Pronouncing Death and Viewing the Body

Practice Direction

College of Licensed
Practical Nurses of Manitoba
463 St Anne's Road
Winnipeg, MB R2M 3C9

Practice directions assist practical nurses in understanding their responsibilities and legal obligations, enabling them to make safe and ethical decisions within their practice. Practical nurses are expected to comply with the information disseminated in practice directions. Failure to do so may result in investigation for misconduct and/or an audit of the nurse's practice.

Purpose

Licensed practical nurses (LPNs) play an important role in end-of-life and post-mortem care. Part of this role may include:

- pronouncing death,
- completing the post-mortem assessment referred to as "viewing the body," and
- reporting the death to the Office of the Chief Medical Examiner (OCME) along with the circumstances surrounding the death, as required by *The Fatality Inquiries Act* (FIA) of Manitoba.

The purpose of this practice direction is to clarify LPN scope of practice, as it relates to these three health care activities, and to set out specific practice expectations for LPNs who carry out these activities as part of their scope of employment.

Pronouncing Death

Pronouncing death is within the legislated scope of practice of Manitoba's LPNs. Like all health care activities that fall within the profession's scope, LPNs are responsible for ensuring that they have the necessary competence, and that they are supported by employer policy, prior to engaging in the activity.

Prior to pronouncing death, the LPN is also responsible for:

- ascertaining that the client does not rouse to verbal or tactile stimuli,
- checking for the absence of breath sounds and the apical pulse,
- looking and listening for the absence of spontaneous respirations and absence of the pupillary light reflex.

Only once the LPN has completed all of these steps and any other expectations laid out in employer policy, may the LPN pronounce death. The LPN must then document time and date of death in the medical record.

Knowing When to Report

When a client's death is one that must be reported to the OCME, the LPN caring for the client at the time of his or her death may also be responsible for documenting additional information about the death and reporting the death to the OCME.

Section 6(1) of the FIA states "a person who is a witness to or has knowledge of a death that requires an inquiry shall immediately report the death to a medical examiner, an investigator or to the police." LPNs must, therefore be aware of the circumstances in which a death must be reported. They must also be aware of how their role in documenting those circumstances supports the role of the OCME.

Deaths that require an inquiry are set out in section 7.1(1) of the FIA. Examples include deaths which occurred:

- due to accident,
- by suicide or homicide,
- suddenly and unexpectedly when the deceased appeared to be in good health
- due to poisoning,
- due to a contagious disease that is a threat to public health,
- during pregnancy, or following pregnancy in circumstances that might reasonably be related to pregnancy,
- during surgery or the performance of an invasive procedures, within 10 days after surgery or the performance of an invasive procedure, or while the deceased was under anesthesia,
- within 24 hours after the deceased attends a hospital seeking admission,
- while the deceased is in the custody of a peace officer, or as the result of the use of force by a peace officer who was acting in the course of duty,
- as a result of contracting a disease or condition, sustaining an injury, or exposure to a toxic substance at the deceased's current or former place of employment or business,
- while the deceased is a resident in a facility under *The Mental Health Act*, or a developmental centre under *The Vulnerable Persons Living with a Mental Disability Act,*
- while the deceased is imprisoned or detained in a correctional facility, jail or penitentiary,
- when the deceased is a child, and
- in prescribed circumstances or in a prescribed type or class of facility or institution, which includes all licensed personal care homes (PCHs) licenced under *The Health Services Insurance Act.*

It should be noted that deaths related to medical assistance in dying (MAID) are reportable if the underlying condition, which contributed to the request for MAID, is one that is reportable.

When the medical examiner becomes aware of a death that requires inquiry, he or she is responsible for determining, among other things:

- the cause of death
- the manner of death
- the circumstances in which the death occurred, and
- whether the death warrants an investigation.

In order to perform these legislated duties, the OCME relies heavily on the documentation provided by other members of the health care team, including LPNs, who prepare and submit forms and reports related to a death.

Viewing the Body

Viewing the body refers to an external assessment, which is conducted immediately after death, for the purpose of gathering, documenting and reporting data about the client's appearance at the time of his or her death. Completing this assessment and documentation immediately after death ensures that the body can be released to the funeral home of choice in a timely manner.

