Care of the Deceased Policy

Contents

1. Purpose

WA Country Health Service (WACHS) is bound by the strict medical and legal requirements in care of the deceased covered in this policy and its associated documents.

This policy and related documents are to be implemented in a manner that respects the dignity of the deceased person, compassionately respects the views of their family and carers and meets the medico-legal requirements of the organisation without adding to the distress of the family. The deceased person, their family, carers or legally appointed representative are to be treated with respect at all times.

This policy has been updated with information relating to deaths from Coronavirus disease (COVID-19) - refer to COVID-19 deaths.

2. Policy

The scope of this policy spans from the initial confirmation of the life extinct through to admission and subsequent release from the mortuary. It includes both coronial and non-coronial deaths.

This policy applies to all medical, nursing, midwifery and Unregulated Health Worker (UHW) staff employed within WACHS. All health care professionals are to work within their scope of practice appropriate to their level of training and responsibility and the scope of their professional registration as documented by the Australian Health Practitioner Regulation Agency.

2.1 Confirmation of Life Extinct

The Medical Officer or Registered Nurse / Midwife who examines the person must complete a clinical assessment of life extinct and complete the MR37A WACHS Death in Hospital Form.

Where a Medical Officer is not available on site, a Registered Nurse (RN) or Midwife may perform the assessment of life extinct and manage the body appropriately prior to a Medical Officer certifying death.

Assessment of life extinct is to be documented on MR38 WACHS Life Extinct Form.

The criteria to confirm life extinct are:

- absence of carotid pulse over 30 seconds
- absence of heart sounds over 30 seconds (determined by auscultation)
- absence of respiratory movements and breath sounds over 30 seconds
- fixed dilated pupils unresponsive to bright lights
- no response to painful stimuli (e.g. Sternal rub).

If the death is reportable to the Coroner (see definition under Section 2.2: Deaths Reportable to the Coroner), follow process outlined in Care of the Deceased Person
If it is determined that the death is non-coronial (i.e. not reportable to the Coroner), the Medical Officer must document this in the person's healthcare record.

Assessment of Life Extinct by Telehealth

If a palliative care patient is known to the WACHS Regional Palliative Care Service team and dies an expected death at home, the clinical assessment of life extinct can be completed by a Medical Officer or Registered Nurse using video-enabled Telehealth. This assessment is documented on MR38B Assessment of Life Extinct by Telehealth.

This process must be undertaken with care and sensitivity, with a person in the home who is comfortable to assist. The assisting person at the bedside does not need to be a WACHS employee/nurse or doctor.

Telehealth sound and video quality must be adequate for the clinical assessment, otherwise an alternative verification method is required. The clinician carrying out the assessment must provide support to the assisting person at the bedside and guide the person as to any personal protective equipment (PPE) required.

The assessment is performed at least 30 minutes after the person is believed to have died. It is completed twice, with the second assessment completed a minimum of ten minutes after the first assessment.

The criteria to declare life extinct using Telehealth are:

- presence of rigor mortis

OR

- at least one element from each category of:
  - **response** – no response to voice or touch
  - **respiratory** – no chest movement for three (3) minutes OR no breath sounds for three (3) minutes
  - **cerebral** – fixed dilated pupils non-responsive to light
  - **circulatory** – cold to touch OR obvious colour change OR no central pulse detected for one (1) minute OR absent pulse oximeter reading

The clinician must inform the funeral director of any notifiable disease or any equipment in situ (e.g. syringe driver, catheter or pacemaker).

2.2 Deaths Reportable to the Coroner

Definition

A reportable death, as defined in the *Coroners Act 1996* (WA), is a Western Australian (WA) death:

- that appears to have been unexpected, unnatural or violent or to have resulted, directly or indirectly, from injury
- that occurs during an anaesthetic
- that occurs as a result of an anaesthetic and is not due to natural causes
- that occurs in prescribed circumstances
- that occurs when a baby is born alive following a termination procedure and subsequently dies
- of a person who immediately before death was a person held in care
- that appears to have been caused or contributed to while the person was held in care
- that appears to have been caused or contributed to by any action of a member of the Police Force

- of a person whose identity is unknown
- that occurs in WA where the cause of death has not been certified under section 44 of the *Births, Deaths and Marriages Registration Act 1998*
- that occurred outside WA where the cause of death is not certified to by a person who, under the law in force in that place, is a legally qualified medical practitioner.

If there is any doubt as to whether the death is a Coroner's case, treat it as one and contact the local police or Office of the State Coroner (OSC) for assistance (08 9425 2900 [business hours] / 0419 904 478 [after 4:30pm and on weekends]). The OSC should only be contacted if the local police are unable to assist.

The conduct of a coronial investigation is the responsibility of the Coroner who is assisted, as necessary, by Coroner's Investigators (generally members of the WA Police Force).

Refer to:

- *Coroners Act 1996* (WA) – Part 1, point 2 Terms used
- *Coroners Act 1996* (WA) – Part 2, point 8 Functions of a State Coroner

Care of the Deceased Person:

- As far as possible, the body and the death scene must be left untouched, until instructed otherwise by the Coronial Investigator or Duty Forensic Pathologist. Be mindful of the preservation of evidence where possible.
- Do not remove any apparatus attached to the body or prepare the body until the Coroner or Forensic Pathologist has given permission.
- If there is a request by the next of kin to view the body, contact the Coronial Investigator for guidance, and record the conversation in the patient's healthcare record and coronial investigation file (see Coronial Investigation File).
- Viewings of the body should only occur in the hospital mortuary, unless the Coronial Investigator/Police Officer advises otherwise, and should be undertaken by the Senior Clinical Nurse. Note that a WACHS staff member must remain with the body until relieved by the Coronial Investigator/Police Officer. Family members cannot be left alone with the body but must be treated with compassion.

Coroner's Case Process, Roles and Responsibilities outlines the process and roles and responsibilities for care of the deceased person and the preservation of evidence in cases that are reportable to the Coroner.

Admitting Coronial Cases into the Mortuary outlines the process for the admission of a coronial case to the mortuary.

Devices/equipment need to remain in situ if it is thought they are contributory to the cause of death. Examples include:

- If the death is thought to be related to oesophageal intubation, the endotracheal tube should not be removed.
- The death occurs on a hospital ward or in theatre during surgery and appears to have resulted from a surgical error, accident or malfunctioning device, devices/equipment should remain in situ.

For complex cases, if clarification is required the Coroner's Delegate or Coroner's Investigator can discuss with the on call forensic pathologist if there is a requirement for

additional items e.g. drip bags, syringes, drain bottles and bags, urine bags to remain in situ. Devices/equipment need to remain in situ in cases of suspected homicide.

Devices/equipment that are not felt to be contributing to the death, as determined by a senior medical practitioner, can be removed, even if the case has been referred to the Coroner. This could include endotracheal tubes, laryngeal mask airways, oropharyngeal airways, intravenous lines, nasogastric tubes etc.

The body can be wrapped with or without lines and devices/equipment in situ.

In most cases, the body can be moved to the hospital mortuary pending attendance of the Police. Except:

- when the body is to remain in the clinical environment on request of the Coroner's Delegate or Coroner's Investigator
- if there will be a considerable delay in Police attending or the body is in a critical care environment (including operating theatre) a Coroner's Delegate or Coroner's Investigator should be consulted as whether or not to move the body to the mortuary.

All communications and instructions from a Coroner's Delegate or Coroner's Investigator regarding the handling of medical devices/equipment and the body need to be documented in the patient's healthcare record. If permission has been received from a senior medical practitioner, Coroner's Delegate or Coroner's Investigator for devices/equipment to be removed or the body to be moved to the mortuary, the staff member receiving this instruction is to document the following in the patient's healthcare record:

- the instruction given from the senior medical practitioner, Coroner's Delegate or Coroner's investigator
- date and time of instruction
- name of the person providing the instruction.

