DEATH OF A CHILD

PROCEDURE ©

DOCUMENT SUMMARY/KEY POINTS

It is our responsibility to ensure that the parents and family are fully informed as well as optimally supported and comforted following the death of a child. Cultural, religious and spiritual issues should always be considered to meet the needs of the family.

- This document provides instructions on what to do in the event of the death of a child.
- Additional components of death are discussed in the following documents:
  - Organ and Tissue Donation - Brain Death Pathway & Circulatory Death Pathway
  - Determination of Brain Death
  - SUDI
  - Deaths – Review and Reporting of Perinatal Deaths
  - Resuscitation Plans – End of Life Decisions
- This document discusses the following:
  - Communication and decisions following the death of a child – including how to determine if the death is a Coroner's case or if a Hospital Autopsy is required.
  - Documentation including completion of the Medical Certificate of Cause of Death,
  - Roles of the Designated Officer.
  - Transferring the deceased to the mortuary.
  - Parents' wishes (taking the child home, viewing the child or if parents wish to transport the body to the Funeral Directors)
  - Care of the body
  - Caring for the family
  - What to do if the deceased is infectious.
  - Social Work involvement
  - Aboriginal Services involvement and consideration of different cultures and religions

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

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CHANGE SUMMARY

- Development of a Network Policy and replaces the CHW Death of a Child Procedure and the Randwick Death of a Child policy.

READ ACKNOWLEDGEMENT

- All clinical staff should be aware of this policy

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

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1 Introduction

In the event of a death, the initial steps are to screen the patient and notify the Medical Officer immediately or as soon as practicable. The Medical Officer should notify the parents/guardians/carers of the child's death.

The remainder of this document provides detailed procedures that are to be followed under defined circumstances (e.g. coroner's case, non-coroner's case or hospital autopsy).

- **At CHW:** A folder is available in all clinical areas throughout the Hospital, the office of the After-Hours Nurse Manager and in the Clinical Governance Unit. The relevant forms are found in the "Purple Folder". The packs in the folder are to be used as there are some important forms that must be completed and are not available electronically. There are 3 packs which provide the correct form for the appropriate death procedure.
- **At SCH:** The relevant forms are found in the Death Pack Folders. This is located in the After Hours Nurse Managers Office (AHNM) - Wards may access the folder from the AHNM Office. The Emergency Department (ED) and Children's Intensive Care Unit (CICU) have their own Death Pack Folders. In the event that an area runs out of specific packs, these can be accessed from other areas which hold the folders. Individual/loose forms are also available in CICU.

2 Declaration of Death

- Death is present if the following criteria are met:
  - **i.** No palpable carotid pulse, **and**
  - **ii.** No heart sounds heard for 2 minutes, **and**
  - **iii.** No breath sounds heard for 2 minutes, **and**
  - **iv.** Fixed and dilated pupils, **and**
  - **v.** No response to centralised stimulus, **and**
  - **vi.** No motor (withdrawal) response or facial grimace in response to painful stimulus.
- NSW Health PD2015_040 Verification of Death and Medical Certificate Cause of Death Outlines the process for the assessment and documentation to verify death (previously referred to as the extinction of life), and the medical certification of death of patients in the NSW Health system.

After declaration of a child's death by a medical officer, the following must be completed by the medical officer:

- Date and time of the child's death;
- A clear documentation your observations and findings on cardio-respiratory examination on which death of the child was declared;

- Relevant circumstances the child has been declared dead;
- Who has been notified of the child's death (i.e. parents, Senior Clinician(s), Social Worker, Coroner, Aboriginal Health Worker);
- What has been discussed with the parents/next-of kin? (i.e. post-mortem/autopsy examination, tissue removal/peri-mortem specimen collection, Coroner's inquest);
- State the documentation that has been completed (e.g. checklist, forms etc)

3 Coronial Cases

IMPORTANT: In a Coronial inquiry the body must not be disturbed after death.

This summary is a brief overview. For detailed information refer to NSW Health Policy Directive Coroner's Cases and Coroner's Act 2009 (PD2010_054).

A Coroner has jurisdiction to hold an inquest concerning the death or suspected death if it appears to the Coroner that (1) the death is a reportable death or (2) a medical practitioner has not given a certificate as to the cause of death.

3.1 Reportable Deaths

A Coronial Checklist (SMR01.513) must be completed to determine whether a death should be reported to the Coroner.

It should be noted that the category of reportable deaths has been changed to require deaths to be reported to the Coroner if the death is not the '*reasonably expected outcome of a health related procedure*.' The term 'health related procedure' has been defined to mean a medical, surgical or other health related procedure including the administration of anaesthetic, sedative or drug. NSW Health PD2010_054 section 5 provides guidelines regarding whether a death is a reasonable expected outcome of a health related procedure.

DO NOT ISSUE A MEDICAL CERTIFICATE OF CAUSE OF DEATH in Coronial Cases

Coronial Cases are:

The Coroner's Act 2009 requires the Coroner be notified of the death of a person in any of the following circumstances. The person died:

- Is a child in care, or a child whose death is or may be due to abuse or neglect or that occurs in suspicious circumstances (see below for more information);
- A violent or unnatural death;
- A sudden death the cause of which is unknown;
- Under suspicious or unusual circumstances;
- In circumstances where the person had not been attended by a medical practitioner during the period of six months immediately before the person's death;
- In circumstances where the person's death was not the reasonably expected outcome of a health related procedure carried out in relation to the person;

- While in or temporarily absent from a declared mental health facility within the meaning of the Mental Health Act 2007 and while the person was a resident at the facility for the purpose of receiving care, treatment or assistance;
- While in custody of, or escaping from a police officer or in other lawful custody or as a result of, or in the course of police operations;
- Who at the time of their death was living in or temporarily absent from residential care provided by a service provider and authorised or funded under the Disability Services Act 1993 or a residential centre for disabled persons.
- Who at the time of their death was disabled within the meaning of Disability Services Act 1993 and receiving from a service provider assistance to enable them to live independently.

