

To be detached (for office use only)

Coroner's instructions to coroner's clerk

Code the Reportable Type and Death Type as follows:

* More than one option can be selected – select all relevant options

* **Reportable Type**

- | | |
|---|---|
| <input type="checkbox"/> Death as a result of police operations | <input type="checkbox"/> Suspected death (missing person) |
| <input type="checkbox"/> Death certificate not issued and not likely to issue | <input type="checkbox"/> Suspicious circumstances |
| <input type="checkbox"/> Death in care | <input type="checkbox"/> Unknown person |
| <input type="checkbox"/> Death in custody | <input type="checkbox"/> Violent or unnatural |
| <input type="checkbox"/> Health care related death | |

* **Death Type**

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| <input type="checkbox"/> Fire/Burn/Electricity related | <input type="checkbox"/> Transport related - marine |
| <input type="checkbox"/> Hospital/Medical/Health procedures | <input type="checkbox"/> Transport related - other |
| <input type="checkbox"/> Interpersonal violence/Apparent homicide | <input type="checkbox"/> Transport related - road |
| <input type="checkbox"/> Natural causes | <input type="checkbox"/> Transport related - train |
| <input type="checkbox"/> Sudden Infant Death Syndrome (SIDS) | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Sudden Unexpected Death of an Infant (SUDI) | <input type="checkbox"/> Weapon/Firearm related |
| <input type="checkbox"/> Suspected death (missing person) | <input type="checkbox"/> Work related |

A copy of these findings is to be provided to the following persons/agencies:

- Registrar-General, Registry of Births, Deaths and Marriages** (*section 97 of the Coroners Act 2003*)
(by email to : BDMDeath@justice.qld.gov.au)
- District Officer, Police District where death occurred**
(by email to: QPSOfficeStateCoroner@police.qld.gov.au)
- The following family member**
- | | |
|---|--------------------------|
| <input type="checkbox"/> person nominated by the deceased before death | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> spouse (including de facto spouse) | |
| <input type="checkbox"/> adult child | |
| <input type="checkbox"/> parent | |
| <input type="checkbox"/> adult sibling | |
| <input type="checkbox"/> adult with sufficiently close relationship to deceased; or | |
| <input type="checkbox"/> if the deceased was an Aboriginal and Torres Strait Islander (ATSI) person, an appropriate person according to ATSI tradition and custom | |
- Children's Commissioner**
(if the deceased person was a child, the findings must be provided to the Children's Commissioner under section 45(4)(c))
(by email to: childdeath@ccypcg.qld.gov.au)
- State Coroner**
(if the coroner making the findings is not the State Coroner, the findings must be provided to the State Coroner under section 45(4)(d)).

For deaths in care only:

- Attorney-General**
- Minister administering:**
 - Residential Services (Accreditation) Act 2002* (if the person was living in a level 3 accredited residential service)
 - Disability Services Act 2006* (if the person was receiving residential services operated or funded by the department administering the *Disability Services Act*)
 - Health Services Act 1991* (if the person was living at a place funded by the department administering the *Health Services Act*)
 - Mental Health Act 2000* (if the person was subject to involuntary assessment or treatment under the *Mental Health Act*)
 - Adoption of Children Act 1964* (if the person was awaiting adoption)
 - Child Protection Act 1999* (if the person was a child placed in care under the *Child Protection Act*)
- Chief Executive of the department administering:**
 - Residential Services (Accreditation) Act 2002* (if the person was living in a level 3 accredited residential service)
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 - Child Protection Act 1999* (if the person was a child placed in care under the *Child Protection Act*).

For deaths following treatment in a hospital or medical facility only:

- For Queensland Health facilities, the district manager of the health service district responsible for the facility**
(refer to www.health.qld.gov.au/healthservices/byfacility.asp for a list of Queensland Health facilities)
- For private facilities, the Chief Executive Officer of the facility**
(by email to: Private_Health@health.qld.gov.au)
- For all deaths, the Executive Director, Patient Safety and Quality Improvement Service, Queensland Health**
(by email to: psccoronial@health.qld.gov.au)
- For all deaths, the Health Quality and Complaints Commission**
(by email to: quality.improvement@hqcc.qld.gov.au).

