

**Policy applies to;** All Mercy Hospital nursing staff.

Compliance by Credentialed Specialists will be facilitated by Mercy Hospital Staff

**Related Standards:**

Nga Paerewa Health & Disability services standard NZS 8134:2021

1.1.2

1.4.3

1.7.7

**Rationale:**

To ensure that Mercy Hospital has appropriate systems in place for the care of a deceased patient and their family.

**Definitions:**

**Coroner:** responsible for conducting inquiries (including any related inquest) in order to determine the cause of death and for the purpose of making recommendations or comments to prevent similar circumstances occurring again.

**Objectives:**

- To ensure that there is a process for identifying and meeting psychosocial, cultural, spiritual and religious requirements for the deceased patient and his or her whānau.
- To ensure that ethical considerations and legal requirements are met.

**Cultural Considerations:**

Ensure care for (tūroro) dying patients, deceased (Tūpāpaku), and their families (whānau) is provided in a culturally sensitive manner in accordance with Māori protocols and appropriate cultural practices of other ethnicities.

**Implementation:**

- Policy available on SharePoint
- Policy changes disseminated
  - via Clinical Newsletter
  - Head of Department meeting

**Evaluation:**

- Incident and complaint process
- Staff feedback
- Patient/family feedback – Cemplicity

## Associated Documents

### External

- Health Practitioners Competency Assurance Act 2003
- Nga Paerewa Health and Disability Service Standard (2022)
- Code of Health & Disability Services (Safety Act) 2001
- Coroners Amendment Act 2016
- Burial and Cremation Amendment Act 2016 no. 74
- Births, Deaths, marriages and Relationships Registrations Act 2021 Human Tissue Act 2008
- The Privacy Act 2020
- The Health Information Privacy Code 2020
- Treaty of Waitangi principles
- Certificate of Medical Practitioner (The Cremation Regulations 1973) Form B
- Verification of Death Form (Cor 31)
- Deceased Person Identification Form (Pol 265A 03/09)
- Coroner Notification Process
- Notification of death to the coroner- form
- The Medical Certificate of Cause of Death (HP4720) form is completed for deaths of persons over 28 days of age.
- Guidelines for Verifying Death Ministry of Health. 2015 Wellington [deathdocs.services.govt.nz](http://deathdocs.services.govt.nz)

In green box in cupboard opposite mailboxes (behind reception)

### Internal

- Cultural Policy- SharePoint
- Tikaka Best Practice
- Shared Goals of Care Policy
- Consent Policy
- Clinical Records Management Policy
- Clinical Tissue Policy
- Pastoral Care/Chaplaincy Services
- Death Registration - book – kept behind Reception in green box
- Cardio-Pulmonary Arrest record
- Request for a Postmortem Examination
- Pastoral Care/Chaplaincy Services

## PROCESS

At Mercy Hospital an unexpected death may occur at any time. In the event of this happening the following steps must be taken:

### Nursing Staff:

- Immediately notify the patient's credentialed specialist/anaesthetist if not already in attendance
- In liaison with Credentialed Specialist, contact patient's next of kin or nominated person as soon as possible.
- During work hours notify the COO; after hours notify the Senior Nurse on call and Executive on call.

You must report a death to the coroner if;

- it occurred during, or appears to have been the result of, a medical procedure; and it was medically unexpected:  
it occurred while the person concerned was affected by an
- Anaesthetic; and it was medically unexpected:  
no doctor is able to provide a doctor's certificate (as Defined in section 2(1) of the Burial and Cremation Act 1964).

A death is **medically unexpected where** it would not reasonably have been expected by a health practitioner who —

- was competent to carry out the procedure, or administer the anaesthetic in question; and
- had knowledge of the dead person's medical condition before the procedure began

### Coroner Notification Process:

*In general, the elective nature of patients at Mercy means that all patient deaths should be referred to the coroner and a response received before the body is released to a funeral director.*

### Attending Credentialed Specialist:

The credentialed specialist caring for the patient **must notify the coroner** as outlined below to determine whether or not a postmortem is required. This is largely dependent upon the circumstances/cause of death.

### **NZ Coroners Overview:**

The NZ Coroners operate a 24/7 National Initial Investigation Office (NIIO) with a duty Coroner. The NIIO coroner will attend to all matters in the first 48 hours (approx.) or until the body is released (usually after Post-mortem examination), to the family/funeral director.

The coroner's investigation file will then be assigned to one of the three Coroners appointed for the South Island, for any ongoing investigation and completion.

The Police operate as investigators for the coroner's office.

