Ontario Palliative Care Network

Managing Expected Death in the Home During COVID-19

The processes for planning and managing expected deaths in the home have generally been developed within local communities and regions. During the pandemic, it is expected that these pre-existing approaches will continue to operate. The purpose of this guidance document is to highlight where the current pandemic may impact these processes.

Pronouncement

Pronouncement of death in the home has been long been a part of the care that clinicians provide to families at the time of death. Pronouncement of death, however, is not governed by any legislation in Ontario. Where there are specific policies in place, these are governed by institutional, regulatory, or organizational policy (e.g. hospital, LTC home, local home and community care program).

In the context of the COVID-19 pandemic, virtual approaches to pronouncement of death may be considered where human resources are challenged to provide in-person pronouncement. Determining whether virtual pronouncement is appropriate will be based primarily on the needs of the family at the time of death. Planning for this should take place before death. There also needs to be collaboration with local funeral service providers and home and community care programs before proceeding with virtual approaches. The Ontario Medical Association has developed a process map outlining the steps to virtual pronouncement. *Please refer to the appendix for this process map*

Infection precautions in caring for the body

While deceased patients who are infected with COVID-19 are no longer producing infectious droplets, others in the home may be infected with COVID-19 and as such, the same infectious precautions practiced prior to death should continue.

Some procedures in caring for the deceased body will increase the risk of transmission of the COVID-19 virus. These include washing and/or re-clothing the body, as well as manipulating the body to remove medical devices. It is recommended that health care providers avoid any of these activities. If a CADD pump must be removed, this can be accomplished by detaching the tubing without manipulating the subcutaneous sites.

These precautions may create some distress for members of the Muslim community. The Bereavement Authority of Ontario has worked with the Muslim community to address this issue. The collaborative communication developed about this can be found here: https://secureservercdn.net/198.71.233.227/bcb.92b.myftpupload.com/wp-content/uploads/2020/03/notice_to_Muslim_communityMar27_2020.pdf

Arranging for transport of the body to the funeral home

Funeral homes across the province are well prepared to care for the bodies of the deceased during this pandemic. Transport of bodies from home settings will occur in the usual way by calling the funeral home**. *It is very important to notify the funeral home if a patient is a confirmed or probable case of COVID-19 or if a family member is a known or probable case.***

Reporting

All probable or confirmed deaths due to COVID-19 are to be reported by the attending physician or nurse practitioner to their local public health offices. Where the death is due to a probable diagnosis, Public Health Ontario has asked that the body be swabbed and the swab sent to Public Health. Whether this is possible will depend on availability of swabs and human resource limitations.

Reporting these deaths to the local coroner is **NOT** required unless a death is unexpected or otherwise meets the requirements for reporting that have previously been in place. As a reminder, **this does not apply in the setting of long term care homes** where all deaths are to be reported to the coroner.

Certification of Death

A medical certificate of death (MCOD) is to be completed by a physician, an RN-Extended Class (NP), or a coroner. The physician or NP completing the death certificate does not necessarily need to be the clinician who pronounced death, nor does this need to take place at the time of pronouncement. The physician or NP completing the death certificate needs to have adequate knowledge of the patient's health history in order to accurately complete the MCOD. *Please refer to the appendix for guidance on completing the MCOD where COVID-19 was a significant contribution to the cause of death.*

As stipulated by the Vital Statistics Act, the original MCOD is to be provided to the funeral service provider who then delivers that original to the local municipal registry office in order to obtain a permit for burial. This process may be more challenging during the pandemic.

APPENDIX

1. Ontario Medical Association Virtual Pronouncement of Death Process Map
2. Guidance for Certifying COVID-19 Deaths

OMA Ontario Medical Association

Virtual Pronouncement of Death – Process Map

Virtual pronouncement of expected deaths in the home[1] should be considered during COVID-19, and the decision should be made in collaboration with clinicians and individual families[2].

1 Discussions with the patient/patient's family to confirm the patient's wish to die at home

- MRP discusses with the patient/family the process for an expected death at home and confirms the patient's expressed wish is to die at home.
- MRP initiates local 'Expected Death in the Home' protocols/procedure.
- If appropriate, MRP will discuss the option of virtual pronouncement with the family and what this will involve determining if this an option for the patient/family.

2 Family agrees, and it is of the opinion of the MRP that virtual pronouncement is appropriate

- Family indicates they are comfortable with this approach and understands that a health care provider will not be present in the home at the time of death.
- Family indicates they have the technology to support virtual pronouncement and can refer to https://www.virusfacts.ca/virtual_appointments for more information on virtual care.
- MRP will connect with local funeral homes and nursing agencies to discuss details and implement a process, for ex. how will physical removal of equipment such as catheters, CADD pumps etc. be completed.
- Designate a primary contact (could be MRP, regional centralized contact etc.) that will be point of contact for virtual pronouncement and provide info to the family.