Specifically to the death of a child (i.e. under the age of 18 years)

A senior coroner has jurisdiction to hold an inquest concerning the death or suspected death of a child if it appears to the Coroner that the child was (or that there is reasonable cause to suspect that the child was):

- A child in care, or
- A child in respect of whom a report was made under Part 2 of Chapter 3 of the Children and Young Persons (Care and Protection) Act 1998 within a period of 3 years immediately preceding the child's death, or
- A child who is a sibling of a child in respect of whom a report was made under Part 2 of Chapter 3 of the Children and Young Persons (Care and Protection) Act 1998 within the period of 3 years immediately preceding the child's death, or
- A child whose death is or may be due to abuse or neglect or that occurs in suspicious circumstances, or
- A person (whether or not a child) who, at the time of the person's death, was living in, or was temporarily absent from, residential care provided by a service provider and authorised or funded under the Disability Services Act 1993 or a residential centre for disabled persons, or
- A person (other than a child in care) who is in a target group within the meaning of the Disability Services Act 1993 who receives from a service provider assistance (of a kind prescribed by the regulations) to enable the person to live independently in the community.

If a Medical Practitioner is aware of or suspects that the death is reviewable because of a previous report to Family and Community Services, he/she refers the case to the Police, who will confirm with Family and Community Services whether a report has been made, investigate and refer the case to the Coroner.

3.2 Providing the Health Care Record to the Coroner

In the event of a death that is referred to the Coroner, the Health Care Record must be sent to the **Health Information Unit** where a copy of the Health Care Record will be made for the Coroner within 24 hours.

The original Health Care Record must stay within the facility, as per PD2010_054. Section 9.3 Transfer of medical records to forensic pathologists for post mortem) http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2010_054.pdf

3.3 Information for families

- Senior Clinician or delegate, ideally with the support of the social worker, informs parents:
  - The expected arrival of two uniformed police officers who will probably ask them a number of questions and,
  - Are likely to ask them to formally identify the body of the child.
- Access to the body needs to be authorised by the Coroner
- Provide relevant information including the '**NSW Coroner's Court – a guide to services**' brochure (hard copy found in Purple Folder (CHW) or Death Folders (SCH). This information includes the family's right to submit an objection to a post mortem.
- Memorability (hand and foot / hair lock) must not be taken however the Coroner may offer this option to the family if requested. Social work at the Hospital will provide a handover to the Coroners' Counsellors which includes requests for viewings and/or mementoes and objections to the post mortem.

3.4 Identification of the body

- Next of kin or attending medical officer are required to identify the body to the Police Officer(s) on the ward.
- The Police Officer(s) may need to ask staff members and/or parents a number of questions to establish background information in order to complete a police report. However, staff members and parents are entitled to obtain legal assistance if they are required to provide a formal statement. Contact SCHN Medico-Legal Manager (CGU) in-hours and contact the Executive on-call after-hours. Refer to *Request for information from staff by the police* section below.

3.5 Request for information from staff by the police

- Where NSW Police are acting on behalf of the NSW Coroner, or are assisting in a Coronial investigation, any requests made by NSW Police for information, medical records and/or statements from staff must be made in writing to **Office of the Chief Executive**, or their delegate, being the **Director of Clinical Governance and Medical Administration**.

- No employee is compelled to provide a statement to a police officer. All employees are entitled to first seek legal advice or speak to their professional association / organisation before providing a statement to police.

Refer to the following policies for additional information:

- SCHN Police Enquiries and Police Access to Patients
- SCHN Subpoenas, Statements and Medico-Legal Requests Procedure

3.6 Transfer of the Body

One of two situations can occur:

1. The body may be transferred directly to the State Coroner's Mortuary at Glebe or
2. The body may be transferred to the Hospital Mortuary before being transferred to the State Coroner's Mortuary (Glebe).

Transferring the body to the Hospital Mortuary, as directed by Police Officers,

- Nursing or medical accompany body (and take the original of the 'Mortuary Patient Information Form') to the morgue and place the body in the fridge;
- Document the deceased patient's details in the 'Mortuary Log Book' in the morgue and leave 'Mortuary Patient Information Form' in the book (this must occur even if the body is directly transferred to the Coroner's from the Ward);
- Complete the patient information card and place it in the holder on the fridge door.
    - **At CHW:** There is only one large walk in fridge to place the body. If there is more than one large (adult size) body then the other large body may need to go to Westmead Hospital. Contact the After Hours Nurse Manager (or Histopathologist during normal working hours) to organise transfer to the morgue at Westmead Hospital - ph 9845 6244.
    - **At SCH:** Contact the surgical dressers via switch to organise transfer to the morgue (24 hour service)

OR

Transferring the body to the State Coroner's Mortuary (Glebe), as directed by Police Officers:

- **Hand-over the body** to the Contractors of the Forensic Institute on the ward.
- Original and copy of '**Mortuary Patient Information Form**' remain with Healthcare Record.