2.3 Death of a Patient in Theatre

- As far as possible, the body and the death scene must be left untouched, until instructed otherwise by the Coronial Investigator or Duty Forensic Pathologist.
- Photographs and information collation are to be completed in theatre.
- The number of people entering the operating room must be limited where possible.

Coroner's Case Process, Roles and Responsibilities provides additional process steps for care of the deceased person and the preservation of evidence where the death occurs in theatre.

2.4 Death of a Person in Custody

- If a person dies while in custody, the room must be sealed off and regarded as a crime scene.
- Death of a person in custody includes a child under the care of the Department of Communities - Child Protection and Family Support and an involuntary patient under section 21 of the *Mental Health Act 2014* (WA).
- Nothing may be touched or removed from the person or from within the crime scene and viewing by relatives is not permitted until the scene is released by police (note that this must be handled with compassion).

2.5 Dead on Arrival (DOA)

- All deceased persons who are DOA are to be treated as a Coroner's case until instructed otherwise by the police or Medical Officer. If instructed the case is non-coronial, refer to Non-Coronial Deaths.
- Prior to arriving at the hospital, Ambulance Officers/Funeral Director in conjunction with Hospital Manager/Emergency Department staff will determine the appropriate course of action as to where to deliver the deceased person for assessment of life extinct.
- The deceased person's next of kin is to be kept informed.
- If the deceased person is to be taken directly to the mortuary, the accompanying Medical Officer, RN or RM is to carry out the assessment of life extinct immediately upon arrival.
- The deceased person is not registered in the hospital Patient Administration System (PAS).

Dead on Arrival to Mortuary outlines the process for the admission of DOA persons to the mortuary.

2.6 Deaths and Voluntary Assisted Dying

A voluntary assisted dying (VAD) death does not have to be reported to the Coroner as a matter of course, other than where:

- the person was, immediately before their death, 'held in care' (as defined under the *Coroner's Act 1996*)
- where the death was not in accordance with, or suspected not to be in accordance with, the *Voluntary Assisted Dying Act 2019* (WA).

Refer to the WACHS Voluntary Assisted Dying Policy for further guidance regarding the medical certificate of cause of death, specific roles and timelines.

2.7 Reporting a Death to the Coroner

- Complete the MR 37A WACHS Death in Hospital Form.
- To report a death to the Coroner, or to seek guidance about reportable deaths, contact the local police.
- If local police not available and further guidance is required, contact the OSC on (08) 9425 2900 (during business hours) / 0419 904 478 (after 4:30pm and on weekends).
- The OSC should only be contacted if the local police are unable to assist.
- Refer to: Department of Health Coronial Liaison Unit website.
- The deceased person's next of kin or legally appointed representative must be informed by the person's doctor that the police/OSC has been notified. This should be documented in the person's healthcare record.
- If the death is reportable to the Coroner, the Police Officer receiving the coronial notification will initiate contact with other relevant personnel (including the on-duty Forensic Pathologist).
- The deceased person's healthcare record must be provided to the police – see Release of the Deceased Person's Healthcare Record to the Police/State Mortuary.
- Follow the principles and procedures outlined in the Australian Open Disclosure Framework.

Refer to: WACHS Open Disclosure Procedure

2.8 Documentation in the Deceased Person's Healthcare Record

Record details of the coronial notification process in the person's healthcare record (on the MR 55A Integrated Progress Notes), including:

- Date and time.
- Name of the coronial contact.
- Any instructions given.

In some circumstances, the OSC will decide that no further investigation is required and permission is given for a Medical Certificate of Cause of Death to be issued (see Certification of Death). In this case, the following must be recorded in the deceased patient's healthcare record:

- Date and time.
- Name of Police Officer or Coronial Investigator.
- Reason the death is not required to be notified to the Coroner.

2.9 Release of the Deceased Person's Healthcare Record to the Police/State Mortuary

The most recent healthcare records leading up to the person's death must be provided to the police immediately or, in any case, to the State Mortuary not more than 24 hours following death. This is to ensure that the post mortem examination can be conducted in a timely manner.

Where healthcare records are paper-based, the originals are to be provided with exact photocopies (and scanned copies for BOSSnet Digital Medical Record sites) retained by the health service for any ongoing purposes.

Should further medical information be requested by the police/Coroner, these records should then be provided as soon as practicable.

In instances where numerous volumes of the patient's healthcare records exist, only the most recent episode leading up to the death is required to be submitted to the Coroner in the first instance.

The person receiving the healthcare records (whether original or copy) e.g. Police Officer, must provide their signed 'Acknowledgement of Receipt of Medical Records' form.

To ensure all records are returned at the conclusion of the investigation, WACHS personnel releasing the file must write on the file cover:

'PLEASE RETURN TO (name of) HEALTH SERVICE
ON COMPLETION OF THE INVESTIGATION'

For roles and responsibilities in relation to the release of healthcare records, see: Coroner's Case Process, Roles and Responsibilities - Preparation of healthcare record for release and release of healthcare record.

Records must be returned to site by registered mail (in line with confidentiality requirements).

2.10 Coronial Investigation File

Where the death is confirmed by the police, OSC or Coronial Investigator to be a Coroner's case, a designated health service coronial investigation file (separate from the deceased person's healthcare record) should be opened.

All documentation and communications related to the coronial investigation (including witness statements, medical reports and legal advice) are to be held in this file (not the deceased person's healthcare record).

Refer to:

- WA Health Legal and Legislative Services Unit intranet (legal advice, fact sheets etc.)
- WA Health Review of Death Policy - MP 98/018 (section 3.4)
- Coroner's Court of WA: The Coronial Process in Western Australia - A Handbook for Medical Practitioners and Medical Students.

Staff Interviews, Witness Statements or Medical Reports

The WACHS Medico-Legal Consultant will liaise with the Coroner and keep a record of, and monitor, all coronial requests and correspondence.

The Coroner may request staff to attend an interview or provide a witness statement.

For further information/assistance, contact the WACHS Medico-Legal Consultant via WACHS.MedicoLegal@health.wa.gov.au.

Refer to: *Coroners Act 1996* (WA) – Part 5, point 47 Statements made by witness

Coronial Inquests

The Coroner may decide to hold a coronial inquest following the investigation. If the deceased person was held in care (e.g. police custody or Department of Communities-Child Protection and Family Support) immediately prior to the death, a coronial investigation is mandatory.

If WACHS employees are summoned to attend a coronial inquest, the WACHS Medico-Legal Consultant will provide support and information including seeking legal assistance from the Department of Health Legal and Legislative Services or the State Solicitor's Office.

Consent for Autopsy Examination Being Sought by Coroner

The Coroner does not require the consent of next of kin to conduct an autopsy. However, the next of kin can object to an autopsy under section 37 of the *Coroners Act 1996* (WA).

The body is usually transferred by the police (or may be a subcontractor in some areas) to the State Mortuary for autopsy.

2.11 Other Reporting Obligations

Deaths Reportable to the Chief Health Officer

Under section 336 of the *Health (Miscellaneous Provisions) Act 1911* (WA), the following deaths are reportable to the Chief Health Officer (Department of Health):

- a maternal death (arising from pregnancy or childbirth or associated complications).
- one involving a child who is stillborn (greater than 20 weeks gestation) or under the age of one year
- one that occurred within 48 hours of administration of anaesthetic or as a result of complications arising from the same.

This is **in addition** to the normal certification and registration of death procedures, or notification to the Coroner.

Refer to: Department of Health About statutory medical notifications in Western Australia.

Deaths Reportable to the Chief Psychiatrist

The death of a mental health patient while under the care of any health service and deaths that occurred within 28 days of discharge or deactivation from mental health services must be reported as a matter of priority to the Chief Psychiatrist.

