



**HER MAJESTY'S CORONER**  
For the West Yorkshire (Western) Coroner Area

**CONTACTING THE CORONER AFTER A DEATH**

**1. Sudden /unexpected/unexplained deaths**

These deaths have to be reported to the Coroner and the death cannot be verified by Registered Nurses. See overleaf for guidance on which deaths need reporting.

**HOW TO CONTACT THE CORONER'S OFFICE**

- **During office hours (Monday to Friday 8.30 to 4.00)**

Bradford: 01274 373721 / 01274 373718 / 01274 373716 / 01274 373719

[Coronersofficeswest@westyorkshire.pnn.police.uk](mailto:Coronersofficeswest@westyorkshire.pnn.police.uk)

- **Outside office hours**, sudden deaths should be reported through any police officer using the 101 non-emergency telephone number, except for cases where immediate police involvement is required when the normal emergency number should be used.

The police will contact the Coroner on your behalf.

**2. Expected deaths**

**Definition of an expected death:**

- Death following on from a period of illness, which has been identified as palliative (this would usually mean the patient was on the Gold Standards Framework and a DNACPR is in place) and
- Where community nursing services have been involved in providing palliative care, and where no active intervention to prolong life is ongoing

Some **expected** deaths need to be discussed with the Coroner, however, these deaths can be verified by appropriately trained Registered Nurses and the person's body can be moved to an undertakers of the family/deceased choice. The Coroner must be contacted as soon as the office opens. There is no need to contact the Police before the death is verified and the body moved to the undertakers.

**Please note:**

This **includes** expected deaths when:

- a person has not been seen by a medical practitioner within the last 14 days.
- Where a statutory reportable disease is thought to be the cause of death eg mesothelioma

Expected deaths of a person who is the subject of a Deprivation of Liberty Safeguard Authorisation **does not need** reporting to the coroner after the 3<sup>rd</sup> April 2017



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### **A GUIDE TO REPORTING DEATHS TO H M CORONER**

A death is reportable to the **CORONER** under S.1 Coroners and Justice Act 2009 if the cause of death is violent, unnatural, unknown or occurred whilst in custody or State detention.

You should also report a death in the following circumstances:

1. You are in **ANY DOUBT** at all as to **THE CAUSE OF DEATH**
2. A death can be caused or contributed to or accelerated by an omission or any event, process, intervention or act and such does not have to be the main or predominant cause and the test for the Coroner (not you) is whether it contributes to the death more than minimally, trivially or negligibly. A death should be referred if:
  - (a) Any unnatural event, process, intervention or act or omission has or may have contributed to the death more than minimally, trivially or negligibly and/or
  - (b) If there has been a loss of opportunity to give timely treatment to a potentially effective cause of the death
3. Deaths, which are **SUDDEN, UNEXPLAINED** or **SUSPICIOUS**
4. Deaths not due or not entirely due, to natural causes, e.g. all **ACCIDENTS** including late deaths from consequences of **MEDICAL MISHAPS**, deaths occurring **DURING AN OPERATION** or as a later **CONSEQUENCE OF THE OPERATION** or **BEFORE RECOVERY** from the effect of an **ANAESTHETIC**
5. All deaths within **24 hours** of admission to Hospital, or after any procedure, operation, treatment or anaesthetic, or discharge from Hospital and **ALL** deaths of persons under **18 YEARS OF AGE**.
6. Deaths due or contributed to by all **FRACTURES OR FALLS**
7. Deaths due or contributed to by a **DEFECT OR A FAILURE IN A SYSTEM OR PROCEDURE**
8. **ALL ALLEGED MEDICAL OR NURSING MISHAPS** (nb deaths after appropriate procedures, even if properly executed, might be natural deaths but they are still reportable) or **INAPPROPRIATE TREATMENT** or where a **CRITICAL INCIDENT PROCEDURE** has, is or will be recorded.
9. Any case of possible **LATE DIAGNOSIS** (e.g. meningitis) or **TREATMENT**
10. Deaths **DUE** or **CONTRIBUTED TO** by **DRUGS** (including therapeutic) where overdose, idiosyncrasy, poisoning or addiction is involved.
11. Acute alcohol poisoning (but not chronic alcoholism).
12. Where there is any doubt as to a **STILLBIRTH** e.g. any evidence that the fetus breathed or showed any other signs of life. A separate guide to the reporting and/or certification is available.
13. Any deaths caused or contributed to by **NEGLECT** or **SELF-NEGLECT**
14. All deaths due to **SUICIDE, MALNUTRITION, HYPOTHERMIA**
15. Any death caused or contributed to by **UNUSUAL DISEASES**(e.g. old/new variant Creutzfeldt-Jakob disease)
16. Deaths **due to or contributed to** by **OCCUPATIONAL INJURY/DISEASE** from whatsoever cause or suspected cause e.g. pneumoconiosis, mesothelioma, farmer's lung, Weil's disease, bladder cancer etc. This means any death which you suspect could possibly be caused or contributed to by the deceased's occupation.
17. Any deaths where there is a history of recent contact with the **POLICE** or **PRISON** or possibly **ABUSED DEPENDENCY** situations such as the **MENTALLY ILL** and any death where the individual is a voluntary or detained patient under the Mental Health Act 1983.



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18. Deaths due to **TETANUS, SEPTICAEMIA** or **GANGRENE** without the known underlying cause being identified, HEPATITIS IN A DOCTOR, DENTIST OR SIMILAR.
19. Deaths **where there is, or may be, a complaint concerning the care** of the deceased whilst in the care of **hospital, residential home, nursing home, general practitioner or other person or persons.**