Responsible Department: Patient Care	YALE NEW HAVEN HEALTH POLICY & PROCEDURES
Title: Postmortem Care	
Date Effective: 05/03/2022	
Approved by: Joint Clinical and Operations Council	
System Policy Type (I or II): Type I	

PURPOSE

The purpose of this policy is to outline the procedure after patient death, specifically:

1. Notification of the appropriate personnel after a patient death
2. Completion of the required documentation
3. Preparation and removal of patient remains
4. Compliance with regulatory and legal directives

APPLICABILITY

This policy applies across Yale New Haven Health System (YNHHS), including Yale New Haven Health Services Corporation, and each of its affiliated entities, its affiliated hospitals (Bridgeport Hospital, Greenwich Hospital, Yale New Haven Hospital, Lawrence + Memorial Hospital, Westerly Hospital, and any other hospital that affiliates with YNHHS), its affiliated providers (including but not limited to Northeast Medical Group, The Grimes Center, Visiting Nurse Association of Southeastern Connecticut, and Home Care Plus), and each of their subsidiary entities.

DEFINITIONS

A. Licensed Practitioner – Physician, Advanced Practice Registered Nurse, Physician Assistant

B. Determination of death – observation and assessment by the Registered Nurse (RN) or licensed practitioner that a person has ceased bodily functions irreversibly, including but not limited to: (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brain stem. A determination of death is made in accordance with accepted medical standards. Excludes "fetal death" – see definition below.

C. Pronouncement of death – Determination of death is pronounced by a licensed practitioner.

1. In Connecticut: RN pronouncement is allowed if a licensed practitioner order is present for RN pronouncement in accordance with YNHHS policy.
2. In Connecticut: Physician Assistant and Advance Practice RN pronouncement are allowed if the death is an anticipated death (a death which is, in the opinion of the attending physician, expected due to illness, infirmity or disease)
3. In Rhode Island – RN pronouncement is not allowed.

D. Fetal death – death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after the expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of the voluntary muscles.

POLICY

A. For patient deaths that occur within the hospital including Home Hospital, the procedure for determination and pronouncement of death, notifications, and preparation and removal of the remains, is completed in accordance with regulatory and legal standards as outlined in the procedure below.

B. For deaths that occur at off-site locations, notify Emergency Medical Response by calling 911.

C. For Home Hospital Patients:

1. For patients with No Code/DNR/No ACLS orders – the family, caregiver(s), and/or Home Hospital staff call Home Hospital Mission Control.
2. For patients without a No Code/DNR/No ACLS order, 911 is called along with Mission Control and patient is treated according to EMS procedures. If a Home Hospital staff member is present, the YNHHS Cardiopulmonary Resuscitation policy is also followed.

PROCEDURES

A. Postmortem Care

1. Determination of death is assessed, as defined above.
    a. For Home Hospital patients, a licensed practitioner will go to the home to determine death and pronounce patient.
2. After determination of death is assessed, RN to notify covering licensed practitioner.
3. Pronouncement of death is done, as defined above. Date and time of actual death is identified, if possible.
4. RN or covering licensed practitioner to notify organ donation services within 60 minutes of actual death.
    a. New England Donor Services (NEDS) – 800-446-6362
5. Covering licensed practitioner:
    a. Notifies the medical examiner, as appropriate. See criteria outlined in Appendix B (CT) and Appendix C (RI). If patient meets any criteria:
        i. In Connecticut: The medical examiner office is notified at 860-679-3980 and the *Hospital Report of Death Form* ME-103 form is completed by the licensed practitioner.
        ii. In Rhode Island: The Office of State Medical Examiners is notified at 401-222-5500
    b. Covering licensed practitioner designee notifies, as applicable: the family/next of kin/care partner and primary licensed practitioner.
    c. Covering licensed practitioner provides family with option for a post-mortem examination autopsy (an autopsy not falling under the jurisdiction of the medical

examiner). If a post-mortem examination autopsy is requested, the post-mortem examination consent form is completed. Postmortem examination autopsy is limited to the bodies of individuals whose death is pronounced while an inpatient, and are performed as a service without charge to the family of the deceased. Postmortem examination for other individuals is considered on a case by case basis according to Laboratory and Pathology Department policies.

