

## TITLE 19 VIRGIN ISLANDS RULES AND REGULATIONS

### CHAPTER 37, SUBCHAPTER III, SECTION 870

#### Section 870 Pronouncement of death by registered nurses and certified registered nurse practitioners; conditions

##### 870 (a) DEFINITIONS

- (1) "Anticipated Death" means death is in the opinion of the attending physician, expected due to illness, infirmity or disease.
- (2) "Attending Physician" means the physician who has primary responsibility for the treatment and care of the patient.
- (3) "Certifying Physician" means a physician, a medical director or a doctor of osteopathic medicine, who issues a certification for a qualifying patient.
- (4) "Determination of Death" means observation and assessment that a person has ceased vital bodily functions irreversibly including but not limited to, the following, pulse, respiration, heartbeat, and pupil reaction.
- (5) "Pronouncement of Death" means the declaration by an attending physician, medical examiner, registered nurse, certified registered nurse practitioner, or other person authorized by law, who has made the determination of death in accordance with section 869 as recorded in the patient's medical record or other record in accordance with this section.
- (6) "Registered Nurse" means a healthcare professional who has been licensed in accordance Title 27 V.I.C Section 94 to provide and coordinate patient care after receiving specialized education.
- (7) "Certified Registered Nurse practitioner" means an advance practice registered nurse practitioner (APRN), in accordance with Title 27 V.I.C section 91 (d), cares for patients using advance diagnostic skills, prescribing and administering medications and drugs, and corrective measures to treat illness and improve health status.
- (8) "Residential Care Setting" (Licensed Hospice/certified nursing home) means public, private, or voluntary services providing some or all of the following for older people: long term-care, respite, rehabilitation and convalescence.

(9) “Unexpected Death” means death other than an expected death, or a death where there was no expectation that the person was likely to die in the manner or at the time in which they did. Unexpected death includes all cases required by rule of law and rule of practice to be reported to the medical examiner. It is the responsibility of everyone (attending physician or nurse) to report all sudden and unexpected deaths to the Medical Examiner.

**870 (b)** A registered nurse, or a certified registered nurse practitioner employed by a licensed hospice or certified nursing home may make a determination of and pronounce the death of a patient if:

- (1) The patient’s death was anticipated;
- (2) The patient was under the care of services of a certified nursing home or licensed hospice program;
- (3) The nurse has completed the relevant training for the determination of death program
- (4) Reasonable effort was made to contact attending physician of the patient or medical examiner before the determination or pronouncement of death; and
- (5) The pronouncement of death is made on a form approved by the Commissioner of Health and subscribed to under penalty of perjury.

**870 (c)** A registered nurse, or a certified registered nurse practitioner employed by a licensed hospice or certified nursing home may not make a determination of and pronounce the death of a patient if:

- (1) The patient’s death was not expected
- (2) The nurse has not completed the relevant Pronouncement of Expected Death education program and cannot demonstrate competence.
- (3) The patient death where cremation is planned.
- (4) The patient death where the remains are being donated to medical science/organ donation.
- (5) The patient is under 18 years of age
- (6) The death occurred in a person’s home, where specialist palliative care community services are not involved.

(7) Any death that is reportable to the Medical Examiner.

**870 (d)** A registered nurse, or certified registered nurse practitioner employed by a licensed hospice or certified nursing home must use the clinical signs when pronouncing death. All signs must be present before death is pronounced:

- (1) Absence of a carotid pulse over one minute.
- (2) Absence of heart sounds for over a one minute. Using a stethoscope auscultate for apical heartbeat.
- (3) Absence of respiratory movements and breath sounds for over one minute. Using a stethoscope, auscultate lung field for respirations for 1 minute.
- (4) Determine if pupils are dilated or fixed (unresponsive to bright lights), no response to painful stimuli.

**870 (e)** A registered nurse or certified nurse practitioner who has determined and pronounced death under this section shall:

- (1) Notify the certifying physician who determined that the prognosis for such patient was for an anticipated death, no later than 8 hours following pronouncement.
- (2) Perform a physical assessment of the patient's condition.
- (3) Document such determination in the patient's medical or clinical record.
- (4) Ensure that family and physician and other caregivers are notified of the death.
- (5) Document the findings of the assessment and notification in all appropriate records.
- (6) Record the following details in the Pronouncement of death by a registered nurse:
  - i. The date and approximate time of death
  - ii. Name, unique health identifier and date of birth of the deceased
  - iii. Date and time of pronouncement
  - iv. Name of the certifying physician informed, and the time and date that this took place
  - v. The presence or absence of witnesses.

(7) In a residential care setting, once death has been pronounced, the nurse formally communicated with the Medical Examiner in accordance with local policy.

(8) Indicate on the death certificate the name of the deceased and the date and time of death and shall sign the death certificate (have to check to see if nurses are able to sign the death certificate based on the other statute)

**870 (f)** The attending physician shall authorize in writing and make a part of the patient's chart, the name or names of the registered nurses or certified registered nurse practitioners authorized to make a pronouncement of death.

(1) The attending physician shall update the information every six months.

**870 (g)** The body of the decedent may not be removed until notice of the pronouncement has been given to the attending physician or the medical examiner, or in accordance with section 861 and 866.