

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner



Ned Lamont
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Lt. Governor

HEALTHCARE QUALITY AND SAFETY BRANCH
BLAST FAX 2020-21

TO: All Nursing Homes

FROM: Commissioner Renée D. Coleman-Mitchell, MPH *RCM*

CC: Deputy Commissioner Heather Aaron, MPH, LNHA
Barbara Cass, RN., Branch Chief, Healthcare Quality and Safety Branch
Donna Ortelle, Section Chief, Facility Licensing and Investigations Section

DATE: March 30, 2020

SUBJECT: Recommendations for the Deceased in Nursing Homes

The following are recommendations regarding the Deceased in Nursing Homes:

- The need for a holding room for the deceased. This is to prevent the Funeral Home Director from walking through halls located in resident areas to obtain the deceased body. In order to adhere to the CDC guidelines for the prevention of COVID -19, please ensure that the Funeral Director has the quickest and safest route to obtain the body.
- Nursing Homes need to make sure there is a physician's order in the resident's clinical record that permits an RN to pronounce and sign the death certificate.
- If a Funeral Director needs to pick up a body in a Nursing Home, that does not have a physician's order on file for the RN to pronounce or to sign the death certificate, the Funeral Director will need to notify the physician.



Phone: (860) 509-7400 • Fax: (860) 509-7543
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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Regarding Holding Rooms in a Nursing Home

Public Health Code Section 19-13-D8t(v)(13)(B) identifies that the nursing facility shall have "A holding room for deceased persons that is at least six (6) feet by eight (8) feet, mechanically ventilated, and used solely for its specific purpose."

While some facilities have a holding room, some have requested and been granted a waiver of such requirement in the past.

During this unprecedented time, we are asking facilities that do not have a designated holding room or that do not have direct outside access to the holding room, to implement the following measures:

- If the facility has been granted a waiver for the need of a designated holding room, please revisit the ability to designate that room as a holding room again or possibly designate another room meeting the requirements as a "holding room."
- Please identify the most direct route from the entrance that the funeral home staff will be using, to the holding room or room of the deceased.
- If the deceased resident remains in their room due to the absence of a holding room, please be sure the access to the room and resident is as direct as possible, minimizing the amount of time the funeral home staff are in the room.
- Please identify to the funeral home staff, measures in place to protect the other residents and the funeral home staff during the transfer process.
- Please discuss the plan with the funeral home prior to the funeral home staff arriving at the facility.
- Please be sure all applicable nursing home staff are aware of these procedures.

Regarding Pronouncement of Death by a Registered Nurse

Public Health Code Section 7-62-2 identifies in part that (a) An attending physician who has determined that the prognosis for a patient is for an anticipated death shall:

(1) document such determination in the patient's medical or clinical record; and (2) at the time of such determination and documentation, authorize in writing a specific registered nurse or nurses to make a determination and pronouncement of death, except when an anticipated death occurs in an institution which has adopted policies and procedures pursuant to section 7-62-3 of these regulations. The physician may authorize registered nurse employees in such institution to make a determination and pronouncement of death; and (c) A registered nurse who has determined and pronounced death should document the clinical criteria for such determination and pronouncement in the patient's medical or clinical record and notify the physician who determined that the prognosis for such patient was for an anticipated death pursuant to subsection (a) of this section. The registered nurse shall indicate on the death certificate the name of the deceased and the date and time of death, and shall sign the death certificate.

Please be sure when a resident has had a change in condition or has a condition where the physician feels that death is anticipated, the physician writes a progress note stating such and writes an order for a Registered Nurse to assess for and pronounce a resident as deceased. The facility shall develop a mechanism to receive an order written by the physician and not a telephone order.