6. Death certificate:
   a. Is completed by the clinician pronouncing death* prior to the release of the remains to the Funeral Home or the organ donation services when the case is declared not accepted by the medical examiner (no jurisdiction or jurisdiction terminated). This includes the death of a newborn with APGAR score greater than zero, regardless of gestational age.
      i. *The medical certification portion can be completed by a physician, APRN, PA, RN (in cases where they pronounce), nurse-midwife (in cases of infant death), chief medical officer or pathologist.
      ii. Death certificates are signed by licensed practitioners in accordance with state regulations and completed in accordance with residency program policies and medical staff by-laws
   b. Is completed by the medical examiner, if the medical examiner accepts (jurisdiction) the patient.
   c. See Appendix A for specific information required for Death Certificates in Rhode Island.
7. Fetal death certificate is completed for:
   a. Fetal death which occurs after a gestation period of 20 weeks and APGAR is 0.
   b. For any gestation period, if the family requests private burial
8. Fetal products of conception (less than 20 weeks gestation) are submitted to Pathology as surgical specimens using the mother's medical record information. Fetal Death Certificate not completed.
9. RN notifies the Hospice Care agency, as applicable.
10. RN notifies other applicable departments (i.e. Nurse Supervisor, Food Services, Social Work, Pastoral Care, Bed Management, Admitting, Security/Public Safety, Child Life Team, and Patient Access).
11. When a patient containing radioactive materials expires, the RN notifies the responsible licensed practitioner of the Therapeutic Radiology/Radiation Oncology (sealed) or Nuclear Medicine (unsealed) service. That licensed practitioner notifies the Radiation Safety Officer. The Radiation Safety Officer determines the patient's radiation status and the precautions necessary for safe patient transfer to the morgue and communicates this information to the RN. If the radioactive materials cannot be removed from the patient, the medical record and remains are labelled as such prior to transfer to the morgue.
12. After a fetal death, options regarding disposition of the remains (i.e. private funeral or hospital disposition) are reviewed with the family
13. Viewing of patient: Allow family time to remain with the deceased according to their spiritual and cultural needs for a period generally not to exceed three hours. Use designated viewing area as available. Spiritual Care/Pastoral Care staff provide support as needed. If family member requests a viewing of the deceased patient once the body has left the patient-care area, unit nursing leadership or designee is notified and takes responsibility for arrangements.

14. PostMortem Care:
    a. Prepare the deceased body according to established procedures (*refer to Clinical Skills – Postmortem Care*). For Home hospital patients, postmortem care will be done by the funeral home.
        i. Patient identification band is not removed
        ii. Arms are positioned as straight as possible at the patient's side
        iii. Legs are positioned as straight as possible
        iv. Place dentures in patient's mouth. If dentures do not stay securely in the mouth, they are placed in a labeled container and are transported to the morgue with the remains.
        v. If unable to remove jewelry from the body, secure the jewelry in place with transparent tape and note this in the medical record.
        vi. When placing remains in the shroud bag, two clinical staff members (at least one is Licensed staff) confirm patient's identity using 2 patient identifiers (ie. name and medical record number), and attach demographic identification tags to the patient's right great toe, the outside of shroud bag and to patient belongings. Both individuals are present for this entire process.
            A. If right great toe absent or unable to be utilized, attach demographic identification tag to the body.
            B. For dismembered body parts, a demographic identification tag is attached to each individual part.
            C. Fetal remains are tagged with the mother's identification information.
        vii. Cover the remains with a hospital gown prior to placing in the shroud bag.
    b. For deaths appropriate for medical examiner referral or post mortem examination:
        i. All lines, wires and tubes which enter the body through the skin or body orifice are left in place, disconnected and sealed.
        ii. Cuffed endotracheal tubes may be cut short and tucked into the patient's mouth. Assure the cuff inflation tube with pilot balloon is not cut.
        iii. Uncuffed Endotracheal tubes are not cut and remain secured.
        iv. In the emergency department:
            A. All clothing, including shoes, from any case of trauma, including those possibly due to a criminal act, is retained and not washed, cleaned or disturbed.
            B. Any clothing, foreign materials or other debris lodged in wounds is preserved, when possible.
            C. Needle marks incurred before arrival at the hospital are marked so as to separate marks from those received in emergency room.
            D. All wounds of a serious nature are precisely documented by diagram and description in the medical record.
15. Disposition of patient belongings is in accordance with delivery network specific practices.
16. Prior to release of the remains from the clinical area, a licensed clinical staff member completes a handoff with the transporting individual in accordance with the patient identification policy.
17. Remains are transported to the hospital morgue.
    a. Home hospital patients will be transported to funeral home by the funeral home staff.

