

PATIENT DEATHS AND DECEDENT AFFAIRS

PURPOSE

This policy sets forth the procedures to be followed when a patient expires at a UCLA Health System hospital. This policy also specifies the conditions under which a person is pronounced deceased, sets forth the procedures for certifying death, and describes a procedure for notifying family and providing a reasonably brief period for families and next of kin to gather at the patient's bedside.

SCOPE

This Health System Policy applies to the Ronald Reagan UCLA Medical Center, the Santa Monica UCLA Medical Center & Orthopaedic Hospital, the Resnick Neuropsychiatric Hospital (RNPH) at UCLA and the Licensed Clinics.

POLICY

I. DETERMINATION OF DEATH

According to California law, death is defined as occurring when: "An individual has sustained either (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 must be made in accordance with accepted medical standards." (*California Health & Safety Code* section 7180)

- A. Death due to cessation of cardio-respiratory function. When a person is pronounced dead by an absence of cardio-respiratory function, a physician must certify this by completing and signing a note in the chart. (*Refer to Policy HS 1315 – Organ and Tissue Donation*)
- B. Death due to cessation of all brain functions, including the brain stem.
 - 1. When an individual is pronounced dead based on irreversible cessation of all functions of the entire brain, including the brain stem, there must be independent confirmation by a second physician and member of the medical staff. Neither the physician making the determination of death nor the physician making the independent confirmation shall participate in procedures for removing or transplanting a part. Although not specifically required by law, it is recommended that the physicians be skilled in neurological diagnosis. (*California Health & Safety Code* section 7181 and JAMA 1981; 246:2184-6)

2. EEG, brain scan, arteriography and other tests may be useful for confirming the totality and/or irreversibility of brain function if this is not clear from the clinical context. Their use is not mandatory, however, if the diagnosis is otherwise clear.
- C. Once the patient is pronounced dead and the time of death has been established, the disconnection of the ventilator has no greater medical or legal significance than the removal of any other modality (e.g., arterial line, IV, nasogastric tube, shunt, etc.) from the body of a deceased patient.
- D. The Ethics Consultation service is available to consult with any practitioner and/or family regarding issues relating to the determination of a patient's death.

II. NOTIFICATION OF THE FAMILY & GATHERING AT THE BEDSIDE

For deaths occurring on an inpatient or outpatient unit, the treating physician is responsible for timely notification of the decedent's family. For deaths occurring in the Emergency Department, clinical social workers routinely assist with family notification.

It is the policy of the UCLA Health System to respect the sanctity of persons who have died as well as to respect the variety of traditions around death. The UCLA Health System also recognizes its responsibility to equitably and wisely use health care resources. Therefore, in accordance with California law (Health and Safety Code Section 1254.4), the UCLA Health System will endeavor to provide family and next of kin with a reasonably brief period of accommodation at the patient's bedside, including, for patients declared dead by irreversible cessation of function of the brain, a reasonably brief period between declaration of death and discontinuation of cardiopulmonary support.

If the patient's legally recognized health care decision maker, family, or next of kin voices any special religious or cultural practices and concerns of the patient or the patient's family surrounding the issue of death, the hospital shall make reasonable efforts to accommodate those religious and cultural practices and concerns. A "reasonably brief period" means an amount of time afforded to gather family or next of kin at the patient's bedside. In determining what is reasonable, a hospital shall consider the needs of other patients and prospective patients in urgent need of care. During this reasonably brief period of accommodation, a hospital is required to continue only previously ordered cardiopulmonary support. No other medical intervention is required. The

procedures outlined should not in any way compromise the dignity of the patient for whom death is imminent or has been declared, interfere with support for the family of the patient, or hinder organ donation efforts. The hospital shall provide the patient's legally recognized health care decision maker, if any, or the patient's family or next of kin, if available, with a written statement of this policy, upon request, but no later than shortly after the treating physician has determined that the potential for brain death is imminent.

