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**Owner:** Jennifer Harre: VP & CNO  
**Area:** Nursing- General  
**References:**  
**Applicability:** Southern Illinois Healthcare  
 Corporate System

## Care after Death, Body Release and Transport, SY-NG-056

### I. POLICY

\*\*\*FOR CARE OF SUSPECTED OR CONFIRMED COVID-19 PATIENT AFTER DEATH, SEE ATTACHMENT BELOW\*\*\*

Post-mortem care is provided in a respectful and dignified manner. The coroner, if indicated, and Mid America Transplant Services (MTS) are notified of deaths within the hospital. Families are offered the opportunity to be with the patient prior to and after death per the patient's wish. Post-mortem bodies are released to funeral homes per family members' consent. Deceased patients may be removed from a facility by a funeral director/ designee or transferred to another facility if an autopsy is pending, under the direction of the House Supervisor on duty.

Bodies may be placed in the morgue/storage area for deaths inside the facility (when temporary storage is indicated). Bodies requiring autopsies are transferred to Memorial Hospital of Carbondale morgue. The Release of Body Autopsy form is used for documentation when a death occurs inside the facility.

SIH provides respectful disposition of a decedent's remains in situations where no next of kin or friend can be identified and when next of kin or friend is unable or refuses to disposition of the decedent's remains.

### II. DEFINITIONS

Anatomical gift – a donation of all or part of a human body to take effect upon or after certification of death

Civil union – a legal relationship between 2 persons, of either the same or opposite sex, established pursuant to the Illinois Religious Freedom Protection and Civil Union Act

Party to a civil union – a person who has established a civil union pursuant to the Illinois Religious Freedom Protection and Civil Union Act; party to a civil union means, and is included in any definition or use of the terms spouse, family, immediate family, dependent, next of kin, and other terms that denote the spousal relationship

Post Unclaimed remains – for purposes of this policy, remains are considered unclaimed when an adult deceased body, age 18 years of age or older, who has no known advance directives, authorized representative, or next of kin, willing and able to make final disposition of the remains of a deceased person  
 mortem – after death

### **III. RESPONSIBILITIES**

1. Nursing staff
  1. Notifies House Supervisor of patient's death
  2. Notifies family of patient's death
  3. Provides post-mortem care
  4. Completes MTS Notification form and the Release of Body form
2. House Supervisor notifies nursing homes and other long term care facilities with the time of death and may assist in other notifications, as necessary.

### **IV. EQUIPMENT/MATERIALS**

1. Release of Body
2. MTS Notification Form
3. Authorization for Medical Autopsy

### **V. PROCEDURE**

1. A party to a civil union is entitled to the same legal obligations, responsibilities, protections, and benefits as are afforded or recognized by the law of Illinois to spouses, whether they derive from statute, administrative rule, policy, common law, or any sources of civil or criminal law.
2. For any perinatal losses, refer to MC-OB-911: Perinatal Loss.
3. Families/significant others are offered the opportunity to be with the patient before, during and after death per the patient's wishes.
  1. Staff facilitates the patient's wishes by answering questions and supporting the family member(s).
4. When a death of a registered patient occurs inside the facility:
  1. Refer to Procedure 5.0 for determination of coroner cases, coroner notification and forensic autopsy.
  2. The nursing staff
    - A. Notifies the House Supervisor of the patient's death
    - B. Notifies family of patient's death
    - C. Initiates and completes the Release of Body/Autopsy form
      - i. The coroner's signature is required before release of the deceased if the death is a coroner's case.
    - D. Or designee notifies MTS of patient death
      - i. Refer to SY-NG-003: Organ and Tissue Donation for specific procedures.
    - E. Provides care after death
    - F. Places body in body bag

