



Coroners Act 2003

Current as at 5 March 2017



Queensland

Coroners Act 2003

Contents

		Page
Part 1	Preliminary	
1	Short title	7
2	Commencement	7
3	Object of Act	7
4	Act binds all persons	8
5	Relationship with other Acts	8
6	Definitions	8
Part 2	Reporting deaths	
7	Duty to report deaths	8
8	Reportable death defined	10
9	Death in care defined	11
10	Death in custody defined	15
10AA	Health care related death defined	15
10A	State Coroner to notify family and child commissioner of deaths	17
Part 3	Coroner's investigation, including by inquest, of deaths	
Division 1	Investigations generally	
11	Deaths to be investigated	18
11A	Reviewing coroner's decision about whether death is a reportable death	19
12	Deaths not to be investigated or further investigated	20
13	Coroner's powers of investigation	21
14	Guidelines and directions for investigations	22
15	Help in investigation	23
16	Duty to help investigation	23
17	Disclosure of confidential information to coroner	24
17A	Protection from liability for giving information and other things to coroner	25

Contents

Division 2	Autopsies	
18	Transferring body to mortuary	26
18A	Arrangements for and guidelines about assessing suitability of body for Transplantation and Anatomy Act 1979	27
19	Order for autopsy	28
20	Exhuming body or recovering cremated remains	30
21	Observing an autopsy	31
22	Extra medical evidence for autopsy	32
23	Autopsy testing	33
23A	Applying for an order for autopsy testing	34
24	Removing tissue for autopsy testing	34
24A	Autopsy certificate	36
25	Autopsy reports	37
26	Control of body	39
Division 3	Inquests and investigations	
27	When inquest must be held	40
28	When inquest may be held	41
29	When inquest must not be held or continued	42
30	Applying for inquest to be held	42
31	Inquests to be held by the Coroners Court	43
32	Notice of inquest	44
33	Inquest into multiple deaths	44
34	Pre-inquest conferences	45
35	Directions or orders about inquests and pre-inquest conferences	46
36	Right to appear etc.	46
37	Evidence	47
38	Recording evidence	48
39	Incriminating evidence	49
40	Exhibits	49
41	Prohibited publications relating to inquests and pre-inquest conferences	49
42	Contempt	51
43	Excluding persons from inquest or pre-inquest conference	51
44	Adjourning inquest	52
45	Coroner's findings	52
46	Coroner's comments	53

46A	Publication of coroner's findings or comments	54
47	Coroner's comments and findings for particular deaths	54
48	Reporting offences, corrupt conduct or police misconduct	56
49	Reporting to State Coroner	57
50	Reopening inquests etc.—on application	57
50A	Reopening inquests on coroner's initiative	59
50B	Reopening investigations, other than inquests	59
51	Record of coroner's findings and comments	60
Division 4	Accessing investigation documents	
51A	Access of investigation documents under this division	60
52	Documents that can not be accessed	60
53	Access to investigation documents for research purposes	62
54	Access to investigation documents for other purposes	64
54AA	Access to information in section 7(4) report by prescribed tissue banks 65	
54A	Access to investigation documents by the family and child commissioner 67	
54B	Limitations on access under s 54A	68
54C	Fees for access under s 54A	69
55	Conditions imposed on access	69
56	Refusing access in the public interest	70
57	Coroner to pass on refused request for investigation document	70
58	Identifying coronial documents	71
Division 5	Physical evidence	
59	What division applies to	71
60	Returning physical evidence	72
61	Forfeiting physical evidence to the State	72
62	Access to physical evidence by owner	74
62A	Access to physical evidence exhibit	74
Division 6	Transferring, or continuing, jurisdiction of coroner	
63	Transferring investigation to another coroner	75
63A	Continuation of jurisdiction on retirement etc.	76
Part 4	Administration	
Division 1	Coroners Court	
64	The Coroners Court	76
65	Jurisdiction of the court is exclusive	76

Contents

66	Where the court may be held	76
67	Seals of the court	77
68	Rule-making power	77
69	Practice directions	77
Division 2	State Coroner	
70	Appointment of State Coroner	77
71	Functions and powers of State Coroner	78
71A	Assistance to and from coroners in other jurisdictions	80
72	Resignation of State Coroner	81
73	When person stops being the State Coroner	81
74	Acting as State Coroner	81
75	Staff of the State Coroner	82
76	Consulting with Chief Magistrate	82
77	Annual report	83
Division 3	Deputy State Coroner	
78	Appointment of Deputy State Coroner	83
79	Functions and powers of Deputy State Coroner	84
79A	Resignation of Deputy State Coroner	84
80	When person stops being the Deputy State Coroner	84
81	Acting as Deputy State Coroner	84
Division 4	Other coroners	
82	Local coroners	85
83	Appointed coroners	85
Division 5	Registrar and deputy registrars	
84	Registrar	86
85	Deputy registrars	86
86	Delegation of duties or powers to registrar or deputy registrars ..	86
Division 6	Other general provisions about coroners	
87	Obstruction	88
88	Immunity	88
89	Coroner as witness	89
90	Coroner's orders	89
91	Coroner's service counts as magistrate's service	89
Part 4A	Domestic and Family Violence Death Review and Advisory Board	
Division 1	Preliminary	
91A	Purpose of pt 4A	89

91B	Definitions for pt 4A	90
Division 2	Establishment, functions and powers	
91C	Establishment	92
91D	Functions	92
91E	Review function	93
91F	Relationship with coroners	93
91G	Powers	93
91H	Board must act independently and in public interest	94
91I	Administrative support for board	94
Division 3	Membership	
91J	Members of board	94
91K	Chairperson	94
91L	Appointment of other members	95
91M	Deputy chairperson	96
91N	Conditions of appointment	96
91O	Term of appointment	96
91P	Vacation of office	97
Division 4	Criminal history reports	
91Q	Criminal history report	97
91R	New convictions must be disclosed	98
Division 5	Proceedings of the board	
91S	Time and place of meetings	98
91T	Quorum	99
91U	Presiding at meetings	99
91V	Conduct of meetings	99
91W	Minutes and other records	100
Division 6	Disclosure of conflict of interests	
91X	Disclosure of conflict of interest	100
Division 7	Accessing information	
91Y	Right to information	101
91Z	Board may enter into arrangement with State Coroner	103
91ZA	Information sharing arrangements with other jurisdictions	104
Division 8	Reporting	
91ZB	Annual report	104
91ZC	Report about systemic matter	105
Division 9	Miscellaneous	

Contents

91ZD	Confidentiality	106
91ZE	Protection from liability for members and persons helping board perform functions	107
91ZF	Protection from liability for providing information	108
Part 5	Miscellaneous	
92	Register of deaths	108
93	National coronial database	109
94	Evidentiary aids	109
95	Authorising burial of body etc.	110
96	Application of Act to stillborn child	111
97	Notifying registrar when body is released and investigation ends	111
98	Approval of forms	112
99	Regulation-making power	112
Part 6	Transitional provisions	
Division 1	Transitional provisions for Act as enacted	
100	When repealed Act still applies	112
101	Appointments continue	114
102	Orders continue	114
103	References to repealed Act	114
104	Common law overridden	114
Division 2	Transitional provisions for Births, Deaths and Marriages Registration Act 2003	
106	Deaths reported under the old 3 month rule	115
107	Effectiveness of this div	115
Division 3	Transitional provision for the Child Safety Legislation Amendment Act 2005	
108	Death in care	115
Division 4	Transitional provisions for the Coroners and Other Acts Amendment Act 2009	
109	Definitions for div 4	116
110	Continued application of particular provisions	116
111	Application of s 12	116
112	Notice of inquest	117
113	Application of s 36	117
114	Validation relating to State Coroner	117
115	Validation relating to Deputy State Coroner	118
Schedule 2	Dictionary	119

Coroners Act 2003

An Act to provide for a coronial system, and for other purposes

Part 1 Preliminary

1 Short title

This Act may be cited as the *Coroners Act 2003*.

2 Commencement

- (1) The amendment of the *District Court of Queensland Act 1967* in schedule 1 commences on 1 May 2003.
- (2) The remaining provisions commence on a day to be fixed by proclamation.

3 Object of Act

The object of this Act is to—

- (a) establish the position of the State Coroner; and
- (b) require the reporting of particular deaths; and
- (c) establish the procedures for investigations, including by holding inquests, by coroners into particular deaths; and
- (d) help to prevent deaths from similar causes happening in the future by allowing coroners at inquests to comment on matters connected with deaths, including matters related to—
 - (i) public health or safety; or
 - (ii) the administration of justice; and

- (e) establish the Domestic and Family Violence Death Review and Advisory Board to review deaths related to domestic and family violence to prevent or reduce the likelihood of those deaths.

4 Act binds all persons

This Act binds all persons, including the State and, so far as the legislative power of the Parliament permits, the Commonwealth and the other States.

5 Relationship with other Acts

- (1) This Act is subject to the *Commissions of Inquiry Act 1950*, section 4A.
- (2) This Act does not limit or otherwise affect the functions or powers of—
 - (a) a police officer or other person to investigate a death under another Act; or
 - (b) a police officer to do something other than an investigation under this Act.

Example—

A police officer helping a coroner to investigate a death may at the same time investigate whether the death was a homicide.

6 Definitions

The dictionary in schedule 2 defines particular words used in this Act.

Part 2 Reporting deaths

7 Duty to report deaths

- (1) This section applies if—

- (a) a person becomes aware of a death that appears to be a reportable death; and
 - (b) the person does not reasonably believe that someone else has already reported, or is reporting, the death under subsection (3).
- (2) Despite subsection (1)(b), a relevant service provider who becomes aware of a death in care as mentioned in section 9(1)(a) must report the death under subsection (3), regardless of whether someone else has reported or may report the death.

Note—

Under section 9(3), a person's death is a death in care even if the deceased person died somewhere other than the place where the deceased person ordinarily lived for the purposes of being in care.

- (3) The person must immediately report the death to—
- (a) if the death happened in the course of or as a result of police operations—the State Coroner or the Deputy State Coroner; or
 - (b) if the death is a death in custody—the State Coroner or Deputy State Coroner; or
 - (c) otherwise—a police officer or coroner.

Maximum penalty—25 penalty units.

