

INTERDISCIPLINARY CLINICAL Policy & Procedure

TITLE:	Expected Death at Home	NUMBER:	CL-PE-005
Sponsor:	Provincial Palliative Care Coordinator	Page:	1 of 7
Approved by:	VP Integrated health Services - Primary Health Care and Population Health	Approval Date:	2018-02-23
		Effective Date:	2018-02-23
Applies To:	Health Care Providers		

PREAMBLE

1. When there is an expected death in the home, there may be circumstances in which 911 is called, triggering an unintended response by Emergency Services. This policy is intended to support:
 - 1.1 The appropriate response for a planned, Expected Death in the Home.
 - 1.1.1 In these situations, at the time of death, there is no need for families to call 911.
 - 1.1.2 Emergency Health Services (EHS)/Paramedics, Police/Royal Canadian Mounted Police (RCMP) and the Medical Examiner are not required to be present to the home.
 - 1.2 The timely transport of the body by the Funeral Provider when documentation is properly completed.

POLICY STATEMENTS

1. Health Care Providers must complete the Expected Death at Home (EDAH) Notification Form.
2. Health Care Providers must obtain consent from the Client/Delegate/Statutory Decision Maker to share the EDAH form with Law Enforcement, and confirm this on the EDAH form.
3. Upon consent, Health Care Providers must share the EDAH form with Law Enforcement to advise that a Standard Emergency Response is not needed.

NOTE: There may be circumstances where an emergency response is appropriate. (e.g. prior police involvement, a mesothelioma diagnosis)

GUIDING PRINCIPLES AND VALUES

Nova Scotia Health Authority supports Health Care Providers to:

1. Facilitate a patient and family centered experience that respects an expressed wish to die at home.
2. Support individuals who choose to die at home, and their families, in a manner that promotes a peaceful and dignified experience.
3. Collaborate with external agencies to develop a care plan with the Client/Statutory Decision Maker and family members that facilitates an expected home death.
4. Help create an experience in which families are treated with compassion and respect following the expected home death of their loved one.
5. Understand their role and the contribution of partners and stakeholders in facilitating a peaceful home death experience.

PROCEDURE/ GUIDELINES

1. Health Care Providers:
 - 1.1 Initiate the discussion regarding planning for an EDAH, with the Client, Statutory Decision Maker and family.
 - 1.2 Complete EDAH form and documentation indicating goals of care including No Resuscitation/ Allow a Natural Death.
 - 1.2.1 Leave one copy of the EDAH form in the home in a Nova Scotia Health Authority (NSHA) Green Sleeve.
 - 1.2.2 Ensure documented goals of care are also placed in the Green Sleeve.
 - 1.2.3 The NSHA Green Sleeve is located in front of the home chart, if one exists or somewhere easy to find (ie: top of refrigerator).
 - 1.3 If consent obtained to share with local Law Enforcement and Funeral Provider, send signed EDAH form by secure email to provincial palliative care administrative office.
 - 1.3.1 Signed form is sent to local Law Enforcement and Funeral Provider as listed on EDAH form.
 - 1.4 Educate patient and family about the implications of EDAH form and sharing/not sharing with Law Enforcement, including potential police response at the time of death.

NOTE: There may be situations where the remains are not transported directly to the funeral home (ie: body donation, tissue donation, Medical Examiner cases, or as per Law Enforcement protocol).

2. Stakeholder Collaboration:

2.1 Law Enforcement:

- 2.1.1 Have corresponding policies to guide their response to calls related to expected deaths at home.
- 2.1.2 Do not need to be involved in most of these situations if notified ahead of time that there is an expected death.

2.2 Funeral Providers:

- 2.2.1 Agree to transport body without a signed Death Certificate on the understanding that one is completed within 24 hours of the death (confirmed on the completed EDAH Form).

2.3 EHS:

- 2.3.1 Have corresponding policies to guide their response to calls related to expected deaths at home.
- 2.3.2 Palliative Care Clinical Practice Guideline indicates that in the event paramedics are involved in an EDAH, in most cases there is no need to contact Local Law Enforcement or Office of the Medical Examiner.

REFERENCES

Legislative Acts/References

Nova Scotia. (1983). [Embalmers and Funeral Directors Regulations made under Section 33 of the Embalmers and Funeral Directors Act](#) R.S.N.S. 1989, c. 144 O.I.C. 83-1131 (October 4, 1983, effective October 5, 1983), N.S. Reg. 215/83 as amended to O.I.C. 2016-153 (June 14, 2016, effective September 1, 2016), N.S. Reg. 118/2016

Personal Health Information Act, S.N.S. 2010, c. 41, s. 1.

