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. It is essential to consider the strengths, needs and wishes of Aboriginal families before, during and after the death of a child.

- 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 Donation - Neurological Death Pathway and Circulatory Death Pathway
  - Determination of Neurological Death
  - Death - Management of Sudden Unexpected Death in Infancy (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 Coronial case or if a hospital post mortem is required.
  - Documentation including completion of the Medical Certificate of Cause of Death.
  - Roles of the Designated Officer.
  - Social Work involvement
  - Aboriginal Health Worker involvement
  - Consideration of different cultures and religions
  - Transferring the deceased to the mortuary
  - Parents' wishes (taking the child home or to the Funeral Directors or viewing the child)
  - Care of the child's body
  - Caring for the family
  - Other considerations after death, including infectious or hazardous concerns.

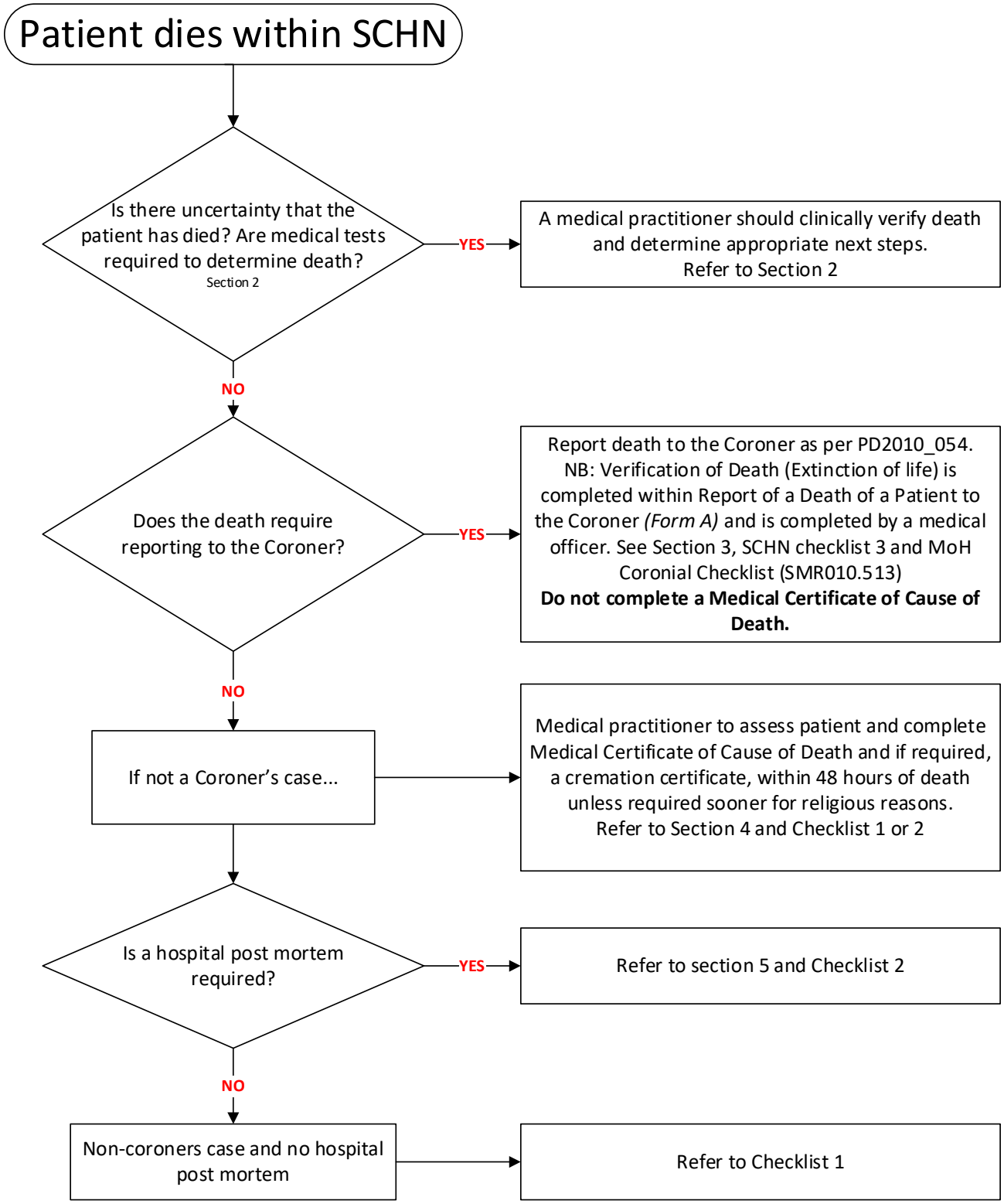
CHANGE SUMMARY

- Acknowledgment of Country and Statement of Commitment to Aboriginal Families and Communities
- Where relevant we have identified when processes are different on each of the three sites, Children's Hospital Westmead (CHW), Sydney Children's Hospital Randwick (SCH) and Bear Cottage
- Changes in deaths reportable to the Coroner. Reporting is no longer required if the deceased person had not seen a medical practitioner within the six months prior to death (March 2020)
- Inclusion of Reporting Pathway for Child Palliative Care Deaths (page 12)
- There is a terminology change from brain to neurological death (page 24)
- Verification of Death: as advised by NSW Health in PD2021_029 there is change in time for determining circulatory death from 3 to **5** minutes (page 9)
- Updates on Infectious Disease Considerations, including COVID 19 (page 35)
- Reference to Hazardous Medications (page 36)
- Updated guidance on documenting in the health care record of the deceased child (page 40)
- Inclusion of a Chapter on Staff Wellbeing and Support (page 41)
- Inclusion of a Chapter on The Role of the Chaplains in Bereavement (page 41)
- **6/8/21** – minor amendments such as correcting a form number; added CHW-specific information relating to mortuary processes and transferring a body from the new ED; and updating and adding links to additional resources and new MoH Policy Directive (PD2021_029).

READ ACKNOWLEDGEMENT

- All clinical staff should be aware of this policy

Flowchart



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Related policies

- Organ Donation - Neurological Death Pathway and Circulatory Death Pathway
- Determination of Neurological Death
- Tissue Donation Pathway
- Death - Management of Sudden Unexpected Death in Infancy (SUDI)
- Deaths – Review and Reporting of Perinatal Deaths
- Resuscitation Plans – End of Life Decisions
- Verification of Death and Medical Certificate Cause of Death
- Coroners Cases and the Coroners Act 2009
- SCHN Police Enquiries and Police Access to Patients
- SCHN Subpoenas, Statements and Medico-Legal Requests Procedure

Links to additional resources and education slides

- Coroner's Paediatric Palliative Care Deaths Guide
- Post Mortem Examination – Information for Professionals Brochure
- Post Mortem Examinations – Information for Parents Brochure
- Bear Cottage – After Death Transfer Checklist from Hospital to BCI
- Letter for the parents wishing to transport their child's body home
- Documentation Process of Release of a Deceased Child's Body at SCH
- Education – Death of a Child Procedure

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Acknowledgement of Country

SCHN respectfully acknowledges Aboriginal people as the traditional custodians of the land on which our health facilities are located and the areas to which our patients are spiritually connected. We acknowledge the strength, wisdom, compassion and care Aboriginal people have for their kinship, language, culture and spiritual connection to country.

Statement of Commitment

SCHN recognises Aboriginal communities as the first peoples of Australia with a long-standing culture that remains a principal part of the Australian identity. As such it is a culture that is respected, valued and celebrated by our staff, services and in our surroundings.

We pay our respects to the Elders, community members, our Aboriginal staff, and the Aboriginal services and organisations who work closely with us to improve the health and wellbeing of Aboriginal children and young people.

We are committed to ensuring Aboriginal families and communities have access to services that are culturally responsive, holistic and comprehensive, engaging, well-resourced and flexible. We recognise events of the past continue to cause pain and suffering for Aboriginal people and communities today. We acknowledge further conversations and action is necessary to truly heal the wounds of our shared history. As a provider delivering healthcare services locally and state-wide, we are committed to walking alongside Aboriginal people in true partnership and collaboration as we strive to deliver the highest quality of healthcare services to children and young people.

Over our Tracks - SCHN Aboriginal Health Strategic Plan 2018 - 2021

Our commitment to the highest quality of care includes the care of Aboriginal children, young people and their families before, during and after end of life.

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Definitions

Child: Child – includes neonate, infant and young person.

> In this document for ease of reading, we have generally used the term child, which includes children and young people up until the age of 18 years. We have sometimes used the term infant where this seems the most appropriate term e.g. when referencing another relevant policy, Sudden Unexpected Death in Infancy (SUDI).

Child in care - A child or young person under the age of 18 years:

- Who is under the parental responsibility of the Minister administering the Children and Young Persons (Care and Protection) Act 1998, or
- For whom the Director-General of the department of community services or a designated agency has the care responsibility under section 49 of the Children and Young Persons (Care and Protection) Act 1998, or
- Who is a protected person within the meaning of section 135 of the Children and Young Persons (Care and Protection) Act 1998, or
- Who is the subject of an out-of-home care arrangement under the Children and Young Persons (Care and Protection) Act 1998, or
- Who is the subject of a sole parental responsibility order under section 149 of the Children and Young Persons (Care and Protection) Act 1998, or
- Who is otherwise in the care of a service provider.

Parental responsibility, in relation to a child or young person, means all the duties, powers, responsibilities and authority that, by law, parents have in relation to their children.

Health Care Record (Medical Record): In most health settings, the health care record is commonly referred to as the 'medical record'. However the correct term as per NSW Health policy, is health care record. Subsequently throughout this document we have used the term health care record.