- (4) A police officer to whom a death is reported under this section must report the death to a coroner in writing.
- (5) However, if a death is reported to a police officer because a cause of death certificate has not been issued and is not likely to be issued, the officer need not report the death to a coroner until satisfied that the cause of death certificate is not likely to be issued.
- (6) A coroner to whom a death is reported must report the death to the State Coroner in writing.
- (7) Nothing in this section prevents a person from reporting a death in the way mentioned in subsection (3) if the person considers the death may be a reportable death.

(8) In this section—

relevant service provider, in relation to a death in care, means the provider of the residential service mentioned in section 9(1)(a) in which the deceased person ordinarily lived for the purposes of being in care.

report includes report by email or fax.

8 **Reportable death defined**

(1) A person's death is a **reportable death** only if the death is a death to which subsection (2) and subsection (3) both apply.

(2) A death is a **reportable death** if—

- (a) the death happened in Queensland; or
- (b) although the death happened outside Queensland—
 - (i) the person's body is in Queensland; or
 - (ii) at the time of death, the person ordinarily lived in Queensland; or
 - (iii) the person, at the time of death, was on a journey to or from somewhere in Queensland; or
 - (iv) the death was caused by an event that happened in Queensland.

(3) A death is a **reportable death** if—

- (a) it is not known who the person is; or
- (b) the death was a violent or otherwise unnatural death; or
- (c) the death happened in suspicious circumstances; or
- (d) the death was a health care related death; or
- (e) a cause of death certificate has not been issued, and is not likely to be issued, for the person; or
- (f) the death was a death in care; or
- (g) the death was a death in custody; or

-
- (h) the death happened in the course of or as a result of police operations.

Examples of police operations—

- a police motor vehicle pursuit for the purpose of apprehending a person
 - an evacuation
- (4) However, a death that happened outside Queensland is not a reportable death if the death has been reported to a non-Queensland coroner.
- (5) For subsection (3)(b), an unnatural death includes the death of a person who dies at any time after receiving an injury that—
- (a) caused the death; or
 - (b) contributed to the death and without which the person would not have died.

Examples—

- a person's death resulting from injuries sustained by the person in a motor vehicle accident many months before the death
- a person's death from pneumonia suffered after fracturing the person's neck or femur
- a person's death caused by a subdural haematoma not resulting from a bleeding disorder

9 **Death in care defined**

- (1) A person's death is a **death in care** if, when the person died—
- (a) the person had a disability mentioned in the *Disability Services Act 2006*, section 11, and—
 - (i) was living in a level 3 accredited residential service; or
 - (ii) was receiving services providing accommodation to persons with a disability and operated, or wholly or partly funded, by the department in which the *Disability Services Act 2006* is administered; or
 - (iii) was living in a residential service—

- (A) that is not a private dwelling or aged care facility; and
 - (B) that is wholly or partly funded by the department in which the *Hospital and Health Boards Act 2011* is administered or by a Hospital and Health Service under that Act, or at which the department or a Hospital and Health Service provides services; or
- (aa) the person was, under the *Forensic Disability Act 2011*—
- (i) being taken to, or detained in, the forensic disability service as a forensic disability client; or
 - (ii) being taken to an authorised mental health service under section 113(2)(b) or (4) of that Act; or
 - (iii) undertaking community treatment while accompanied by a practitioner within the meaning of that Act; or
 - (iv) absent from the forensic disability service under a temporary absence approval while accompanied by a practitioner within the meaning of that Act; or
 - (v) awaiting admission at an authorised mental health service under an order for the person's transfer from the forensic disability service to the authorised mental health service; or
- (b) the person was—
- (i) being detained in an authorised mental health service as an involuntary patient under the *Mental Health Act 2016*; or
 - (ii) being detained in a public sector health service facility under an emergency examination authority under the *Public Health Act 2005*; or
 - (iii) being transported to or from an authorised mental health service under the *Mental Health Act 2016*; or

- (iv) undertaking limited community treatment under the *Mental Health Act 2016* while in the physical presence of a health service employee; or
- (v) temporarily absent from an authorised mental health service under an approval given under the *Mental Health Act 2016*, section 221 while in the physical presence of a health service employee; or
- (c) the person was under the guardianship of the chief executive under the *Adoption Act 2009*, section 57 or 65; or
- (d) the person was a child who was—
 - (i) in the custody or guardianship of the chief executive (child safety) under the *Child Protection Act 1999*; or
 - (ii) placed in care under an assessment care agreement; or
 - (iii) the subject of a child protection order granting custody of the child to a person, other than a parent of the child, who is a member of the child’s family; or
 - (iv) the subject of a child protection order granting long-term guardianship of the child to—
 - (A) a suitable person, other than a parent of the child, who is a member of the child’s family; or
 - (B) another suitable person, other than a member of the child’s family, nominated by the chief executive.
- (e) the person was a participant who was—
 - (i) living in—
 - (A) accommodation provided to persons with a disability; or
 - (B) a residential service that is not a private dwelling or aged care facility; and

- (ii) receiving services paid for wholly or partly from funding under the NDIS in accordance with the person's participant's plan.
- (2) Subsection (1)(aa) or (b) applies even if, immediately before the person was detained, the person was in the custody of the chief executive (corrective services) under the *Corrective Services Act 2006*.
- (3) Subsection (1) applies even if the person died somewhere other than the place where the person ordinarily lived for the purposes of being in care.

Example—

A child placed in the care of an approved foster carer becomes ill and is taken to hospital. The child dies while in hospital. The child's death is a death in care.

- (4) In this section—

assessment care agreement means an assessment care agreement as defined under the *Child Protection Act 1999*.

authorised mental health service means an authorised mental health service as defined under the *Mental Health Act 2016*.

child protection order means a child protection order as defined under the *Child Protection Act 1999*.

forensic disability client means a forensic disability client as defined under the *Forensic Disability Act 2011*.

forensic disability service means the forensic disability service as defined under the *Forensic Disability Act 2011*.

level 3 accredited residential service means a residential service that has, or is required to apply for, a level 3 accreditation under the *Residential Services (Accreditation) Act 2002*.

NDIS means National Disability Insurance Scheme under the NDIS Act.

NDIS Act means *National Disability Insurance Scheme Act 2013* (Cwlth).

participant has the meaning given by the NDIS Act, section 9.

participant's plan means a plan for a participant that is in effect under the NDIS Act, section 37.

plan, for a participant, has the meaning given by the NDIS Act, section 9.

10 **Death in custody defined**

- (1) A person's death is a ***death in custody*** if, when the person died, the person was—
- (a) in custody; or
 - (b) escaping, or trying to escape, from custody; or
 - (c) trying to avoid being put into custody.

Example of paragraph (c)—

a suspected bank robber who dies in a car crash while being pursued by police

- (2) In this section—

custody means detention, whether or not by a police officer, under—

- (a) an arrest; or
- (b) the authority of a court order; or
- (c) the authority of an Act of the State, other than—
 - (i) the *Education (General Provisions) Act 2006*; or
 - (ii) the *Mental Health Act 2016*; or
 - (iii) the *Forensic Disability Act 2011*; or
- (d) the authority of an Act of the Commonwealth.

10AA **Health care related death defined**

- (1) A person's death is a ***health care related death*** if, after the commencement, the person dies at any time after receiving health care that—
- (a) either—

- (i) caused or is likely to have caused the death; or
 - (ii) contributed to or is likely to have contributed to the death; and
 - (b) immediately before receiving the health care, an independent person would not have reasonably expected that the health care would cause or contribute to the person's death.
- (2) A person's death is also a **health care related death** if, after the commencement, the person dies at any time after health care was sought for the person and the health care, or a particular type of health care, failed to be provided to the person and—
- (a) the failure either—
 - (i) caused or is likely to have caused the death; or
 - (ii) contributed or is likely to have contributed to the death; and
 - (b) when health care was sought, an independent person would not have reasonably expected that there would be a failure to provide health care, or the particular type of health care, that would cause or contribute to the person's death.
- (3) For this section—
- (a) health care contributes to a person's death if the person would not have died at the time of the person's death if the health care had not been provided; and
 - (b) a failure to provide health care contributes to a person's death if the person would not have died at the time of the person's death if the health care had been provided.
- (4) For this section, a reference to an independent person is a reference to an independent person appropriately qualified in the relevant area or areas of health care who has had regard to all relevant matters including, for example, the following—
- (a) the deceased person's state of health as it was thought to be when the health care started or was sought;

Example of a person's state of health—

an underlying disease, condition or injury and its natural progression

- (b) the clinically accepted range of risk associated with the health care;
- (c) the circumstances in which the health care was provided or sought.

Example for paragraph (c)—

It would be reasonably expected that a moribund elderly patient with other natural diseases would die following surgery for a ruptured aortic aneurysm.

- (5) In this section—

commencement means the commencement of this section.

health care means—

- (a) any health procedure; or
- (b) any care, treatment, advice, service or goods provided for or purportedly for the benefit of human health.

10A State Coroner to notify family and child commissioner of deaths

- (1) If the death of a child is reported to the State Coroner under section 7, the State Coroner must, within 30 days after receiving the report—
 - (a) notify the family and child commissioner of the death; and
 - (b) if a report about the death was given under section 7(4) by a police officer to a coroner—give the family and child commissioner a copy of the report unless the State Coroner considers that giving the report is likely to prejudice an investigation by a coroner or police officer.
- (2) Before giving the family and child commissioner a copy of a report under subsection (1)(b), the State Coroner must ensure that all information in the report that identifies anyone is obliterated.

- (3) However, the State Coroner need not obliterate information if the State Coroner reasonably believes the person's identity is necessary for the family and child commissioner's child death research functions.

Part 3 Coroner's investigation, including by inquest, of deaths

Division 1 Investigations generally

11 Deaths to be investigated

- (1) This section outlines—
 - (a) the type of deaths that may be investigated under this Act; and
 - (b) the type of coroner who conducts the investigations.
- (2) A coroner must, and may only, investigate a death if the coroner—
 - (a) considers the death is a reportable death, whether or not the death was reported under section 7; and
 - (b) is not aware that any other coroner is investigating the death.
- (3) Also, a coroner must investigate a death if the State Coroner directs the coroner to investigate the death.
- (4) The State Coroner may direct a coroner to investigate a death if—
 - (a) the State Coroner considers the death is a reportable death; or
 - (b) the State Coroner has been directed by the Minister to have the death investigated, whether or not the death is a reportable death.

