

Guidelines



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Pronouncement of Death

Guidelines for Regulated Members

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Approved by the College and Association of Registered Nurses of Alberta (CARNA)
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Purpose

When a client receiving care is terminally ill or dying, nurses¹ foster comfort, alleviate suffering, advocate for adequate relief of discomfort and pain and assist clients in meeting their goals of culturally and spiritually appropriate care. This includes support for the family during and following death and care of the client's body after death (Canadian Nurses Association, 2017).

The role of the nurse is to care for those that are grieving in a compassionate and professional manner and to help ease their suffering. The ability of a nurse to pronounce death of a client and provide appropriate aftercare to family can provide continuity of care during this significant life event.

The purpose of this document is to:

- provide guidance to the regulated members of the College and Association of Registered Nurses of Alberta (CARNA) related to pronouncement of death
- highlight legislation and regulations that are relevant to the pronouncement of death
- highlight the roles and responsibilities of CARNA regulated members in pronouncement of death

These guidelines are specific to pronouncement of death by CARNA regulated members and are grounded in the foundational *Practice Standards for Regulated Members* (CARNA, 2013). The directions, concepts and principles are also aligned with other CARNA documents. Some examples include:

- *Health Professions Act: Standards for Registered Nurses in the Performance of Restricted Activities* (CARNA, 2005)
- *Medical Assistance in Dying: Guidelines for Nurses* (CARNA, CRPNA and CLPNA, 2017)
- *Medical Assistance in Dying: Guidelines for Nurse Practitioners* (CARNA, 2017)

¹ All regulated members of CARNA, including registered nurses (RNs), graduate nurses (GNs), certified graduate nurses (CGNs), nurse practitioners (NPs) and graduate nurse practitioners (GNPs).

Legislation and Regulation

Pronouncement of death is often done to provide assurance and support to family and to verify that this was an expected, natural death (British Columbia Ministry of Health, 2006). There is no legal requirement for pronouncement of death, but there are sections of legislation and regulation that may be relevant to the process of pronouncement of death in a specific practice setting.

A medical certificate of death is the legally required signing of a death certificate stating the cause of death. **The Alberta *Vital Statistics Act* currently outlines the medical certificate of death can only be completed by a physician or a medical examiner, and this must be completed within 48 hours of the death of a person.** In medical assistance in dying cases, the medical certificate of death must be completed by the medical examiner.

There are several other pieces of legislation and regulation that may be relevant to the pronouncement of death in a specific practice setting. A death that occurs within a health facility is managed differently depending on the type of facility, where the death has occurred and the legislation and regulation applicable to that facility (i.e., *Hospitals Act*, *Nursing Homes Act*). If the death occurs outside of a facility or at home, there may be other applicable legislation and regulations (i.e., *Fatality Inquiries Act*, *Co-ordinated Home Care Program Regulation*).

The *Public Health Act* and subsequent regulations do not specify how a death is to be pronounced or when a body is to be removed. The *Bodies of Deceased Persons Regulation*, under the *Public Health Act*, outlines the required practices for the routine handling of all deceased bodies, including those instances where the person was known to have a communicable disease with a high risk of transmission that requires additional precautions.

The *Nursing Homes Act* and regulations do not specify how a death is to be pronounced or when a body is to be removed. In addition, an auxiliary hospital² does not require a physician to pronounce death prior to the removal of the body. If pronouncement of death is supported in the facility's policy relevant to an expected death, the body could be moved to a funeral home before the certificate of death is signed by a physician.

When a death occurs in a hospital, covered by the *Hospitals Act*, the regulation *Operation of Approved Hospitals Regulation* section 26(1) stipulates that the body cannot be removed from the hospital until it has been examined by a physician and the physician has made a signed notation on the record of the time of death. In many cases, after pronouncement of the expected death, the body is moved from the patient

² Auxiliary hospital means a hospital for the treatment of long-term or chronic illnesses, diseases or infirmities (*Hospitals Act*, 2000).

care area to another area of the hospital such as a morgue or holding area until the physician can examine the body.

The *Human Tissue and Organ Donation Act* regulates the process for the determination of death when consent for organ donation has been given.

Currently, there are no specific requirements in legislation and regulations around the pronouncement of death. Employers should access assistance from legal services to ensure that relevant legislation and regulation have been considered when developing policy or processes to support nurses in the pronouncement of death.