When a health care record exists in both paper and electronic formats, it is referred to as a hybrid record and health care personnel must at all times have access to information that is contained in each part. In this document we have generally referenced the 'health care record' with occasional references to the electronic medical record (eMR) or paper based records where relevant.

Perinatal deaths includes all of the following:

- Stillborn babies from 20 weeks gestation
- Stillborn babies of any gestation who are 400 grams or more in weight
- All live-born babies who die within 28 days of birth, regardless of gestation or weight

Sudden, unexpected death of an infant (SUDI):

- Less than 12 months of age **AND**
- Where the cause was not immediately apparent at the time of death.

This definition excludes infants who die unexpectedly in misadventures due to external injury (such as transport incidents) and accidental drowning.

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Abbreviations

AHW	Aboriginal Health Worker
AHNM	After Hours Nurse Manager
AMS	Aboriginal Medical Service
CALD	Culturally and Linguistically Diverse
CG	Clifton Gardens (Cool Room Bear Cottage)
CGU	Clinical Governance Unit (SCHN)
CHW	Children's Hospital Westmead
CNE	Clinical Nurse Educator
CSA	Clerical Support Assistant
CICU	Children's Intensive Care Unit (SCH)
DCJ	Department of Communities and Justice (formerly known as FACS)
DO	Designated Officer
DSN	Donation Specialist Nurse
EAP	Employment Assistance Program
ED	Emergency Department
eMR	Electronic medical record
GP	General Practitioner
HIU	Health Information Unit
MCCD	Medical Certificate Cause of Death
MRN	Medical Record Number
NDIS	National Disability Insurance Scheme
NM	Nurse Manager
NUM	Nurse Unit Manager
PICU	Paediatric Intensive Care Unit (CHW)
PSA	Patient Support Assistant (Porter)
POWH	Prince of Wales Hospital
SCHN	Sydney Children's Hospital Network
SW	Social Worker

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1 Introduction

This procedure guides SCHN staff in caring for the child and their family before during and after death. At some time during our careers healthcare professionals are likely to be involved in the care and support of the dying child and their family. Although the experience may be personally challenging at times, it is our responsibility to ensure that the parents/carers and family are fully informed and optimally supported and comforted. Alongside the medical and nursing teams, a range of staff are available to provide this support. This includes Social Workers, Aboriginal Health Workers, Child Life Therapists, Music Therapists and Chaplains.

In the event of a death, the initial steps are to assess the child 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:

i. Coroner's cases

ii. Non-Coroner's case - no hospital post mortem

iii. Non-Coroner's Case – hospital post mortem

The SCHN Clinical Governance Unit (CGU) prepares death documentation packs with the essential forms for each of these circumstances, some of which are not available electronically.

The **relevant forms** are found in the death document packs available in the following hospital locations:

- **At CHW:** Emergency Department (ED), Paediatric Intensive Care Unit (PICU), Oncology Ward and Operating Suite. Other Wards can request packs from PICU.
- **At SCH:** Emergency Department (ED) and Children's Intensive Care Unit (CICU) and Oncology Ward. Other Wards can request packs from CICU.
- **At Bear Cottage** The relevant forms are found in the Completion of Care folder in the cupboard in the Hub. The Medical Certificates for Cause of Death (MCCD) are not in the folder but are in the same cupboard.

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2 Verification of Death

- Verification of Death is done by demonstrating all of the following:
  - **i.** No palpable carotid pulse, and
  - **ii.** No heart sounds heard for **5 minutes**, and
  - **iii.** No breath sounds heard for **5 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 MoH Policy Directive PD2021_029 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 verification of a child's death by a medical officer, the following must be completed by the medical officer in the child's medical record (eMR):
  - Date and time of the child's death;
  - A clear documentation of observations and findings on cardio-respiratory examination on which death of the child was verified;
  - Relevant circumstances under which the child has been verified dead;
  - Who has been notified of the child's death including and as appropriate, parents/carers, senior Medical Officer(s), Social Worker, Aboriginal Health Worker, Coroner, Department of Communities and Justice (DCJ, formally FACS), if involved.
  - What has been discussed with the parents/next-of kin? (e.g. post mortem examination, tissue removal/peri-mortem specimen collection, Coroner's inquest);
  - State the documentation which has been completed, i.e. checklist and relevant forms.

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3 Coronial Cases

IMPORTANT: In a Coronial case any contact with the child's body must be supervised and the body must not be disturbed after death.

This means:

DO NOT remove any IV lines, drains, dressings or tubes,

DO NOT clean any part of the body

DO NOT perform hand or foot prints or take locks of hair

DO NOT issue a Medical Certificate Cause of 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 (SMR010.513) must be completed to determine whether a death should be reported to the Coroner.

A death must 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 Chapter 5.3 provides guidelines regarding whether a death is a reasonable expected outcome of a health related procedure.

Coronial Cases

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

- If a child is in care, or the child's death is or may be due to abuse or neglect or that occurs in suspicious circumstances (see below specific circumstances relating to the death of a child; See Definitions for a Child in Care).
- A violent or unnatural death;
- A sudden death, the cause of which is unknown;
- Under suspicious or unusual circumstances;
- 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;

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- 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 the Department of Communities and Justice (DCJ), he/she refers the case to the Police, who will confirm with the DCJ whether a report has been made, investigate and refer the case to the Coroner.

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3.2 Reporting Child Palliative Care Deaths to the Coroner

When it is anticipated that a terminally ill infant or child who has been receiving palliative care will die and their death would normally be reportable to the Coroner because *the child is in care or the child or a sibling have been the subject of a risk of significant harm report in the 3 years prior to death*, an alternative pathway for reporting the death to the NSW Coroner is available. An advance application can be made to the Office of the State Coroner of NSW requesting that the death be dealt with under the guidelines in the **Case Management Note re s24 of the Coroner's Act**. At SCH/CHW this application will be made either by the Palliative Care Team or the Primary Team. At Bear Cottage the process will be initiated by the Nurse Manager/Nurse Unit Manager or the Staff Specialist.

- See Coroner's Paediatric Palliative Care Deaths Guide.

The Primary Team and the Palliative Care Team will have the details of the approval obtained from the NSW Coroner's Office. This should also be documented in eMR together with clear guidance on the steps to follow after the child dies and details of who is available to assist with ensuring appropriate notification occurs as per the guidelines at the link above.

At the time of the child's death, the Coroner is contacted to report the death and if the Duty Coroner consents to varying the usual reporting arrangements as per the application submitted, it is **NOT** necessary to report the death to the Police AND it is **NOT** necessary to transfer the body to the Department of Forensic Medicine for a post mortem. In this situation memory making such as handprints, footprints, locks of hair can be done before and after death.

When completing the online SCHN death notification form (see 4.3), the death is still entered as reportable to the Coroner.

3.3 Providing the Health Care Record to the Coroner

In the event of a death that is referred to the Coroner, any paper health care records must be sent to the **Health Information Unit (HIU)** where, during business hours, a copy of the **entire** health care record will be made for the Coroner within 24 hours. HIU is not available after hours and if the death occurs after hours, the health care record will be provided to the Coroner within 24hrs from the time HIU resumes business hours.

The original paper health care record must stay within the facility, as per Coroners Act 2009. Refer to PD2010_054 Chapter 9.3 Transfer of medical records to forensic pathologists for post mortem)

3.4 Information for families

The Senior Medical Officer or delegate, ideally with the support of the Social Worker and Aboriginal Health Worker (where applicable), informs parents of the following:

- The need to report their child's expected/unexplained death to the Coroner, whose role it is to try and identify why/how their child died.
- That this process requires hospital staff to leave all medical equipment in place on their child's body (to help the Coroner determine that the appropriate medical treatment was provided)

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- If they wish, they will be able to see their child again once all the medical equipment has been removed, either at the Department of Forensic Medicine at Lidcombe or with their Funeral Director.
- They should expect the arrival of Police Officers who will ask them a number of questions and are likely to ask them to formally identify the body of the child.
- They are not able to touch their child's body and that Police approval is required before extended family can see the child.
- That the Police may also wish to visit their home or the location where the child was prior to attending hospital.
- Basic information about the coronial process including giving them the brochure, Initial steps after a death is reported to the Coroner (a hard copy may be found in the death documentation packs)
- This brochure includes information about the family's right to submit an objection to a post mortem.
- If the family advises of an objection, the attending Police should be informed of this.
    - Social Workers can assist the family with submitting written objections to a post mortem - The letter should be emailed to lidcombe.coroners@justice.nsw.gov.au or faxed to the court on (02) 8584 7788 to prevent undue delay. Please ensure that the subject heading on the email/FAX is **'OBJECTION TO POST MORTEM"**
    - The Social Worker will document the process in the eMR
- Unless the Coroner gives express permission, memory making activities (hand and foot prints/ hair lock) must not be undertaken at any time during the child's admission, if it is expected that their death will be reported to the Coroner (this means no memory making before and after death)
    - The Forensic Medicine Social Worker at the Coroner's Complex will offer the option of mementos to the family once the examination of their child's body is completed
- Social Workers at the hospitals will provide an email handover to the Forensic Social Workers at the Coroner's Complex, this includes requests for viewings and/or mementos. The email address for handover is: NSWPATH-FASS-FMSYD-SocialWork@health.nsw.gov.au

3.5 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.

3.6 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, 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.

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However any requests made by NSW Police for information, medical records and/or statements from staff must be made in writing to the **SCHN Chief Executive**, or their delegate, being the **Director of Clinical Governance and Medical Administration**.