Police Officer

- Police Officer identifies the body to the Contractors of the Department of Forensic Medicine in the morgue and hands over "Report of Death of a Patient to the Coroner" (Form A).

Forensic Institute Contractors

- Sign out the body in the '**Mortuary Log Book**' and transfer to the Department of Forensic Medicine.

3.7 Contact: If there is still any doubt

Whether the death requires notification to the Coroner, the **Senior Clinician in charge** of the patient's care should discuss it directly with the Coroner as soon as possible: **State Coroner's Court (Glebe)**: 8584 7777 (9am – 4pm) or Duty Pathologist (Glebe) Department of Forensic Medicine on 8584 7821 (24 hours).

3.8 Additional information

- Some families have strong religious or personal objections to certain aspects of an autopsy. In this situation, it should be discussed directly with the Forensic Pathologist who may agree to perform a limited autopsy.
- Alternatively, the next of kin may submit an objection to autopsy to the Coroner (State Coroner's Court (Glebe): 8584 7777 9am-4pm Monday - Friday). Should the Coroner decide that the autopsy is required, the next of kin may apply to the Supreme Court within 48 hours of the death, to stop an autopsy occurring.

4 Documentation of Death

There are 3 documentation procedures when preparing the patients Health Care Record following death. These include the following:

- Non-Coroner's case *without* hospital autopsy (Appendix 1)
- Non-Coroner's case *with* hospital autopsy (Appendix 2)
- Coroner's Case (Appendix 3)

See Appendices 1-3 for death documentation checklists

The Senior Clinicians (or delegate) completes clinical documentation in the patient's Healthcare Record including a Medical Certificate of Cause of Death or Medical Certificate of Cause of Perinatal Death (if applicable) IF NOT A CORONER'S CASE. Other forms that may be required is a SCIDUA or CHASM (see section below)

4.1 Report of Death Associated with Anaesthesia/Sedation (SCIDUA)

If death occurred as a result of or within 24 hours of anaesthetic administration or a sedative drug administered in the course of a medical, surgical or dental operation or procedure. (Category 1 Scheduled Medical Condition). This form must be completed by the health practitioner who is responsible for the administration of the anaesthetic or sedative drug and ensure that the Chief Executive is notified of the death. A copy must be included in the Health Care Record and the original must be forwarded to the Director-General c/o SCIDUA.

4.2 Collaborating Hospitals Audit of Surgical Mortality (CHASM):

Advise the Clinical Governance Unit if the patient was under the care of a surgeon at some time during their hospital stay, regardless of whether an operation was performed. The

Consultant Surgeons may notify the CHASM office directly of deaths that have occurred under his/her clinical care by completing the Clinical Excellence Commission Form: Surgical Case Form.

- See appendices for documentation checklists (see appendices 1-3)

4.3 Nursing Responsibilities

Ward Nursing Staff

- Notify the mortuary (normal hours) or if the death occurs after hours contact the AHNM
- Contact Social Worker, and after discussion with family , contact Chaplain and other family members;
- Complete **nursing documentation** in the patient's Healthcare Record

Nursing Management

[NUM (or delegate) or if death occurs after hours, After Hours Nurse Manager (AHNM)]

- **At CHW:** Complete a Death Notification Form: http://chw.schn.health.nsw.gov.au/o/forms/patient_administration/death_notification.php
- **At SCH:** The Death Notification Form is completed by HIU
- Ensure the **Healthcare Record** is completed including documentation of all communications and procedures that have occurred, e.g. removal of medical devices, time of death and time of transport to the mortuary.
- Ensure the **Healthcare Record** is clearly marked and placed in the designated tray for the Ward Clerk to take to:

  CHW: Clinical Governance Unit (at CHW). *CGU will forward the Healthcare Record to the Health Information on completion of reviewing the death.*

  SCH: Health Information Unit. *CGU will access the Healthcare Records once scanned into the electronic medical record or will collect a hard copy if required.*

4.4 Cause of Death Certification

Note: A Cause of Death Certificate must not be completed if the death is a **Coronial Case**.

- There are 2 types of Death Certificates:
  - **i.** Medical Certificate of Cause of Death
  - **ii.** Medical Certificate of Cause of Perinatal Death (For neonates ≤28 days of age)
- The Senior Clinician responsible for the care of the deceased child leads the completion of the Medical Certificate of Cause of Death.
- Refer to the HETI Online module “Managing Death and Death Certification”

5 The Role of a Hospital Autopsy

- Most Hospitals are in favour of autopsies being performed. The advice of the Senior Medical Officer must always be obtained, however opinions differ regarding the value of a routine post mortem examination. In seeking permission for an autopsy from the parent(s)/next-of-kin, the details of the procedure should be discussed in an honest, informative and sensitive manner, desirably by a Senior Medical Officer known to the family.
- An autopsy is a surgical procedure, conducted with dignity and care by skilled Pathologists. It involves macroscopic inspection of the internal organs and microscopic examination of samples of tissues.

An autopsy does not disfigure the body any more than an operation does, the only changes in the outward appearance of the child being carefully stitched incisions, one from the sternum to the pubic symphysis and one across the scalp.

