



Ministry of Community
Safety And Correctional
Services

Office of the Chief
Coroner

INSTITUTIONAL PATIENT DEATH RECORD
Version 3

The *Coroners Act* requires that **EVERY** death of a resident of a registered Nursing Home, Home for the Aged or Charitable Institution must be reported to the Office of the Chief Coroner. Persons in charge of such institutions (or their delegates) are required to report **EACH** resident's death to the Office of the Chief Coroner by completing and submitting this Record. When persons who normally reside in these institutions die within 30 days of transfer to hospital, the Hospital Administrator (or his/her delegate) must report **EACH** death by completing and submitting this Record to the Office of the Chief Coroner. The Hospital Administrator (or his/her delegate) must contact the institution where the individual was transferred from to obtain answers to questions 7 through 10.

In addition to submitting this Record, if the answer to **ANY** of the 10 questions listed below is **YES**, the death must **ALSO** be reported **DIRECTLY AND IMMEDIATELY** to a local coroner:

Name of deceased (print below)	<input type="checkbox"/> Male	Age:	Date and time of death (print below)
	<input type="checkbox"/> Female		
Name & Address of institution (print below)	Type of institution (choose one)		
	<input type="checkbox"/> Nursing Home <input type="checkbox"/> Home for the Aged <input type="checkbox"/> Charitable Institution		
Name & Address of Hospital (if death occurred in a hospital)(print below)			

The questions below are intended to help determine if a local coroner should be contacted. If the answer to any of the questions is **YES**, a local coroner **MUST** be contacted **DIRECTLY AND IMMEDIATELY**. If a local coroner is called, the coroner's name must be entered at the bottom of this record.

1) Accidental Death? (An accident is an event that caused unintended injuries that begin the process leading to death. The time interval between the injury and death may be minutes to years. For example, a hip fracture is a common injury that begins the process that leads to death in the elderly. If there is a possible connection between a fracture or an injury and the events leading to death, the death should be reported to a coroner.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
2) Suicide? (Death due to an external factor initiated by the deceased.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
3) Homicide? (Death due to an external factor initiated by someone other than the deceased.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
*If there is a possibility of suicide or homicide, telephone both the police and the coroner, and seal the room until they arrive.		
4) Undetermined? (The manner of death is unclear. There is some reason to think that the death may not be due to natural causes, but it is not clearly an accident, a suicide or a homicide.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
5) Is the death both sudden and unexpected? (i.e. The death was not reasonably foreseeable.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
6) Has the family or any of the care providers raised concerns about the care provided to the deceased?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
7) Has there been a recent increase in the number of deaths at the Nursing Home, Home for the Aged or Charitable Institution?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
8) Has there been a recent increase in the number of transfers to hospital?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
9) If this death occurred during the course of a disease outbreak, is the death believed to be related to the disease outbreak?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
10) Is this a threshold case (threshold is every 10th death (for most institutions) whether or not a local coroner investigated any of the previous nine deaths)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
PRINT BELOW Name and Title of Person completing this form	Signature	Telephone Number
<hr/>		
Date Completed		
<hr/> PRINT BELOW Name & telephone number of local coroner if a local coroner was called		

Within 48 hours of the death, submit record by mail to:

Office of the Chief Coroner
26 Grenville Street, 2nd floor
Toronto, Ontario M7A 2G9

OR

Fax to:
Office of the Chief Coroner
416- 314-0888