

# Trouves Health Care

<b>TITLE:</b>	<b>DEATH BY UNUSUAL CIRCUMSTANCES</b>	<b>POLICY 6.03</b>
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Authority: WAC 388-78A-2600  
RCW 68.50.010

**PURPOSE:**

This policy underlines the procedures taken in the case of an unusual death.

**SCOPE:**

All employees.

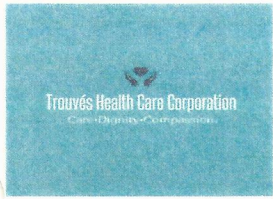
**POLICY:**

We will notify the coroner in any situation when a resident of the facility suddenly dies when in apparent good health without medical attendance within the thirty-six (36) hours preceding death; or when the circumstances of death indicate death was caused by unnatural or unlawful means; or when death occurred under suspicious circumstances; or when a autopsy or inquest is to be held or when death resulted from unknown or obscure causes.

The policy also includes notification of the coroner if death results within one (1) year of an accident or when the death was caused by any violence including but not limited to hanging, stabs or cuts, alcoholism, strangulation, exposure, narcotics or other addictions, or other violent incidences or accidents.

**PROCEDURE:**

1. Should a resident die unexpectedly, the administrator or designee will be notified immediately by the staff who found the resident.
2. The administrator or designee will notify all appropriate individuals including but not limited to family members, police, coroner, department hot line, physician, and case manager if appropriate.
3. The administrator or designee will conduct an internal investigation and preserve any and all evidence and document observations.
4. The administrator or designee will work cooperatively with local law enforcement and maintain a chain of custody for the body



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and personal effects of the resident to the coroner or their designee.

5. All staff involved will complete all required facility documentation and cooperate with local law enforcement.

**EXCEPTIONS:**

No exceptions to this policy may be granted without the prior written approval of the Director.

**SUPERCEDES:**

None



**Emergency Transport Refusal**

On \_\_\_\_\_ (date) at \_\_\_\_\_ (time),

I, \_\_\_\_\_ (Residents Name) was

advised by Residence/EMS/Physician/other (circle appropriate parties) to be transported out of the Residence for emergency care and chose not to follow this advice. I understand that this decision may be considered a breach of my residency agreement, according to which I previously agreed to be transported.

I, or my surrogate decision maker if making this choice for me, understand also that any and all negative outcomes that result from my choosing not to be transported shall be my personal responsibility, and the Residence shall bear no liability for my decision. I understand that this refusal may be reported to state licensing or other regulatory agencies as necessary.

\_\_\_\_\_ Resident or Decision Maker Signature

\_\_\_\_\_ Residence Staff Signature

The Residence contacted the following individuals on this matter:

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_