

1.17	Fatality Notifications	Page 1 of 2
Authorizing Utah Code: 62a-5-103	Rule: None	Division Staff
Issue date: 1/00	Revision date: 5/04	
Form(s): 5-2 , 5-2A	Contract Amendment: Page 5, #9 (<i>Adds to Contract: Part II, Section 25</i>), DHS Policy 05-02 ,	

The death of a **Person** who received **Division** funding and who meets one or more of the following criteria is subject to **Department** fatality review:

1. a **Person** who resided at the **Developmental Center** at the time of death or within 12 months prior to death;
2. a **Person** who was in the physical custody of the **Division**;
3. a **Person** who resided at a facility/program owned or operated by the **Division**;
4. a **Person** who resided at a facility/program owned or operated by an agency under **Division** contract to provide **Community Living Support**;
5. a **Person** who received support services within 12 months prior to the date of death who lived outside the family home; or a **Person** who lived at home and died while receiving a **Division** funded service such as **Day Support**, supported employment or respite care; or
6. a **Person** whose death the **Division Director** requests be reviewed.

Division staff shall follow the **Department** fatality review process, as outlined in Department Policy Policy 05-02, upon the death of any **Person** who meets the review criteria.

PROCEDURES

1. Any **Division** employee who becomes aware of the death, of a **Person** who received support services shall immediately notify the **Person's** family, the **Support Coordinator** and **Region Director**. The **Region Director** shall immediately notify the **Division Director** of the **Person's** death. All required notifications shall occur within 24 hours of first knowledge of a death.
2. The **Person's Support Coordinator** shall discuss the fatality with all **Provider** staff who had direct knowledge of the death prior to completing the Deceased Client or Employee Report **Form 5-2**. The **Support Coordinator** shall transmit the completed form to the **Division Director** within three days of knowledge of the fatality. The **Provider** shall complete an Incident Report and submit it to the **Support Coordinator** within five working days.
3. The **Person's Support Coordinator** shall submit a Regional Unexpected Death Review Checklist (**Form 5-2A**) within 48 hours from learning of the **Person's** death if the death occurred during paid supervision or unless the death met the following criteria: natural causes (complications from lingering illness; attended death in hospital; individual is receiving Hospice services; or person died in their own home attended by family). The **Division** Fatality Review Coordinator shall submit copies of the Regional Unexpected Death Review Checklist to the **Department** Fatality Review Coordinator and **Department** Public Information Office within 24 hours. (See Unexpected Deaths Flowchart)

4. The **Division Director** shall immediately forward a copy of the Deceased Client or Employee Report **Form 5-2** to the **Department Director** and Fatality Review Coordinator.
5. The **Division Director** coordinates with the **Department Director** and/or the Fatality Review Coordinator to determine the need for a full review of the circumstances surrounding the fatality.
6. If a full review is warranted, a copy of the **Person's** file, which recorded the most recent year of services, will be requested. Copies of all requested files shall then be forwarded to the Fatality Review Coordinator via certified mail, courier, or other secured delivery method.
7. The Fatality Review Committee will review the death and submit a written report to the Division and **Region Director**. If follow up is required, the **Division** and **Region Director** shall submit a report commenting on the findings and recommendations to the Fatality Review Committee within 15 working days. This report will include an Action Plan to implement recommended improvements.
8. The **Division Director** is responsible for ensuring regional recommendations are implemented. The **Division Director** shall ensure all **Regions** and offices are included in the Action Plan. The **Division Director**, or their designee, will follow-up to ensure recommendations are implemented.