



# Policy

<b>Policy Title:</b>	Transfer and Release of Patient Remains	
<b>Applies To:</b>	Team Members involved in the Transfer, transport, and Release of Patient remains when death occurs in Nova Scotia Health facilities	
<b>Approved:</b>	<b>Effective:</b>	<b>Next Review:</b>
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<b>Approval Authority:</b>	Clinical Operations Committee  Health Authority Medical Advisory Committee	
<b>Number:</b> AD-AO-100	<b>Manual:</b> Administrative	

**Note:**  
 This Policy supersedes **all** former direction regarding the Transfer, transport, and Release of Patient remains from the place of death until the remains leave our facilities.  
 Direction for Team Members on the subject of Care After Death is ongoing; this policy and related procedures are part of that ongoing document development.

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**PURPOSE**

This policy provides direction for Team Members, to safeguard and support the respectful and appropriate Transfer and Release of Patient remains after death.

**PRINCIPLES AND VALUES**

**Continuity of Care:** Nova Scotia Health’s responsibility to care for Patients and their families continues beyond end of life.

**Dignity and Privacy:** Patients deserve dignity in death and the expectations of privacy and confidentiality extend beyond end of life.

**Public Trust and Accountability:** It is essential for the public to have faith and confidence in our organization’s commitment to Patient care, including at end of life. Nova Scotia Health strives to earn the public’s trust that we will manage Patient remains as per legislation and Patient and Family wishes, wherever possible.

**POLICY**

1. Nova Scotia Health is accountable to ensure Patient remains are transported, Transferred, and/or Released according to legislation and Patient and Family wishes, wherever possible.
  - 1.1. [Information Transfer at Care Transitions - Policy & Procedure - NSHA CL-SR-015](#) applies to the Transfer of information for Patient remains.
2. All sites must create a site-specific procedure to support this policy as outlined in [the template](#).
  - 2.1. All sites must identify the roles and team(s) responsible for the Transfer and Release of Patient remains and include their responsibilities in the site-specific procedure.

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**Note:** Units/Programs/Services should document any program-specific direction to support their implementation of this policy (for example: Maternal Child Unit creates a work instruction for stillbirth).

3. All Team Members involved in the care of Patient remains must be trained in the related processes and procedures and are accountable to understand their duties and responsibilities, including Transfer of Accountability.
  - 3.1. Managers/Supervisors are responsible to ensure Team Members complete the required training.
4. All Team Members must follow IPAC Routine Practices in their contact with Patient remains.
  - 4.1. Additional Precautions in place at time of death continue during Transfer of Patient remains.

## Identification of Remains

### 5. Proper identification of the remains is critical.

- 5.1. All Team Members must follow [Patient Identification - Policy and Procedure - NSHA CL-SR-025](#) to ensure proper identification of Patient remains.
- 5.2. All necessary documentation must be complete and identification of remains must be confirmed using an **Independent Double Check** at the following (but not limited to) Transition Points:
  - Leaving the clinical care unit
    - Two Health Care Providers (HCPs) (at least one of the two HCPs must be an Employee and/or Physician) must complete Independent Double Check
  - Leaving the facility
    - Two Team Members (for example: HCP and Security) (at least one of the two Team Members must be an Employee and/or Physician) must complete Independent Double Check

### Notes:

- o See definitions for the meaning of each designation: Employee, Health Care Provider, and Team Member.
- o Unless under **exceptional circumstances** the Independent Double Check of Patient identification when remains leave the facility should always be conducted by an HCP who is an Employee or a Physician and a Security Team Member (where available).
  - Non-clinical Team Members (for example: Environmental Services, Health Information Services) **should not be** tasked with identification of Patient remains.

6. Computer-generated Patient Labels must be used in the identification of Patient remains and securely attached to the remains.

6.1. Handwritten labels must not be used, except in the case of Fetal Remains/Stillbirth.

**Note:** See definitions for the meaning of Fetal Remains and Stillbirth. Fetal Remains are handled as specimens, rather than Patient remains.

7. Disposition of remains must be clear and required documentation complete.

## DOCUMENTATION REQUIREMENTS

1. All areas must use documentation as directed by Nova Scotia Health and this policy (see [Clinical Practice Supports](#)).

1.1. **Exception:** Hospice settings document using the [Hospice Death/Discharge Checklist](#).

**Note:** In the case of a Stillbirth, a Stillbirth Certificate must be completed in lieu of a Medical Certificate of Death. In the case of Stillbirth, references in this policy to the Medical Certificate of Death are deemed to refer to a Stillbirth Certificate.