III. VIEWING OF DECEASED PATIENTS

- A. When a patient dies at the RRUCLA and RNPH, family and close friends of the deceased are invited to view the deceased on the nursing unit, Emergency department, or in a private area in other patient departments, in accordance with departmental policies. Decedents must be transported to the morgue within two to three hours of death. If viewing on the unit/patient care department is not feasible, or if sufficient time cannot be allowed for viewing of the deceased, the preferred alternative is that family and friends view the body at the mortuary or funeral home. If the family or loved ones are not comfortable waiting until a viewing can be arranged at the mortuary, then use of the Viewing Room (located on the B Level of the RRUCLA, Room B-100 and B-100B) can be considered by contacting the Department of Social Work (Mon – Fri 8:00 am to 4:30 pm) or the Nursing Supervisor (4:30 pm – 8:00 am, weekends and holidays) to request a coordinator be assigned to conduct an assessment of the appropriateness of the use of the Viewing Room, as set forth in "Use of the Viewing Room" Policy (1426). If it is determined that the use of the Viewing Room is feasible, the coordinator will schedule the viewing in accordance with the Use of the Viewing Room Policy. The Viewing Room is available 24 hours per day.
- B. When a patient dies at SMUCLA, family and close friends of the deceased are invited to view the deceased on the unit in accordance with nursing unit policies. If viewing on the unit is not feasible, then viewing can be arranged by contacting the Nursing Supervisor who will coordinate and schedule the viewing. During business hours the Nursing Supervisor will contact other support staff (Department of Spiritual Care, Clinical Specialist, etc.) as needed to provide support. For all non-unit viewing, the Nursing Supervisor contacts patient escort for body retrieval for viewing. Viewing is available between 10 am and 10 pm.

IV. RELEASE OF DECEASED'S PROPERTY

The decedent's property/belongings including valuables should be released to the next of kin or his/her designee if present unless the death falls under the jurisdiction of the Coroner's office.

V. DEATH CERTIFICATES

- A. Except in Coroner's cases (see Section VI), the State of California requires that a Certificate of Death ("Death Certificate," State of California Form VS-11) be completed and signed within 15 hours of the patient's death by a licensed physician, (See Procedures/Responsibilities. I. Physician, E).
- B. California law requires certain information to be included on the Certificate of Death. The hospital will assist the funeral home in attempting to obtain the following information needed for the completion of the death certificate:
1. Name;
 2. Date and time of death, including month, day, year and hour of death;
 3. Place of death;
 4. Certification and signature of the attending physician or licensed designee (or certification and signature of the deputy coroner when required by law);
 5. Disease or condition leading directly to death and antecedent causes;
 6. Operations with date of operation(s); and
 7. Accident and injury information and dates.
- C. If the body is to be removed by the funeral home and is not a coroner's case:
1. At RRUCLA Medical Center and RNPH, the Death Certificate should be transferred through the online Electronic Death Recording System (EDRS) to the funeral director designated to handle the disposition of the body. When available, a copy of the physician attested Death Certificate should be placed in the decedent's medical record.
 2. At SMUCLA Medical Center, the Nursing Office will assist the funeral home in contacting the physician for completion of the death certificate.

- D. In a Coroner's case (see Section IV below), the coroner's office will complete the Death Certificate.
- D. Certificates of fetal death are governed by specific provisions. (*Policy 1356.1, Fetal/Prenatal Death Policy*)

VI. CORONER'S CASES

- A. California law requires that the coroner be notified when a death has occurred under specified circumstances. (*California Health & Safety Code section 102850 and California Government Code section 27491*) A physician, funeral director, or other designated person shall immediately notify the coroner when he or she has knowledge of a death that occurred under any of the following circumstances:
 - 1. Without medical attendance;
 - 2. During the continued absence of the attending physician and/or surgeon;
 - 3. Where the attending physician and/or surgeon or the physician assistant is unable to state the cause of death;
 - 4. Where suicide or homicide is suspected;
 - 5. Following an injury or an accident;
 - 6. Under circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another.
- B. The coroner also has a right to the custody of the remains of the decedent arising from his or her duty to investigate certain deaths. No autopsy or anatomical gift may be made without the coroner's consent for these types of deaths, examples of which are listed below.
 - 1. All violent, sudden or unusual deaths;
 - 2. Unattended deaths, deaths wherein the deceased has not been attended by a physician in the 20 days before death;
 - 3. Deaths related to or following known or suspected self-induced or criminal abortion; known or suspected homicide; suicides or actual poisonings;
 - 4. Deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or where the suspected cause of death is sudden infant death syndrome;

