

# Funeral Home Transfers

**ATTENTION:** For safe handling of bodies of deceased persons with suspected or confirmed COVID-19 refer to Provincial Guidelines on BCCDC site: [Safe handling of bodies of deceased persons with suspected or confirmed COVID-19](#)

## Introduction

---

### Description

This policy sets out the administrative procedure for the transfer of a deceased Client from the Client's Care Facility to the appropriate Funeral Provider. This transfer should occur as soon after a death as possible, to ensure the respect and dignity of the Client, and to ensure the wellbeing of all Care Facility Clients.

This policy aims to ensure that up-to-date information is available at the Care Facility that can be provided to Funeral Providers to expedite the Funeral Provider's ability to obtain authorization from the appropriate contact for the pick-up and transfer of a deceased Client, as required by section 5 of the *Cremation, Interment and Funeral Services Act* (the "CIFSA") (Appendix A).

### Scope

This policy applies to All VCH/PHC Residential Care, Assisted Living and Supported Housing Sites, and can be adopted for use by all contracted service providers.

## Policy

---

### *On Admission or During Care Planning*

- 2.1.1. As soon after admission of a new Client as is practical, a conversation will occur between the Client (and/or Client's family where necessary or desired by the Client), and the most appropriate person on the Client's care team about the Client's after death wishes.
- 2.1.2. Where possible, a Contact Plan (Appendix B) will be completed and will include:
  - (i) A hierarchical list of nearest relatives who are to be contacted following a death, which should include the following (where they exist):
    - i. The personal representative named in the Client's will (if any exists);
    - ii. The spouse of the Client;
    - iii. The adult child(ren) of the Client;
    - iv. The adult grandchild(ren) of the Client;
    - v. The parent(s) of the Client

And may contain the following, where appropriate:

- i. The adult sibling(s) of the Client;
  - ii. The adult nephew(s) and/or niece(s) of the Client;
  - iii. Any other adult next of kin of the Client; or
  - iv. Any other adult that has a personal or kinship relationship with the Client, that the Client or Client's family would like included on the list.
- (ii) Contact information for each relative listed;
- (iii) The Funeral Provider that will be providing funeral services for the deceased Client;
- (iv) Contact information for the specified Funeral Provider; and
- (v) An acknowledgement by the Client or Client's family member that a representative of the Care Facility may be considered as an adult who has a personal or kinship relationship with the client, in the case where no other family or near next of kin is available, for the purpose of authorizing the named Funeral Provider to pick-up and transfer the deceased Client to the funeral home, as per section 5 of CIFSA.

2.1.3. In the event that no Authorized Contact is available to the Client and no relatives of the Client are known, and the Office of the Public Guardian and Trustee (OPGT) is administering the Client's estate, the OPGT will be named as the primary contact on the Contact Form.

### ***At Time of Death***

2.2.1. Where the Client's family can be immediately contacted:

- (i) The Care Facility will inform the Authorized Contact and request that they contact the Funeral Home to arrange for transfer of the deceased. If the first contact on the list is unavailable, the Care Facility will move through the list in order until an authorized contact is informed.
- (ii) If the Authorized Contact requests, the Care Facility will provide him/her with any information listed in the Contact Plan, and assist him/her to organize the transfer of the deceased to the Funeral Home. This may include notifying the designated Funeral Provider of the death and providing the information available in the Contact Plan.
- (iii) The Care Facility will be aware that the CIFSA designates the Funeral Provider as responsible for obtaining permission from an authorized client representative to transfer the deceased from the care facility to the funeral home.

2.2.2. Where no relative or next of kin can be immediately contacted:

- (i) In the event that the Care Facility and Funeral Provider have been unable to contact an Authorized Contact, and where the Client has indicated on the Contact Plan that a representative of the Care Facility is an appropriate contact under section 5 of CIFSA, a representative of the Care Facility may be recognized by the Funeral Provider as being able to authorize the transfer of the deceased client to the appropriate funeral home, as “an adult who has a personal or kinship relationship” with the Client.
- (ii) Where no Authorized Contact is named and no relative of the deceased Client is known, a representative of the Care Facility may hold themselves out as an “adult with a personal or kinship relationship” with the Client for the purposes of initiating the transfer.

2.2.3. Where no relative or next of kin is known and no Contact Plan is available:

- (i) In the event that no Authorized Contact is named and no relative of the deceased Client is known, and the Office of the Public Guardian and Trustee (OPGT) is administering the deceased Client’s estate under the *Wills, Estates and Succession Act*, Care Facility will contact the OPGT to authorize transfer of the deceased Client.
- (ii) In the event that no Authorized Contact is named and no relative of the deceased Client is known, and the Office of the Public Guardian and Trustee (OPGT) is not administering the deceased Client’s estate under the *Wills, Estates and Succession Act*, the Care Facility will contact the Ministry of Social Development and Social Innovation (toll-free number 1-866-866-0800) to authorize transfer of the deceased Client.

### ***Responsibilities***

2.3.1. Members of the Client’s Care Team

- a. Initiate conversation with the Client (and/or Client’s family where necessary or desired by the Client), and the most appropriate person on the Client’s care team about the Client’s after death wishes, as soon after admission as possible; and
- b. Document the wishes of the Client (and/or Client’s family where necessary or desired by the Client) on the Contact Plan.

