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**TO: DDG: Chief of Operations**  
**Chief Directors: MHS, RHS, STRATEGY**  
**Directors: EMS, FPS, SPC, HIA, Clinical Service Improvement, Medicine Management, Substructures, Districts**  
**Head of Institutions**  
**Director: City Health**  
**Department of Social Development**

**Circular: H13 /2022**

**Standard Operating Procedure for the management of a deceased person at a non-health facility  
(facilities outside of the scope of the Department of Health)**

**THIS CIRCULAR MUST BE READ IN CONJUNCTION WITH CIRCULAR H144 OF 2020: ISSUING OF DEATH NOTIFICATION FORMS IN NATURAL DEATHS**

**Reference legislation:** Birth and Death Registration Act, 1992 (ACT No. 51 of 1992) Notice 383 of 2012.

**Purpose:** To ensure the correct procedure for the management of a death in a non-health facility.

**Target audience:** Facility Managers and Medical Practitioners

**For the purpose of this document non health facilities include:**

Old Age Homes; schools; Protective workshops; Residential facilities for Persons with Disabilities; Drop-in-Centres; Child and Youth Care Centres; Safe and Secure Centres; Early Childhood Development Centres; Shelters for Abused Women; Shelters for the Homeless; Inpatient treatment centres; Special Care Centres; Group Homes and 24-hour facilities.


**Executive summary**

When a death occurs (expected or unexpected) there are numerous role players that are required to complete vital steps in the chain of accountability towards the declaration of death and subsequent issuing of a Death Notification Form (DNF). It is imperative that the chain of custody of the deceased is maintained with the participation of the various role players towards the issuing of the DNF.

Any investigation of a death at a facility should not be done in a punitive manner, but rather with the intent to learn from and correct any system or individual inadequacies which may have led to the death, in order to improve and to avoid future incidents. Cultural & religious norms need to be considered when applying the Standard Operating Procedures.


All processes and procedures are captured in the attached SOP for reference to the management of a death outside of a health facility (Annexure A). Further concerns or enquiries relating to the content of this circular can be directed to Ms Vonita Thompson on email (Vonita.Thompson@westerncape.gov.za) or phone (021 928 1501 / 082 443 3009).

Thanking you in this regard.



J.O. Arendse  
Chief Director: ECSS

Date: 9 Feb 2027

	<b>ANNEXURE 1: Standard Operating Procedure for the management of a deceased person at a non-health facility towards the issuing of a Death Notification Form (DNF).</b>
<b>OBJECTIVE:</b> To standardize the process for the issuing of death notifications forms (DNF) by WCGH HCP for a death outside of a health facility.	
<b>SCOPE:</b> This procedure applies to deaths occurring in non-health facilities within the Western Cape.	
<b>Definition of Terms &amp; Concepts</b>	<p><b>Standard Operating Procedure (SOP):</b> being a clear, stepwise, written procedure for all repetitive processes for the issuing of a death notification.</p> <p><b>Non health facilities</b> include (but not limited to): Old Age Homes; schools; Protective workshops; Residential facilities for Persons with Disabilities; Drop-in-Centres; Child and Youth Care Centres; Safe and Secure Centres; Early Childhood Development Centres; Shelters for Abused Women; Shelters for the Homeless; Inpatient treatment centres; Special Care Centres; Group Homes and 24 hour facilities.</p> <p><b>Death declaration:</b> a statement issued by a trained, qualified and Health Professional Council of South Africa (HPCSA) registered medical practitioner or EMS practitioner (AEA or higher) stating that a person is deceased.</p> <p><b>Death notification form (DNF):</b> the DHA-1663, which is a legal document in which the Department of Home Affairs is notified of the death of the deceased. Statistics South Africa is notified of the cause of death for national mortality statistics.</p> <p><b>Death certificate:</b> the official document (DHA-5/DHA-20) as issued by the Department of Home Affairs.</p> <p><b>Health Care Practitioner (HCP):</b> in the context of this document, a Health Care Professional refers an individual registered with the HPCSA as a medical practitioner (doctor) or an EMS practitioner, and/ or any person, not mentioned herein who is legally and professionally authorized to administer a DNF. A Professional Nurse can complete the DNF in cases of stillbirths.</p> <p><b>FPS:</b> Forensic Pathology Services</p> <p><b>Natural deaths</b> are all deaths related to illness, diseases or old age. The result of natural disease. (Generally, from internal disease or conditions of the body, not within voluntary control, not deliberate or intentional. No significant contribution from external factors other than subtle ones, where blameworthiness on the part of any person cannot be readily inferred up to a</p>