Refer to:

- Chief Psychiatrist of WA: Reporting Notifiable Incidents - Public Mental Health Services
- Chief Psychiatrist of WA: Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist.

Preventable Deaths

Where a death was potentially preventable and can be attributed to health care provision (or lack thereof) rather than the patient's underlying condition, the death must be reported as a Severity Assessment Code (SAC) 1 clinical incident through the Datix Clinical Incident Management System (CIMS).

Refer to:

- Clinical Incident Management Policy 2019 - MP 0122/19
- Review of Death Policy - MP 0098/18
- WACHS SAC 1 Business Rules (accessed via the SAC1 Incident Dashboard - Tab 2 SAC1 Management).

2.12 Non-Coronial Deaths

Certification of Death

For deaths that are not reportable to the Coroner (i.e. non-coronial deaths), a Medical Certificate of Cause of Death (Form BDM202) OR Medical Certificate of Cause of Stillbirth or Neonatal Death (Form BDM201, if the deceased person was stillborn or less than 28 days old) certifies the fact and circumstances of death and is a requirement of the *Births, Deaths and Marriages Registration Act 1998* (WA).

A Medical Officer must sign the certificate within 48 hours (NB: this may be extended to 72 hours for deaths that occur in the community setting). A photocopy should be filed in the person's healthcare record.

The Medical Officer may also be asked to complete the Certificate of Medical Practitioner (Form 7) which is a risk assessment of the safety of cremation and handling of ashes.

Death in the Community

In the event that this is an **expected** death of a WACHS Palliative care patient, life extinct may be certified by an RN and the person's General Practitioner (GP) informed. This process may occur by telehealth (refer to Assessment of Life Extinct by Telehealth) using MR38B Assessment of Life Extinct by Telehealth. In circumstance of an expected death of a WACHS Palliative Care patient the local police do not need to be contacted.

In other circumstances when a person dies at home, in a nursing home or in the community and WACHS has been providing services, contact the local police and notify the senior person on duty at the local hospital.

If there is any obvious evidence that the death may have been assisted either by the deceased or by another party, the police should be contacted without delay. An exception to this is a Voluntary Assisted Dying death – refer to the WACHS Voluntary Assisted Dying Policy for specific guidance on certification of death, specific roles and timelines.

Complete the MR37A WACHS Death in Hospital Form for deaths that occur in nursing posts, WACHS nursing homes and other aged care facilities.

The doctor who was responsible for the medical care of a person before their death or who examines the deceased person after death, must complete and sign a medical certificate cause of death. Alternatively, the certifying doctor may be a doctor who is part of the care team looking after the patient who has not personally met the patient, but who has access to sufficient clinical information to make a sound assessment as to the cause of death, any contributory causes and the time intervals involved. If there is no doctor able to do the medical certificate cause of death, the body is to remain untouched and the police are to be called.

Death of a Child

Refer to: Child and Adolescent Health Service (CAHS) Death of a Child in Hospital Procedure.

Perinatal Loss

Complete the MR82 WACHS Perinatal Loss Care Plan (Less than 20 weeks gestation) OR MR82A WACHS Perinatal Loss Care Plan (More than 20 weeks gestation) as appropriate.

Refer to:

- Women and Newborn Health Service (WNHS) Perinatal loss Clinical Practice Guideline (third trimester)
- WNHS Pregnancy care: Mid-trimester pregnancy loss (including abortion) Clinical Practice Guideline

- WNHS Miscarriage Clinical Practice Guideline
- WNHS Management of the products of conception following pregnancy loss (including miscarriage or termination of pregnancy) in children aged 13 years and under Clinical Guideline.

For handling and transport of all perinatal deaths (of any gestation), refer to:
- PathWest Perinatal Pathology Guidelines for Healthcare Professionals for all perinatal deaths in Western Australia sent to PathWest Perinatal Pathology.

For legal requirements relating to perinatal deaths (of any gestation), refer to:
- Perinatal Morbidity and Mortality Policy

Autopsies

An autopsy may still be carried out if the death is deemed as non-Coronial (e.g. upon request of the family or for clinical research purposes). A senior clinician will discuss the need for an autopsy with the deceased person's senior next of kin/legally appointed representative or the senior next of kin/legally appointed representative may request that an autopsy be performed.

Contact the OSC on (08) 9425 2900 (business hours) / 0419 904 478 (after 4:30pm and on weekends).

2.13 Additional Considerations for All Deaths

Documentation Requirements

A discharge summary is required for an inpatient that dies in hospital.

Refer to:
- Documentation - Clinical Practice Standard
- Admission, Discharge and Intra-hospital Transfer Clinical Practice Standard

Release of Human Tissue and Explanted Medical Devices

Refer to:
- Release of Human Tissue and Explanted Medical Devices Policy - MP 0129/20
- MR 30i Authorisation and Release of Human Tissue and Explanted Medical Device Consent Form
- Department of Health Cremation regulations in Western Australia

Organ Donation

Should the question of organ donation arise in coronial cases, the case should be discussed with the Duty Forensic Pathologist. The Coroner's consent is necessary for the removal of tissue or organs.

Refer to:
- *Human Tissue and Transplant Act 1982* (WA) - sections 23 and 27
- DonateLife WA intranet
- Australian Government Organ and Tissue Authority (DonateLife)

- Australian Government Organ and Tissue Authority Best Practice Guideline for Offering Organ and Tissue Donation in Australia
- Australian and New Zealand Intensive Care Society (ANZICS) The Statement on Death and Organ Donation.

Transportation of the Deceased Person

WACHS will meet the base cost of repatriating the deceased person to their former place of residence, for a person who:

- died within WA while on inter-hospital transfer or during Patient Assisted Travel Scheme (PATS)-approved travel, or
- was an escort assisting a person travelling with approved PATS assistance.

The family of the deceased person is to make the transport arrangements, in consultation with the regional hospital closest to the deceased person's place of residence.

Refer to:

- WA Health Policy on Transportation of Deceased Persons
- Patient Assisted Travel Scheme

If a child from a WACHS region dies after birth, the parent is to be provided with financial assistance for the transportation of the child's body to their former place of residence. Transport will be arranged through the Perinatal Pathology Department at King Edward Memorial Hospital (KEMH). The parent may be eligible for PATS assistance to return home.

Refer to: Department of Health Policy on Transportation of Deceased Persons.

Bereavement Assistance Program

The Bereavement Assistance Program (administered by the Department of Communities) provides assistance to community members in situations where there are insufficient funds in a deceased person's estate to pay for a funeral, and when the deceased person's family are unable to meet the funeral costs.

Refer to: Department of Communities – Child Protection and Family Support Bereavement Assistance Program.

2.14 Religious and Cultural Considerations

WACHS is to provide religious and culturally sensitive care to all deceased persons of any cultural or religious belief. Consult the family or support people of the deceased for specific cultural requirements for care following death.

This section provides some guidance for specific cultures and religions, but it is acknowledged that this is not an exhaustive list of groups or cultural practices. Cultural practices may vary between groups even if they belong to the same religion and it is important not to make any assumptions.

Refer to:

- Department of Health Multicultural resources for health professionals

- Department of Local Government, Sport and Cultural Industries Office of Multicultural Interests.

Aboriginal People

The passing of an Aboriginal person will require continuous support, sensitivity, respect, inclusion of family / friends, and respect for cultural protocols and practices i.e. non-use of the deceased persons first name when engaging with family.

- Establish a rapport with the Aboriginal health staff within the WACHS regions.
- WACHS Aboriginal Health Workers and Liaison Officers have developed relationships in the community and can be key connections between health care staff and local Aboriginal families.
- Establish relationships with the local Aboriginal community, such as Aboriginal Community Controlled Organisations (Aboriginal Medical Services), Aboriginal Community groups and Aboriginal Service providers. These groups can inform of culturally appropriate service delivery in local areas.
- Establish rapport and understanding with family members as early as possible.