Subsequently information can only be provided to the Police under the following conditions:

- SCHN Executive Approval and authorisation is given in writing
- A subpoena has been provided by the police
- A warrant has been provided by the police

If one of these conditions is met, it is the responsibility of the HIU/Medico-Legal Team to provide the relevant health care record information to the Police

For more information regarding Police requests, during business hours contact the SCHN Medico-Legal Manager, Clinical Governance Unit and after hours, contact the Executive On-call.

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

3.7 Transfer of the Body for Coronial Cases

One of two situations can occur:

1. **The deceased child's body is not transferred to the hospital mortuary but may be transferred directly to the State Coroner's Mortuary at Lidcombe, as directed by the Police**:
    - Police Officer identifies the child's body to the State Contractors of the Department of Forensic Medicine on the ward/unit
    - The Police are provided with the white duplicate copy of the *Report of Death of a Patient to the Coroner (Form A)*
    - The State Contractors are provided with the original white copy of the *Report of Death of a Patient to the Coroner (Form A)*
    - The State Contractors transfer the child directly from the ward/unit to the Coroner
    - The triplicate (white with **green** writing) copy of *Form A* remains with the health care record
    - **CHW only** - Original copy of the *Mortuary Patient Information Form (CS17)* to go to the Mortuary and copy to remain with the health care record
    - **CHW Only**– Transfer of the Child's body from ED – The Police should be advised to request that the government contractor enters via the ambulance entry bay. Staff will assist them in accessing ED via the lifts. Once the government contractor arrives,

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the family to say their goodbye in ED. Once they leave, the government contractors will take the child's body out of ED via the lifts to the ambulance bay.

- Record the transfer in the Mortuary Register. This record must occur at each site even if the body is directly transferred to the Coroner's from the Ward.

OR

2. **The deceased child's body may be transferred to the hospital Mortuary before being transferred to the State Coroner's Mortuary (Lidcombe), as directed by Police Officers**

At CHW:

- The Police are provided with the white duplicate copy of the *Report of Death of a Patient to the Coroner (Form A)*
- Nursing or medical staff accompany the child's body and all of the death documentation (in an envelope) to the Mortuary and place the child's body in the fridge
- Document the deceased patient's details in the *Mortuary Register* and leave the original *Mortuary Patient Information Form, CS17* in the book
- Complete the patient information card and place on the fridge door
- The State Contractors call Mortuary staff during Business hours and the AHNM After hours to arrange the time to get the documentation: the original white copy of *Report of Death of a Patient to the Coroner (Form A)* and collect the deceased child
    - The State Contractors sign out the child's body in the Mortuary Register and transfer the child to the Department of Forensic Medicine
- There is only one large walk in fridge in which to place the child's body. If there is more than one large (adult size) body then the other body may need to go to Westmead Hospital.
    - Contact the Histopathologist during Business hours and After hours, the AHNM to organise transfer to the mortuary at Westmead Hospital if necessary
- The triplicate (white with **green** writing) copy of *Form A* and the *Coronial Checklist* remain in the envelope and are sent as soon as possible to HIU.

At SCH:

- The Police are provided with the white duplicate copy of the *Report of Death of a Patient to the Coroner (Form A)*
- Nursing staff contact the Prince of Wales Hospital (POWH) Mortuary Attendant or Wardsperson via Switch to organise transfer to the POWH Mortuary (24 hour service) (Note; a Wardsperson was previously known as a *Surgical Dresser*)
- SCH Nursing staff and Patient Support Assistant (PSA)/Porter accompany the child's body to the Mortuary
    - After hours it is courteous to let the POWH AHNM know of the planned admission of the child to the Mortuary

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- Document the deceased child's details in the *Mortuary Register*
- The State Contractors call HIU in Business hours and the AHNM After hours to arrange the time to get the documentation, which in this situation is the original white copy of *Report of Death of a Patient to the Coroner (Form A)* and collect the deceased child.
  - The State Contractors sign out the child's body in the *Mortuary Register* and transfer the child to the Department of Forensic Medicine
- The triplicate (white with **green** writing) copy of *Form A* and the *Coronial Checklist* and all other paper sections of the health care record are sent immediately or as soon as practicable in the black bag marked 'Confidential' to HIU.

3.8 Contacting the Coroner

If there is any doubt as to whether the death requires notification to the Coroner, the Senior Medical Officer in charge of the patient's care should contact either of the following:

- NSW State Coroner's Office on 8584 7777 or
- Duty Forensic Pathologist (Lidcombe) on 9563 0000

3.9 Objections to a Post Mortem by the family

- Some families have strong religious or personal objections to certain aspects of a post mortem. In this situation, it should be discussed directly with the Forensic Pathologist who may agree to perform a limited post mortem.
- Alternatively, the next of kin may submit an objection to post mortem to the **Office of the NSW State Coroner** (Lidcombe). The Social Worker may assist with the submission and document this in the eMR, see above under 3.4.
- Should the Coroner decide that the post mortem is required, the next of kin may apply to the Supreme Court within 48 hours of the death, to stop a post mortem taking place.

4 Documentation of Death

There are 3 documentation procedures when preparing the patients' health care record following death which are as follows:

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

See Appendices 1-3 for death documentation checklists which guide these 3 procedures and list the documentation required for each procedure.

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CHW and SCH

The Senior Medical Officer (or delegate) completes clinical documentation in the patient's health care record. If it is NOT A CORONER'S CASE, this will also include hard copies of the Medical Certificate of Cause of Death (MCCD) or Medical Certificate of Cause of Perinatal Death (if applicable), which are not available within eMR.

- See Definitions for definition of perinatal death

Other forms which may be required are a SCIDUA or CHASM (see sections 4.1 and 4.2).

Bear Cottage

There is no medical officer on site After hours at Bear Cottage, the On-call GP will be called and will attend during business hours as soon as possible after the child's death to complete the Medical Certificate Cause of Death (MCCD) and other documentation requiring completion by a medical officer. If the death documentation is required more urgently, the On-call GP will come in after hours to complete it.

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

(SCIDUA- Special Committee Investigating Deaths under Anaesthesia)

If death occurred as a result of or within 24 hours of anaesthetic administration or a sedative medication 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 medication 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 (CGU) 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*.

4.3 Documentation Responsibilities

Ward Staff

- All documentation must be correct and fully completed. If not fully completed, the Ward and/or Senior Medical Officer will be contacted to make corrections.
- Complete **nursing documentation** in the patient's health care record (eMR and paper documentation)
- The Nursing Unit Manager (NUM or delegate) or if death occurs after hours, AHNM ensures that the health care 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.

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- The **Online Notification of Death Form** must be completed for all deaths by the Clerical Support Assistant (CSA) to notify various departments that a death has occurred. See: http://chw.schn.health.nsw.gov.au/o/forms/patient_administration/death_notification.php

CHW

- The completed death documentation including the **Medical Certificate Cause of Death** (MCCD) and **Cremation Certificate** are placed in an envelope by CSAs and nursing staff take the patient and the envelope to the Mortuary
- CSAs scan completed paperwork and email it to HIU
- The remainder of the paper sections of the health care record is taken in an envelope or black bag, marked 'Confidential' to the HIU.

SCH

- The competed death documentation including the **Medical Certificate Cause of Death** (MCCD) and **Cremation Certificate** is taken to the Health Information Unit (HIU) as soon as possible after death
- The remainder of the paper sections of the health care record is delivered in a black bag, marked 'Confidential' to HIU.

Bear Cottage

- The online Death Notification Form is completed by the NUM/NM, who also contacts all the relevant health professionals to advise them of the child's death.
- Paper sections of the health care record are scanned into eMR.

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 or under) (See Definitions for definitions of Perinatal death)
- The Senior Medical Officer responsible for the care of the deceased child leads the completion of the Medical Certificate of Cause of Death or Medical Certificate of Cause of Perinatal Death as applicable.
- Refer to the HETI Online module "Managing Death and Death Certification"

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5 The Role of a Hospital Post Mortem*

*A post mortem is also referred to as an autopsy but in this document we have used post mortem for consistency, as it is the term used on the **Non-Coronial Post Mortem Consent and Authorisation Form SMR020.032** and on the NSW Coroner's website and brochure.

Most Hospitals are in favour of autopsies being performed although opinions differ regarding the value of a routine *post mortem examination. The advice of the Senior Medical Officer must always be obtained. In seeking permission for a post mortem from the parent(s)/next-of-kin, the details of the procedure should be discussed in an honest, informative and sensitive manner, preferably by a Senior Medical Officer known to the family.

Occasionally children may be transferred to SCHN facilities from another hospital for a specialist post mortem to be conducted. In such situations, requests for death documentation and bereavement support, including viewings, should be directed to the referring hospital whose staff should continue to support the family. In addition the **Designated Officer** at the sending hospital should have authorised the consent for Post Mortem prior to the child being transferred to SCHN facilities. For further information on the Designated Officer role, please refer to Chapter 9.

A post mortem 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. Other investigations, including microbiological, biochemical and genetic tests, may also be carried out.

A post mortem 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 back of the scalp.

A post mortem 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, a post mortem 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 and DNA is extracted and stored for further genetic studies, which may be important for prenatal diagnosis of subsequent pregnancies. The **Non-Coronial Post Mortem Consent and Authorisation Form SMR020.032**, must be signed by the Senior Available Next of Kin or delegate and authorised by the Designated Officer. The Designated Officer role in this process is very important, please refer to Section 9, for more details or read the MoH Policy Directive Designated Officer Policy and Procedures (PD2013_002) in conjunction with MoH Policy Directive Non-Coronial Post Mortems (PD2013_051). The Form is available via Stream.

For religious, cultural and/or personal reasons, some families may be strongly against a post mortem. In such circumstances, the family may agree to a limited post mortem. This may include or exclude certain organs or body regions to be examined, which may be found to be either relevant or not relevant to the child's cause of death.

