

SUDDEN DEATH

PURPOSE

- To describe the procedure to be followed in the event of a sudden death whilst at work (generally in community settings – home/school/work).
- To outline the responsibilities of staff to the deceased person and their family/whanau.
- To highlight the obligations of Access/TCHS to support staff with advice and help.

1. SCOPE

- a. All staff providing nursing services to Access/TCHS clients.
- b. All managers and supervisors of Access/TCHS personnel providing community nursing services.

2. RESPONSIBILITIES

a. Community Nurse

- i. Following instructions from the emergency services spokesperson
- ii. Treating the deceased person with sensitivity and respect.
- iii. Do not touch or move the apparently deceased person.
- iv. Remain at the address until relieved or advised to do so by the CNM/CNL or OM/BM.

b. Administration Team

- i. Reallocating clients still to be seen by any CN involved in an emergency situation
- ii. Informing the Referrer and Funding Agency and providing a cease of service notification.

c. Clinical Nurse Manager/Leader

- i. Calling emergency services if the Community Nurse has not already done so.
- ii. Advising the Operations Manager if they have called emergency services for a client, and if not immediately available advising the next of kin/whanau/nominated person (refer no. iii below)
- iii. Advising the next of kin/whanau/nominated person of any event where a CN has called emergency services, if the CN is not immediately able to.
- iv. Providing support to the community nurse.
- v. Providing contact details of the identified next of kin/whanau/nominated person of the deceased person to the appropriate authorities.
- vi. Once death is confirmed – making a diary note in EMR/Access Controller, outlining the event, the response, which people were given information, and contact numbers of anyone requesting information. Informing the Referral team/Admin./Funding Agency and providing a cease of service notification.

d. Operations/Business Manager

- i. Authorising referral to the Employee Assistance Programme (EAP) or similar service.
- ii. Authorising normal pay for an employee who remains on site to await emergency services following a sudden death.
- iii. Authorising time off work to attend the funeral/tangi.

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- iv. Advise CEO of death if there is any element of organisational risk suspected.
 - v. If immediately available - advising the next of kin/whanau of any event where a Community Nurse has called emergency services for an apparently deceased client.

3. PROCEDURE

On discovery of what appears to be a deceased person the following process should be adhered to:

- a. The CN, having ensured that their client is deceased will seek emergency assistance immediately by telephoning 111 and asking for ambulance/medical assistance. **Do not** ring your local ambulance service directly.

Note: If there are apparent signs of violence to the client **it is not** appropriate for the CN to remain in the house. The CNs safety is paramount and they should return to the safety of their car. Having contacted emergency services they should immediately call the TCHS office and advise the OM/BM or CNM/CNL.

- b. If there are no apparent signs of violence the CN will check to see if there is anyone else in the house, and, once personal safety is confirmed, involve them in the process if that is appropriate.
- c. Whether or not there appears to be signs of bodily injury resulting from violence or an accident the body and anything immediately surrounding the body must not be moved or touched
- d. Call the Clinical Nurse Manager (CNM) and advise her/him of the situation and the steps taken so far. If they are not available the OM/BM should be spoken to. The CNM or in their absence the OM/BM, will in turn contact the family and advise them of the situation.
- e. The CN is to remain at the site until the emergency services arrive and if preferred may choose to wait outside or sit in the car until help arrives.
- f. On arrival and after examination of the body, emergency services may elect to call the police if there are external signs of bodily injury that may have been caused by violence or accident. Emergency services may also involve Police in other circumstances based on patient co-morbidities/age as directed by their organisation/protocols.
- g. In all instances where the CN has advised the CNM/CNL of sudden death, the CNM/CNL will support the CN in every way possible.
- h. The next of kin will, in consultation with the police (if relevant) make the necessary arrangements from this point on.
- i. Access/TCHS staff will be guided by next of kin/ family on the cultural and spiritual practices that are important for them to follow at this time.
- j. The wishes of the next of kin/family are always respected as to how the body is moved. The next of kin/family must be able to accompany the body when it is moved if they wish to do so.
- k. Staff will always handle a sudden death with sensitivity and respect
 - i. Treat the deceased person and their family with the care that you would like to experience if it were your family, but remember that your expectations may be very different from those of the deceased person and their family.

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- ii. Sensitivity to known cultural practices of the deceased person and their family is paramount at this time.
- I. Staff should be offered support immediately following a sudden death event.
 - i. A referral to the Employee Assistance Programme (EAP) Ph 0800 327 669 or similar service.
 - ii. An opportunity to meet with colleagues also caring for the client, to talk over the events surrounding the life and passing of the Client.
 - iii. Time off work to attend the funeral service/tangi on pay, where the funeral service occurs in working hours.

4. EXCEPTIONS

- a. While the word “deceased” has been used for the purposes of this procedure, death cannot be assumed until certified by a doctor.
- b. If children (or other dependant family members) are alone in the house the CN must see to their needs until the next of kin/family arrive***
- c. If a sudden death occurs for a palliative care client and/or the family is present, the attending GP/palliative care team should be contacted, and the CN should remain with the family until support arrives, or the family indicates it is appropriate to leave.

*** If Police are called to house and children (or other dependant family members) are present Police responsibility is to involve and arrange appropriate Social Services.