

Residential Habilitation Center (RHC) Death Notification Checklist for RHC Staff

Client's Name

If a client dies in a hospital, complete Steps 2 – 5 below and initiate notifications under DSHS [Administrative Policy 9.01](#), Major Incident Reporting.

| | Time | Date |
|--|--|------|
| 1. Notify the on-duty, on-call medical provider. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| 2. Notify the Superintendent or designee. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| 3. Notify the Habilitation Plan Administrator (HPA), Patient Care Coordinator (PCC), or Nursing Facility (NF) Social Worker. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| 4. Notify the Program Area Team (PAT) Director. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| 5. Notify members of the client's Interdisciplinary Team (IDT) (and be done via email). | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| 6. The medical provider will notify the medical examiner of the client's death and verify the legal surrogate's preferred funeral home. RN to complete the Disposition of Remains form at the time the body is approved by the medical provider for release to the funeral home. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| 7. Contact the funeral home to request removal of the body as soon as possible. Note: Do not move the body until authorized to do so by the medical provider. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| 8. Obtain the signature of the funeral home director on the Disposition of Remains form, DSHS 27-220. Forward a signed copy of the form to Records for filing in the client's record. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| Signature | Printed Name | |
| Date checklist was completed: | | |

Route completed checklist to Client Records Office.