be resuscitated, a Ministry of Health and Long-Term Care "**Do Not Resuscitate**



**Confirmation Form**” (DNR-C form) (see Appendix B) must be completed by the individual’s Health Care Professional. Prior to implementing the DNR-C the Health Care Professional will meet with the individual and the person acting on their behalf to discuss all relevant clinical facts ensuring the decision reached is based on informed choice. An End of Life Care plan will be developed based on these decisions and clinical facts. The individual, the person acting on their behalf and the support team will review and have a clear understanding of the DNR-C and the plan.

The individual with an end of life care plan and DNR-C in place will continue to receive all treatments intended to increase comfort and quality of life as indicated in the plan i.e. providing analgesics for pain, positioning for comfort, emotional and grief support.

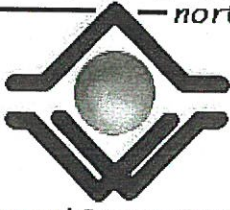
If the individual shares their residence with others, it is important to ensure all housemates are aware of the situation and are able to cope. The inability of others in the environment to cope with the situation and the inability to manage palliative symptoms at home have been identified as priority reasons for transfer to the Hospice Unit at St. Joseph’s Hospital and should be discussed with the assigned Coordinator from (CCAC) who will make the arrangements.

OPTIONS staff are a tremendous support to the individual and their family at the end of their life but are not authorized to make any legal decisions about the person’s health. End of Life care may be different for each person, their family, their roommates and staff who support them and is often a very emotional time. As required, both emotional and educational support is available for all those involved through OPTIONS Palliative Care Team and EAP Program.

It is important to include the following in an End of Life Care Plan:

- i) Detailed information related to comfort measures to be provided to the individual. This should include all Protocols put in place i.e. medication administration, pain and symptom management, protocols with nursing services etc.
- ii) Name and phone numbers of the medical professionals to be called when support staff have concerns or the individual ceases breathing.
- iii) The individual and family’s cultural and religious beliefs and values about death and treatment of the body after death.
- iv) The family’s wishes related to viewing the body after death.
- v) Which family members are to be notified after death has occurred and by whom.
- vi) The name and phone number of the person who will be called to pronounce death and complete the Medical Certificate of Death (see Appendix C).

The completed, signed and typed End of Life Care Plan and the DRN-C will be filed in the Medical/Physical section of the Individual’s Support Plan binder. A copy of each will be uploaded on the Individual’s CIMS file. All changes to the plan will be done by the supervisor and a copy sent to reception for typing.

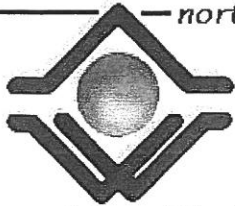


**PROCEDURE WHEN PERSON STOPS BREATHING:**

1. Remain calm.
2. Do not call 911, Police, Fire or Ambulance. This is not necessary when the death is expected.
3. Notify the Home Care Nurse/Doctor/Nurse Practitioner, to pronounce and certify death as discussed and identified in the end of life care plan.
4. The staff on shift will contact the Supervisor or Supervisor on Call and complete an incident report.
5. The Supervisor will contact the Director of Personal Support Services and complete the Serious Occurrence Inquiry report. The Director of Personal Support Services will contact the Executive Director and follow Serious Occurrence Reporting and Follow-up Policy AD-I-7.
6. Refer to the end of life plan to determine others 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 everyone the time they need to say goodbye before contacting the funeral home, or alternative.
8. After death has been pronounced and the family has said their goodbyes, review the Funeral Arrangements section of the individual's Personal Binder. Call the funeral home, or alternative to transport the deceased individual to the funeral home.

**C) REPORTING AND RECORDING FOR UNEXPECTED/EXPECTED DEATH:**

1. Document the following on the Individual's Progress Notes:
  - a. Assessment of the situation and individual prior to death and/or transfer to the hospital i.e. cessation of respirations and no signs of circulation, CPR started. Record who was present and give a summary of what occurred.
  - b. Initiation and completion of the Incident Report form by residential staff.
  - c. The following information related to the time of death:
    - i) the person relaying the notice of death i.e. Nurse at the hospital/Nurse Practitioner
    - ii) the date, time and place of death
    - iii) persons contacted i.e. mother



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- iv) date and time of notifications made
2. Discontinue medications and treatments. In ink, write deceased, the date and initial. Prepare medication for wastage and pick up by pharmacy.
  3. All documentation related to the individual will be forwarded to the Director of Finance and Administration. This may include their Personal Binder, Individual Support Plan Binder, Financial Binder, along with their petty cash box, birth certificate, health card etc.
  4. Once all of the individual's belongings have been gathered, contact next of kin/Public Guardian and Trustee for Financial Decisions to receive instructions regarding personal property. For a list of the individual's valuables see the Recipient's Valuable Inventory form located in their Individual Support Plan Binder.

