

WORKING WITH THE CORONER FAQ

Does the Coroner investigate all deaths that occur in British Columbia?

No. Under the Coroners Act, the Coroner has a mandate to investigate deaths which are sudden, unexpected, unnatural, or unexplained. The Coroner will normally NOT investigate a death in which someone dies of their natural disease process while under the care of a physician.

How does this impact us as a Community Care facility?

Deaths that should be reported to the Coroner are normally only those which meet the criteria above. Most death in care facilities do not need to be reported.

Can you provide some examples of deaths that should be reported?

Deaths which possibly involve accidental injury – e.g., the person has had a recent fall with injury, the person was witnessed to have choked shortly before death. Sudden deaths which cannot be explained by a person's known disease processes. Deaths which may involve drugs – e.g., medication overdoses or errors or even illicit drugs smuggled into the facility. Any case in which it appears someone committed suicide or was the victim of a homicide.

Under what circumstances should cases involving falls be reported?

Falls are considered to be the cause of death if an injury sustained in a fall started the cascade that led to a person's death. Falls which cause a traumatic brain injury are virtually always considered to be Accidental deaths and should always be reported.

Falls with major fractures, particularly hip or pelvic fractures, very often start a cascade leading to death, especially in the frail elderly. If a person has had such a fracture within 28 days before death, the death should normally be reported. If the fall occurred more than 28 days ago, but the person has been failing steadily since that time – losing mobility, failing to eat, etc. – the death and preceding fall should be reported.

On the other hand, if a fall occurred six months prior and the person appears to have made quite a good recovery and then dies of their natural disease process, this death would still be considered Natural and does not need to be reported.

In cases of more minor fractures (such as wrists or arms) or major soft tissue trauma without fracture, it is a matter of clinical judgement to decide whether these injuries started a cascade that led to death. If a facility is unsure, it is better to report than not.

In cases where it has been definitely determined that a fall caused no, or very minor injuries, such as a small scrape or cut, then the death would still be Natural and would not need to be reported.

What about someone who was injured many years ago, maybe even as a small baby or small child, but dies decades later of complications of those injuries?

There is NO statute of limitations for the Coroners Act. If the event that caused an injury that eventually led to death was a non-natural event (e.g., a motor vehicle incident, a near-drowning), then the classification of death would still be Accidental and the Coroner should be notified.

What about deaths in which you are worried something suspicious may have occurred?

These cases must be reported to the police department with jurisdiction as well as the Coroner. If it appears someone had a fall because of an attack by another person, such as another patient, both Coroner and police should be notified. This is true even if the police are most likely to lay a charge because of the mental status of the person who did the attacking.

How about examples of deaths that do not need to be reported?

Deaths in which someone succumbs to a natural disease process for which they have been/are being treated by a physician. This is true whether or not they have been formally made palliative by their physician, and whether or not their physician has seen them personally in the day or two before death.

Should someone's age be taken into account when deciding whether to contact the Coroner?

No. The manner of death is what counts, not the person's age. Someone in their 90s is quite likely to suffer an Accidental death as the result of a fall, and the Coroner needs to be contacted just as much as if they were 50 years younger.

Does the Coroner pronounce death?

No. A Coroner should be contacted only once it has been confirmed that death has occurred. There is no legal requirement in BC for death to be formally pronounced. If it is needed for facility or funeral home policy, it may be done by a physician, Nurse Practitioner, Registered Nurse, Registered Psychiatric Nurse, or Licensed Practical Nurse (if permitted by facility policy), or an Advanced Life Support paramedic.

Is it the Coroner's job to notify the next of kin that their family member has died?

No, that remains the job of the care facility whether or not it is a death in which the Coroner is contacted. Facility staff are encouraged to tell families that the Coroner will be calling them in cases in which the Coroner is involved.

What is the best way to contact a Coroner on Vancouver Island?

Phone the BC Coroners Service, Island Region, paging service at **1-855-207-0637**, 24 hours a day, 365 days a year. A live human will answer, not a machine. Ask them to page the Coroner-on-call for the area where your facility is located. You should receive a callback within 15 minutes.

Questions? Feel free to call Island Region BC Coroners Office at 250-356-9133