

Affix Hospital Identification Here

DEATH IN HOSPITAL

SURNAME

UMRN

GIVEN NAMES

DOB

GENDER

ADDRESS

SUBURB

POSTCODE

SECTION 1: EXTINCTION OF LIFE

Death occurred in: _____ ED Ward Theatre Other While on leave from hospital

Doctor Certifying Life Extinct: Name: _____ Position: _____

Signature: _____ Date: _____

Date of Death: ____ / ____ / ____ dd/mm/yy Time of Death: ____ : ____ 00:00 hours

SECTION 2: IS THE DEATH REPORTABLE TO THE CORONER?

1. Is the cause of death unknown or uncertified by a medical practitioner? _____ Yes No
2. Has the death or does the death appear to be have occurred in suspicious circumstances?
i.e. Has the death possibly resulted from a criminal act? _____ Yes No
3. Was the death or does the death appear to have been unexpected or unnatural?
e.g. Complication following administration of a medication, diagnostic, medical or surgical procedure _____ Yes No
4. Has the death or does the death appear to have occurred, in or following violent circumstances?
e.g. Physical or sexual assault, domestic dispute _____ Yes No
5. Has the death or does the death appear to have resulted, directly or indirectly from injury?
e.g. Fall, motor vehicle, self harm _____ Yes No
6. Has the death occurred during anaesthesia? e.g. General anaesthesia _____ Yes No
7. Did the death possibly occur as a result of, or does it appear to have resulted from, anaesthesia? _____ Yes No
8. Immediately prior to the death was the deceased a person:
 - Under the control, care or custody of the WA Police Force, Prison Service or Child Protection and Family Support _____ Yes No
 - Admitted to a centre under the *Alcohol and Other Drugs Act 1974* _____ Yes No
 - An involuntary patient, apprehended, detained or absent without leave under the *Mental Health Act 2014* _____ Yes No
9. Is the deceased person's identity unknown? _____ Yes No
10. To your knowledge has any one expressed any concerns regarding the cause of the deceased person's death or medical treatment? _____ Yes No

If you have answered **YES** to any of the above questions, the death is **REPORTABLE** to the Coroner, and the most recent medical records leading up to the person's death must be provided to the police immediately or, in any case, to the State Mortuary not more than 24 hours following death. This is to ensure that the post mortem examination can be conducted in a timely manner.

Where records are paper-based, the originals are to be provided with copies retained by the health service for any ongoing purposes. Should further medical information be requested by the police/coroner these records should then be provided as soon as practicable.

SECTION 3: HOW TO REPORT A DEATH TO THE CORONER

To report a death to the Coroner, or to seek guidance about reportable deaths:

METROPOLITAN PERTH:

Contact the **WA Police Coronial Investigation Squad** (CIS) on 08 9267 5700 (24 hours-a-day, 7 days-a-week).

Scan and email this form to: Coronial.Investigation.Squad@police.wa.gov.au

COUNTRY WA SETTINGS:

Contact the **local police**. If further guidance or assistance is required, contact the CIS on 08 9267 5700. The Office of the State Coroner (OSC) can be contacted on 08 9425 2900 (business hours) or on 0419 904 478 (after 4:30pm and on weekends) if the CIS and local Police are unable to assist.

DEATH IN HOSPITAL

MR X X X

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SECTION 4: NOTIFICATION OF REPORTABLE DEATHS UNDER THE *CORONERS ACT 1996*

On notification you will be asked for information on the circumstances surrounding the death, which should be conveyed to the coronial delegate (e.g. the CIS/police officer to whom the death is reported). You should also consider the answer to the question **“Was death an inevitable consequence of the deceased person’s primary illness or condition regardless of appropriate resuscitation, anaesthesia, or surgery?”** In cases when the answer is ‘yes’ a post mortem may not be necessary.

CIS/police officer notified by phone: Date: ____ / ____ / ____ dd/mm/yy Time: ____ : ____ 00:00 hours

Name of CIS/police officer: (please print) _____

Name of Doctor reporting: (please print) _____

Consultant notified: Yes No Contact Number: _____ Sign: _____

If the death is reportable a copy of this Form should also be placed in the deceased person’s Hospital Medical Record as well as the Hospital’s Coronial Investigation File.

Where the death is NOT reportable:

– the original copy of this Form must be filed in the deceased person’s Hospital Medical Record

– you may complete the following Forms:

- | | | |
|---|------------|--|
| 1. Medical Certificate Cause of Death (BDM 202/201) and | Completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Certificate of Medical Attendant (Form 7 WA Cremation Act) | Completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION 5: OTHER REPORTING OBLIGATIONS

5.1 REPORTABLE DEATHS UNDER THE *HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911*

Is the death:

- a maternal death (arising from pregnancy or childbirth or associated with complications) _____ Yes No
- one involving a child who is stillborn (> than 20 weeks gestation), or under the age of 1 year _____ Yes No
- one that occurred within 48 hours of administration of anaesthetic or as a result of complications arising from the same _____ Yes No

If you have answered YES to any of the above questions, the death is reportable to the Chief Health Officer.

Information on reporting processes is found on the WA Department of Health Statutory medical notifications website: http://ww2.health.wa.gov.au/Articles/A_E/About-statutory-medical-notifications-in-Western-Australia

5.2 DEATHS REPORTABLE TO THE CHIEF PSYCHIATRIST

The Chief Psychiatrist is to be informed of any death of a mental health patient while under the care of any mental health or other health service, and deaths that occurred within 28 days of discharge or deactivation from mental health services. Is this a reportable death to the Chief Psychiatrist? _____ Yes No

For further information refer to the Chief Psychiatrist website:

<https://www.chiefpsychiatrist.wa.gov.au/monitoring-reporting/notifiable-incidents/>

5.3 SEVERITY ASSESSMENT CODE (SAC) 1 CLINICAL INCIDENTS

The death may reflect the occurrence of a SAC 1 clinical incident. SAC 1 clinical incidents include all clinical incidents/ near misses where serious harm or death is or could be specifically caused by healthcare rather than the patients underlying condition or illness. For further information refer to the Clinical Incident Management (CIM) Policy:

<http://ww2.health.wa.gov.au/Health-for/Health-professionals/Safety-and-quality>

SECTION 6: ADDITIONAL HOSPITAL REQUIREMENTS (as determined by local Policies /Guidelines)

Donor Coordinator Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge summary completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission for postmortem	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bereavement support	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nursing home notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	General Practitioner notified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next of kin notified as designated in the Hospital Medical Record <input type="checkbox"/> Yes <input type="checkbox"/> No			