5. Death in whole or in part occasioned by criminal means;
 6. Deaths associated with a known or alleged rape.
 7. Deaths in prison while under sentence;
 8. Deaths known or suspected as due to contagious disease and constituting a public hazard;
 9. Deaths from occupational diseases or occupational hazards;
 10. Deaths of patients in state mental hospitals serving the mentally or developmentally disabled and operated by the State Department of Mental Health or Developmental Services; or
 11. Deaths under such circumstances as to afford a reasonable ground to suspect that death was caused by a criminal act of another.
- C. Certain types of death not listed in the State Law that should be reported to the coroner for a decision include but are not limited to:
1. Death within 24 hours of admission unless the attending physician has established a natural cause of death
 2. All deaths occurring in operating room, during therapeutic or diagnostic procedures or as a result of post-operative complications (e.g., wound infections) or when the patient has not regained consciousness after an anesthetic. The surgeon or physician with the most knowledge of the circumstances should report the death. Deaths occurring within 24 hours after surgery should also be reported.
 3. All deaths in which an injury or accident is the cause or a contributing cause regardless of how distant or remote in time or place the accident or injury may have occurred.
 4. All deaths involving hip fractures if the attending physician believes the fracture caused or contributed to the cause of death.
- D. Reporting requirements for deaths occurring at the RNPH
1. The certifying physician shall notify the Medical Director or designee and coroner of any death of a RNPH inpatient.
 2. The certifying physician shall notify the coroner's office of an inpatient's death under the following circumstances: suicide, on a hold, per Health and Safety Code Section 102W.

3. The certifying physician shall notify the Campus Police, ext. 51491, of any suicide or homicide.
4. The certifying physician must report any death of any secluded or restrained psychiatric patient or of any patient without a previously known and potentially fatal physical condition to the Health Facilities Licensing Division of LA County at (323) 869-8500 or after hours 1-800-228-1019, and to Campus Police, ext. 51491.
5. Site of patient's death shall be preserved for inspection by Campus Police in accordance with Policy #3.2.2.

VII. ORGAN DONATION

- A. Federal regulations require that **ALL** deaths be called into an organ procurement agency and that potential donor families be informed of their option to donate. In accordance with these regulations, all patients who die at UCLA Health System facilities (including the UCLA Medical Plaza) will be considered for organ/tissue donation and shall be routinely referred to an Organ/Tissue Donation Agency. This agency will determine the suitability of potential candidates for donation. (*Policy HS 1315, Organ and Tissue Donation*)
- B. Federal regulations require that, in general, the organ procurement organization take the lead in approaching the potential donor family. However, a Medical Center employee or staff member who is a Designated Requestor may initiate the request for donation. If a patient or a member of the patient's family initiates a discussion with a physician, nurse, social worker or chaplain regarding organ donation, whether or not the patient is a potential donor, staff members may respond to any questions they feel qualified and prepared to answer. They should inform the person that a One Legacy representative and/or a Designated Requestor is available to answer their questions. It is strongly recommended that whenever possible only an organ donation representative or a Designated Requestor discuss organ donation with potential donors or their families. (*Policy HS 1315, Organ and Tissue Donation*)
- C. If a part of the deceased patient will be used for direct transplantation pursuant to the Uniform Anatomical Gift Act, neither the physician or surgeon making the determination of death, including the time of death, nor a physician making the independent confirmation, may be participants in the procedures for removing or transplanting a part unless the document of gift designates a particular physician or surgeon, pursuant to subdivision (d) of *Health and Safety Code* Section 7150.5.

