

# Pronouncement of Death Guidelines

September 2020

Approved by the College and Association of Registered Nurses of Alberta (CARNA) Council, September 2020.

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## Table of Contents

PURPOSE.....	3
LEGISLATION AND REGULATION .....	3
GUIDELINES.....	4
GUIDELINES FOR THE PRONOUNCEMENT OF DEATH .....	5
GLOSSARY.....	7
REFERENCES.....	8
APPENDIX A: COMPLETION OF THE MEDICAL CERTIFICATE OF DEATH BY A NURSE PRACTITIONER.....	9
APPENDIX B: PRONOUNCEMENT OF DEATH BY PHYSICAL ASSESSMENT .....	10

## Purpose

When a client receiving care is terminally ill or dying, **REGISTRANTS**<sup>1</sup> foster comfort, alleviate suffering, advocate for adequate relief of discomfort and pain, and assist clients in meeting their goals of culturally and spiritually appropriate care. This includes support for the family during and following death and care of the client's body after death (Canadian Nurses Association, 2017).

The role of the registrant is to care for those that are grieving in a compassionate and professional manner and to help ease their suffering. The ability of a registrant to pronounce death of a client and provide appropriate aftercare to family can provide continuity of care during this significant life event.

The purpose of this document is to

- provide guidance to the registrants of the College and Association of Registered Nurses of Alberta (CARNA) related to pronouncement of death;
- highlight legislation and regulations that are relevant to the pronouncement of death; and
- highlight the roles and responsibilities of CARNA registrants in pronouncement of death.

These guidelines are specific to pronouncement of death by CARNA registrants and are grounded in the foundational *Practice Standards for Regulated Members* (CARNA, 2013). The directions, concepts, and principles are also aligned with other CARNA documents.

## Legislation and Regulation

Pronouncement of death is often done to provide assurance and support to family and to verify that this was an expected, natural death (British Columbia Ministry of Health, 2006). There is no legal requirement for pronouncement of death, but there are sections of legislation and regulation that may be relevant to the process of pronouncement of death in a specific practice setting.

A medical certificate of death is the legally required signing of a death certificate stating the cause of death. The *Alberta Vital Statistics Act* currently outlines a physician or medical examiner complete the medical certificate of death, and within 48 hours of death of a person. The *Vital Statistics Information Regulation* section 26 (3) outlines certain

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<sup>1</sup> Words or phrases displayed in **BOLD CAPITALS** upon first mention are defined in the glossary.

circumstances when a nurse practitioner may complete the medical certificate of death (see Appendix A). In medical assistance in dying cases, the medical examiner must complete the medical certificate of death.

There are several other pieces of legislation and regulation that may be relevant to the pronouncement of death in a specific practice setting. A death that occurs within a health facility is managed differently depending on the type of facility, where the death has occurred and the legislation and regulation applicable to that facility (i.e., *Hospitals Act*, *Nursing Homes Act*). If the death occurs outside of a facility or at home, there may be other applicable legislation and regulations (i.e., *Fatality Inquiries Act*, *Co-ordinated Home Care Program Regulation*).

The *Public Health Act* and subsequent regulations do not specify how a death is to be pronounced or when a body is to be removed. The *Bodies of Deceased Persons Regulation*, under the *Public Health Act*, outlines the required practices for the routine handling of all deceased bodies, including those instances where the person was known to have a communicable disease with a high risk of transmission that requires additional precautions.

The *Nursing Homes Act* and regulations do not specify how a death is to be pronounced or when a body is to be removed. In addition, an **AUXILIARY HOSPITAL** does not require a physician to pronounce death prior to the removal of the body. If pronouncement of death is supported in the facility's policy relevant to an expected death, the body could be moved to a funeral home before the certificate of death is signed.

When a death occurs in a hospital, covered by the *Hospitals Act*, the regulation *Operation of Approved Hospitals Regulation* section 26(1) stipulates that the body cannot be removed from the hospital until it has been examined by a physician and the physician has made a signed notation on the record of the time of death. In many cases, after pronouncement of the expected death, the body is moved from the patient care area to another area of the hospital such as a morgue or holding area until the physician can examine the body.

The *Human Tissue and Organ Donation Act* regulates the process for the determination of death when consent for organ donation has been given.

Currently, there are no specific requirements in legislation and regulations around the pronouncement of death. Employers should access assistance from legal services to ensure that relevant legislation and regulation have been considered when developing policy or processes to support registrants in the pronouncement of death.

## Guidelines

It is important to recognize that the death of a loved one is a difficult time for families, and the pronouncement of death must be made with respect and compassion. Death, as

determined by physical assessment, is considered to have occurred when cardiac and respiratory vital signs have ceased (pulseless at the apex of the heart and absent respirations) and the pupils are dilated and fixed (see Appendix B). Expected death implies that the death of the client has been anticipated by the client, the family, and the health-care team and the anticipated death has been planned for and documented in a written plan.

While registrants, in certain situations, may pronounce death and initiate assistance for the family in their grieving process, there may be questions and concerns that need to be addressed by other members of the health-care team.