- An autopsy is likely to identify the cause of the child's death, confirm, or refute, the diagnoses made during life and the effects on vital organs. It may also clarify the effects, if any, of treatment given. In some instances, an autopsy may provide valuable information for the parents and other family members, particularly if an underlying genetic disorder is suspected. Under these circumstances, appropriate tissue samples are collected and analysed, cell lines are established for chromosome analysis and DNA extracted and stored for further genetic studies, which may be important for prenatal diagnosis of subsequent pregnancies.
- For religious, cultural and/or personal reasons, some families may be strongly against an autopsy, the organs be returned to the body or that a limited autopsy may be performed. This may include or exclude certain organs to be examined as it may or may not be relevant to the child's cause of death. It is possible to conduct a limited autopsy and must be clearly documented on the **Non-Coronial Post Mortem Consent & Authorisation SMR020.032** and be communicated to the Pathologist who will perform the autopsy. Preliminary results of the procedure is usually available within 2-3 days. A follow-up appointment with the family should be arranged to discuss the final report when available.
- Address with the family any possible impact on Funeral arrangements.

Additional Information at CHW:

- **Notes for Professionals about Post-mortem examination**: http://chw.schn.health.nsw.gov.au/ou/histopathology/resources/post_-_mortem_information/information_for_professionals.pdf
- **Information for Parents about Post-mortem Examination**: http://chw.schn.health.nsw.gov.au/ou/histopathology/resources/post_-_mortem_information/information_for_parents.pdf

5.1 Tissue removal/Peri-mortem specimen collection

If the death is reportable to the coroner, NO SAMPLE OF ANY KIND can be taken after death without the permission of the Coroner.

Refer to Appendix 3: Procedure 3 – Coroner's Cases

Refer to NSW Health Policy Directive [PD2013_001] **Deceased Organ and Tissue Donation – Consent and other Procedural Requirements**

Communication and Responsibilities

Admitting Medical Officer

- Contact the site specific **Genetic & Metabolic Consultant** on-call immediately in case of a possible genetic or metabolic disorder.

Designated Officer

- Authorises as appropriate the tissue removal / peri - mortem collection (see "Designated Officer" policy). **Note:** Coroner must approve tissue removal if Coroner's case.

It is imperative that samples are collected within 2 hours of death.

Collection of Samples and by Whom

- Please discuss with the on-call Metabolic Consultant for the Hospital.
- **During hospital working hours** (Monday – Friday 8.30am – 5.00pm)
  - **At CHW:** A member of the Histopathology team will be responsible for the collection. The metabolic team will assist in the processing and handling of the samples as required.
  - **At SCH:** Samples are taken by the Surgical Registrar and is provided to the anatomical pathophysiology team. Genetics will provide advice and help with coordination where possible.
- **After hours**
  (Monday – Friday 5.00pm – 11.00pm, Saturday/Sunday 8.30am – 11.00pm)
  - The Genetic & Metabolic Team from the hospital will in the first instance contact the Histopathologist/anatomical pathophysiologist on-call to coordinate timing of the specimen collection. If the Histopathologist/anatomical pathophysiologist is not available, the Surgical Registrar on call will be contacted. **At SCH:** specimens are always taken by the Surgical Registrar.
  - If a child dies after 11.00pm (**any day**) the Histopathologist/anatomical pathophysiologist on-call will be contacted as well as the Surgical Registrar.

    It is the responsibility of the Histopathologist/anatomical pathophysiologist (CHW only) or the Surgical Registrar to collect the muscle, liver and skin biopsies in the mortuary, and for suturing the incision made.

    Refer to the **Protocol on Sampling of Tissue for Possible Metabolic Cases** for additional information

6 Management of the Death of a Child in Emergency Department

- If resuscitation efforts are in process by Ambulance staff, they should be continued while the history is obtained and the response to resuscitation is assessed. If resuscitation efforts are ceased, the decision whether to make it a Coroner's Case proceeds as described in the rest of this document. See Coroner Case section to assist with determining if this is a Coroner's Case, then proceed to the correct documentation checklist in appendices 1-3.
- The child should be triaged and have a clerical entry made including GP and paediatrician details if possible.
- If the child presents to the Emergency Department and is certified 'dead on arrival', a Verification of Death (SMR010.530) form should be completed and the decision whether to refer to the Coroner proceed as described in the rest of this document. The Verification of Death form can be found on the intranet as a 'print on demand' form from the eMR/Forms Tab under Emergency - ED. Ensure a child pronounced 'dead on arrival' receives a Healthcare Record number
- The family should be given the option of staying with their child

7 Sudden Unexpected Death in Infancy (SUDI)

- In the event of a SUDI, refer to NSW MoH Policy Directive "Deaths – Management of Sudden Unexpected Death In Infancy":
  http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2008_070.pdf

8 Organ and Tissue Donation

For information (including organ donation in the event of a Coroner's Case) and contact details, refer to the following documents for Tissue and Organ Donation:

- SCHN Organ Donation: Brain Death Pathway
- SCHN Organ Donation: Circulatory Death Pathway
- NSW MoH Policy Directive "Deceased Organ and Tissue Donation – Consent and Other Procedural Requirements"

9 Designated Officers (DO)

To identify a Designated Officer within your hospital please contact your **hospital switchboard**. They will have the list of approved and certified DO.

Designated Officers are able to authorise donations to anatomical examinations, non-coronial post-mortems and organ and tissue donations. Please refer to the **Designated Officer Policy** for additional information on standard procedures for the appointment of a DO, their role and responsibilities.