18. Upon arrival to the morgue, verification of the identity of the remains is completed in accordance with the patient identification policy.
19. Acceptance of the remains to the morgue is documented in accordance with facility specific practices.
20. Refer to facility specific practices regarding family and visitors viewing once the remains are logged into the morgue.
21. For release of remains from the hospital, a hospital staff member identifies the remains with the person presenting to remove the remains from the premises by following standard identification procedures. Both parties document the removal of the remains from the hospital.
22. Documentation
    a. Electronic medical record documentation is completed by the RN and licensed practitioner. See Appendix A for specific documentation requirements in Rhode Island.
    b. Forms are completed as appropriate:
        i. Death Certificate (CT/RI) or Fetal Death Certificate (CT/RI)
        ii. Post Mortem Examination Consent, if applicable, see procedure
        iii. ME-103 Hospital Report of Death (CT only) http://www.ct.gov/ocme/lib/ocme/forms/me103.pdf: if applicable, see procedure
        iv. Authorization for Disposition of Fetus: if applicable, see procedure

REFERENCES

A. *Public Health Code*; Connecticut Department of Public Health, 2008 http://www.ct.gov/dph/lib/dph/public_health_code/complete_phc/phcfinal_03-2009.pdf (accessed 1/8/2018).

B. *Rules and Regulations Pertaining to Medical Examiner System* [R 23-4-ME]; General Laws of Rhode Island, 2007 http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/4840.pdf (accessed 1/8/2018).

C. *State Definitions and Reporting Requirements for Live Births, Fetal Deaths, and Induced Terminations of Pregnancy*; Centers for Disease Control and Prevention/National Center for Health Statistics https://www.cdc.gov/nchs/data/misc/itop97.pdf (accessed 5/19/2018)

RELATED POLICIES

YNHHS Treatment Options Policy

ATTACHMENTS

Appendix A
Appendix B: Criteria for Connecticut Medical Examiner Notification
Appendix C: Criteria for Rhode Island Medical Examiner Notification

POLICY HISTORY

A. Policy Origin Date	07/20/2018
B. Supersedes	BH: Patient Death and Fetal Demise, Consent for Autopsies, Handling of Valuables in Medical Examiners Cases GH: Death of a Patient and Pronouncement, Expiration; Death, Fetal/Infant LMH: Death Care and Medicolegal Cases WH: Death Protocol, Death in the OR YNHH: Stillborn and Deceased Newborn Infants (C:S-2), Medical Examiner Reportable Deaths (C:M-2); ED Post Mortem Care; Post Mortem Care
C. Approved with Revisions	07/2019; 04/29/2022
D. Approved without Revisions	

Appendix A

A. In Rhode Island, documentation of patient death in the medical record and on the Death Certificate includes:

1. name of the deceased
2. the disease of which he or she died
3. where it was contracted
4. the duration of the illness from which he or she died
5. when last seen alive by the physician, or, if death occurs in a hospital, when last seen alive by a physician
6. the date of death

(Rhode Island General Laws Section 23-3-16(c))

Appendix B: Criteria for Connecticut Medical Examiner Notification

Connecticut
Violent deaths, including but not limited to, death from physical, chemical, thermal or electrical radiation injury, regardless of whether the injury was homicidal, suicidal or accidental in nature
Deaths that constitute a threat to the public health
Deaths related to criminal abortion
Drug deaths related to poisoning, drug abuse or addiction
Deaths related to disease resulting from employment or to accident while employed
Deaths occurring suddenly or unexpectedly not caused by readily recognizable disease and including all deaths on arrival of within 24 hours of admission to the hospital including stillborn infants
Deaths occurring outside of the hospital setting
Deaths under anesthesia in the operating room/recovering room
Deaths resulting from diagnostic or therapeutic procedures
Deaths of persons whose bodies are to be cremated, buried at sea or otherwise disposed of so as to be thereafter unavailable for examination
All cases in which the transplantation of organs from bodies of persons who have died is to be carried out.

Connecticut: Refer to procedures as outlined by the office of the Medical Examiner: http://www.ct.gov/ocme/cwp/view.asp?a=2166&Q=295104&ocmeNav=|

Appendix C: Criteria for Rhode Island Medical Examiner Notification

Rhode Island
In Hospital Deaths
All deaths suspected to be due to or contributed to by trauma or whatever type (physical, firearms, chemical abortion, etc.) including accidentally, suicidally, and homicidally inflicted trauma.
Deaths occurring while under the influence of anesthesia, during the post-anesthetic period without the patient regaining consciousness, or following long term survival if the original incident is thought to be related to the surgical procedure or the anesthetic agent.
All deaths occurring during or following therapeutic or diagnostic procedures, including blood transfusions, whether thought to be related to death or independent therefrom.
All deaths where the industrial environment is suspected as cause of the terminal disease or where illness began on the job or at place of employment.
All deaths occurring within 24 hours of admission.
All cases in which the transplantation of organs from bodies of persons who have died is to be carried out.
Hospital Emergency Room Deaths
All cases "dead on arrival."
Deaths due to or suspected from trauma in accordance with Section 802.1.13 herein.
Deaths occurring within 24 hours of entry into the emergency room.

Rhode Island: Refer to procedures as outlined by the office of the Medical Examiner in *Rules and Regulations Pertaining to Medical Examiner System (R23-4-ME), September 2012*
http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/4840.pdf