	<p>point of anticipation &amp; avoidance, or culpability. E.g., diabetes, hypertension, coronary artery disease, asthma, infections, cancer, etc.)</p> <p><b>Unnatural deaths</b> are defined by the Regulations Regarding Rendering of the Forensic Pathology Service, National Health Act (61 of 2003)- last amended 2018 which can be grouped and further described as follows:</p> <ol style="list-style-type: none"> <li><b>Deaths</b> due to injuries (physical, electrical or thermal) and Deaths related to chemicals, drugs or poisons; and the consequences thereof. By law, there is no time limit on the consequences. Therefore, if the person dies anytime (open time limit) due to complications directly related to the primary injury, the cause of death must be investigated.</li> <li><b>Any death</b> (including those which would normally have been considered to be death due to natural causes) where there is a suspicion of omission or commission by any other person.</li> <li><b>Procedure-related deaths-</b> referring to deaths of persons undergoing, or as a result of, a procedure of a therapeutic, diagnostic or palliative nature, or of which any aspect of such a procedure has been a contributory cause, shall not be deemed to be deaths from natural causes.</li> <li><b>Sudden, unexpected, and unexplained deaths</b> that require an investigation: Sudden deaths are any death which is rapid (without prodrome), unexpected and/or unforeseen, that occurs in apparently healthy people, or in ill patients during a benign phase of their disease. Or unexpected death following so rapidly from the onset of symptoms that the cause of death could not be certified with confidence by a medical practitioner familiar with the patient.</li> </ol>								
<p><b>The roles and responsibilities</b></p>	<table border="1"> <tr> <td data-bbox="544 1041 831 1111"></td> <td data-bbox="831 1041 1501 1111">Role and responsibility</td> </tr> <tr> <td data-bbox="544 1111 831 1312"><b>Medical Practitioner</b></td> <td data-bbox="831 1111 1501 1312">Declaration of death External post-mortem examination of the body. Complete the DHA-1663 if the death is deemed natural.</td> </tr> <tr> <td data-bbox="544 1312 831 1420"><b>Family, Guardian, Caregiver Adoptive or Foster Parent/s</b></td> <td data-bbox="831 1312 1501 1420">Provide collateral information regarding the deceased medical history as well as demographic details.</td> </tr> <tr> <td data-bbox="544 1420 831 1742"><b>Undertaker</b> * When a person dies outside of a facility where a medical practitioner is available SAPS (who completes a SAPS 180) and EMS (who completes the death declaration) is notified to attend to the scene.</td> <td data-bbox="831 1420 1501 1742">Transporting the body of the deceased to the Health Facility where the deceased was usually treated for the completion of the DHA-1663 once the person has been declared deceased or to the Forensic Pathology Service (FPS) if the South African Police Service(SAPS) deems the cause of death as suspicious or suspected unnatural .</td> </tr> </table>		Role and responsibility	<b>Medical Practitioner</b>	Declaration of death External post-mortem examination of the body. Complete the DHA-1663 if the death is deemed natural.	<b>Family, Guardian, Caregiver Adoptive or Foster Parent/s</b>	Provide collateral information regarding the deceased medical history as well as demographic details.	<b>Undertaker</b> * When a person dies outside of a facility where a medical practitioner is available SAPS (who completes a SAPS 180) and EMS (who completes the death declaration) is notified to attend to the scene.	Transporting the body of the deceased to the Health Facility where the deceased was usually treated for the completion of the DHA-1663 once the person has been declared deceased or to the Forensic Pathology Service (FPS) if the South African Police Service(SAPS) deems the cause of death as suspicious or suspected unnatural .
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<p><b>Normative References</b></p>	<ol style="list-style-type: none"> <li>1. Birth and Death Registration Act, 1992 (ACT No. 51 of 1992) Notice 383 of 2012.</li> </ol>								