If the family consent to a limited post mortem this must be clearly documented on the **Non-Coronial Post Mortem Consent and Authorisation SMR020.032** and be communicated to the Pathologist who will perform the post mortem. Preliminary results of the procedure are

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usually available within 10 working days. A follow-up appointment with the family should be arranged to discuss the final report when available.

A post mortem may delay the funeral so it is important to address the possible impact on funeral arrangements with the family prior to the post mortem taking place.

- **Notes for Professionals about Post-mortem examination**: http://webapps.schn.health.nsw.gov.au/epolicy/policy/5090/attachments/8778/download
- **Information for Parents about Post-mortem Examination**: http://webapps.schn.health.nsw.gov.au/epolicy/policy/5090/attachments/8777/download

5.1 Urgent Tissue Removal for Suspected Metabolic Disorders

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

This permission can be given verbally over the phone and documented in eMR but must be followed up in writing.

Refer to Appendix 3: Coroner's Cases

Occasionally a child may die of a suspected metabolic or neuromuscular disorder before the diagnosis could be confirmed during life.

This tissue removal process usually refers to those children who have had some genetic/metabolic/neurological workup or a significant family history to put them at risk for one of these disorders. This information should have come out in the history and family history and/or previous medical records and/or in consultation with their usual treating doctors.

In such circumstances, it is important to collect a range of tissue samples as soon as possible after the child has died. The **Non-Coronial Post Mortem Consent and Authorisation Form SMR020.032**, must also be completed prior to this procedure taking place.

Admitting Medical Officer

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

Ensure that the above form, **SMR020.032**, is correctly and accurately completed **prior** to requesting authorisation from the Designated Officer

Designated Officer

Authorises the tissue removal in writing on the **Non-Coronial Post Mortem Consent and Authorisation Form SMR020.032,** prior to any removal taking place. For information relating to the role and authority of Designated Officers, see Section 9.

The sudden unexplained deaths of children and infants who were previously well and where there is no other reason to suspect a metabolic/neuromuscular disorder are reportable to the Coroner and samples cannot be taken unless permission is given by the Coroner

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

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Collection of Samples and by Whom

CHW

- Please discuss with the on-call Metabolic Consultant for the Hospital.
- **During hospital business hours** (Monday – Friday 8.30am – 5.00pm)
  - 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.
- **After hours** (Monday – Friday 5.00pm – 11.00pm, Saturday/Sunday 8.30am – 11.00pm)
  - The Genetic and Metabolic Team from the hospital will in the first instance contact the Histopathologist on-call to coordinate timing of the specimen collection.
  - If the Histopathologist is not available, the Surgical Registrar on call will be contacted.
  - It is the responsibility of the Histopathologist or the Surgical Registrar to collect the muscle, liver and skin biopsies in the mortuary, and for suturing the incision made. The Histopathologist will advise on the correct handling of tissues.
  - Refer to the Protocol on Sampling of Tissue for Possible Metabolic Cases for additional information

SCH

- Please discuss with the on-call Metabolic Consultant for the Hospital.
- **During hospital business hours** (Monday – Friday 8.30am – 5.00pm)
  - Please notify Paediatric Pathology as soon as possible and before any samples are collected.
  - Samples are taken by the Surgical Registrar and must be transported to the Department of Anatomical Pathology immediately and hand-delivered to the On-duty Paediatric Pathologist. Paediatric Pathology and Genetics will provide advice and help with coordination where possible.
- **After hours** (Monday – Friday 5.00pm – 11.00pm, Saturday/Sunday 8.30am – 11.00pm)
  - Please notify the On-call Anatomical Pathologist as soon as possible and before any samples are collected.
  - Samples are taken by the Surgical Registrar and must be transported to the Department of Anatomical Pathology immediately.
  - If a child dies after 11.00pm (**any day**) please notify the On-call Anatomical Pathologist. Samples are taken by the Surgical Registrar. The Anatomical Pathologist will advise on the correct handling of tissue samples

This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

5.2 Kids Cancer Centre Tumour Donation (SCH)

The process to be followed when parents have consented to post-mortem tumour donation is outlined here.

Bear Cottage

If a child dies at Bear Cottage, the possibility of collection of samples or donations will be discussed prior to the child's death and individual protocols will be followed.

6 Management of the Death of a Child in Emergency Department

There are various circumstances in which a child may die either prior to arrival or in the Emergency Department (ED):

i. **Unexpected Death** e.g. Sudden Unexpected Death in Infancy (SUDI) (see Section 7), or as a result of a trauma such as a Motor Vehicle Accident (MVA), drowning, or other kind of accident.

ii. **Expected Death** - some children may have been expected to die if they had a known life limiting condition and they have been admitted due to a health crisis.

Whether their death was expected or unexpected, the child may have been dead on arrival in ED or they may die after active attempts at resuscitation.

- If resuscitation efforts are in process, this should be continued while the history is obtained and the response to resuscitation is assessed.
- If resuscitation efforts are ceased, the Emergency Department Consultant conducts the verification of death assessment and the decision on whether to refer to the Coroner or not should proceed as outlined in this document.
    - See Coronial Cases section to assist with determining if this is a Coroner's Case, then proceed to the correct documentation checklist in Appendix 1, 2 or 3.
- The child should be triaged and have a Medical Record Number (MRN) allocated/is available. The medical officer is responsible for documenting in the medical record the necessary details as outlined in section 2 Verification of Death and should include the General Practitioner (GP) and paediatrician details if available.
- The family should be given the option of staying with their child though this should be supervised if the death is reportable to the Coroner:
    - If the death is reportable to the Coroner, hand or footprints or lock of hair **cannot** be taken – for further information refer to section 3.4 Information for Families.
    - If the death is reportable to the Coroner and the child is known to SCHN Palliative Care Teams, check eMR for details of an advance agreement with the Coroner - please refer to section 3.2: Reporting Child Palliative Deaths to the Coroner for further guidance

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- Social Work should be contacted to support the family, this includes After-hours when the On-Call Social Worker can be contacted via Switch
- Organ donation should be considered, the Organ Donor Specialist can be contacted via Switchboard, see also section 8 Organ and Tissue Donation.
- As per section 3.7: Coronial Cases – Transfer of the Body, the deceased child's details must be entered in the Mortuary Register both sites, even if transfer to the State Contractors happens directly from the ED Department.
- Due to the new location of the CHW ED, staff there can complete the CHW Mortuary Register Notification Form and email or fax this to Histology staff, who will transcribe the information into the Mortuary Register.
- The ED Consultant or their delegate should make reasonable attempts to contact the GP and Paediatrician as soon as is practicable, to advise them of the child's death.

7 Sudden Unexpected Death in Infancy (SUDI)

In the event of a SUDI, it is essential to accurately follow the NSW MoH Policy Directive Deaths – Management of Sudden Unexpected Death In Infancy PD2019_035

Definition of SUDI:

The sudden, unexpected death of an infant:

- Less than 12 months of age **AND**
- Where the cause was not immediately apparent at the time of death.

This definition excludes infants who die unexpectedly in misadventures due to external injury (such as transport incidents) and accidental drowning.

SUDI is a reportable death under the Coroners Act 2009

CGU must be notified of SUDI deaths

All episodes of SUDI are to be accepted and managed in hospital, regardless of whether the infant's death took place while already an inpatient at the hospital or prior to presentation at ED.

- If the Police were not involved in transporting the deceased infant to the hospital, they must be notified as soon as possible.

In addition to the documentation required in Coroner's Cases (See Appendix 3), The **Medical History Guide - Sudden Unexpected Death in Infancy** (Section 6.2 of NSW Health Management of SUDI: PD2019_035) is to be completed by a Senior Medical Officer, as soon as possible after the infant's death.

This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

8 Organ and Tissue Donation

Organ donation may only occur after the infant or child has been pronounced dead according to legally recognised criteria (neurological death or circulatory death). In accordance with the NSW Ministry of Health and ANZICS Guidelines, the intensive care units within the Sydney Children's Hospital Network (SCHN) support the donation of organs and tissues following death with informed parental/ legal guardian consent. Children that are Coroners Cases or under the Care of the State are not excluded from organ or tissue donation and decisions are made on a case by case basis in consultation with the Coroner.

Best practise end of life care for the child and family are a priority and this is not altered by the decision to consent to organ or tissue donation. The respect of the child and families' well-being will always be the focus regardless of their decision regarding organ donation.

A referral to the organ donation team can be made by staff involved in the patient's care, including medical, nursing, social work etc. Donation specialist staff can be contacted at all times via the hospital switch board. Clear documentation in the medical record of any discussions with the family regarding organ and tissue donation is required. For information refer to the following documents:

- Determination of Neurological Death: http://webapps.schn.health.nsw.gov.au/epolicy/policy/5302
- Organ Donation following Neurological Death Determination (DNDD): http://webapps.schn.health.nsw.gov.au/epolicy/policy/5304
- Organ Donation following Circulatory Determination of Death (DCDD): http://webapps.schn.health.nsw.gov.au/epolicy/policy/5303
- Tissue Donation Pathway: http://webapps.schn.health.nsw.gov.au/epolicy/policy/5305
- NSW Policy Directive 2020_012: Deceased Organ and Tissue Donation – Consent and Other Procedural Requirements(PD2020_012): https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_012

Organ and tissue donors

Parents of children who are organ donors are provided with support by the Family Support Coordinator through the NSW Organ and Tissue Donation Service. The family will be contacted by the Donation Specialist Nurse (DSN) 48 hours after the donation surgery to provide support to the family and outline the outcome of the donation process. An ongoing program includes family bereavement support, regular contact and information regarding donation outcomes, counselling services, support groups and anonymous exchange of letters.