## Guidelines for the Pronouncement of Death

1. Nurse practitioners (NPs) and graduate nurse practitioners (GNPs) can pronounce death (in expected and unexpected situations) if they are **COMPETENT** to do so and if it is relevant to their stream of practice and practice setting.
2. Registered nurses (RNs), graduate nurses (GNs), and certified graduate nurses (CGNs) competent in this assessment may pronounce death when death is expected and supported by organizational policy.
3. When the RN, GN, or CGN pronounces an expected death, the most responsible health-care provider is notified as soon as possible so care and removal of the body can occur according to the policy and process of the organization.
4. When the death of a client is unexpected, appropriate clinical action is taken and the most responsible health-care provider is notified immediately. The registrant follows organizational policy and process. The medical examiner is notified as required.
5. Registrants follow applicable legislation and regulations, and practice setting policy and guidelines related to the pronouncement of death, completion of the medical certificate, medical assistance in dying, removal of the body, request for autopsy, and investigation of a suspicious death.
6. Registrants assess family needs and help identify resources and supports to assist families to deal with the death, whether expected or unexpected.
7. Registrants care for the body of the deceased in a sensitive, respectful, and compassionate manner including
  - a. respecting the cultural and religious beliefs of families and loved ones;
  - b. supporting the family with funeral home arrangements and transfer of the body;

- c.** removing any medical equipment or drains (except for autopsy cases);
  - d.** assisting with any postmortem tissue or sample procurement; and
  - e.** assisting with processes for organ or tissue transplantation.
- 8.** Registrants document appropriately, including time of death, after deathcare, the return of any personal belongings, and the completion of appropriate forms.
- 9.** Registrants assist with the safe disposal or return of medication and equipment.
- 10.** Registrants evaluate and reflect on their own emotions and fitness to practice following a client's death, and access support services as needed.

## Glossary

**AUXILIARY HOSPITAL** – A hospital for the treatment of long-term or chronic illnesses, diseases, or infirmities (*Hospitals Act, 2000*).

**COMPETENT** – The application of knowledge, skills, abilities, and judgment required to practice nursing safely and ethically.

**REGISTRANTS** – Includes all CARNA registrants such as registered nurses (RNs), graduate nurses (GNs), certified graduate nurses (CGNs), nurse practitioners (NPs), graduate nurse practitioners (GNPs), and RN or NP courtesy registrants.



## References

*Bodies of Deceased Persons Regulation*, Alta. Reg. 135/2008.

British Columbia Ministry of Health. (2006). *Joint protocol for expected/planned home deaths in British Columbia*.

Canadian Nurses Association. (2017). *Code of ethics for registered nurses*.

College and Association of Registered Nurses of Alberta. (2018). *Medical assistance in dying: Guidelines for nurse practitioners*.

College and Association of Registered Nurses of Alberta. (2013). *Practice standards for regulated members*.

*Co-ordinated Home Care Program Regulation*, Alta. Reg. 296/2003.

*Fatality Inquiries Act*, R.S.A. 2000, c. F-9.

*Hospitals Act*, R.S.A. 2000, c. H-12.

*Human Tissue and Organ Donation Act*, S.A. 2006, c. H-14.5.

*Nursing Homes Act*, R.S.A. 2000, c. N-7.

*Operation of Approved Hospitals Regulation*, Alta. Reg. 247/1990.

*Public Health Act*, R.S.A. 2000, c. P-37.

*Vital Statistics Act*, R.S.A. 2000, c. V-4.

*Vital Statistics Information Regulation*, Alta Reg. 108/2018.

# Appendix A: Completion of the Medical Certificate of Death by a Nurse Practitioner

Section 26 Subsection 3 of the *Vital Statistics Information Regulation* outlines when a medical certificate of death may be completed by a nurse practitioner.

## Medical certificate of death

- (3) When
- (a) a death occurs without the attendance of a physician in relation to the final illness of the deceased during the 14 days immediately preceding the death, or
  - (b) the physician who attended the deceased is for any reason unable to complete the medical certificate of death or interim medical certificate of death within 48 hours of the death,

the medical certificate of death may be completed by a nurse practitioner.

## Appendix B: Pronouncement of Death by Physical Assessment

Registrants practice within their own level of professional knowledge, skill and ability and only participate in nursing care for which they are competent to do. Registrants who pronounce death are competent to:

- check for clinical signs of death, using a stethoscope and penlight; and
- confirm and document cessation of circulatory and respiratory systems and cerebral function.

The following are clinical signs used when confirming death:

- cessation of circulatory system:
  - no carotid pulse
  - no heart sounds (verified by listening with a stethoscope at the apex of the heart for a minimum of 1–3 minutes)
- cessation of respiratory system:
  - no respiratory effort
  - no chest sounds (verified by listening for a minimum of 1-3 minutes)
- cessation of cerebral function:
  - pupils fixed and dilated not reacting to light, verified by use of a pen light or ophthalmoscope