VIII. AUTOPSIES

- A. Physicians are encouraged to request autopsies (postmortem examinations). Requests for autopsy should be made by the physician to the legal next of kin or their designee, on all patients except: (1) following intrauterine fetal demise and (2) Coroner's cases without approval of coroner (see Section VI, above).
- B. Autopsies are to be performed under the immediate supervision of a pathologist.
- C. Consent to autopsy. California law (*California Health and Safety Code* section 7113) provides that a licensed hospital may permit, and a physician may perform, an autopsy of any remains in its or his/hers custody only upon (a) the prior consent of the decedent (if the decedent, prior to death, authorized in his or her will or other written instrument) or (b) upon the receipt of a written authorization (faxes of signed consent are acceptable), from a person representing himself to be any of the following:
1. An individual who has been appointed as an "attorney-in-fact" as a result of the decedent's execution of an Advance Directive (See: Policy HS 1317 -*Advance Directives*);
 2. The surviving spouse;
 3. A surviving child or parent;
 4. A surviving brother or sister;
 5. Any other kin or person who has acquired the right to control the disposition of the remains;
 6. A Public Administrator; or
 7. A coroner or any other duly authorized public officer.

The "Permission for Autopsy" (form # 30903 or NPI Form #1-013) may be used to obtain written authorization from any of the persons listed above. Telephonic consents are not acceptable. Questions regarding whether a person is authorized to consent to an autopsy should be referred to the Risk Management Department (ext. 4-3500).

- D. In all unanticipated RNPH deaths, an autopsy shall be requested either from the family or by the Coroner's Office. A death shall be considered "anticipated" if the patient has documented terminal illness that, despite appropriate medical care, could be expected to result in death during the period of RNPH hospitalization. The autopsy report shall be scanned in the patient's EMR when it becomes available.

- E. No autopsy may be performed until the Office of Decedent Affairs reviews the authorization. The Office of Decedent Affairs shall ensure that the proposed autopsy is appropriate under the circumstances and that all necessary special instructions are noted.
- F. RRUCLA shall not charge for the autopsy of a UCLA Health System deceased patient.
- G. All autopsies shall be considered part of the Quality Assessment and Improvement activities of every Service and part of the continuing medical education programs of the medical staff.

IX. AUTOPSY REPORTS AND LETTERS TO THE FAMILY

- A. Upon completion of an autopsy, the attending pathologist shall prepare a provisional report and draft a letter to the family explaining the results of the autopsy in lay terms. Both the report and letter are sent to the attending physician for review and comment. If there are no comments at the end of 5 days concerning the language of the letter, then a final copy of the letter shall be distributed to the next of kin. The letter shall direct any questions about the deceased to the attending physician.
- B. The results of an autopsy may be discussed with the family or designee by a physician who cared for the patient. This may be done verbally or in a brief letter. If a physician who treated the patient is not available, then a designated physician from the service may address the family's concerns.
- C. The physician should not give an autopsy report itself to a relative except in unusual circumstances, and then, only after the report has been discussed in detail with the relative. If a relative has questions regarding the findings of an autopsy that the physician cannot explain, the physician should contact the attending pathologist.
- D. The Medical Records Staff should refer any requests for autopsy reports to the physician or clinical service involved. Medical Records or the Autopsy Reporting Office may send autopsy reports to the outside referring physician.
- E. The final autopsy report is normally available within 12 weeks after performance of the autopsy.

PROCEDURES/RESPONSIBILITIES**I. PHYSICIAN**

- A. Pronouncement of death. The physician's determination of death should be made in accordance with accepted medical standards (see Policy I, above). In the case of brain death, a second physician must independently confirm the patient's death.
- B. Notifying next of kin. Once the patient has died or it is determined that death is imminent, the patient's physician (or designee) shall inform the patient's family, next of kin or legally recognized health care decision maker if available.
- C. Requesting an autopsy. Physicians are encouraged to discuss the opportunity for autopsy to be performed on the deceased patient with the family or next of kin. If permission for the autopsy is granted, the physician must complete the Autopsy Permission Form (Form 30903).

For a patient who dies at RRUCLA, the top section of the Autopsy Permission Form is to be signed by the physician immediately after death is confirmed and permission for autopsy has been granted and signed by the legal next of kin, or designee. In case of Death due to Cessation of Brain function, two physicians must make a death note confirming Brain Cessation, although only one physician can sign the form. This form must be faxed to the Office of Decedent Affairs in order for the autopsy to be performed. For decedents at SM-UCLA Medical Center, this form will be transmitted from the Pathology Office to the RRUCLA Office of Decedent Affairs.

