

TABLE OF CONTENTS
DEATH OF A PATIENT (DRAFT)
POLICY and GUIDELINES

POLICY: Death of a patient

1. Pronouncement	2
2. Notification	3
3. Forms (description)	3
4. Medical Examiner cases	4
5. Autopsy	5
6. Organ and tissue donation	6
7. After-death care specific to caregivers	
a. Physician or Nurse Practitioner	6
b. Nursing	6
c. Protection Services	7
d. Housekeeping	8
8. Funeral arrangements/Release of the body	8
9. Guideline 1: Care of the body after death is pronounced	8
10. Guideline 2: Special information on perinatal losses	11
11. Guideline 3: Communicating with grieving families	12
12. Guideline 4: Taking photographs of infants	13
13. Guideline 5: Mementos/Resources for perinatal losses	14
14. Guideline 6: Cremation and/or burial arrangements for perinatal losses	15
15. Guideline 7: Funeral home arrangements/services	17
16. Appendix A: Definitions	18
17. Appendix B: Forms	19
18. Appendix C: Death pronouncement guide	20
19. Appendix D: Quick reference for nurses	21
20. Appendix E: Quick reference for nurses	22
21. Appendix F: Vital Statistics Documents	23
22. References.....	24

**IWK HEALTH CENTRE
Halifax, Nova Scotia
Clinical Policy/Objective Manual**

DEATH OF A PATIENT

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Note: Vital Stats Definitions (Appendix A)

- A. POLICY:**
Every family will be offered sensitive and respectful interdisciplinary support during their experience of the death of a family member. The provision of support will be based on interdisciplinary assessment of needs and wishes and will be sensitive to cultural and religious/spiritual beliefs.
- B. PURPOSE:**
1. To care for the neonate/infant/child/youth/adult's body prior to autopsy or transportation for burial/cremation.
 2. To complete all legally required forms and procedures following death.
 3. To support the family in their grief.
- C. PROTOCOL:**
1. **Pronouncement**
A physician or nurse practitioner (NP), if specified in the collaborative practice agreement, must pronounce the patient dead and record the time and date of death on the patient health record. The timing for pronouncement should take into account the need

for some families to have initial time with the deceased patient prior to being approached for pronouncement.

2. Notification

- 2.1 The attending physician/family physician, if not present, must be notified by a member of the Health Centre staff.
- 2.2 The attending physician/NP/resident or other health professional (as directed by physician) notifies the family.
- 2.3 If an autopsy is to be done, the on call pathologist should be contacted through switchboard between 0800-2200 hours, seven days a week (from 2200-0800, contact for urgent requests only). Generally contact is made by Protection Services, however, the physician on call should discuss any specific issues with the pathologist directly. **If the deceased is a child with a suspected metabolic disease, the pathologist on call must be notified (24 hours/day) and will provide direction on when the autopsy needs to take place, and how the body needs to be cared for until that time (i.e. body may need to be transported to morgue quickly to be kept cold).**
- 2.4 If organs or tissues or to be donated, the physician will contact the transplant coordinator through QEII locating (473-2222).

3. Forms

See Appendix A for Vital Statistics definitions and Appendix B for a list of which forms need to be completed for various situations (i.e. infant, child, adolescent, woman, stillbirth, neonatal death, spontaneous abortion). Note: For pregnancy terminations, the weight, gestation and live birth criteria also apply.

- 3.1 **Physician notice of a live birth or stillbirth (Form 1):** Province of Nova Scotia form which is to be completed by the physician and sent to the Office of the Registrar General within 24 hours of the birth.
- 3.2 **Registration of Live Birth (Form 2):** Province of Nova Scotia form that can be completed by any health professional with assistance from the mother and is signed by the mother if single, or either parent if married.
- 3.3 **Registration of Stillbirth (Form 4):** Province of Nova Scotia form. Sections 31-41 must be completed by a physician, the remainder of the form can be completed by any health professional and is signed by the mother if single, or either parent if married.
- 3.4 **Joint Request:** Province of Nova Scotia declaration to be used when the mother is single or in a common law relationship and wishes to have information on the baby's father registered on any of the Vital Statistic forms. Once a joint request form is completed, the parents can choose to register the baby in the mother's surname, father's surname or hyphenated surname using both the surnames. The form must be completed in the presence of a Commissioner of Oaths (a list of qualified persons is in the MOX cabinets) or the Health Centre's Division Registrar clerk. The parents may wish to take the form with them to have it completed by a qualified person in the community, or if the father is not able to come to the Health Centre, the mother can mail the form to him for completion in the community. Note: A single mother, or one in a common law relationship can

choose to register the baby in her surname and only register that information about herself on the Vital Statistic forms. There is no need to complete a Joint Request form in this situation.

- 3.5 **Registration of Death (Form 6):** Province of Nova Scotia form. Sections 1 and 24-36 inclusive must be completed by physician. The Funeral Director will complete the remainder of the form. If the parents or family are transporting the body the form must be completed in its entirety except for Certification of Division Registrar section in the lower right corner.
- 3.6 **Notice of Death (Form 3282-03/96):** A Health Centre form that includes documentation of request for autopsy and organ/tissue donation, to be completed by physician/NP.
- 3.7 **Consultation Request for Autopsy (Form 4192B-01/93):** A Health Centre form that must be completed by the physician/NP if an autopsy is to be done.
- 3.8 **Pathology Department Checklist (Form 390):** Health Centre form that lists all documentation that must accompany the body when taken to the morgue after adult, pediatric, neonatal death (during first month of life) or stillbirth. The form indicates what is required when an autopsy is going to be performed and what is required when there is not going to be autopsy.
- 3.9 **Autopsy Consent (Form # TBA):** Health Centre form which must be completed by the physician/NP and the person legally able to give consent for the deceased person if an autopsy is going to be performed. For perinatal deaths, a Consent for Autopsy form must be completed before a pathologist can examine the remains in the case of all newborn death (live births), stillbirths, and fetal demise greater than 16 weeks gestation regardless of weight (refer to Autopsy Policy Form # TBA for further information on the process for autopsy consent). *Note: Autopsies on adult patients will be done at the QEII, for further information contact the pathologist on call. The body will go to the Health Centre morgue initially, and then be transported to the QEII.*
- 3.10 **Consent for Organ/Tissue Donation (Form #TBA) and Screening Tool** (Obtained by contacting the QEII transplant services when the patient has been identified as a potential organ & tissue donor): Health Centre forms which must be completed by the physician if organs/tissues are going to be donated are listed in the Organ & Tissue Donation Policy #TBA.
- 3.11 **Family bereavement follow-up (Form # TBA):** Health Centre form which is completed by a nurse and is to be forwarded to the Pediatric Palliative Care Service (refer to Bereavement Follow-up Policy #TBA.)
- 3.12 **End-of-Life Care Checklist (Form # TBA):** Health Centre form to guide the completion of all tasks associated with providing end-of-life care as outlined in this policy. This form may be initiated prior to the death as appropriate.