Example—

The Minister might direct the State Coroner to investigate the death of a Queensland person that happened overseas, even though the death was investigated by a coroner overseas, if the Minister is concerned that the overseas investigation was not comprehensive enough.

- (5) Also, a coroner must investigate the suspected death of a person if the State Coroner directs the coroner to investigate the suspected death.
- (6) The State Coroner may direct a coroner to investigate a suspected death if—
 - (a) the State Coroner—
 - (i) suspects that the person is dead; and
 - (ii) considers the death is a reportable death; or
 - (b) the Minister directs the State Coroner to have the suspected death investigated.
- (7) Despite subsection (2), a death in custody, or a death mentioned in section 8(3)(h) that is not also a death in custody, must be investigated by—
 - (a) the State Coroner; or
 - (b) the Deputy State Coroner; or
 - (c) an appointed coroner or local coroner, approved by the Governor in Council to investigate a particular death in custody, or a death mentioned in section 8(3)(h) that is not also a death in custody, or any death in custody, or a death mentioned in section 8(3)(h) that is not also a death in custody, on the recommendation of the Chief Magistrate in consultation with the State Coroner.

11A Reviewing coroner's decision about whether death is a reportable death

- (1) A person dissatisfied with a coroner's decision about whether a death that happens after the commencement of this section is a reportable death may apply for an order about whether it is a reportable death.

- (2) The application must be made to—
 - (a) if the coroner is not the State Coroner—the State Coroner; or
 - (b) if the coroner is the State Coroner—the District Court.
- (3) A person dissatisfied with the State Coroner's decision under subsection (2)(a) may apply to the District Court.
- (4) An application under subsection (3) must be made within 14 days after the person receives written reasons for the decision.
- (5) If the State Coroner or the District Court orders that the death is a reportable death, the coroner is taken to have considered the death to be a reportable death for section 11(2)(a).

12 Deaths not to be investigated or further investigated

- (1) A coroner must not investigate a death, unless directed to do so by the Minister or by the State Coroner under section 11(4)(b), if—
 - (a) the death happened in another State and has been reported to a non-Queensland coroner; or
 - (b) the death happened outside Australia.
- (2) A coroner must stop investigating a death if—
 - (a) the coroner's investigation shows that the body is indigenous burial remains; or
 - (b) each of the following applies—
 - (i) the death was not a reportable death under section 8(3)(a) or (g);
 - (ii) the coroner's investigation shows that an autopsy of the body is not necessary;
 - (iii) the coroner decides to authorise a doctor to issue a cause of death certificate; or
 - (c) an autopsy of the body, ordered by the coroner, shows that the body is that of a stillborn child; or

- (d) the State Coroner directs the coroner to stop the investigation; or
 - (e) the coroner becomes aware that the death is a death mentioned in subsection (1), unless the Minister directs the coroner to continue the investigation.
- (3) If the coroner stops investigating the death under subsection (2)(e), the coroner may give the results of the coroner's investigation, including any autopsy report, to a non-Queensland coroner who is investigating the death.

13 Coroner's powers of investigation

- (1) This section applies to a coroner who is investigating a death under this Act, whether before or during an inquest.
- (2) The coroner may make, or arrange for, any examination, inspection, report or test that the coroner considers is necessary for the investigation.
- (3) Without limiting subsection (2), the coroner may authorise a doctor or nurse to take a sample of the deceased person's blood for testing.
- (4) For the purposes of the investigation, the coroner may issue a search warrant under the *Police Powers and Responsibilities Act 2000*, section 599(1).
- (5) The coroner may be present while a police officer exercises powers under the search warrant.
- (6) In this section—
nurse means a person registered under the Health Practitioner Regulation National Law—
 - (a) to practise in the nursing and midwifery profession, other than as a student; and
 - (b) in the registered nurses division of that profession.

14 Guidelines and directions for investigations

- (1) To ensure best practice in the coronial system, the State Coroner—
 - (a) may issue directions to the coroner investigating a particular death about a particular aspect of the investigation; and
 - (b) must issue guidelines to all coroners about the performance of their functions in relation to investigations generally.

Example—

a guideline to help coroners make decisions about the release of documents under this Act

- (2) When preparing the guidelines, the State Coroner must have regard to the recommendations of the Royal Commission into Aboriginal Deaths in Custody that relate to the investigation of deaths in custody.
- (3) The guidelines must—
 - (a) deal with the investigations of deaths in custody; and
 - (b) deal with investigations of deaths involving human remains found in a suspected traditional burial site, and in particular, must provide for the early notification and involvement of the Aboriginal or Torres Strait Islander community having a connection with the burial site; and
 - (c) list the doctors who are approved by the State Coroner to conduct particular types of autopsies, either by name or by reference to particular qualifications.
- (4) Without limiting subsection (1)(b) or (3), the State Coroner may also issue guidelines applying to all persons who carry out a function under this Act about the following—
 - (a) the types of reportable death mentioned in section 8;
 - (b) a preliminary investigation to decide whether a death is a reportable death;
 - (c) the investigation of a suspected death;

- (d) any other matter that is relevant and desirable to ensure best practice in the coronial system.
- (5) When investigating a death, a coroner must comply with the guidelines and any directions issued to the coroner to the greatest practicable extent.
- (6) However, to the extent that a direction conflicts with the guidelines, a coroner must comply with the direction.
- (7) In this section—
 - direction* does not include a direction as to what finding a coroner may make for an investigation.
 - traditional burial site* means a place that is a traditional Aboriginal or Torres Strait Islander burial site.

15 Help in investigation

- (1) During the investigation of a death, a coroner may seek the help of a lawyer or other person who the coroner reasonably believes can help the coroner investigate the death.
- (2) The duty of a police officer to help a coroner is stated in the *Police Powers and Responsibilities Act 2000*, section 794.

16 Duty to help investigation

- (1) This section applies if—
 - (a) a coroner is investigating a death; and
 - (b) the coroner reasonably believes a person may be able to give the coroner information, a document or anything else that is relevant to the investigation.
- (2) The coroner may require the person to give the coroner information, a document or anything else that is relevant to the investigation.
- (3) The requirement may be made orally or in writing.

- (4) When making the requirement, the coroner must warn the person it is an offence to fail to comply with the requirement unless the person has a reasonable excuse.
- (5) The person must comply with the requirement, unless the person has a reasonable excuse.
Maximum penalty—30 penalty units.
- (6) It is, for example, a reasonable excuse for a person to fail to comply with the requirement if complying with the requirement would tend to incriminate the person.

17 Disclosure of confidential information to coroner

- (1) This section applies to a provision in another Act that enables the release of confidential information to—
 - (a) a court; or
 - (b) a party to a proceeding before a court.

Examples—

Child Protection Act 1999, section 186 (Confidentiality of notifiers of harm or risk of harm) or 190 (Production of department's records)

Youth Justice Act 1992, section 299 (Production of department's records)

- (2) The provision is taken to enable the disclosure of the information to a coroner investigating a death as if—
 - (a) a reference to the court is a reference to a coroner; and
 - (b) a reference to a proceeding is a reference to an investigation; and
 - (c) a reference to a party is a reference to—
 - (i) a police officer, lawyer or other person helping the coroner; or
 - (ii) a person who is to appear or is appearing at an inquest.
- (3) To remove doubt, it is declared that this section does not negate anything in a provision that—

-
- (a) allows a person to refuse to release confidential information or produce a document containing confidential information; and

Example—

the *Health Ombudsman Act 2013*, section 274

- (b) requires a person to consent before information may be released.

Example—

the *Health Ombudsman Act 2013*, section 149

- (4) A coroner may only disclose information obtained under this section for a purpose connected with the investigation being conducted by the coroner.
- (5) A person who has been given access to confidential information by a coroner, including information in a document, must not directly or indirectly disclose the information—
- (a) other than for the investigation; or
- (b) unless the disclosure is permitted or required under this or another Act.

Maximum penalty for subsection (5)—100 penalty units or 2 years imprisonment.

17A Protection from liability for giving information and other things to coroner

- (1) A person is not liable, civilly, criminally or under an administrative process, for giving a coroner any of the following—
- (a) information, a document or anything else (the *required item*) in compliance with a requirement made under section 16;
- (b) confidential information under section 17.
- (2) Also, merely because the person gives the required item or confidential information, the person can not be held to have—

- (a) breached any code of professional etiquette or ethics; or
 - (b) departed from accepted standards of professional conduct.
- (3) Without limiting subsections (1) and (2)—
- (a) in a proceeding for defamation, the person has a defence of absolute privilege for publishing the required item or confidential information; and
 - (b) if the person would otherwise be required to maintain confidentiality about the required item or confidential information under an Act, oath or rule of law or practice, the person—
 - (i) does not contravene the Act, oath or rule of law or practice by giving the required item or confidential information; and
 - (ii) is not liable to disciplinary action for giving the required item or confidential information.

Division 2 Autopsies

18 Transferring body to mortuary

- (1) This section applies if a body is to be taken to a mortuary at the direction of—
- (a) a coroner; or
 - (b) a police officer under the *Police Powers and Responsibilities Act 2000*, section 597.
- (2) A person who is involved in taking the body to the mortuary must comply with—
- (a) any direction of the coroner or police officer; or
 - (b) the guidelines issued by the State Coroner about—
 - (i) the dignity and respect to be accorded to persons who are at a place from which a body is to be

taken, and their cultural traditions or spiritual beliefs; and

- (ii) the way in which bodies are to be taken to a mortuary.
- (3) However, to the extent that a direction conflicts with the guidelines, the person must comply with the direction.
- (4) In this section—

mortuary means a mortuary where autopsies ordered by coroners are conducted.

18A Arrangements for and guidelines about assessing suitability of body for Transplantation and Anatomy Act 1979

- (1) This section applies if a prescribed tissue bank is a party to an arrangement under section 54AA to access section 7(4) reports.
- (2) Before an autopsy is performed on a body, the prescribed tissue bank, or a person acting for the prescribed tissue bank, may conduct an external examination of the body for the purpose of assessing whether the body is suitable for the removal of tissue for the *Transplantation and Anatomy Act 1979*.
- (3) However, subsection (2) does not apply if the State Coroner, the coroner who is investigating the death, or a person acting for the prescribed tissue bank is aware that the deceased person had, during his or her lifetime, objected to the removal after death of tissue from his or her body.
- (4) A person who conducts the examination must comply with—
- (a) any directions of the coroner; and
 - (b) any guidelines issued by the State Coroner about the conduct of the process by which donor suitability for the removal of tissue under the *Transplantation and Anatomy Act 1979* is assessed.

