Deaths Overview PHC Remote Guideline

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Purpose

To provide Primary Health Care remote staff with a guideline on the management when a death of a person occurs in a remote community.

Guideline

1. General Information

The [Coroners Act](#) and the [NT Births, Deaths and Marriages Registration Act](#) generally cover legislation that applies to the death of a person in the Northern Territory. When the death is expected, that is, it can be attributed to natural causes the Births, Deaths and Marriages Registration Act generally predominates. This document provides guidance in these circumstances. A death that is reportable may also be referred to as a reportable death. Information regarding this circumstance is provided in [Reportable Deaths - Coroners Cases](#).

Managing a death in a remote location potentially may present many problems. Many remote locations have no storage facilities for bodies. Families may find the financial demands of a funeral beyond their means. These are only some of the remote specific issues faced by families that are already grieving a loss.

Health centre staff involved with managing deaths in remote communities require careful consideration and sensitivity in steering a family through the necessary arrangements after a death, whilst ensuring legal and ethical matters are upheld. This document provides health centre staff with guidance on:

- [Expected Deaths](#)
- [Notifying Next of Kin](#)
- [Life Extinct Form](#)
- [Notification of Death](#)
- [Management of Bodies](#)
- [Transportation of Body / Funeral Arrangements](#)
- [Autopsy](#)
- [Cultural Issues](#)
- [Health Centre Opening Hours following a Death in the Community](#)
2. Definitions

**Expected Death:** a death:
- of a person whose identity is known
- that can be attributed to natural causes
- that can be certified by a legally qualified medical practitioner
- that does not meet criteria related to reportable deaths.

**Reportable Death** - from Coroners Act Section 12 (1): a death:
- that appears to have been reportable, unnatural or violent or to have resulted, directly or indirectly, from an accident or injury
- that occurred during an anaesthetic
- that occurred as a result of an anaesthetic and is not due to natural causes
- of a person who, immediately before death, was a person held in care or custody
- that was caused or contributed to by injuries sustained while the person was held in custody
- of a person whose identity is unknown
- the death of a person who ordinarily resided in the Territory at the time of death that occurred at a place outside the Territory where the cause of death is not certified by a person who, under a law in force in the place, is a legally qualified medical practitioner.

**Senior Next of Kin** - from Coroners Act Definitions: in relation to the deceased person means:

a) where a person was, immediately before death, married - the person's spouse ("spouse" includes a person's de facto partner), or

b) where the person was not married or, if married, the spouse is not available – the person's son or daughter of or over 18 years, or

c) where a spouse, son or daughter is not available – the person's parent, or

d) where a spouse, son, daughter or parent is not available – the person's brother or sister of or over 18 years, or

e) where a person is an Aborigine – a person who, according to the customs and tradition of the community or group to which the person belongs, is an appropriate person, or

f) where (a) and (e) do not apply or a person who would be the senior next of kin is not available – a person who immediately before the death of the deceased person had a relationship with the deceased person that, in the opinion of the coroner, is sufficient for the purpose of being the senior next of kin.

**Autopsy:** is a detailed form of medical inspection of the body by a Forensic Pathologist, to determine the presence, nature and extent of any disease or damage in order to ascertain the cause of death.

3. Responsibilities

**3.1 Primary Health Care (PHC) Clinical Staff**

- Report all deaths to a Medical Practitioner as soon as possible
- Complete a **Life Extinct Form** when appropriate
- Be aware of procedures as detailed in **Section 4** regarding a death on the community
- Ensure all other relevant personnel are notified, including Manager On-Call and local police
- Be aware of the need for appropriate follow-up after a death classified as a critical incident
- Ensure **Medical Record Documentation** is completed in a timely manner
- Liaise with family members
3.2 Medical Practitioner - Duty Rural Medical Practitioner (RMP) or Community-based General Practitioner (GP)

- Determine whether the death is an expected or reportable death and follow relevant processes as detailed in Section 4
- Complete a Medical Certificate of Cause of Death when appropriate

3.3 Management On-Call

- Ensure staff are aware of the procedures for an expected or reportable death as detailed in this document and in Reportable Deaths – Coroners Cases
- Support and monitor staff response or recovery and initiate and support interventions as required. Also see Critical Incident Follow-up PHC Remote CAHS Guideline which provides guidelines for follow-up required following a critical incident / event.