4. Medical Examiner (ME) Cases

- A. The Chief Medical Examiner must be notified at **424-2722** by law in accordance with the Province of Nova Scotia Fatality Investigations Act (**Chapter 31 of the Act of 2001, Section 10**)

“10(1) Where a person dies while in a health-care facility and there is reason to believe that:

- a. the death occurred as the result of violence, suspected suicide or accident;
- b. the death occurred as a result of suspected misadventure, negligence or accident on the part of the attending physician or staff;
- c. the cause of death is undetermined;
- d. a stillbirth or neonatal death has occurred where maternal injury has occurred or is suspected either before admission or during delivery or
- e. the death occurred within ten days of an operative procedure or under initial induction, anesthesia or the recovery from anesthesia from that operative procedure, the person responsible for that facility shall immediately notify a medical examiner or an investigator.

(2) Where a person is declared dead on arrival or dies in the emergency department of a health-care facility as a result of a circumstance referred to in subsection (1), the person responsible for that facility shall immediately notify a medical examiner or an investigator.”

If in doubt, call the Medical Examiner to discuss the case.

NOTE: The “person responsible” is defined by the ME’s office as either a nurse or a physician who is familiar with the case.

NOTE: On review of a case, the ME may decide that further involvement of the ME is not needed. Until a decision is made by the ME, Health Centre staff must not alter the body, bed, equipment or room in any way until directed by the ME. This means all lines and tubings remain in place, but any equipment can be turned off. Support for the family while waiting for the ME’s decision is essential.

- B. When informing the family of the death, the physician must advise that the death has been reported to the ME who will decide if an autopsy is needed for legal/medical reasons. If the ME decides to do an autopsy, consent of the family is not required. If the ME decides not to do an autopsy, the physician can still request consent for autopsy from the family to have an autopsy done for information purposes.
- C.
 1. If further investigation is pursued by the ME, he/she will give specific directions for any special procedures that are to be followed (i.e. care of the body, keeping the clothes the patient was wearing with the body, etc.)
 2. The Registration of Death certificate will be signed by the ME.
 3. Transportation of the body will be arranged by the ME.
 4. Complete hospital records are to accompany the body. Place a Removal of Chart Form (#172) on the front of the chart and send a copy of the form to Health Records.

5. **Autopsy** (See Policy # TBA)

The legal decision-maker (parent/guardian/spouse) makes the choice whether or not to have an autopsy unless an autopsy is required by the ME, in which case consent is not required. The physician must complete the Autopsy Consent Form and the Consultation Request for Autopsy Form. Autopsies are done in the pathology department at the IWK Health Centre. The completed health record and all forms completed at the time of death

should accompany the body to the morgue. The Pathology Department Checklist (Form #390) must be completed. Additional documents, which need to accompany the body, are listed on the form. **NOTE: If a child has a suspected metabolic disease, the pathologist on call must be notified through switchboard 24 hours a day and will provide direction on when the autopsy needs to take place and how the body needs to be cared for until that time (i.e. body may need to be transported to the morgue quickly to keep the body cold).**

6. **Organ & Tissue Donation**

There is a legal requirement that all patients who die in hospital must be evaluated as potential organ and tissue donors and, where feasible, families approached for donation. The family should be informed if the patient is not eligible to donate organs or tissues based on age, physical condition of the body, or because organs or tissues are not needed. With the public's awareness of organ and tissue donation, the family may worry later that they missed an opportunity to donate, when in fact the patient was not able to be a donor. Please refer to Policy 791.0 for information on Organ and Tissue Donation.

7. **After-death care specific to caregivers:**

A. Physician or NP

- a. Pronounce death (see Appendix C if unfamiliar with how to pronounce death).
- b. Support the family.
- c. Notify ME if needed (see Section 4 of protocol for criteria).
- d. Speak with family about autopsy and organ/tissue donation and obtain consent for same if family is willing.
- e. Notify transplant coordinator/tissue bank specialist through QEII located (if there is to be organ/tissue donation).
- f. Complete necessary forms (see section 3 of protocol) and a final death note in the Progress Notes of the chart/or on delivery record as applicable.
- g. Order necessary lab tests. (For perinatal losses: Order Rho(D) Immune globulin as appropriate).

B. Nursing

- a. Initiate the End-of-Life checklist (For perinatal/neonatal losses place the original on mother's chart if a stillbirth or neonatal death occurs in the birth unit; place a copy on mother's chart if she is an inpatient).
- b. Provide holistic, supportive care to the family based on a comprehensive assessment of wishes and needs.
- c. Assemble appropriate forms for completion by appropriate members of the team as indicated (see Section 3 of protocol), and ensure they are all completed.
- d. Notify admitting department through Meditech, of time of death (This task may be delegated to unit clerk). If the family is located on Family and Newborn Unit or Prenatal Special Care Unit, notify the Clinical Leader or Charge Nurse (and CNS, if involved) of the neonatal death.
- e. For live births that are not terminations, a chart must be initiated and the birth must be registered with admitting.

