

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

HEALTHCARE QUALITY AND SAFETY BRANCH

BLAST FAX 2020-37

TO: Nursing Homes, Home Health and Hospice Agencies

FROM: Commissioner Renée D. Coleman-Mitchell, MPH *rock*

CC: Deputy Commissioner Heather Aaron, MPH, LNHA
Barbara Cass, RN., Branch Chief, Healthcare Quality and Safety Branch
Donna Ortelle, Section Chief, Facility Licensing and Investigations Section

DATE: April 13, 2020

SUBJECT: Recommendations of the Connecticut Funeral Directors Association to Facilitate the Transfer of a Deceased Patient from Hospice, Nursing Homes and Home Care Settings

Blast fax 2020-15A was sent on March 30, 2020 with information from the Office of the Chief Medical Examiner regarding how to certify confirmed and suspected COVID-19 deaths. This memo referenced that "death certification should be completed by the treating physician."

This fax is to clarify that other licensed practitioners other than physicians are authorized to certify deaths. This includes Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Registered Nurses (RNs), and Chief Medical Officers of institution in which the death occurred. Details can be found in Connecticut General Statutes 20-12d, 20-87a, 20-101a, and the Regulations of Connecticut State Agencies 7-62-1 through 7-62-3 (see attached).

The third and fourth bullets in the attached document developed by the Connecticut Funeral Directors Association include details regarding authorizations to certify a death.

Thank you for your attention to this information and ensuring that release forms and death certificates are fully completed when a funeral director arrives at your facility to transport a decedent.



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Pronouncement of Death by a Registered Nurse

Sec. 7-62-1. Definitions

(a) "Determination of Death" means observation and assessment that a person has ceased vital bodily functions irreversibly including, but not limited to, the following: pulse, respiration, heartbeat, and pupil reaction.

(b) "Pronouncement of Death" is the declaration by the registered nurse who has made the determination of death.

(c) "Anticipated Death" is death which is, in the opinion of the attending physician, expected due to illness, infirmity or disease.

(Effective October 20, 1988)

Sec. 7-62-2. Determination of prognosis by physician

(a) An attending physician who has determined that the prognosis for a patient is for an anticipated death shall:

(1) document such determination in the patient's medical or clinical record; and

(2) at the time of such determination and documentation, authorize in writing a specific registered nurse or nurses to make a determination and pronouncement of death, except when an anticipated death occurs in an institution which has adopted policies and procedures pursuant to section 7-62-3 of these regulations. The physician may authorize registered nurse employees in such institution to make a determination and pronouncement of death.

(b) The determination and documentation by an attending physician that the prognosis for a patient is for an anticipated death shall be valid for a period of time not to exceed 120 days.

(c) A registered nurse who has determined and pronounced death shall document the clinical criteria for such determination and pronouncement in the patient's medical or clinical record and notify the physician who determined that the prognosis for such patient was for an anticipated death pursuant to subsection (a) of this section. The registered nurse shall indicate on the death certificate the name of the deceased and the date and time of death, and shall sign the death certificate.

(Effective August 2, 1994)

Sec. 7-62-3. Policies and procedures of institutions

Any institution, as defined in subsection (a) of section 19a-490 of the Connecticut General Statutes, which employs a registered nurse functioning pursuant to these regulations shall adopt policies and procedures that ensure compliance with section 7-62-2 of these regulations. A registered nurse employed by such institution may not make a determination on pronouncement of death unless the facility or agency has written policies implementing and ensuring compliance with section 7-62-2 of these regulations.

(Effective October 20, 1988)



Recommendations of the Connecticut Funeral Directors Association to Facilitate the Transfer of a Deceased Patient from Hospice, Nursing Home and Home Care Settings

Updated April 4, 2020

This guidance document for hospice, nursing homes and home care settings will assist you to expedite the process for your staff, families of the decedent and funeral directors. It is essential that we work together to expedite the transfer of decedent so that a family can proceed to make final plans for disposition. Funeral Directors are complying with recommendations from the Centers for Disease Control and Prevention, the Department of Public Health, and the Office of the Chief Medical Examiner. During this time of a declared public health emergency due to the pandemic, limiting exposure with time and distance is imperative.

- Please have the following immediately available before the arrival of the funeral director: verbal consent documented from next of kin and their contact information so the funeral establishment can quickly reach out to them. We strongly recommend that you have more than one contact person identified and have their contact information available as well.
- The physician in charge of care must be notified and prepared to sign the death certificate without delay so that the final disposition occurs in a timely manner. Delaying this process will cause significant issues with scheduling final disposition, which needs to be avoided due to the potential surge in deaths as a result of the pandemic. In addition, any delay presents undue risks to the funeral home staff who must shelter remains at their facility.
- Before the funeral director arrives, the death shall be certified by the attending physician or Advanced Practice Registered Nurse (APRN). In the absence of physician or APRN, or with the physician's or APRN's approval, the medical certification section of the death certificate may be completed and signed by an associate physician, an APRN, a physician assistant, registered nurse, or the chief medical officer of the institution in which the death occurred. Medical certification by a registered nurse or physician assistant is limited to cases which death was anticipated and such registered nurse or physician assistant made the pronouncement of death.
- In home hospice situations, the pronouncing nurse should have an order from a physician or APRN in the patient's file granting them the authority to certify the death certificate with the cause of death at the same time. This is identical to the nursing home registered nurse being able to certify a death certificate in cases where the death was anticipated and the physician or APRN have made a note in the patient's file granting the registered nurse the authority to certify the death. This will ensure that funeral directors are not required to make a separate trip to have the medical certification completed on the death certificate.
- Please have the release forms and the death certificate with the medical portion completed and ready for the funeral director upon arrival at your facility.