4. Procedure

4.1 Expected Deaths

When a death occurs in a remote location, health centre clinical staff may confirm the person has passed away, however, the death must be reported to a Medical Practitioner. It is the responsibility of the Medical Practitioner to determine whether the death is an expected death and therefore issue a Medical Certificate of Cause of Death, or a reportable death and report to the Police, specifically the Coroners Constable. See Reportable Deaths – Coroners Cases.

4.2 Notifying Next of Kin

Generally the senior next of kin of the deceased person is the first person that should be contacted in the event of a death. The above definition provides the legally determined hierarchy for who is the senior next of kin. However, in the case of Aboriginal people this order may not be appropriate. In some communities it is important to notify the right relative in the right order before the death becomes general knowledge. Aboriginal and Torres Strait Islander Health Practitioners (ATSIHPs) or Community Leaders can assist in identifying the correct person to inform.

4.3 Life Extinct Form

Regardless of whether a death is expected or a reportable death, when a death occurs and a Medical Practitioner is not present to complete a Medical Certificate of Cause of Death Form, a Life Extinct Form must be completed by a health centre clinician. This form may be completed on the Electronic Health Record (EHR), however the completed form must be printed and signed by the clinician.

The Life Extinct Form provides a checklist for the clinical determination of death, details of the clinician determining death and related information. A copy of the Life Extinct Form must:

- accompany the body
- be forwarded to the Medical Practitioner (not required for reportable deaths)
- retained in the client health record (signed form scanned into the client’s EHR)

4.4 Notification of Death

“A doctor who was responsible for a person’s medical care immediately before death or who examines the body of a deceased person after death, shall, within 48 hours after death, give notice, in a form approved by the Registrar, of the death to the Register, including the particulars required by the Regulations.” Section 34 NT Births, Deaths and Marriages Registration Act 2005.
Primary Health Care (PHC) has both government and non-government Medical Practitioners working as community-based GPs in remote health centres. Where a community-based GP has provided ongoing health services to the person certified as deceased, they will be responsible for completing the notification for an expected death. When the death is a reportable death, or the person has not received health services from the community-based GP, notification will be completed by the Duty RMP On-Call.

The required form is a Medical Certificate of Cause of Death and should be completed by the Medical Practitioner when they are notified of an expected death. When the Duty RMP On-Call or community-based GP does not complete a certificate, the PHC Director of Medical Services should be consulted. These certificates come in a book of 25 and are carbon copy triplicate. The original should be sent to the Registrar Births, Deaths and Marriages; a copy for the Funeral Director and a copy appended to the client's health record. The Department of Justice – Births, Deaths and Marriages provide these books on request. They can be contacted in Darwin on phone 08 8999 6119 and in Alice Springs on phone 08 8951 5493. While a Medical Practitioner is required to complete the Medical Certificate of Cause of Death, it is recommended that a book of certificates be kept in all health centres for use as required by the Regulations. Health centre staff should follow up with the Medical Practitioner if a Medical Certificate of Cause of Death is not issued within 48 hours.

Completion of a second form, the Death Registration Statement is a legal requirement “within 7 working days after the death of a person, by the Funeral Director or other person who arranges for the disposal of the remains, or a health worker in the locality”. The Funeral Director generally completes the Death Registration Statement including the section, Certificate of Disposal of Human Remains with the date and place of the burial. When a Funeral Director is not arranging the burial, health centre staff may be required to assist the family to complete the Death Registration Statement.

### 4.5 Management of Bodies

Health centre staff have no obligation in managing a body in the case of a reportable death. However there may be mutual arrangements made between police and health centre staff in these circumstances. See Reportable Deaths – Coroners Cases.

#### 4.5.1 For Expected Deaths in the Community / Outstation

Where an expected death occurs outside of the health centre, staff should not routinely provide storage for bodies except where there are mortuary facilities. In certain circumstances health centres may offer the use off an air-conditioned room, however this may have an effect on the routine workflow of the health centre both during and after storage of the body. Advice should be sought from local leadership regarding the suitability of this. Storage should only occur in this way when no other suitable options are forthcoming. Health centre staff should offer a body bag to the family.