- f. For deaths on pediatric floors, contact housekeeping supervisor through switchboard to have housekeeping staff clean and remove any garbage from the area outside the service elevators on the 3rd floor and the floor where the death occurred. This task may be delegated to the unit clerk. (During daytime hours in particular the body should be transported by the service elevator).
- g. For deaths of adults (Women's Health/Maternal-Newborn), call Protection Services to have the covered stretcher delivered for transporting the body to the morgue (some pediatric patients may need to be transported in this stretcher also).
- h. Complete the patient's health record, being sure to include: the name of the physician who pronounced the patient dead; the time of death; information given to the parents/guardians/spouse about their responsibility for notification of a funeral home; care of the body; responses of the family; and support given to the family after death.
- i. Provide support to the family in memory making after getting their verbal permission (This may include pictures, footprints & handprints, locks of hair, length and weight of infants). **Note: If there is going to be an autopsy by the ME, these activities must be discussed with the ME and may need to wait until the autopsy has been completed as they may interfere with the autopsy results.** Memory making activities may have been, and when possible should be initiated prior to the death by Child Life, Social Work, Nursing, or others.
For Perinatal Deaths – see additional information in Guidelines 2-6.
- j. Contact other team members as needed to assist in supporting the family (spiritual care person, social worker, child life specialist) and staff.
- k. Work in collaboration with the family to meet spiritual needs (death rituals, contact external spiritual leaders).
- l. Prepare the body for viewing/holding by family members (if not a ME case).
- m. Call kitchen to order tea, coffee, cookies, etc. for family members as needed.
- n. Prepare the body and help to transport the body to the morgue or funeral home (see Guideline 7) and complete the Mortuary Record in Pathology. If the family wishes to be present they must be supported throughout this procedure.
- o. Complete lab tests as ordered.
Note: For perinatal/stillbirths/spontaneous abortions: Administer Rho(D) Immune Globuline (WIN Rho SDF(R)) to a Rh(D) negative mother as ordered by physician, within 72 hours of delivery as the Rh status of the infant/fetus will be unknown). Obtain antibody screen and Kliehauer pre-injection of WIN Rho – refer to Nursing Pharmacy Policy # 20.21.

C. Protection Services

- a. Responsible for assisting in the transport of bodies to and from the morgue.
- b. Responsible to accept and release the remains to and from the morgue.
- c. Provide Burial Permit if families are going to transport the body from the Health Centre outside of the province of Nova Scotia.
- d. Responsible for ensuring that all documentation has been properly completed and that procedures are followed.

- e. Contacts pathologist on call if autopsy is to be done. When the death occurs at night and the autopsy is non-urgent, pathology may be contacted at 0800 hours (7 days a week).
 - D. Housekeeping
 - a. Responsible for cleaning service elevator and areas just outside the elevator if it is going to be used to transport the body.
 - b. Responsible for cleaning room after body has been removed.
8. **Funeral Arrangements/Release of the body/Burial Permit**
- 8.1 At the time of death or in advance of the death, as appropriate, parents/guardians/family members should be made aware of their responsibility for funeral arrangements. At the request of the parents/family, staff may assist by contacting the Funeral Home/Director of the family's choice. Specific details are to be arranged between the family and the Funeral Director. **For spontaneous abortions: The parents are not required to make any funeral arrangements, but they may do so if they wish.** If the family does not wish or refuses to make cremation/burial arrangements, they can indicate their wishes for respectful disposition of the body/fetus on the appropriate form (Respectful disposition of body Form #TBA).
 - 8.2 Protection Services is responsible for releasing the body and Registration of Death Certificate to whoever is transporting the body (funeral home or family member).
 - 8.3 If the body is to be transported **out of the province**, a Burial Permit must be obtained in Nova Scotia before leaving the province. Burial Permits are usually provided by the funeral homes in this case, but may be obtained from Protection Services. Note: The Registration of Death or Stillbirth form is kept and forwarded to Vital Statistics by Protection Services.
 - 8.4 If the family is transporting the body themselves **within the province**, a Burial Permit is required before the body can be buried. The permit can be obtained through Protection Services or from the funeral home. Note: The family should take the Registration of Death or Stillbirth form with them to give to the funeral home.

9. **GUIDELINE 1: Care of the body after death pronounced.**
Note: If the death is deemed a Medical Examiners care, the ME will give directions for care of the body, which takes precedence over the procedure listed below.

Equipment:

- | | |
|-----------------------------|-----------------------|
| Shroud package or blue pads | Comb |
| Paper bag | Adhesive remover |
| Wash basin | Towel and face cloths |
| Sheet or blanket | |

The following steps may vary depending on the nurse's and other team member's assessments and discussion with the family about their preferences for care, paying particular attention to any cultural or religious practices, and whether or not the family was present at the time of death. Guidelines 2-6 offer suggestions which are primarily

focused on Neonatal/Perinatal deaths although there may be some relevant information for other programs.

- 9.1 If the family was present at the time of death they may wish to hold their child/family member immediately, or they may already be holding the child/family member.
 - 9.1.1 Turn off any monitors and remove any equipment that interferes with the family's ability to be close to their child.
 - 9.1.2 The family should not be rushed during this time. Some families need only minutes to say goodbye, while others may need hours. Particularly in perinatal death, offer the family the opportunity to hold their infant more than once.
- 9.2 If the family was not with their infant/child/family member at the time of death, the body should be washed and prepared for the family to view and/or hold.
 - 9.2.1 Arrangements should be made for the family to see/hold and spend time with their child/family member in a private area.
 - 9.2.2 Parents/family members should be prepared for what the body will look and feel like, particularly in the case of stillbirth (i.e. skin color, molding of head or defects).
 - 9.2.3 The family should not be rushed during this time. Some families need only minutes to say goodbye, while others may need hours. Particularly in perinatal death, offer the family the opportunity to hold their infant more than once.
- 9.3 If an autopsy is to be done, all tubes and appliances should be left in place, however, any tubing or monitor leads can be disconnected or clamped and cut close to the body. The endo-tracheal tube can be removed once good placement of the tube is confirmed and documented by a physician. The tip of the tube may be sent for culture.
- 9.4 Give the parents/family members the option of participating in washing the body.
 - 9.4.1 Gently wash the body with warm water using adhesive remover to remove any adhesive or other marks. If an infant's skin is very fragile normal saline may be used to rinse the body.
 - 9.4.2 With the family's permission, a lock of hair may be taken (if possible) and hand and footprints may be done using alcohol to remove the ink after the prints are completed.
 - 9.4.3 If the family has not yet seen the infant/child, dress him/her in own clothes (if the family wishes) or hospital gown/pyjamas. Wrap a young child/infant in warm blankets or place in an incubator before giving to parents.
 - 9.4.4 Pictures may be taken with the consent of the parents/family. For stillbirth/neonatal death, refer to Guideline 4 for picture taking guidelines and the reasons that this is an important part of assisting the family to make memories.
- 9.5 When the family has finished spending time with their child, prepare the body for transportation to the morgue/funeral home.
 - 9.5.1 Place an identi-band on the wrist or ankle if not already in place. Ensure that it is clearly readable with the patient's name, age and hospital number

(or mother's full name, date & time of birth and the sex of the baby if he/she is a stillborn or spontaneous abortion). The family may wish to keep the identi-band. If so, give them the original and make a new one for the body.

