



Assisted Living
Alberta



Palliative and End of Life Care

Patient's Death in the Home Setting Guideline

Patient receiving home and community care in a home setting (i.e., private home or senior's lodge)

Provincial Palliative and End-of-Life Care (PEOLC)
September 2026



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Objectives

At the end of this presentation, you will be able to:

- Explain the purpose of the Patient's Death in the Home Setting Guideline (Guideline)
- Understand who and where the Guideline applies
- Understand what is an expected death in the home and how to plan for it
- Explain the elements of the Expected Death in the Home (EDITH) form
- Know what to do in the event of a Home and Community Care (HCC) patient death
- Know where to find the Guideline and supporting resources

Purpose of the Guideline

- To provide guidance for health care professionals, health care providers, their supervisors and/or managers on how to **manage a death** (expected/unexpected) of a patient receiving care from HCC services in their home setting (i.e. private home or seniors' lodge).
- To support compliance with the medical, legislative, and regulatory responsibilities including mandatory referral requirement of the Human Tissue & Organ Donation Act (Alberta).
- Highlight that any deviation from this Guideline is determined to be appropriate or necessary through clinical judgement, documentation of the rationale shall be included on the patient's health record.

TITLE PATIENT'S DEATH IN THE HOME SETTING	
SCOPE Provincial Seniors Health and Continuing Care	DOCUMENT # HCS-213-01
APPROVAL AUTHORITY Chief Program Officer, Provincial Planning, Contracting, and Excellence	INITIAL EFFECTIVE DATE May 1, 2018
SPONSOR Provincial Seniors Health & Continuing Care	REVISION EFFECTIVE DATE July 13, 2026
PARENT DOCUMENT TITLE, TYPE, AND NUMBER Not applicable	SCHEDULED REVIEW DATE July 13, 2029
NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.	
If you have any questions or comments regarding the information in this document, please contact Policy Services at policy@ahs.ca . The Policy Services website is the official source of current approved policies, procedures, directives, standards, protocols, and guidelines. Only the electronic version of this document, as hosted on the Policy Services website or www.ahs.ca , is valid.	
OBJECTIVES	
• To provide guidance for health care professionals and health care providers and their supervisors and/or managers on how to manage an expected death or unexpected death of a patient receiving home and community care in a home setting (i.e., patients residing in a private home or seniors' lodge). • To comply with the medical, legislative, and regulatory responsibilities following the death of a patient receiving home and community care. This includes compliance with the mandatory referral requirement of the <i>Human Tissue & Organ Donation Act</i> (Alberta). • 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.	



Background

- Variations in practice across zones highlighted the need for a standardized provincial approach to managing and ensuring quality post-death care for patients receiving HCC services in their home setting (e.g., private homes and seniors' lodges).
- In some cases, 911, police, or first responders were contacted inappropriately following an expected death at home, resulting in unnecessary resuscitation attempts or police investigations. These experiences negatively affected the quality of care and were distressing for patients' families.
- This Guideline supports health care providers, patients, and families by standardizing practice and improving the quality of post-death care.
- An interdisciplinary Working Group (WG) developed the Guideline, with representation from all zones, relevant care settings, and a Patient and Family Advisor.
- Extensive consultations were conducted with AHS, contracted providers, and external stakeholders. More than 280 survey responses were received, including feedback from funeral homes, police services and the Royal Canadian Mounted Police (RCMP), the Office of the Chief Medical Examiner (OCME), Indigenous Services Canada, and Give Life Alberta.



Guideline Revision and Updates

- In 2026, updates were made to the Guideline, associated algorithms, and EDITH form to ensure continued accuracy and alignment with current legislation and practice standards.
- These revisions include:
 - terminology updates to reflect the revised *Continuing Care Act* (Alberta)
 - clarification of the roles of Health Care Providers as enacted under the *Health Professions Act*
 - updates related to the Give Life Alberta program name and references.
 - who can fill out the form; it is the primary responsibility of the case manager to review and complete the form, in situations where the case manager is not available, another health care professional (within their role and scope of practice, employer policy and position description) may complete the form with the patient and/or designated family/support person(s).

Who Does This Apply To?

This Guideline applies to HCC health care professionals and providers who deal with expected or unexpected death of adult or pediatric patients receiving HCC services that occur in a private home or seniors' lodge



NOTE

Medical Assistance in Dying events are not within scope of this guideline. Please see the following website for more information-

www.albertahealthservices.ca/MAID



Points of Emphasis

- The Guideline was one of the recommendations identified in the [*Provincial Palliative End-of-Life Care Alberta Framework*](#)
- Patients and families are at the centre of care, which means respecting their traditions and perspectives, and aligning plans with their wishes as much as can be accommodated.
- Focus is on:
 - Preparing for a HCC patient's expected death
 - Actions health care providers take after a patient's expected or unexpected death



NOTE

Life saving resuscitative actions required for someone who is alive are outside of the scope of this Guideline

Indigenous Peoples/Clients

- Regardless of whether the Indigenous people receive federally or provincially home care services, this EDITH form and Guideline can be used
- This Guideline is adopted and implemented on the Nations
- For more information on Indigenous Health Programs visit:
<http://www.albertahealthservices.ca/info/Page11949.aspx>