It is important to maintain the privacy of donor families and transplant recipients. The disclosure of identity or any information that could lead to the identification of the donor or recipients MUST NOT be relayed to the family. It is an offence in Australia to disclose information regarding the donor or recipient under The Human Tissue Act 1983 Section 37(2) and 37(3) and the Privacy Act 1988. The organ and tissue donation staff will provide families with appropriate information about the transplant recipient outcomes.

This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

Organ and Tissue Donation staff support

The staff involved in the donation process will have the opportunity to receive support and information about the outcomes of the donation from the Donation Specialist Nurse (DSN) in alignment with NSW Privacy Laws. The DSN will arrange a case review at an appropriate date and time following each donation. This provides feedback to staff involved in the donation process and provide an opportunity to reflect upon the experience and collaborate as a team to discuss and identify areas for improvement for future donations. If further support is required for staff, engagement with the Employee Assistance Program (EAP) is encouraged.

9 Designated Officers (DO)

The governing body of a hospital appoints Designated Officers under Section 5 of the Human Tissue Act 1983. This is a specifically defined role which has discretionary authority not simply administrative authority.

Designated Officers are able to authorise donations to anatomical examinations, non-coronial post-mortems and organ and tissue donations. The Designated Officer must be satisfied that the criteria in the relevant legislative provisions have been satisfied prior to authorising the removal or use of tissue.

The Designated Officer's authority must be in writing. 'In writing' includes authorisation via email, provided that the email clearly states the name and position of the Designated Officer who is providing authority. It cannot be given orally and then confirmed later in writing. All the relevant forms must be correctly completed by the Medical Officer AND the authority in writing from the Designated Officer must be given before the procedures (such as a non-coronial post mortem or the removal of tissue from a dead body) can be performed.

Please refer to the MoH Policy Directive Designated Officer for additional information on standard procedures for the appointment of a Designated Officer as well as an outline of their role and responsibilities.

To identify a Designated Officer within your hospital please contact your **hospital switchboard**. They will have the list of approved and certified Designated Officers. Designated Officers are SCHN positions, therefore in the event that a Designated Officer is not available at one site, authorisations can be provided by the Designated Officer from the other site.

10 Care of the Family

The following is a list of specific issues to be considered when supporting a family before, during and after the death of their child:

- Clinicians, with the support of Social Work, should talk with the family about their wishes and cultural/spiritual support needs throughout the anticipatory bereavement process and prior to handling the deceased child's body.
    - Open dialogue between health care professionals and parents is essential as many families want to respect their specific religious or spiritual needs

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- Special consideration must be given to the spiritual and cultural needs of families of Aboriginal and Torres Strait Islander backgrounds and where possible ensure the involvement of the Aboriginal Heath Worker is offered to the family (See section 12: Aboriginal Support for further information)
- Please involve Health Care Interpreters for Culturally and Linguistically Diverse (CALD) families to assist with this communication.
    - Interpretation Services information is available on the intranet: https://intranet.schn.health.nsw.gov.au/resources/multicultural-diversity-health
- Social Work and Chaplains at CHW and SCH both have a 24/7 On-call service and can be contacted via Switch to support to the family. (See support provided by Social Work [section 13] and Chaplains [section 15].
- Social Workers are skilled in working with parents/carers to ensure that siblings of the child are supported in ways that are appropriate to their age/developmental stage and have creative resources they can share with families for this purpose
- Social workers **at Bear Cottage** do not work 24/7 but in some circumstances can be contacted out of hours with prior arrangement and if necessary the On-call SW for CHW can be contacted for advice
- It is important that families are given a range of choices that they may wish to consider and are supported in making decisions that suit them about the following:
    - Memory making
    - Spending time with their child before and after death
    - Involving siblings
    - Taking their child's body home
- A range of memory making activities are available including hand and footprints, cutting a lock of hair and taking photographs.
    - Various resources and support are available from the Social Work and Child Life Therapy Departments
    - If it is a Coronial case, memory making should not be undertaken, unless the Coroner gives express permission – please refer to section 3.2 Reporting Child Palliative Care Deaths to the Coroner for further information
    - Memory making should not be undertaken without the consent of the family
- Families should always be given permission to say no to any option offered to them or to change their mind at any stage
- Ensure **privacy** for the family to be with the child. Support family members who wish to hold their child during and after death.
- If family members were not present when their child died, prepare the family prior to them seeing their child by sensitively informing them about how their child looks, how their body will feel to touch and of any odours in the room.

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- Where possible, determine the parent's/carer's wishes and their level of involvement in washing and dressing their child.
    - Enquire about any spiritual/religious/cultural practices that we may be able to assist the family with e.g. smoking ceremony for Aboriginal Families
    - For children with an infectious disease or with hazardous concerns, explain the necessary precautions to the family (See sections 11.1 and 11.2)
- Refrigeration: the length of time a child's body can remain on the ward or un-refrigerated is dependent on the ambient temperature and the condition of the body. Generally it is recommended that the child's body be transferred to the Mortuary within 8-12 hours.
- A Cuddle Cot is available for use at CHW following the death of a baby and can be used for up to 24hrs after death
    - GCNC should be contacted to see if it is available and for guidelines on how it should be used
- Determine if the parents want the body is to be collected directly from the ward by the funeral directors or if they wish to accompany their deceased child to the Mortuary
    - Refer to section 11.3 Transfer to and from the Mortuary for important information
- Assist the family with contacting members of their support network e.g. other family members, community elders, religious or pastoral care workers
- Identify if there are other external health care providers or support services e.g. NDIS providers, Community nursing teams and schools, that the family would like hospital staff to contact on their behalf to advise of their child's death.
- 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

The family can say good-bye to their child on the ward prior to the body being taken to the hospital Mortuary. For those families who wish to accompany their child's body to the Mortuary, they should be prepared for and supported in this process. Inform families that they may be able to arrange a time to view their child at the hospital Mortuary Viewing Room and that they will also be able to arrange a viewing with their chosen funeral director.

If the family wish to see their child's body whilst in the Mortuary contact the Social Work Department to assist with these arrangements. Social Work will explore with the family their needs about viewing their child, e.g. who they wish to attend, their expectations (such as wishing to dress their child) and will identify and arrange any additional supports that may be required, including Aboriginal Health Worker, Nursing staff, Chaplaincy, Interpreter.

Bear Cottage has a purpose built cooled bedroom known as Clifton Gardens, where the deceased child can spend an extended period of time. The family can be resident at Bear Cottage during this time and will be supported by Bear Cottage Staff (guided by the Clifton Gardens procedure). For additional information, see section 10.2 Bear Cottage.

This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

Children whose death has been expected and who have died at CHW or SCH can be transferred to Bear Cottage, to allow their families to spend time with them in Clifton Gardens (see *Information on Transfer to Bear Cottage from Hospital*)

This includes children whose death is reportable to the Coroner and where there is an advance arrangement in place for varying the usual reporting arrangements. Refer to section 3.2: Reporting Child Palliative Care Deaths to the Coroner for further guidance.

Viewing procedure for CHW

- If a family requests a time to view their child, the Social Worker will liaise with Histopathology Staff (Business hours) or the AHNM After hours to arrange an appropriate time. At least two hours' notice is required so that the body will feel less cold to the family. The body can be left in the Viewing Room unaccompanied during this time, as long as the room is locked.
- Any infection control issues/restrictions on viewing (e.g. number of people to attend) should be identified at this time and communicated to the family when they are advised of the viewing time.
- The Social Worker will also liaise with any other staff members who may be required to assist in meeting the family's needs during the viewing e.g. Nursing staff to assist them in dressing their child, Chaplains for spiritual support and Aboriginal Health Workers for cultural support.
- Histopathology staff (Business 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.
- Refrigeration: after a child's body has already been refrigerated, the maximum length of time a child's body can then be out of refrigeration is **8 hour**s.
- A roller slide is available to transfer the child's body to and from the viewing bed. All equipment for preparation of the child is in the Viewing Room (e.g. quilt, bassinet).
- Parents and family members should be prepared for the viewing, e.g. what their child will look like, that they will be cold to the touch, how long they can spend with their child.
- A Social Worker or delegated staff member should accompany the relatives to view the body.
- Before the family enter the Viewing Room, staff 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.
    - Follow the relevant infection control guidelines, gloves and tissues are available in the viewing room for this purpose.
- Parents might wish to hold and to spend time alone with their child. The Social Worker/Nurse will remain in the area outside the Viewing Room for the duration of the viewing.
- Following the viewing, contact Histopathology/AHNM to transfer the body back to the Mortuary refrigerator.

This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

All intervening doors should be kept closed.

Parents must never be taken into the Mortuary refrigeration room even if they request this.

