This checklist helps healthcare providers support home care clients to prepare for an expected death at home. It also supports Palliative and End-of-Life Care (PEOLC) discharge from hospice and acute care to home. **During the COVID-19 pandemic, it replaces the use of the existing Preparation for an Expected Death in the Home Setting Checklist.** It is not exhaustive and does not replace other documentation requirements for Home Care healthcare providers (e.g., Electronic Medical Record). COVID-19 specific items are shaded in grey.

### Initial Steps

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- Confirm that the client and caregiver(s) are supportive of a home death. If not, do not continue with the preparation process.
- Ensure the client has a most responsible provider (MRP) to support the client at home and complete the Medical Certificate of Death (MCOD).
- Ensure the client has a Goals of Care Designation (GCD) Order (should be M or C; contact physician or nurse practitioner (family or palliative) if no GCD Order or if GCD is R1, R2 or R3).
- Complete Discharge Eligibility Inclusion and Exclusion Criteria Checklists; ensure Zone criteria for home death are met.
- Verify that the caregiver(s) has capacity for caring for the client by:
  - Understanding the available home care supports and resources, including information about community bereavement resources.
  - Understanding the PEOLC care plan.
  - Need for referral to the regional palliative care team and/or Palliative Home Care (where available) as appropriate.
  - Clarification of roles, responsibilities, and tasks related to caregiving for a client’s expected death at home, including but not limited to, medication administration/management, personal care/hygiene, and assisting with mobility/positioning needs.
  - Ensure the caregiver(s) has a back-up plan in case of illness, caregiver burnout, **ability to isolate in place when required.** (Hospice may be considered)
- Ensure that the client has [Alberta Blue Cross Palliative Drug Coverage](https://www.alberta.ca/palliative-drug-coverage.html) in place.
- Discuss the need for and availability of financial supports (rural in-home funding, compassionate care benefits, etc.).
- Ensure supplies and equipment are readily available for home e.g., hospital bed, commode, incontinence supplies.
- Have a plan for emergency medication in the home.
- Discuss funeral home arrangements (including possibility of alternate preparation/transportation where desired/needed). Give [What to Expect from Funeral Homes after a Home Death during the Pandemic](https://www.ahs.ca/covid) to the family.
**Advance Care Planning Goals of Care Designation (ACP GCD)**

- Inform members of healthcare team (including contracted service providers) of expected death at home and that the client has a GCD Order.
- Update the Electronic Medical Record re: GCD Order.
- Instruct the client or their caregiver(s) to place the GCD Order in the Green Sleeve on or near the fridge.
- If a copy of a Personal Directive, Declaration of Incapacity (for the Personal Directive) or signed Guardianship Order is available, instruct the client or their caregiver(s) to place it in the Green Sleeve.

**Communicable Disease /Influenza-Like Illness (ILI)/ COVID19**

- Complete COVID-19 screening for the client and primary caregivers form prior to each formal support visit.

**Discharge Planning**

- Arrange telephone or virtual (Skype or Zoom) complex discharge meeting with Home Care and others as appropriate (e.g., case manager, regional palliative care team, OT, PT, SW).
- Ensure appropriate PPE for staff.
- Instruct caregiver(s) regarding the provision of PPE (that they will need to provide their own PPE; that Alberta Health Services (AHS) may provide PPE in rare circumstances).

For clients being discharged to Home Care, review after discharge planning

**Discuss the following with the client and/or caregiver(s)**

- **During COVID-19 pandemic eye/tissue donation may not be possible or available**
  - If desired by the client/ caregiver(s), please contact the relevant program to initiate pre-screening of the client and communicate results and next steps to the client/ caregiver(s). Note that eye/tissue donation is not possible for clients of age 81 years or older.
    - Northern Alberta Transplant Services – 1 (866) 407-1970
    - Southern Alberta Organ and Tissue Donation Program – (403) 944-1110 (ask to have the Donor Coordinator paged)

- **Client/ caregiver(s) expectations at time of death (including important cultural/spiritual rituals, dressing, etc.)**

- **Determine if there are plans /wishes for autopsy and/or donation of the body for scientific study.**
  - If the answer is yes, document on the client health record.

- **Put plan in place for medication disposal and equipment return/redeployment after death.**

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For more information, visit: https://www.albertahealthservices.ca/info/Page15828.aspx or talk to your manager
Expected Death in the Home Checklist during COVID-19 Pandemic • 3 of 4

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<tr>
<th>Expected Death in the Home Form (Ordering instructions here)</th>
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<td>□ Review and complete mandatory page 1 of the form with the client/ caregiver(s).</td>
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| □ Determine if the client has a Schedule 1, 2 or other communicable disease (see Expected Death in the Home Form for listing of communicable diseases).  
  **Note:** Enter COVID-19 under “Other” as it is a Schedule 3 communicable disease. |
| □ If yes:  
  ● Document presence in the health record  
  ● Document on the Expected Death in the Home form  
  ● Provide information to the alternate decision-maker (ADM)/ caregiver(s) re: infection control measures.  
  **If applicable, give the caregiver(s) the COVID-19: Safe Handling of Personal Property Post Death Family Instructions.** |
| □ Inform the ADM/ caregiver(s) that the deceased client should not be removed from the room in which the expected death occurred unless the person handling the body is informed of the infection. Instruct the ADM/ caregiver(s) to inform the person(s) handling the deceased client of the communicable disease and give them page 1 of the Expected Death in the Home form.  
  ● If applicable, give the caregiver(s) the COVID-19: Safe Handling of Personal Property Post Death Family Instructions. |
| □ If desired by the client/ caregiver(s), support completion of optional page 2. Recommend that they place it in the Green Sleeve (on or near the fridge). |
| □ Place the white copy of the completed page 1 of form on the home care chart. |
| □ Place yellow copy of page 1 of form in Green Sleeve (on or near fridge). |
| □ Instruct the client/ caregiver(s) to either give the yellow copy of page 1 to a funeral home in advance, or give it to them after the death has occurred. Encourage caregiver(s) to inform the funeral home in advance of expected death (including address). Review the What to Expect from Funeral Homes after a Home Death during the Pandemic document with the caregiver(s). |
| □ Instruct the alternate decision-maker/ caregiver(s) to show the yellow copy of page 1 to any other service providers that come to the home after an expected death in the home (EMS, fire, police, etc.).  
  Provide and discuss Before and After an Expected Death in the Home – Information for Families of Home Care Clients in a Private Home or Seniors’ Lodge booklet at this time. |
| □ Discuss the risk of calling 911 (e.g., possible resuscitation attempts, risk of possible police investigation). |
| □ If the client has an Implantable Cardioverter Defibrillator (ICD), document after PEOLC diagnosis on page 1 of the form. Discuss and plan deactivation of defibrillator. |

For more information, visit: https://www.albertahealthservices.ca/info/Page15828.aspx or talk to your manager
After an expected death at home occurs, please refer to the Checklist for Health Care Providers After a Patient’s Death in the Home Care Setting [https://www.albertahealthservices.ca/assets/info/peolc/if-peolc-after-home-death-checklist.pdf](https://www.albertahealthservices.ca/assets/info/peolc/if-peolc-after-home-death-checklist.pdf)