The time of passing is very traumatic for Aboriginal families of the deceased, and in rural and remote areas the whole community will experience grief and mourning. During this time, families may set certain cultural protocols and practices in motion, which will require sensitivity and understanding and may include extended family members.

Cultural considerations may include:

- Factoring in long travelling distances from possible remote locations, with special consideration given to hospital visiting hours being extended to suit.
- Appropriate waiting areas for larger family groups for mourning, as Aboriginal families may include larger extended family members when visiting.
- Anticipate many questions. Some people may be quiet, shy or intimidated and not know what to ask. Be prepared for families to have questions around being able to conduct rituals and practices related to deceased persons and belief structures.
- Some families may request a visit from the clergy or chaplain. Ensure you have support information available.
- In Aboriginal culture it can be taboo to mention a deceased person's name after they have passed. This is to ensure that the spirit is not held back or recalled to this world.
- A smoking ceremony may be requested by the family of the deceased person, which is a custom practiced by Aboriginal cultures for various reasons, including the smoking of the deceased person after passing (noting practices may differ from region to region). If a smoking ceremony is requested, it is important Aboriginal Health staff are consulted on the details pertaining to cultural protocol compliance.

Roman Catholic Persons

The Sacrament of the Sick is administered to the ill when death is anticipated. It is no longer appropriate once death has occurred. Should the family wish, the Priest may say prayers after the death.

Muslim Persons

For cases other than a Coroner's, remove all equipment in the usual manner, do not touch the body unless absolutely necessary and if so, wear gloves.

A member of the Muslim community will perform the last offices. Muslims believe in an afterlife and that once an individual's soul is freed from the physical body, they await a reckoning where they can account for their actions in this life. As part of this belief, Muslim funerals and burials are usually held as soon as possible after death in order to free the soul from the body**.**

Routine post mortems are forbidden. The decision regarding proceeding with a post mortem will be made between the Coroner, the Medical Officer and the family.

Greek Orthodox Persons

Wash and prepare the body in the usual manner.

Hindu Persons

Wash and prepare the body in the usual manner. Hindus are usually cremated, except children under the age of three, who are buried. Ideally the cremation should be within 24 hours of death.

Jewish Persons

- **Jewish Orthodox**
  It is believed that the body should not be left alone once death has occurred. The family will light two candles and stay with the deceased person. Ensure that the candles are not left alight unsupervised and that appropriate fire warden/staff are aware.
  - Attachments are to be left in situ e.g. IV, catheter (NGT may be removed). It is important not to allow spillage of blood.
  - The body is placed flat and limbs are straightened – do not cross the arms or the legs.
  - Close the eyes and the mouth.
  - Do not wash the body. The Jewish authorities carry out washing of the body.
  - The body may be wrapped in a sheet and taken to the mortuary.
  - Routine post mortems are forbidden. The decision regarding proceeding with a post mortem will be made between the Coroner, the Medical Officer and the family.

- **Jewish Liberal**
  - The Rabbi does not have to be present.
  - The family may wish to stay with the deceased once death has occurred.
  - Wash and prepare the body in usual manner.
  - Routine post mortems are forbidden. The decision regarding proceeding with a post mortem will be made between the Coroner, the Medical Officer and the family.
  - Organ donation depends on the family's wishes.

Maori Persons

Maori custom frequently results in the request for a family member to remain in close proximity to the deceased person, until the body is released to the family. Family may also request to wash and prepare the body.

Baha'i Faith Persons

There is no clergy in the Baha'i faith; Baha'i communities correspond to local Council areas. The person's family may appreciate the presence of fellow Baha'is and it would be helpful to discuss this with them. If the family is uncertain who to contact in the local community, they should call the Baha'i National Spiritual Assembly on (02) 9998 9222.

The body of the deceased person must be treated with great respect. Respect for the deceased person reflects the nobility of a life well-lived.

- Nursing staff may take care of the body of the deceased person according to their usual procedure.
- The body is washed, and this may be performed by hospital staff or the funeral home or family of the deceased person. The family may wrap the body in plain cotton or silk before burial. It is not necessary to cover the face, but the head may be covered.
- If the deceased person was aged 15 years or older, a special ring will be placed on their forefinger and this must not be removed.
- The family may wish to use a quiet area to say prayers.
- Baha'i are not embalmed or cremated.
- Burial should take place within one hour's journey of the place of death.

2.15 COVID-19 Deaths

This section relates specifically to deaths due to, or probably due to, COVID-19. It must be considered **in addition** to all other information/processes outlined in this policy.

Reporting Requirements

Deaths Reportable to the Chief Health Officer

- COVID-19 is a notifiable disease under the *Public Health Act 2016* (WA) and therefore all COVID-19 deaths must be reported to the Chief Health Officer.
- This is **in addition** to the normal certification and registration of death procedures, or notification to the Coroner under specific circumstances.

Deaths Reportable to the Coroner

- Death from COVID-19 is regarded as from natural causes and not a reason to notify the Coroner of death.

Refer to:
- Which Deaths are Reported to the Coroner? (coronerscourt.wa.gov.au)
- Coroner's Court of WA When is a Covid-19 death reportable to the coroner?

Death Certificates

The Australian Bureau of Statistics has provided guidance on how to certify deaths due to COVID-19.
Refer to: Coroner's Court of WA COVID-19 Guide for Medical Practitioners.

Management of the Deceased Person

- There is no evidence of an increased risk of transmission of the virus that causes COVID-19 to those managing the deceased. Standard precautions apply.
- Mortuary staff must be informed of the deceased person's suspected or confirmed COVID-19 status prior to transfer.
- Any person having contact with the body of a person suspected of having, or confirmed to have COVID-19, must wear appropriate personal protective equipment (PPE) similar to that recommended for healthcare workers caring for patients with COVID-19 during life. This includes:
  - fluid repellent protective outer garment such as a gown
  - disposable gloves
  - surgical mask
  - appropriate eye protection.
- Perform hand hygiene before and after contact with contaminated surfaces and following removal of gloves.
- After use, PPE should be carefully doffed and disposed of/cleaned and disinfected/ laundered as per standard practices.
- Disposable PPE heavily contaminated with body fluids should be disposed of as clinical waste.
- A surgical mask is to be placed on the deceased person prior to movement of the body and for duration of care until the body is placed in a shroud, to minimise contamination by respiratory secretions.
- Avoid unnecessary manipulation of the body that may expel air from the lungs.
- Explanting medical devices is not recommended.
- The deceased person is to be placed in a secure and leak-proof body bag. Double body bags are to be used if the deceased person is likely to be in storage for longer than two weeks or is being transported over a long distance (e.g. transferred to the State Mortuary Service in Perth).
- Mortuary healthcare workers are to follow routine institutional guidelines for management of the deceased.

Refer to:
- WA Health Coronavirus Disease – 2019 (COVID-19) Infection Prevention and Control in Western Australian Healthcare Facilities
- WA Health Identification and Use of Personal Protective Equipment in the Clinical Setting Policy MP 0172/22
- Guidance on the use of personal protective equipment (PPE) for healthcare workers in the context of COVID-19
- Commonwealth Department of Health COVID-19 Advice for Funeral Directors
- Commonwealth Department of Health Environmental cleaning and disinfection principles for health and residential care facilities.

Mortuary Storage of the Deceased Person

WACHS has developed an overarching Mortuary Body Holding Capacity Plan to outline the strategies and associated resources required to manage a potential surge in deaths in regional WA as a result of the COVID-19 pandemic. This includes information about the ethical and secure storage of deceased persons and utilisation of temporary refrigerated container storage where required to increase storage capacity.

ATTENTION

It is the responsibility of the Operations Manager to ensure staff manage mortuary storage according the sites' capability. Most WACHS sites are NOT capable of long term storage due to temperature range requirement of -20°. 3 months is the considered limit for a body in a body holding facility due to infection, prevention and control considerations.