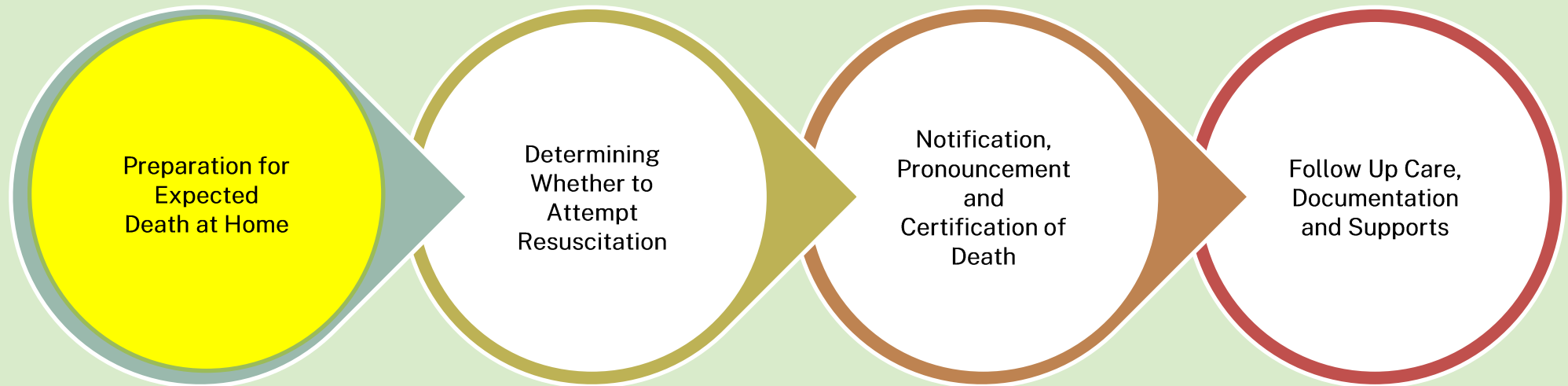


Assisted Living
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Palliative and End-of-Life Care

Guideline process



Expected and Unexpected Deaths

Most sections of the Guideline apply to both expected and unexpected deaths at home of HCC patients:

	Expected Death	Unexpected Death
Preparation for death	✓	✗
Determining whether or not to attempt resuscitation	✓	✓
Notification of death	✓	✓
Pronouncement of death	✗	✓
Certification of death	✓	✓
Follow up care	✓	✓
Documentation	✓	✓
Supports for family and health care providers	✓	✓



What is considered an Expected Death at Home?

Expected death means where it is reasonable to anticipate death and where there is no available treatment to restore health due to the irreversibility and/or irreparability of a patient's condition or illness, and which does not occur under the circumstances identified in the Fatality Inquiries Act (Alberta).

Advance Care Planning has been completed, including discussion of the patient's wishes and Goals of Care Designation.

The Case Manager has prepared the patient and family for an anticipated death at home, completed the EDITH Form, and documented the plan.

Patients may include:

- Individuals with a life limiting/life threatening illness who are not expected to die in the short term, but, should a crisis occurred that results in death, would not want resuscitation and would prefer to die at home.
- Individuals in the end stages of their disease who are expected to die within days or weeks and who wish to die at home.

Preparation for Expected Death at Home - Most Responsible Health Practitioner

Most Responsible Health Practitioner (MRHP) responsibilities:

- review, affirm, and/or determine the Goals of Care Designation (GCD) order
- offer the patient the option of being referred to Give Life Alberta to discuss organ, eye and tissue donation (donation), and will initiate the referral
- inform the patient of the potential requirement for autopsy for notifiable deaths
- may complete the EDITH form if the Case Manager is unable to do so



Preparation for Expected Death at Home - Case Manager/Designate

Case Manager/Designate (CM) responsibilities:

- Review the plan for an expected death in the home with the patient, and where appropriate, their family:
 - Consider the patient's assessed medical needs.
 - Take into account available supports.
 - Take into account the wishes of the patient and family when the patient deems it relevant.
- Offer HCC supports and resources, including:
 - community bereavement supports, including Bereavement Directory and provincially available Bereavement package
 - PEOLC consultation team and/or Palliative Home Care team
- Clarify caregiving roles, responsibilities, and tasks for an expected death
- Develop a care plan specific to PEOLC needs, and complete the EDITH form



NOTE

Refer to the Guideline for more information on the roles and responsibilities of the CM - [Patient's Death in the Home Setting guideline HCS-213-01](#)

Advance Care Planning and Goals of Care Designation (ACP/GCD)

- Goals of Care Designations (GCD) of Medical Care (M) or Comfort Care (C) are in line with an expected death at home. However, a patient without an M or C GCD is not excluded from planning an expected death at home.
- The CM shall use the *ACP Tracking Record* to document why a patient without an M or C GCD is planning for an expected death at home.
- Care approach and treatments provided shall align with the GCD order
- See the [Guideline for Patient's Death in the Home Setting- Frequently Asked Questions](#) for more information
- For information on ACP/GCD see www.conversationsmatter.ca.