If the next of kin desires the body be released immediately, at RR UCLA Medical Center, the "Release of Body Form & Security Decedent Release Report" (30121) must be signed and completed by the next of kin or designee and faxed to the Office of Decedent Affairs. At SM-UCLA Medical Center a completed Release of Claim form is provided to the SM UCLA Nursing Supervisor's office.

Documentation of the basis for determining and confirming the death, must be kept in the patient's medical record.

- D. Coroner's Cases. A physician must refer a potential coroner's death to the Los Angeles County Coroner's Office (323-343-0711) (see Policy VI. Coroner's cases).

The Coroner's Office will tell the physician whether or not to treat the death as a coroner's case. If accepted by the coroner, the physician should complete the coroner's "Hospital and Nursing Facility Report"-Form 18 (Form # 10008 on the UCLA forms portal website) and fax to the Office of Decedent Affairs (RRUCLA Medical Center) or ensure its delivery to the Nursing Office (SMUCLA Medical Center).

If the coroner denies the case, the coroner will issue a coroner clearance number and the case shall be treated as a Medical Center death. At RRUCLA Medical Center, the physician must complete the death certificate worksheet with the coroner clearance number and FAX the worksheet to the Office of Decedent Affairs, which will begin the death certificate process. At SM-UCLA Medical Center, the physician should call the Nursing Office (ext 98385) with the clearance number.

If the physician is unsure as to whether the death should be considered a coroner's case, he/she may contact the RR UCLA Office of Decedent Affairs for a consultation (ext 5-7846) or may call the Nursing Office at SMUCLA (ext 98385).

At RRUCLA Medical Center, if the patient's death was a suicide or homicide, the physician should also notify the UCLA Police Department (310-267-7100), or the policing agency where the event occurred. At SM-UCLA, the Nursing Office (ext. 98385) will assist with the notification.

E. Death Certificates

1. Non-Coroner's Cases

- a. Procedure at RRUCLA and RNPH. A physician must fully complete the Death Certificate Worksheet (10004) stating the causes of death, time intervals, operations with dates, etc., including the name of the licensed physician that is to sign the final certificate of death. The responsibility for assuring that the causes on the Death Certificate are completed and signed rests with the attending physician. This responsibility may be delegated to a licensed resident or fellow to ensure the certificate is completed in a timely manner, provided that the designated physician acts in consultation with the attending physician. The physician signing the certificate must be licensed to practice in the State of California.

The Death Certificate Worksheet should be completed accurately and faxed immediately to the Office of Decedent

Affairs. The pathologist-on-call is available for consultation as to how to complete the Death Certificate, if necessary.

- b. Procedure for SMUCLA. The designated mortuary will work directly with the physician to complete the death certificate.
2. Coroner's Cases
The coroner's office is responsible for completing the Death Certificate in regards to coroner's cases. In a coroner's case, the licensed physician does not complete the medical and health section data, does not sign the certificate, and cannot solicit an autopsy permit or order an autopsy without the permission of the coroner.

II. PATIENT CARE STAFF

- A. Patient deaths occurring at RRUCLA.
 1. Notifying Office of Decedent Affairs or Nursing Office. When a patient dies at the RRUCLA, the Unit Charge Nurse or designee should notify the Office of Decedent Affairs (5-7846). The Office of Decedent Affairs is open Monday through Friday from 9:00 a.m. to 5:00p.m. and on Saturday from 9:00 a.m. to 4:00 p.m. If the Office of Decedent Affairs is closed or is otherwise unavailable, the Nursing Office should be notified of the death (7-9671).
 2. Notifying OneLegacy. The Unit Director or his or her designee must immediately notify One Legacy regarding the patient death. (See: *Policy HS 1315, Organ and Tissue Donation*)
 3. Spiritual Care Department. If family is present and so desires, bedside or charge nurse will contact the On-Call Chaplain at pager 91770 to tend to the family's spiritual/emotional/religious needs at time of death.
 4. Patient Escort Service. After notifying the Office of Decedent Affairs or the Nursing Office, and the deceased is ready to be taken to the RRUCLA body holding area, the Unit Charge Nurse or designee should call Patient Escort Service for removal of the deceased patient. A patient escort representative with a special gurney will transport the deceased patient to the RRUCLA body holding area with the assistance of the RRUCLA assistant in Decedent Affairs (when needed). Coroner's cases are also transported to the RRUCLA body holding area by Patient Escort