There needs to be a common sense approach to consideration of transferring a claimed body with a funeral plan beyond three months which would then require transferring back on country for burial. The Operations Manager can ring the State Mortuary for advice if delay is becoming excessive.

Viewing the Deceased Person by the Family

- Anyone who has had close contact with a person with confirmed COVID-19, or who has been diagnosed with COVID-19, should follow public health advice about isolation and should not attend the mortuary.
- Standard precautions should be observed.
- Family members/the bereaved should be allowed to view the body without separation with a physical barrier, such as a screen or glass window.
- Family members/the bereaved should be advised not to touch or kiss the deceased person.
- If they inadvertently touch the body, they should wash their hands immediately afterwards or use an alcohol-based hand rub.
- Gloves are not necessary unless there are visible body fluids present on the body.

Viewing Deceased Baby on Maternity Ward

- Where parents wish to view/keep their baby with them:
  - Where available, a cuddle cot should be used to keep the baby with the mother in her single room (note this equipment is only available at sites with birthing facilities).
  - The baby should not be transported to the mortuary until the parent is ready to part with the baby, in order to minimise movement of the baby between the ward and the mortuary.

Release of the Deceased Person to the Funeral Director

- Staff members should assist the Funeral Director in following the Commonwealth Department of Health's COVID-19 Advice for Funeral Directors.

Release of the Deceased Person to Others

- If families wish to arrange for burial of a relative without the support of a Funeral Director, they need to be supported with compassion to understand the potential problems associated with transfer of a body from the hospital, subsequent storage and burial.

Religious and Cultural Considerations

- Additional sensitivity may be required to deliver culturally responsive care, whilst at the same time ensuring the appropriate standards of infection prevention and control (IPC) procedures are adhered to by the family and community members.
- All religious and cultural considerations must follow the current IPC processes outlined for the management of the deceased – see Management of the Deceased Person.
- Any funeral practices in which members of the family or members of the community, who are not certified employees of the funeral service; closely handle the deceased person, wash and/or wrap the deceased, or conduct any practices which involve purging the stomach contents of the deceased; are not recommended.

Aboriginal People

- Alternative ways of providing continual cultural support can be practiced for Aboriginal persons whose death is a result of COVID-19.

Refer to:
- Department of Health A Guide for Health Professionals - Funerals and Sorry Business during the coronavirus pandemic
- Department of Health Coronavirus (COVID-19) resources for Aboriginal people (HealthyWA).

2.16 Mortuary Procedures

The Operations Manager has overall responsibility for the management of the mortuary. Specific tasks may be delegated to on-site senior nursing or midwifery staff as appropriate. Attendants in the mortuary will depend on infrastructure at site and may be UHW, nursing, midwifery, police or Funeral Director.

This section outlines the detailed process steps to be followed for mortuary admissions, viewing of deceased persons and release of deceased persons from the mortuary.

At all times when moving/caring for a deceased person:
- Undertake hand hygiene and use appropriate PPE in line with the WA Health MP 0172/22 Identification and Use of Personal Protective Equipment in the Clinical Setting Policy, WACHS Infection Prevention and Control Policy and WACHS Hand Hygiene Policy.
- Use appropriate manual handling techniques – see Risk Assessment for Admission of the Heavier Patient – Site Assessment Form and WACHS Occupational Safety and Health Policy.

Mortuary Admission Process

Removal of the Deceased Person from the Emergency Department or Ward Area

- Nurse/midwife contacts PSA/Orderly who will organise the required resources and:
  - Arrange for a second and third staff member to assist with the transfer to mortuary, as appropriate.
  - Don appropriate PPE in line with the WA Health Identification and Use of Personal Protective Equipment in the Clinical Setting Policy - MP 0172/22
  - Collect the key to the mortuary.
  - Proceed to mortuary and collect the trolley/bier.
- The PSA/Orderly to advise the ward nursing/midwifery staff of impending arrival so they can prepare ward (close other doors, vacate corridors).
- PSA/Orderly transfers the trolley/bier to the deceased person's bedside.
- Keep room door closed and curtain drawn.
- PSA/Orderly and nurse/midwife confirm that the deceased person has correct identification (including first name, surname, date of birth and next of kin).
- A patient label is to be affixed to the completed mortuary form and placed with the body prior to transfer to the mortuary.
- Obtain time of death from nurse/midwife for the Mortuary Register.
- Wait for the general public to vacate the ward area corridors before transferring the deceased person to the mortuary.
- In exceptional circumstances where parents request to accompany a child's body to the mortuary, escalate to the Operations Manager or delegate on duty for approval and instructions to manage the situation appropriately, safely and with sensitivity and compassion.

Admitting the Deceased Person into the Mortuary

A body holding facility (single room) is used if no mortuary exists. The body should be moved to a cooled facility as soon as possible. Admitting procedures are followed as for a mortuary.

The ventilation systems in the holding, viewing and mortuary areas shall:

- Provide breathing air free from contamination harmful to building occupants or processes undertaken in and around the building
- Capture, as close as practicable to source, any air contaminated by persons or processes within the buildings and remove it to discharge at a safe place having first removed or neutralised any contamination hazardous to the environment
- Provide air pressure to control outside air infiltration and provide an internal airflow gradient from clean to dirty areas and processes
- The mortuary ventilation system must minimise the spread of airborne pathogens ideally by being isolated from other ventilation systems (where ventilation systems are not isolated, exhausted air must be directed through HEPA filters).
- The body storage facility must be maintained at a temperature between 2-6°C.for short-term storage (maximum of 3 months)
- The operating temperatures of the mortuary must be monitored.
- The mortuary must have a security system which prevents access by unauthorised persons.
- Two mortuary attendants must sign a body into the mortuary (one may be the police if necessary).

- Place a sheet on mortuary fridge trolley and transfer the deceased person onto the fridge tray.
- If available at site, ensure the head of the deceased person is resting on a block as it prevents discolouration of face and head.
- Prior to placement of the deceased person in refrigerator, the body must have two (2) name bands (on arm and ankle) and a Deceased Identification Label which are placed on the shroud. Use an indelible label (i.e. cannot be rubbed out). The Deceased Identification Label should be affixed by either taping securely to the body bag at bottoms of the feet area or using string to tie around ankles. NOTE: No safety pins are to be used due to the risk of sharps injury.
- Document **all** admissions to the mortuary in the Mortuary Register (including fetal and neonatal deaths). **All** required details must be completed. The information will be on the 'Deceased Transfer Card' and the Deceased Identification Card attached to the deceased.
- The original death certificate should remain with the body unless it is a coroner's case.
- If the deceased person is classed as infectious, place a micro-alert sticker in the Mortuary Register and write the infection if known and placed in a body bag.
- The body should not be refrigerated until completion of the assessment of life extinct (see Confirmation of Life Extinct). The tray is placed into the fridge. Ensure the door is closed.
- If the body is already in a state of decomposition and not a coroner's case, then ensure that:
  - the body is double bagged
  - the body is moved to a -20°storage facility as soon as possible
  - staff are wearing appropriate PPE
  - cleaning and disinfection of all horizontal surfaces and spot cleaning of any vertical surfaces visibly contaminated is to be undertaken, once the body leaves
  - all areas must have non-slip flooring and impermeable footwear with non-slip soles must be worn.
  - spills must be cleaned and disinfected as soon as identified.
- The mortuary is not to be left unlocked and unattended. Ensure that the external doors are locked while you are in the mortuary. A hospital staff member must be the last person to leave the mortuary.
- A hospital staff member is to accompany non-hospital staff while they are entering and leaving the mortuary, including Police Officers.
- Leave mortuary and equipment in a visibly clean and dry condition, lock all doors and return keys.
- If a local 'Notification of Mortuary Admission Form' is used (i.e. in the Goldfields), deliver to appropriate staff (e.g. Hospital Coordinator, Medical Records Clerk, Social Work Department).
- Site procedures must be in place for daily checking of the mortuary (if in use) by a nominated staff position to ensure that the:
  - Mortuary Register reconciles to the contents
  - mortuary is on a regular cleaning scheduled which is monitored daily.
  - refrigeration unit is working.