Viewing procedure for SCH

- The SCH mortuary is a shared facility located within the Prince of Wales Hospital (POWH)
- If a family requests a time to view their child, the Social Worker will liaise with the POWH Mortuary Attendant (Business hours) or the POWH Wardsperson (After hours or when Mortuary Attendant is unavailable). The Social Worker will negotiate the timeframe with the relevant POWH staff, who assist by placing the child on the bed or in the bassinette in the Viewing Room
- As access to the Viewing Room is by swipe card access only, the child's body can be left there unaccompanied while the Social Worker meets the family and accompanies them to the Viewing Room
    - If the viewing is out of hours, the Social Worker should advise the AHNM that a viewing is taking place and again when it has ended
- The Social Worker will also liaise with any other staff members that may be required to assist in meeting the family's needs during the viewing e.g. Nursing staff to assist them in dressing their child, Chaplains for spiritual support and Aboriginal Health Workers for cultural support.
- Any infection control issues/restrictions on viewing (e.g. number of people to attend) should be identified at this time and communicated to the family when plans are being made for time of the viewing
- Refrigeration: the maximum length of time a child's body can remain un-refrigerated is 8 hours - after this time the body must be refrigerated in the Mortuary
- Resources are available in a locked cabinet in the Viewing Room for Social Work to use in preparation for and during viewings (including quilts, towels, music, books and other resources).
    - The key to the cabinet is located in the Social Work Department in a locked cabinet
- Parents and family members should be prepared for the viewing, e.g. what their child will look like, that they will be cold to the touch, how long they can spend with their child
- A Social Worker or delegated staff member should accompany the relatives to view their child's body.
- Before the family enter the Viewing Room, staff 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.
    - Follow the relevant infection control guidelines, gloves and tissues are available in the viewing room for this purpose
- Parents might wish to hold and to spend time alone with their child. The Social Worker will remain outside the Viewing Room for the duration of the viewing

This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

- Following the viewing, contact the POWH Mortuary Attendant or Wardsperson to transfer the child's body back to the Mortuary refrigerator.

10.2 Bear Cottage – Clifton Gardens

Bear Cottage has a purpose built cooled bedroom known as Clifton Gardens, where the deceased child can spend an extended period of time. The family can be resident at Bear Cottage during this time and will be supported by Bear Cottage Staff.

If the child is at Bear Cottage for end of life care, staff there will discuss the option to use Clifton Gardens prior to the death of their child. At the time of death, the family will be reassured that there is no rush to move on and they will be given a key to allow them to freely access the room. As at the hospital sites, Bear Cottage staff will discuss the family's wishes regarding bathing and dressing their child, including the use of pads/nappies. As noted in section 10.1, children who have died at CHW or SCH can be transferred to Bear Cottage to allow them to spend time in Clifton Gardens. Staff at Bear Cottage also support families in the following ways:

- Support the family to say goodbye during the transfer of the child's body to the care of the Funeral Director
- Ensure families are aware of the balloon release which can be offered during this transfer of care to the Funeral Director
- Provide families with the 'When your Child Dies at Bear Cottage' booklet and ensure they are informed of the bereavement support which is available to them
- Ensure that families are allocated a keyworker at Bear Cottage for bereavement follow up

The Nurse Manager at Bear Cottage will also do the following to facilitate the support of staff and other families at the time of the death of a child at Bear Cottage:

- Ensure that Butterflies are put on all entrances to the house to alert all staff entering the house that a child has died
- Email all staff to let them know of the death
- Ensure that all other families resident in Bear Cottage are aware of the death and support them accordingly.

10.3 Parents wishing to transfer their child's body to Funeral Director or Home

Parents may wish to independently transfer the body of their child to the Funeral Director or home. This should be discussed with a Social worker and Senior Medical Officer. At CHW this can happen from either the Ward or from the Mortuary.

SCH: Parents can only transfer their child's body to the funeral director or home **directly from the Ward** – it is not possible to arrange for parents to transfer their child from the POWH Mortuary to the Funeral Director or Home.

This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

- In making this decision, the following should be considered with the parents at all sites:
  - The distance the family need to travel
  - The condition of the body
  - Who else is travelling in the car e.g. siblings
  - The parents' own capacity to manage this process

Consultant or delegate

- **Documents** the parents' wish in the child's health care record;
- Provides parents with the **original white copy of the Medical Certificate Cause of Death (MCCD),** which the parents give to their Funeral Director for submission to the Registry of Births, Deaths and Marriages
  - The yellow copy of the MCCD remains with the death documentation which is sent to HIU and scanned into the electronic Medical Record (eMR).

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 (both Business hours and After-hours numbers) and ensure the Funeral Director has a contact number for the family.
- Provides a brief letter for the parents stating the cause of death, arrangements for transport and funeral director details and asks the parents to co-sign the letter, a copy of which is entered in the health care record
- **Documents** the discussion with parents in the health care record regarding:
  - taking their child's body into their care,
  - arrangements for transport and
  - Funeral Director's details (name, address and phone number of funeral home).
- **AT CHW ONLY** - Advises **Histopathology/Mortuary staff** and liaises with **Hospital Security** regarding the collection of the body by the parents from the Mortuary parking bay, if the body is to be discharged via the mortuary.

Parents

- Sign the letter provided by the Social Worker detailing the circumstances of death, the transport arrangements and the Funeral Director details

This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

- If the parents refuse to fully comply with NSW Health policy, e.g. refuse to place their child in a body 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 NSW Public Health Policy*".
    - A copy of this signed statement is included in the health care record
- **CHW Only** - whether the deceased child's body is discharged via either the ward or the Mortuary, the Social Worker or Nursing Staff sign the Mortuary Register on behalf of parents when transferring the body into their care.
    - Parents are **never** to be taken into the refrigeration area of the mortuary
- **CHW Only** – Parents should park their car in one of the ED drop off spots to be as close to the ED as possible. Nursing staff will assist the parents transferring the child's body to their car.
- **SCH Only** – If the deceased child is to be transferred directly from the Ward, please liaise with ED staff regarding using the Ambulance Bay for this transfer. Please assess the suitability of the family being present for the transfer in this location. The next best option is the Mortuary parking bay behind the POWH Mortuary which can be accessed via Nurses Drive.

Ward Nursing Staff

- **CHW - Transfer the child's body** into the care of the parents either on the ward or at the Mortuary
- **SCH - Transfer the child's body** into the care of the parents on the ward**.**

Mortuary Staff

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

The **Mortuary Register at both sites must be completed** with the child's details. This should be completed by nursing staff after the parents have left with their deceased child, provided there is clear documentation in the medical records and the parents have signed the letter detailing all the necessary arrangements.

Bear Cottage

- Assist parents with transferring their child's body to their car with the use of appropriate restraints
- Ensure parents have the appropriate paperwork including the letter identifying the cause of death and Funeral Director details
- Ask parents to sign the Clifton Gardens Register
- Document in the health care record.

This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

11 Care of the Deceased Child's Body

Proceed with the following if NOT a Coroner's Case

The care of the body of a child after death is an important aspect of the overall care of the child and family. Consideration of cultural, religious and spiritual preferences is paramount prior to handling of the child's body, to ensure sensitivity to personal belief systems and customs.

- This is especially important for families from Aboriginal and/or Torres Strait Islander backgrounds because of the historical lack of respect for and sensitivity to cultural and spiritual beliefs and customs before, during and after the time of death (See also section 12: Aboriginal Support).

Care of the child's body should always balance the needs of parents with any medical and infectious (section 11.1) or hazardous (section 11.2) considerations. Communication with the parents is essential to determine their wishes and grant their level of involvement. Additional sensitivity is needed if parents are separated as arrangements may need to be agreed for separate time to spend with their child. Similarly if the child was in out of home care, as the child's birth parents are usually entitled to see their child after death and toe express their wishes about viewings and funeral arrangements. It is recommended that the Social Worker is involved in these discussions and every effort should be made to support the wishes of the parents and to support Nursing staff in managing any complex situations.

Consider the following when caring for the child's body:

- Use standard precautions when attending to the body and/or body secretions donning the appropriate Personal Protective Equipment (PPE) (i.e. gloves and contact droplet or airborne precautions dependant on the infectious disease).
- Position child's body flat in bed with a small pillow under the head and neck to elevate head and shoulders.
- Close the eyelids
- Straighten limbs:
    - arms positioned either by the side of the body or crossed over the child's abdomen. Hands are open so that parents can hold their child's hand if they wish
    - 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 CVLs, sutures, clips or staples and tape any gaping wound closed. If drainage from a wound or stoma site is excessive, cover it with an absorbent or occlusive dressing. Note: Central lines can be used for embalming (if required).
- If the child had a feeding tube, it may be helpful to use this to aspirate any stomach contents to prevent any leakage

This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

- Remove any jewellery or valuables and give them to the family – you may ask the family to assist with this.
    - If the family does not want them removed, document this in the eMR
    - Document if the family wishes to have other special items (e.g. toys, cards) remain with the child. Ensure that any hard items that might mark the child's body (e.g. baby rattle or religious item) are not placed next to the child's skin
- Parents may choose to wash and dress their child or may prefer staff to attend to this. Please support the parents' decision
- 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.
- At **Bear Cottage**, and at CHW and SCH if possible, staff will offer the family the opportunity to bath their child either in their room or in the bathroom.
- A child or baby can be incontinent after death - consider using nappies or pads even if the child has not previously worn them
- Dress the patient as per parents' wishes. Parents may have chosen what and how they would like the child to be dressed.
    - If clothing is needed the Social Work Department may be able to assist.
- The family may choose to pack up belongings themselves, if so 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 using a 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.

  Refer to section 11.3 Transfer the body to the Mortuary.
- **At Bear Cottage**, the family will be able to spend time with their child and if they have chosen to go the Clifton Gardens cooling room (CG), staff will move the child's bed or cot into CG and place the child on the cooling mat. They will also ensure that the air conditioning is set at the required temperature
- If the child is being transferred back to CHW or SCH for any reason, Bear Cottage staff will ensure that at least 2 patient identification bands are in place.

11.1 Infectious Disease Considerations

If the child had a prescribed infectious disease listed in the Public Health Regulation (NSW) Division 3 -*Section 53* and detailed below, the following process must be observed:

- The body must be double bagged using two standard body bags.
- The body should **not** be washed, devices not removed and please ensure that both body bags are labelled with patient identification labels.