	<ol style="list-style-type: none"> <li>2. Regulations Regarding the Rendering of Forensic Pathology Service, in terms of section 90(1) of the National Health Act 61/2003, dated 23 March 2018.</li> <li>3. Circular H144 of @20: Issuing of Death Notification forms in Natural Deaths, issued 08 July 2020.</li> <li>4. Circular H146 of 2020: Requirements for the admission of decedents that died of unnatural causes from healthcare facilities to Forensic Pathology Service</li> </ol>
<b>Records and documentation</b>	<ol style="list-style-type: none"> <li>1. Report of incident or death at facility (Annexure A)</li> <li>2. Medical summary of client (Annexure B)</li> <li>3. Report by HCP unwilling to assist with natural DNF (Annexure C)</li> </ol>
<b>Precautionary measures</b>	<ol style="list-style-type: none"> <li>1. A registered professional nurse can complete a DNF in the case of a still birth.</li> <li>2. The <b>medical practitioner</b> can issue a death notification (DNF/DHA-1663) <b>on any person</b> if he/she has ensured the following: <ol style="list-style-type: none"> <li>a. That the person has indeed died (has personally examined the body); and</li> <li>b. That there is no reason to suspect death due to unnatural causes.</li> </ol> </li> <li>3. The remains of a deceased who died of suspected unnatural causes should not be moved until SAPS has attended to the scene of death as there may be evidentiary value for the body not to be removed from the scene of death. No medical apparatus and/ or interventions may be removed including IV lines, endotracheal tubes etc.</li> <li>4. If remains are brought to a health facility and the <b>medical practitioner is suspicious or unsure</b> if the cause of death is natural, then it is advised to manage the situation in accordance with circular H144 of 2020.</li> </ol>

**PROCEDURE: Management of a death that has occurred in an institution**

**When a death occurs in an institution:**

1. The most senior person on duty at the institution is responsible to ensure that an incident report (Annexure A) is completed and the deceased clinical records is updated and includes a comprehensive and sequential account of the circumstances surrounding the death.
2. The senior nursing member on duty must inform the Facility Manager (FM) of the incident. If the FM is not on the premises, they should provide support and guidance to the senior on duty for the management of the situation telephonically or via a suitable communication channel.
3. The FM and/ or the relevant authorized person to do so, is responsible for contacting all the relevant people who need to assist with processes, namely.
  - a. Medical Practitioner
  - b. Family, Guardian, adoptive or foster parents of the deceased.
  - c. Undertaker contracted toward the facility or identified by the family of the deceased.
  - d. Emergency Medical Services
  - e. South African Police Service
  - f. Forensic Pathology Services

**If the death was natural / expected:**

4. The FM or duly authorised person will contact:
  - a. The HCP (Medical Practitioner or EMS Practitioner) to declare the death by completing an examination of the body.
  - b. SAPS will also attend to the scene to ascertain whether a docket should be opened.



5. If there is a Doctor on the premises: He/she will examine the body to confirm that the person has indeed died of natural causes. If the death was natural the DHA-1663 can be completed and the deceased transported to the undertaker's premises or mortuary for storage.
6. If there is no Doctor on the premises: following the declaration of death by an EMS practitioner and the SAPS assessment the body will be transported to a health facility.

7. **At the health facility:**

- i. The doctor on duty must determine whether the death is natural or unnatural by:
  - a. Completing a full examination of the body to exclude any injuries or circumstances which would cause suspicion of an unnatural death.
  - b. Peruse of documentation which includes the background history, clinical notes and incident report provided.

If the examining Doctor classifies the death as:

- **natural** then a DHA-1663 should be completed and the body transported to the premises of the undertaker for storage or to the morgue for storage.
- **Unnatural** - FPS Laboratory must be contacted to discuss the possibility of an autopsy medico-legal investigation of the death.
- **Unsure** – contact FPS to discuss with the Forensic Medical Practitioner

8. If the body is taken to a facility where the deceased was not regularly receiving medical care and clinical notes are unavailable or inadequate pertaining to the deceased medical condition and overall health status, then the Medical Officer on duty at the local health facility should fully examine the body and write clinical notes (Annexure C) based on the information available. The undertaker will be advised to present the body the next day to the usual facility who provided care on the next working day to have the DNF completed.

**Important note**

The following documentation should accompany the body of the deceased:

- a. Facility folder (medical records) and all notes
- b. Incident report (Annexure B)
- c. Identity Document.
- d. A family member or staff member should accompany the undertakers (where possible) in order to capture collateral history in the clinical notes as well as demographics on the DHA-1663.