- i. Bags are available in ICU, ER, and OR with extras available from Central Supply
- 3. When temporary body storage is indicated, the House Supervisor/designee notifies Security.
  - A. Security unlocks morgue and House Supervisor/staff accompany body in morgue
  - B. The body is identified by an armband or leg band.
    - 1. When no autopsy is indicated or ordered
      - a. Place body in a body bag with an additional identification tag(s) placed outside the bag.
      - b. A two person verification of body identification using the arm or leg band and the identification tag(s) outside the bag is performed prior to the body being transported to the morgue/storage area.
    - 2. If autopsy is indicated, the Authorization For Medical Autopsy form is completed.
  - C. The body is transported to and placed in the morgue/storage area.
    - 1. Bodies are placed into portable refrigeration units for proper preservation.
  - D. Personnel transporting the body to the morgue/storage area label all personal items with date and deceased's name and notes on log.
    - 1. Security places personal belongings in Security office.
- 4. A family member or legally responsible person gives consent before the body is released.
  - A. If no family member can be identified, refer to Procedure section 13.0 Unclaimed Remains.
- 5. Coroner Notification and Forensic Autopsy
  - 1. Coroner's Case
    - A. Nursing Supervisor to determine whether to notify coroner.
  - 2. The Coroner is notified for all:
    - A. ER deaths or patients dead on arrival to hospital
    - B. Deaths that occur within 24 hours after admission to hospital
    - C. Accidental Death (all forms including deaths sustained in place of employment)
    - D. Anesthetic accident (death on the operating table prior to recovery from anesthesia)
    - E. Non-pathological bone fracture
      - 1. Such cases are reported even when the fracture is not primarily responsible for the death.
    - F. Blows or other forms of mechanical violence, crushed beneath falling objects, burns, cutting or stabbing, drowning, electric shock, explosion, exposure, firearms, fractures of bones (not pathological), falls, carbon monoxide poisoning, hanging, heat exhaustion, insolation (sunstroke), poisoning, strangulation, suffocation, vehicular accidents are also to be reported.
    - G. All hip fractures if the patient dies within 1 year and 1 month of the hip fracture
    - H. Homicidal Deaths
      - I. Suicidal Deaths
      - J. Abortions (criminal or self-induced)
      - K. Maternal Deaths

- L. Fetal or Neonatal Deaths-unexpected and/or no apparent cause of death known
  - M. Sudden Deaths (when in apparent good health or in any suspicious or unusual manner including alcoholism, sudden deaths on the street, deaths under unknown circumstances and those following injuries sustained at the place of employment)
    - 1. All stillborn infants where there is suspicion of illegal interference
    - 2. Death of persons where the attending physician could not be found
    - 3. Death of persons who have not been attended by a physician within two weeks prior to the date of the death
    - 4. Any death occurring within the county and not at a hospital or nursing home facility
    - 5. Any death where there are questionable circumstances.
  - N. Any patient identified as a Ward of the State
3. When calling the coroner have this information ready:
- A. Name of person reporting case
  - B. Name and address of the deceased
  - C. Age of deceased
  - D. Time of accident or onset of cause of death
  - E. Place, mode and manner where injury was sustained
  - F. Place of death
  - G. Time of death
  - H. Location of body
  - I. Name of physician who pronounced person dead
  - J. Person's private physician
  - K. Next of kin (if available)
  - L. Attending physician's name
    - 1. Has s/he been notified
    - 2. Is he willing to sign medical death certificate
4. Do not remove anything from the body until the coroner/designee directs it.
- A. This includes clothing not removed for resuscitation, catheters, IVs, tracheal tubes, etc.
  - B. In forensic situations, the belongings and valuables are given to the law enforcement officer(s).
5. The coroner's office determines when a forensic autopsy is required.
- A. The family may request an autopsy when there is no medical reason for an autopsy.
    - 1. In this case, the family signs the consent and bears the cost of the autopsy as well as any associated costs.
6. Coroner's Case
- A. Nursing Supervisor to determine whether to notify coroner.
6. If no autopsy is to be performed:

1. When the body is left on the nursing unit, the family notifies the funeral home.
2. When the body is going to the morgue/cooler/storage area, call Security to unlock the morgue/cooler door.
  - A. Place body in a body bag with an additional identification sticker placed outside the bag.
  - B. A two person verification of body identification using the arm or leg band and the identification sticker outside the bag is performed prior to the body being transported to the morgue/storage area.
  - C. Refrigerate only when funeral home unable to remove body in the next hour.
  - D. House Supervisor determines if morgue is at capacity.
  - E. Leave the Release of Body in the morgue to be signed by the Funeral Director when s/he picks up the body.
    1. Mark the box on the form if the patient is on any kind of isolation and indicate type of precautions used.
    2. Security delivers signed forms to the Emergency Department and places in Health Information (Medical Records) area.
    3. Form is then forwarded to Health Information for placement in the medical record.

7. Post mortem nursing care

1. Notification:
  - A. The primary physician and all other consulting physician confirm whether an autopsy is requested.
    - i. A physician must pronounce the patient.
    - ii. The physician who pronounces patient writes a notation on Progress Notes.
  - B. The physician/nursing has notified the family.
  - C. Spiritual Care is notified per family request.
  - D. Nursing Supervisor and Patient Intake are notified.
  - E. Coroner is notified by Nursing Supervisor/RN caring for patient, if applicable.
  - F. Notify Security.
  - G. Nuclear Medicine Department notified if patient has radioactive isotope treatments.
- H. Preparation of Body:
  - i. Two means of identification via tags or bracelet and tag.
  - ii. Check for cleanliness and clean as necessary.
  - iii. Remove all equipment. (Consult Coroner first if Coroner Case)
  - iv. Apply dressing(s) as needed.
  - v. Place arms at side.
  - vi. If on Isolation, continue Isolation technique.
    - a. Identify the body as an infection agent (Tags are provided on the nursing units and in the morgue).

2. Personal belongings:

- A. Gather all belongings, including dentures.
- B. Check medical record for valuables.
- C. Check medical record for home medications.
- D. Give all belongings to the relative.
  - i. Relative signs Personal Belongings form to indicate receipt of patient's belonging.
  - ii. If relative not present send with Funeral Home Director and make notation on Nursing Notes.

8. Viewing of the Body

- 1. Body can be left on the floor for no more than 4 hours for viewing.
  - A. The duration of viewing can be adjusted by House Supervisor depending on patient flow demands.
- 2. Once the body is moved to the morgue no viewing is allowed.
- 3. If body has not been identified then the local police or sheriff department is notified for identification.
- 4. If the body is related to a criminal investigation:
  - A. Viewing only allowed in the ED or hospital room if cleared by local police.
  - B. No viewing allowed once the body is transferred to the morgue.

9. Permits:

- 1. Next of kin signs Release of Body Section on Expiration Note attached to patient's medical record.
  - A. Nursing staff sign, date and time as witness to signature.
  - B. Telephone consent may be obtained for release with two nurses or nurse and physician as witnesses.
    - i. Witnesses complete signatures, date and time.
- 2. If the family or physician requests an autopsy, have autopsy permit signed on Authorization for Medical Autopsy
  - A. Authorization for Medical Autopsy (Pathology Department performs autopsies).
  - B. Arrangements for autopsy may be made between physician and pathologist.
- 3. Send Release of Body and Authorization of Medical Autopsy form with the body to the morgue.
  - A. When body is taken to the morgue, the form is placed in the Inbox.
- 4. Release consents are signed - state reason if immediate next of kin is unable to sign.

10. Body Release

- 1. At the time of death, the family or designated significant other is asked which funeral home the family will be contacting.
  - A. Nursing does not request this information prior to the time of death; however, family may volunteer this information prior to death.
- 2. When the funeral home picks up the body, they also sign the Release of Body form.
- 3. The body is transported to the morgue/storage area:

- A. If the family is unable to decide on a funeral home
- B. If there is no family or significant other available
- C. If the funeral home is unable to pick up the body in a timely manner or
- D. If there is to be an autopsy
- E. The Release of Body form is taken to the Emergency Department by Security and completed as indicated prior to a funeral home being contacted to pick up the body.
- F. Refer to Sections 4.3, 6.0, and 12.0 regarding transporting body.
- G. House Supervisor is notified.