- 9.5.2 Remove clothing and put a diaper on the body, as there may be a leakage of body fluids after death.
- 9.5.3 A plastic shroud is necessary to meet standards for universal precautions for bodies going to the morgue if there is any potential for fluid leakage. There are child and adult sized shroud kits available. When using these kits it is not necessary to use the chinstrap. The identi-band replaces the enclosed tags, however, one tag must be filled out or addressographed and attached to the ties used on the outside of the shroud. This tag should also include the date, time of death and weight of the child. For very small infants a blue pad may be used in place of the shroud. If the body is going to be transported directly by the parents or funeral home, simply wrap the body in a sheet or flannel blanket. An addressograph label must be placed on the outside of the blanket to identify the child. This label should also include the date, time of death and weight of the child.
- 9.6 When ready to transport the body (and placenta if applicable) to the morgue, notify Protection Services who will accompany you there or meet you at the morgue. Inform Protection Services of the name of the deceased as well as specifics of how the body will be transported (i.e. on a stretcher, carried by staff/family, etc.).
 - 9.6.1 If an autopsy is to be done, the complete chart and all forms completed at the time of death should accompany the body.
 - 9.6.2 If there is no autopsy, only the Registration of Death or Registration of Stillbirth Form should accompany the body and the chart should be sent to Health Records with all other completed forms. In the case of stillbirth/spontaneous abortions, all other forms remain on the mother's health record.
 - 9.6.3 Small infants can be transported in a special tapestry bag available for this purpose in Special Care Nursery (SCN) and the Birth Unit (BU) or the body may be carried discretely in arms. Larger infants, children and adults should be transported on a stretcher using the freight elevator (unless families wish to accompany the body – see below).
 - 9.6.4 Parents should not be encouraged to accompany their child's body to the morgue, however, if they do wish to do so, prepare them for what they will see (i.e. small stainless steel room which is very cold and has stretchers and other equipment in it). Call ahead to the pathology department at 8181 and speak with the pathologist on service that day. Tell him/her that parents wish to accompany their child's body to the morgue and ask that the department be prepared for this (i.e. they will ensure that doors to the labs are closed and that no specimens are brought from the OR while parents are there). If it is after hours, ask Protection Services to walk through the pathology department and ensure doors are closed and any staff in the area is aware that a family will be coming in.

- 9.6.5 If the parents want to accompany their child during daytime hours, the freight elevators should be used after proper cleaning by housekeeping staff (contact housekeeping supervisor to have elevator and anteroom cleaned on 3rd floor and the floor where the child is coming from) in order to have the least disruption for other families and staff. After hours, the public or service elevators may be used.
- 9.6.6 If the parents are going to accompany the child, the body is not shrouded until the morgue, however the body must be completely covered with blankets during transport.
- 9.6.7 Special blankets/toys/clothing or other belongings may go with the body. Protection Services will complete a Personal Effects Record Sheet to record these items.
- 9.6.8 Ensure the family receives all personal belongings that are not going with the body. Items should be given to the family in a “Patient Belongings Bag” NOT a garbage bag.
- 9.7 If the child is not going to the morgue, Protection Services must still be notified because of the paperwork that must be completed at the morgue for all deaths in the Health Centre.
 - 9.7.1 Protection Services will accompany the nurse and family to their care or meet the funeral director in Receiving in order to bring their stretcher into the Health Centre.
 - 9.7.2 Protection Services is responsible for ensuring that the Mortuary Record Book is correctly completed for every death in the Health Center.
 - 9.7.3 The Registration of Death or Stillbirth Form should accompany the body unless the body is being transported outside of the province, in which case, Protection Services will send only the burial permit with the body and will send the Death/Stillbirth Form to Vital Statistics. Protection Services will make a photocopy of the certificate and forward it to the Medical Advisory Committee office. The chart should be sent to Health Records will all other completed forms.

10. GUIDELINE 2: Special information on perinatal losses.

- 10.1 Following discussion with the family (if staying in hospital), their room will be flagged with an RTS door card. This card alerts all staff that a death has occurred and serves as a visual reminder of the need for sensitivity when entering the room.
- 10.2 In certain circumstances, often due to the gestational age of the baby/newborn, the sex cannot be determined with certainty with viewing. The family may be informed, if the wish, of the sex by genetic testing or after pathology examination. A baby/newborn of any gestation may be named by the family if they choose to do so. If the sex cannot be determined with certainty before birth, the family should be counseled regarding non-gender specific names.
- 10.3 Body positioning is very important for parental viewing and pictures obtained at a later time. Rigor mortis sets in rather quickly and if the baby is placed in a poor position, there is little that can be done. Careful positioning of the head and hands is essential. If the baby’s head is left unsupported, it may fall to one

side. You may find the next day that blood has pooled in the skin on the dependent side or that wrinkles from the blanket have caused indentations. This distorts pictures and the baby does not look as nice for the parents to view again. Place hands crossed or next to each other on the chest. The use of a folded towel roll inserted under the arms at the side of the body may support this position. The application of Vaseline to the baby's hands and face (particularly the lips and eyelids) may help prevent dehydration that results from refrigeration.

11. **GUIDELINE 3: Communicating with grieving families**

The death of a baby, before or after birth, is an extremely difficult time for parents and families. Most parents mourn the loss of a child whether it was an early miscarriage, ectopic pregnancy, stillborn child or death of a newborn baby. Parents will often experience a grief reaction when death occurs as they have bonded with the baby during the pregnancy. Grief is a normal response to the death of the baby.

