

What is the Expedited Death Response Team (EDRT)?

The EDRT is a dedicated resource individual (or team) based in each hospital to provide efficient, proactive, and respectful disposition of the deceased during the COVID-19 outbreak.

What is the role of the Office of the Chief Coroner (OCC) in the process?

During the COVID-19 outbreak, a special team will be available at Office of the Chief Coroner (OCC Team) to assist with efficient, proactive and respectful disposition of deceased persons. The **OCC Team** will assist with the completion and delivery of the Medical Certificates of Death for natural hospital deaths and deaths in Long-Term Care (LTC) homes.

Is this going to create more work for hospital staff?

Changes being introduced should result in a more efficient process for managing deaths in hospitals.

- Transferring deceased persons directly into the care of the funeral service sector is the most efficient process and replicates existing practices
- It reduces pressure on the healthcare and LTC systems to manage storage of deceased persons
- It decreases exposure and risk of transmission to funeral service providers in situations with potentially limited personal protective equipment (PPE)
- It minimizes entry of individuals (funeral service providers) into patient care areas and other high traffic areas of the hospital
- It allows front-line staff to rapidly resume direct patient care

Who should be on the Expedited Death Response Team (EDRT)?

Key considerations for EDRT include:

- A health professional who can handle the sensitive nature of conversations with grieving families (e.g., choosing funeral home promptly)
- Professionals who have likely interacted with the families previously
- Single point of contact for OCC team (only have to call one person as opposed to multiple clinicians) and able to facilitate completion and transmission of documents to OCC Team

Suggestions: Nurse (RN, RPN), Social Worker (RSW), Discharge Planner

Does the EDRT only work with COVID-19 deaths?

No – During the COVID-19 outbreak period the EDRT will manage **all natural deaths** in hospital.

Who can pronounce death?

There is no legal requirement that would prevent an RN or RPN from *pronouncing* death, as clarified by the College of Nurses of Ontario (CNO). However, only a physician or a Registered Nurse (Extended Class) can *certify* death.

What about a death that requires a coroner investigation?

- Engage the usual process for notification of the coroner for deaths that are non-natural, unexpected or may require investigation.
- Please contact OCC Provincial Dispatch (1-855-299-4100) to report the death and engagement with a coroner will occur.
- The coroner assigned to the case will provide instruction for transfer of the deceased person and further investigation.

What if the attending clinician completes the Medical Certificate of Death (MCOD)?

Engagement with the OCC Team is not necessary if the clinician completes the MCOD within one hour.

If the attending clinician completes the MCOD, what should they indicate as the cause of death?

For COVID-19 deaths:

- **COVID-19** should be recorded on the MCOD for ALL deceased persons where the disease caused, or is assumed to have caused, or contributed directly to death
- The causal sequence leading to death, e.g., respiratory distress syndrome due to pneumonia due COVID-19
- Existing chronic conditions should be listed in Part II of the MCOD

For non-COVID-19 natural deaths: Please refer to the Handbook on Medical Certificate of Death published by the Office of the Registrar General for Ontario.

- https://www.publications.gov.on.ca/store/20170501121/Free_Download_Files/016600.pdf
- The causal sequence leading to death should be provided in Part I and other significant conditions contributing to death but not resulting in the underlying cause in Part II.

What if the attending clinician cannot complete the MCOD within one hour?

If the attending clinician cannot complete the MCOD within one hour, proceed with completion of the Expedited Death Report (EDR) by EDRT and send to OCC Team

Proceed with preparation of the deceased person and transfer to release area.

How does the EDRT obtain assistance with completion of the cause of death (COD) information for the OCC Team?

- Engage promptly with the attending clinician for information and guidance on completion of the EDR COD section.
- Obtain both the immediate cause of death and the underlying cause of death (if applicable) to enter into the EDR.
- The OCC Team will complete the Medical Certificate of Death.
- The OCC team may follow up with the physician and EDRT team if further clarification is needed.
- As this process will continue 24/7, it is important that the on-call physician is available to assist the EDRT team with informing these key pieces of information whenever a death occurs.

Who calls the funeral home?

- The family must call the funeral home to request their services and initiate transfer of the deceased person.
- Ensure the family member who has the necessary legal authority contacts the funeral home immediately after providing the information to the EDRT.
- The EDTR must also call the funeral home to indicate the family will be in contact, to expect their call, and to facilitate prompt transfer of the deceased person.