10 Care of the Family

The following is a list of specific issues to be considered when supporting a family:

- Please call social work, who are available 24/7 to provide support to the family.
- Ensure **privacy** for the family to be with the child.
- **Prepare the family** by informing them of how the child looks, how the body will feel to touch, and of any odours in the room prior to them seeing their child.
- For children with an **infectious disease**, explain necessary precautions to the family and ensure they are adhered to. Parents are given the opportunity to farewell their child in the same manner as other children.
- **Determine the parent's wishes** and their level of involvement in washing and dressing their child. Inform parents that hand and footprints can be taken and offer the options of cutting a lock of hair and taking photographs. Support family members who wish to hold the child. (If not a Coronial Case). In Coronial Cases please see Coronial Case section for collecting memorability as this may be granted by the Coroner if requested.
- Consider **cultural (including Aboriginal), religious and spiritual issues** prior to handling the child's body. Open dialogue between health care professionals and parents is essential as many families want to adhere with their specific religious or spiritual needs. Please involve Health Care Interpreters for CALD families to assist with this communication. You may consult with our chaplains (who work ecumenically and maintain links with a range of denominations and religious groups in the community) or encourage the family to invite their spiritual leader to support them at the Hospital.
- Assist the family **contacting support people** (e.g. other family members, religious or pastoral care worker).
- **Refrigeration**: the maximum length of time a child's body can remain on the ward or un-refrigerated is 8 hours - after this time the body must be refrigerated in the Mortuary.
- Encourage the family to make and maintain contact with the primary care team, who may have known the child for several years and will be able to offer ongoing support.

10.1 Viewing of the body in the mortuary

It is preferable for the family to say good-bye to the child prior to the body being taken into the Hospital's mortuary. Inform families that they may view the child at the Hospital Mortuary and at the Funeral Home. If the family wish to see the body whilst in the morgue contact the Social Work Department to assist with these arrangements.

Procedure

- A Social Worker and where possible a nurse should accompany the relatives to view the body. The After Hours Hospital Co-ordinator should be made aware of the viewing
- Parents/relatives should wait in the Waiting Room while Histopathology/Anatomical Pathology staff (during working hours) or nursing staff (after hours) prepare the child for viewing in the Viewing Room. This involves placing the child on the bed or in the bassinette in the Viewing Room.
- The child is best removed from the refrigerator 2 hours prior to viewing to allow the body to feel less cold to the family. The body can be left in the Viewing Room unaccompanied as long as the room is locked.
- A roller slide is available to transfer the child's body to and from the viewing table. All equipment for preparation of the child is in the viewing room (e.g. quilt, bassinet).
- Staff should liaise with the family about how the family would like the child dressed.
- *Before* the family enter the viewing room, Histopathology/Anatomical Pathology staff (during working hours) or Nursing staff (after hours) should check the body for visible signs of body fluids or condensation. These fluids, if visible, can be distressing for the family and should be wiped away.
- Parents might wish to hold and to spend time alone with the child. The Social Worker will remain in the outside the viewing room for the duration of the viewing. Following the viewing, transfer the body back to the Mortuary refrigerator.

Note: All intervening doors should be kept closed.

Parents **must never** be taken into the Mortuary refrigeration room.

10.2 Parents wishing to transfer the body to funeral director

- In making this decision, please consider with the parents:
  - The distance the family need to travel
  - The condition of the body
  - Who else is travelling in the car
  - The parents' own capacity to manage this process

Consultant or delegate

- **Documents** the parents' wish in the child's Healthcare Record;
- Provides parents with a '**yellow' copy of the Death Certificate and a letter** briefly outlining the circumstances of the death and transport arrangements.

Social Worker or Delegate (AHNM or Team Leader)

- Provides **support** for parents and discusses transport and funeral arrangements;
- Advises parents that **health regulations** require that the body be transferred to a registered Funeral Director within 8 hours;
- Contacts the **Funeral Director** chosen by the parents to confirm their willingness to accept the body following transport by the parents; Provides the Funeral Director with a contact number for the Social worker (within and outside business hours) and ensure they have a contact number for the family.
- Advises **Histopathology/mortuary staff** and liaises with **Hospital Security** regarding the collection of the body by the parents from the loading dock, if the body is to be discharged via the mortuary;
- **Documents** the discussion with parents in the Healthcare Record regarding
  - taking the body into their care,
  - arrangements for transport and
  - referral to a funeral director (name, address & phone number of funeral home) in the child's Healthcare Record.

Parents are required to **sign** this entry, if the body is discharged into their care directly from the ward.

Ward Nursing Staff

- **Transfer the body** as usual to the mortuary or
- **Discharge the child's body** into the care of the parents on the ward.

Note:

The Mortuary log book must be completed with the child's details. This may either be completed by nursing staff involved after the child has been taken by the parents, PROVIDED THERE IS SOME CLEAR DOCUMENTATION IN THE NOTES INDICATING WHO HAS TAKEN THE CHILD, AND THE PARENTS HAVE SIGNED A RELEASE FORM TO THIS EFFECT.

Alternatively, if the child has been in the mortuary and the parents wish to transport the body, the log book may be signed by the parents together with the nurse or social worker IN THE MORTUARY VIEWING ROOM. AT NO TIME should parents be taken into the refrigeration area of the mortuary.

Mortuary Staff

- **As appropriate, prepare the body for transport** (small bodies may be packed in a polystyrene box with ice – normal ice, not dry ice)

Parents

- **Sign the Social Worker's (or Delegate's) entry in the Healthcare Record**, if the body is discharged into their care directly from the ward.
- If the body is discharge via the mortuary, parents **sign the 'Mortuary Log Book'** in the viewing room (witnessed and co-signed by the social worker [or delegate]) when taking

the body into their care. **At NO time** should parents be taken into the refrigeration area of the mortuary.

