

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICY MANUAL**

DEATH OF EMPLOYEE, VOLUNTEER OR MEDICAL STAFF MEMBER

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SCOPE

All departments of Hackettstown Regional Medical Center (HRMC).

PURPOSE

To provide a procedure for notifying hospital personnel regarding death of an employee, volunteer, medical staff or their immediate family.

POLICY

In keeping with Hackettstown Regional Medical Center's philosophy of caring, department managers should notify Human Resources in the event of death of an employee, or within an employee's immediate family(defined in the employee manual as: spouse, parents, son, daughter, brother, sister, father-in-law, mother-in-law, daughter-in-law or son in-law), so that the hospital and employees may extend sympathy to the family.

It is the responsibility of the employee's manager to complete the attached form and send a copy to Human Resources.

Human Resources will notify Administration, Public Relations and Pastoral Care and place a notice on the bulletin board so that other employees are aware and may extend their sympathy or send personal cards.

Administration will send one of the following to the family: a floral arrangement, fruit basket or donation to a designated charity. Public Relations will place suitable information in the Monitor and Pastoral Care will send a sympathy card.

If the deceased is an employee, recently active volunteer or medical staff members, Administration will notify the Maintenance Department to have the flag lowered to half-mast. When the services have been completed Administration will notify the Maintenance Department to have the flag raised to full-mast. Additionally, with the family's consent, a memorial service at the hospital may be arranged by Pastoral Care so employees may attend to extend their sympathy to the family.

NOTICE TO HUMAN RESOURCES AND ADMINISTRATION*

**In Case of Death of Employee, Volunteer, Medical Staff
or Member of their Immediate Family**

Employee Name: _____ Date: _____

Job Title: _____ Department: _____

Name of Deceased: _____

Relation to Employee: _____ Date of Death: _____

Funeral Arrangements:

Viewing - _____
Day Date Time

Funeral Home City, State

Funeral - _____
Day Date Time

Place (if different) City, State

Send Cards to:

Name Relationship

Street

City State Zip

() **Check here if family has requested no flowers.**

In lieu of flowers, donations may be sent to:

Organization

Street

City State Zip