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 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.