11. Transport of body

- 1. EMS transports bodies to MHC for medical autopsies.
  - A. If the body is being transported to the coroner at the Williamson County Morgue, the coroner provides for transportation of the body.
- 2. The body may be transported from a facility by a funeral director/designated representative with permission of the House Supervisor once all appropriate forms are completed.
  - A. The body may be removed directly from the hospital room, emergency room,, or coolers from storage area/morgue.
  - B. Funeral home director notifies Security upon arrival to facility.
  - C. Funeral director obtains access to storage area/morgue from Security.
- 3. When the family requests the body be transported to another state:
  - A. The body is handled through a funeral director.
  - B. Proper certifications must be issued by the local director before transfer can be made.
  - C. The family member who signs the body release is instructed to select a local funeral director and make transfer arrangement.
  - D. If it is a coroner's case, the Coroner makes the arrangements.
    - i. If additional questions exist, contact the coroner for further instructions.

12. If the deceased is a nursing home resident, the nursing home is notified.

- 1. Document this on the Release of Body form.
- 2. Any member of nursing may perform this task.

13. Unclaimed remains

- 1. Determination of unclaimed remains
  - A. In the event of a perinatal loss > 20 weeks in which the family does not wish to handle the disposition of the fetus, follow the unclaimed remains procedure.
  - B. When nursing, spiritual care, case management or security staff are unable to reach the next of kin or friend of a decedent or when next of kin or friend refuses or is unable to attend to the disposition of a decedent's remains, Patient Relations is contacted as soon as possible after death.
    - i. The House Supervisor and Security serve as the main point of contact for Patient Relations.

- ii. An RDE is entered by staff member who recognizes the decedent's remains may be unclaimed.
- C. Patient Relations coordinates notification to the Anatomical Board within 36 hours of the patient's death that the remains of the decedent may be unclaimed.
- D. Patient Relations provides consults to staff regarding next steps to verify due diligence with finding next of kin or friend is taken. Steps may include:
  - i. Review of the medical record of emergency contacts.
  - ii. Contacting other care providers or agencies (ex. County Law Enforcement, Primary Care Physician, Nursing Home, prisons, Veteran's Administration, etc.).
  - iii. Internet or other search engine result reviews
  - iv. Sending of certified letters to next of kin or friend.
- E. After verifying due diligence with determining or contacting next of in or friend has been taken, and next of kin or friend are unable or unwilling to attend to disposition of the remains, Patient Relations sends a certified letter(s) to the next of kin and friend known indicating the remains of the decedent will be dispositioned by the hospital after a certain date (7-14 days) if they do not provide other means of disposition.
- F. If no next of kin or friend can be located, or if after next of kin or friend have been contacted by certified letter and do not respond with disposition, Patient Relations coordinates donation cremation or other method of disposition (e.g., burial) of the decedent's unclaimed remains.
  - i. Patient Relations works with hospital administration to determine disposition and payment of fees for such.
- G. Security is notified of the disposition of the decedent's remains.
- H. Spiritual Care is notified of the disposition of the decedent's remains to provide a remembrance of the individual to be held in prayer by the Spiritual Care staff.

## VI. DOCUMENTATION

1. Completed Release of Body form is placed in patient's medical record.
2. Authorization for Medical Autopsy form, as applicable, is placed in patient's medical record.
3. MTS Notification Form is placed in patient's medical record.
4. All attempts to contact next of kin or friend related to the death or disposition of a patient is documented in the decedent's electronic health record by the staff member(s) involved.
5. Any instance of unclaimed decedent remains is documented in an RDE.
6. Any written communications with the decedent's next of kin or friend related to disposition of remains is saved in the decedent's electronic medical record.
7. The final disposition of a decedent is documented in the patient's electronic health record.