**Facility staff can use electronic records such as eCCR or Single Patient Viewer to gain more clinical information to assist with completion of DNF and avoid sending undertakers and families unnecessarily to different facilities or for autopsy.**

Following removal of the deceased and reporting of the death, the Facility Manager is responsible to communicate the incident to:

- All reports of deaths should reach the chairperson of the Facility Management board within 24 hours.
- For all deaths < 18 years, even if expected, the completed incident report must be sent to DSD by email within 1 week of the death.
- Any other reports should be sent to relevant departments as per guiding legislation e.g. Child Care Act; Mental Health Care Act etc.

- Arrange debriefing of the staff and residents and referral to mental health support as necessary for cases of emotional distress.

A register of all deaths of mental health users with intellectual and developmental disabilities, who reside within special care facilities should be kept by the Mental health Review Board.

**If the death was unnatural / unexpected:**

Refer to annexure D for definition of unnatural death. The process followed is similar to the management of a natural death however in the event that the cause of death is classified as unnatural FPS must be contacted.

**Important note:** In instances of unnatural death, the undertaker is NOT to remove the remains. Once the SAPS had attended the death and the SAP 180 had been issued the FPS is to be notified to respond to the death scene.

- ii. If an **autopsy** is to be performed the following must be actioned in terms of Circular H146/2020:
  - ✓ SAPS must be contacted for the opening of a criminal/inquest docket and the completion of form 180.
  - ✓ The body must NOT be removed by undertakers.
  - ✓ Examining Doctor MUST complete Form FPS 100.
  - ✓ Nursing shift leader must contact the State Mortuary and arrange for the admission of the deceased to the Forensic Pathology Service.

**Important note:** All forms (Declaration of Death, SAPS and FPS 100) and folder, including any results or x-rays to accompany the body to the State Mortuary. A copy of the folder should be made and kept at the health facility.

**Reminder:**

It is advised that undertakers present the body immediately after the SAPS 180 and on scene death declaration is completed. This has an impact on the chain of custody where evidence is concerned because if the case is unnatural then undertakers' premises does not form part of the normal chain of custody.

If the body is taken to a facility where regularly medical treatment was not received by the deceased and the records from the institution (of residence) is not adequate, the Doctor on duty is still required to fully examine the body and write clinical notes based on the information available. The undertaker will be advised to present the body the next day to the usual facility who provided care on the next working day to have the DNF completed.

All non-DOH facilities as per the SOP should keep on record a clinical summary (Annexure B), which is completed by their usual attending doctor or Clinical Nurse Practitioner, of all individuals attending/residing in their facility. This summary should accompany the deceased to the health facility where they are taken for completion of death certification forms.

**Monitoring and Evaluation**

1. In both cases of a natural and unnatural death a case review should be instituted to identify preventable factors to decrease risk to clients.
2. In the case of an unnatural death full co-operation from all relevant parties should be given to external parties such as SAPS, DSD or DOH in their investigations.
3. Any evidence which could be relevant to the investigation must be retained e.g. records, CCTV footage or any other paraphernalia.





**CORRECTIVE ACTION:** Retrain any employee found not adhering to the procedures in this SOP.

**VERIFICATION AND RECORD KEEPING:** All appropriate records as indicated in this SOP must be maintained.

#### **Annexure D: DEFINITION OF UNNATURAL DEATH**

Reference: [S. 56 substituted by s. 48 of Act 29/2007]

Unnatural death is defined in the Regulations for Forensic Pathology Practice (of the National Health Act) as:

**"unnatural death"** for the purposes of the medico-legal investigation of death, the following shall be deemed to be deaths due to unnatural causes, as contemplated in the Inquests Act 1959 (Act No. 58 of 1959)-

- (a) any death due to physical or chemical influence, direct or indirect, or related complications;
- (b) any death, including those deaths which would normally be considered to be a death due to natural causes, which may have been the result of an act of commission or omission which may be criminal in nature;
- (c) any procedure-related death, as contemplated in section 56 of the Health Professions Act, 1974 (Act No. 56 of 1974)-; and
- (d) any death which is sudden and unexpected, or unexplained, or where the cause of death is not apparent.

And Section 56 of the Health Professions Act states that:

56. Death of person undergoing procedure of therapeutic, diagnostic or palliative nature  
The death of a person undergoing, or as a result of, a procedure of a therapeutic, diagnostic or palliative nature, or of which any aspect of such a procedure has been a contributory cause, shall not be deemed to be a death from natural causes as contemplated in the Inquest Act, 1959 (Act No. 58 of 1959), or the Births, Marriages and Deaths Registration Act, 1992 (Act No. 51 of 1992).