- If the parents refuse to fully comply with NSW Health policy, eg refuse to use a bag or a car restraint, they are **required to sign a statement** such as "*I am taking my child home in a way that does not comply with Public Health Policy*" scanned into the Healthcare Record as correspondence.

10.3 Parents wishing to take the child's body home

Consultant or delegate

- **Document** the parents' wish to take their child's body home in the Healthcare Record;
- Provides parents with a **copy of the Death Certificate and a letter** briefly outlining the circumstances of the death and transport arrangements.

Social Worker or Delegate (AHNM or Team Leader)

- Provide **support** for parents and discuss their transport and funeral arrangements;
- Advise parents that **health regulations** require that the body be transferred to a registered Funeral Director within eight hours;
- Contact **funeral directors** chosen by the parents regarding the collection of the body from the parents' home; ; Provides the Funeral Director with a contact number for the Social worker (within and outside business hours) and ensure they have a contact number for the family.
- Advise **Histopathology/mortuary staff** and liaise with **Hospital Security** regarding the collection of the body by the parent(s) from the loading dock, if the body is to be discharged via the mortuary;
- **Document** the discussion with parents in the Healthcare Record regarding:
  - taking the body into their care,
  - arrangements for transport and
  - referral to a funeral director (name, address & phone number of funeral home) in the child's Healthcare Record.

Parents are required **to sign** this entry, if the body is discharged into their care directly from the ward. (**At CHW**: In PICU or GCNC, please make a paper entry in the record.)

Ward Nursing Staff

- **Transfer the body** as usual to the mortuary or
- **Discharge the child's body** into the care of the parents on the ward.

> **Note:**
>
> The Mortuary log book (located in the mortuary) must be completed with the child's details. This must be completed by nursing staff involved after the child has been taken by the parents, PROVIDED THERE IS ALSO SOME CLEAR DOCUMENTATION IN THE NOTES INDICATING AS TO WHO HAS TAKEN THE CHILD, AND THE PARENTS HAVE SIGNED A RELEASE FORM TO THIS EFFECT.
>
> Alternatively, if the child has been in the mortuary and the parents wish to transport the body, the log book may be signed by the parents together with the nurse or social worker IN THE MORTUARY VIEWING ROOM. AT NO TIME should parents be taken into the refrigeration area of the mortuary.

Mortuary Staff

- **As appropriate, prepare the body for transport** (small bodies may be packed in a polystyrene box with ice – normal ice, not dry ice)

Parents

- **Sign the Social Worker's (or Delegate's) entry in the Healthcare Record**, if the body is discharged into their care directly from the ward.
- If the body is discharged via the mortuary, parents **sign the 'Mortuary Log Book**' in the viewing room (witnessed and co-signed by the social worker [or delegate]) when taking the body into their care. **At NO time** should parents be taken into the refrigeration area of the mortuary.
- If the parents refuse to fully comply with NSW Health policy, eg refuse to use a bag or a car restraint, they are **required to sign a statement** such as "*I am taking my child home in a way that does not comply with Public Health Policy*" scanned into the Healthcare Record as correspondence.

11 Care of the Child (body)

Proceed with the following if NOT a Coroner's Case

Consider cultural, religious and spiritual preferences prior to handling of the child's body. Always be in communication with the parents to determine their wishes and grant their level of involvement in washing and dressing their child. Inform parents that hand and footprints can be taken using a stamp pad or paint and offer the options of cutting a lock of hair and taking photographs.

Consider the following when caring for the body:

- Use standard precautions when attending to the body and/or body secretions.
- Position body flat in bed with a small pillow under head and neck to elevate head and shoulders.
- Close the eyelids and straighten limbs (arms positioned either by the side of the body or crossed over the child's abdomen. Ensure legs are straight
- If the mouth is open, support the chin with a rolled towel or nappy and leave in position for as long as possible.
- Discuss removal of medical devices with the family (e.g. feeding tubes, oxygen, drains, CVC). Do not remove sutures, clips or staples and tape any gaping wound closed. If drainage from a wound is excessive, cover it with an absorbent or occlusive dressing. Note: Central lines can be used for embalming (if required).
- Remove any jewellery or valuables and give them to the family. If the family does not want them removed, document this in the child's Healthcare Record. Document if the family wishes to have other special items (e.g. toys, cards) remain with the child.
- If the child's skin or clothes are contaminated with body fluids wash the skin with soap and water and dress the child in clean clothes. Parents may choose to wash and dress their child or may prefer staff to attend to this. Please support the parents' decision.
- Consider catheterising the patient if older child **only if bladder appears distended.** A child or baby can be incontinent after death - consider using nappies even if the child has not previously worn them.
- Dress the patient. (Social Work Department has access to clothing if needed)
- The family may choose to pack up belongings themselves. Offer support and provide bags if required. If the family prefers for staff to attend to this:
  - Check bed unit and drawers for belongings.
  - Pack all belongings; use hospital bag, if required.
  - Handover all belongings to a parent or family member or arrange for them to be picked up at a later date from the Social Worker or Nursing Unit Manager.
- Ensure the body has two identification labels attached (one on the wrist and one on ankle).
- Complete three additional identification tags. These tags are to be placed on the body, on the covering sheet and the on the refrigerator door. Use adhesive tape only (never use safety pins)

11.1 Infectious Considerations

If the child had an infectious disease listed under List A or List B on the 'Mortuary Patient Information Form', the body must be double (2) bagged using two standard body bags. The body should not be washed using antiseptic solution.