Four phases of bereavement as defined by Glen W. Davidson (2002, as cited in Midland, Gensch, Rybarick) include:

- Shock and numbness*
- Searching and yearning*
- Disorientation*
- Reorganization/Resolution*

It is important for parents and families to be given the opportunity to express their feelings. Each person may grieve differently which may be displayed as being stoic, tearful, quiet and withdrawn or talkative. Most parents were planning for the birth of a child not planning for a death. Also, many parents may be at an age where they may not have had previous experience with a personal loss.

Parents and families deserve to be cared for with respect and dignity. Parents/families expect staff to:

- Respect their wishes.
- Tell them you are sorry
- Avoid comments like “you are young, you can have other children”, “It was for the best”, “It was God’s will”.
- Most parents refer to their child as a baby or by name rather than a fetus.
- Know that there is nothing a staff member can say that will take their grief away.
- Make positive comments about the baby. Staff may remark about hair, eyes, hands or feet, even if there are anomalies or macerations.
- Know that as a result of the shock and numbness, things may have to be repeated several times before the parents hear or understand their options.
- Understand that parents will have to make many difficult decisions within a short period of time, i.e. autopsy requests, to see the baby, to be induced or await natural labour, burial options, etc.
- Be available and listen attentively.
- Validate their grief by talking about the baby and not ignoring the situation.

- Offer parents the opportunity to see and hold their child.
- Determine parents wishes regarding seeing and holding the baby.
- Identify and honor any cultural or religious beliefs and practices.
- Be knowledgeable about death and how to support grieving parents.
- Give clear medical information and options.

12. **GUIDELINE 4: Taking photographs of infants.**

It is our responsibility to inform parents of meaningful mementos that can be created to remember their baby. However, verbal permission must be obtained from parents prior to making available any mementos, i.e. no memento such as photographs, hand or foot prints, locks of hair, etc. are to be done without the parents knowledge and consent.

If there is a disagreement between parents in such a manner, the Health Centre will honor the mother's requests.

1. Two types of photos can be taken;
 - **A Polaroid photo** will provide immediate pictures/keepsakes (suggest taking 3 pictures and offer to the parents immediately). Offer to view the Polaroid pictures with parents.
 - **A 35mm photo** is recommended for improved quality and is a longer lasting keepsake. One roll of film (12 exposure) per family is available.
2. When possible, parents should be involved in the picture taking process. Parents should be offered various views/poses of their baby.
3. When parents were not present when photos were taken, prepare them by discussing what views/poses were taken.
4. Parents may wish to develop their own pictures. Share that they may wish to inform the developing company of the nature of the photos and choose a company who has a private developing system and not one where photos are developed in front of a window.
5. The Health Centre will develop photos on parent(s) behalf. Undeveloped films should be given to FATC in the case of 6B Gynecology patients, and to Social Work for all other patients.
6. Some parents may not be interested/ready to take the photos at this time. These photos will be kept indefinitely. These will be kept in FATC for 6B Gynecology patients, and by Social Work for all other families.
7. Suggestions for creating photograph mementos:
 - Wash baby prior to taking photos (if possible).
 - Dress the baby in appropriate size of clothing. Parents may have an outfit, blanket, or something they would like photographed with the baby.
 - Select background carefully. Baby should be laid on a plain colored background. Ensure blankets are wrinkle free. Dark colors show up well. Prints should be avoided. Use different lighting for different poses. Create a warm, caring and clutter free environment. Gentle folds in the blanket help to soften the photo. Positioning of the baby is also important. Use a small roll or folded blankets to support the infant's body structure. Bring the baby's hands to the face.

- Often babies present well in pictures if they are placed on their abdomen with their hands close to their face.
- Take different views/poses. Take photos of baby alone and also, depending on the family's wishes, with parents, family members or with a staff person holding the child.
- Minimize the number of photos taken with baby bundled in blankets thereby ensuring visibility of baby's features.
- Include any mementos family requested (i.e. religious medals, wedding bands, flowers, stuffed animals, toys).
- Articles such as pillows, stuffed toys, etc. create an extra touch and an environment with texture and size. However, limit the number of items so the focus remains on the baby.
- Parents may also like to have a picture of the baby unclothed and possibly a photo of the anomaly, if an anomaly exists.
- In the case of multiple births, offer suggestions for individual photos of the babies, photos of the babies together and photos of the family grouping.

13. **GUIDELINE 5: Mementos/resources for perinatal losses**

“A key strategy for helping bereaved parents when a baby dies is to slow down the process and help them create memories of this child. Bereaved parents need time to say “hello” before they can say “goodbye”. Care providers need to remember that sensitivity and timing are important when offering options and remembrances. Davidson's (1979) first phase of bereavement can help the care provider understand that shock and numbness can lead parents to make decisions that they may regret later.

It is important to give information in small doses so the bereaved can process what they have been told or offered. Often bereaved parents don't know what memories will be important to them later because of their shock and numbness. Sharing what other parents have found helpful and providing information on creating meaningful memories may help the parents better cope with their grief.” (Midland, Gensch, Rybarick, 2002, p. 212).

Arrange for the family to have private time with their baby if they wish. Family participation helps make the experience more real, allows grief to be shared with those who are close to the family and offers the opportunity to get to know the baby. Families need to be informed that grandparents, friends and other children may see and hold the baby if the parents wish.

- 13.1 Inform the parents of meaningful mementos that can be created to remember their baby. Verbal permission must be obtained from parents prior to making available any mementos, i.e. no memento such as photographs, hand prints, foot prints, locks of hair, etc. are to be done without parents knowledge and consent. If there is a disagreement between the parents in such a matter, the Health Centre will honor the mother's requests.
- 13.2 Parents may have special requests with respect to their baby. They may wish to provide personal mementos such as clothing, jewelry (baby's ring, beaded

bracelet, birthstones, etc.), stuffed toys, or ornaments engraved with the baby's name.