**RECOMMENDED BY:** Director, Personal Support Services

**APPENDICES:** 3

**OPERATIONAL ACCOUNTABILITY:** Administration, Personal Support Services  
Administration, Personal Support Services, Finance

**ORIGINAL POLICY DATE:** June 1992

**AUTHORIZED BY:** Director, Personal Support Services

**SIGNATURE:** Meryl Deuce



**- OPTIONS northwest -  
End of Life Care Plan**

NAME: \_\_\_\_\_

DATE DEVELOPED: \_\_\_\_\_

ASSIGNED CCAC CARE COORDINATOR: \_\_\_\_\_

AVAILABILITY: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

ASSIGNED NURSING SERVICE: \_\_\_\_\_

AVAILABILITY: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

FREQUENCY AND TIME OF VISITS: \_\_\_\_\_

\_\_\_\_\_

ASSIGNED NURSE PRACTITIONER: \_\_\_\_\_

AVAILABILITY: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

**END OF LIFE CARE PLAN:**

The Physician has determined that this individual has a disease which is terminal and is reasonably expected to result in their death within a short period of time. The Physician has met with the individual and their family/person acting on their behalf and it has been determined that \_\_\_\_\_ will not be resuscitated. A Ministry of Health and Long-Term Care **"Do Not Resuscitate Confirmation Form" (DNR-C form)** has been completed. In order for support staff to honour the **DNR-C** and perform the required palliative care, this **End of Life Care Plan** has been completed in consultation with the palliative support team. The team includes the individual, person acting on their behalf, support staff, care coordinator from CCAC, assigned Nurse Practitioner and the Nurse from the assigned Nursing Service.

**GOAL OF PALLIATIVE CARE:**

The goal of palliative care is symptom/comfort management. The individual will continue to receive all appropriate treatments intended to increase comfort and quality of life i.e. providing analgesics for pain, positioning for comfort, emotional support. This plan will change and be updated by the supervisor in consultation with the Palliative Support team as the individual's illness progresses. It is the wishes of the individual/person acting on their behalf that they remain at their place of residence until the end of their life. Should symptoms become too difficult to manage at the group home or should housemates living at this location become unable to cope with the situation it may be necessary to discuss a transfer to the Hospice Unit at St. Joseph's Hospital. A referral for Hospice Care is submitted to St. Joseph's Hospital in the event it should be required. The care coordinator from CCAC will be consulted prior to the transfer. As required, the OPTIONS Palliative Care Team and EAP program can be accessed for emotional and educational support.

**ROLE OF THE VISITING NURSE:**

The visiting nurse is available to support the individual, family and support staff and answer any questions they may have. Depending on the progression of the individual's illness, these visits can be increased in consultation with the CCAC Care Coordinator. The agency nurse and the Nurse Practitioner will monitor and assess the progression of the individual's illness based on their physical assessment and the precise information staff have documented in the individual's progress notes in their personal binder. The visiting nurse will document in the **In-Home Care Chart** which can be found \_\_\_\_\_. The chart contains the death certificate and other important papers that the nurse will be required to complete at the end of life.

A Symptom Relief Kit (locked black tool box) which includes medications that will only be administered by assigned Nursing Agency Nurses can be found \_\_\_\_\_. This box will be locked at all times and only the visiting nurses will be familiar with the combination.

**DNR-C ORDER:**

Several copies of the DNR-C have been placed in a labelled envelope and can be found \_\_\_\_\_. Should the individual require medical care for comfort measures that can only be obtained at the hospital i.e. fell out of bed and appears to have a broken arm; a copy of the DNR-C will be taken to the hospital or given to the ambulance attendant.



**MEDICAL CARE:**

In order that the individual avoids trips to the hospital, if showing signs of an infection, i.e. chest infection, urinary tract infection staff will consult with the visiting nurse. The nurse will assess the individual and, as required, consult with the nurse practitioner who will order the required medications and treatments. These orders will be phoned in to Shopper's Drug Mart who will deliver the medications with a copy of the orders. In order to keep the individual comfortable the following measures and protocols have been put in place:

**1. Chest Congestion/Shortness of Breath:****2. Seizure Activity:****3. Pain Management:****4. Food and Fluids:****5. Elimination-Bowel and Bladder:****6. Other Special Instructions Before and After Death:**

**END OF LIFE/ABSENCE OF VITAL SIGNS:**

In the event that the individual is found with absent vital signs, no respirations and/or no heart rate, staff will not perform CPR or artificial respirations. Staff will contact the Nurse on Call from the Nursing Service at \_\_\_\_\_ who will come to the home as soon as possible to pronounce death. The Nurse Practitioner will complete the Death Certificate found at the back of the In-Home Care Chart. The family member/person acting on behalf of the individual to contact is \_\_\_\_\_ at \_\_\_\_\_.