2. The Medical Certificate of Death must be completed prior to the Release of remains.

2.1. The Medical Certificate of Death must be completed immediately after death. The time to complete must not exceed 24 hours after death.

2.2. **Exception:** Patients who are accepted as Medical Examiner (ME) cases have the Medical Certificate of Death filled out by the ME (see [Mandatory Reporting to Medical Examiner - NSHA CL-PE-030](#)).

2.3. **Exception:** In Hospice, Long-Term Care, and Home Care settings, the Medical Certificate of Death may be completed after the Release of the remains. The Health Care Team must ensure the Medical Certificate of Death is completed within 24 hours and received by whomever received the remains as soon as possible.

2.4. **Exception:** Patients designated as Tissue donors may be Transferred as per the Regional Tissue bank requirements without a signed Medical Certificate of Death. Upon return of remains to the home site, the Medical Certificate of Death must then be completed by the Physician or Nurse Practitioner prior to Release, if they were not completed prior to Transfer (see [Deceased Organ and Tissue Donation - Policy and Procedure - NSHA CL-OD-001 IWK 1521](#)).

3. Sites with a morgue must document the Release of Patient remains in the morgue log book.

3.1. [Morgue Log Books](#) must be bound and safeguarded as best as possible.

## Documentation Delivery

4. The original Medical Certificate of Death must accompany Patient remains upon Release. The original Medical Certificate of Death normally accompanies Patient remains upon Transfer and/or transport.
  - 4.1. **Exception:** Stillbirths are registered with Vital Statistics by Nova Scotia Health Team Members prior to Release of remains. The original form is submitted to Vital Statistics by Nova Scotia Health Team Members.
    - 4.1.1. A copy of the Stillbirth Certificate accompanies the remains, and another copy is placed on the birthing parent's Health Record. The original Stillbirth Certificate does not accompany the remains.
  - 4.2. Fetal Remains are not registered with Vital Statistics and do not require a Medical Certificate of Death.
  - 4.3. Remains may be Transferred to another Nova Scotia Health unit/morgue or facility prior to completion of the Medical Certificate of Death, as per the [Site-Specific Procedure](#).

**Note:** With appropriate documentation, Nova Scotia Health can lawfully take possession of remains from the Medical Examiner for a temporary period without a Medical Certificate of Death. The Medical Certificate of Death is required for funeral homes to register the death.

- 4.4. The Health Record must not accompany the Patient remains, except the [Care After Death Checklist](#) which accompanies the Patient remains until Release.
  - 4.4.1. The [Care After Death Checklist](#) is included in the Health Record following Release.

**Note:** The Care After Death Checklist accompanies Patient remains until Release so that the Team Member receiving the remains upon Transfer may continue and/or complete the checklist.

- 4.5. A copy of the completed Medical Certificate of Death should be added to the Patient's discharge and sent to Health Information Services for scanning.
5. Patient remains must not be Released until the required documentation has been obtained. Refer to [the site-specific procedure](#) and/or the [Care After Death Checklist](#) for documentation requirements.
6. Health Records identified for Clinical Autopsy or ME cases are scanned (as necessary, wherever possible) following death.
  - 6.1. When scanning is not possible (example: Eastern Zone), Health Care Providers (HCPs) must copy the Health Record for Transfer with the Patient remains.

## ROLES AND RESPONSIBILITIES

- o Senior Leadership

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- Ensure all Team Members receive education regarding all aspects of this policy and process
- o Site Leads
  - Ensure there is a documented [site-specific procedure](#) for Transfer and Release of remains that complies with this policy
  - Ensure there is a site-specific process for care and Release of valuables and effects
  - Designate the roles most responsible for the Transfer and Release of Patient remains once they have left the Patient care unit
  - Evaluation of compliance with [Care After Death Checklist](#) completion
- o Security (where present) and/or designate on site:
  - Ensure accurate documentation of Patient remains in the [Morgue Log Book](#)
  - Maintain and ensure the integrity of the [Morgue Log Book](#)
  - Facilitate and/or support the Transfer and Release of remains to (including all of, but not limited to):
    - Pathology and Laboratory Medicine for Clinical Autopsy
    - Medical Examiner
    - Funeral home/body removal service
    - Tissue Donation
    - Dalhousie University Human Body Donation Program
    - Other Nova Scotia Health sites
    - Essential Care Partner(s) (ECPs)/Family/Person (other than a licensed Funeral Director) receiving remains
    - IWK Health
  - Complete and co-sign [Care After Death Checklist](#)
  - Verify Patient Identity along all Transfers, including prior to Release from Nova Scotia Health facilities as per [Patient Identification - Policy and Procedure - NSHA CL-SR-025](#)

**Note:** Nova Scotia Health Team Members are not accountable for providing information or getting consent from Patients or families for the Dalhousie University Body Donation Program.