- 13.3 The following may be offered to bereaved parents:
- Opportunity to see, hold and touch the baby regardless of gestational age.
 - Time alone with their baby.
 - Photographs/ultrasound photos (see Guideline 4).
 - To provide a given name to their baby.
 - Baby's length. Offer families the tape measure indicating the baby's length. Paper tape measures may be found on the bereavement cart on the unit.
 - Baby's weight
 - Footprints & handprints.
 - Lock of hair (if available).
 - Cot card and identification band(s).
 - Articles of clothing (gowns, sleeper, blankets, hats, booties and mittens).
 - Memory boxes/memory books.
 - Printed resource materials.
 - Blessing/baptism rituals and accompanying certificates
 - Announcement/obituary – information regarding the obituary/announcement can be obtained by contacting the funeral home.
 - Urns for cremation, transport boxes, and keepsake memento boxes (when stock of these items permit).
- 13.4 Mementos of the baby may be placed in a memory box/purple memento bag. These should be given to the family, or if the family is not ready/interested at this time, to the Social Worker for safe keeping.

14. **GUIDELINE 6: Cremation and/or burial arrangements for perinatal losses**
Cremation and/or burial arrangements are necessary for all babies delivered at more than 20 weeks gestation and/or who weigh more than 500 grams (as recorded on the delivery record) or for babies live-born regardless of gestational age.

- 14.1 Parents should be made aware of their responsibility for making these arrangements.
Exception to this: There have been occasions where parents do not wish/refuse to make burial/cremation arrangements. If this occurs:
- Parents can sign a Disposition Form (# TBA) to give consent to the Pathology Department to respectfully dispose of the fetus.
 - Burial permit is obtained through Protection Services and kept on file in the Anatomic Pathology Dept.
 - Vital Statistics is informed that the burial permit has been secured.
- 14.2 Parent(s) and families can contact a funeral home of their choice to arrange for a cremation and/or burial. Assistance, if required, may be obtained from nursing staff, spiritual care person, and/or social worker. Parent(s) and families often have little or no experience dealing with death and can benefit from receiving some direction in their options and decision-making. (Refer to Guideline 7).

- 14.3 Parent(s) and families must make an appointment to meet with a Funeral Director to consent to their services prior to the removal of the body from Anatomical Pathology. It is often helpful to the family and the Funeral Home for a staff person to make the initial call to the Funeral Home on the family's behalf. Some parent(s) and families prefer to look after their own arrangements. It is important to ask families whether they would like help in making the arrangements or whether they prefer to deal with things on their own. Specific details for the cremation/burial can be arranged between the parent(s)/family and the Funeral Director at a later date.
- 14.4 The body will be released from Anatomical Pathology to the Funeral Home by IWK Protection Services.
- 14.5 **Parent(s) and/or family members can choose to transport their baby** to the funeral home in their home community within the province, as well as outside the province. Transporting boxes are available for transporting the baby to the home community. It is helpful for both the Funeral Home and the family if staff notifies the Funeral Home of the family's expected time of arrival in their home community. The funeral director can then ensure that there is someone available at the funeral home to meet with the family.

If the family is transporting the baby **within the province**, nursing or other staff are responsible for obtaining the baby and the Registration of Stillbirth or Registration of Death from Anatomical Pathology by contacting Protection Services. The baby will be given to the family in a suitable location respecting the family's wishes and privacy. The family will take the baby and the registration form to a funeral home in their home community. The funeral home will be responsible to obtain a Burial Permit.

If the family is transporting the baby **outside of the province**, it is necessary to obtain a Burial Permit prior to leaving the province. A Registration of Stillbirth or Registration of Death is necessary to obtain a burial permit. Burial Permits can be obtained through IWK Protection Services. A number of these employees have been commissioned "Division Registrar" and are able to issue Burial Permits. If these staff persons are not available, Burial Permits can be obtained from Vital Statistics during regular work hours or there are funeral homes that are capable of issuing the Burial Permits on weekends and holidays. Protection Services will assist with these arrangements. Nursing or other staff are responsible for getting the baby from Anatomical Pathology by contacting IWK Protection Services. The baby and the Burial Permit will be given to the family in a suitable location respecting the family's wishes and privacy. The family will take the baby and the Burial Permit to a funeral home in their home community outside of Nova Scotia. Note: The Registration of Death or Stillbirth is kept and forwarded to Vital Statistics by Protection Services.

If parents who have experienced a **spontaneous abortion** are transporting the baby from the Health Centre, a burial permit is not required. Instead, contact

Protection Services, and have Anatomical Pathology provide a letter for the family to take, stating there is a fetus/baby for transportation purposes.

Parents may have **special requests** in regard to their baby (eg. parents may want the baby to be dressed in a special outfit, or have special mementos placed with the baby). Staff should support the parents wishes whenever possible. Items that are to accompany the baby to the Funeral Home should be taken to Anatomical Pathology.

15. **GUIDELINE 7: Funeral Home Arrangements/Services**

Many funeral homes provide their services for reduced rates for infant/child.

Fees for the cemetery are sometimes separate from the fees and services of the funeral homes; for example the plot, opening and closing of the gravesite, etc.

Range of services required may determine the cost charged to the family; sometimes the price is higher with additional services.

Arrangements for infants are likely to be less than an adult burial (several hundred dollar range rather than thousands of dollars).

Having the funeral home transport the body can add to the expense for a family.

Some funeral homes offer complimentary services to local families but may charge families from out of province.

Cremation may be a less expensive option than burial.

It is always important to check specific rates and services with the individual funeral homes. A member of the family may be delegated to determine which funeral home provides the best options for the family. (A complete listing of funeral homes in the HRM area is available in the yellow pages.).

16. **Appendix A: Definitions***

Live Birth: “The complete expulsion or extraction from its mother, irrespective of the duration of pregnancy, of a fetus in which after such expulsion or extraction there is breathing, beating of the heart, pulsation of the umbilical cord, or the unmistakable movement of involuntary muscle, whether or not the umbilical cord has been cut or the placenta is attached” (Vital Statistics Act as amended by 1998, c. 8, ss. 60-71).