Information related to funeral arrangements including what funeral home to contact can be found on the pink sheet at the front of the individual's personal binder. For further procedures to follow when the person receiving end of life care stops breathing see Section B of Death of a Person Supported Policy R-VI-13.

**SIGNATURES:**

Individual: \_\_\_\_\_

Date: \_\_\_\_\_

Advocate: \_\_\_\_\_

Date: \_\_\_\_\_

CCAC Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_



Ministry of Health  
and Long-Term Care



Office of the  
Fire Marshal

Serial Number \_\_\_\_\_

## Do Not Resuscitate Confirmation Form

**To Direct the Practice of Paramedics and Firefighters after February 1, 2008**  
*Confidential when completed*

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and **will** provide necessary comfort measures (see point #2) to the patient named below:

<b>Patient's name – please print clearly</b>	
Surname	Given Name

1. **“Do Not Resuscitate”** means that the paramedic (according to scope of practice) or firefighter (according to skill level) **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:
  - Chest compression;
  - Defibrillation;
  - Artificial ventilation;
  - Insertion of an oropharyngeal or nasopharyngeal airway;
  - Endotracheal intubation;
  - Transcutaneous pacing;
  - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.
2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) **will** provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.

**The signature below confirms with respect to the above-named patient, that the following condition (check one ) has been met and documented in the patient's health record.**

- A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.
- The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.

**Check one  of the following:**

- M.D.     R.N.     R.N. (EC)     R.P.N.

**Print name in full**

Surname	Given Name
Signature	Date (yyyy/mm/dd)

- Each form has a unique serial number.
- Use of photocopies is permitted only after this form has been fully completed.



You use the Stillbirth Registration Form 8 when registering stillbirths. This form must be completed by the attending physician, coroner, or designated person before a burial permit can be issued. Please PRINT clearly in blue or black ink as it is a permanent legal record.

Hospital code number

**INFORMATION ABOUT THE DECEASED**

1. Name of deceased (last, first, middle) 2. Date of death (month - by name, day, year (in full))

3. Sex (M or F) 4. Age 5. If under 1yr. Months Days 6. If under 1 day Hours Minutes 7. Gestation age 8. Birth weight

9. Place of death (name of facility or location)  hospital  nursing home  residence  other (specify)

10. City, town, village or township Regional municipality, county or district

**CAUSE OF DEATH**

11. Part I Immediate cause of death (a) due to, or as a consequence of (b) due to, or as a consequence of (c) due to, or as a consequence of (d) Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above

Approximate interval between onset & death

12. If deceased was a female, did the death occur:  during pregnancy (including abortion and ectopic pregnancy)  within 42 days thereafter  between 43 days and 1 year thereafter

13. Was the deceased dead on arrival at the hospital?  Yes  No 14. Was there a surgical procedure within 28 days of death?  Yes  No 15. Date of surgery (mm/dd/yyyy)

16. Reason for surgery and operative findings

Autopsy particulars 17. Autopsy being held?  Yes  No 18. Does the cause of death stated above take account of autopsy findings?  Yes  No 19. May further information relating to the cause of death be available later?  Yes  No

Accidental or violent death (if applicable) 20. If accident, suicide, homicide or undetermined (specify) 21. Place of injury (e.g. home, farm, highway, etc.) 22. Date of injury (mm/dd/yyyy)

23. How did injury occur? (describe circumstances)

**CERTIFICATION**

By signing below, you certify that the information on this form is correct to the best of your knowledge.

24. Your signature (physician, coroner, RN(EC), other) 25. Date (mm/dd/yyyy)

26. Your name (last, first, middle) 27. Your title:  Physician  Coroner  RN(EC)  other (specify)

28. Your address (street number and name, city, province, postal code)

**TO BE COMPLETED BY THE DIVISION REGISTRAR**

By signing below, I am satisfied that the information in this Medical certificate of death and the Statement of death is correct and sufficient and I agree to register the death.

Signature Date (mm/dd/yyyy) Registration number Div. reg. code no.