Service and placed in a locked compartment accessible only to designated members of the UCLA Health Systems. The patient's remains are released only to, or with the permission of, a member of the Coroner's staff and/or next of kin, depending on the circumstances.

In transporting a deceased patient from a Unit to the RR UCLA body holding area, the standard precautions are to be followed at all times. The Unit Charge Nurse shall ensure that the shroud of a deceased patient with a communicable disease is labeled before sending the body to the body holding area (two strips of isolation tape should be placed across the shroud).

The Office of Decedent Affairs, in consultation with the nursing staff and hospital administration, shall work together regarding logistics of transporting deceased patients between the RR UCLA body holding area and CHS as needed.

- B. Patient deaths occurring in the RR UCLA Outpatient Clinics. When a patient dies at the RR UCLA Outpatient Clinics., the clinic should notify the Office of Decedent Affairs (5-7846). If the Office of Decedent Affairs is not available, the clinic should notify the Nursing Office (7-9671). Additionally, Patient Escort should be requested online, via Premise Transport, to transport the deceased to the RR UCLA body holding area.
1. The patient will be prepped by the outpatient clinic before transport. The Shroud Kit is obtained from Materials Management, containing a shroud bag and all materials necessary for preparation of the patient. All required death forms to be completed are located on the Forms Portal, which is on UCLA Mednet website.
 2. The decedent's valuables should be placed in a valuables envelope with property form (available from Patient Financial Services) and delivered to the Hospital Main Cashiering Office at RR UCLA Medical Center. Personal belongings (clothing, eyeglasses, etc.) should be given to the family or designee. (*Policy #0306, Releasing the Property of Deceased Patients*)

The nurse should document in the Patient's medical record the disposition of belongings and valuables as well as that post-mortem was completed.

3. The forms contained in the Death Packet should be completed by the department and faxed to Decedent Affairs as soon as possible,

and within 15 hours of the patient's death, even if the Office of Decedent Affairs is closed.

4. The Patient Escort Non-Emergency Transport vehicle will transport the decedent from the UCLA Medical Plaza to the RRUCLA body holding area. A special gurney will be brought over from the RRUCLA in the transport vehicle for this purpose. Under no circumstances will representatives from mortuaries be allowed to transport a deceased patient from a Clinic without authorization from the coroner or hospital representative.
- C. Patient deaths occurring at SMUCLA
1. If the patient's physician is unavailable, the RN will call the House Officer (i.e., the Resident) to pronounce the patient.
 2. The Unit Director or his or her designee must immediately notify One Legacy regarding the patient death and record the case number given on the Postmortem checklist and in the nurse's notes. (See: *Policy HS 1315, Organ and Tissue Donation*)
 3. The RN will:
 - a. Review for Coroner's case or Public Administrator and note on postmortem checklist.
 - b. Notify patient's attending physician and physician will notify the family.
 - c. Notify the consulting physicians currently following the patient.
 - d. Contact the Page Operator to call/page the Chaplain to tend to the family's spiritual/emotional/religious needs at time of death, as the family desires.
 - e. Notify ext. 98249 for any Fetal Demise's to generate a Fetal Death Certificate.
 4. Remove the catheters and tubes from the body (unless a coroner's case) and cover any open wounds with dressings to absorb possible drainage. Insert dentures if possible.
 5. If the family will view the decedent, cleanse the body, apply a clean gown and change the bed linen (if necessary).
 6. Clean room of all equipment no longer needed.

