Steps to follow when a death occurs:				Canberra Health Services	Complete details or affix label					
Contact a <b>Medical Officer</b> to certify death					URN:					
<ul> <li>Notify DonateLife ACT Donation Specialist Nursing Coordinators (DSNC). DCNC must be notified of all deaths via the Canberra Hospital Switchboard</li> </ul>		+	+		Family name:					
Nursing Staff or Medical Officer:				DECEASED PERSON CHECKLIST	Given names:					
Notify next of kin in a sensitive and timely fashion.										
Refer family to Social Work Service and raise awareness of Pastoral Care Services available					DOB: Gender:					
OR				This form must be completed for all deaths pronounced within Canberra Health Services (CHS) to						
If family cannot be located, contact Police to request the next of kin be located.			*	facilitate notification to the Coroner and to ensure compliance with the ACT Coroners Act 1997.						
Medical Officer:				To be completed by the Medical Officer (MO) c	ertifying life extinct and included in the patie	nt / cliei	nt /			
MUST complete Deceased Person Checklist (page 1	of this document):			consumer's Clinical Record.						
if <u>NO</u> is the answer to <u>all</u> 6 questions and the death will not be referred to the Coroner	if <u>YES</u> is the answer to <u>any</u> question and the death is being referred to the Coroner			2 Notification of all deaths to DonateLife ACT Do Coordinator via Canberra Hospital switch on 5		act the D	onor			
	Refer to When Death Occurs Operational Procedure	_		Date of Death:	Time of Death:					
Medical Officer:	Medical Officer:							_		
Determines that the deceased person is <b>NOT</b> a Coronial case	DOES NOT WRITE DEATH CERTIFICATE			MO's name:						
Completes the Medical Certificate of Cause of Death	Completes and sends the <i>Discharge Summary</i> to the deceased person's GP		I	I provide the following information after reviewing the patients notes and contacting the appropriate consultant:						
Completes and sends the <i>Discharge Summary</i> to the deceased person's GP	Refers to the ACT Policing Coroner's Team as soon as practicable after death is pronounced (Phone: 0413 009 547)	+	+	If you believe the death falls into any of the categories below, the matter must be discussed with the Coroner's Court representative within two hours of death being pronounced and a determination made if the matter will be a Coroner's case. DO NOT WRITE A DEATH CERTIFICATE UNTIL THE CHECKLIST HAS BEEN COMPLETED AND CONFIRMED THAT THE DEATH WILL NOT BE REFERRED TO THE CORONER.						
Advises Ward Clerk of the patients death.	Medical Officer or Social Worker:	8	ARGIN	Did the patient/consumer: (Please tick the approp.			No			
Ward Clerk or Administration Officer:	Informs the next of kin about referral and the next steps Staff <b>MUST NOT</b> :	NOT WRITE IN TH	IG MAR	1 Die violently, or unnaturally, in unknown circun						
Checks the patient progress notes for the Medical Officer documentation of time and date of death for registering in ACTPAS.			HIS BINDIN	<ul> <li>2 Die under suspicious circumstances.</li> </ul>						
Medical Officer or Nursing staff:	<ul> <li>move</li> <li>wash</li> </ul>		L N							
<ul> <li>Determines if the deceased person was exposed to radioactive therapy OR infectious disease and contacts the relevant number for advice:</li> <li>Medical Physics Expert via Canberra Hospital Switchboard</li> <li>Infection Control Ph: 5124 3695</li> </ul>	<ul> <li>take foot and/or hand prints</li> <li>remove any devices or equipment</li> <li>remove or place anything on, or in, the deceased person, unless you have spoken to</li> </ul>	NDING MARGIN	RITE	3 Die and the death appears to be completely o	r partly attributable to an operation or procedure	.		0		
			DO NOT V	(Note: Operation or procedure means: an opera nature; or an invasive medical or diagnostic pr				EASED		
	and obtained permission from the ACT Policing Coroner's Team	z		4 Die and the doctor has not given a certificate a	about the cause of death.					