Stillbirth: “The complete expulsion or extraction from its mother after at least 20 weeks pregnancy, or after attaining a weight of five hundred grams or more, of a fetus in which, after such expulsion or extraction there is no breathing, beating of the heart, pulsation of the umbilical cord, or unmistakable movement of voluntary muscle” (Vital Statistics Act as amended by 2000, c. 29, s. 32). (**Note:** The delivery must be reported as a stillbirth if either of the criteria of 500 grams or 20 weeks gestation is met. It is the responsibility of the attending physician to determine gestational age.)

Spontaneous abortion: The expulsion of the products of conception prior to 20 weeks gestation and with a fetal weight of less than 500 grams.

Neonatal Death: Death of a live born baby up to and including 28 days post delivery.

*These definitions also apply to deaths from terminations of pregnancy.

17. Appendix B: Forms

The following forms (with form number and professional responsible for completing form) must be completed as indicated in the various situations listed below:

			No signs of life	No signs of life
	Death of infant, child, youth, or adult	Neonatal Death (signs of life at birth)	Stillbirth (>500grams/ 20 weeks gestation)	Spontaneous abortion (<500 grams <u>and</u> <20 weeks gestation)
Registration of Live Birth (form 2 – any health professional)	(completed at time of birth)	√*		
Physician notice of a live Birth or stillbirth (Form 1 – physician)		√	√	
Registration of Death (Form 6 – physician)	√	√		
Registration of Stillbirth (Form 4 – physician)			√*	
Notice of Death (3282 – physician)	√	√	√	
Consent for Autopsy (XXX – physician) <u>and</u> Consultation Request for Autopsy (4192B – physician)	√ (if autopsy to be done)	√ (if autopsy to be done)	√ (if autopsy to be done)	Only if >16 wks gestation and autopsy to be done
Pathology Department Checklist (390 – health professional)	√	√	√	√
Organ/Tissue donation Consent (XXX – physician) <u>and</u> Screening Tool (XXX – physician)	√ (if going to be a donor)	√ (if going to be a donor)	√ (if going to be a donor)	
Family Bereavement follow-up (XXX – nurse)	√	√	√	√
End-of-Life Checklist (XXX – nurse)	√	√	√	√
Permission for respectful disposition of body (if parents refuse to make funeral arrangements) (XXX – nurse)		√	√	√
Burial Permit (Protection Services)	√ (if transporting out of province)	√ (if transporting out of N.S)	√ (if transporting out of N.S.)	Permit or funeral arrangements not required

***Joint Request Form also required if mother is single or in common law relationship and wishes to have father’s information included on these forms.**

18. Appendix C: Death Pronouncement Guide for Physicians

Preparation

1. Find out the circumstances and details of the death from the staff or chart. Was the death expected or sudden? Is the family present? What is the patient's age?
2. Find out if the attending physician has been called. In general, see the patient before you call the attending, unless there are unusual family dynamics or details surrounding the death that you should discuss prior to seeing the patient or family members in the room.
3. Find out if the autopsy and tissue/organ donation has been previously discussed with this family. If not, refer to policies on Autopsy, and Organ & Tissue Donation.
4. Review the chart for important medical information (length of admission, cause of death) and family issues (who is family? Faith? Is there a spiritual leader/clergy contact?)

In the room

1. You may want to ask the nurse or spiritual care person to accompany you; he/she can give you support and introduce you to the family.
2. Introduce yourself (including your relationship to the patient) to the family if they are present. You may wish to ask each person his or her name and relationship to the patient.
3. Empathetic statements are appropriate: "I'm sorry for your loss..." or "this must be very difficult for you..."
4. Explain what you are there to do. Tell the family they are welcome to stay if they wish, while you examine their loved one.
5. Ask if the family has any questions; if you cannot answer their questions, contact someone who can.

The Pronouncement

1. Identify the patient by the hospital ID bracelet.
2. Note the general appearance of the body.
3. Listen for the absence of heart sounds; feel for the absence of carotid pulse.
4. Look and listen for the absence of spontaneous respirations.
5. Check the position of the pupils and the absence of pupillary light reflex.

Documentation in the Progress Notes

1. Called to pronounce (name).
2. Findings of physical exam.
3. Date and time of death and time of assessment.
4. Note if family and attending physician were notified.
5. Document if the medical examiner was notified.
6. Document if the family declines or accepts an autopsy.
7. Document if the patient is going to be a tissue/organ donor.

19. **Appendix D: Quick Reference Guidelines for Maternal Newborn Nursing Staff**

<p>Prior to birth/death</p>	<p>Explain induction procedures/stages of labor/methods of pain relief, as needed. Ensure effective pain relief during labor. Pronounce and notify as per policy.</p>
<p>Following death of stillborn, neonatal death, or spontaneous or therapeutic abortion</p>	<p>Assemble/prepare appropriate forms to be completed (See Appendix B of policy).* Begin end-of-life checklist.* Record time of birth/death and baby’s weight in Health Record. Measure length. Consider the need for referral to ME/consent for autopsy/organ & tissue donation.* Offer referral to spiritual care service. Parents may ask for baptism/blessing.* Offer consult to social work (assistance with funeral arrangements, follow-up, grief process).* Provide booklets/pamphlets regarding loss/grief. Assess parents wishes about seeing/holding their baby and memory making, as appropriate.* RTS door card, if mother an inpatient and family agrees.* Begin discussion regarding funeral arrangements, as appropriate.* Order tea/coffee/cookies for family as needed.* Support family in saying goodbye.* Offer parents opportunity to see & hold baby and to have time alone with the baby. Care of body, photographs & memory-making (according to family’s wishes – see Guideline 5). Obtain a memory box/bag to store mementos and offer to parents. If they refuse the mementos, give to Social Work (or FATC nurse, in cases of termination) for safekeeping. Refer to pre-printed orders for necessary lab work/medications for mother. Begin pathology checklist, continue with end-of-life checklist. When parents have said goodbye, prepare the body and notify Protection Services to accompany the nurse and the body to the morgue. If there is a possibility the parents might want to see/hold their child again, Pathology must be notified to delay an autopsy until further notice. Document the death in the morgue log book, even if the baby does not go to the morgue (baby may go to PSCU with mother, or go directly to the funeral home.</p>
<p>Funeral arrangements</p>	<p>If the family refuses to make funeral arrangements or arrangements, they must complete a “permission for respectful disposition of the body” form. (This is required for stillbirths/neonatal deaths, including terminations). Funeral arrangements are not required for spontaneous/therapeutic abortions, but the parents may wish to do so (Refer to Policy guidelines 6 & 7 for further information).</p>
<p>Release of remains</p>	<p>Protection Services will release the remains to the funeral home. If the family wishes to take the body with them within the province, Protection Services will release the body to them with a Stillbirth or Death Certificate. If the family wishes to take the body with them outside of the province, Protection Services will release the body to them with a burial permit only. (See Guideline 6 for further information).</p>
<p>Maternal Care</p>	<p>Ensure the mother has a prescription for pain relief, offer medication prior to departure from hospital. Ensure follow-up is arranged and patient/family are aware of community resources and support groups. If mother is Rh neg., ensure she has had WinRho within 72 hours of a spontaneous/therapeutic abortion, stillbirth, or the birth/death of a Rh pos. neonate.</p>
<p>*These interventions may occur prior to the death of the child.</p>	