7. Provide privacy for the family.
8. Complete the post mortem checklist including the disposition of valuables and belongings. If any valuables are left on the body, list and specify each item.
9. It is not necessary for the family to make a decision of which mortuary to use at the time of death. They may phone the Nursing Office at a later time after discussing with other family members.
10. Ask the next of kin to complete the Release of Claim form (10285) only if the family has chosen a mortuary.
11. Removal of the body from the Nursing Unit should be accomplished within a one to two hour time span. Viewing of the decedent, after removal to the morgue, will be restricted to one fifteen minute meeting. Infant/child viewing times will be flexible
12. Notify Nursing Office of the name of the deceased, room number and time of death.
13. Send the completed broken down chart, postmortem checklist, release of claim, (consent for autopsy, Form 18 if applicable) to Nursing Office.
 - a. The Nursing Supervisor will review the postmortem checklist for completion and accuracy when the chart is deposited in the Nursing Office.
 - b. The Nursing Supervisor will review the decedent's chart to evaluate the need to report the death to the Public Administrator or Coroner's Office.
14. If the next of kin is not present, valuables will be placed in an appropriately completed valuables envelope and will be picked up by security. Belongings will go with the body, accompanied by a copy of a completed patient belongings inventory.
15. The body will be transported to the morgue and information will be entered into the Morgue Logbook. In the event that families wish to view the deceased patient who has been taken to the morgue, contact the Nursing Office to arrange for viewing.

16. Document in the Nurse's Notes:
 - a. Time of expiration
 - b. Who pronounced patient dead
 - c. Time body was taken to the morgue and by whom

D. Patient Escort Service for deaths occurring at SMUCLA

1. Transport to morgue
 - a. After notifying the Nursing Office and the deceased is ready to be taken to the SMUCLA morgue, the Unit Charge Nurse or designee should notify Patient Escort Service for removal of the deceased patient.
 - b. A patient escort representative with a special gurney will transport the deceased patient to the SMUCLA morgue. The patient's remains are released only to, or with the permission of, a member of the Coroner's staff and/or next of kin, depending on the circumstances.
 - c. In transporting a deceased patient from a Unit to the SMUCLA Morgue, the standard infection prevention precautions are to be followed at all times.
2. Rounds in the Morgue
 - a. The House Transporter will make rounds to the Morgue on Mondays, Wednesdays and Fridays between 7-9am.
 - b. During rounds the following will be done:
 - i. The patient' names listed in the Decedent Log Book (located outside the morgue) will be crosschecked to the decedents in the morgue. This will be done by comparing the name on the decedent's hospital wristband with the name and medical record number listed in the Decedent Log book. Any discrepancies will be reported to the Nursing Supervisor for follow-up.
 - ii. Environmental rounds will be completed and documented. Any discrepancies will be reported to housekeeping or to the Nursing Supervisor immediately.

III. OFFICE OF DECEDENT AFFAIRS

A. Patient deaths occurring at RRUCLA

1. Preparation of the Death Certificate

The funeral home is responsible for obtaining the official certificate of death, but the Office of Decedent Affairs can assist the funeral home in obtaining information by typing in the patient's name, the date and time of his or her death and completing the form according to the written information provided by the deceased's physician. In special circumstances, the completed Death Certificate worksheet can be given to the mortuary or Funeral Home when Decedent Affairs is closed. The mortuary or funeral home will place the information on the health department website and contact the physician to sign the attested certificate of death.

2. Monitoring Morgue Access

The Office of Decedent Affairs must give permission for anyone other than an authorized member of the RRUCLA staff to enter the body holding area and/or CHS Morgue. After hours (between 6:00 p.m. and 9:00 a.m. and on weekends), representatives of the Coroner's Office, law enforcement agencies, or mortuaries may obtain access to the morgue by going to the nursing office on B level of the RRUCLA. Security will be paged in order to obtain body holding area and/or CHS morgue access. At all other times, these representatives must go to the Office of Decedent Affairs or to the RRUCLA Security directly. Security can be contacted through UCPD Communications at ext 7-7100. Family and friends of the deceased patient are not permitted in the body holding area unless accompanied by Nursing, Spiritual Care or Social Service Staff.