Guidelines

It is important to recognize that the death of a loved one is a difficult time for families, and the pronouncement of death must be made with respect and compassion. Death, as determined by physical assessment, is considered to have occurred when cardiac and respiratory vital signs have ceased (pulseless at the apex of the heart and absent respirations) and the pupils are dilated and fixed (see Appendix A). Expected death implies that the death of the client has been anticipated by the client, the family and the health care team and the anticipated death has been planned for and documented in a written plan.

While regulated members, in certain situations, may pronounce death and initiate assistance for the family in their grieving process, there may be questions and concerns that need to be addressed by other members of the health care team.

Guidelines for the Pronouncement of Death:

1. Nurse Practitioners can pronounce death (in expected and unexpected situations) if they are competent³ to do so and if it is relevant to their stream of practice and practice setting.
2. Registered Nurses (RNs) and Certified Graduate Nurses (CGNs) competent in this assessment may pronounce death when death is expected and supported by organizational policy.
3. When the RN or CGN pronounces an expected death, the most responsible health care provider is notified as soon as possible so care and removal of the body can occur according to the policy and process of the organization.
4. When the death of a client is unexpected, appropriate clinical action is taken and the most responsible health care provider is notified immediately. The RN or CGN

³ The application of knowledge, skills, abilities and judgment required to practice nursing safely and ethically.

follows organizational policy and process. The medical examiner is notified as required.

5. Regulated members follow applicable legislation, regulations and practice setting policy and guidelines related to the pronouncement of death, completion of the medical certificate, medical assistance in dying, removal of the body, request for autopsy and investigation of a suspicious death.
6. Regulated members assess family needs and help identify resources and supports to assist families to deal with the death, whether expected or unexpected.
7. Regulated members care for the body of the deceased in a sensitive, respectful and compassionate manner including:
 - a. respecting the cultural and religious beliefs of families and loved ones
 - b. supporting the family with funeral home arrangements and transfer of the body
 - c. removing any medical equipment or drains (except for autopsy cases)
 - d. assisting with any post mortem tissue or sample procurement
 - e. assisting with processes for organ or tissue transplantation
8. Regulated members document appropriately, including time of death, after death care, the return of any personal belongings and the completion of appropriate forms.
9. Regulated members assist with the safe disposal or return of medication and equipment.
10. Regulated members evaluate and reflect on their own emotions and fitness to practice following a client's death and access support services as needed.

References

- Bodies of Deceased Persons Regulation*, Alta. Reg. 135/2008.
- British Columbia Ministry of Health (2006). *Joint protocol for expected/planned home deaths in British Columbia*. Victoria, BC: Author.
- Canadian Nurses Association. (2017). *Code of ethics for registered nurses*. Ottawa, ON: Author.
- College and Association of Registered Nurses of Alberta. (2005). *Health professions act: Standards for registered nurses in the performance of restricted activities*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta. (2017). *Medical assistance in dying: Guidelines for nurse practitioners*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta. (2013). *Practice standards for regulated members*. Edmonton, AB: Author.
- College of Registered Psychiatric Nurses of Alberta and College of Licensed Practical Nurses of Alberta. (2017). *Medical assistance in dying: Guidelines for nurses*. Edmonton, AB: Author.
- Co-ordinated Home Care Program Regulation*, Alta. Reg. 296/2003.
- Fatality Inquiries Act*, R.S.A. 2000, c. F-9.
- Hospitals Act*, R.S.A. 2000, c. H-12.
- Human Tissue and Organ Donation Act*, S.A. 2006, c. H-14.5.
- Nursing Homes Act*, R.S.A. 2000, c. N-7.
- Operation of Approved Hospitals Regulation*, Alta. Reg. 247/1990.
- Public Health Act*, R.S.A. 2000, c. P-37.
- Vital Statistics Act*, R.S.A. 2000, c. V-4.

Appendix A: Pronouncement of Death by Physical Assessment

Nurses practice within their own level of professional knowledge, skill and ability and only participate in nursing care for which they are competent to do. Nurses who pronounce death are competent to:

- check for clinical signs of death, using a stethoscope and penlight
- confirm and document cessation of circulatory and respiratory systems and cerebral function

The following are clinical signs used when confirming death:

- cessation of circulatory system:
 - ◆ no carotid pulse
 - ◆ no heart sounds (verified by listening with a stethoscope at the apex of the heart for a minimum of 1–3 minutes)
- cessation of respiratory system
 - ◆ no respiratory effort
 - ◆ no chest sounds (verified by listening for a minimum of 1–3 minutes)
- Cessation of cerebral function
 - ◆ pupils fixed and dilated not reacting to light, verified by use of a pen light or ophthalmoscope
 - ◆ no eye movements