

Sample Home Funeral-Friendly Body Release Policy Language For Oregon Hospitals & Care Facilities

Name of hospital/ location

Dept:

Postmortem Nursing Care

Effective Date:

Reviewed on:

Revised on:

Approved by: Nursing Director or whomever in your hospital sets policy

Policy

It is the policy of Hospital Name that the staff will take specific measures to ensure the necessary identification, documentation, preparation and holding of a deceased patient and the security of all valuables and personal effects until appropriate release of the body.

Procedure

- 1) Nursing notifies the attending physician, nursing supervisor, add any relevant departments here and registration office of the patient's death. A physician will pronounce the patient. The physician notifies the family of the death.
- 2) If there is to be an autopsy, or if the patient meets the Medical Examiner/Coroner notification criteria (see attached), the Medical Examiner/Coroner dispatch is notified at Phone Number and a Request for Autopsy Form is filled out. The Medical Examiner/Coroner must be notified prior to decisions about organ donation.
- 3) Nursing notifies the Name of the Organ Bank of the death at Phone Number within 1 hour.
- 4) If death occurs while a patient is restrained or in seclusion, or for deaths occurring within 24 hours after the patient has been removed from restraints and/or seclusion, or where it is reasonable to assume that a patient's death is a result of such seclusion or restraint, law requires that the Disabilities Rights Center, Inc., be notified at Local Phone Number within 7 days of the death.
- 5) Families may take on the responsibility for filing the 24 hour notice of death and death certificate with their county clerk, after obtaining the necessary materials from **Oregon Health Authority's Center for Health Statistics (971-673-1160)**. Death certificates initiated by the family or their designated must be signed by the attending physician or

designate, including the cause, time and date of death, and returned to the family member or their designated agent to file. **DO NOT MAKE COPIES unless the family or Designated Power of Attorney (DPOA) will be taking custody of the body. In that case only it is appropriate to place a copy in the patient chart; the original must go with the family or DPOA.**

- 6) Nursing will initiate the *Postmortem Disposition Form* and notify the funeral home **if the family has communicated that they are electing to use one.**
- 7) **If the next-of-kin or legally responsible person wishes to take custody of the body for home services, they may do so if an autopsy is not required or requested and the patient is not a Medical Examiner case. The family may or may not request the assistance of a funeral home or a home funeral specialist to assist, though both may be offered.** The death certificate, once signed by the medical certifier, serves as the transportation permit, which is required only for transfer to place of final disposition. The family or their designated agent may transport the body home or to another location pending final disposition without the transportation permit. The responsible party must sign the *Postmortem Disposition Form* and the *Postmortem Disposition of Personal Belongings Form*.

Legal Order of Next-Of-Kin as Defined In ORS 97.130

- a. State law stipulates that if there is no spouse, the children of the deceased who are 18 years of age or older hold the next right to make all arrangements, including disposition. Here is the order of authority:
- b. The spouse of the decedent.
- c. A son or daughter of the decedent 18 years of age or older.
- d. Either parent of the decedent.
- e. A brother or sister of the decedent 18 years of age or older.
- f. A guardian of the decedent at the time of death.
- g. A person in the next degree of kindred to the decedent.
- h. The personal representative of the estate of the decedent.
- i. The person nominated as the personal representative of the decedent in the decedent's last will.
- j. A public health officer.

Regarding Custody and Control Generally: Under Oregon law, anyone can perform the functions of a funeral director for family and community members as long as they're not paid to do so. The legal term is "person acting as a funeral service practitioner," defined in ORS 432.005 as "a person other than a funeral service

practitioner licensed under ORS 692.045, including but not limited to a relative, friend, or other interested party, who performs the duties of a funeral service practitioner without payment.” Oregonians can determine what happens to their body after they die or can delegate that authority.

- 8) If possible, all valuables will be removed from the body while the body is still on the unit. Valuables and personal belongings will be inventoried and listed on the *Postmortem Disposition of Personal Belongings Form*. The family member or responsible person receiving these items must sign the form along with the nurse. A copy of the signed form is kept in the patient chart.