Personal Directive (and other related documents)

- The CM should check if the patient has a Personal Directive.
- If the document(s) exist, a copy should be placed in the Green Sleeve which should be on or near the fridge.
- The original should be kept in a safe place that is accessible if needed. It also can be registered with the Government of Alberta.
- If not, provide contact information from the following website - [Personal directive | Alberta.ca](https://www.alberta.ca/personal-directive.aspx)

Goals of Care Designation (GCD) Order

PHN _____ ULI ☐ Same as PHN MRN _____

Administrative Gender ☐ Male ☐ Female
☐ Non-binary/Prefer not to disclose (X) ☐ Unknown

Date (dd-Mon-yyyy) _____ Time (hh:mm) _____

Goals of Care Designation Order
 To order a Goals of Care Designation for this patient, check the appropriate Goals of Care Designation below and write your initials on the line below it. (See rev _____)

Check Initials ☐ R1 ☐ R2 ☐ R3 ☐ M _____

Check ☒ here ☐ if this GCD Order is an interim Order awaiting Process. Document further details on the ACP/GCD Tracking _____

Specify here if there are specific clarifications to this GCD Order. (See rev _____)

Patient's location of care where this GCD Order was written

Indicate which of the following apply regarding involvement of the patient's Agent (ADM)

☐ This GCD has been ordered after relevant conversation with the patient's Agent (ADM).

☐ This GCD has been ordered after relevant conversation with the patient's Agent (ADM) or others. (Names of formally appointed or informal ADM's: _____)

☐ This is an interim GCD Order prior to conversation with the patient's Agent (ADM).

History/Current Status of GCD Order
 Indicate one of the following

☐ This is the first GCD Order I am aware of for this patient.

☐ This GCD Order is a revision from the most recent previous GCD Order.

☐ This GCD Order is unchanged from the most recent previous GCD Order.

Name of Physician/Designated Most Responsible Health Practitioner who has ordered this GCD

Signature _____

Personal Directive

Province of Alberta

I, _____, make this Personal Directive.

This Personal Directive takes effect with respect to personal matters that relate to me when it is determined, in accordance with the Personal Directive Act, that I do not have capacity to make personal decisions with respect to those matters.

I have placed my initials next to the provisions in this document that form part of my Personal Directive.

1. Revocation of previous personal directive

☐ Not Applicable

Initials _____ I revoke all previous personal directives made by me.

2. Designation of agent

☐ Option One

Initials _____ I designate the following as my agent(s):

OR

☐ Option Two

Initials _____ I designate the Public Guardian as my agent.

I have consulted with the Public Guardian and the Public Guardian is satisfied that no other person is able and willing to act as my agent. The Public Guardian has agreed to be my agent.

OR

☐ Option Three

Initials _____ I do not wish to designate an agent, but provide the following information and instructions to be followed by a service provider who intends to provide personal services to me:

3. Areas of authority

☐ Option One

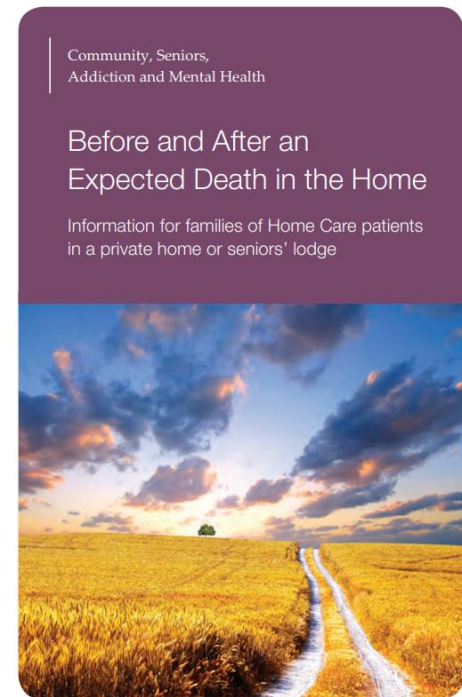
Initials _____ I give my agent(s) the authority to make personal decisions on my behalf for all the personal matters, of a non-financial nature, that relate to me.

OR

GCDSD- Rev 2020-05 Page 1 of 4

Resources

- When planning for an expected death at home, **it is the primary responsibility of the CM to review and complete the [Expected Death in the Home Form](#)** with the patient and/or designated family / support person(s) and place it in the Green Sleeve in the patient's home.
 - In situations where the case manager is not available, another health care professional may complete the form (if that task is within their role and scope of practice, employer policy and position description) with the patient and/or designated family / support person(s).
- Provide and discuss the [Before and After an Expected Death in the Home-Information for Families brochure](#) (see online [resources](#) for ordering instructions; free for HCC health care providers).



Expected Death in the Home

Part 2: Information for the Family - What to do when Death Occurs

1. Do not call 911 for patients with GCD orders: M1, M2, C1, or C2. Call 911 for patients with GCD orders: R1, R2, R3, or no GCD order.

For pediatric patients, contact the **Physician / Nurse Practitioner** as below or:
North of Red Deer: Pediatric Aid for Symptoms and Serious Illness Support Team (ASSIST): 780.407.8822.
South of Red Deer: Children's Hospice and Palliative Service (CHAPS): 403.955.7211 and ask for the Pediatric Palliative Physician to be paged.

