

DEATHS OF AGED CARE RESIDENTS

Is the death of an aged care resident always reportable to the coroner?

No. The mere fact that a deceased person lived in residential aged care does not automatically make the death reportable under the *Coroners Act 2003*

When must the death of an aged care resident be reported to the coroner?

The death of an aged care resident will be reportable to the coroner only if it is a 'reportable death' under the *Coroners Act 2003*. This means the circumstances of the death must meet one or more of the following specific criteria:

- the person's identity is not known
- the death is violent or unnatural or occurred in suspicious circumstances
- the death is health care related
- the probable cause of death is not known and a cause of death certificate cannot be issued
- the death occurred "in care"
- the death occurred in custody or in the course of a police operation.

The categories of reportable death are explained in detail, with examples in the State Coroner's Guidelines – Chapter 3: Reportable Deaths - <https://www.courts.qld.gov.au/courts/coroners-court/about-coroners-court/resources-and-legislation#state>.

In practice, deaths of aged care residents are most commonly reported because they died:

- from an "unnatural" cause, for example, traumatic injury (often sustained in a mechanical fall), airway obstruction by food bolus, suicide or the death occurred in suspicious circumstances;
- as the unexpected result of a health care investigation or failure to provide health care, for example inadequate swallow/aspiration risk management or chronic wound/pressure area management, medication error or delayed medical treatment; or
- from an unknown cause.

When is a death following a mechanical fall reportable to the coroner?

Fall-related injury is one of the leading causes of morbidity and mortality in older Australians. However, just because an aged care resident had a fall or collapse before they died does not automatically make their death reportable to the coroner.

The issue is whether an injury sustained in the fall (for example, hip fracture or subdural haemorrhage, fractured ribs or c-spine fracture) or its complications (for example aspiration pneumonia, pulmonary embolism) has either cause or contributed significantly to or has hastened the person's death.

In practice, the death will be reportable if the doctor certifying the person's death considers that the injury and/or its complications are the condition directly leading to death or antecedent causes as required on the cause of death certificate.

If in doubt, [contact](#) the Coronial Registrar during business hours for advice about whether the death is in fact fall-related for coronial reporting purposes.

How to report an aged care resident's death when it is fall-related

In most cases, the death of an aged care resident from a mechanical fall related injury or its complications can be reported by the residential service provider or the resident's doctor using the [Form 1A - Medical practitioner report of a death to a coroner](#) rather than requiring police attendance at the residential aged care service.

This process is to be used when the resident's doctor is willing to issue a cause of death certificate. It also means the person's body can be released to the family's nominated funeral director. [Contact](#) the Coroners Court of Queensland for advice about when and how to use the Form 1A reporting process.

However, if the circumstances of the resident's fall and subsequent death at a residential aged care service are unusual or concerning, the death should be reported to police in the first instance.

How to report an aged care resident's death to the coroner when it may be reportable for another reason?

The death of an aged care resident from any other external cause should be reported to police by the service provider by contacting [Policelink](#) on 131 444.

What happens if an aged care resident dies unexpectedly from natural causes?

When the death appears to be from natural causes, enquiries should be made with the person's doctor about their willingness to issue a cause of death certificate.

Under the *Births, Deaths and Marriages Act 2003*, if a doctor is able to form an opinion as to the probable cause of death, then the doctor must issue a cause of death certificate. There is no requirement for a specific cause of death to be precisely known or for the doctor to have seen the patient within a particular time period before the death.

For more information about issuing cause of death certificates, refer to the Coroners Court of Queensland information sheet - [Issuing cause of death certificates for apparent natural causes deaths - A guide for Queensland medical practitioners](#).

The resident's body can be transferred to the family's nominated funeral director. There is generally no need to contact police.

Is the death of an aged care resident reportable as a "death in care"?

No. The concept of "death in care" is very specific. It is intended to ensure there is independent scrutiny of deaths of certain categories of particularly vulnerable people namely:

- people with a disability with high support needs living in funded supported living arrangements – death in care (disability);
- involuntary mental health inpatients and forensic disability clients – death in care (involuntary treatment); and
- children in care – death in care (child protection) or death in care (adoption)

The mere fact that a person was an aged care resident does not make their death reportable as a death in care even if they had a disability with high support needs funded under the National Disability Insurance Scheme.

For more information about when the person with a disability is reportable to the coroner, refer to the Coroners Court of Queensland [Deaths of people with a disability - factsheet](#).



Need help?

Seek advice from the Coronial Registrar, Coroners Court of Queensland during business hours on telephone (07) 3738 7050.