## VII. CHARGES

1. If the family requests an autopsy in the absence of a medical reason for the autopsy to be performed the family is responsible for the cost of the autopsy including transportation of the body to MHC if applicable.



## Replaces:

HH-NG-048: Care of the Patient After Death; MC-NG-102: Care of Patient After Death; HH-NA-700: Deaths - Body Transferred Out of State; SJ-AD-004: Procedure for Body Placement and Release of Deceased; SJ-DR-018: Autopsy Requests; SJ-NA-012: Identification and Reporting of Coroner's Cases; HH-AD-005: Autopsies

## Attachments

[For Care of Suspected or Confirmed COVID-19 Patient After Death](#)  
[Morgue Sign In Sheet](#)

## Approval Signatures

Approver	Date
Deborah Emery: CORP REGULATORY COOR	4/3/2020
Jennifer Harre: VP & CNO [DE]	4/3/2020

## Applicability

Southern Illinois Healthcare Corporate System

**Continue to follow all aspects of Care after Death Policy except for the following:**

**Policy**

No Changes

**Definitions**

- COVID-19 – SARS-COV-2 Coronavirus: pandemic virus originating from Wuhan, China in December 19
- No Anatomical gift

**Responsibilities**

- House Supervisor will also notify Infection Control of patient's death.
- Infection Control will notify local health department of patient's passing if considered patient under investigation.

**Equipment/Materials**

No Changes

**Procedure**

**Post mortem nursing care:**

- It is not recommended to perform an autopsy on suspected or confirmed COVID-19 infected patients
- Spiritual Care is provided via telemedicine or outside of patient room
- Nursing Supervisor and Patient Intake are notified by nurse of patient death

**Preparation of Body:**

- Full Personal Protective Equipment (PPE) is worn - Continue Precautions:
  - Airborne/Contact/Eye Protection precaution - if patient is intubated or aerosolized procedure recently performed
  - Droplet/contact/Eye Protection precaution – if patient was not intubated or aerosolized procedure was not performed within pre-determined time set by facilities engineering; pre-determined time dependent on room specifications and airflow
- If family viewing approved by House Supervisor, complete prior to removal of lines/tubes
- If not previously collected – Infection Prevention nurse determines if COVID-19 nasopharyngeal specimen needs to be collected.
- Continue wearing isolation PPE after family viewing: Remove all equipment, lines and tubes.
- Place patient in single body bag. Wipe down outer bag with disinfectant wipe (A3 or Microkill).
- Once patient care is completed, close room for specified duration as instructed by environmental services as determined by room airflow and doff PPE.

Personal belongings:

- Family Taking Belongings Home at Time of Death
  - Belongings are placed in biohazard bag within the patient room
  - Wipe outside of biohazard bag with A3 or Microkill
  - Instructional handout "Cleaning Patient's Belongings" are provided to family
- Family Not Present at Time of Death
  - Belongings are placed in biohazard bag within the patient room
  - Wipe outside of biohazard bag with A3 or Microkill
  - Fill out belongings inventory and secure to belongings bag
  - Secure belongings bag to body bag to go with patient to funeral home

Viewing of Body:

- Body can be left on the floor for not more than 30 minutes
- Exceptions to visitation restrictions would be approved by House Supervisor
- Body view is completed prior to removal of tubes/lines
- After viewing is complete, nurse removes lines/tubes wearing Airborne/Contact/Eye Protection Precautions

Permits:

- Autopsy is not recommended to be performed on Suspected or Confirmed COVID-19 patients

Body Release:

- Funeral home will accept body at the morgue

Unclaimed remains:

- If no next of kin or friend can be located, or if after kin or friend have been contacted by certified letter and do not respond with disposition, Patient Relations coordinates cremation or other method of disposition (e.g. burial) of the decedent's unclaimed remains

Morgue Process:

- Security will notify EVS once body has been removed from morgue that patient was Suspected or Confirmed COVID
- EVS will clean morgue as usual using Contact Precautions