Ward Clerk or Administration Officer:		-		5 Dies after an accident where the cause of dea	th appears to be directly attributable to the			S I		
Sends the Record to Health Information Service:	Medical Officer:	+	+	accident. (Note: This includes death after a fall where the	a cause of death is a direct result of the fall)			N N		
Mezzanine level, Building 12, Canberra Hospital as	Completes life extinct certificate			6 Die in custody.			<u></u> କ			
soon as practicable.				(This includes persons who die while being tak	on into or dotained in custody or subject to	an		HEC		
Office hours:	Staff must assist ACT Policing when they attend the hospital			order under the Mental Health Act 2015)						
Monday–Friday: 7:00am–10:51pm Weekends and Public Holidays: 8:30am–5:00pm				IF YOU HAVE TICKED YES TO ANY QU	UESTION, <b>DO NOT WRITE A DEATH CER</b>	TIFICAT	Ē	IST		
If outside these hours, retains the record on the ward and sends to Health Information Service as soon as office hours resume.				If you have ticked yes to any questions or if yo Policing Coroner's Team on 0413 009 547 as s contact the Coroner's Team, please call Police Op	oon as possible after certifying life extinct.		not			
Wards person and Unit Nurse:				Coroner's requirements:						
<ul> <li>Escorts the deceased person to the Mortuary</li> <li>Nursing Staff:</li> <li>Notes any valuables and personal effects belonging to the deceased person and returns these to the next of kin upon completion of appropriate documentation.</li> </ul>				<ul> <li>If the death falls into any of the above categori used to treat the patient unless you have spok Representative.</li> </ul>	ies, <b>DO NOT</b> remove or disconnect any devices ten to and obtained permission from the Coroner		ment			
		+	+ .	• <b>Document the asset number,</b> if labeled, of ar death in the patient's Clinical Record. (Use oth	ny devices or equipment connected to the patier ner side of this page)	it at the t	ime of			
		)215(0519		• Do not move the body or equipment or clean the from the ACT Policing Coroner's Team.	he area unless you have spoken to and obtained	d permiss	sion	1021		
	Page 4 of 4	¥)		<del>-</del> L		Pa	age 1 of 4	O		

Complete and sign this section <b>ONLY</b> if the death is being reported to the Coroner					Canb	perra Health Services	Complete d	letails or affix lab	el			
							URN:					
It is the responsibility of the Medical Officer pronouncing death to notify the Coroner.      Other Conherre Health Services staff can contact the Coroner's Court representative if concerned		+	_	+	CREMATION SAFETY CHECKLIST		Family name:					
Other Canberra Health Services staff can contact the Coroner's Court representative if concerned.							Given names: Gender:					
ACT Policing investigate matters on behalf of the Coroner.												
Do not leave the reporting to the next shift												
After you have notified the ACT Policing Coroner's Team representative on 0413 009 547, please complete details below:					This page must be completed by a Medical Officer for all deaths to assist the funeral director to undertake actions regarding cremation or burial.							
Police Officer's Name: Time of call:					Health Information Service Staff to <u>provide a photocopy of this page</u> to Canberra Health Services Mortuary Staff.							
Summary of Conversation with Police:		_			Canberra Hea Funeral Home	Ith Services Mortuary Staff m	ust ensure this page is sent v	vith body to tl	he Mortua	ary/		
		_			Has the dece	ased been fitted with: (Please	e tick all appropriate)	Yes	No	Unsure		
		_			1 Cardiac de	efibrillator, battery powered						
		_   +	_	+	2 Cardiac pa	acemaker, battery powered						
		-	D	Z	3 Drug infus	ion pump						
			DO NOT WRITE	G MARGIN	4 Internal m	icro pacemaker						
		_	z	BINDING	5 Irradiated metal pellets							
		-		WRITE IN THIS		y (whether or not implanted ir lodes when, subjected to heat		,				
		-	MARGIN	DO NOT								
		_			MO Signature	Print name	De	signation	Date			
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Signed:	Date:	_  _ +	_	+	5							
(Medical Officer completing this form)		10215(05			(A1 CD)C1							
Printed name:	Time:	(0519										
	Page 2 o				-					Page 3 of 4		