

Cork City Coroner
Mr Philip Comyn
B.C.L.
Solicitor



CORK CITY CORONER

CORK CITY CORONER'S OFFICE
Second Floor
Courthouse Chambers
29, Washington Street
Cork, T12 WN8F

Tel: (021) 4806645
Fax: (021) 4806641
Email: coroner@corkcity.ie
Website: www.corkcity.ie

CORONIAL PROTOCOL

CORONERS POST MORTEM REPORTS

Coroner Mr Philip Comyn

The post mortem document does NOT form part of the Medical Records and should not be copied or release or otherwise uttered.

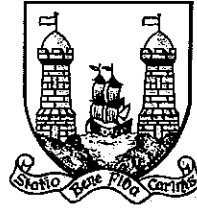
This is a LEGAL DOCUMENT and is the property of the Cork City Coroner. Any inquiries in relation to this document should be directed through the Office of the Cork City Coroner, Courthouse Chambers, Washington Street, Cork City.

A copy of the post mortem report can be sent to a Consultant at the conclusion of the Coroners Inquest or in the event of a Natural Death as soon as the post-mortem report is available.

A request must be sent to the Office of the Cork City Coroner as we are not always aware of all of the relevant clinicians.

December 2016

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- Where a patient dies before a diagnosis is made sufficient to complete the Death Notification Form.
- Where the death may have resulted from an accident, suicide or homicide.
- Where any question of misadventure arises in relation to the clinical or pharmaceutical treatment of the deceased.
- Where any patient dies within 24 hours of admission to hospital.
- When death occurred while a patient was undergoing an operation or was under the effect of an anaesthetic or following an operation.
- Where the death occurred during or as a result of any procedure.
- Where the death resulted from any occupational disease.
- Where a death was due to neglect or lack of care (including self neglect).
- Where death is directly due to a hospital acquired infection in the absence of other significant comorbidities.
- Where although a patient is known to have a significant comorbidity hospital acquired infection has brought about death at a time much earlier than would otherwise have been expected.
- Where a death occurs to a person in the care of the State.
- All deaths occurring in the Accident & Emergency Department.
- All deaths occurring in the Intensive Care Unit.
- All deaths in association with intracerebral haemorrhage.
- All deaths occurring in patients who have been referred from a Nursing Home or long term residential care facility.

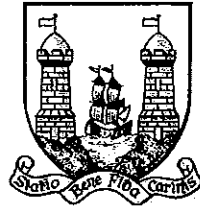
If in doubt as to whether or not a death is properly reportable, please consult with the Coroner who will advise accordingly. Basic clinical history is helpful when informing the Coroner.

The fact that a death is reported to the Coroner does not mean that an autopsy will always be required.

Phone: 021/4806645 (office) or Coroners mobile number at switch (The Coroner is available for consultation outside office hours, however except when the matter is urgent cases will normally be reported before 10pm or after 8 am)

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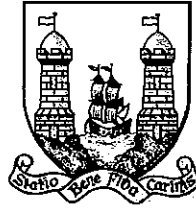
**Out of working hours
5.30pm – 9.00am daily**

The Coroner is contactable at all times in an emergency but usually not after 10pm or before 8am

1. REMAINS REMOVED TO CITY MORTUARY BY UNDERTAKERS.
2. REMAINS PLACED IN RECEPTION AREA OF CITY MORTUARY BY ARRANGEMENT WITH SECURITY STAFF.
3. GARDAÍ LEAVE COMPLETED MORTUARY ADMISSION FORM WITH REMAINS FOR MORTUARY STAFF ON ARRIVAL AT 9AM.
4. GARDAÍ PASS ON IDENTIFICATION AND RELEVANT INFORMATION TO MEMBER ON DUTY THE NEXT MORNING.
5. GARDAÍ NOTIFY CORONER BY 9AM AND NO LATER. IF NOT ALREADY AWARE.
6. GARDAÍ NOTIFY DESIGNATED PATHOLOGIST BY 9AM AND NO LATER.
7. ALL IDENTIFICATIONS PERFORMED IN THE CITY MORTUARY WILL BE CARRIED OUT IN THE VIEWING AREA IN A FORMAL FASHION DURING WORKING HOURS.

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TB CASES

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- I** Notify the Director of Public Health of any probable or definite TB case following post mortem by the pathologist (using the prescribed form)

- II** The Public Health Department will then liaise with the G.P. (or hospital consultant) as appropriate prior to contacting the deceased's next of kin for the purposes of TB contact tracing.

- III** The Coroner will subsequently forward a copy of the final post mortem report, when available, to the Director of Public Health

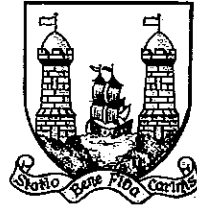
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CORONIAL PROTOCOL

TRANSFER OF REMAIN IN SUSPECTED CREUTZFELDT-JAKOB DISEASE CASES

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In all cases of suspected CJD a post-mortem is required to establish the cause of death.

As the post-mortem is being carried out, because the cause of death is unknown, it is by definition a Coroners post-mortem.

At the time of death the Coroner must be contacted for a direction.

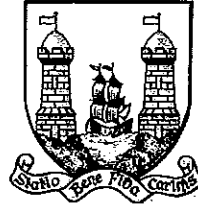
If a post-mortem is directed firstly the local Gardai must be notified in order that a formal identification process can take place.

Secondly the City Mortuary must be contacted on 021-4922525 to co-ordinate the transfer of remains and notes etc. to the designated centre for such post-mortems at Beaumont Hospital in Dublin and the City Mortuary will co-ordinate the ultimate return of remains and/or retained organs.

In this manner proper procedures will be followed and there is less opportunity for oversight in these atypical circumstances.

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CORONIAL PROTOCOL

COMPLETING THE MEDICAL CERTIFICATE AS TO THE CAUSE OF DEATH IN NON REPORTABLE HOSPITAL ACQUIRED INFECTION AND OTHER FATAL INFECTIONS

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If HAI is appearing on a Death Notification Form as to the cause of death it is by definition only where rules 7 and 8 over do not apply.

In such cases if the organism is known it should appear by name on the certificate.

If death is due to septicaemia please record the originating focus if known.

The positioning of the fact of hospital acquired infection on the medical certificate is dependent on whether it was the actual cause of death in which case it appears at 1A with the most significant pre existing comorbidity appearing at 1B and or 1C.

If the infection was considered significant but not the primary cause of death it may appear at II.

Terms such as palliative or end stage may appear on a medical certificate as to the cause of death if the use of such term clarifies the clinical situation further for the Registrar of Deaths.

Colonization such as with MRSA is not recordable.

The Coroner will assist with any queries in relation to the above on 0861414324

December 2016

WITNESSES

ORDINARY

Tells what he has perceived only

PROFESSIONAL

Measurements / results of investigations. Speaks of fact only (i.e. Junior Doctor)

EXPERT

Very different from the above.

Special training / skill

Draws conclusions from the facts
and can give an opinion (i.e. Consultant)

EXPERT WITNESS

1. Opinions and conclusions depend on special knowledge skill or training not familiar to lay jurors.
2. The witness must be shown to be qualified in field of expertise.
3. The judge and jury decide whether or not to accept the experts evidence.
4. In adversarial system both sides have their own experts.

GIVING TESTIMONY

Stand up
Speak up
Shut up
Know facts
Express yourself clearly
Remain tolerant / courteous
Dress suitably

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