- (5) However, to the extent that a direction conflicts with the guidelines, the person must comply with the direction.
- (6) In this section—
tissue see the *Transplantation and Anatomy Act 1979*, section 4(1).

19 Order for autopsy

- (1) This section does not apply if a coroner—
 - (a) has stopped investigating a death under section 12(2)(a), (b), (d) or (e); or
 - (b) is investigating a suspected death under section 11(6).
- (2) As part of the investigation of a death or to find out whether a body is that of a stillborn child, a coroner—
 - (a) if burial of the body has not happened—must order a doctor to perform an autopsy; or
 - (b) otherwise—may order a doctor to perform an autopsy.
- (3) The autopsy may consist of—
 - (a) for a body that has been cremated—an examination of the cremated remains of the body; or
 - (b) for a body that has not been cremated—
 - (i) an external examination of the body; or
 - (ii) an external and partial internal examination of the body; or
 - (iii) an external and full internal examination of the body.

Example of a partial internal examination—

If the only apparent injuries to a deceased person's body are to the person's head, the coroner may consider it appropriate that only the person's head be examined internally.

- (4) The coroner must state in the order the type of examination to be conducted.

-
- (5) Before ordering an internal examination of the body, the coroner must, whenever practicable, consider at least the following—
- (a) that in some cases a deceased person's family may be distressed by the making of this type of order, for example, because of cultural traditions or spiritual beliefs;
 - (b) any concerns raised by a family member, or another person with a sufficient interest, in relation to the type of examination to be conducted during the autopsy.
- (6) If, after considering any concern mentioned in subsection (5)(b), the coroner decides it is still necessary to order the internal examination, the coroner must give a copy of the order to the person who raised the concern.
- (7) The coroner must direct the order to 1 of the doctors who is listed in the guidelines and has the necessary skills to conduct the autopsy having regard to the particular circumstances of the case.

Example—

Particular doctors may have the necessary skills to conduct autopsies on adults but not on children.

- (8) However, the coroner must not allow—
- (a) a person to conduct or help at the autopsy if the person is accused, by someone on oath before a coroner, of causing the deceased person's death; or
 - (b) an attending doctor to conduct the autopsy, unless the coroner considers it is impracticable to do otherwise.
- (9) A coroner may make an order under this section even if—
- (a) an autopsy has previously been conducted on the body, either under this Act or under another lawful authority; or
 - (b) a cause of death certificate has issued for the deceased person; or

- (c) the death has previously been investigated under this Act; or
- (d) the death was reported to the coroner on or after 1 December 2003 but before the commencement of the *Justice and Other Legislation Amendment Act 2005*, section 47.

20 Exhuming body or recovering cremated remains

- (1) This section applies if, after a body is buried or cremated, the State Coroner forms the belief that the death was a reportable death.
- (2) To enable an autopsy of a body to be conducted, the State Coroner may order—
 - (a) if the body was buried—the body to be exhumed; or
 - (b) if the body was cremated and the cremated remains may be recovered—the cremated remains to be recovered.
- (3) The State Coroner must give at least 2 days notice of the State Coroner's intention to make the order to—
 - (a) the person in charge of the place where the body is, or the cremated remains are; and
 - (b) any person who the State Coroner considers has a sufficient interest in the autopsy.
- (4) Subsection (3) does not apply if—
 - (a) after taking all reasonable steps, the State Coroner can not contact a person mentioned in subsection (3); or
 - (b) the State Coroner considers it is not, in the circumstances, in the public interest to notify a person mentioned in subsection (3).
- (5) If—
 - (a) a person has raised a concern in relation to the order being made; but

- (b) after discussing the matter with the person, the State Coroner considers it is in the public interest for the order to be made;

the State Coroner must make the order and give a copy of it to the person.

- (6) The order authorises a police officer to enter the place stated in the order and stay there for as long as reasonably necessary to exhume the body or recover the cremated remains.
- (7) The officer must arrange for the body or cremated remains to be taken, in accordance with the directions in the order, to a place stated in the order.
- (8) The State Coroner must, as soon as reasonably practicable after the autopsy, order the body or cremated remains to be returned to the place from where they were taken.

21 Observing an autopsy

- (1) The coroner, or a police officer who is investigating a death under this or another Act, is entitled to observe and participate in the autopsy.
- (2) If the coroner considers it appropriate, a person may observe and participate in an autopsy for his or her vocational or clinical education or training with the consent of the doctor who is conducting the autopsy.

Examples—

an attending doctor, medical students, mortuary staff, nurses and police officers

- (3) The coroner may allow a person, or the person's representative, to observe the autopsy if the coroner considers—
- (a) the person has a sufficient interest in the autopsy; and
- (b) the attendance of the person, or the person's representative, at the autopsy would not compromise the integrity of the coronial investigation or any other investigation into the death; and

Example of other investigation—

a criminal investigation, workplace health and safety investigation or disciplinary investigation

- (c) the attendance of the person, or the person's representative, at the autopsy is otherwise appropriate.
- (4) Before allowing a person to observe an autopsy under subsection (3), the coroner—
 - (a) must, whenever practicable, consult with and consider the views of—
 - (i) a family member of the deceased person; and
 - (ii) the doctor who is to conduct the autopsy; and
 - (b) may consult with, and consider the views of, anyone else the coroner considers appropriate.
- (5) If the coroner allows a person to observe an autopsy under subsection (3), the coroner must give the person notice of the time and place of the autopsy before it is conducted.

22 Extra medical evidence for autopsy

- (1) If the coroner considers it necessary for the investigation of a death, the coroner may, by written notice, require—
 - (a) an attending doctor—
 - (i) to be present at the autopsy; or
 - (ii) to give the coroner a written report to help the doctor who is to conduct, or conducted, the autopsy; or
 - (b) a person who has any medical records of the deceased person, or tissue samples from the deceased person, to give them to the doctor who is to conduct, or conducted, the autopsy.

Example—

The coroner may require the person in charge of the nursing home in which the deceased person died to release the deceased person's medical records.

-
- (2) The coroner may send the notice to a person by fax or another electronic means.
 - (3) The person may send a written report or medical records to the doctor by fax or other electronic means, unless the notice requires the original copy of the written report or medical records to be given.
 - (4) The person to whom the notice is directed must comply with the notice, unless the person has a reasonable excuse.

Maximum penalty—40 penalty units.

Example—

An attending doctor may refuse to give the coroner a written report if the information in the report would tend to incriminate the attending doctor.

- (5) The doctor who conducts the autopsy must return the medical records or tissue samples as soon as reasonably practicable after the autopsy, unless the coroner orders otherwise.

Maximum penalty—40 penalty units.

23 Autopsy testing

- (1) A coroner may order that the doctor who has been ordered to conduct an autopsy also conduct a particular test.
- (2) The coroner may make the order on an application under section 23A or on the coroner's own initiative.
- (3) Also, the doctor may conduct any test that is consistent with the type of autopsy ordered by the coroner if the doctor considers it necessary to investigate the death.
- (4) For a test, the doctor may remove tissue from the deceased person's body.
- (5) Regardless of the type of autopsy ordered, the doctor may take blood or urine samples for testing.
- (6) In this section—
conduct a test includes arrange for a test to be conducted.

coroner means the coroner who ordered the doctor to conduct an autopsy or another coroner.

23A Applying for an order for autopsy testing

- (1) A person may apply to the coroner in writing for an order that the doctor who has been ordered to conduct an autopsy, or who conducted an autopsy, also conduct a test for any or all of the following as stated in the application—
 - (a) an infectious condition;
 - (b) a notifiable condition;
 - (c) an emergency notifiable condition;
 - (d) a controlled notifiable condition.
- (2) The coroner may grant the application only if the coroner is satisfied the applicant has a sufficient interest in the test result.
- (3) In this section—

conduct, a test, includes arrange for a test to be conducted.

controlled notifiable condition means a controlled notifiable condition as defined in the *Public Health Act 2005*, section 63.

coroner means the coroner who ordered the doctor to conduct an autopsy or the State Coroner.

emergency notifiable condition means an emergency notifiable condition as defined in the *Public Health Act 2005*, section 315.

notifiable condition means a notifiable condition as defined in the *Public Health Act 2005*, section 64.

24 Removing tissue for autopsy testing

- (1) This section applies if during an autopsy of a body, the doctor conducting the autopsy removes tissue from the body for testing.

-
- (2) If prescribed tissue is removed, the doctor must inform the coroner before the coroner orders the body's release.
 - (3) The coroner, knowing that the tissue has been removed, may nevertheless order the release of the body.
 - (4) However, if prescribed tissue has been removed, the coroner must not order the release of the body unless satisfied that—
 - (a) if practicable, a family member of the deceased person has been informed of the removal of the prescribed tissue; and
 - (b) the retention of the prescribed tissue is necessary for the investigation of the death, despite any concerns raised with the coroner about the retention of the prescribed tissue.
 - (5) If the coroner is not satisfied as mentioned in subsection (4)(a) and (b), the coroner must order the doctor to return the prescribed tissue to the body before the body is released.
 - (6) If tissue kept for testing is prescribed tissue, the coroner must, at not more than 6-monthly intervals after the date of the order for the autopsy, decide whether the tissue—
 - (a) still needs to be kept for—
 - (i) the investigation of the death; or
 - (ii) proceedings for an offence relating to the death; or
 - (b) may be disposed of.
 - (7) Specimen tissue as defined under the *Transplantation and Anatomy Act 1979* must be kept indefinitely by the entity that turned the tissue into specimen tissue.
 - (8) A person must not dispose of any other tissue kept for testing, except under the order of a coroner.
Maximum penalty—100 penalty units.
 - (9) If a coroner orders the disposal of the tissue, the entity that has the tissue must—
 - (a) if a family member of the deceased person has told the coroner that he or she wishes to test, or use, the tissue

[s 24A]

for a lawful purpose or to bury the tissue—release the tissue to the family member, or the family member's representative, for the test, use or burial; or

- (b) otherwise—arrange for the tissue to be buried.
- (10) Subject to any relevant local laws, a statement by the entity, in the approved form, to the effect that the coroner has ordered the disposal of the tissue is sufficient authority for the burial of the tissue.