- o Health Care Providers
  - Complete relevant notifications such as: ECP(s), Family, Tissue Donation, etc.
  - Complete and sign [Care After Death Checklist](#)

- Notify other departments, partners (LTC facilities, IWK Health, Dalhousie University Body Donation Program, etc.) as relevant of Patient's status.
- Independently double check the identification prior to Transfer or Release from Patient care area and from the facility
- o Ward Clerk/Team Aides/Porters/others involved in Transfer/transport/Release of remains (as designated by site)
  - Assist in the Independent Double Check of Patient remains with Health Care Provider as required.
  - Complete [Morgue Log Book](#) (as applicable)
  - Notification to/communicate with: Morgue, funeral home, Tissue Donation, Dalhousie Human Body Donation Program, as necessary and applicable
  - Safely transport Patient remains and relevant documentation to morgue
  - Co-sign [Care After Death Checklist](#) as required
  - Send Health Record for scanning/copying as soon as possible after death
  - Facilitate Transfer of required documentation between Funeral Directors/receiving individuals and the health care team, as appropriate
- o Physicians/NPs
  - Ensure relevant documentation is initiated/completed as per their role, including (but not limited to):
    - Clinical Autopsy consent
    - Medical Certificate of Death
    - Stillbirth Certificate
    - Tissue Donation
    - [Care After Death Checklist](#)
  - Ensure the Patient's disposition is reported to Nursing, Security and/or designate, and documented on standardized forms
  - Notify Substitute Decision Maker (SDM), ECP(s), and/or Family
  - Discuss Clinical Autopsy with SDM and obtain consent if requested
  - Contact the ME office as required

## COMPLIANCE WITH THIS POLICY

- Compliance with this policy is a condition of employment and privileges. Non-compliance may lead to disciplinary action or other consequences.

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## REFERENCES

### Legislative Acts/References

Vital Statistics Act, Revised Statutes of Nova Scotia (1989, c. 494). Retrieved from the Nova Scotia Legislature website:

<https://nslegislature.ca/sites/default/files/legc/statutes/vital%20statistics.pdf>

Fatality Investigations Act, Statutes of Nova Scotia (2001, c. 31). Retrieved from the Nova Scotia Legislature website:

<https://nslegislature.ca/sites/default/files/legc/statutes/fatality%20investigations.pdf>

### Other

[IWK - 805 - Death of a Patient](#)

## RELATED DOCUMENTS

### Clinical Practice Supports

[Transfer and Release of Patient Remains - Care of the Patient After Death - LibGuides at Nova Scotia Health \(nshealth.ca\)](#)

### Policies

[Deceased Organ and Tissue Donation - Policy and Procedure - NSHA CL-OD-001 IWK 1521](#)

[Mandatory Reporting to Medical Examiner - NSHA CL-PE-030](#)

[Patient Identification - Policy and Procedure - NSHA CL-SR-025](#)

[Privacy and Confidentiality of Personal Health Information - Policy and Procedure - NSHA AD-AO-030](#)

[Expected Death at Home - Policy and Procedure - NSHA CL-PE-005](#)

[Pronouncement of Death when Death is Anticipated/Expected - Procedure - NSHA CL-PE-020](#)

### Appendices

[Appendix A: Definitions](#)

[Appendix B: Requirements for Site Specific Procedure](#)