- The certifying physician or their designee should be aware the Department of Public Health and the Office of the Chief Medical Examiner have issued a communication to physicians, nurse practitioners, and physician assistants that it is imperative to indicate a proper cause-of-death and sign death certificates immediately in order to facilitate final disposition.
- If a respiratory infection or COVID-19 is the cause of death, you must advise the funeral establishment when the transfer is requested.
- Since COVID-19 is a respiratory virus, before the funeral director arrives, the patient should be wrapped in a sheet with airways covered or at least have the face covered to minimize inadvertent aerosolization and respiratory droplet expulsion. Funeral home transfer staff may opt to further disinfect patient airways prior to transfer.
- Hospice or nursing home facilities should follow proper post mortem care, including the use of a holding room as required in the Department of Public Health Blast Fax 2020-21. For nursing homes or hospice facilities that uses pouches, the exterior of every pouch should be properly marked with an identification tag before the arrival of the funeral director.
- If the family is present in any setting (hospice, nursing home or residence), it is imperative that they are asked to disperse before the funeral professionals arrive to transfer the deceased to limit potential exposure to each other.
- Funeral homes, like all health care providers and first responders, are experiencing a severe shortage of PPE equipment. Only appropriate PPE for the circumstances will be used, however, the PPE needed may be alarming to some family members, so please be sure to follow the request that family members not be present.
- If the patient is in hospice, it is recommended that the doors to other patients' rooms be closed during the transfer to limit potential exposure.
- Hospice or home hospice staff's practice of escorting a patient to the transfer vehicle and the use of a facility quilt or 'dignity blanket' should cease at this time.
- For COVID-19 home hospice cases, anyone exposed to COVID-19 should not be present when funeral home staff come to the home to transfer the decedent. Surviving family members or caregivers should be under quarantine off site or in a separate room in the home.

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HEALTHCARE QUALITY AND SAFETY BRANCH

BLAST FAX 2020-21

TO: All Nursing Homes

FROM: Commissioner Renée D. Coleman-Mitchell, MPH *RCM*

CC: Deputy Commissioner Heather Aaron, MPH, LNHA
Barbara Cass, RN., Branch Chief, Healthcare Quality and Safety Branch
Donna Ortelte, Section Chief, Facility Licensing and Investigations Section

DATE: March 30, 2020

SUBJECT: Recommendations for the Deceased in Nursing Homes

The following are recommendations regarding the Deceased in Nursing Homes:

- The need for a holding room for the deceased. This is to prevent the Funeral Home Director from walking through halls located in resident areas to obtain the deceased body. In order to adhere to the CDC guidelines for the prevention of COVID -19, please ensure that the Funeral Director has the quickest and safest route to obtain the body.
- Nursing Homes need to make sure there is a physician's order in the resident's clinical record that permits an RN to pronounce and sign the death certificate.
- If a Funeral Director needs to pick up a body in a Nursing Home, that does not have a physician's order on file for the RN to pronounce or to sign the death certificate, the Funeral Director will need to notify the physician.



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Regarding Holding Rooms in a Nursing Home

Public Health Code Section 19-13-D8(v)(13)(B) identifies that the nursing facility shall have "A holding room for deceased persons that is at least six (6) feet by eight (8) feet, mechanically ventilated, and used solely for its specific purpose."

While some facilities have a holding room, some have requested and been granted a waiver of such requirement in the past.

During this unprecedented time, we are asking facilities that do not have a designated holding room or that do not have direct outside access to the holding room, to implement the following measures:

- If the facility has been granted a waiver for the need of a designated holding room, please revisit the ability to designate that room as a holding room again or possibly designate another room meeting the requirements as a "holding room."
- Please identify the most direct route from the entrance that the funeral home staff will be using, to the holding room or room of the deceased.
- If the deceased resident remains in their room due to the absence of a holding room, please be sure the access to the room and resident is as direct as possible, minimizing the amount of time the funeral home staff are in the room.
- Please identify to the funeral home staff, measures in place to protect the other residents and the funeral home staff during the transfer process.
- Please discuss the plan with the funeral home prior to the funeral home staff arriving at the facility.
- Please be sure all applicable nursing home staff are aware of these procedures.

Regarding Pronouncement of Death by a Registered Nurse

Public Health Code Section 7-62-2 identifies in part that (a) An attending physician who has determined that the prognosis for a patient is for an anticipated death shall:

(1) document such determination in the patient's medical or clinical record; and (2) at the time of such determination and documentation, authorize in writing a specific registered nurse or nurses to make a determination and pronouncement of death, except when an anticipated death occurs in an institution which has adopted policies and procedures pursuant to section 7-62-3 of these regulations. The physician may authorize registered nurse employees in such institution to make a determination and pronouncement of death; and (c) A registered nurse who has determined and pronounced death should document the clinical criteria for such determination and pronouncement in the patient's medical or clinical record and notify the physician who determined that the prognosis for such patient was for an anticipated death pursuant to subsection (a) of this section. The registered nurse shall indicate on the death certificate the name of the deceased and the date and time of death, and shall sign the death certificate.

Please be sure when a resident has had a change in condition or has a condition where the physician feels that death is anticipated, the physician writes a progress note stating such and writes an order for a Registered Nurse to assess for and pronounce a resident as deceased. The facility shall develop a mechanism to receive an order written by the physician and not a telephone order.