List A: Creutzfeldt-Jacob disease, Hepatitis C and Human Immunodeficiency Virus Infection (HIV) *(list amended from time to time)*

List B: Diphtheria; Plague; Respiratory Anthrax; Smallpox; Tuberculosis; or any Viral Haemorrhagic Fever (including Lassa, Marburg, Ebola and Congo-Crimean fevers) *(list amended from time to time)*

- The body is then moved onto the Mortuary trolley. Care should be taken to avoid manual handling incidents. A roller slide is available in the Mortuary to assist with this task. It is easier for two people to transfer the body onto the Mortuary trolley.
- Place the remaining two patient identification labels on two mortuary cards
- One labelled card is taped onto the body bag.
- The other card stuck on the refrigerator door to alert Mortuary staff to the presence of a body.
- If the child had an infectious illness identified on Lists A or B (see above), circle the infectious illness on the reverse side of the card.
- Move the Mortuary trolley into the refrigerator. Small infants may be placed on a shelf within the fridge.

12 Aboriginal Services

Aboriginal Health Worker at SCHN

The Aboriginal Liaison Officer can be contacted during normal working hours, via the Social Work Department to support Aboriginal families or staff in the event of the death or a sudden serious deterioration of an Aboriginal child in hospital.

Important information relating to Aboriginal families

When a child is dying or has died the Aboriginal community members may gather at the hospital resulting in a large number of female members to be present. They may request for the child to die near a window or even outside to die. Where possible these wishes should be respected.

Decision Making

- Staff should be aware that a decision may not be made solely by the mother and father, but may be made by the extended family and/or Elders who play an important role. Reasonable time should be given to the family and Elders to make the decision. (For example withdrawal of treatment or non-coronial autopsy)

Contacting Parents/Primary Care Givers

- If the parents or primary care givers are not present at the hospital in the event of a sudden death or serious deterioration of a child and are not contactable by phone, the Aboriginal health Worker should contact the closest Aboriginal Medical Service (AMS) to the family's place of residence.
- If the AMS cannot contact the family, Police have access to the Aboriginal Community Liaison Officer (ACLO), who will visit the family home to inform them to immediately contact the relevant hospital.

Transport of the deceased child's body

- Offer the family the service provided by the Aboriginal Medical Service who has deceased persons van that takes Aboriginal family members back home to their homelands. Please contact the Aboriginal Health Worker or Social Work to assist in the organisation of the transport.

Bereavement Follow-up

- Following the death of a child, the Aboriginal Liaison Officer and Social Worker will organise follow-up care with the family through Aboriginal Medical Service closest to the family's place of residence and/or other relevant supports.

Aboriginal Cultural and significant considerations when viewing the child

- Aboriginal Health Worker with Social Work will discuss with parent/s the options available for viewing the child's body at the Hospital. This may require two separate visits by Aboriginal males and Aboriginal females.
- If appropriate, Aboriginal Health Worker should accompany the relatives to view the child.

13 The Role of Social Work

Social workers provided psycho-social assessment and intervention to parent, siblings and extended family with end of life care discussions, time leading up to the time of death (whether this be associated with a trauma or long term illness) and bereavement follow-up. The Social Work Department provides a 24 hour service to families experiencing the death of a child with the Oncall Social worker available after hours on weekdays or weekends.

Social workers have skills in psycho-social assessment that include identifying risk issues that may complicate the bereavement or vice versa including:

- FaCS involvement
- Parental substance use
- Parental mental health issues
- Family violence

Social workers provide a range of support including:

- Crisis and grief counselling
- Psycho-education and provision of information around parental grief responses, supports for grandparents, and development appropriate resources for siblings
- Facilitation of mementoes including hand and foot prints, moulds of hands and feet, photography, jewellery, and locks of hair. Social workers also support families in being active participants in creating mementoes, if appropriate.
- Follow up facilitation of viewings with family members at the Morgue viewing room
- Support navigating the Coroners' process including parental rights regarding objections to post mortems and handover to the Coroner's counsellors.
- Information regarding and assistance with organisation of the child's funeral, this includes financial aspects such as application to Centrelink or relevant charities.
- Communication with extended family, friends and other community agencies (e.g.: school Centrelink) about the child's death.

Social Work Department will:

- Document in the Health Care Record a Bereavement Care Plan for the family
- Facilitate meetings with the clinical teams after the child's death
- Referral to hospital base or community bereavement counselling.
- Send a first year anniversary card to the family
- Invitation to Hospital based Services of Remembrance

Appendix 1 – Procedure 1 Checklist: Non-Coroner's Case – No Hospital Autopsy

Coronial Check list completed SMR010.513 Yes ☐ No ☐
Decisions regarding Non-Coroner's Case and No-Hospital Autopsy have been discussed with Consultant in charge of Child's care

Print Consultant's name: _____

Medical Certificate of Cause of Death SMR010.509
OR Medical Certificate of Cause of Perinatal Death (For patients ≤28 days of age)

- Completed, signed and enclosed into the envelope ☐

Consideration of Organ or Tissue Donation discussed with the family
Yes ☐ No ☐ N/A ☐
Required documentation will be advised by the Organ Donation Specialist

Attending Practitioner's Cremation Certificate SMR010.520

- Completed, signed and enclosed (If required) ☐

Health Care Record Documentation

- Completed and signed ☐

The Health care records are sent immediately to the Health Information Unit for scanning, or as soon as practical in black plastic confidentiality bag.