2. Call the Case Manager

Monday to Friday
 Regular hours

PHN: ULJ: Same as PHN: MRN:

Administrative Gender: ☐ Male ☐ Female
 (Please print/initials not to disclose DO: ☐ Unknown)

This form is to be completed by the case manager or designate, with the patient and/or family, when planning for an expected death at home. Refer to the Alberta Health Services (AHS) Patient's Death in the Home Setting Guideline for direction on preparing for a death in the home. This form enables the funeral home to remove the deceased before the Medical Certificate of Death is signed.

Part 1: Should be scanned and uploaded to the patient's health record. The yellow copy should be placed in the Green Sleeve and remain with the patient/family. The patient/family can give the yellow copy to the funeral home in advance or after death.

Part 2: Is optional and meant for the family. Pre-selection of a funeral home is not required.

For patients who are palliative or at end-of-life and when an expected death occurs at home:

- If the death is notifiable, contact the Office of the Chief Medical Examiner (OCME) and police.
- If the death is notifiable:
 - Do not call 911 for patients with GCD orders: M1, M2, C1, or C2.
 - Call 911 for patients with GCD orders: R1, R2, R3, or no GCD order.
 - The healthcare provider is not required to pronounce death.
- Contacts for pediatric patients:
 - The Physician / Nurse Practitioner as listed below OR
 - North of Red Deer: Pediatric Aid for Symptoms and Serious Illness Support Team (ASSIST): 780.407.8822
 - OR
 - South of Red Deer: Children's Hospice and Palliative Service (CHAPS): 403.955.7211 and ask for the Pediatric Palliative physician to be paged.

Part 1: Information for Funeral Home, Emergency Health Services (EHS), Police and/or Office of the Chief Medical Examiner

What is the Palliative and End-of-Life Care diagnosis?

Is the patient known or suspected of being infected with a communicable disease?
 (If Yes or Unknown, refer to the AHS Patient's Death in the Home Setting Guideline.)

☐ No
☐ Yes, select from the following:
☐ Schedule 1 (anthrax, plague, smallpox, infectious pulmonary tuberculosis, rabies, yellow fever, transmissible spongiform encephalopathies (including Creutzfeldt-Jakob disease), viral hemorrhagic fever);
☐ Schedule 2 (AIDS, hepatitis B, hepatitis C, HIV, invasive group A streptococcal infection, typhus);
☐ Others (e.g., influenza, pneumococcal, hepatitis A, meningitis); please specify: _____
☐ Unknown

Comments or additional information: _____

Physician / Nurse Practitioner Contact Information

Last Name	First Name	Phone Number	After Hours Phone Number

Case Manager or Health Care Professional Contact Information

Last Name	First Name	Phone Number

Signature: _____ Designation: _____

2016/06/2020-05 White - Chart Yellow - Funeral Home Page 1 of 2

Expected Death in the Home Form

Expected Death in the Home

PHN	ULI ☐ Same as PHN	MRN
Administrative Gender ☐ Male ☐ Female		
☐ Non-binary/Prefer not to disclose (X) ☐ Unknown		

This form is to be completed by the case manager or designate, with the patient and/or family, when planning for an expected death at home. Refer to the Alberta Health Services (AHS) Patient's Death in the Home Setting Guideline for direction on preparing for a death in the home. This Form enables the funeral home to remove the deceased before the Medical Certificate of Death is signed.

Part 1: Should be scanned and uploaded to the patient's health record. The yellow copy should be placed in the Green Sleeve and remain with the patient/family. The patient/family can give the yellow copy to the funeral home in advance or after death.

Part 2: Is optional and meant for the family. Pre-selection of a funeral home is not required.

For patients who are palliative or at end-of-life and when an expected death occurs at home:

- If the death is notifiable, contact the Office of the Chief Medical Examiner (OCME) and police.
- If the death is not notifiable:
 - Do not call 911 for patients with GCD orders: M1, M2, C1, or C2.
 - Call 911 for patients with GCD orders: R1, R2, R3, or no GCD order.
 - The healthcare provider is not required to pronounce death.
- Contacts for pediatric patients:
 - The Physician / Nurse Practitioner as listed below OR
 - North of Red Deer: Pediatric Aid for Symptoms and Serious Illness Support Team (ASSIST): 780.407.8822

OR

- South of Red Deer: Children's Hospice and Palliative Service (CHaPS): 403.955.7211 and ask for the Pediatric Palliative physician to be paged.

Part 1: Information for Funeral Home, Emergency Health Services (EHS), Police and/or Office of the Chief Medical Examiner

What is the Palliative and End-of-Life Care diagnosis?

Is the patient known or suspected of being infected with a communicable disease?
(If Yes or Unknown, refer to the AHS Patient's Death in the Home Setting Guideline.)

☐ No

☐ Yes, select from the following

☐ Schedule 1 (anthrax, plague, smallpox, infectious pulmonary tuberculosis, rabies, yellow fever, viral hemorrhagic fevers).