- (11) In this section—

coroner means—

- (a) the coroner who ordered the autopsy; or
- (b) if that coroner is not available, another coroner.

prescribed tissue means—

- (a) a whole organ or foetus; or
- (b) an identifiable body part.

Example for paragraph (b)—

a limb, digit or jaw

24A Autopsy certificate

- (1) This section applies to a doctor who conducts an autopsy.
- (2) As soon as practicable after completing an autopsy, the doctor must—
 - (a) complete an autopsy notice in the approved form; and
 - (b) give a signed copy of the notice to—
 - (i) the registrar under the *Births, Deaths and Marriages Registration Act 2003*; and
 - (ii) the coroner who ordered the conduct of the autopsy.
- (3) As soon as practicable after the doctor determines the cause of death, or the doctor finally decides that the doctor can not determine the cause of death, the doctor must—

-
- (a) complete an autopsy certificate in the approved form; and
 - (b) give a signed copy of the certificate to—
 - (i) the registrar under the *Births, Deaths and Marriages Registration Act 2003*; and
 - (ii) the coroner who ordered the conduct of the autopsy.

Example—

After completing an autopsy, the doctor may decide that the doctor can not determine the cause of death until the doctor receives the results of toxicology tests. If the results of the toxicology tests are inconclusive, the doctor may finally decide that the doctor can not determine the cause of death.

- (4) If, after completing an autopsy, the doctor determines the cause of death, or the doctor decides that the doctor can not determine the cause of death the doctor need not comply with subsection (2).
- (5) However, if the doctor is unable to do something required by subsection (2) or (3), another appropriately qualified doctor can do the thing.
- (6) In this section—

approved form means a form approved by the chief executive of the department in which the *Births, Deaths and Marriages Registration Act 2003* is administered.

autopsy includes a post-mortem examination under the *Coroners Act 1958*.

25 Autopsy reports

- (1) As soon as practicable after completing an autopsy, the doctor who conducted the autopsy must—
 - (a) prepare an autopsy report; and
 - (b) give the report to the coroner.
- (2) If an investigating police officer asks for a copy of the autopsy report, or a copy of a test report, the doctor who conducted the

autopsy or the person who did the test must give a copy of the report to the police officer.

- (3) However, if the doctor is unable to do something required by subsection (1) or (2), another appropriately qualified doctor can do the thing.
- (4) If the chief executive or health chief executive asks for a copy of an autopsy report, or a copy of a test report, the doctor who conducted the autopsy or the person who did the test, must give a copy of the report to—
 - (a) a public service employee nominated by the chief executive; or
 - (b) a public service employee, health service employee or health executive, nominated by the health chief executive.
- (5) The chief executive or health chief executive may ask a doctor who conducts autopsies for—
 - (a) a copy of the autopsy report prepared by the doctor for a particular deceased person; or
 - (b) all autopsy reports prepared by the doctor for deceased persons who—
 - (i) died in similar circumstances; or
 - (ii) had similar characteristics; or
 - (iii) may be grouped by other criteria; or

Example—

The health chief executive could ask a doctor to give the health chief executive copies of all autopsy reports the doctor makes at any time relating to deaths of children under the age of 1.

 - (c) copies of all autopsy reports prepared by the doctor.
- (6) However, subsections (4) and (5) do not apply if the State Coroner has given the chief executive or health chief executive written notice stating—
 - (a) that the reports mentioned in the subsections are not to be given to—

-
- (i) the chief executive or the health chief executive; or
 - (ii) a public service employee, health service employee or health executive; and
- (b) the reasons why the reports are not to be given.
- (7) In this section—

health executive means a health executive under the *Hospital and Health Boards Act 2011*.

health service employee means a health service employee under the *Hospital and Health Boards Act 2011*.

investigating police officer means a police officer who is investigating the death under this or another Act.

test report means a document containing the results of a test performed for an autopsy.

26 Control of body

- (1) Unless a person's death is reported to the coroner after burial, the coroner starts having control of the deceased person's body when the coroner starts investigating the deceased person's death.
- (2) The coroner stops having control of the body when the coroner—
 - (a) if the coroner stops investigating the death under section 12(2)(a)—orders the release of the body to the Minister responsible for administering the *Aboriginal Cultural Heritage Act 2003* and the *Torres Strait Islander Cultural Heritage Act 2003*; or
 - (b) if the coroner stops investigating the death under section 12(2)(b)—authorises a doctor to issue a cause of death certificate for the deceased person; or
 - (c) if the coroner stops investigating the death under section 12(2)(c) or (d)—orders the release of the body for burial; or

- (d) if the coroner stops investigating the death under section 12(2)(e)—orders the release of the body to the other jurisdiction; or
 - (e) transfers control of the body to another coroner; or
 - (f) decides that it is not necessary for the coroner's investigation to keep the body after an autopsy and the coroner orders the release of the body for burial.
- (3) For subsection (2)(f), the coroner must order the release of the body for burial as soon as reasonably practicable after the autopsy.
- (4) However, the coroner must not order the release of a body for burial if it is not known whose body it is, unless the coroner believes it is necessary to bury the body in the particular circumstances.
- (5) A doctor must not issue a cause of death certificate for a person if—
- (a) the death appears to the doctor to be a reportable death, unless a coroner advises the doctor that the death is not a reportable death; or
 - (b) a coroner is investigating the death, unless the coroner authorises the issue of the certificate.

Maximum penalty—100 penalty units.

- (6) For subsection (2)(a), (c), (d) and (f), a reference to the coroner, in relation to an order for the release of a body, includes, if the coroner investigating the death is not available, another coroner.

Division 3 Inquests and investigations

27 When inquest must be held

- (1) The coroner investigating a death must hold an inquest if—
- (a) the coroner considers the death is—

-
- (i) a death in custody; or
 - (ii) a death in care, in circumstances that raise issues about the deceased person's care; or
 - (iii) a death mentioned in section 8(3)(h) that is not also a death in custody, unless the coroner is satisfied the circumstances of the death do not require the holding of an inquest; or
- (b) the Attorney-General directs the State Coroner to arrange for an inquest to be held into the death; or
 - (c) the State Coroner, on the State Coroner's own initiative or on an application under section 30, orders an inquest be held into the death; or
 - (d) the District Court, on an application under section 30, orders an inquest be held into the death.
- (2) For subsection (1)(a)(i), a death in custody—
- (a) includes a death that is also another type of reportable death under section 8; but
- Example—*
- A death in custody may also be a death in care under section 8(3)(f) or a death in the course of police operations under section 8(3)(h).
- (b) does not include the death of a person if, when the person died, the person was detained under the *Public Health Act 2005*.
- (3) Subsection (1)(b) to (d) applies despite any decision of the coroner investigating the death not to hold an inquest.

28 When inquest may be held

- (1) An inquest may be held into a reportable death if the coroner investigating the death is satisfied it is in the public interest to hold the inquest.
- (2) In deciding whether it is in the public interest to hold an inquest, the coroner may consider—

[s 29]

- (a) the extent to which drawing attention to the circumstances of the death may prevent deaths in similar circumstances happening in the future; and
- (b) any guidelines issued by the State Coroner about the issues that may be relevant for deciding whether to hold an inquest for particular types of deaths.

29 When inquest must not be held or continued

- (1) This section applies if a coroner who is investigating a death is informed that someone has been charged with an offence in which the question of whether the accused caused the death may be in issue.
- (2) If the coroner is informed before an inquest is started, the coroner must not start an inquest until after the end of the proceedings for the offence, including any appeal started within the time allowed for an appeal.
- (3) If the coroner is informed after the start of an inquest, the coroner—
 - (a) must adjourn the inquest; and
 - (b) may resume or close the inquest after the end of the proceedings for the offence, including any appeal started within the time allowed for an appeal.

30 Applying for inquest to be held

- (1) A person may apply to the coroner investigating a person's death to hold an inquest into the death.
- (2) The application must—
 - (a) be written; and
 - (b) outline why the applicant considers it is in the public interest for an inquest to be held.
- (3) The coroner must, within the prescribed period, decide the application and give written reasons for the decision to—
 - (a) the applicant; and

- (b) if the coroner is not the State Coroner—the State Coroner.
- (4) If the coroner decides not to hold an inquest, the person may apply for an order that an inquest be held to—
 - (a) if the coroner is not the State Coroner—the State Coroner; or
 - (b) if the coroner is the State Coroner—the District Court.
- (5) The application must be made within 14 days after the person receives the written reasons for the coroner's decision.
- (6) If the State Coroner refuses an application, the person may apply to the District Court.
- (7) The application must be made within 14 days after the person receives the written reasons for the State Coroner's decision.
- (8) The State Coroner or District Court may order that an inquest be held if satisfied it is in the public interest to hold the inquest.
- (9) In this section—

prescribed period, for the coroner to decide the application, means—

 - (a) 6 months after the coroner receives the application; or
 - (b) the longer period the coroner considers necessary to enable the coroner to obtain relevant information for making the decision.

31 Inquests to be held by the Coroners Court

- (1) An inquest must be held by the Coroners Court in open court, except when the coroner orders the court be closed while particular evidence is given.
- (2) An inquest may be held on any day of the week.

32 Notice of inquest

- (1) The Coroners Court must publish, in a daily newspaper circulating generally in the State, a notice of—
 - (a) the matter to be investigated at the inquest; and
 - (b) the issues to be investigated at the inquest; and
 - (c) the date, time and place of the inquest set by the coroner.
- (2) The notice must be published at least 28 days before the inquest is to be held.
- (3) Subsections (1) and (2) do not apply—
 - (a) to an adjourned inquest; or
 - (b) if the State Coroner directs that a notice not be published; or
 - (c) if the Coroners Court has published a notice about a conference for the inquest under section 34(2).
- (4) The Coroners Court must publish a statement of the issues to be investigated at the inquest and the date, time and place of the inquest on an appropriate website of the Office of the State Coroner.

Editor's note—

At the commencement of this subsection, the website is <www.courts.qld.gov.au/129.htm>.