20. Appendix E: Quick Reference Guidelines for Pediatric Nursing Staff

Following death of child	<ul style="list-style-type: none"> • Pronounce & notify as per policy. • Consider the need for referral to ME/consent for autopsy/organ & tissue donation. (Refer to Consent for Autopsy and Organ & Tissue donation policies for further information.* • Begin end-of-life checklist.* • Assemble/prepare appropriate forms to be completed (See Appendix B of policy).* • Record time of death on Health Record. • Offer referral to spiritual care service. Parents may ask for baptism/blessing. • Offer consult to social work (assistance with funeral arrangements, follow-up, grief process).* • Provide booklets/pamphlets regarding loss/grief.* • Assess parents wishes about seeing/holding their child and memory making as appropriate.* • Begin discussion regarding funeral arrangements, as appropriate.* • Order tea/coffee/cookies for family as needed.* • Support the family in saying goodbye.* • Offer parents an opportunity to see & hold child and to have time alone with the child. • Care of body, photographs & memory making (according to family wishes – see Guideline 5). • Obtain a memory box/bag to store mementos and offer to parents. If they refuse the mementos, give to Social Worker for safe keeping. • Continue with end-of-life checklist. • When parents have said goodbye, prepare the body and notify Protection Services to accompany the nurse and the body to the morgue. • If there is a possibility the parents might want to see/hold their child again, Pathology must be notified to delay an autopsy until further notice. • Document the death in the morgue log book.
Funeral Arrangements	<ul style="list-style-type: none"> • Refer to Guideline 7 for further information about funeral arrangements (Guideline 6 may also be helpful).
Release of remains	<ul style="list-style-type: none"> • Protection Services will release the remains to the funeral home. • If the family wishes to take the body with them within the province, Protection Services will release the body to them with a Death Certificate. • If the family wishes to take the body with them outside the province, Protection Services will release the body to them with a Burial Permit only.
Parents/family care	<ul style="list-style-type: none"> • Ensure follow-up is arranged and parents/family are aware of available community resources and support groups.
<p>*These interventions may occur prior to the death of the child.</p>	

21. **Appendix F: Distribution of Vital Statistics Documents**

Type of case	To: Patient's Health Record	To: Protection Services to obtain Burial Permit	To: Anatomical Pathology with remains	To: IWK Vital Statistics Office Main Level Link Site**
Stillbirth	Photocopies on Mother's chart: -Registration of Stillbirth -Physician Notice of Live Birth/Stillbirth		Photocopy: -Registration of Stillbirth	Original: -Physician Notice of Live Birth/Stillbirth -Joint Request/Declaration A or B if applicable -Registration of Stillbirth
Neonatal Death on BU or 6B	Photocopies on Mother's chart: -Registration of Live Birth -Physician Notice of Live Birth/Stillbirth -Registration of Death		Original: -Registration of Death	Original: -Physician Notice of Live Birth/Stillbirth -Registration of Live Birth -Joint request/Declaration of A or B if applicable Photocopy: -Registration of Death
Neonatal Deaths, Pediatric Deaths or Adult Death	Photocopy on patient's chart: -Registration of Death		Original: -Registration of Death	Photocopy: -Registration of Death Original for NND, if not already sent: -Physician Notice of Live - Birth/Stillbirth -Registration of Live Birth -Joint request/Declaration of A or B if applicable
Retention of Baby at IWK	Photocopies on Mother's chart: -Physician Notice of Live Birth/Stillbirth -Registration of Stillbirth -Registration of Live Birth (for NND) on mother's chart or baby's chart if baby in SCN Photocopies on Mother's chart, or baby's chart if in SCN -Registration of Death	Show the Original of ONE of the following forms to Protection Services to obtain Burial Permit and then deliver Originals to Vital Stats Office: -Registration of Stillbirth OR -Registration of Death	The following remains in Pathology with Baby: Photocopy: -Registration of Stillbirth Registration of Death -White and pink copies of Burial Permit	Original: -Physician Notice of Live Birth/Stillbirth -Registration of Stillbirth -Registration of Live Birth -Registration of Death -Joint request/Declaration of A or B if applicable -Yellow copy of Burial Permit
Remains going to another province for burial/cremation OR Remains going directly to cemetery (no funeral director involved)	Photocopies on chart: -Physician Notice of Live Birth/Stillbirth (mother's chart) -Registration of Stillbirth (mother's chart) -Registration of Live Birth – for NND if not already sent (mother's chart) -Registration of Death (patient's chart)	Show the Original of ONE of the following forms to Protection Services to obtain Burial Permit and then deliver originals to Vital Stats Office: -Registration of Stillbirth OR -Registration of Death	White and pink copies of the Burial Permit Note: only the burial permit leaves the Health Centre with remains.	Original: -Physician Notice of Live Birth/Stillbirth -Registration of Stillbirth -Registration of Live Birth -Registration of Death -Joint request/Declaration of A or B if applicable -Yellow copy of Burial Permit

****Note: Please hand deliver the forms for the IWK Vital Statistics office to the Admitting Department (Main Floor Women's and Maternity Services) and deposit in the Vital Stats file.**

22. References

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