Patient’s Death in the Home Care Setting (Private Home or Seniors’ Lodge) - Algorithm for Health Care Professionals

Note – for AHS Home Care Health Care Professional on scene

Clinical judgment may be exercised when a situation is determined to be outside the parameters provided in this guideline.

If a deviation from this guideline is determined to be appropriate or necessary, documentation of the rationale shall be included on the patient’s health record.

Patient is dead (no breath or pulse)

Does patient meet criteria for withholding resuscitation?**

NO or UNSURE

Is there a Goals of Care Designation (GCD) Order in the home?

NO GCD Order

NO

Start CPR until EMS/ Medical First Responder arrives to take over care

If Office of the Chief Medical Examiner or police are involved, see guideline, sections 5.4 and 5.5

See guideline, section 8

Dial 911

YES

Do NOT start CPR

M1, M2, C1 or C2 GCD

YES

R1 GCD

Dial 911

Does death require police investigation?
-- Is death a possible result of violence, suicide, poisoning, accident, injury, improper or negligent treatment? (from Fatality Inquiries Act)

NO

YES or UNSURE

Dial 911

See guideline, section 5.1 c (ii)

Does the Office of the Chief Medical Examiner (OCME) need to be notified (but police investigation is not required)?
-- Is death a result of any of the reasons noted?** (see reverse; from Fatality Inquiries Act)

YES or UNSURE

Do NOT dial 911

Contact OCME/police directly to notify/discuss

See guideline, section 5.1 c (iii)

NO

Do NOT dial 911

Do NOT notify OCME/police

See guideline, section 6

*Indications for withholding resuscitation
- Dependent lividity (pooling of blood after death that causes skin to turn a purple/red colour)
- Rigor Mortis
- Decomposed

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See guideline section 8

If Office of the Chief Medical Examiner or police are involved, see guideline, sections 5.4 and 5.5

Contact OCME/police directly to notify/discuss

See guideline, section 5.1 c (iii)

NO

Dial 911

Provide available resuscitative measures, EXCLUDING chest compressions

NO or UNSURE

R2 or R3 GCD

Dial 911

If Office of the Chief Medical Examiner or police are involved, see guideline, sections 5.4 and 5.5

See guideline, section 8

Contact OCME/police directly to notify/discuss

See guideline, section 5.1 c (iii)
Reasons for death that do not require police investigation, but do require notifying OCME: (reasons from Fatality Inquiries Act)

- Is death a result of any disease or ill health contracted or incurred by the deceased, any injury sustained by the deceased, or any toxic substance introduced into the deceased as a direct result of or in course of one or more current/former employments or occupations (e.g., Mesothelioma)?
- Did death occur while deceased person was not under the care of a physician?
- Is death within 10 days after operative procedure?
- Is death reasonably attributed to anaesthesia?
- Is death a maternal death that occurred during or following pregnancy and might reasonably be related to pregnancy?
- Is deceased person < 18 years of age and under the guardianship or custody of a director under the Child, Youth and Family Enhancement Act?

**Reasons for death that do not require police investigation, but do require notifying OCME:**

Clinical judgment may be exercised when a situation is determined to be outside the parameters provided in this guideline. If a deviation from this guideline is determined to be appropriate or necessary, documentation of the rationale shall be included on the patient’s health record.