33 Inquest into multiple deaths

The State Coroner may investigate, or direct a coroner to investigate, at an inquest—

- (a) a number of deaths that happened at different times and places, but which appear to have happened in similar circumstances; or
- (b) a number of deaths that happened at the same time and place.

Example of paragraph (a)—

The State Coroner may direct a coroner to investigate several deaths that are suspected of being caused by an overdose of methadone.

34 Pre-inquest conferences

- (1) The Coroners Court investigating a death may hold a conference before holding an inquest—
 - (a) to decide—
 - (i) what issues are to be investigated at the inquest; or
 - (ii) who may appear at the inquest; or
 - (iii) which witnesses will be required at the inquest; or
 - (iv) what evidence will be required at the inquest; or
 - (b) to work out how long the inquest will take; or
 - (c) to hear any application under section 17; or
 - (d) to otherwise ensure the orderly conduct of the inquest.
- (2) The Coroners Court may publish, in a daily newspaper circulating generally in the State, a notice of—
 - (a) the matter to be investigated at the inquest; and
 - (b) the proposed issues to be investigated at the inquest; and
 - (c) the date, time and place of the conference set by the coroner.
- (3) If the Coroners Court decides to publish a notice as mentioned in subsection (2), the notice must be published at least 28 days before the conference is to be held.
- (4) The Coroners Court may order a person concerned with the investigation to attend the conference.

35 Directions or orders about inquests and pre-inquest conferences

- (1) To the extent that the conduct of an inquest or pre-inquest conference is not provided for by rules or practice directions, the Coroners Court may give the directions and make the orders the court considers appropriate for the conduct of the inquest or pre-inquest conference.

Example—

The Coroners Court may make an order to close the court while a witness is giving evidence that the witness claims would tend to incriminate the witness.

- (2) Subsection (1) does not limit the power of the Coroners Court to control an inquest or pre-inquest conference.
- (3) In this section—

pre-inquest conference means a conference mentioned in section 34.

36 Right to appear etc.

- (1) The following persons may appear, examine witnesses, and make submissions, at an inquest—
- (a) a police officer, lawyer or other person assisting the Coroners Court;
 - (b) the Attorney-General;
 - (c) a person who the Coroners Court considers has a sufficient interest in the inquest.

Examples for paragraph (c)—

- 1 a family member
 - 2 the representative of a department
 - 3 the representative of a company that manufactured a product that is believed to have killed the deceased person
- (2) Subsection (3) applies if the Coroners Court considers a person mentioned in subsection (1)(c) has a sufficient interest only because it is in the public interest, and consistent with the purposes of this Act, that the person appear and make

submissions at the inquest about a matter on which the coroner may comment under section 46(1).

Example of a person for subsection (2)—

a specialist advocacy group with particular expertise in a matter on which a coroner may comment under section 46(1)

- (3) Despite subsection (1), the person—
 - (a) may not examine witnesses at the inquest without the court's leave; and
 - (b) may only make submissions about a matter on which the coroner may comment under section 46(1).
- (4) The Attorney-General or a person who the Coroners Court considers has a sufficient interest may be represented by a lawyer.
- (5) In this section—

examine includes cross-examine.

37 Evidence

- (1) The Coroners Court is not bound by the rules of evidence, but may inform itself in any way it considers appropriate.
- (2) The Coroners Court may require a person to produce a document to the court before the start of an inquest.
- (3) The Coroners Court may inspect anything produced at an inquest, copy it, or keep it for a reasonable period.
- (4) The Coroners Court may do any of the following—
 - (a) order a person to attend an inquest, until excused by the court—
 - (i) to give evidence as a witness; or
 - (ii) to produce something;
 - (b) order a person called as a witness at an inquest—
 - (i) to take an oath; or
 - (ii) to answer a question.

[s 38]

(5) In addition to the ways in which something may be served under the *Acts Interpretation Act 1954*, section 39, the Coroners Court may authorise service of an order in another way.

(6) A person must comply with an order of the Coroners Court, unless the person has a reasonable excuse.

Maximum penalty—40 penalty units.

(7) If a person fails to attend an inquest as ordered, the court may issue a warrant for the person's arrest.

Note—

For particular police powers relating to the arrest of a person, see the *Police Powers and Responsibilities Act 2000*, sections 21 (General power to enter to arrest or detain someone or enforce warrant) and 615 (Power to use force against individuals) and, for what happens if the person can not be taken before the coroner on the day of the arrest, see section 395 (Duty of officer receiving custody of person arrested under warrant other than for offence).

(8) However, the court may issue the warrant only if satisfied the person was served in time for it to be practical, in normal circumstances, for the person to appear before the court.

(9) The police officer must, as soon as practicable after the arrest, cause the person to be brought before the Coroners Court.

(10) Once arrested, the person may be detained in custody until the Coroners Court excuses the person from attending the inquest.

(11) The issue of a warrant, or the arrest of the person, does not relieve the person from liability incurred by the person for not complying with the order to attend.

38 Recording evidence

(1) The Coroners Court may decide whether or not proceedings in the court during a conference held under section 34 are to be recorded under the *Recording of Evidence Act 1962*.

(2) Despite any order made under section 41, any other proceedings in the court must be recorded under the *Recording of Evidence Act 1962*.

-
- (3) Subject to an order made under section 41 and the requirements of the *Recording of Evidence Act 1962*, anyone is entitled to obtain a copy of the record under that Act.

39 Incriminating evidence

- (1) This section applies if a witness refuses to give oral evidence at an inquest because the evidence would tend to incriminate the person.
- (2) The coroner may require the witness to give evidence that would tend to incriminate the witness if the coroner is satisfied that it is in the public interest for the witness to do so.
- (3) The evidence is not admissible against the witness in any other proceeding, other than a proceeding for perjury.
- (4) Derivative evidence is not admissible against the witness in a criminal proceeding.
- (5) In this section—

derivative evidence means any information, document or other evidence obtained as a direct or indirect result of the evidence given by the witness.

proceeding for perjury means a criminal proceeding in which the false or misleading nature of the evidence is in question.

40 Exhibits

- (1) This section applies to exhibits at inquests.
- (2) The registrar or deputy registrar must hold exhibits in safe custody.
- (3) A coroner may make an order about the custody of an exhibit.

41 Prohibited publications relating to inquests and pre-inquest conferences

- (1) A coroner, either before, during or immediately after the holding of an inquest or pre-inquest conference, may make an

order prohibiting the publication of information relating to, or arising at, an inquest or pre-inquest conference.

Examples—

A coroner may prohibit the publication of information that—

- (a) indicates a deceased person's death was, or may possibly have been, self-inflicted; or
- (b) would tend to incriminate the witness.

- (2) A person must not contravene an order under subsection (1).

Maximum penalty—150 penalty units.

- (3) A person must not publish, or allow someone else to publish—

- (a) a question disallowed by the Coroners Court at an inquest or pre-inquest conference; or
- (b) an answer given to a question disallowed by the Coroners Court at an inquest or pre-inquest conference.

Maximum penalty—150 penalty units.

- (4) The coroner, by order, may prohibit a person—

- (a) immediately before, during or immediately after the holding of an inquest or pre-inquest conference, from filming, photographing, sketching or recording anything—
 - (i) in the room or other place in which the inquest or pre-inquest conference is about to be, is being or has been held; or
 - (ii) in a room or other place set aside by a coroner for a purpose connected with the holding of the inquest or pre-inquest conference; or
 - (iii) in an entrance or passageway leading to or from a room or place mentioned in subparagraph (i) or (ii); or
- (b) publishing a film, photograph, sketch or record taken contrary to an order made under paragraph (a).

- (5) A person must comply with the order, unless the person has a reasonable excuse.

Maximum penalty—150 penalty units.

- (6) The Coroners Court may make an order prohibiting—
- (a) the issue of the whole or part of a copy of the record made under the *Recording of Evidence Act 1962*; or
 - (b) the publication of the whole or part of a copy of the record made under that Act.

- (7) A person must comply with the order, unless the person has a reasonable excuse.

Maximum penalty—150 penalty units.

- (8) In this section—

publish includes publish on radio, television or the internet.

record includes make an audio recording.

42 Contempt

The *Magistrates Courts Act 1921*, section 50 applies to the Coroners Court in the same way that it applies to a Magistrates Court, with all necessary changes.

43 Excluding persons from inquest or pre-inquest conference

- (1) The Coroners Court may order that a person be excluded from an inquest or pre-inquest conference if the court considers it is in the interests of justice, the public or a particular person to do so.

Examples—

- 1 A person who commits an offence against section 41 may be excluded from an inquest or pre-inquest conference.
- 2 A person may be excluded from an inquest or pre-inquest conference until the person or someone else has given evidence at the inquest or pre-inquest conference.

- (2) If the person disobeys the order, the court may order the person be removed from the inquest or pre-inquest conference.

44 Adjourning inquest

The Coroners Court may adjourn an inquest to any time and place.

45 Coroner's findings

- (1) A coroner who is investigating a suspected death must, if possible, find whether or not a death in fact happened.
- (2) A coroner who is investigating a death or suspected death must, if possible, find—
 - (a) who the deceased person is; and
 - (b) how the person died; and
 - (c) when the person died; and
 - (d) where the person died, and in particular whether the person died in Queensland; and
 - (e) what caused the person to die.
- (3) However, the coroner need not make the findings listed in subsection (2) if—
 - (a) the coroner is unable to find that a suspected death in fact happened; or
 - (b) the coroner stops investigating the death under section 12(2).
- (4) The coroner must give a written copy of the findings to—
 - (a) a family member of the deceased person who has indicated that he or she will accept the document for the deceased person's family; and
 - (b) if an inquest was held—any person who, as a person with a sufficient interest in the inquest, appeared at the inquest; and

-
- (c) if the deceased person was a child—
 - (i) the family and child commissioner; and
 - (ii) the chief executive (child safety); and
 - (d) if the coroner is not the State Coroner—the State Coroner.
- (5) The coroner must not include in the findings any statement that a person is, or may be—
- (a) guilty of an offence; or
 - (b) civilly liable for something.
- (6) This section applies whether or not an inquest is held.