This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

- **CHW Only** - Circle the infectious illness on the *Mortuary Patient Information Form*
- **CHW and SCH** - Add a '**PRESCRIBED INFECTIOUS DISEASE – HANDLE WITH CARE**' label to the outside of the body bag to ensure patient identification for mortuary staff (these labels are located in the Mortuary).
    - If the deceased child had COVID 19 – This should be specified, '**COVID 19 – HANDLE WITH CARE**'.

If there is a prescribed infectious disease, the child's body will not be available for viewing after transfer to the Mortuary

Prescribed infectious disease means any of the following diseases:

(a) Avian influenza in humans,

(b) Diphtheria,

(b1) Middle East Respiratory Syndrome Coronavirus,

(c) Plague,

(d) Respiratory anthrax,

(e) Severe Acute Respiratory Syndrome,

(f) Smallpox,

(g) Tuberculosis,

(h) Any viral haemorrhagic fever (including Lassa, Marburg, Ebola and Crimean-Congo fevers).

Reference: Public Health regulation, Section 53: Prescribed infectious diseases. Current version for 13 August 2020 to date (accessed 23 September 2020)

11.2 Hazardous Medications and Treatments

If the deceased child has recently had chemotherapy or hazardous medication treatment, in the 7 day period after the end of treatment, staff should wear the appropriate PPE to protect themselves from hazardous contamination via aerosols and fluid leakage.

At both CHW and SCH nursing staff will identify cytotoxic or radioactive treatment on the reverse of the Mortuary Tag.

In addition, **at CHW**:

- Oncology Staff will notify Mortuary staff if the deceased child's body was deemed to still be hazardous due to cytotoxic contamination within the last 7 days, so that appropriate precautions can be taken.
- Specific considerations will be required if a child dies during the period of radioactivity following treatment with a radioactive isotope. In this instance staff should seek direction from the ward NUM and the Nuclear Medicine Department and refer to the CHW Radiation Safety Management Plan, Section 12 (Bodies containing radioactive material).

This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

11.3 Transfer to and from the Mortuary (Non-Coroner's Cases)

- Ensure the child's body has 2 patient identification bands attached (one on the wrist and one on an ankle). Each band must detail the full name, date of birth and MRN.
- Complete 3 additional NSW Health Mortuary Tags. These tags are to be placed on the body, on the covering sheet/body bag and the on the Mortuary refrigerator door. Use adhesive tape only (never use safety pins as these may mark the skin)
- If the parents choose to accompany their child's body to the Mortuary Viewing Room, the final steps involving identification bands, Mortuary Tags and placing the body in the body bag may be done in the Mortuary after the parents have left.
- The route to the Mortuary, which should be planned as carefully as possible to minimise distress for all, bearing in mind that some corridors have high intensity foot traffic and/or COVID screening points in place.
- **CHW Only** – The family are to say their goodbyes in ED. Once they have left, the porter should be requested to bring the mortuary transfer trolley to ED, entering via the lifts/resus entry. The child is to be transferred to the trolley and the full cover used before the body is transferred back via the linkway to the mortuary.
- Depending on the size of the child and the route available, transfer can include carrying in the arms of a parent or nurse, carrying in a bassinette or via a covered mortuary trolley (Please also refer to section 4.3 Nursing Responsibilities)

Parents must never be allowed in the Mortuary refrigeration room even if they request this.

CHW

- The child's body is 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 2 patient identification labels on 2 mortuary tags
- One labelled tag is taped onto the body bag.
- The other labelled tag is stuck on the refrigerator door to alert Mortuary staff to the presence of a body.
- Move the Mortuary trolley into the refrigerator. Small infants may be placed on a shelf within the fridge
- The death documentation including the **Medical Certificate Cause of Death (MCCD), Cremation Certificate and** the **Authority to Collect Deceased SM020.210** form are placed in an envelope and go with the child's body to the Mortuary
- The Funeral Directors call Mortuary staff in hours and the AHNM after hours to arrange a time to come and get the death documentation (**MCCD, Cremation Certificate &** the **Authority to Collect Deceased form**) and collect the deceased child
- The Funeral director must sign the Mortuary Log book
- The envelope with any remaining documentation is taken to HIU.

This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

SCH

- The POWH Mortuary Attendant/ Wardsperson will assist Nursing staff with transfer of the child's body into the Mortuary Refrigeration area and with ensuring that the Mortuary Tags are appropriately placed
- The death documentation (**MCCD and Cremation Certificate**) goes to the Health Information Unit (HIU) as soon as possible after death
- The Social Worker completes the **Authority to Collect Deceased SM020.210** form with parents and this also goes to HIU when completed
- The Funeral Directors come to HIU to collect the death documentation (**MCCD, Cremation Certificate and Authority to Collect Deceased form)**
    - In Business Hours this collection of documentation is managed by HIU Staff. After hours it is managed by the After Hours Nurse Manager (AHNM) – See Documentation Process of Release of a Deceased Child's Body at SCH
- The Funeral Director then goes to the Prince of Wales Hospital Mortuary for the transfer of the child's body to their care, where they will sign the Mortuary Register.
    - It is preferable if the Funeral Director has contacted both HIU and the POWH Mortuary in advance, to advise of their intended time of arrival.

12 Aboriginal Support

SCHN Aboriginal Health Workers

CHW: The Aboriginal Health Worker (AHW) can be contacted during business hours on 9845 3921, to support Aboriginal families or staff in the event of the death or a sudden serious deterioration of an Aboriginal child in hospital.

SCH: The Aboriginal Health Worker can be contacted during business hours through Allied Health North on 9382 1021.

Important information relating to Aboriginal families

While there may be common themes, it is important to recognise that not all Aboriginal and Torres Strait Islander people share exactly the same beliefs and customs and there may be a lot of variation, especially between families who live in urban areas and those who live in more remote/rural settings. Subsequently it is essential to inquire respectfully and listen carefully to the family and to request the guidance of colleagues from the SCHN Aboriginal Health Unit when supporting Aboriginal and Torres Strait Islander families, before during and after the death of their child. This will help us to facilitate culturally and spiritually sensitive support during a difficult time for the family, often referred to as 'Sorry Business'.

Decision Making

Staff should be aware that many decisions may be made not only by the child's birth mother and father, but may be made jointly with the extended family and/or Elders who play an important role. Therefore reasonable time and clear information should be given to the family and Elders to assist in making decisions regarding significant events such as the withdrawal of treatment, location of death or agreeing to a non-coronial post mortem.

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End of Life and Afterwards

Extended family and community are very important in Aboriginal culture and have a significant role during Sorry Business. When a child is dying or has died a large number of family members may wish to be present and Aboriginal community members may gather at the hospital. The family may request for their child to die outside or if possible to return to Country to die to accommodate spiritual and cultural beliefs. ('Country' is the term often used by Aboriginal people and Torres Strait Islander people to describe their family origins and associations with particular parts of Australia). Where possible these wishes should be respected and accommodated and if it is not possible to accommodate these cultural requirements, it is important to be sensitive to and acknowledge the distress for the family and community of their child dying away from Country.

As for all families, Aboriginal and Torres Strait Islander Families may also belong to a particular religion and may wish to see a campus Chaplain or invite their own religious representative to attend the hospital to provide spiritual/religious support.

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, who will visit the family home to inform them to immediately contact the relevant hospital.

Transport of the deceased child's body

Where available, local Aboriginal Medical Services may be able to assist with transferring the deceased child or young person back to Country and if the family is registered with their local Aboriginal Land Council, they may be eligible for assistance with funeral costs. Please contact the Aboriginal Health Worker and/or Social Work to assist with queries in relation to transport and funeral arrangements.

Bereavement Follow-up

Following the death of a child, the Aboriginal Health Worker and/or Social Worker will organise follow-up bereavement care and support with and for the family.

Aboriginal Cultural Considerations when Viewing the Child

The Aboriginal Health Worker and/or Social Worker will discuss with parent/s the options available for viewing their child's body at the hospital and where possible accommodate any specific cultural and spiritual requirements. Where possible the AHW should accompany relatives to viewings with their deceased child.

13 The Role of Social Work

Social Workers provide psycho-social assessment, counselling and supportive interventions to parents/carers, siblings and extended family before during and after death – this includes support during end of life care discussions, in the time prior to death (whether this be associated with a trauma or long term illness) as well as bereavement follow-up. The Social

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Work Department at CHW and SCH provide a 24 hour service to families experiencing the death of a child, with the On-call 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 end of life and bereavement experience for families. This includes the following factors:

- Families with a significant history of trauma/loss
- Vulnerabilities such as issues of mental health or substance use
- DCJ 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 written information around grief responses, supports for grandparents, and developmentally appropriate resources for siblings
- Facilitation of memory making activities including hand and foot prints, moulds of hands and feet, photography, jewellery, and locks of hair.
- Social workers support families in being active participants in creating memory making activities, if appropriate.
- Facilitation of viewings with family members at the Mortuary Viewing Room (See section 10.1)
- Support navigating the Coroners' process, including parental rights regarding objections to post mortems and handover to the Department of Forensic Medicine Social Work Counsellors (See section 3.4)
- 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. Schools, Centrelink, NDIS) about the child's death.