3 Death occurs in the home

- Family contacts designated primary contact. MRP is not the primary contact, MRP is notified and proceed to guide family through the process to confirm deceased virtually as previously discussed with the family.
- Death is reported and the funeral home is contacted by MRP.
- Probable or confirmed deaths due to COVID-19 are to be reported to local public health offices by MRP.
- Medical Certificate of Death is completed in timely manner.

[1] Important to recognize this is only intended for expected deaths in the home. This would not be utilized for unexpected deaths (Coroners would be involved)

[2] The CPSO's Telemedicine policy does not prohibit the provision of any specific type of care through virtual modalities. Rather, for each patient and in each contemplated use, physicians will need to use their judgment to determine whether its use is appropriate in the circumstances and whether they will be able to meet all their relevant legal and professional obligations and the standard of care. Whether the pronouncement of death can be done virtually will need to be decided giving consideration to the specifics of the circumstance. This could include the specific nature of the patient's expected trajectory of decline and the need to physically attend to the patient in order to check vital signs, including the need to ensure weak vital signs are not inadvertently missed. It will also be important to work closely with the Coroner and/or funeral homes to ensure there are no procedural requirements regarding pronouncement that need to be satisfied prior to transferring the patient from the place of death.

Guidance for Certifying COVID-19 Deaths

With the WHO declaring COVID-19 a pandemic and subsequent increasing mortality from the virus worldwide, there is increased importance on certifying these deaths correctly.

1. **Recording COVID-19 on the Medical Certificate of Cause of Death**
   COVID-19 should be recorded on the medical certificate of cause of death for ALL decedents where the disease caused, or is assumed to have caused, or contributed to death.

2. **Terminology**
   The use of official terminology, as recommended by the World Health Organization, i.e. COVID-19, should be used for all certification of this cause of death.
   As there are many types of coronaviruses it is recommended not to use "coronavirus" in place of COVID-19. This will help to reduce uncertainty for coding and monitoring these deaths which may lead to underreporting.

3. **Chain of Events**
   Due to the public health importance of COVID-19, when it is thought to have caused or contributed to death it should be recorded in Part I of the medical certificate of cause of death.
   Specification of the causal sequence leading to death in Part I of the certificate is also important. For example, in cases when COVID-19 causes pneumonia and fatal respiratory distress, both pneumonia and respiratory distress should be included along with COVID-19 in Part I. Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc.

   Here, on a generic model form, is an example of how to certify this chain of events in Part I:

CAUSE OF DEATH (See instructions and examples)

32. **PART I.** Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition ---------> resulting in death)	a. Acute respiratory distress syndrome	2 days
	Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST**	b. Pneumonia	10 days
	Due to (or as a consequence of):	
	c. COVID-19	10 days
	Due to (or as a consequence of):	
	d.	

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I

33. WAS AN AUTOPSY PERFORMED? ☐ Yes ■ No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

35. DID TOBACCO USE CONTRIBUTE TO DEATH?
☐ Yes ☐ Probably
■ No ☐ Unknown

36. IF FEMALE:
■ Not pregnant within past year
☐ Pregnant at time of death
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to 1 year before death
☐ Unknown if pregnant within the past year

37. MANNER OF DEATH
■ Natural ☐ Homicide
☐ Accident ☐ Pending Investigation
☐ Suicide ☐ Could not be determined

4. Co-morbidities

There is increasing evidence that people with existing chronic conditions or compromised immune systems due to disability are at greater risk of death due to COVID-19. Chronic conditions may be non-communicable diseases such as coronary artery disease, COPD, and diabetes or disabilities. If the decedent had existing chronic conditions, such as those listed above, these should be listed in Part II of the medical certificate of cause of death.

Examples below:

Medical data: Part I and 2			
Disease or condition directly leading to death. Antecedent Causes that gave rise to the above cause, stating the underlying cause on the lowest line	1	Cause of death	Interval between onset and death
	A	**Acute respiratory distress syndrome**	2 days
	B	**Pneumonia**	10 days
	C	**COVID-19**	10 days
	D	Diagnosis that started the chain of events	
Other significant conditions contributing to death but not related to the diseases or conditions causing it	2	**Coronary artery disease, Type 2 Diabetes, COPD**	

Medical data: Part I and 2			
Disease or condition directly leading to death. Antecedent Causes that gave rise to the above cause, stating the underlying cause on the lowest line	1	Cause of death	Interval between onset and death
	A	**Acute respiratory distress syndrome**	2 days
	B	**Pneumonia**	10 days
	C	**COVID-19**	10 days
	D	Diagnosis that started the chain of events	
Other significant conditions contributing to death but not related to the diseases or conditions causing it	2	**Cerebral palsy**	

Medical data: Part I and 2			
Disease or condition directly leading to death. Antecedent Causes that gave rise to the above cause, stating the underlying cause on the lowest line	1	Cause of death	Interval between onset and death
	A	**Acute respiratory distress syndrome**	2 days
	B	**Pneumonia**	10 days
	C	**COVID-19**	10 days
	D	Diagnosis that started the chain of events	
Other significant conditions contributing to death but not related to the diseases or conditions causing it	2	**Diffuse large B cell lymphoma, Immunosuppressant therapy**	