☐ Schedule 2 (AIDS, hepatitis B, hepatitis C, HIV, invasive group A streptococcal infection, typhus, transmissible spongiform encephalopathies including Creutzfeldt-Jakob disease).

☐ Others (e.g., influenza, pneumococcal, hepatitis A, meningitis), please specify: _____

☐ Unknown

Comments or additional information

Physician / Nurse Practitioner Contact Information

Last Name	First Name	Phone Number	After Hours Phone Number
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Case Manager or Health Care Professional Contact Information

Last Name	First Name	Phone Number
Signature		Designation

Page 1 – Information for Service Providers

- Completed by the CM
- Purpose is to give funeral homes the information they need to transport the deceased patient
- Also provides helpful information to other service providers
 - e.g. EHS Paramedics, Police/ RCMP or OCME
- Place white copy on the HCC chart (upload it to the patient's Health Record) and the yellow copy in the Green Sleeve
- Patient/ family can give yellow copy of page 1 to a funeral home before or after death has occurred. The funeral home may require a copy of the EDITH prior to transporting the body.

Expected Death in the Home Form (continued)

Expected Death in the Home							
Part 2: Information for the Family - What to do when Death Occurs							
1. Do not call 911 for patients with GCD orders: M1, M2, C1, or C2. Call 911 for patients with GCD orders: R1, R2, R3, or no GCD order.	In Alberta, when expected deaths of palliative and end-of-life patients occur at home as a natural result of their progressive, life limiting/threatening illness, it is not necessary to involve EHS, police, or the medical examiner. It is also not necessary for a health care provider to pronounce death at home. For pediatric patients, contact: the Physician / Nurse Practitioner as below or: North of Red Deer: Pediatric Aid for Symptoms and Serious Illness Support Team (ASSIST): 780.407.8822. South of Red Deer: Children's Hospice and Palliative Service (CHaPS): 403.955.7211 and ask for the Pediatric Palliative Physician to be paged.						
2. Call the Case Manager	Monday to Friday Regular hours _____ Phone _____ After hours _____ Phone _____ Saturday to Sunday Regular hours _____ Phone _____ After hours _____ Phone _____						
3. Contact Give Life Alberta (if pre-arranged)	Confirm that the patient has been referred to Give Life Alberta to discuss organ eye and tissue donation. If donation has been pre-arranged, contact Give Life Alberta immediately after the death has occurred (preferably within 1 hour of death). ☐ Give Life Alberta – Tissue Bank North (866.407.1970) ☐ Give Life Alberta – Organ & Tissue Donation South (403.944.1110) (ask to have the Donor Coordinator paged)						
4. Call other support people (if needed)	<table><thead><tr><th>Name (Last Name, First Name)</th><th>Phone</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>	Name (Last Name, First Name)	Phone				
Name (Last Name, First Name)	Phone						
5. Call the Physician/Nurse Practitioner (if needed/desired)	If your Physician / Nurse Practitioner has indicated the wish to be notified at the time of death, please contact them. ☐ Not applicable - Physician/Nurse Practitioner prefers to be notified of the death during regular hours. Physician (Last Name, First Name) _____ <table><tr><td>Phone - Regular Hours</td><td>Phone - After Hours</td></tr></table>	Phone - Regular Hours	Phone - After Hours				
Phone - Regular Hours	Phone - After Hours						
6. Call the Funeral Home	You may want the body to remain in the home for a little while. Some families have rituals to perform; others just want time to say goodbye. Let the funeral home know when you want them to come. Funeral home staff are available 24 hours a day. Name of funeral home _____ Contact Name (if known) _____ <table><tr><td>Phone</td><td>Fax</td></tr></table>	Phone	Fax				
Phone	Fax						

20519(Rev2026-05) Page 2 of 2

Page 2 – Information for Family/ Next of Kin

- Optional -family completes, perhaps with CM
- Purpose is to make it easy for family/ next of kin to take the necessary steps after death
- Timing – as desired by family
- Location – chosen by family, preferably in the Green Sleeve

Communicable Diseases

If the patient is known or suspected to be infected with a communicable disease, the CM shall:

- Document presence of disease in the health record and on the [Expected Death in the Home Form](#).
- Provide information to the Alternate Decision Maker and/or family regarding infection control measures.



Communicable Diseases (continued)

If an expected death occurs without a health care provider:

- Instruct the family/next of kin to inform the person(s) handling the deceased patient of the communicable disease and give them the copy of page 1 of the EDITH Form (which has more information)

If a health care provider is present for a death or encounters an unwitnessed death:

- Follow standard infection control measures as needed
- Inform all service providers that come into contact with the deceased patient of the disease
- For Schedule 1 communicable disease, contact with the deceased patient is as limited as practically possible