Social Workers will:

- Document in the health care record a Bereavement Care Plan for the family including initial follow-up as agreed to with the family.
- Offer the family the option of meeting with the clinical team(s) after the child's death.
- Provide the family with options for bereavement support including hospital based services such as bereavement groups and Annual Services of Remembrance and community options such as Red Nose Grief and Loss, National Centre for Grief and Loss and other services such as those identified in the NSW Bereavement Directory

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14 Documenting in the Record of the deceased child

Documentation of bereavement follow up support which is provided to families is important and there are two related processes:

1. **Routine Bereavement follow up**

- This can be documented in the deceased child's record and includes the following:
  - Social Worker/Aboriginal Health Worker/Bear Cottage staff support which is provided in the days and weeks after the death
  - SW/AHW support if the family returns to have meetings with the medical team
  - Attendance at Services of Remembrance
  - Sending Anniversary Cards

2. **Longer term Bereavement Follow Up**

Bereavement Support/Counselling which is more in-depth/regular/longer-term such as that provided by Bereavement Coordinators, Bereavement Keyworkers in Palliative Care Teams and Bear Cottage (where bereavement support is offered over a number of years) should be documented in separate MRNs, which can be created by Administrative staff for parents/carers and siblings. Please see Admin staff for the details required to set up an MRN for a family member.

15 The Role of Chaplains in Bereavement

Hospital Chaplains are available during office hours, and are On-call 24 hours a day, 7 days a week. Chaplains are appointed by specific faith bodies, and are trained to support anyone, including those who do not belong to a religion or specific spiritual tradition.

The Chaplaincy Departments at both campuses offer the following:

- Spiritual, emotional and pastoral support to families according to their faith system
- Liaising with the family's spiritual leader as required by the family
- Spiritual, emotional and pastoral support for the patient, family and staff during the dying process (before, during and after death)
- Spiritual support during the viewings in the mortuary viewing room upon family's request

16 Staff Wellbeing and Support

The death of a child or young person can be upsetting, even for experienced staff, especially when the circumstances may have been complex either from a medical, nursing or social perspective. It is not a sign of failure or weakness to seek help and support following the death of a child. Most staff value the support of their immediate colleagues and peers, who may share a common understanding of their experience. Many teams organise a review for the staff involved in the care and support of the child and family within a few days of the

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child's death. In addition debriefs for groups of staff are sometimes facilitated by Social Work and Palliative Care staff. The Palliative Care Teams organise a Death Review for all children known to their services, this is not a debrief but includes a time for reflection on the experience of caring for the child and their family.

In addition and depending on your personal or cultural preferences or your emotional and spiritual needs, you may wish to speak with other members of staff such as a senior colleague or mentor, a chaplain or a staff counsellor through the Employment Assistance Program (EAP).

The SCHN has two external independent EAP providers - Converge International and AccessEAP. Both providers are available to be contacted 24 hours a day, 7 days a week and can arrange counselling in a variety of locations or via telephone.

AccessEAP

http://www.accesseap.com.au

Call 1800 81 87 28 or (02) 8247 9191

Converge International

http://www.convergeinternational.com.au

Call 1300 855 039 or 1800 337 068

It is also important to be mindful of the impact of the death of a child on the range of staff who may come into contact with the family, in addition to medical and nursing staff, this includes all Allied Health Disciplines, Domestic staff, Clerical/Administrative staff and Volunteers.

Bear Cottage

In addition to the Palliative Care Death Review, there is a well-established process for staff support following the death of a child at Bear Cottage. The Clinical Nurse Educator/Social Worker co-ordinates a time for reflection about the child and their family, known as 'Soul Time', for all staff soon after the family have left Bear Cottage. The NUM/CNE/SW also ensures that a debrief for clinical staff is held in a timely manner.

SCHN is committed to the health and wellbeing of all of our staff and volunteers and Managers can also contact the Staff Wellbeing Unit to discuss support available.

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Appendix 1: Checklist: Non-Coroner's Case – No Hospital Post mortem

Coronial Check list completed SMR010.513 No ☐ Yes ☐
Decisions regarding Non-Coroner's Case and No-Hospital Post mortem 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 or under)

- Completed, signed and enclosed Yes ☐

Attending Practitioner's Cremation Certificate SMR010.520

- Completed, signed and enclosed (If required) Yes ☐

Mortuary Patient Information Form CS17 *(CHW only)* Yes ☐
Mortuary Transfer: Original accompanies body, copy remains in Health care record
State Coroner's Mortuary: Original and copy remain in health care record

Identification Bands

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

Mortuary Register
Record the transfer of the child in the Mortuary Register both sites even if the body is directly transferred to the Funeral Director from the Ward Yes ☐

Health Care Record Documentation

- Completed and signed Yes ☐

Paper health care records are sent immediately (or as soon as practicable) in black plastic bag marked CONFIDENTIAL to the Health Information Unit for scanning.

Notifications

- Child's managing team notified if not completing death paperwork: N/A ☐ No ☐ Yes ☐
- General Practitioner Notified No ☐ Yes ☐
- NUM or AHNM and Social Work Yes ☐
- Online Death Notification completed (ASAP) Yes ☐

Additional documentation may be required:

- Report of Death Associated with Anaesthesia/Sedation **SMR010.511** Yes ☐N/A ☐

Paperwork for Funeral Directors:

- The white copy of the Medical Certificate of Cause of Death **SMR010.509**
- Attending Practitioner's Cremation Certificate **SMR010.520**.
- Authority to Collect the Deceased Form **SMR020.210**

MANDATORY REPORTING OF UNEXPECTED DEATHS TO CGU
FOR FURTHER INFORMATION **T**: 02 9845 3442 **E**: SCHN-CGU@HEALTH.NSW.GOV.AU

****DO NOT SCAN THIS CHECKLIST INTO THE MEDICAL RECORD****

This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

Appendix 2: Checklist: Non-Coroner's Case – Hospital Post mortem

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

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 and authorisation SMR020.032

- Consent Form completed and enclosed
  - Parent(s)/next-of-kin signed Yes ☐
  - Witness signed Yes ☐
  - Designated Officer signed Yes ☐
- Copy of consent form given to Parent(s)/next-of-kin (legal requirement) Yes ☐

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

- Completed, signed and enclosed Yes ☐

Attending Practitioner's Cremation Certificate SMR010.520

- Completed, signed and enclosed in the envelope enclosed (if required) Yes ☐

Mortuary Patient Information Form CS17 (CHW only) Yes ☐
Mortuary Transfer: Original accompanies body, copy remains in Health care record
State Coroner's Mortuary: Original and copy remain in health care record

Identification Bands

- Ensure **2** correct identification bands are placed on the patient Yes ☐

Mortuary Register
Record the transfer of the child in the Mortuary Register both sites even if the body is directly transferred to the Funeral Director from the Ward Yes ☐

Health Care Record Documentation

- Completed and signed Yes ☐

Paper health care records are sent immediately (or as soon as practicable) in a black plastic bag marked CONFIDENTIAL to the Health Information Unit for scanning.

Notifications

- Child's managing team notified if not completing death paperwork: N/A ☐ No ☐ Yes ☐
- General Practitioner Notified No ☐ Yes ☐
- NUM, AHNM and Social Work Yes ☐
- Online Death Notification completed (ASAP) Yes ☐

Additional documentation may be required:

- Report of Death Associated with Anaesthesia/Sedation SMR010.511 Yes ☐ N/A ☐

Paperwork for the Funeral Directors:

- The white copy of the Medical Certificate of Cause of Death **SMR010.509**
- Attending Practitioner's Cremation Certificate **SMR010.520**
- Authority to Collect the Deceased Form **SMR020.210**

MANDATORY REPORTING OF UNEXPECTED DEATHS TO CGU
FOR FURTHER INFORMATION **T**: 02 9845 3442 **E**: SCHN-CGU@HEALTH.NSW.GOV.AU

****DO NOT SCAN THIS CHECKLIST INTO THE MEDICAL RECORD****

This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

Appendix 3: Checklist - Coroner's Cases

DO NOT DISTURB THE BODY

Coronial Check list completed SMR010.513 No ☐ Yes ☐

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

- Original White copy is provided to the Coroner's Office Yes ☐
- Duplicate White copy is for the Police Yes ☐
- Triplicate White with Green Writing copy forms part of the health care record Yes ☐

Police Notified

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

Provided relevant information to Parent(s)/next-of-kin

Including 'NSW Government – Initial steps after a death is reported to the Coroner' brochure Yes ☐

Organ/Tissue Donation

*If diagnostic tissue or organ donation is requested, the Senior Medical Officer **MUST** discuss with the Coroner first and only proceed if family consents.*

If removal of tissue after death is required and has been approved by the Coroner, **consult with the Organ and Tissue Donation team** for required documentation and process.

Mortuary Patient Information Form CS17 (CHW only) N/A ☐ Yes ☐

Mortuary Transfer: Original accompanies body, copy remains in health care record
State Coroner's Mortuary: Original and copy remain in health care record

Identification Bands

- Ensure **2** correct identification bands are placed on the patient Yes ☐

Mortuary Register

Record the transfer of the child in the Mortuary Register both sites even if the body is directly transferred to the Funeral Director from the Ward Yes ☐

Health Care Record Documentation

- Completed and signed Yes ☐

Paper health care records are sent immediately (or as soon as practicable) in a black plastic bag marked CONFIDENTIAL to the Health Information Unit for scanning.

Notifications

- Child's managing team notified if not completing death paperwork: N/A ☐ No ☐ Yes ☐
- General Practitioner Notified No ☐ Yes ☐
- NUM, AHNM and Social Work Yes ☐
- Online Death Notification completed (ASAP) Yes ☐

Additional documentation may be required:

- Report of Death Associated with Anaesthesia/Sedation **SMR010.511** N/A ☐ Yes ☐
- SUDI Medical History (if applicable) N/A ☐ Yes ☐

MANDATORY REPORTING OF UNEXPECTED DEATHS TO CGU
FOR FURTHER INFORMATION **T**: 02 9845 3442 **E**: SCHN-CGU@HEALTH.NSW.GOV.AU

****DO NOT SCAN THIS CHECKLIST INTO THE MEDICAL RECORD****

This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.