46 Coroner's comments

- (1) A coroner may, whenever appropriate, comment on anything connected with a death investigated at an inquest that relates to—
- (a) public health or safety; or
 - (b) the administration of justice; or
 - (c) ways to prevent deaths from happening in similar circumstances in the future.
- (2) The coroner must give a written copy of the comments to—
- (a) a family member of the deceased person who has indicated that he or she will accept the document for the deceased person's family; and
 - (b) any person who, as a person with a sufficient interest in the inquest, appeared at the inquest; and
 - (c) if the coroner is not the State Coroner—the State Coroner; and
 - (d) if a government entity deals with the matters to which the comment relates—
 - (i) the Attorney-General; and
 - (ii) the Minister administering the entity; and

- (iii) the chief executive officer of the entity; and
 - (e) if the comments relate to the death of a child—
 - (i) the family and child commissioner; and
 - (ii) the chief executive (child safety).
- (3) The coroner must not include in the comments any statement that a person is, or may be—
 - (a) guilty of an offence; or
 - (b) civilly liable for something.

46A Publication of coroner's findings or comments

- (1) If a coroner investigates a death at an inquest, the coroner must publish the following on the State Coroner's website unless the coroner orders otherwise—
 - (a) the coroner's findings;
 - (b) if the coroner comments under section 46 on anything connected with the death—the coroner's comments.
- (2) If a coroner investigated a death but did not hold an inquest, the coroner may direct that the coroner's findings be published on the State Coroner's website only if—
 - (a) the coroner considers the publication is in the public interest; and
 - (b) to the extent practicable, the coroner has consulted with and had regard to the views of a family member of the deceased person.

Editor's note—

The State Coroner's website is <http://www.courts.qld.gov.au/courts/coroners-court/>.

47 Coroner's comments and findings for particular deaths

- (1) This section applies to the findings, and any comments, of a coroner made in relation to the investigation of a death in care,

death in custody or death that happened in the course of or as a result of police operations.

- (2) The coroner must give a written copy of the findings and comments to—
- (a) the Attorney-General; and
 - (b) the appropriate chief executive; and
 - (c) the appropriate Minister.
- (3) In this section—

appropriate chief executive means the chief executive of the department in which the relevant Act is administered.

appropriate Minister means the Minister administering the relevant Act.

relevant Act means—

- (a) for a death in care—
 - (i) for the death of a person mentioned in section 9(1)(a)(i)—the *Residential Services (Accreditation) Act 2002*; or
 - (ii) for the death of a person mentioned in section 9(1)(a)(ii)—the *Disability Services Act 2006*; or
 - (iii) for the death of a person mentioned in section 9(1)(a)(iii)—the *Hospital and Health Boards Act 2011*; or
 - (iiia) for the death of a person mentioned in section 9(1)(aa)—the *Forensic Disability Act 2011*; or
 - (iv) for the death of a person mentioned in section 9(1)(b)—the *Mental Health Act 2016*; or
 - (v) for the death of a person mentioned in section 9(1)(c)—the *Adoption Act 2009*; or
 - (vi) for the death of a person mentioned in section 9(1)(d)—the *Child Protection Act 1999*; or

- (b) for a death in custody—
 - (i) for the death of a person in the custody of a police officer or in a watch-house—the *Police Powers and Responsibilities Act 2000*; or
 - (ii) for the death of a person detained under the *Corrective Services Act 2006*—that Act; or
 - (iii) for the death of a person in the custody of the Crime and Corruption Commission—the *Crime and Corruption Act 2001*; or
 - (iv) for the death of a person in the custody of any other law enforcement agency—the *Police Powers and Responsibilities Act 2000*; or
 - (v) for the death of a person in the custody of the proper officer of a court—the *Justices Act 1886*; or
 - (vi) for the death of a person in custody under the *Youth Justice Act 1992*—that Act; or
- (c) for a death that happened in the course of or as a result of police operations—the *Police Powers and Responsibilities Act 2000*.

48 Reporting offences, corrupt conduct or police misconduct

- (1) A reference in this section to information does not include information obtained under section 39(2).
- (2) If, from information obtained while investigating a death, a coroner reasonably suspects a person has committed an offence, the coroner must give the information to—
 - (a) for an indictable offence—the director of public prosecutions; or
 - (b) for any other offence—the chief executive of the department in which the legislation creating the offence is administered.

-
- (3) A coroner may give information about corrupt conduct or police misconduct under the *Crime and Corruption Act 2001* to the Crime and Corruption Commission.
 - (4) A coroner may give information about a person's conduct in a profession or trade, obtained while investigating a death, to a disciplinary body for the person's profession or trade if the coroner reasonably believes the information might cause the body to inquire into, or take steps in relation to, the conduct.
 - (5) In this section—
disciplinary body for a person's profession or trade means a body that—
 - (a) licenses, registers or otherwise approves the carrying on of the profession or trade; or
 - (b) can sanction, or recommend sanctions for, the person's conduct in the profession or trade.

49 Reporting to State Coroner

At the request of the State Coroner, a coroner must give the State Coroner information about an investigation into a death that the coroner conducted or is conducting.

50 Reopening inquests etc.—on application

- (1) A person dissatisfied with a finding at an inquest may apply to the State Coroner or District Court to set aside the finding.
- (2) The person may apply to the District Court even if, on an application based on the same or substantially the same grounds or evidence, the State Coroner has refused to set aside the finding.
- (3) However, the person may not apply to the State Coroner if, on an application based on the same or substantially the same grounds or evidence, the District Court has refused to set aside the finding.
- (4) The State Coroner may set aside a finding if satisfied—

- (a) new evidence casts doubt on the finding; or
 - (b) the finding was not correctly recorded.
- (5) The District Court may set aside a finding if satisfied—
- (a) new evidence casts doubt on the finding; or
 - (b) the finding was not correctly recorded; or
 - (c) there was no evidence to support the finding; or
 - (d) the finding could not be reasonably supported by the evidence.
- (6) If the State Coroner sets aside a finding—
- (a) the State Coroner may—
 - (i) reopen the inquest to re-examine the finding; or
 - (ii) hold a new inquest; or
 - (b) the State Coroner may direct another coroner to—
 - (i) reopen the inquest to re-examine the finding; or
 - (ii) hold a new inquest.
- (7) If the District Court sets aside a finding, the District Court may order—
- (a) the State Coroner to—
 - (i) reopen the inquest to re-examine the finding; or
 - (ii) hold a new inquest; or
 - (b) the State Coroner to direct another coroner to—
 - (i) reopen the inquest to re-examine the finding; or
 - (ii) hold a new inquest.
- (8) A coroner who has reopened an inquest, or is holding a new inquest, under this section may accept any of the evidence given, or findings made, at the earlier inquest as being correct.

50A Reopening inquests on coroner's initiative

- (1) The coroner who held an inquest, or the State Coroner, may on his or her own initiative, reopen the inquest to re-examine a finding, or hold a new inquest, if satisfied—
 - (a) new evidence casts doubt on the finding; or
 - (b) it is otherwise in the public interest.
- (2) A coroner who has reopened an inquest, or is holding a new inquest, under this section may accept any of the evidence given, or findings made, at the earlier inquest as being correct.

50B Reopening investigations, other than inquests

- (1) The State Coroner may, on his or her own initiative—
 - (a) reopen an investigation into a death; or
 - (b) direct the coroner who conducted an investigation into a death, or another coroner, to reopen the investigation.
- (2) The State Coroner may take the action mentioned in subsection (1) if the State Coroner considers—
 - (a) the circumstances of the death warrant further investigation; or
 - (b) the coroner's findings could not be reasonably supported by the evidence; or
 - (c) new evidence casts doubt on the findings.
- (3) The coroner who conducted an investigation into a death may, on his or her own initiative, reopen the investigation.
- (4) The coroner may take the action mentioned in subsection (3) if the coroner considers—
 - (a) the circumstances of the death warrant further investigation; or
 - (b) new evidence casts doubt on the findings.
- (5) The State Coroner, or another coroner, who has reopened an investigation under this section may accept any of the evidence given at the earlier investigation as being correct.

- (6) In this section—
investigation does not include an inquest.

51 Record of coroner's findings and comments

- (1) A coroner must keep a record of the coroner's findings and comments.
- (2) The record of the coroner's findings and comments is not evidence in any court or tribunal of any fact asserted in the record.
- (3) If a coroner becomes aware of a clerical mistake or omission in the record, the coroner must correct it.

Division 4 Accessing investigation documents

51A Access of investigation documents under this division

This division provides for when a person may or may not have access to an investigation document.

Note—

An owner of an investigation document may also access the document under section 62.

52 Documents that can not be accessed

- (1) A coroner must not give a person access to an investigation document to the extent that the document—
 - (a) is subject to legal professional privilege; or
 - (b) contains information that is likely to—
 - (i) prevent a person from receiving a fair trial; or
 - (ii) prejudice the investigation of a contravention or possible contravention of the law; or
 - (iii) enable the existence or identity of a confidential source of information, in relation to the

- enforcement or administration of the law, to be ascertained; or
- (iv) endanger a person's life or physical safety; or
 - (v) prejudice the effectiveness of a lawful method or procedure for preventing, detecting, investigating or dealing with a contravention or possible contravention of the law; or
 - (vi) prejudice the maintenance or enforcement of a lawful method or procedure for protecting public safety; or
 - (vii) facilitate a person's escape from lawful custody; or
- (c) contains information about a living or dead person's personal affairs, including, for example, information about the person's health, unless—
- (i) the information is the result of a test ordered to be done by the coroner on application under section 23A and the person wanting access is the applicant for the order; or
 - (ii) the information is relevant to a matter mentioned in section 45(2), whether or not the coroner has made the findings mentioned in that subsection; or
- (d) contains information that was obtained from a person under a requirement in another Act that compelled the person to give the information; or
- (e) contains information that was given to the coroner—
- (i) under the *Transport (Rail Safety) Act 2010*, section 238; or
 - (ii) under the *Transport Infrastructure Act 1994*, section 239AC, as in force before its repeal.
- (2) Sections 53 and 54 are subject to this section.