What information will the EDRT share with the funeral service provider?

The EDRT will provide the funeral service provider with details about the deceased person, including the family name and contact information, the hospital name and site, location of release and contact process at the time of arrival.

The EDRT will notify the funeral service if the death resulted from COVID-19 (or if COVID -19 was suspected). Notify the funeral service provider if the resident has a pacemaker.

Are funeral homes aware of these changes to the current practice?

- Funeral service providers have been working together with the Office of the Chief Coroner to prepare this approach
- They have been informed of and their role to promptly attend to transfer a deceased person into their care
- They are aware that the medical certificate of death will not be transported with the body but sent electronically from the OCC directly to the funeral home.
- From a health and safety perspective they routinely clean their stretcher between transfers.

How quickly should the EDRT complete the EDR and send it to the OCC Team?

- Within minutes, not hours. This process should be completed within one hour.
- The MRDR can be sent to the OCC by one of the following methods:
 - **Email:** save and send the completed report as an email attachment to occteam@ontario.ca or
 - send by email by clicking on “Submit Form” at top right corner of the form
 - **Secure Web Form:** submit the completed report as an attachment in the [OCC-OFPS Secure Web Form](#) (see attached instructions)
 - **FAX: 1 (888) 247-1845**

Should tubes, catheters and lines be removed from the body before placement into the body bag?

- Any actions that may result in movement or splashing of fluids from the body should be avoided to reduce the risk of transmission of infection
- Tubes, catheters and lines should be left in place on the deceased person unless these impede with placement in and closure of the body bag.

- Funeral service providers will proceed with removal during any necessary preparation of the body. PPE appropriate for care of isolated COVID -19 patients should be utilized during all preparation of the deceased patient prior to transfer from the patient room.

What should be done with jewellery that the deceased patient is wearing?

- If the family wish for the jewellery to remain on the deceased person at the time of burial or cremation it should be left in place.
- If the family would like to take jewellery or other personal effects separately these should be removed prior to transfer from the patient room and disinfected with hospital-grade disinfectant or wash in a diluted bleach solution prior to providing these to the family.

Should the clothing be removed from a deceased person during the preparations for transfer?

- Any actions that may result in movement or splashing of fluids from the body should be avoided to reduce the risk of transmission of infection
- Clothing should be left on the patient when placed in the body bag as removal may increase risk of exposure to bodily fluids.
- If the family would like the clothing returned, they should communicate that to the funeral services provider.

Where should the deceased persons be transferred to?

- Single holding/receiving area, hospital morgue.
- The body bag must be completely disinfected.

Who ensures proper identification ID is on the deceased person?

- The nurse or physician who was providing care must ensure there an ID bracelet or other appropriate form of ID on the deceased person.
- In addition, ID must be affixed securely to the outside of the body bag
- In cases of suspected or confirmed COVID-19 deaths, the body bag must be labelled with “COVID-19”.
- Before moving the deceased person, the EDRT must ensure that the ID on the person matches the ID on the body bag. **This is of critical importance.**

Who provides the body bag?

- Use hospital supply for body bags. If no body bags are available, let the funeral services know in advance of their arrival.
- If the hospital does not have a body bag, the funeral service provider will provide the hospital staff member with a body bag upon arrival at the hospital release area
- It is important to remember that the body bag must be disinfected after the deceased person is placed inside

Is a shroud the same as a body bag?

- No, a shroud is different from a body bag.
- Common post death care of the deceased involves the use of a plastic shroud or sheet placed around the body
- A shroud does not fully enclose the body as a body bag will and therefore a shroud does not protect from risk of contamination.
- The body bag contains the infection coupled with disinfecting the external surface reduces the risk of transmission of infection.

Who labels the body bag and what identifiers are required?

- The EDRT must ensure that the body bag is properly labelled, preferably with an indelible ink marker, i.e. Sharpie, and ensuring that it matches the ID on the deceased resident. **This is of critical importance.**
- Clear, legible labeling on the body bag is extremely important.
- The most effective way to do so is label the bag prior to disinfecting the bag in the room
- The following information must be clearly labeled on the bag:
 - Full name of the resident
 - Date of birth
 - In cases of suspected or confirmed COVID-19 deaths, the bag must be labelled “COVID-19”
- While a peel and stick label can be used, ensure that it will not come off during the disinfecting process
- It is important to remember that the body bag must be disinfected after the deceased person is placed inside.