For deaths that occur in the course of, or as a result of, police operations only:

- Attorney-General**
- Minister administering the *Police Powers and Responsibilities Act 2000***
- Chief Executive of the department administering the *Police Powers and Responsibilities Act 2000***

ATTACHMENT

DRUGS/POISONS DETECTED IN BLOOD BY FULL SCREENING

The drugs shown below would normally be detectable at therapeutic or higher concentrations unless otherwise indicated. The drugs detected include, but are not limited to those shown below.
For any drug not on the list, please contact the laboratory regarding our testing capability.

Amphetamines / Stimulants**	Amphetamine, methylamphetamine, pseudoephedrine, ephedrine, 3,4-Methylenedioxyamphetamine (MDA), 3,4-Methylenedioxyethylamphetamine (MDEA), 3,4-Methylenedioxymethylamphetamine (MDMA), paramethoxyamphetamine (PMA), phentermine.
Benzodiazepines	Alprazolam, bromazepam, clobazam, clonazepam / 7-aminoclonazepam, diazepam / nordiazepam, flunitrazepam / 7-aminoflunitrazepam, flurazepam / desalkylflurazepam, hydroxy alprazolam, lorazepam, midazolam, nitrazepam / 7-aminonitrazepam, oxazepam, temazepam, triazolam.
Anti-Depressants	Amitriptyline / nortriptyline, citalopram, clomipramine, dothiepin, doxepin, fluoxetine, fluvoxamine, Imipramine / desipramine, mianserin, mirtazapine, moclobemide, nefazadone, paroxetine*, sertraline, trimipramine, venlafaxine.
Opiates** / Narcotic analgesics	Morphine, codeine, dextromethorphan, dextromoramide, methadone, oxycodone*, pentazocine, pethidine, pholcodine, propoxyphene, tramadol.
Anti-Psychotics/ Tranquillisers	Amsulpride*, chlorpromazine, clozapine, fluphenazine, haloperidol*, methaqualone, olanzapine, pericyazine, prochlorperazine, promazine, quetiapine, thioridazine, trifluoperazine*, zolpidem.
Anti-Histamines	Brompheniramine, chlorpheniramine, diphenhydramine, pheniramine, promethazine.
Anti-Convulsants / Barbiturates	Amylobarb, carbamazepine, lamotrigine, levetiracetam, methylphenobarbitone, oxcarbazepine, pentobarb, phenobarb, phenytoin, primidone, quinalbarb, thiopentone.
Analgesics	Diclofenac, paracetamol, salicylic acid (aspirin)
Anti-Diabetics	Chlorpropamide, gliclazide, tolbutamide.
Anti-Inflammatory	Diflunisal, ibuprofen, ketoprofen, meloxicam, naproxen, piroxicam.
Miscellaneous	Acetone, acetazolamide, amantadine, atracurium, atropine, benzotropine, bupivacaine, bupropion, caffeine, cannabinoids, cisapride, chloroquine, cotinine, cyproheptadine, diltiazem, dipyridamole, disopramide, doxylamine, ethanol, flecainide, fluconazole, frusemide, hydroxychloroquin, Irbesartan, ketamine, lignocaine, methanol, metoclopramide, metoprolol*, metronidazole, mexiletine, nicotine, omeprazole, orphenadrine, pantoprazole, perhexiline, propranolol, quinine, quinidine, rabeprazole, risperidone*, strychnine, sulphamethoxazole, telmisartan, theophylline, tranylcypamine, trimethoprim, verapamil, warfarin.

* Detectable at toxic or higher concentrations

** Cocaine/cocaine metabolite and 6 mono acetyl morphine can be detected by urine immunoassay.

Legend to screening methods

GC/NPD: Gas chromatograph with nitrogen phosphorus detection.