Admitting Deceased Baby into the Mortuary

- Deceased babies are to be placed in an appropriately sized container or wrapping and clearly labelled.

- When a neonate is removed temporarily to the Maternity Ward and returned to the mortuary, this must be documented in the Mortuary Register.

Admitting Coronial Cases into the Mortuary

- The deceased person cannot be moved until instructed by the Coroner's Office.
- Do not undress or prepare the body.
- The police attach yellow zip lock WA Police Coronial ID tags on both ankles of the body. If the deceased person was involved in a serious crime (including, but not limited to homicides and other suspicious deaths) the Police Investigator (Detectives) will also fit a 'WA Police Coronial ID Tag' to the body bag, to ensure continuity of evidence is maintained.
- The police will provide a P98 Interim Mortuary Admissions Form with a unique eight digit Tag W-number (i.e.W12345678) which will remain with the body through the coronial investigation.
- The P98 Interim Mortuary Admissions Form must be taped to the body bag.
- Enter the police eight digit 'W' number in the ID number column of the Mortuary Register.
- As the police do not always provide a name band, it is the responsibility of the mortuary attendant to place an indelible name band on the body. Write the full name of the deceased person on the band.
- If drugs or other items are to go to the Coroner, the police normally place them in the body bag. The mortuary attendant is to ensure these items are noted in the Mortuary Register.
- If the deceased person is suspected or confirmed of having a communicable disease, place a micro-alert sticker (if applicable) in the Mortuary Register and / or write the infection suspected or confirmed.
- Fetal and perinatal bodies are generally transported to KEMH for autopsy and/or cremation.

Dead on Arrival to Mortuary

- Treat all DOAs as a Coroner's case until instructed otherwise by the police, doctor or Senior Clinical Nurse on duty.
- Follow process outlined in Admitting Coronial Cases into the Mortuary, **in addition** to the following:
  - The Ambulance Officers/Funeral Director will transport the deceased person to the mortuary.
  - All DOAs to the mortuary must be signed in by two people – an UHW, plus the Funeral Director or Ambulance Officer.
  - Assist the police if necessary, in the removal of property and clothing from the body. The police are responsible for all property and if they remove money or valuables, it is their responsibility to manage them.
  - The police will advise whether clothing is to be destroyed.
  - If the deceased person's details are unknown, sufficient details for identification are to be recorded in the Mortuary Register together with who brought the deceased person in, and from where.
  - The body should not be refrigerated until completion of the assessment of life extinct (see Confirmation of Life Extinct).
  - Remain in the mortuary with the police at all times.
  - Assist with the preparations for any identification or viewing that is to occur.

- If a local 'Notification of Mortuary Admission Form' is used (i.e. in the Goldfields), deliver to appropriate staff (e.g. Hospital Coordinator, medical records clerk, Social Work Department).

Viewing the Deceased Person

By Family

- There are times when the family/bereaved may wish to view the deceased person prior to transfer from the mortuary.
- Operations Manager/nursing staff will notify nurse/PSA/Orderly that the deceased person is to be prepared for viewing.
- On entering the mortuary, lock the external doors.
- Identify the deceased person and remove from the fridge and place onto trolley/bier.
- Check that the deceased person is in a suitable condition for viewing and not in a decayed or messy state. If the deceased person appears unsuitable, request the Hospital Manager to attend the mortuary to make the final decision if the viewing is to proceed at this time. Those viewing the body should be briefed (with compassion) by staff about the physical condition of the deceased person before the viewing proceeds.
- Move the deceased person to the viewing table (if available) or prepare the deceased person on the trolley. Make the deceased person look as peaceful as possible for the relatives:
  - Position head straight up with block under neck (if available), or alternatively use a pillow.
  - Place a sheet under the head, over the block/pillow. Ensure that the trolley/ table is covered.
  - Place a sheet/coloured quilt over the deceased.
- Prepare the viewing room/area.
- A hospital staff member must remain with the family and/or carer while they are viewing the deceased.
- Once viewing is completed, place the deceased person back into the fridge.
- Complete the Viewing Register (if available) with the correct times.

If a Coroner's case

- While a body is under the control of the Coroner, the Coroner is to ensure that any of the deceased person's next of kin who wish to view and touch the body are permitted, unless the Coroner determines that it is undesirable or dangerous to do so.
- If a person is sitting with their loved one when they die, their request to remain beside their loved one after death is not considered a request to view the body. The family member may wish to stay with the body of their loved one and hold their hand. Permitting this would be a compassionate and trauma informed approach.
- The family member may come into the hospital and view the body, if the hospital considers a viewing to be reasonable, having regard to the state of the body, if hospital resources permit this, and on the condition that the conveyance of the body to the State Mortuary is not delayed. A viewing of the body may involve the holding of the hand and again permitting this would be a compassionate and trauma informed approach.
- Different considerations apply in the case of suspected homicides. In such cases, police will be present, and the body cannot be touched by family members due to the need to preserve the forensic evidence.
- Case-by-case basis consideration on application from the family can occur through the Bereavement Centre of the State Mortuary 08-6383 4884 after hours 0864572536.

- Where a viewing is occurring at a hospital for identification purposes, that viewing is permissible, if it occurs in the presence of a member of the Western Australia Police Force.

Viewing Deceased Baby on Maternity Ward

- The midwife is to notify a midwife/PSA/Orderly that the deceased baby is to be removed from the mortuary to the Maternity Ward.
- Check the name of the deceased baby to be viewed with the Deceased Identification Label and the Mortuary Register.
- The midwife is to transport the baby in appropriate carrier from the mortuary.
- A notation of the removal of the baby is made in the Mortuary Register to indicate the baby is on the Maternity Ward and not in the mortuary fridge.
- Consider the use of a cuddle cot while the baby is with the parent/s in the Maternity Ward, if available (note this equipment is only available at sites with birthing facilities).

Release of the Deceased Person

The WACHS Mortuary Release Document is to be completed by the mortuary attendant releasing the decease body. This also applies to sites that use a body holding facility (single room) if no mortuary exists.

Release to the Funeral Director

- One health service mortuary attendant is required to sign a body out of the mortuary.
- Identify the deceased person to be released by comparing documentation and the identification labels on the body. Be wary of similar surnames.
- The mortuary attendant must complete the WACHS Mortuary Release Document and ensure the following checks are completed and are recorded:
  - Current Funeral Directors Licence
  - Photo ID checked.
  - the Funeral Director is in possession of the Medical Certificate Cause of Death.
  - The Funeral Director (or their employee) must sign the Mortuary Release Document
  - NOK have approved the release of the body in writing.
- The Mortuary Register is reviewed to ensure that it is complete prior to releasing the deceased person. The staff member releasing the deceased person signs the Mortuary Register authorising the release. The Funeral Director (or their employee) also signs the Mortuary Register and prints their name.
- Assist the Funeral Director (or their employee) to place the deceased person in the vehicle.

Refer to: *Cemeteries Act 1986* (WA).

Release to Others

- Families who wish to arrange for burial of a relative without the support of a Funeral Director need to be supported with compassion to understand the potential problems associated with transfer of a body from the hospital, subsequent storage and burial.
- One health service mortuary attendant is required to sign a body out of the mortuary.
- Identify the deceased person to be released by comparing documentation and the identification labels on the body. Be wary of similar surnames.

