



Clinical Process Instruction Manual

Coroner's Case Process Instruction

Policy:

As required by the *Coroner's Act*, in some circumstances, the local Coroner's office must be notified regarding the death or imminent death of a potential donor. See Appendix 1. If a potential donor is deemed to be a Coroner's case, Trillium Gift of Life Network (TGLN) will not proceed with donation unless appropriate consent has been obtained. TGLN follows the Coroner's instructions regarding any organ or tissue restrictions, directions in handling the case, post-mortem arrangements and disposition of organs/tissues not used.

The Coroner may also be contacted if the case is deemed appropriate to proceed with donation after Death by Circulatory Determination (DCC), after consent is obtained from the patient's substitute but prior to withdrawal of life-sustaining measures (WLSM) or death being determined.

TGLN may request autopsy results from the Coroner's office, where such information is required for purposes related to organ and tissue donation. An autopsy may occur through the Coroner's office or the Pathology department of the referral hospital.

TGLN staff do not reveal autopsy results to the donor's substitute, but may assist the substitute in making contact with the Coroner's office or hospital Pathology department as applicable.

For the purposes of this document, the TGLN coordinator may be the Clinical Services Coordinator (CSC), Specialist Organ and Tissue Donation (S-OTD), Clinical Responder (CR) or Tissue Coordinator (TC). The CSC and S-OTD/CR mutually decide who is the most appropriate person to facilitate discussions with the Coroner's office.

Process:

1. If the potential donor is determined to be a Coroner's case, the TGLN coordinator ensures that the local/regional Coroner's office is contacted to obtain permission for organ and/or tissue donation. The TGLN coordinator contacts the respective Coroner's Office and completes the *Permission for Donation in Death Investigation* form as per instructions provided by the Coroner by telephone. If the Coroner involved indicates that permission for organ donation may be withheld or there are any organs blocked for donation, the TGLN coordinator arranges with the MOC (Manager On Call) and/or DSP (Donation Support Physician) for the DSP to contact the Regional Coroner for further discussion. The S-OTD/CR documents the name of the Regional Coroner and the date and time of contact on the *Permission for Donation in Death Investigation* form. See Exhibit 1. Once completed, TGLN coordinator provides a copy to the hospital, faxes a copy to the Chief Coroner's Office and uploads it to the TGLN donor chart on iTransplant.



Clinical Process Instruction Manual

Coroner's Case Process Instruction

The hospital profile indicates where the *Permission for Donation in Death Investigation* form should be faxed to as each hospital is unique.

2. The coordinator will ask the coroner to confirm if the case is a police investigation. If yes, the coordinator will collect additional information including whether or not a police seal is anticipated to be placed, and who will be authorized to break the seal (i.e. police or coroner or other). If the police have or are anticipated to place the seal, contact information for the service responsible will be obtained and documented in the *Permission for Donation in Death Investigation* form (See Exhibit 1). The coroner may be asked by the coordinator to give the police advanced warning that TGLN may contact them. The coordinator will document the information provided in the Medical Examiner Info page in the Donor Management System.
3. The TGLN coordinator makes notes in the clinical notes and completes the appropriate portions of the donor assessment with details of the discussion with Coroner, including Coroner's name and phone number, permission (granted or withheld), autopsy pending and location, and any special instructions, including restrictions on which organs or tissues may be recovered and the planned disposition of any unused organs/tissues. Note: For heart valve donors, special instructions should include whether heart remnants post dissection of valves need to be returned to Coroner's Office or Pathologist and shipping address for the pathologist. Any requests for additional information from recovery or dissection of the heart should also be requested in the special instructions.
4. The S-OTD/CR ensures that the above information is transferred to the CSC or TC handling the case in the Provincial Resource Centre (PRC). For organ cases, this information is shared during the team huddle.
5. For organ and combined organ and tissue donors, the CSC verifies that the S-OTD/CR documented the location of the autopsy on the donor assessment. Likewise, for tissue exclusive donors, where the S-OTD/CR was involved in the coroner consent, the TC performs the verification. The CSC also ensures all recovery personnel are aware of any organ restrictions placed by the Coroner.
6. CSC and TC will notify the relevant transplant programs, organ procurement organizations, external organ recovery teams and tissue banks with the following information upon offer, "The donor is a coroner's case and if they decline any organs or tissues post recovery, they are to contact TGLN for further direction". This statement is documented on the *CSC to SRC Reporting Form* in the Coroner's section. See Exhibit 2. For heart valve donor cases, if heart remnants are requested to be returned, the TGLN coordinator is responsible for offering the heart valves to the Tissue Laboratory at the Hospital for Sick Children (HSC) and notifying HSC of the requirement



Clinical Process Instruction Manual

Coroner's Case Process Instruction

to return the heart remnants to the Coroner's Office or Pathologist at time of the offer. Notification should include the name and shipping address for which the remnants need to be returned.