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NATA Accredited Laboratory 41

The results relate solely to the item(s) and/or sample(s) as received.

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Reportable Deaths to the Coroner

Under the *Coroners Act 2003*, the following are reportable deaths to the Coroner. The local Coroner or the local Queensland Police station must be contacted to report the death under the Coroners Act. For more information please go to: www.justice.qld.gov.au/courts/coroner/home

Reportable death categories (Section 8)

- a) It is not known who the person is; or
- b) the death was violent or otherwise unnatural death; or
- c) the death happened in suspicious circumstances; or
- d) the death was a healthcare related death; or
- e) a cause of death certificate has not been issued, and is not likely to be issued, for the person; or
- f) the death was a death in care; or
- g) the death was a death in custody; or
- h) the death occurred as a result of police operations.

Definition of death in care (Section 9)

These deaths can be conveniently classified into 3 categories depending on whether the person:-

- had a disability as defined in s5 of the *Disability Services Act 1992* ("the DSA"); or
- was subject to involuntary assessment or treatment under the *Mental Health Act 2000* ("the MHA"); or
- was a child in the care or under the guardianship of the Department of Child Safety.

Definition of death in custody (Section 10)

This term is defined in s10 to include those who are at the time of their death:

- actually in custody, trying to escape from custody or trying to avoid being put into custody.
- "Custody" is defined to mean detention under arrest or the authority of a court order or an Act by a police officer or Corrective Services officer, court officers or other law enforcement personnel.

Definition of healthcare related deaths (Section 10AA)

"Healthcare" is defined to mean a health procedure or any care, treatment or advice, service or goods provided for or purportedly for the benefit of human health. Health procedure means any dental, medical, surgical or other health related procedure, including for example the administration of an anaesthetic, analgesic, sedative or other drug. A death is healthcare related if a) the healthcare caused or contributed to the death and immediately before the healthcare was provided an independent person would have expected death to occur; or b) a failure to provide healthcare caused or contributed to the death and at the time the healthcare was sought an independent person would not have expected that there would be a failure to provide healthcare that would cause or contribute to the death occurring. Healthcare causes or contributes to a person's death if the person would not have died at that time without the healthcare being provided. A failure to provide healthcare causes or contributes to death if the person would not have died at that time if the healthcare had been provided. The reference to an independent person means a person qualified in the relevant area of healthcare who has regard to all relevant matters including the person's state of health, the clinically accepted range of risk and the circumstances in which healthcare was provided or sought.

*Obvious death – where Queensland Police may issue Life Extinct Form

"Obvious deaths" are those where the state of the body is clearly incompatible with life:

- **Severe incineration** has caused charring and blackening of most of the body surface, with exposure of underlying tissues in some areas; or
- **Extensive trauma** has caused decapitation, severance of the torso, disruption of a vital organ (eg brain), or fragmentation of the body; or
- **Well established decomposition** has caused extensive discolouration of the skin, bloating of the body, and, in some cases, larval infestation and partial exposure of bones; or
- **Advanced decomposition** has exposed most of the skeleton, so called "skeletal remains".

In obvious deaths, police officers (as well as doctors, registered nurses and paramedics) may issue a Life Extinct Form. This is the ONLY category in which police officers may issue a Life Extinct Form.

"Obvious deaths" associated with trauma or burns are reportable to the Coroner.

"Obvious deaths" associated with decomposition *may not* need to be reported if identification can be achieved, if a doctor can issue a certificate (Form 9) with an opinion as to a natural cause of death, and if the death is not otherwise reportable (see section 8 of the *Coroners Act 2003*).

**IF ANY DOUBT EXISTS THAT A PERSON IS DEAD,
EMERGENCY RESUSCITATION ATTEMPTS SHOULD BE COMMENCED**

DO NOT WRITE IN THIS BINDING MARGIN