#### 4.5.2 Deaths in the Health Centre

Expected deaths occurring within the health centre without mortuary facilities create difficulties for the health centre in terms of the time that families require storage, and impacts also on the function and accessibility of the health centre to the remainder of the community. Allowing families access to the body and to perform cultural practice is necessary for many cultures, health centres need to make these allowances. Families should be provided with the opportunity to prepare the body of the deceased. A great deal of sensitivity is required in dealing with these situations and is best facilitated by a senior member of health centre staff.

It is unrealistic and insensitive to expect a family to take responsibility for a body immediately after a death. Health centres may have no other option but to provide short term storage of a body. This should be an interim arrangement only and the family must be encouraged to make alternative arrangements for collection within 24 hours of death. Funeral Directors have various arrangements throughout the NT.

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1 Where a Funeral Director is not engaged see [The Births Death and Marriages Registration Act](#) Section 36.
The family often does *laying out* of the body in remote communities. If this is not the case family should still be consulted. As a guide only: attach two identification labels to the body (one on the wrist and the other on the outside of the sheet wrapping the body), clothing should be removed, the body laid straight, close eyes, sponge the body, comb hair and replace dentures. Dress any wounds and remove any medical devices eg cannula. Enshroud the body in a gown, clean clothes or the deceased’s own clothes. Binding the legs at the knees and ankles with crepe bandages is recommended, be mindful of elbows and keep them as close to the body as possible or cross the arms across the chest and bind, failure to do this may pose problems later in laying the body into a coffin. Finally, wrap the body in a sheet, pin, and place in a body bag.

### 4.6 Transportation of Body / Funerals Arrangements

It is important to note that a deceased person cannot be buried without:

- a Medical Certificate of Cause of Death, or
- authorisation from the coroner. See [Reportable Deaths – Coroners Cases](#).

In non-coronial cases, the family is responsible for transportation cost between the place of death and the place of burial. The family is also responsible for funeral costs.

Health centres have no responsibilities or duties in relation to transportation of a body and bears no cost of transportation of bodies or funerals. See [cultural issues](#) relating to health vehicles.

Health centre staff are often requested to contact Funeral Directors on behalf of the family, and arrange for collection of a body. This practice is not encouraged. Confusion of payment to the Funeral Director has occurred on occasions. A better alternative would be to allow the use of the health centre telephone for the family to call the Funeral Director themselves.

However sometimes the deceased body does not leave the community and the family or other relevant people in the community organise the burial. Even though health centre staff may not otherwise be involved, it would be opportune to ensure that someone is completing the Death Registration Statement including the section, *Certificate of Disposal of Human Remains* with the date and place of burial. If the Registrar of Births, Deaths and Marriages does not receive this form, it is likely that the health centre may be contacted at a future date, to provide the information.

To assist families meet funeral costs, the Northern (NLC) and Central (CLC) Land Councils set aside funds which may contribute to families meeting funeral expenses. Land Council contact details are: NLC - phone no: 08 8920 5178; CLC - phone no: 08 8952 4566. Shire Councils may be able to assist with digging and closing graves. Families should seek advice from the relevant Shire Council.

The Indigent Persons Funeral Scheme is designed to provide financial assistance for the burial or cremation of deceased persons without financial resources and whose relatives are unable to meet the expense. It is a means of last resort and is administered through the Northern Territory Coroner’s Office.

While not specifically paid to assist with transportation or funeral expenses, a [Bereavement Payment](#) or [Bereavement Allowance](#) is available from Centrelink for eligible clients. Clients can contact the Centrelink Indigenous Call Centre (ph: 13 63 80) for further details. A Centrelink webpage ‘[What to do Following a Death](#)’ also provides links to resources which may assist clients.

### 4.7 Autopsy

An autopsy may be requested following a death in the community. In a non-coronial case, permission for an autopsy is needed from the family. An Occurrence of Death/Consent for Autopsy Form will need to be completed, signed by a Medical Officer, next of kin and a witness.