7. The TC or CSC will notify all enucleators, recovery teams and any operating room personnel where the recovery is taking place that the donor is a Coroner's case and specify that there is Coroner's consent to recover tissues and identify any restrictions.
8. In the event that recovery staff find a closed shroud, police seal or evidence protecting measures on the body (i.e., bags taped to and covering hands) that prevents recovery or physical examination of the body, TGLN staff will contact the PRC coordinator. The PRC coordinator will refer to the Police Investigation Information on the *Permission for Donation in Death Investigation* form (See Exhibit 1) and contact the appropriate authority accordingly for permission to break the police seal.
9. In certain circumstances, medical paraphernalia such as braces or lines may be present and interfere with recovery of tissues or organs, TGLN staff contacts the Coroner to request permission to remove the medical paraphernalia interfering with recovery. It is the responsibility of the Coroner to contact the pathologists as required to make this determination.
10. If the Coroner involved indicates that permission for organ donation may be withheld, the TGLN coordinator contacts the Regional Coroner for further discussion. The TGLN coordinator will contact the TGLN Donation Support Physician (DSP) if an organ remains blocked after escalation to Regional Coroner. The S-OTD/CR documents the name of the Regional Coroner and the date and time of contact on the *Permission for Donation in Death Investigation* form.
11. Per the Regional Coroner, the TGLN coordinator facilitates any further requirements required for donation to proceed (e.g., if a physical exam in ICU is required and/or if a Coroner's representative is required in the OR). The *Permission for Donation in Death Investigation* form is completed and placed in the patient chart, uploaded into iTransplant and faxed to the Coroner office. The attending physician's involvement must be documented in the potential donor's hospital medical record, prior to the surgical recovery process, including transfer of the body. In the case that the Coroner gives verbal permission, it is recommended that a recorded telephone line be used in the PRC, for records purposes.
12. Prior to the recovery, for organ only cases, the S-OTD/CR shall inform the hospital OR staff that this is a Coroner's case and that they would be required to notify the Coroner's office post recovery when the donor is ready to be released. The S-OTD/CR attaches the *Contact Coroner Notice* to the copy of the patient chart for the Coroner and the hospital chart to ensure the hospital will notify



Clinical Process Instruction Manual

Coroner's Case Process Instruction

the Coroner once the donor is ready for release. See Exhibit 4. The donor hospital or regional Coroner may request alternate arrangements, as per their practice, to ensure the body is transferred to the Coroner's for their investigation in a timely manner.

13. For cases where a TRC is not involved in the recovery of tissues, the MTRC involved should contact the TC to notify them that the recovery has been completed in order to facilitate next steps (i.e., timely autopsy and release of body).
14. Post recovery, for combined organ/tissue and tissue only cases, the TC shall inform the recovery hospital (release of body contact, as per the hospital profiles), that the case is a Coroner's case and the body is ready to release to the next steps in the process.
15. If CSC is notified post recovery that an organ was declined, he/she advises the recipient OR to label the organ, return it to the cooler and leave it at the OR desk for pick-up. See Exhibit 3 for the *Human Organ for Coroner's Case* label. This label would be faxed from the PRC to the hospital OR. The CSC notifies the most responsible clinical staff:
 - Toronto: SRC
 - London: Transplant Donation Specialist
 - Ottawa: S-OTD/CR
 - Kingston: S-OTD/CR
 - Hamilton: St. Joseph's Perfusionist
16. The CSC ensures that all organs that have been recovered but were subsequently not transplanted are returned to the body or directly to the Coroner's office. For tissue exclusive cases, TC requests that Tissue Bank(s) call TGLN and advise that the tissues were sent to the location as specified by the Coroner. For any situations in which it is not clear regarding the return of organs, it is recommended that the CSC call the S-OTD/CR who spoke with the Coroner or Manager on-call for directions.
17. CSC verifies with the Pathologist performing the autopsy that the autopsy will occur and arranges to have the organ(s) returned to the location specified on the donor assessment.
18. CSC notifies both the S-OTD/CR for family follow-up and the Pathologist and/or Coroner about the organ or tissue being returned to the Coroner. CSC verifies with Pathologist/Coroner that he/she received the organ(s) and/or tissue(s).
19. CSC and TC ensure that all Coroner-related conversations are documented in the clinical notes.