[Fatality Investigations Act](#), S.N.S. 2001, c. 31

Nova Scotia. (2013). [Medical Certificate of Death Regulations made under clause 51\(1\)\(fb\) of the Vital Statistics Act](#)

R.S.N.S. 1989, c. 494 O.I.C. 2013-3 (January 15, 2013), N.S. Reg.

RELATED DOCUMENTS

Forms

[Notification of Expected Death At Home Form](#)

Goals of Care Form (in progress). In the interim, DNR/AND forms may continue to be used.

Brochure

[Expected Death at Home Brochure](#)

Appendices

[Appendix A - Definitions](#)

[Replacing the Following District Health Authority Policies/Version History](#)

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Appendix A – Definitions

Client	In the context of this policy, this refers to the person/patient with a terminal health condition (Source: n/a).
Death Certificate	The Vital Statistics Act requires that all deaths which occur in the province of Nova Scotia be registered with the office of Vital Statistics. The Death Certificate is issued by Vital Statistics and is an excerpt from the official death registry. (Source: Access Nova Scotia. Death Certificate and Registration (2016) Accessed from http://novascotia.ca/sns/access/vitalstats/death-certificate-registration.asp)
Delegate	Delegate refers to the patient’s chosen decision-maker under a Personal Directive in accordance with the Nova Scotia Personal Directives Act. May also be referred to as a substitute decision maker.
Emergency Health Services	The arrangement of personnel, facilities and equipment required for the effective, coordinated delivery of services provided by registered pre-hospital first responders and by registered paramedics and other health professionals pursuant to the Nova Scotia <i>Emergency Health Services Act</i> and required in the prevention and management of medical, trauma and health conditions. (Source: NS Legislature 2015. Emergency Health Services Act, C.5, s1. Accessed from http://nslegislature.ca/legc/statutes/emergth.htm)
Emergency Services	Within the context of this policy, this is specifically referencing a response from Nova Scotia Emergency Health Services, local police/RCMP and the Nova Scotia Medical Examiner’s office. (Source: n/a)
Expected Death at Home/EDAH	Where an individual has chosen to die at home with the support of family and plans have been clearly made and documented beforehand. (Joint Protocol for Expected/Planned Home Deaths in British Columbia (2006). Accessed: http://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/expected-planned-home-deaths).
Funeral Provider	Any funeral home, crematorium, and/or company providing funeral merchandise and/or services to the public in Nova Scotia. (Source: NS Legislature (2004). An Act Respecting Embalmers and Funeral Directors, Accessed from: http://nslegislature.ca/legc/statutes/embalm.htm)
Health Care Provider	For the purpose of this policy, the health care provider is the person on the health care team who has agreed to complete the EDAH form. Any health care provider who is informed by the patient or family of a wish to die at home may be in a position to complete the EDAH form if they have or are able to obtain the required information.

Medical Examiner	Nova Scotia Medical Examiner Service investigates deaths of persons who die from criminal violence, by accident, by suicide, suddenly when in apparent good health, when unattended by a physician, in a correctional facility, or in any suspicious or unusual manner. Our service is also responsible for approving cremations. (Source: Nova Scotia Medical Examiner Service Accessed from: http://novascotia.ca/just/cme/)
NSHA Green Sleeve	A plastic pocket that holds important documents related to patient goals of care such as the Expected Death at Home and DNR/AND forms, as well as personal directive. The green sleeve is the property of the patient and should only include the most up to date versions of these forms. In an emergency, health providers can look at the green sleeve to find a patient's healthcare wishes. Patients are encouraged to place the green sleeve in the palliative care home chart or somewhere that is easy to find, such on top of the refrigerator.
Law Enforcement:	Law Enforcement includes: Police - A municipal police department or an amalgamated police department established in accordance with the applicable legislation (Source: Police regulations/Policy Act Nova Scotia. Accessed from: https://www.novascotia.ca/Just/regulations/regs/polregs.htm) The Royal Canadian Mounted Police - is the Canadian national police service and an agency of the Ministry of Public Safety Canada. (Royal Canadian Mounted Policy (2016) – About RCMP. Accessed from: http://www.rcmp-grc.gc.ca/about-ausujet/index-eng.htm)
Statutory Decision Maker	Refers to the person who qualifies according to the hierarchical list of decision-makers provided for in the Nova Scotia Personal Directives Act and who may act if a delegate has not been chosen by the patient.

District Health Authority Policies Being Replaced

Cape Breton: B5- 050: Death in the Home Setting

Cape Breton: A3 040: Relationship with Funeral Homes

GASHA: 7-20: Managing Hospice Palliative Care Patients at Home

Version History

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
New to NSHA 2018-02-23	