

AH3500 TRANSFER OF THE DECEASED, FUNERAL HOME

1.0 PURPOSE

To ensure the transfer of a deceased Client to a funeral home is promptly carried out in accordance with the requirements of the [Cremation, Interment and Funeral Services Act \(2004\)](#), which applies to all funeral providers in BC.

2.0 DEFINITIONS

Authorized Persons:	An adult person with the legal right to control the disposition of human remains under Section 5, Subsection A-K of the Cremation, Interment and Funeral Services Act (2004) (See Appendix B)
Care Facility:	All IH owned/leased and operated Acute Care, Residential Care, Assisted Living and Client home deaths.
Client:	Refers to a patient, resident or client.
CIFSA:	Cremation, Interment and Funeral Services Act
MSDSI:	Ministry of Social Development and Social Innovation
Office of the Public Guardian and Trustee (OPGT):	A corporation established under the Public Guardian and Trustee Act with a legal role to protect the interests of individuals in BC who lack legal capacity to protect their own interests. The OPGT administers estates of deceased persons where there is no one else able to do so.
PSLS:	Patient Safety Learning System

3.0 POLICY

Scope:

This policy applies to all IH owned/leased and operated care facilities. See [Appendix A](#) for facility list. Those expected deaths of clients receiving care in their own home will also apply under this policy.

Description:

BC Funeral Providers must obtain permission directly from the authorized person, after death and, before the transfer of the deceased's body from an IH care facility to a funeral home can occur, as established in [Section 8, CIFSA](#). A funeral provider may accept this authorization by telephone (only for the transfer). (See Appendix B)

The Funeral Provider, NOT IH staff, is responsible for obtaining written permission from the authorized person.

- 3.1 For clients admitted to an IH care facility or receiving community services within the client home, health professionals will:

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- i. Collect, store and update contact information for authorized person(s). When appropriate, information for funeral service provider/funeral home will be collected*
- ii. Manage the transfer of a deceased client's body in accordance with procedures and clinical practice standards included in this policy
- iii. Complete all relevant documentation in the client's care record

* **Funeral Home** information is collected for residents (excluding short-stay beds) and community clients who wish to die at home

- 3.2 Following a client's death in residential or assisted living sites, where no morgue is available onsite, a representative of the facility may be recognized as a person who may authorize the transfer of the body to a funeral home in situations where the:
 - i. Authorized person(s), in the order they appear in Section 5, are unavailable or unwilling to give instructions; and
 - ii. Funeral provider is known; and
 - iii. Client (and/or client's Substitute Decision Maker) has acknowledged this action may be required.

Note: judgment over who controls the right of disposition under CIFSA rests solely with funeral service providers, and the funeral service providers must determine that the person contacting them does, in fact, have authority to control disposition.

- 3.3 In the acute care setting, if no authorized person(s) are available or willing to accept responsibility, the facility administrator (or delegate) may contact a funeral home directly and make arrangements for the transportation of the deceased.
- 3.4 Following a client's death, in situations where:
 - i. No authorized person(s) is available to the client, the nearest relatives are unknown and the OPGT has been previously deemed as the administrator for the estate, contact the OPGT;
 - ii. No authorized person(s) is available to the client, the nearest relatives are unknown and the deceased is unknown to the OPGT, contact the MSDSI Burial Program Worker.

4.0 PROCEDURES

See the program specific Clinical Practice Standard - *Care of the Deceased* to carry out relevant procedures for transfer of a deceased client to a funeral home:

- i. Acute Services
[Deceased Patient, Care Of: Acute Care](#)
- ii. Residential Services
[Deceased, Care Of: Residential Care](#)
- iii. Community Integrated Home Health Services – Assisted Living and Client Home Deaths
[Joint Protocol for Planned/Expected Home Deaths in BC](#)

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Roles and Responsibilities

Healthcare staff admitting/caring for a client will:

- I. Collect information on authorized person(s) and when appropriate, funeral home (see section 3.1, i)
- II. Ensure information collected on file is current and updated as needed
- III. Follow procedures for the transfer of a deceased client to a funeral home established in the program specific Clinical Practice Standards for the *Care of the Deceased* (see section 4.0)
- IV. Document relevant information in the client record

Administrator / Manager / Care Coordinator or Delegate will:

- I. Ensure information for authorized person(s) is collected
- II. Carry out the request for transfer of the deceased client when authorized persons are not available or unwilling to authorize this request
- III. If available, provide funeral provider with contact information for authorized persons
- IV. Contact the OPGT and/or MSDSI as appropriate
- V. Document relevant information in the client record
- VI. Complete PSLs report (see Unusual Circumstances)

Unusual Circumstances

In situations where a facility representative or delegate is required to request a funeral home transfer as per section 3.2 and 3.3, complete a PSLs report:

- **Category** "clinical administration"
- **Details** "communication with patient/family"
- **Additional Details** "delayed"
- **Free text:**
Enter the relevant details of actions taken to contact personal representative/authorized persons (Next of Kin, Person to Notify, Alternate Person listed in Meditech, etc.) and name of funeral home where deceased was transferred.