Clinical Process Instruction Manual

Coroner's Case Process Instruction

20. For any organ and combined organ/tissue cases, when a Coroner prevents any case from proceeding or blocks any organ from being transplanted, the TGLN coordinator will forward the *Permission for Donation in Death Investigation* form to the Manager of Hospital Programs so that the case can be reviewed by TGLN management and the Coroner's office.

Autopsy Results

21. If an autopsy is to be conducted, the S-OTD, CR, CSC or TC documents this in the donor chart. The CSC or Information Coordinator(s) may request autopsy results from either the Coroner's office or the Pathology department at the referral hospital, and indicates that these results are required for purposes related to organ or tissue donation. For criminally suspicious or homicide cases, autopsy results may not be available.
22. If autopsy results have been obtained by or sent to the hospital, the S-OTD/CR faxes the results to the PRC upon request from the CSC.
23. If available, the Information Coordinator(s) reports all autopsy results to all accepting transplant program(s) and tissue banks. The Information Coordinator(s) removes all identifying information other than the TGLN identification number from the autopsy report prior to forwarding results.
24. The Information Coordinator(s) uploads a copy of the autopsy report in the TGLN donor chart on iTransplant.

Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Donor Assessment	CSF-9-15	PRC	PRC	16 years
Human Organ For Coroner's Case Label	CSF-9-9	PRC	Organ Cooler	Until organ is disposed



Clinical Process Instruction Manual

Coroner’s Case Process Instruction

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Coroner Case Notice	CSF-9-8	PRC	Organ Cooler	Until organ is disposed
Contact Coroner Notice	CSF-9-10	PRC	Organ Cooler	Until organ is disposed
Permission for Donation in Death Investigation form	CSF-9-7	PRC	PRC	16 years

References:

- *Discussing Donation Opportunities and Obtaining Consent Process Instruction, CPI-9-204*
- *Storage and Disposal of Organs Process Instruction, CPI-9-611*
- *Donor Aftercare Form – Instructions for OR and Medical Records Personnel*
- *Algorithm for Organ Donation in Coroner’s Cases*
- Coroner’s Act R.S.O 1990 Chapter C 37. Retrieved July 29, 2003.
http://192.75.156.68/DBLaws/Statutes/English/90c37_e.htm#P182_8283
- Office of the Chief Coroner
http://www.mpss.jus.gov.on.ca/english/pub_safety/office_coroner/coroner_when.html
- Cairns, James T. *Guidelines for Organ Donation in Children’s Homicide and Suspicious Death Cases*. December 2002
- Gift of Life Act, R.S.O 1990, c. H.20. Last amendment: 2021, c.4, Sched. 11, s. 39.
Retrieved from: [Gift of Life Act, R.S.O. 1990, c. H.20 \(ontario.ca\)](http://www.ontario.ca/gift-of-life-act).



Clinical Process Instruction Manual

Coroner's Case Process Instruction

Appendix 1: Reporting Death to a Coroner

From the *Coroner's Act*:

The Coroner's office must be notified when there is reason to believe that death occurred suddenly or unexpectedly or as a result of any of the following: violence, misadventure, negligence, misconduct or malpractice, or by unfair means, during or related to pregnancy, from disease or sickness without treatment by a physician, from any cause other than disease, or in any other situation which requires investigation.

The Coroner's office must also be notified if a person dies while in custody, or while resident in, or an in-patient in, or following transfer to a hospital from: a charitable institution, a children's residence, a facility for the developmentally disabled, a psychiatric facility or mental hospital, a nursing home or home for the aged, or a correctional facility.

In addition to the above legislated requirements, the Coroner's office is often called when a death occurs intraoperatively, shortly postoperatively, or following trauma. If a ward of the Crown (e.g., Children's Aid Society) dies, the Coroner must be notified. If family members have concerns about the quality of care provided prior to death, it is prudent to notify the Coroner's office of the death.

In these circumstances, if the Coroner's office decides to investigate the case, organ or tissue recovery (including transfer of the body) may not proceed until the coroner provides a release to do so.

No person shall knowingly hinder, obstruct or interfere with, or attempt to hinder, obstruct or interfere with, or furnish with false information or refuse or neglect to furnish information to a Coroner or designate in the performance of his or her duties in connection with an investigation.



