

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p style="text-align: center;">POLICY</p>	REGIONAL		Level:
	Applicable to all WRHA governed sites and facilities (including hospitals and personal care homes), and all funded hospitals and personal care homes. All other funded entities are excluded unless set out within a particular Service Purchase Agreement.		1
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	Permanent Pacemaker Handling after Death	110.025.030	1 of 4
Approval Signature:	Section:		
<i>Signed by M. Sussman</i>	CLINICAL SERVICES		
Date:	Supercedes:		
September 2016	NEW		

1.0 **PURPOSE:**

To provide direction and a process to promote the safe care and handling of a permanent pacemaker (PPM) following a patient's death.

2.0 **DEFINITIONS:**

2.1 **Permanent Pacemaker:** a device which detects and treats cardiac rhythm disorders by delivering a low voltage electrical current to the heart. These devices are used predominantly to treat patients with slow heart rates (bradycardia).

Note: A permanent pacemaker is a different device from an implantable cardioverter defibrillator (ICD). This policy only applies to a permanent pacemaker. Refer to WRHA policy Implantable Cardioverter Defibrillator Handling after Death, Policy #110.000.230 for information related to ICDs. (INSITE Policy page link - <http://home.wrha.mb.ca/corp/policy/policy.php>)

2.2 **Staff:** all persons employed by the WRHA facilities, or WRHA funded facilities, as well as members of the medical staff, volunteers, board members, students, and other third party entities who are by contract required to follow this policy.

3.0 **POLICY:**

3.1 The physician responsible for the patient shall contact the on-call arrhythmia physician via SBH paging after hours only in the event he/she requires advice or consultation regarding the pacemaker. Otherwise refer to 4.2 under procedures for further direction.

Note: Patients receive a card with specific information related to the type and function of their device.

DISCLAIMER: Please be advised that printed versions of any policy, or policies posted on external web pages, may not be the most current version of the policy. Although we make every effort to ensure that all information is accurate and complete, policies are regularly under review and in the process of being amended and we cannot guarantee the accuracy of printed policies or policies on external web pages. At any given time the most current version of any WRHA policy will be deemed to apply. Users should verify that any policy is the most current policy before acting on it. For the most up to date version of any policy please call 204-926-7000 and ask for the Regional Policy Chair's office

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- 3.2 Staff shall note and record the presence of a PPM on the patient's health record on admission and upon the death. (See 4.1)
- Upon death Staff shall document the presence of a PPM on the regional notification of death form or site specific death documentation forms.
- 3.3 Staff shall document the presence of a PPM on the Provincial Interfacility Transport Form.
- 3.4 **A PPM shall not be incinerated i.e. the PPM must be removed from the body prior to cremation.** The PPM contains a lithium battery that may explode if incinerated. In addition, the sealing technique of the pulse generator is such that considerable pressure will build up within the metal housing of the unit causing the power cell to explode during incineration.
- 3.5 WRHA policy#90.00.090 Sterile Storage: Transportation and Distribution of Contaminated, Clean and Sterile Medical Devices shall be followed when returning removed PPMs to the SBH Pacemaker/Defibrillator Clinic.
(INSITE Policy page link - <http://home.wrha.mb.ca/corp/policy/policy.php>)
- 3.6 The Pacemaker Clinic staff shall follow WRHA Policy #110.220.060 Management of Medical Devices (Implanted and Explanted), where applicable.
(INSITE Policy page link - <http://home.wrha.mb.ca/corp/policy/policy.php>)

4.0 **PROCEDURE:**

- 4.1 On admission the presence of a PPM is noted as follows:
- 4.1.1: Acute Care
- On the emergency record.
 - On the admission assessment form and patient care plan.
 - On the initial assessment and/or flow sheets (EPR SBH).
 - On the surgical procedures tab (EPR SBH).
 - On the Provincial Interfacility Transport Form.
- 4.1.2 WRHA Home Care/Palliative Care Program
- On the Home Care or Palliative Care Community program's health record.
 - On the letter of anticipated death.
- 4.1.3 Personal Care Home
- On the front of the chart and on the care plan.
 - On the Provincial Interfacility Transport Form.
- 4.2 Upon the death of a patient at a health care facility:
Note: There is no need for the funeral home staff to deactivate or remove a PPM from a body if burial is planned. The handling of a PPM will NOT result in injury to the pathology physician, tissue bank coordinator or mortician.
- 4.2.1 During regular business or outside regular business hours, the Charge Nurse or designate shall fax a copy of the notification of death form to the SBH Pacemaker/Defibrillator Clinic upon the patient's death at 204-231-2541. Otherwise there is no need to notify the SBH Pacemaker/Defibrillator Clinic or the on call arrhythmia physician of the patient's death.

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4.2.2 Where possible, the Charge Nurse or designate, shall notify the appropriate funeral home of the presence of a PPM and this conversation should be documented on the patient's medical record.

4.2.3 For patients who die in the community with a letter of anticipated death:

- Efforts should be made to contact the funeral home to communicate that the patient has a PPM.

Note: The PPM **shall not** be removed by staff prior to the release of the body to the funeral home (the funeral home staff will remove the PPM from the body if required)

5.0 **REFERENCES:**

INSITE WRHA Policy page - <http://home.wrha.mb.ca/corp/policy/policy.php>

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