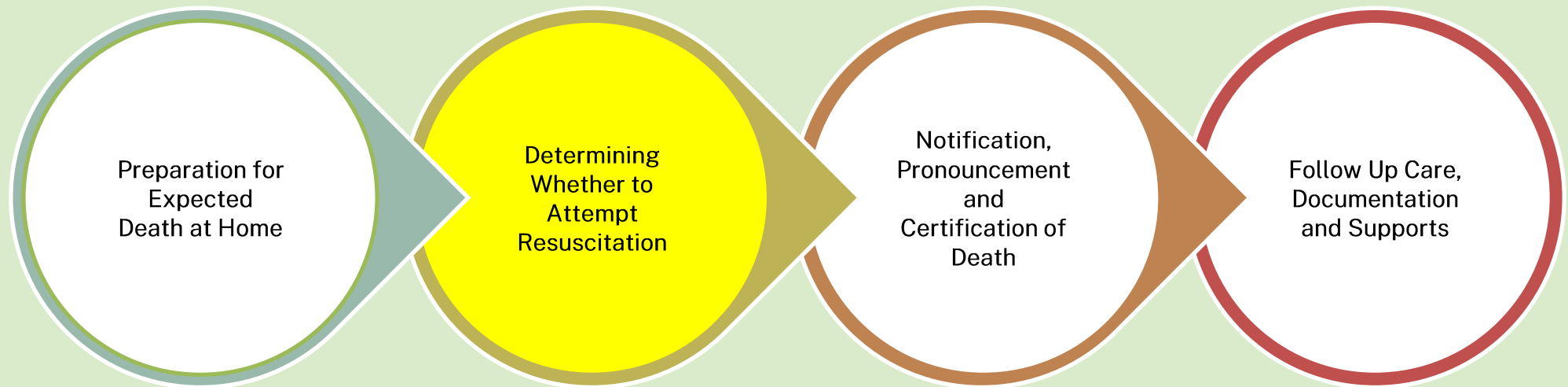
Instructions for Family

At the time of the patient's expected death at home (in line with the [Expected Death in the Home Form](#)):

- Do not call 911 to notify ambulance or police for GCD: M or C
- Call Home and Community Care to inform of death
- If appropriate, call eye and tissue donation program
- Call other support people if needed
- Call physician, if needed or desired
- Call the funeral home for retrieval of the deceased patient



Guideline process



Attempting Resuscitation

When the health care providers encounter an unwitnessed patient death (patient has no breath and no pulse), decisions may need to be made about attempting resuscitation

- As it is not always immediately apparent how long ago the patient died or if they may still benefit from resuscitation

- First, you must check to see if the deceased patient meets criteria for withholding resuscitation
- Indicators for withholding resuscitation:
 - Dependent lividity; (Pooling of the blood following death that causes a purplish red discolouration of the skin);
 - Rigor mortis; or
 - Decomposed
- If the patient meets the above criteria, do not provide resuscitation, no matter what the GCD is or if there is no GCD Order.

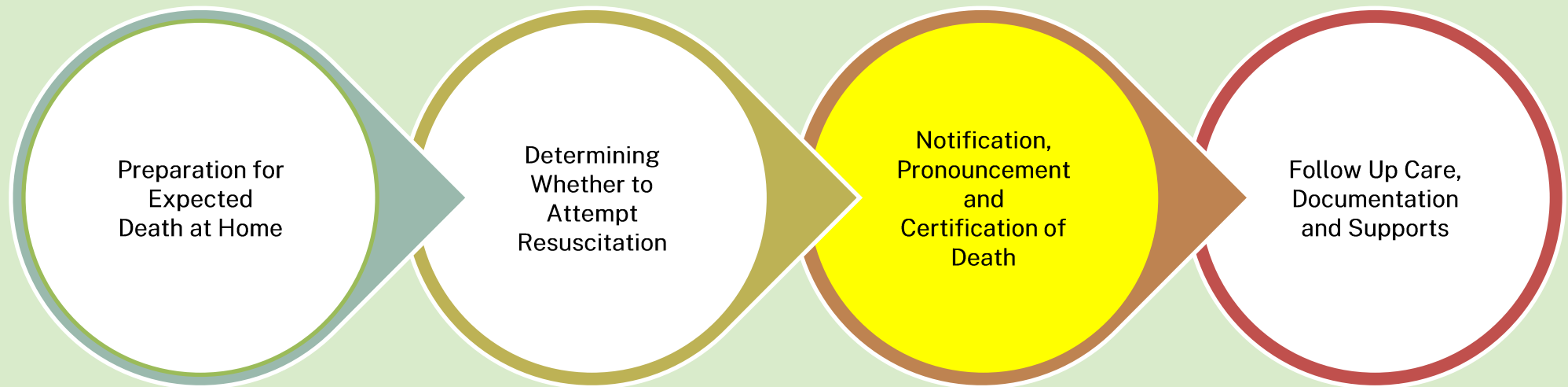


NOTE

Refer to [Patient's Death in the Home Care Setting Algorithm for Health Care Professionals](#) or [Patient's Death in the Home Care Setting Algorithm for Health Care Providers](#) for more guidance



Guideline process



Notification of Death

[Health care professionals](#) and Supervisors/Managers of [health care providers](#) shall determine if unwitnessed patient deaths are notifiable.