For use of the Office of the Registrar General only

Personal information contained in this form is collected under the authority of the Vital Statistics Act, R.S.O. 1990, c.v.4 and will be used to register and record the births, stillbirths, deaths, marriages, additions or change of name, corrections or amendments, provide certified copies, extracts, certificates, search notices, photocopies and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes. Questions about this collection should be directed to the Deputy Registrar General at PO Box 4500, Thunder Bay ON P7B 6L8. Telephone 1 800 461-2158 or 416 325-8305.

## INSTRUCTIONS FOR THE CERTIFYING PHYSICIAN OR CORONER

The *Vital Statistics Act*, (Section 21, Sub-section 3) requires the legally qualified medical practitioner or coroner to complete and sign this form forthwith after the death, investigation or inquest, as the case may be, and deliver it to the funeral director in charge of the body, who, in turn, must remit it to the local division registrar before the death can be officially registered and a burial permit issued (Sect. 22).

**Cause of Death** - The morbid conditions relating to death on the *Medical Certificate of Death* are divided into two groups. Part I includes the "immediate cause" and the "antecedent causes" and Part II includes, other significant conditions contributing to the death but not causally related to the "immediate cause". In most cases a statement of cause under Part I will suffice. The entry of a single cause is preferable where this adequately describes the case (see Example 1). Where the physician finds it necessary to record more than one cause it is important that these be stated in the order provided on the form which is indicative of their mutual relationship. Information is sought in this organized fashion so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint.

- a) **Purpose of Medical Certification of Death** - The principal purposes are to establish the fact of death, and to provide an on-going mortality data resource for measuring health problems, guiding health programs, and evaluating health promotion and disease-control activities.
- b) **Cause-of-death assignment** - For statistical purposes the cause selected for coding and tabulation of the official cause-of-death statistics is the "underlying cause" of death, i.e. "the disease or injury which initiated the train of events leading to death". This cause ordinarily will be the last condition which is mentioned in Part I of the Cause of Death section of the form.
- c) **Approximate interval between onset and death** - This is often of great value in selecting the underlying cause for statistical purposes (as described above). Where these intervals are not known or are uncertain, an estimate should be recorded.
- d) **Maternal deaths** - Qualify all diseases resulting from pregnancy, abortion, miscarriage, or childbirth, e.g. "puerperal septicaemia", eclampsia, arising during pregnancy". Distinguish between septicaemia associated with abortion and that associated with childbirth.
- e) **Cancer** - In all cases the organ or part FIRST affected, i.e. the primary site of the neoplasm, should be specified.
- f) **Items 16, 17 Autopsy and autopsy findings** - An indication of whether or not an autopsy is being held and whether the cause of death stated takes into account autopsy findings is valuable in assessing the reliability of cause-of-death statistics. Where an autopsy is being held and the recorded cause of death does not take account of autopsy findings, a supplementary enquiry of the certifying physician may be initiated by the Registrar General.
- g) **Item 18, Further information** - If there is an indication that "further information relating to the cause of death may be available later" - from autopsy or other findings - the Registrar General will initiate a supplementary enquiry of the certifying physician or coroner.

The following examples illustrate the essential principles in completing the cause of death certificate -

CAUSE OF DEATH						
Part I						
Immediate cause of death:	Example 1 - (a)	Lobar pneumonia (due to, or as a consequence of)	Example 2 - Acute peritonitis	Example 3 - Cancer of lung (metastatic)	Example 4 - Coronary thrombosis	Example 5 - Uraemia
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last:	Example 1 - (b)	(due to, or as a consequence of)	Example 2 - Acute appendicitis	Example 3 - Cancer of breast		
Part II						
Other significant conditions contributing to death but not causally related to the immediate cause (a) above	Example 1 -	Diabetes	Example 2 - Cancer of the breast	Example 3 - Chronic bronchitis		

**Confidentiality** - The *Vital Statistics Act* specifically protects the confidentiality of the physician's medical certification as follows:

"Sec. 53(1) No division registrar, sub-registrar, funeral director or person employed in the service of Her Majesty shall communicate or allow to be communicated to any person not entitled thereto any information obtained under this Act, or allow any such person to inspect or have access to any records containing information under this Act."

Under the Office of the Registrar General entitlement policy next-of-kin may apply for a certified copy of this document.

**NOTE:** The special stillbirth registration forms (Forms 7 and 8) must be used when registering a stillbirth.

Personal information contained on this form is collected under the authority of the *Vital Statistics Act*, R.S.O. 1990, c.V.4 and will be used to register and record the births, still-births, deaths, marriages, additions or change of name, corrections or amendments, provide certified copies, extracts, certificates, search notices, photocopies; and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes.

Questions about this collection should be directed to:

Deputy Registrar General  
189 Red River Road  
PO Box 4600  
Thunder Bay ON P7B 6L8  
Telephone 1 800 461-2156