- The mortuary attendant must complete the WACHS Mortuary Release Document and ensure the following checks are completed and are recorded:
  - Medical Certificate of Cause of Death
  - Single Funeral Permit (SFP) for this specific burial and sight the SFP prior to the release of the deceased person or Ministerial approval for burial outside of an official cemetery.
  - Photographic identification of themselves.
- The person collecting the deceased person must have a closed back vehicle; an open utility with a tarpaulin is not acceptable.
- The person collecting the deceased person must sign the Mortuary Register and the WACHS Mortuary Release Document and print their name.
- The next of kin should be informed that valuables form part of the deceased person's estate, and that these can only be released to the Executor of the Will or a designated senior next of kin.
- A copy of the entry in the Property Book should be provided to the next of kin, to be included with the deceased person's papers.

Unclaimed Body

- The responsibility for unclaimed bodies in the mortuary is that of the Operations Manager or their delegate.
- When a body remains unclaimed in a WACHS mortuary, the Operations Manager is to investigate the deceased person's next of kin in order to transfer the body to the family or a Funeral Director.
- If after three months the body remains unclaimed, the Operations Manager is to complete a Department of the Attorney General – Public Trustee Intestate Form and submit it to the Public Trustee.
- The body must be transferred to a long term -20° storage facility within three months of being in a WACHS mortuary.
- The Public Trustee will contact the Funeral Director to arrange a funeral in the town.
- Contact the Public Trustee for information and advice.

3. Roles and Responsibilities

3.1 Coroner's Case Process, Roles and Responsibilities

This section outlines the detailed process steps to be followed and roles and responsibilities for deaths that are reportable to the Coroner. It must be followed **in conjunction with** all other information contained in Deaths Reportable to the Coroner.

Responsible Position	Process	Process steps
Medical Officer or RN/Midwife	Assessment of Life Extinct	As per Section 2.1
Nursing and Midwifery Staff	Care of the body and personal effects	• The decision to move the deceased person is to be made between the Medical Officer and the Forensic Pathologist, bearing in mind the operational needs of the area, e.g. operating room or emergency department.

Responsible Position	Process	Process steps
Medical Officer or RN/Midwife	Assessment of Life Extinct	As per Section 2.1
		• Devices and equipment managed as per Section 2.2) • The body is not to be washed, cleaned or undressed. • Soiled clothing and any other clothing removed prior to death should be sealed in a secure plastic bag and are to remain with the body – this may be required as evidence for the Forensic Pathologist. • If possible, skin, tissue, body fluids or other parts of the body removed during treatment are to be secured and made available to the investigating police. • All personal effects are to be written in the Property Book and are to be given to the next of kin who are to sign for the effects. • Valuables are to be documented, stored and released as per usual processes. If the death occurred in the **operating theatre**, the following additional steps are required: • Document the time of death on the Peri-operative Nursing Care Plan, in the Operations Register and on the Theatre Management System. • Notify the Hospital Manager and Department Manager and consider how next of kin is informed. • Photographs must be taken, and information collated in theatre. • Complete the surgical count procedure. • The containers of any substances which had been previously introduced into the body must be placed in a paper bag, lined with plastic and dispatched with the deceased, e.g. drug ampoules, intravenous and irrigation solutions and Soda Lime crystals (CO_2 absorbing crystals in anaesthetic machines). However, if these have been placed in a container with items associated with other patients, they need not be retained. • Rubbish/linen bags and equipment must remain in the operating room until permission has been received from the Coroner for their removal.

Responsible Position	Process	Process steps
Medical Officer or RN/Midwife	Assessment of Life Extinct	As per Section 2.1
		• The number of people entering the operating room must be limited where possible.
Medical Officer	Notification of death	• The Medical Officer who examined the deceased person must report the death to the local police or OSC (if police not available). • Complete the MR 37A WACHS Death in Hospital Form and MR 38A WACHS informed Consent to Release Post Mortem Reports with Senior Next of Kin. • Notify senior clinical nurse or midwife. • Notify next of kin that local police/OSC has been notified and of course of action. Document this in the person's healthcare record. • If relevant, notify preventable deaths as SAC1 clinical incidents (see Preventable Deaths). • If relevant, notify the Chief Health Officer or Chief Psychiatrist (see Other Reporting Obligations).

Clinician	Identification of deceased person	• Identification viewings are to be performed in the presence of a member of the Western Australia Police Force, who will sign as a witness (to comply with section 25(1) of the *Coroners Act*).
		• Clinician to document full details of identification in the person's healthcare record, including:
		  ○ Date and time
		  ○ Full name, address and telephone number of identifier
		  ○ Relationship with the deceased and how long known
		  ○ Full name and designation of clinician
		  ○ Signature of clinician.
		• Where the deceased person has been a patient within the hospital, a Medical Officer or clinician who knew the patient when alive can identify the deceased, if attendance by relatives would cause undue distress or inconvenience.

Responsible Position	Process	Process steps
Medical Officer or RN/Midwife	Assessment of Life Extinct	As per Section 2.1
Police Officer	Identification if death is a suspected homicide	• A Criminal Investigation Branch Officer will arrange identification.
Clinician	Staff defusing and debriefing	• If necessary, all staff involved should be included in a defusing session as soon as possible after the event. • Should it be decided that a formal debrief is necessary, it will be organised by the Senior Clinical Nurse.
Ward Clerk	Preparation of healthcare record for release	• Under the direction of the Hospital Manager, prepare for release of the person's original healthcare record to the police immediately or, in any case, to the State Mortuary not more than 24 hours following death. • Ensure an exact photocopy (and scanned copy for sites that have BOSSnet Digital Medical Record) of the healthcare record is made and kept at the hospital. • Write on the file cover of the original healthcare record: 'PLEASE RETURN TO (name of) HEALTH SERVICE ON COMPLETION OF THE INVESTIGATION'
Freedom of Information (FOI) Officer/ Health Information Manager (HIM)	Release of healthcare record	• The collecting officer must present a signed 'Acknowledgement of Receipt of Medical Records' Form and indicate if the original record or a photocopy is being released. • Forward the completed 'Acknowledgement of Receipt of Medical Records' form to the Medical Records Clerk. • Notify the Medical Records Clerk by phone (and Regional Health Information Manager in writing or by phone during business hours) that the person's healthcare record is leaving the hospital.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

- Review of this policy is to be undertaken by Nursing & Midwifery on a 5-yearly cycle (as a minimum standard).
- Annual review of mortuary documentation by Operations Manager and the site nursing lead.

4.2 Evaluation

- Review of this policy is to be undertaken by Nursing & Midwifery on a 5-yearly cycle (as a minimum standard).
- Annual review of mortuary documentation by Operations Manager and the site nursing lead.

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to Section 26 of the *Health Services Act 2016* and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

- Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)
- Australian Government Organ and Tissue Authority [Accessed: 15 February 2023]
- Coroner's Court of WA The Coronial Process in Western Australia - A Handbook for Medical Practitioners and Medical Students [Accessed: 15 February 2023]
- Coroner's Court of WA When a Person Dies Suddenly – Information for Families (information brochures in multiple languages) [Accessed: 15 February 2023]
- Datix Clinical Incident Management System (Datix CIMS) [Accessed: 15 February 2023]
- Department of Health Cremation regulations in Western Australia (Permit to cremate Forms 6, 7, 9) [Accessed: 15 February 2023]
- Department of Health Legal and Legislative Services Unit [Accessed: 15 February 2023]
- Department of Health Multicultural resources for health professionals [Accessed: 15 February 2023]
- Department of Health Safety and quality - Clinical incident management [Accessed: 15 February 2023]
- National Pathology Accreditation Advisory Council Requirements for the Facilities and Operation of Mortuaries (3rd Edition 2013) [Accessed: 15 February 2023]
- Chief Psychiatrist of WA Reporting Notifiable Incidents - Public Mental Health Services [Accessed: 15 February 2023]
- Department of Health, Review of Death Guideline (2019) [Accessed: 15 February 2023]