Preparation of the body

- 1) Close the patient's eyelids if open and insert dentures if appropriate.
- 2) The patient MUST be clearly identified with an ID band.
- 3) If eyes are to be donated:
 - a. Elevate head of bed 45 degrees
 - b. Tape eyelids closed with paper tape
 - c. Place ice bag over the eyelids with cloth or gauze between skin and ice bag
- 4) For autopsy, if applicable:
 - a. Routine autopsy (for example, those requested by the family): Hospital Name has a contract with the pathologist at Medical Center and the body will go to there via the funeral home of the family's choice, or the closest available service will be used.
 - b. Autopsy ordered by the Medical Examiner: DO NOT remove dressings, therapeutic tubes or access devices, sutures, endotracheal tubes, esophageal obturator and subclavical lines. The body will be transported to the appropriate facility via the family's funeral home of choice or the closest available service.
- 5) Be sure both the patient and the outside of the shroud are clearly identified.
- 6) If the family wishes to spend time with the deceased in the hospital, ask if they would like help to prepare the body for viewing and accompany family into the room. If the family wishes to spend time with the deceased after disposition to the morgue, the body will be transported back to a private room.
- 7) When a funeral director or family member acting as such picks up the deceased, he/she will sign and date the *Postmortem Disposition* and the *Postmortem Disposition of Personal Belongings Forms*.

Example of Home Funeral-Friendly Hospital Body Release Language
Release of the Body from Nursing Unit Directly to Family or Their Designated Agent

Eligibility for release:

- 1) Check to make sure that the family has already been asked about an autopsy and has indicated that they do not want one. Be careful not to ask again as the family may perceive it to be disrespectful or harassment.
- 2) Make sure that the Medical Examiner has released the body, and that the deceased is not considered to be a Medical Examiner/Coroner case.

Documentation required from the family or designated agent:

- 1) Families may take on the responsibility for filing the 24 hour notice of death and death certificate with their county clerk, after obtaining the necessary materials from Oregon Health Authority's Center for Health Statistics (971-673-1160). Death certificates initiated by the family or their designated must be signed by the attending physician or a registered nurse, including the cause, time and date of death, and returned to the family member or their designated agent to file. Whenever a contagious disease is involved, it must be stated on the death record prior to release.
- 2) Alternately, the death certificate may be filed by the physician or designated agent electronically, in which case the physician may provide the family or agent with documentation, including the death certificate and burial/transit permit.
- 3) A family member or designated agent must show a form of photo identification. This information must be documented prior to release of the body.
- 4) A designated agent must provide a copy of the written signed document authorizing him/her to exercise custody and control on behalf of the family or the deceased.
- 5) The family or agent must provide a copy of the burial/transit permit for the patient record.

Protocols

Handling of Fetal Remains

In cases of neonatal death following a live birth, a birth certificate and then a death certificate will be filled out. If there is an autopsy, an autopsy permit will be filled out. In this case, the death certificate may be given to the funeral director, the responsible family member, or designated agent, and it is their responsibility to send the certificate to the State.

If the family wishes to bury the remains on their own property, the zoning laws of their county apply. Suggest to the family that they obtain a "*Home Burial Packet*" from Oregon Health

Authority's Center for Health Statistics (971-673-1160) and contact their local county planning office for information. The hospital will not release the remains to the family for burial on the family's property or other disposition until a copy of the transit permit portion of the death certificate has been obtained and added to the patient file.

Postmortem Nursing Care

Nursing will initiate the *Postmortem Disposition Form* and inform the family (through their responsible family member as determined by the family, or next-of-kin as set forth in ORS 97.130) of their options to contact a funeral home, designate an agent of their choosing, or take responsibility for arrangements themselves. Nursing will then notify the funeral home, home funeral consultant, or other designated agent as communicated by the responsible family member.

When the body is released, the funeral director, responsible family member or designated agent will sign and date the *Postmortem Disposition* and the *Postmortem Disposition of Personal Belongings* forms.

Source: Researched and written by Lee Webster; adapted to Oregon law and language by Holly Pruett and Keelia Carver

Note: Language needing to be customized for your hospital is indicated by underlining