B. Patient deaths occurring at SMUCLA

1. Preparation of the Death Certificate

The funeral home is responsible for obtaining the official certificate of death, but the Nursing Office can assist the funeral home in obtaining information. The mortuary or funeral home will place the information on the health department website and contact the physician to sign the attested certificate of death.

2. Monitoring Morgue Access

- a. Security will be contacted to be present for all morgue releases and to grant access to appropriate personnel

- without badge access when requested to do so by the Nursing Supervisor.
- b. Any Mortuary Representative coming to pick up a decedent from the morgue will come to the Nursing Office first to pick-up the appropriate paperwork and the Staffer or Supervisor and the Mortuary Representative will both sign the postmortem checklist in the designated area.
 - c. Nursing Office will call Security, who will meet the Mortuary Representative at the Loading Dock and escort him/her to the morgue.
 - d. Identification of the decedent will be a 2 step process: (i) Security and the Mortuary Representative will enter the morgue and compare the name on the decedent's wristband to both the postmortem checklist and the Mortuary Representative's tag to confirm the identification of the decedent. (ii) The decedent will be placed on the Mortuary gurney and brought outside the morgue. Again the Mortuary Representative and Security will compare the name on the decedent's wristband to both the postmortem checklist and the Mortuary Representative's tag to confirm the identification of the decedent.
 - e. The Mortuary Representative and Security will sign out the decedent in the Log Book.

IV. CLINICAL SOCIAL WORK

Clinical social workers meet with families to provide counseling support and resource information as needed following the death of a patient. The physician, nurse or family member may call the Care Coordination Office (7-9700) to be linked with the appropriate social worker for assistance. These counseling and support services may include, but are not limited to, locating and contacting family members, bereavement counseling, providing information and referral regarding burial and other services related to the death, follow-up with families who arrive after the patient has died, requesting information about the deceased, and transportation of the deceased back to his/her place of origin. At RRUCLA, Clinical Social Work is also available M-F 8:00 a.m. – 4:30 p.m. to coordinate the use of the Viewing Room for a family not present at or soon after the time of death so that family may be able to see the patient in a conducive atmosphere and provide bereavement counseling. In addition, "debriefing" therapy is available on the Trauma Service.

V. DEPARTMENT OF SPIRITUAL CARE

If there is family present when a patient dies, the Chaplain is to be contacted as desired by the family. At RRUCLA, the Chaplain may be contacted 24 hours a day on Pager 91770 and at SMUCLA the chaplain is available Monday through Friday during regular business hours and may be available after hours by contacting the Communications Department. These services may include, but are not limited to, being with families and to assist families with the support they need in their grief response, providing for religious rituals, offering prayers or blessings, reading of sacred texts, or other meaningful spiritual practices, to arrange for a patient/family's specific religious needs surrounding death and dying to be met, (i.e., sacramental needs that require accessing a Roman Catholic priest or religious leader from any particular faith tradition), to provide linkage with community religious leaders, to follow-up with friends/family who arrive after the patient has died requesting information about the deceased, and to provide support to staff.

FORMS

Certificate of Death – (State of California Form VS-11)

Form# 10922 SM Death Packet (includes, 200162, 10286, 200562, 10008, 10285, 10952)

Form # 10371 WW Death Packet (includes, 30121, 10004, 30903, 10008, 30253, 10152, 11508, 10952)

REFERENCES

California Government Code, Section 27491.43.

California Health & Safety Code, Sections 102W, 1254.4, 7100, 7113, 7180, 7181, 7184, 102825, 102850 et seq., 102875

California Probate Code, Sections 7600 et seq., 8460 et seq.

UCLA Hospital System Policy 1315 - Organ and Tissue Donation.

UCLA Hospital System Policy 1317 - Advance Directives

UCLA Hospital System Policy 1357 - Spiritual Care

RR UCLA MC Policy 0306 - Deceased Patients - Releasing the Property of

RR UCLA MC Policy 1426 – Use of the Viewing Room

RR UCLA MC Policy 1356.1 - Fetal/Prenatal Death

CONTACT: Department of Decedent Affairs, UCLA Ethics Committee
Linda Tigert RN, Nursing Supervisor, SMUCLA MC & OH and Spiritual Care

REVISION HISTORY

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