Who transfers the deceased person?

Dedicated hospital porter or security (“Transfer personnel”) transfer to designated release area.

Who washes the body bag?

- Dedicated hospital porter or security (“Transfer personnel”) wash the body bag.
- The body bag should be disinfected after the patient is placed inside and before transfer from the patient room to minimize risk of transmission during transfer to the release area.
- The body bag should also be disinfected at the time of release to the funeral service provider.

What does the body bag get wiped down with?

Wipe the outside of the body bag with one of the following:

- a disinfectant solution, a hospital-grade disinfectant according to manufacturer’s recommendations
- wipes with anti-viral action, e.g. Clorox wipes
- a diluted concentration of bleach (a minimum concentration of 0.1% (1000 ppm)) ([WHO, 2020](#)).

Start disinfecting from the perimeter, then the zipper ending with the centre to ensure complete coverage.

Do the funeral service providers come into the hospital to transfer the deceased person?

- No. The funeral service providers will remain outside of the facility, at the designated release area.
- The hospital release personnel will meet the funeral service providers at the release area.
- Release personnel will log the deceased person out.
- Release personnel will transfer the deceased person from hospital stretcher to funeral home stretcher.
- Release personnel will transfer the deceased person through doors.
- The funeral service provider will transfer to their vehicle.

What if there is no family?

- At times deceased persons may not have any available or involved family:
 - The person may have indicated this during life to hospital staff
 - The Office of the Public Guardian and Trustee may be acting as their decision maker in the absence of next of kin
- If there is no family known to be involved, please complete the No NOK section on the EDR.
- At the time of sending the EDR please contact the OCC Team who will assist with prompt disposition planning.
- **Phone: Toll Free: 1 (833) 915-0868**
- **Local (Toronto): 1 (647) 792-0440**

What if the family can't decide on a funeral home?

- Advise that funeral home must be decided promptly, given the exceptional circumstances.
- EDRT can use the Funeral Home Finder-Dynamic Tool to provide list of nearby funeral homes to family to assist with their decision.
- Advise that if unable to choose, the EDRT will proceed with choosing a funeral home that family members will be required to work with.

What if the family doesn't call the funeral home?

- Advise that EDRT will also be calling the funeral home to proceed with transfer of the deceased person into the care of the funeral home.
- Encourage prompt connection with funeral home to minimize distress.

What if the family wishes to exercise religious or cultural practices in hospital?

- It is recognized that families may have specific religious beliefs or practices they wish to follow at the end of life.
- If the family belongs to a particular place of worship, encourage the family to contact them as soon as possible to make any necessary arrangements.
- The family may also discuss any personal, faith based or cultural practices with their funeral services provider.

- Advise that family will be unable to wash or touch the deceased person while in hospital
- Given the strict restrictions on visitor entry into hospitals outside clergy may be limited access.

Can the family accompany the deceased person to the hospital release area?

- No. Advise the family that they are not permitted to accompany their loved one through the hospital facility, due to the increased risk of transmission for family members, health care providers and funeral service providers.
- The family may be able to see the deceased person at the funeral home.

How do I get the Medical Certificate of Death (MCOD)?

- The Medical Certificate of Death will be sent securely electronically to the funeral service provider; it will not be sent to the institution where death occurred.
- A copy of the EDR should be included in the patient's record.

Can Organ and Tissue Donation occur?

- Notification to Trillium Gift of Life (TGLN) should be made as per routine practice
- TGLN will determine potential suitability for donation
- TGLN will work with the EDRT to support transfer of the deceased person if donation is planned.

Should the hospital make plans for additional morgue storage space?

- The plan does not contemplate need for additional body storage capacity, in fact it has been prepared to avoid exceeding current hospital morgue capacity.
- The EDRT process is being implemented to provide efficient, proactive, and respectful disposition of the deceased during the COVID-19 outbreak
- Prompt transfer of deceased persons into the care of funeral service providers is of key importance to ensure that hospital morgue capacity is not exceeded
- Any required body storage will be managed by the funeral service sector who have this expertise.
- Effectiveness of the plan relies on a systemic response with each area including the EDRT playing their part across the provision of respectful service to deceased persons.