Identification Bands

- Ensure 2 correct identification bands are place on the patient ☐

Notifications

- Child's managing team notified if not completing death paperwork
  Yes ☐ No ☐ N/A ☐
- General Practitioner Notified Yes ☐ No ☐
- NUM or AHNM Notified Yes ☐

Additional documentation may be required:

- Report of Death Associated with Anaesthesia/Sedation SMR010.513

  Completed, signed and enclosed in the envelope N/A ☐ Yes ☐

Funeral Directors:
Provide the yellow copy of the Medical Certificate of Cause of Death SMR010.509 and if applicable the Attending Practitioner's Cremation Certificate SMR010.520 to the funeral directors.

Appendix 2 – Procedure 2 Checklist: Non-Coroner's Case – Hospital Autopsy

Coronial Check list completed SMR010.513 Yes ☐ No ☐
Decisions regarding Non-Coroner's Case and Hospital Autopsy have been discussed with Consultant in charge of Child's care
Print Consultant's name: _____

Prior to obtaining consent for hospital autopsy:
Allow informed discussion with parents / carers about the extent & details of the post-mortem examination required to help answer the clinical questions about their child's illness and death, e.g. retention of tissue or organs. (See also Information for Professionals about Post-mortem examinations)

Request for Post Mortem discussed with Anatomical Pathologist/Histopathology
- In hours (0830-1730hrs) call the Anatomical Pathology/Histopathology Department
- Out of hours, call the Anatomical Pathologist/Histopathologist on call through switch

Non-Coronial post mortem consent & authorisation SMR020.032
- Consent Form completed and enclosed:
  - Parent(s)/next-of-kin signed ☐
  - Witness signed ☐
  - Designated Officer signed ☐
- Copy of consent form given to Parent(s)/next-of-kin (legal requirement**)** ☐

Medical Certificate of Cause of Death SMR010.509
OR Medical Certificate of Cause of Perinatal Death (For patients ≤28 days of age)
- Completed, signed and enclosed into the envelope ☐

Consideration of Organ Donation discussed with the family Yes ☐ No ☐ N/A ☐
Required documentation will be advised by the Organ Donation Specialist

Attending Practitioner's Cremation Certificate SMR010.520
- Completed, signed and enclosed in the envelope enclosed (If required) ☐

Health Care Record Documentation
- Completed and signed ☐

The Health care records are sent immediately to the Health Information Unit for scanning, or as soon as practical in a black plastic confidentiality bag

Identification Bands
- Ensure 2 correct identification bands are placed on the patient ☐

Notifications
- Child's managing team notified if not completing death paperwork
  Yes ☐ No ☐ N/A ☐
- General Practitioner Notified Yes ☐ No ☐
- NUM or AHNM Notified Yes ☐

Additional documentation may be required:
- Report of Death Associated with Anaesthesia/Sedation SMR010.513

Completed, signed and enclosed in the envelope N/A ☐ Yes ☐

Funeral Directors:
Provide the yellow copy of the Medical Certificate of Cause of Death SMR010.509 and if applicable the Attending Practitioner's Cremation Certificate SMR010.520 to the funeral directors.

Appendix 3 – Procedure 3 Checklist: Coroner's Case

DO NOT DISTURB THE BODY

Coronial Check list completed SMR010.513 Yes ☐ No ☐
Decisions regarding Coroner's Case have been discussed with Consultant in charge of Child's care
Print Consultant's name: _____

Report of Death of a Patient to the Coroner (FORM A) completed SMR010.510
Completed and signed ☐

- o Original White copy is provided to the Coroner's Office
- o Duplicate White copy is for the Police
- o Triplicate White with Green Writing copy will maintain as part of the Health Care Record

Police Notified ☐

- **CHW:** Parramatta Police 9633 0799 or **SCH:** Maroubra Police 9349 9299

Provided relevant information to Parent(s)/next-of-kin
Including 'The Coroner's Court' information brochure ☐

Hospital autopsy or Organ Donation

If a hospital autopsy, diagnostic tissue or organ donation is requested, the Senior Medical Officer MUST discuss with coroner first and only proceed if family consents. An autopsy may be performed by a paediatric pathologist only with the approval of the coroner.

If removal of tissue after death or hospital autopsy is required and has been approved by the coroner, the following forms are required:

- **Request for Post Mortem discussed with Anatomical Pathologist/Histopathology** In hours (0830-1730hrs) call the Anatomical Pathology/Histopathology Department
- Out of hours, call the Anatomical Pathologist/Histopathologist on call through switch

- **Non-Coronial post mortem consent & authorisation SMR020.032** N/A ☐ Yes ☐
  - Consent Form completed and enclosed:
    - o Parent(s)/next-of-kin signed ☐
    - o Witness signed ☐
    - o Designated Officer signed ☐
  - Copy of consent form given to Parent(s)/next-of-kin (legal requirement) ☐

Notifications

- Child's managing team notified if not completing death paperwork
  Yes ☐ No ☐ N/A ☐
- General Practitioner Notified Yes ☐ No ☐
- NUM or AHNM Notified Yes ☐

Additional documentation may be required:

- **Report of Death Associated with Anaesthesia/Sedation SMR010.513 (if applicable)**

Completed, signed and enclosed in the envelope N/A ☐ Yes ☐

- ***SUDI Medical History SMR040.250*** (if applicable)

Completed, signed and enclosed in the envelope N/A ☐ Yes ☐

Health care record Documentation

- Completed and signed ☐