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**Appendix A: Definitions**

<b>Clinical Autopsy</b>	The medical examination of remains after a person has died, performed by a pathologist at the request of the next of kin, in order to clarify the reason why the person died and offer additional information about the person's health conditions.
<b>Designated Role</b>	The role designated by the Site Lead to have primary accountability for completing the task.
<b>Employee</b>	A person employed by Nova Scotia Health whose salary and compensation are provided by Nova Scotia Health, including without limitation Medical Residents providing services in Nova Scotia.
<b>Essential Care Partner (ECPs)</b>	A person who provides physical, psychological, and emotional support, as deemed important by the Patient. This care can include support in decision making, care coordination, and continuity of care. Essential Care Partners can include Family members, close friends, or other caregivers and are identified by the Patient or their Substitute Decision Maker.
<b>Family</b>	Anyone in a Patient's support network; as defined by the Patient.
<b>Fetal Remains (Products of Conception)</b>	Fetuses less than 20 weeks gestation and less than 500 grams and no signs of life at birth. These cases should <b>not</b> get a Stillbirth Certificate. Products of Conception are handled as pathology specimens, as opposed to bodies.
<b>Health Care Provider</b>	A Team Member who is either regulated or unlicensed who is responsible for the direct care of Patients at Nova Scotia Health.
<b>Health Record</b>	The comprehensive collection of health information (electronic and paper-based) about a Patient. It includes data such as medical history, diagnoses, treatments, medications, lab results, and other relevant health information. All Health Care Providers who are providing care to the Patient create the information documented on the Patient's Health Record.
<b>Independent Double Check</b>	The procedure in which two Health Care Providers, or delegate, separately check Patient remains identification (alone and apart from each other, then compare results) before Transferring, transporting, and/or releasing the Patient remains, with no verbal prompting between the two HCPs.
<b>Medical Certificate of Death</b>	The form completed by the Most Responsible Health Care Provider (ME as applicable), as per legislation. This certificate is required for Registration of Death.
<b>Patient</b>	All individuals including clients, residents, and members of the public who receive health care or services from Nova Scotia Health and its Health Care Providers.

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<b>Registration of Death</b>	A process with Vital Statistics Nova Scotia occurring after the completion of the Medical Certificate of Death. Normally completed by a funeral home, may be completed by a Person (other than a licensed Funeral Director, such as a Family member).
<b>Release</b>	A Patient is no longer under the care of Nova Scotia Health. Nova Scotia Health's accountability for care for the remains ceases.
<b>Stillbirth</b>	Fetus greater than or equal to 20 weeks gestation or greater than or equal to 500 grams and no signs of life at birth.
<b>Stillbirth Certificate</b>	The form completed by the Physician, as per legislation. This certificate is required for Registration of Death. <b>Note:</b> References to the Medical Certificate of Death throughout the policy include the Stillbirth Certificate. Stillbirths are registered with Vital Statistics by Nova Scotia Health Team Members. The original form is submitted to Vital Statistics by Nova Scotia Health Team Members. A copy of the Stillbirth Certificate accompanies the remains and another copy is placed on the birthing parent's Health Record.
<b>Substitute Decision Maker (SDM)</b>	A person who is given the authority to make admission/discharge, care, or Treatment decisions on behalf of a Patient who lacks capacity.
<b>Team Members</b>	Unless specifically limited by a certain policy, refers to all Employees, physicians, learners, volunteers, board members, contractors, contract workers, franchise Employees, and those with affiliated appointments and other individuals performing activities within Nova Scotia Health.
<b>Transfer</b>	The Transfer of professional responsibility and accountability for some or all aspects of care for a Patient/Patient remains to another person or professional group on a temporary or permanent basis. Involving the exchange of Patient-specific information from one Provider to another, or from one team of Providers to another, for the purpose of ensuring the continuity of care and safety of the Patient/Patient remains.
<b>Transition Points</b>	Leaving the care area Leaving the facility

## Appendix B: Requirements for Site or unit Specific Procedure

Site-specific template can be accessed here:

[Transfer and Release of Patient Remains - Care of the Patient After Death - LibGuides at Nova Scotia Health \(nshealth.ca\)](https://libguides.nova Scotia Health.ca/transfer-and-release-of-patient-remains)

**Site Leads:** *Use the linked template to document a procedure specific to your site for the transport, Transfer, and Release of Patient remains. Where the template indicates “[Designated Role]”, indicate which role at your site is responsible for this task.*

*This procedure contains all of the necessary elements for transport, Transfer, and Release of Patient remains. Site Leads are accountable to ensure that if there are additional tasks or steps required, they are included in this procedure.*

*If there are any forms on this topic at your site, please review and consider removing them from use.*

*Anything written in italics is intended for you to modify or remove upon completion.*

*Remove this box from your template when it is complete.*

**VERSION HISTORY**

Version:	Effective:	Approved by:	What's changed:
Original	2024-06-11	HAMAC COC	N/A
Minor Revision	2024-07-23	Senior Director, Integrated Acute and Episodic Care Network  Senior Medical Director, Integrated Acute and Episodic Care Network	Clarification of exceptions and definitions.
Minor Revision	2024-11-26	Senior Director, Integrated Acute and Episodic Care Network  Senior Medical Director, Integrated Acute and Episodic Care Network	Clarified roles and responsibilities and exceptions.  Separation of site-specific procedure template from policy document



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