Viewing the body, and documenting assessment findings in reports for the OCME, fall within the scope of practice of Manitoba's LPNs. In fact, LPNs are now formally designated by the OCME, under section 16(3)(a) of the FIA, as a class of persons who may "view the body" before the medical examiner will authorize a body to be released for burial, cremation, or other means of disposal.

Like all physical health assessments, LPNs are expected to use their knowledge of anatomy and physiology as well as their ability to recognize pathophysiological alterations and

interpret assessment findings when viewing the body. LPNs must also apply their clinical judgment to determine what information is relevant to the OCME.

For example, LPNs must take note of:

- any circumstances surrounding the death that make the death one that is reportable under the FIA,
- any signs or symptoms that are unexpected or inconsistent with the client's recent health status and with the delivery of quality care,
- any history of traumatic brain injury, subdural hematoma, or mesothelioma,
- dates of fractures with and without surgical repair, and
- any other signs that the death may not be from natural causes, even if the nurse is unsure (e.g., signs that may be consistent with poisoning, ingestion of non-food items, a fall, neglect, abuse, or trauma, or any issue that may constitute a critical incident, even if not previously documented in the client's record or known to be the cause of death).

In short, LPNs should carry out this assessment while thinking from the perspective of the OCME and anticipating the information that the OCME requires in order to decide whether to investigate the death further.

Finally, in the case of a death that is, or may be, reportable to the OCME, LPNs must take care to ensure that the scene of the death is not disturbed. As well, presence of a pacemaker or implanted cardiac defibrillator should be documented and communicated to the funeral home.

Documenting and Reporting

LPNs may also be responsible for documenting additional information about a deceased client in reports for the OCME, such as a summary of events at the time of death, past medical history and current medications. When completing this documentation, LPNs must meet their professional Standards of Practice, which include the requirement to document client care and observations in a manner that is chronological, legible, clear, timely, accurate, and concise. Reports must provide all the information about the client's health status and history that may be relevant to the OCME, which may include an event or etiology that the medical examiner or investigator will recognize as one that requires further attention.

In particular, LPNs should remain aware that when a client dies in a facility, the initial reason for admission, even if it appears unrelated to the cause of death, is always relevant medical history that must be included in the report.

LPNs must also meet the ethical standards set out in their Code of Ethics, which include the requirements to acknowledge and respect the role of other health care providers, to use effective communication strategies when collaborating with the broader team, and to act as a resource to colleagues. LPNs must recognize that the Medical Examiner is a member of the broader health care team, and that incomplete or illegible documentation on reporting forms may impede the Medical Examiner's ability to carry out his or her legislated duties.

Finally, reports must be submitted to the OCME in a timely fashion -- in fact, immediately after death – to meet the requirement in section 6(1) of the FIA, and to ensure that the body can be released in a timely manner without compromising the role and function of the OCME.

It is also the LPN's responsibility to ensure that any reports and documents they send to the OCME are received by that office.

Conclusion

The LPN and the OCME each play an important role in the actions that follow a client's death. By maintaining their competence related to physical assessments, applying their Standards of Practice and Code of Ethics, understanding the Medical Examiner's role, and acknowledging the Medical Examiner as a member of the broader health team, LPNs can contribute to timely and appropriate post-mortem interventions.

For More Information

Visit our website at www.clpnm.ca
for more information and resources.

Contact us with questions at
463 St. Anne's Road
Winnipeg MB R2M 3C9
Phone: 204-663-1212
Toll Free: 1-877-633-1212
Email: info@clpnm.ca

About the CLPNM

The CLPNM is the governing body for the licensed practical nursing profession in Manitoba. Mandated to govern its members in a manner that serves and protects the public interest, the CLPNM establishes practice requirements for the provision of safe and effective nursing care.

References

CLPNM (2004). *Standards of Practice.*

CLPNM (2014). *Code of Ethics.*

CLPNM (2016). *Nursing Competencies for Licensed Practical Nurses in Manitoba.*

Government of Manitoba (1990). *Fatality Inquiries Act.*

Office of the Chief Medical Examiner. Personal Care Home Death Report Form.