2.3.2. Care Facility Managers or Delegates

- a. Ensure that a Contact Plan is completed for Clients admitted to the facility.
- b. Contact the family members (as per the hierarchy on the Contact Plan) when the Client dies and confirm the arrangements with the Funeral Provider as per the Contact Plan.
- c. Contact the Funeral Provider and provide the contact information for the Client as

This material has been prepared solely for use at Vancouver Coastal Health Authority (VCH). VCH accepts no responsibility for use of this material by any person or organization not associated with VCH. A printed copy of this document may not reflect the current, electronic version on the VCH Intranet.

per the Contact Plan.

- d. Where no contacts are available, and where indicated on the Client's Contact Plan, may act as an adult with a personal or kinship relationship with the Client, and authorize the Funeral Home to transfer the Client to the Funeral Home as per Section 5(1)(k) of the CIFSA.
- e. Where no Contact Plan is in place and no contacts are available, initiate contact with either the Office of the Public Guardian or the Ministry of Social Development and Social Innovation, as appropriate.

### **Compliance**

It will be up to the managers of each Care Facility to monitor compliance with this policy, and to ensure that a Contact Plan is kept on file for each Care Facility Client.

### **3. References**

---

#### **Related Policies**

None

#### **Keywords**

Residential Care, Deceased, Transfer, Funeral Home, End of Life Care.

#### **Definitions**

**“Authorized Contact”** means a contact named in a Client's Contact Plan (Appendix B).

**“Client”** means a resident of a Care Facility.

**“Care Facility”** means all VCH/PHC Residential Care, Assisted Living and Supported Housing Sites, including all Contracted Sites.

**“Contracted Site”** means a residential care facility that has contracted with VCH or PHC to provide care to some or all of its Clients.

**“Funeral Provider”** means a person who carries on the business of providing funeral services.

#### **Questions**

Contacts:

**Karen Condon** - Regional Home and Community Care Lead

**Bob Chapman** - Director, Residential Care and Assisted Living, Vancouver and Regional Program Director, Residential Care, Assisted Living and Supportive Housing

Issued by:		
Name: Mike Nader	Title: Chief Operating Officer	Date: July 8, 2014

This material has been prepared solely for use at Vancouver Coastal Health Authority (VCH). VCH accepts no responsibility for use of this material by any person or organization not associated with VCH. A printed copy of this document may not reflect the current, electronic version on the VCH Intranet.

## **Appendix A**

CIFS Act Section 5(1):

Control of disposition of human remains or cremated remains

5 (1) Subject to this section and section 8 (3) (b) (i) [requirement for authorization before funeral services or disposition], the right of a person to control the disposition of the human remains or cremated remains vests in, and devolves on, the following persons in order of priority:

- (a) the personal representative named in the will of the deceased;
- (b) the spouse of the deceased;
- (c) an adult child of the deceased;
- (d) an adult grandchild of the deceased;
- (e) if the deceased was a minor, a person who was a guardian who had care and control of the deceased at the date of death;
- (f) a parent of the deceased;
- (g) an adult sibling of the deceased;
- (h) an adult nephew or niece of the deceased;
- (i) an adult next of kin of the deceased, determined on the basis provided by section 23 (5) of the Wills, Estates and Succession Act;
- (j) the minister under the Employment and Assistance Act, or if the Public Guardian and Trustee is administering the estate of the deceased under the Wills, Estates and Succession Act, the Public Guardian and Trustee;
- (k) an adult person having a personal or kinship relationship with the deceased, other than those referred to in paragraphs (b) to (d) and (f) to (i).

(2) If the person at the top of the order of priority set out in subsection (1) is unavailable or unwilling to give instructions, the right to give instructions passes to the person who is next in priority.

(3) If, under subsection (1), the right to control the disposition of human remains or cremated remains passes to persons of equal rank, the order of priority

- (a) is determined in accordance with an agreement between or among them, or
- (b) in the absence of an agreement referred to in paragraph (a), begins with the eldest of the persons and descends in order of age.

**Appendix B**

Resident/Client Label

## My Funeral Arrangements Contact Plan

I direct that at the time of my death, the \_\_\_\_\_ (Residential Care Facility) is to make contact with one of the following individuals to provide direction concerning my funeral services arrangements.

I understand and agree that the \_\_\_\_\_ (Residential Care Facility) may provide this contact information to the funeral services provider to make contact to proceed with arrangements.

I authorize the \_\_\_\_\_ (Residential Care Facility) to provide this contact list to the following funeral service provider to begin/provide preliminary services, further planning to be completed by my family or friends, as set out below.

I \_\_\_\_ have \_\_\_\_ have not made pre-arrangements with this funeral services provider.

My near relatives and others with a personal relationship, who are to be contacted to discuss funeral services arrangements (if list is longer then please attach a separate sheet):

Name _____ Relationship _____ Home Phone _____ Work Phone _____ Cell Phone _____
Name _____ Relationship _____ Home Phone _____ Work Phone _____ Cell Phone _____
Name _____ Relationship _____ Home Phone _____ Work Phone _____ Cell Phone _____

Funeral Service Provider: _____ Contact Name: _____ Phone _____ Address: _____
--

In the event that none of my near relatives or friends listed above is able to be contacted in a timely manner, I understand and agree that a representative of \_\_\_\_\_ (Residential Care Facility) will be considered to be in a personal relationship with me, so that preliminary services may begin.

Signature of Resident or Substitute Decision Maker \_\_\_\_\_ Date \_\_\_\_\_