Guidance around whether a death is notifiable can be found within the [Fatality Inquiries Act](#) (Alberta),



NOTE

Refer to:

- [Patient's Death in the Home Care Setting Algorithm for Health Care Professionals](#)
- [Patient's Death in the Home Care Setting Algorithm for Health Care Providers](#)

Deaths that Require Police Involvement

For patients with no GCD order or a GCD order of R1, R2 or R3:

- EMS or police will determine if a death is notifiable

For patients with a GCD order of M1, M2, C1 or C2, call 911 for police investigation if the death occurred as a result of the following:

- violence
- suicide
- poisoning
- accident
- injury
- improper or negligent treatment by any person
- the death occurred unexplainably
- uncertain if a death occurred due to one of the reasons above





Deaths Where OCME is Contacted Directly

The Office of the Chief Medical Examiner (OCME) shall be contacted directly if the death:

- Does NOT require police investigation, AND
- Occurred as a result of one of the notifiable events that must be reported directly to OCME
 - E.g. Mesothelioma
 - See pages 9 & 10 of Guideline and the [algorithm for healthcare professionals](#) for a full list of such events

This is generally done by the Most Responsible Health Practitioner (MRHP). When informing the MRHP of the death, remind them that the death occurred due to a reason that needs to be reported to the OCME.

Supporting Police and OCME

If requested, the healthcare providers shall assist the OCME, including police/ RCMP, in line with [Fatality Inquiries Act](#)

Including access to and copies of the patient's health record, in line with [Health Information Act](#)

The healthcare providers shall not, except under the direction of the OCME or police/ RCMP, initiate the following actions, including but not limited to:

- move, clean, or alter the deceased patient or the environment (scene) that will alter its appearance;
- apply chemical or other substance to the patient internally or externally; and
- alter or clean clothing and/or objects attached to the deceased patient
- remove equipment (pumps and drips can be turned off)



NOTE

Speak with your Manager and/or consult Information & Privacy Department if you need guidance



Deaths Only Requiring Funeral Home Involvement

- If a death does not meet any of the criteria for a notifiable event, follow the EDITH Form:
 - Do not call 911 to notify ambulance or police.
 - OCME does not need to be notified by healthcare providers (Funeral Home does this)
 - Formal pronouncement of death is not required.
 - If family/ next of kin are present, support them in ensuring necessary calls are made, including:
 - Support people
 - Give Life Alberta if donation has been pre-arranged
 - Funeral home for retrieval of the deceased patient.
- Inform the family/ next of kin of the death if not present

Pronouncement of Death

- Pronouncement of unexpected death is generally completed by police/RCMP or the OCME.
- Pronouncement of a patient's expected death at home is not required.
- Healthcare providers are not required to remain in the home until the deceased patient has been transported, unless:
 - You are the only person with the deceased patient, check with your manager regarding next steps.



NOTE

Refer to the Guideline for more information on pronouncement of death - [PATIENT'S DEATH IN THE HOME SETTING Guideline HCS-213-01](#)



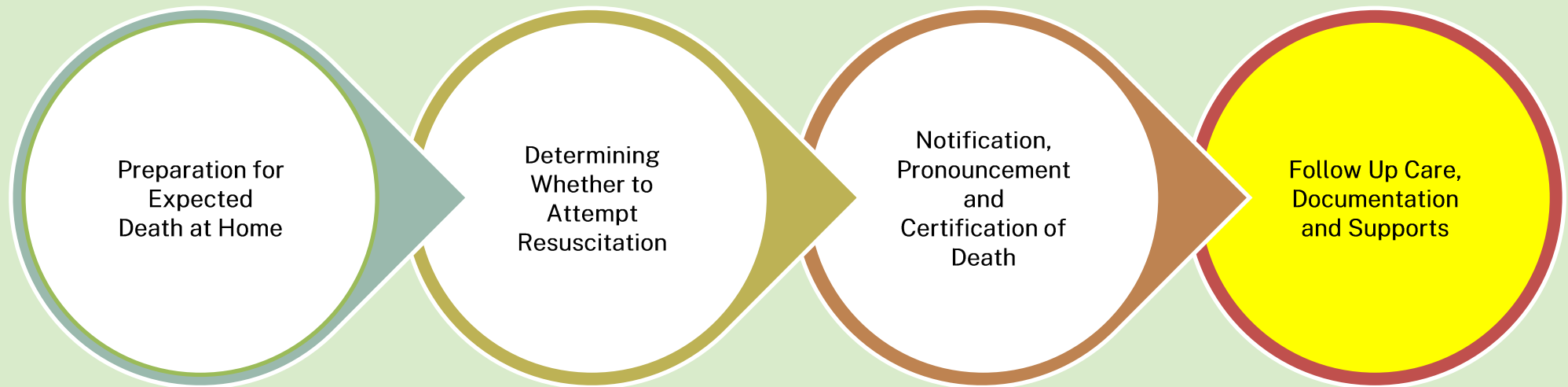
Medical Certificate of Death

The patient's MRHP (e.g. family physician) or designate is required to complete and sign the Medical Certificate of Death within 48 hours of the death.