COVID-19 references

- Commonwealth Department of Health COVID-19 Advice for Funeral Directors [Accessed: 15 February 2023]
- Coroner's Court of WA COVID-19 Guide for Medical Practitioners [Accessed: 15 February 2023]
- Coroner's Court of WA When is a Covid-19 death reportable to the coroner? [Accessed: 15 February 2023]
- Department of Health A Guide for Health Professionals - Funerals and Sorry Business during the coronavirus pandemic [Accessed: 15 February 2023]
- Department of Health Coronavirus (COVID-19) resources for Aboriginal people (HealthyWA) [Accessed: 15 February 2023]
- Department of Health Coronavirus Disease – 2019 (COVID-19) Infection Prevention and Control in Western Australian Healthcare Facilities [Accessed: 15 February 2023]
- WA Department of Health Identification and Use of Personal Protective Equipment in the Clinical Setting Policy - MP 0172/22 [Accessed: 15 February 2023]
- Commonwealth Department of Health and Aged care Guidance on the use of personal protective equipment (PPE) for healthcare workers in the context of COVID-19 [Accessed: 15 February 2023]
- PathWest Ethical and Secure Storage of the Deceased (Dr Alanah Buck and Dr Jodi White - Department of Forensic Pathology)

7. Definitions

Term	Definition
Aboriginal	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.
Body Storage Facility	The body storage facility must be maintained at a temperature between 2-6°C.for short-term storage. Maximum of 3 months storage in such facility.
Coroner's Investigator	A person appointed under the *Coroners Act 1996* (WA) to assist a Coroner in carrying out his or her duties under that Act. In country WA settings this includes the local policy and/or delegates from the Office of the State Coroner.
Coronial Investigator	The Coroner or Coroner's Investigator responsible for investigating the 'reportable death'. In country WA settings this includes the local policy and/or delegates from the Office of the State Coroner.
Hospital	In the context of this policy, 'Hospital' is used as an overarching term to represent ALL facilities where WACHS provides services.
Hospital Manager	The most senior person in charge of the site, e.g. Operations Manager, Senior Clinical Nurse, After Hours Manager.

Legally appointed representative	Enduring Guardian with Authority, Guardian with Authority or Public Advocate.
Senior Clinical Nurse	The Senior Clinical Nurse is the most senior clinical nurse at the time – this may be the Hospital Nurse Coordinator, Clinical Nurse Manager, Health Service Manager/Director of Nursing, Nurse Practitioner or Clinical Nurse.
Senior next of kin	According to the *Coroners Act 1996* (WA) – s. 37 (5), a 'senior next of kin' is the first person who is available from the following persons in the order of priority listed. It is a person who: • immediately before the death, was living with the deceased AND was either legally married to the deceased OR aged 18 years or older and in a marriage-like relationship (whether the persons are different sexes or the same sex); or • immediately before death, was legally married to the deceased; or • is a son or daughter of the deceased, aged 18 years or older; or • is a parent of the deceased; or • is a brother or sister of the deceased, aged 18 years or older; or • is an Executor named in the deceased person's will or immediately before the death was a personal representative of the deceased; or was nominated by the deceased to be contacted in an emergency.
Unregulated Health Worker (UHW)	Patient Support Assistant (PSA), Patient Care Assistant (PCA), Orderly and Assistant in Nursing (AIN) are unregulated workers who receive delegated instructions from a Senior Clinical Nurse.

8. Document Summary

Coverage	WACHS wide
Audience	All WACHS staff involved in care of the deceased
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	• *Births, Deaths and Marriages Registration Act 1998* (WA) s. 44 • *Cemeteries Act 1986* (WA) • *Children and Community Services Act 2004* (WA) • *Coroners Act 1996* (WA) s. 3 "reportable death" and "Western Australian death"; 15; 17 (3), (4), (5); 18 (1); 34; 37(5) "senior next of kin" • *Health (Miscellaneous Provisions) Act 1911* (WA) • *Health Services Act 2016* (WA) • *Human Tissue and Transplant Act 1982* (WA) s. 23, 27 • *Mental Health Act 2014* (WA) s. 524, 526 • *Occupational Safety and Health Act 1984* (WA) • *Occupational Safety and Health Regulations 1996* (WA) • *Prisons Act 1981* (WA) • *Public Health Act 2016* (WA)
Related Mandatory Policies / Frameworks	• Clinical Incident Management Policy 2019 - MP 0122/19 • Managing Voluntary Assisted Dying Policy - MP 0154/21 • Obtaining Legal Advice - MP 0023/16 • Policy on Transportation of Deceased Persons • Release of Human Tissue and Explanted Medical Devices Policy - MP 0129/20 • Review of Death Policy - MP 0098/18 • Clinical Governance, Safety and Quality Policy Framework • Legal Policy Framework • Public Health Policy Framework
Related WACHS Policy Documents	• Admission, Discharge and Intra-hospital Transfer Clinical Practice Standard • Corporate Recordkeeping Compliance Policy • Documentation - Clinical Practice Standard • Hand Hygiene Policy • Health Record Management Policy • Infection Prevention and Control Policy • Managing Risks of Hazardous Chemicals and Dangerous Goods Procedure • Occupational Safety and Health Policy

	• Ombudsman Request for Information – Child Death Review Procedure • Open Disclosure Procedure • Perinatal Morbidity and Mortality Policy • Voluntary Assisted Dying Policy
Other Related Documents	• CAHS Death of a Child in Hospital Procedure • Chief Psychiatrist Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist • PathWest Perinatal Pathology Guidelines for Healthcare Professionals for all perinatal deaths in Western Australia sent to PathWest Perinatal Pathology • WACHS Hospital Mortuary Register • WNHS Management of the products of conception following pregnancy loss (including miscarriage or termination of pregnancy) in children aged 13 years and under Clinical Guideline • WNHS Miscarriage Clinical Practice Guideline • WNHS Perinatal loss Clinical Practice Guideline (third trimester) • WNHS Perinatal Loss: Unexpected (Miscarriage and Stillbirth) guideline
Related Forms	• BDM202 Medical Certificate of Cause of Death • BDM201 Medical Certificate of Cause of Stillbirth or Neonatal Death • Certificate of Medical Practitioner (Form 7) – Department of Health • Intestate Form – Department of Attorney General – Public Trustee • Deceased Identification Card • MR30i Authorisation and Release of Human Tissue and Explanted Medical Device Consent Form • MR37A WACHS Death in Hospital Form • MR82 WACHS Perinatal Loss Care Plan (Less than 20 weeks gestation) • MR82A WACHS Perinatal Loss Care Plan (More than 20 weeks gestation) • MR38 Life Extinct Form • MR38A WACHS Informed Consent to Release Post Mortem Reports • MR38B Assessment of Life Extinct by Telehealth • Mortuary Release Document • Risk Assessment for Admission of the Heavier Patient – Site Assessment Form
Related Training Packages	N/A
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 3347

National Safety and Quality Health Service (NSQHS) Standards	2.11, 3.01
Aged Care Quality Standards	Nil
National Standards for Mental Health Services	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
9.00	6 November 2023	6 November 2023	Definition of storage facility amended; document templated updated; links updated; Coroner case roles and responsibilities information relocated to section 3; Infection control updates throughout
9.01	6 June 2024	6 November 2023	Minor amendment to: • clarity for 3 month limit of holding bodies in short term body holding facilities • update to reflect Coroners instructions regarding viewing of the body for coroner's cases by family members • updated wording for clarity for coroner's case viewing for identification • updated link to WNHS for Perinatal loss guideline

10. Approval

Policy Owner	EDNMS
Co-approver	EDCE
Contact	WACHS Coordinator of Nursing
Business Unit	Nursing and Midwifery
EDRMS #	ED-CO-13-120648

This document can be made available in alternative formats on request.