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5.0 REFERENCES

British Columbia Funeral Association. (n.d.) *Cremation, Interment and Funeral Services Legislation*. Retrieved from <http://www.bcfunerals.com/about-fsabc/related-links/cemetery-funeral-services-legislation/>

Government of British Columbia. (2004). *Cremation, Interment and Funeral Services Act*. Queen's Printer: Victoria.

Ministry of Health (2014) Letter to Hospital Administrator regarding BC Cremation, Interment and Funeral Services Act (CIFSA)

Vancouver Coastal Health and Providence Health Care (2014) *Funeral Home Transfer Policy*.

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APPENDIX A

IH Owned/Leased and Operated Care Facilities List

Residential Services

- Arrow Lakes Hospital, Nakusp (Minto)
- Bastion Place
- Brookhaven Care Centre
- Columbia House
- Columbia View Lodge
- Cottonwoods Care Centre
- David Lloyd Jones Home
- Deni House
- Dr. Andrew Pavillion
- Dr. F.W. Green Memorial Home
- Fischer Place Mill Site Lodge (licensed beds)
- Forest View Place
- Gillis House
- Henry Durand Manor
- Jackson House, Ashcroft Hospital
- Kimberley Special Care Home
- McKinney Place Extended Care
- Mill Site Lodge
- Nelson Jubilee Manor
- Noric House
- Orchard Haven (SSHC)
- Overlander Extended Care
- Parkview Place
- Pleasant Valley Manor (on PVHC site)
- Polson Chronic Behaviour Disorder Unit (Polson Special)
- Polson Extended Care

- Ponderosa Lodge
- Poplar Ridge Pavilion
- Mt. Cartier Court, Queen Victoria Hospital Residential Cottages
- Res Care: Slocan Community Health Centre
- Ridgewood Lodge
- Sumac Suites
- Sunnybank Care Centre
- Sunshine Manor - located at Boundary Hospital, Hardy View Lodge
- Swan Valley Lodge
- Talarico Place
- The Gateby
- Three Links Manor
- Trinity Care Centre
- Victorian Community Health Centre of Kaslo
- Westview Extended Care

Hospice

- Central Okanagan Hospice House
- Moog & Friends Hospice House

Assisted Living

- Spintlum Lodge, Lytton (previously Lytton Health Centre)

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Acute Services

- 100 Mile District Hospital
- Arrow Lakes Hospital
- Boundary Hospital
- Cariboo Memorial Hospital and Health Centre
- Creston Valley Hospital
- Dr. Helmcken Memorial Hospital & Health Centre
- East Kootenay Regional Hospital
- Elk Valley Hospital
- Golden & District General Hospital
- Hillside Acute Tertiary Psychiatric Center
- Invermere & District Hospital
- Kelowna General Hospital
- Kootenay Boundary Regional Hospital
- Kootenay Lake Hospital
- Lillooet Hospital and Health Centre
- Nicola Valley Hospital and Health Centre
- Penticton Regional Hospital
- Princeton General Hospital
- Queen Victoria Hospital and Health Centre
- Royal Inland Hospital
- Shuswap Lake General Hospital
- South Okanagan General Hospital
- Vernon Jubilee Hospital

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APPENDIX B Cremation Interment and Funeral Services Act

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Part 3 Disposition of Human Remains and Cremated Remains

Control of disposition of human remains or cremated remains

5 (1) Subject to this section and section 8 (3) (b) (i) [*requirement for authorization before funeral services or disposition*], the right of a person to control the disposition of the human remains or cremated remains vests in, and devolves on, the following persons in order of priority:

- (a) the personal representative named in the will of the deceased;
- (b) the spouse of the deceased;
- (c) an adult child of the deceased;
- (d) an adult grandchild of the deceased;
- (e) if the deceased was a minor, a person who was a guardian who had care and control of the deceased at the date of death;
- (f) a parent of the deceased;
- (g) an adult sibling of the deceased;
- (h) an adult nephew or niece of the deceased;
- (i) an adult next of kin of the deceased, determined on the basis provided by section 23 (5) of the *Wills, Estates and Succession Act*;
- (j) the minister under the *Employment and Assistance Act*, or if the Public Guardian and Trustee is administering the estate of the deceased under the *Wills, Estates and Succession Act*, the Public Guardian and Trustee;
- (k) an adult person having a personal or kinship relationship with the deceased, other than those referred to in paragraphs (b) to (d) and (f) to (i).

Requirement for authorization before funeral services or disposition

8 (1) A funeral provider must not provide funeral services unless the funeral provider has received written authorization from the person who, under section 5 [*control of disposition of human remains or cremated remains*], has the right to control the disposition of the human remains.

(2) Despite subsection (1), a funeral provider may accept an authorization by telephone to begin funeral services if the funeral provider does not dispose of the human remains until the funeral provider receives the written authorization required by subsection (1).

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