- It is not the responsibility of a consulting physician (e.g., Palliative Care Physician) to complete, unless they are the appropriate designate
- It is not the CM's responsibility to supply the form or to ensure it has been completed



Guideline process



Follow Up Care

After the patient's expected or unexpected death, the CM shall:

- ensure the provision of [grief and bereavement support and resources](#)
- discontinue support services;
- Where appropriate to do so:
 - arrange for the removal or return of equipment; and
 - advise the family and/or next of kin about appropriate disposal of medication



NOTE

A [checklist](#) for healthcare providers for after a patient's death in the home is posted online



Follow Up Care - (continued)

When informed of a death, the CM shall assess the family/ next of kin's need for a home visit (as resources allow), to coordinate the bathing and dressing of the deceased patient. Consider:

- Needs of family/ next of kin
- Restrictions if the death is notifiable (involving police/ OCME) –do not alter the deceased patient or environment

If home visit is initially declined, the CM shall follow up to offer bereavement visit(s) at a more appropriate time

Documentation and Reporting

- Health care providers shall complete all documentation requirements for the patient's health record.
- Follow the *Recognizing and Responding to Hazards, Close Calls and Clinical Adverse Events* Policy suite.
 - As appropriate, complete a Reporting Learning System (RLS) report on inSite (login required).
 - As appropriate, complete and submit a [Duty to Notify Form \(Alberta\)](#) form.
- Contracted HCC service providers shall follow any internal incident reporting processes.
- The CM shall call their supervisor, manager or HCC Administrator on Call to report if the death is associated with safety issues and/or has occurred as a result of a duty to notify.

Report Safety Problems





Documentation and Reporting (continued)

When informed of a patient's death in the home, the CM shall:

- Inform the most responsible health practitioner of the death.
- Ensure that all health care providers known to be actively involved with the patient's care are informed of the death.
- If death was of a pediatric patient whose guardian is the Director of Child and Family Services, the CM shall inform the Director.
- For pediatric patients:
 - **South Sector**, inform the Admitting Department at Alberta Children's Hospital; they inform relevant departments and clinics of the death of the child, preventing inappropriate appointment reminders or missed appointment calls; and/or
 - **North Sector**, inform the North Sector's Aid for Symptoms and Serious Illness Support Team (ASSIST) located at Stollery Children's Hospital.

Healthcare Provider Supports

Healthcare providers who discover or are present for a death are encouraged to make use of support and counselling services after the event. Services that are available include:

- HCC management and/or team members
- Employee and Family Assistance Program (EFAP) – available on inSite (login required)
- Physicians may access the [Physician and Family Support Program \(PFSP\)](#)



Information and Resources

Available Patient's Death in the Home Care Setting resources include:

- [Guideline](#) for Patient's Death in the Home Setting
- Algorithms, checklists and FAQs
- Information for families of home care patient booklet
- [Ordering instructions](#) for the Expected Death in the Home Form



NOTE

All online resources are available on the following website: [Patient's Death in the Home Care Setting | Alberta Health Services](#)



References

Governance Documents:

- [Advance Care Planning and Goals of Care Designation Policy \(#HCS-38\)](#)
- [Recognizing, Responding to, and Learning From Hazards, Close Calls, and Clinical Adverse Events Policy \(#PS-95\)](#)
- [Immediate and Ongoing Management of Clinical Adverse Events Procedure \(#PS-95-02\)](#)
- [Medical Assistance in Dying Policy \(#HCS-165-01\)](#)
- Working Alone Policy (#1154) – available on inSite, login required
- [Workplace Health and Safety Policy \(#1121\)](#)

Alberta Health Services Forms:

- [Advance Care Planning Tracking Record Form \(#103152\)](#)
- [Goals of Care Designation Order Form \(#103547\)](#)
- [Expected Death in the Home Form \(#20519\)](#)



References

Resources:

- [Before and After an Expected Death in the Home-Information for Families](#)
- [Infection Prevention and Control Manual –Continuing Care](#)
- [Palliative and End-of-Life Care Alberta Provincial Framework 2014](#)
- [Palliative and End-of-Life Care Alberta Provincial Framework Addendum 2021](#)
- [Patient's Death in the Home Care Setting: Palliative & End of Life Care \(PEOLC\), Info for Health Professionals](#) (Webpage)
- Reporting and Learning System (RLS) -available on inSite, login required
- Tissue Donation Pathway -available on inSite, login required



References

Other Resources:

- [Bodies of Deceased Persons Regulation \(Alberta\)](#)
- [Duty to Notify Decision Guide \(Assisted Living and Social Services\)](#)
- [Duty to Notify Form \(Assisted Living and Social Services\)](#) - To avoid errors, this Government of Alberta forms must be downloaded to your computer and opened with Adobe Acrobat Reader instead of being viewed via the web browser. Right click on the URL and click "Save Link As" to save the file to your desktop.
- [Fatality Inquiries Act \(Alberta\)](#)
- [Human Tissue and Organ Donation Act \(Alberta\)](#)
- [Medical Certificate of Death \(Alberta\)](#)
- [Medical Suitability Criteria Regulation \(Alberta\)](#)
- [Pronouncement of Death Guidelines \(College of Registered Nurses of Alberta, 2023\)](#)
- [Public Health Act \(Alberta\)](#)
- [Vital Statistics Act \(Alberta\)](#)



Assisted Living
Alberta



Palliative and End-of-Life Care

Email questions to:
palliative.care@assistedlivingalberta.ca