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|  | 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](http://one.dshs.wa.lcl/Policies/Administrative/DSHS-AP-09-01.pdf), Major Incident Reporting. | | | | | |
|  | | | Time | | Date |
| 1. Notify the on-duty, on-call medical provider. | | |  | A.M.  P.M. |  |
| 1. Notify the Superintendent or designee. | | |  | A.M.  P.M. |  |
| 1. Notify the Habilitation Plan Administrator (HPA), Patient Care Coordinator (PCC), or Nursing Facility (NF) Social Worker. | | |  | A.M.  P.M. |  |
| 1. Notify the Program Area Team (PAT) Director. | | |  | A.M.  P.M. |  |
| 1. Notify members of the client’s Interdisciplinary Team (IDT) (and be done via email). | | |  | A.M.  P.M. |  |
| 1. 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. | | |  | A.M.  P.M. |  |
| 1. 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. | | |  | A.M.  P.M. |  |
| 1. 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. | | |  | A.M.  P.M. |  |
| Signature | | Printed Name | | | |
| Date checklist was completed: | | | | | |