**In the event of a death at Mercy Hospital: All paperwork can be found in a green box in the cupboard opposite the mailboxes at the rear of reception.**

**Alternatively Medical Certificate Cause of Death and Cremation form B can be completed online at [deathdocs.services.govt.nz](https://deathdocs.services.govt.nz).** (a RealMe verification will be needed to proceed with completing the form online.) Funeral Directors are then able to collect documents on-line and the information is automatically sent to the MOH. Each credentialed specialist must log on individually

**Initial Action (*by the credentialed specialist*):** Phone the National Coroner's Office –on 0800 266 800 and discuss the circumstances of the death with the coroner who will then advise on the next course of action.

Either:

**Option A**

a) The duty coroner will not accept "jurisdiction" and will allow a credentialed specialist to complete a **Medical Certificate of Cause of Death** (HP4720); and no further Coroner/Police action is required.

In this case the following paperwork needs to be completed (it can be found in the cupboard opposite the mailboxes behind Reception or online)

1. **Certificate of Medical Practitioner** (The Cremation Regulations 1973) (form B + AB are combined) (complete prior to the Funeral director removing the body irrespective of whether you know if the patient is being cremated). This must be filled in by the Credentialed Specialist
2. **Medical Certificates of Cause of Death** (HP4720); filled in by the Credentialed Specialist - the yellow copy must be left in the pad. This form cannot be completed unless the coroner has decided not to hold an inquiry.
3. **Registration book**; (not online) filled in by Mercy Nursing staff

OR

**Option B**

b) The duty Coroner will accept "jurisdiction" and request a written report ("Notification of Death to the Coroner" Hospital Form). E-mail: [NIIO@justice.govt.nz](mailto:NIIO@justice.govt.nz)

The coroner may also request Mercy Hospital phone the Police ([call 105, if no answer on this try the District Command Centre on 03 471 5002](#)).

A Coroner may also direct a pathologist to perform a preliminary inspection of a body to be able to advise the coroner about whether to seek a postmortem.

Ideally, the deceased person should not be moved until the Police have given permission to move/shift the person. Any attachments/lines etc. entering into the person should be left in situ and disconnected a short distance from the person, for examination by the Pathologist.

Once Police have been advised, a 'job' to attend will be created and the Police will attend routinely.

Any urgency for Police to attend the hospital must be communicated to the Police.

The following documentation will be required by the Police at the hospital for **Option B**:

- 1) **Copy of the "Notification of Death to the Coroner"**
- 2) **\*Verification of Death (Cor 31)** (Completed by Credentialed specialist)
- 3) **Deceased Person Identification Form (Pol 265A 03/09)** Must be carried out by Police  
For ID purposes, it is helpful for a family/friend person to wait for Police.
- 4) **Copy of the Patients File/Operation notes etc.**  
(If a large file – discuss with Police first). Generally, these are required for the Pathologist to assist in determination of the Cause of Death.
- 5) Anything else requested by attending Police.

### **Police will arrange for removal of the deceased from the Hospital.**

**NB** \*Verification of Death means the act of establishing that a person is dead and recording the time, place and date of that assessment. Registered Nurses are authorised by the Chief Coroner to verify death as the required technical expertise and skill is within their scope of practice, however verification of death is a voluntary activity that a nurse may opt out of. At Mercy Hospital registered nurses will not verify death unless Mercy has activated its Emergency plan and/or is supporting a local or National emergency. (For further information please access the *Guidelines for Verifying Death* 2015 in the green box.)

- If a postmortem is requested by the Credentialed Specialist, written permission must be obtained from next of kin or nominated person on the appropriate form (Request for a Postmortem Examination).
- The body will be taken to the mortuary at Dunedin Hospital by the nominated Funeral Director. The deceased is to leave the hospital in a gown and with a patient label on his/her leg for identification.

- If a postmortem is not required by the coroner but requested by next-of-kin, a written consent form must be completed by this person (Section Two of Request for Postmortem Examination).
- Any death reported to the coroner must also be reported promptly to the Director-General of Health via a formal letter of notification. This is usually completed by the COO.

A debriefing meeting must take place between nursing/Credentialed Specialist, as soon as possible (preferably within 24 hours) following an unexpected death. Where support service staff have been involved the Executive member responsible for this group should be informed and a debriefing process facilitated.

### Documentation

- 1) There must be clear and concise documentation of the sequence of events in the patient's clinical record. Nursing and credentialed specialists are responsible for ensuring documentation is complete. Nursing notes should include:
  - If deterioration and death was sudden.
  - Notification of Doctor stating time and which Doctor was notified.
  - If relatives notified and present.
  - Any treatment immediately prior to death.
  - Time of death.
  - Time and name of last person to see the patient alive.
  - Details of what has occurred to the patient's property and valuables, e.g. returned to next of kin.
- 2) A Cardio-Pulmonary Arrest record is also required (forms available on the Crash Trolley) where appropriate.
- 3) All documentation must be signed with the health professional's appropriate designation and dated.
- 4) The Funeral Director must sign the register of death book at Reception
- 5) The Funeral Director to be given;
  - Medical Certificates of Cause of Death (top copy only)
  - Cremation certificate

### NURSING DUTIES

- Ensure the patient's wrist band remains attached for identification purposes.
- Nursing staff to notify Housekeeping and Reception.  
(After hours, please leave a note for Receptionist.)

