

<p>Affix Hospital Identification Here</p> <p>DEATH IN HOSPITAL</p>	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?

- Is the cause of death unknown or uncertified by a medical practitioner? _____ ☐ Yes ☐ No
- 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
- 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
- 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
- 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
- Has the death occurred during anaesthesia? e.g. General anaesthesia _____ ☐ Yes ☐ No
- Did the death possibly occur as a result of, or does it appear to have resulted from, anaesthesia? _____ ☐ Yes ☐ No
- Immediately prior to the death was the deceased a person:
 - Under the control, care or custody of the WA Police Force, Prison Service or Department for Child Protection and Family Support _____ ☐ Yes ☐ No
 - Admitted to a centre under the *Alcohol and Drug Authority Act 1974* _____ ☐ Yes ☐ No
 - An involuntary patient, apprehended or detained under the *Mental Health Act 1996* _____ ☐ Yes ☐ No
- Is the deceased person's identity unknown? _____ ☐ Yes ☐ No
- 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.

Note: Where the original Hospital Medical Record is released for the purposes of coronial investigation, a photocopy must be retained at the hospital or health service.

SECTION 3: HOW TO REPORT A DEATH TO THE CORONER

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

METROPOLITAN PERTH:

Between 7:00am and 2:00am Monday to Sunday: contact the WA Police Coronial Investigation Unit (CIU) on 08 9267 5700 (Fax this form to: 08 9267 5755).

Between 2:00am and 7:00am Monday to Sunday: contact the WA Police Operations Centre on 131 444 (an 'on call' CIU Officer will be notified).

COUNTRY WA SETTINGS: Contact the local police.

If further guidance is required, 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). The OSC should only be contacted if the CIU (or local Police) are unable to assist.

See over

DEATH IN HOSPITAL

MR X X X

Affix Hospital Identification Here DEATH IN HOSPITAL	SURNAME		UMRN	
	GIVEN NAMES		DOB	GENDER
	ADDRESS			
	SUBURB		POSTCODE	

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 PCIU/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.

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

Name of PCIU/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 Coronal 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 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 Executive Director Public Health. Information on reporting processes is found on the WA Department of Health Public Health Statutory notifications and authorisations website (http://www.public.health.wa.gov.au/3/287/2/statutory_notifications_and_authorisations.pm).

5.2 DEATHS REPORTABLE TO THE CHIEF PSYCHIATRIST

The Chief Psychiatrist is to be informed of an unexpected death of any patient / resident in a mental health service / facility.

Is this a reportable death to the Chief Psychiatrist? _____ ☐ Yes ☐ No

For further information refer to the Office of the Chief Psychiatrist website: (<http://www.chiefpsychiatrist.health.wa.gov.au/reporting/incidents.cfm>).

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. In WA SAC 1 clinical incidents include the eight nationally endorsed sentinel event categories. For further information refer to the Clinical Incident Management (CIM) Policy (<http://www.safetyandquality.health.wa.gov.au/home/index.cfm>).

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			