HSE Notification of Death Form

This form should be used when human remains are being transferred from medical care to the care of a Funeral Director/Embalmer. Its function is to provide contact information should a Funeral Director or Embalmer suffer a sharps injury or in some other way be exposed to the deceased body fluids, placing them at risk of infection.

Name of Deceased					
Address			Date of Birth		
Date of Death			Time of Death		
Source Hospital			Main Switchboard Phone No		
Hospital Ward			Ward Phone No		
Embalming can be carried out on this patient's remains		ns	Y	N	
This patients remains pose a Hazard Group 4/TSE Risk			Y	N	
Attending Medical Practitioner:					
Doctor's Name (1)	Address				
Telephone [§]					
Mobile	Landline				
Alternative Doctors					
Details					
Doctor's Name (2)	Address				
Telephone [§]					
Mobile		Land	dline		

[§] Telephone contact information on the attending medical practitioner must be completed in every case.

This form should be completed in the case of every death, irrespective of whether the remains pose an infectious risk or not. The parts of the form marked in grey, MUST be FULLY completed before the deceased remains are passed to the care of a Funeral Director. The details of two medical practitioners who are very familiar with the medical history of the deceased should be provided, to enable rapid contact to be made in the event of a sharps injury. All human remains should be treated as if infectious, and Funeral Directors and embalmers should, therefore, use Standard Precautions during every moment of contact with human remains or with human body fluids.

NB: This form must be given to the attending physician/surgeon or General Practitioner for completion by the Funeral Director. The Medical Practitioner should then return the completed original to the Funeral Director and keep a copy for the patient's clinical notes.

Medical Practitioner's Signature ____

Date____

Appendix to Notification of Death form: Diseases that fall into Hazard Group 4, TSEs and other important Bloodborne Viruses^{*}

Diseases that are categorised as being in Hazard Group 4 (mainly Viral Haemorrhagic fevers and Smallpox and Smallpox-like viruses) and TSEs (Transmissible Spongiform Encephalopathies such as variant Creutzfeldt–Jakob disease), are extremely virulent and have few, if any, effective countermeasures. Accordingly, as these infections/ transmissible agents pose such a significant health risk, **embalming should not be carried out** on the remains of patients known to be harbouring such agents.

Agent	Hazard Group
VIRUSES	
Junin virus	4
Machupo virus	4
Crimean-Congo haemorrhagic fever	4
Ebola virus	4
Marburg virus	4
Variola (major and minor) virus	4
White pox virus ("Variola virus")	4
TSEs	
Creutzfeldt-Jakob disease	3
Gerstmann-Sträussler-Scheinker syndrome	3
Kuru	

[§]In addition, in the case of a Funeral Director or Embalmer who suffered a needlestick injury while working on a the remains of a patient known to have been harbouring Hepatitis B, Hepatitis C or HIV, it is crucial that the attending physician would rapidly pass on this information, when requested, to the physician assessing and treating such an injured Funeral Director or Embalmer. These are serious bloodborne infections, for which there is the potential for intervention. Full details on management of such injuries is to be found in the Emergency Management of Injuries Toolkit available at http://www.hpsc.ie/hpsc/A-Z/EMIToolkit/.