It is common for relatives to be reluctant for the deceased to be autopsied or even examined post mortem; this may lead to antagonism and must be handled delicately. Staff safety is paramount in these circumstances. It may be better to distance yourself from the process and allow tensions to ease first.
4.8 Cultural Issues

Different cultures have different ways of dealing with death, and there can be large variations even within cultures. Australian Indigenous cultures vary regionally and tribally, so there is no universal Aboriginal way.

Once the person has passed away, the grieving process begins. During soror it is necessary for the family / community to demonstrate respect for the deceased person.

It is common for relatives to express grief in public displays, which may include cropping of hair, dressing in certain clothing and body painting. Some displays can be quite distressing to witness, such as self-mutilation (sorry cuts), throwing themselves to the ground repeatedly to cause injury and intense wailing. Other displays such as destruction of objects nearby may require the removal of vehicles to a safe distance.

Sensitivity needs to be exercised should relatives want to remain with the deceased; family may simply want time with the body before it is removed. Cultural protocols also need to be observed. If unsure about the appropriate action sensitively ask for help from Aboriginal Health Workers or Community Leaders.

While health centres have no responsibilities or duties in relation to transportation of a body, in circumstances when a health centre vehicle is used to transport a body, cultural protocols may apply. For example, family members may ask to perform a ‘smoking ceremony’ in and around the vehicle and health centre. This is an ancient custom among Indigenous Australians that involves smouldering various native plants to produce smoke which has cleansing properties.

4.9 Health Centre Opening Hours following a Death in the Community

Health centres will ordinarily continue to operate normal opening hours of business following a death on the community or during the funeral unless cultural considerations suggest otherwise; for example the Shire / community may request that the health centre be ‘closed’ as a mark of respect for a deceased elder.

The decision to ‘close’ the health centre following a death on the community or during a funeral must only be made following consultation with the community and family members and District Manager. When this occurs, the health centre may be ‘closed’ to the general public but should remain open for ‘emergencies only’.

4.10 Medical Record Documentation

PHC staff are to record the facts of the death in the health record. Pertinent information that should also be included in the medical record is:

- a record of the clinical determination of death per checklist on the Life Extinct Form (available via the EHR)
- notification of the death to the relevant Medical Practitioner and relevant Manager (after hours contact the Manager On-Call)
- any subsequent discussions with the family, specifying which family members have been spoken to
- details regarding the deceased person’s valuables and property if relevant
- any extenuating circumstances that may have caused a delay in completing medical record documentation.

Health centre staff should follow up with the Medical Practitioner if a Medical Certificate of Cause of Death is not issued within 48 hours. The certificate should be scanned in the client’s EHR.

When a paper-based health record exists for the client, staff should remove the record from the paper-based collection, write ‘Deceased’ on the front cover and store appropriately. See Health Records - Management of Hard Copies and Archiving & Disposal of Records.

Additionally on the client’s EHR, the following is to be completed:
- **PCIS**: record deceased in the 'Other Details' tab in the ‘View Person/Client’ form and cancel medications, care plans, recalls and diary entries. See PCIS Quick Guide - [Managing Deceased Client Files](#) (intranet).

- **EACS**: select ‘Patient’ from the main tool bar, then select ‘Death’ from the dropdown box and insert client identifiers into the ‘search field’ to select the patient’s name. Complete the details required: date of death, cause of death and any contributing factors. Completing the ‘Death’ component will automatically cease all recalls, care plans, medicines, etc in EACS.

### 4.11 Reportable Deaths

*Reportable Deaths – Coroners Cases*, carry different responsibilities for health and other staff. Please refer to the relevant Atlas Item.

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#### Key Associated Documents

| Forms | Life Extinct Form, also available via the Electronic Health Record Medical Certificate of Cause of Death, book of forms available from Registry of Births, Deaths and Marriages Death Registration Statement, available from Registry of Births, Deaths and Marriages Occurrence of Death/Consent for Autopsy (HR076), available from Stores |
No: 08 8952 4566
Northern Land Council, Regional Development. Phone No: 08 8920 5178

Practice Guidelines for Health Professional Dealing with the Death of a Northern Territory Aboriginal Person. 1996. Dr Tarun Weeramanthri

Keeping Company - an inter-cultural conversation. 1996. Centre for Indigenous Development Education and Research


References
As above

Evidence Table

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