- The nurse will ensure the Funeral Director is contacted by relatives; hospital staff will liaise with them as to pick up time. **The Funeral Director cannot pick up the body until it has been released by the coroner.**
- Ask the receptionist to telephone the ward when the Funeral Director arrives, so a nurse can meet them. The nurse will then assist as necessary with removal of the body. The left-hand lift shall always be used (theatre lift).

### TIKAKA BEST PRACTICE - DYING AND DEATH

These guidelines assist Mercy Hospital Staff in caring for (tūroro) dying patients, deceased (Tūpāpaku), and their families (whānau) in a culturally sensitive manner and in accordance with Māori protocols.

#### **Pending Death**

- Where possible, whānau/family will have the choice of taking their terminally ill relative home;
- Where death is expected imminently, whānau/family will be notified immediately.
- Where death is expected imminently, support staff involved in the care of the tūroro will be notified immediately (e.g. kaitakawaenga/cultural advisor).
- Staff will ensure a single room is available.
- Whānau may be present at all times.
- Staff will facilitate access to appropriate staff—e.g. tohuka/chaplain and facilities (chapel). Mercy Mission and Outreach Coordinator or Catholic Chaplain can be called.
- For other denominations the next of kin will normally have the contact details
- If there is the potential for involvement from the coroner, whānau/family will be informed at the earliest opportunity.
- If there is the potential for a post-mortem request, whānau will be consulted immediately.

### Following Death

#### General principles

- When death occurs, the whānau/family (if they are absent) will be notified immediately.
- Support staff involved in the care of the tūroto will be notified immediately (e.g. Kaitakawaenga/cultural advisor).
- Whānau/family will be offered access to a phone to make arrangements. Staff will be guided by whānau/family on the cultural and spiritual practices for them at this time.
- Where possible, whānau/family will have the choice of either taking the Tūpāpaku/deceased home or contacting a funeral director.
- A single, private room will be allocated for the Tūpāpaku/deceased and grieving whānau at the earliest opportunity.
- Whānau/family will be offered the choice of washing and dressing the Tūpāpaku/deceased.
- Staff will allow time for whānau to grieve before moving the Tūpāpaku/deceased. Whānau/family will determine the time needed in liaison with staff.
- Kai/food and drink will not be taken into the room, unless whānau/family themselves bring it for their own cultural purpose.
- Staff will make every attempt to ensure a speedy release of the Tūpāpaku/deceased.
- Before the Tūpāpaku/deceased is removed and, in particular, before a post mortem, whānau/family will be given the opportunity and time to exercise their beliefs and practices.

#### Movement of Tūpāpaku

- The wishes of the whānau will always be respected as to how the Tūpāpaku/deceased is moved.
- Whānau may wish to accompany the Tūpāpaku/deceased when moved.
- Staff will always handle the Tūpāpaku/deceased in a sensitive and respectful manner.
- The Tūpāpaku/deceased will always be transported feet first.
- Transportation of the Tūpāpaku/deceased will be conducted discreetly.
- All services will have a pre-determined "pathway" for the Tūpāpaku/deceased.
- Where possible, staff will ensure all linen, food cupboards, inpatient and staff pantry and toilet doors are closed during the moving of the Tūpāpaku/deceased.
- The movement of the Tūpāpaku/deceased through public areas will be avoided wherever possible. If not, staff will use the shortest route, avoiding food and waste areas. This will be carried out in an efficient, respectful, and dignified manner.



- Karakia/prayer can be facilitated through our Maori Liaison person/Mission Coordinator, Chaplain or other appropriate clergy.
- Staff should ensure that Lift No.1 (Theatre lift) is used for the transfer of deceased persons as a preference however if Lift No.2 (designated for the transportation of food provisions and members of the public) is used please ensure that the lift is not used until a karakia and cleaning has been performed.
- Karakia/prayer will be performed before beds, linen, and any other equipment used to transport the Tūpāpaku/deceased to the morgue is returned to circulation.

### Following Removal of Tūpāpaku

- Karakia/prayer will be performed in the room/area as soon as the Tūpāpaku/deceased is removed and before anything else is removed from or taken into the room.
- The room/area will not be physically cleaned until Karakia/prayer has occurred,