Clinical Process Instruction Manual

Coroner's Case Process Instruction

Exhibit 1: Coroner Permission Form

	Ontario Health Trillium Gift of Life Network	PERMISSION FOR DONATION IN DEATH INVESTIGATION (CORONER/FORENSIC PATHOLOGIST PERMISSION)			CSF-9-7		
Donor information							
Name:		DOB (DD/MM/YY):	TGLN #:				
<input type="checkbox"/> Consent Obtained for Donation		Next of Kin providing consent:	Relation to Donor:				
<input type="checkbox"/> Section Not Applicable to Case							
Coroner/Forensic Pathology Information							
Investigating Coroner:			Regional Supervising Coroner:				
Post-Mortem Examination Required:		Forensic Pathologist:					
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Authorization for Donation Obtained:		Authorization requested by:					
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Phone <input type="checkbox"/> In-Person (Coroner Signature if requested in person): _____					
<input type="checkbox"/> Section Not Applicable to Case							
Police Investigation Information							
Is there an anticipated police seal?:		If yes, who will be authorized to break the seal?:					
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Coroner/Forensic Pathologist <input type="checkbox"/> Police					
Police Contact Information: <input type="checkbox"/> N/A		<input type="checkbox"/> Other					
Service:		Contact info:					
Permission to break seal granted:							
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom: _____							
<input type="checkbox"/> Section Not Applicable to Case							
Coroner (Nurse) Investigator Information							
Coroner Investigator:					Telephone:		
NOTE: Please call Dispatch at 416-314-4100 to speak with the above personnel.							
Type of Donation: Please initial box(s) to indicate which organs/tissue have been authorized or not for procurement							
<input type="checkbox"/> Section Not Applicable to Case							
Authorization	Heart	Lungs	Liver	Kidneys	Pancreas	Small bowel/stomach	Other
Yes							
No							
Special Instructions:							
<input type="checkbox"/> Section Not Applicable to Case							
Authorization	Eyes	Bone	Skin	Heart Valves	Other		
Yes							
No							
Special Instructions:							
<input type="checkbox"/> Section Not Applicable to Case							
Authorization	Hand		Hand/Forearm/Shoulder		Face and underlying structures		Other
Yes	R	L	R	L			
No	R	L	R	L			
Special Instructions:							
Ontario Health (Trillium Gift of Life Network [TGLN]):							
Ontario Health (TGLN) Coordinator's Name: _____ Signature: _____ Date (DD/MM/YY): _____							

This form must be faxed or emailed based on the following scenarios (all those that apply):
 1) All consented cases with a post-mortem examination to the OFPS at 416-314-4060 or fst@ontario.ca
 2) All consented cases to the to the OCC at 416-314-4030
 3) Any case being recovered in the Tissue Recovery Suite to 416-314-0888 or OCCDispatchers@ontario.ca



Clinical Process Instruction Manual

Coroner's Case Process Instruction

Exhibit 2: Coroner Case Notice



**THIS DONOR WAS A CORONER'S CASE:
PRIOR TO DISPOSAL OF ORGANS/TISSUES
PLEASE CONTACT:**

**TRILLIUM GIFT OF LIFE NETWORK
27 / 7 – 1-877-363-8456 / (416) 363-4438**

FOR FURTHER DIRECTION

DONOR TGLN #: _____




Clinical Process Instruction Manual

Coroner's Case Process Instruction

Exhibit 3: Human Organ for Coroner's Case Label

CSF-9-9





HUMAN ORGAN FOR CORONER'S CASE:
CONTACT: TRILLIUM GIFT OF LIFE NETWORK
24 / 7 - 1-877-363-8456 / (416) 363-4438
483 Bay Street South Tower, 4th Floor Toronto, Ontario M5G2C9
CTO # 100062

TGLN #: _____

ORGAN: _____ (Circle): L R

SIGNATURE: _____

 YES NO




HUMAN ORGAN FOR CORONER'S CASE:
CONTACT: TRILLIUM GIFT OF LIFE NETWORK
24 / 7 - 1-877-363-8456 / (416) 363-4438
483 Bay Street South tower, 4th Floor Toronto, Ontario M5G2C9
CTO # 100062

TGLN #: _____

ORGAN: _____ (Circle): L R

SIGNATURE: _____

 YES NO


June 8, 2017



Clinical Process Instruction Manual

Coroner's Case Process Instruction

Exhibit 4: Contact Coroner Notice



**THIS DONOR IS A CORONER'S CASE:
PLEASE CONTACT THE CORONER WHEN THE BODY IS READY
FOR RELEASE:**

CORONER'S DISPATCH
24/7 – 1-855-299-4100 / (416) 314-4100

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

TRILLIUM GIFT OF LIFE NETWORK
27 / 7 – 1-877-363-8456 / (416) 363-4438

DONOR TGLN #: _____