



Institutional Patient Death Record

For use by facilities to which the *Long-Term Care Homes Act 2007* applies, for the mandatory report required when a resident dies in the facility or off the premises and in the care of a Long-Term Care Home staff member.



Where a resident dies on the premises of a long-term care home, to which the *Long-Term Care Homes Act, 2007* applies, or off the premises and in the care of a Long-Term Care Home staff member, the *Coroners Act* requires that the death be immediately reported to a coroner. Online submission of this form is requested.

Instructions:

- Please complete this form immediately after a resident dies in the circumstances noted above.
- After answering the 8 questions below:
 - If all answers to the 8 questions below are "No", submit the completed form. No call to the coroner is required.
 - If there are one or more "Yes" answers, please call Coroner Dispatch **IMMEDIATELY** to report the death, and record the name of the coroner assigned in the field below, then submit the form.

Please direct any inquiries to:

Office of the Chief Coroner
occ.inquiries@ontario.ca

Coroner Dispatch Telephone: 416 314-4100 / 1 855 299-4100

Deceased Last Name		Deceased First Name		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age	Date of Death (yyyy/mm/dd)	Time of Death
Institution Name				
Institution Address				
Unit No.	Street No.	Street Name		PO Box
City/Town			Province	Postal Code

- 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 the local coroner.) Yes No
 - Suicide?**
(Death due to an external factor initiated by the deceased.) Yes No
 - Homicide?**
(Death due to an external factor initiated by someone other than the deceased.) Yes No
- *If there is a possibility of suicide or homicide, telephone both the police and the coroner, remove any other residents and seal the room until they arrive.**
- 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 No
 - Is the death both sudden and unexpected?**
(i.e. The death was not reasonably foreseeable.) Yes No
 - Has the family or any of the care providers raised concerns about the care provided to the deceased?** Yes No
 - Has there been a recent increase in the number of deaths at your Long-Term Care Home?** Yes No
 - Has there been a recent increase in the number of transfers to hospital?** Yes No

Last Name of Person completing this form		First Name		
Title			Telephone No. (incl. area code)	
Signature			Date Completed (yyyy/mm/dd)	
Last Name of Local Coroner (if a local coroner was called)		First Name		Telephone No. (incl. area code)