53 Access to investigation documents for research purposes

- (1) This section applies if a person wants access to an investigation document, that is in the possession of a coroner, for research purposes.
- (2) The State Coroner must not give the person access to—
 - (a) an investigation document, while a coroner is investigating the death to which the document relates, unless the State Coroner considers it appropriate having regard to—
 - (i) the importance of the research; and
 - (ii) the public interest in allowing the access before the investigation has finished; or
 - (b) a document to the extent that it contains information obtained under any of the following provisions—
 - (i) section 17;
 - (ii) the *Child Protection Act 1999*, section 159P;
 - (iii) the *Public Health Act 2005*, section 56 or 86.
- (3) The person may access an investigation document, other than a document mentioned in subsection (2)(b), only with the consent of the State Coroner.
- (4) The State Coroner may consent only if—
 - (a) the State Coroner is satisfied that the person is a genuine researcher; and
 - (b) the State Coroner is satisfied that the document is reasonably necessary for the research; and
 - (c) for a police document in relation to which the State Coroner decides not to obliterate information that identifies someone—the commissioner of the police service agrees to the person having access to the document; and
 - (d) for an investigation document that is not a coronial document or document mentioned in paragraph (c)—the

chief executive officer of the entity that prepared the document agrees to the person having access to the document.

- (5) The State Coroner's consent allows the person to access 1 or more stated types of investigation documents—
 - (a) for the period stated in the consent; or
 - (b) until the State Coroner withdraws the consent;whichever happens first.
- (6) Before giving someone access to an investigation document for research purposes, the State Coroner must ensure that any information in the document that identifies anyone is obliterated.
- (7) However, the State Coroner need not obliterate the information if the State Coroner reasonably believes—
 - (a) the person's identity is necessary for the research to be effective; and
 - (b) the opportunity for increased knowledge that may result from the research outweighs the need to protect the privacy of any living or dead person.
- (8) This section is subject to section 56.
- (9) In this section—

genuine researcher means—

 - (a) a person for whom an application for health information has been granted under the *Public Health Act 2005*, chapter 6, part 4; or
 - (b) a person who is a member of a quality assurance committee established under the *Hospital and Health Boards Act 2011*, section 82; or
 - (c) another person who is conducting genuine research.

54 Access to investigation documents for other purposes

- (1) This section applies if a person wants access to 1 of the following documents, that is in the possession of a coroner, for purposes other than research purposes—
 - (a) a coronial document;
 - (b) another type of investigation document.
- (2) The person may access the document with the consent of—
 - (a) the coroner who is conducting, or had conducted, the investigation to which the document relates; or
 - (b) if that coroner is not available and has not delegated his or her power to the registrar under section 86(4)(c)—another coroner nominated by the State Coroner.
- (3) The coroner may consent only if—
 - (a) the coroner is satisfied the person has a sufficient interest in the document; or
Example—

A person with a sufficient interest in an investigation document might include—

 - (a) an immediate member of the deceased person's family; or
 - (b) for a document that is relevant to assessing a potential threat to public health, the health chief executive.
 - (b) the coroner—
 - (i) considers the access is in the public interest; and
 - (ii) to the extent practicable, has consulted with and had regard to the views of a family member of the deceased person.
- (4) While a coroner is investigating a death to which a coronial document relates, a person may access the document only under this section.
- (5) Despite subsection (2), if access to a coronial document is necessary for the investigation or prosecution of an offence relating to a death—

- (a) a police officer may access the document without a coroner's consent; and
 - (b) the police officer may give someone else access to the document for the investigation or prosecution, without a coroner's consent.
- (6) However, subsection (5) does not apply to a document to the extent that the document contains information that was obtained from a person under a provision of another Act that compelled the person to give the information.

Example of a provision of another Act in subsection (6)—

the Coal Mining Safety and Health Act 1999, section 159 (Person must answer question about serious accident or high potential incident)

- (7) Despite anything in this section—
- (a) a document, to the extent that it contains confidential information obtained under section 17, may only be accessed under section 17(4); and
 - (b) a document, to the extent that it contains confidential information obtained under the *Child Protection Act 1999*, section 159P, may only be accessed under section 159P(3) of that Act; and
 - (c) a document, to the extent that it contains confidential information obtained under the *Public Health Act 2005*, section 56, may only be accessed under section 56(3) of that Act; and
 - (d) a document, to the extent that it contains confidential information obtained under the *Public Health Act 2005*, section 86, may only be accessed under section 86(3) of that Act.

54AA Access to information in section 7(4) report by prescribed tissue banks

- (1) The State Coroner may enter into an arrangement with a person who owns a prescribed tissue bank about giving the prescribed tissue bank, or a person acting for the prescribed tissue bank, access to documents that are section 7(4) reports

for the purpose of ascertaining the following information about a deceased person from the documents—

- (a) the deceased person's name;
- (b) the deceased person's age;
- (c) a brief description of the circumstances of the deceased person's death;
- (d) the deceased person's previous medical information;

Examples for paragraph (d)—

- details of the deceased person's recent hospitalisation
 - the name and contact details of a doctor the deceased person consulted
 - the deceased person's medical history
- (e) the name of the deceased person's senior available next of kin;
 - (f) an address, telephone number or other contact details of the deceased person's senior available next of kin.
- (2) Without limiting what may be included in an arrangement, the arrangement may provide for how and where the prescribed tissue bank or person may access the documents.
 - (3) The State Coroner may provide access to a document to the prescribed tissue bank or person under the arrangement.
 - (4) Sections 52(1)(c), 53, 54 and 55 do not apply in relation to access to a document under the arrangement.
 - (5) However, access to a document under the arrangement is otherwise subject to this division.
 - (6) A fee prescribed under a regulation for access to an investigation document does not apply to a document accessed under this section.
 - (7) A person who has been given access to a document under this section must not directly or indirectly disclose information in the document.

Maximum penalty—100 penalty units.

- (8) A person does not contravene subsection (7) if the disclosure—
- (a) is made in the performance of a function under the *Transplantation and Anatomy Act 1979*, including as a person acting for a prescribed tissue bank under the arrangement; or
 - (b) is permitted or required under this or another Act.
- (9) In this section—
- access* a document does not include obtain a copy of the document.

54A Access to investigation documents by the family and child commissioner

- (1) The chief executive may enter into an arrangement with the family and child commissioner about giving the commissioner access to the following documents for the commissioner's child death research functions—
- (a) an investigation document, other than a report mentioned in section 7(4), that relates to the death of a particular child;
 - (b) all investigation documents, other than reports mentioned in section 7(4), that relate to the deaths of children.
- (2) Without limiting what may be included in an arrangement, the arrangement may provide for the following—
- (a) when investigation documents may be accessed by the family and child commissioner, including, for example, whether access will be given to the family and child commissioner while a coroner is investigating the death to which the document relates;
 - (b) how and where the family and child commissioner may access the investigation documents.

[s 54B]

- (3) The State Coroner may provide access to an investigation document to the family and child commissioner under the arrangement.
- (4) Sections 53, 54 and 55 do not apply in relation to access to an investigation document under the arrangement.
- (5) However, access to an investigation document under the arrangement is subject to the other provisions of this division.
- (6) In this section—
investigation document includes a document obtained under the *Coroners Act 1958* that is similar in nature to an investigation document as defined in schedule 2.

54B Limitations on access under s 54A

- (1) This section contains particular provisions limiting access to investigation documents under an arrangement under section 54A.
- (2) Before giving the family and child commissioner access to an investigation document, the State Coroner must ensure that all information in the document that identifies anyone is obliterated.
- (3) However, the State Coroner need not obliterate information if the State Coroner reasonably believes the person's identity is necessary for the family and child commissioner's child death research functions.
- (4) If the investigation document is a police document and the State Coroner decides under subsection (3) not to obliterate information that identifies someone, the State Coroner may give access to the document only if the commissioner of the police service agrees to the document being accessed under the arrangement.
- (5) If the investigation document is not a coronial document for an investigation under this Act or a police document, the State Coroner may give access to the document only if the chief executive of the entity that prepared the document agrees to the document being accessed under the arrangement.

(6) In this section—

investigation document includes a document obtained under the *Coroners Act 1958* that is similar in nature to an investigation document as defined in schedule 2.

54C Fees for access under s 54A

(1) The chief executive may charge the family and child commissioner a fee for access to investigation documents provided under section 54A that is not more than the actual cost of providing the access.

(2) A fee prescribed under a regulation for access to an investigation document does not apply to access to an investigation document provided under section 54A.

(3) In this section—

investigation document includes a document obtained under the *Coroners Act 1958* that is similar in nature to an investigation document as defined in schedule 2.

55 Conditions imposed on access

(1) When consenting to give a person access to an investigation document, a coroner may impose conditions on the consent that the coroner considers are necessary to protect the interests of justice, the public or a particular person.

Example—

A coroner may give consent on the condition that the document not be used for any purpose other than the inquest.

(2) A person given access to an investigation document subject to a conditional consent must comply with the conditions, unless the person has a reasonable excuse.

Maximum penalty for subsection (2)—100 penalty units or 2 years imprisonment.

56 Refusing access in the public interest

- (1) A coroner may refuse to allow a person access to an investigation document if the coroner considers that disclosure of the information in the document would not be in the public interest when weighed against all relevant interests.

Example—

A coroner may refuse access to a document if the coroner considers the document contains—

- (a) defamatory information; or
 - (b) unsubstantiated allegations of criminal conduct; or
 - (c) information that may prejudice the coroner's investigation.
- (2) Subsection (1) applies even if the person is otherwise eligible, under this division, to be given access to the document.
- (3) Also, a coroner may refuse to give access to a coronial document until a stated time.

Example—

If a document contains information that is likely to prevent a person from receiving a fair trial, a coroner may refuse to give access to the document until the trial is over.

- (4) A person may apply to a coroner who refused access to an investigation document under this section to amend or revoke the order containing the refusal.

Example—

A person who wants to produce the document in evidence in another proceeding might apply to the coroner to allow a copy of the document to be given to the judge in that proceeding.

57 Coroner to pass on refused request for investigation document

- (1) This section applies to an investigation document that is not a coronial document.
- (2) If a coroner is prevented, under section 52, from giving a person access to the document, the coroner must—
- (a) advise the entity that prepared the document, in writing—

-
- (i) that the person has requested access to the document; and
 - (ii) of any concerns that the coroner has about how the coroner's investigation may be affected if the document were released to the person; and
- (b) advise the person, in writing, that the coroner has forwarded the person's request to the entity.

58 Identifying coronial documents

- (1) This section applies if an entity gives a coroner an investigation document.
- (2) The entity must inform the coroner whether or not the document was specifically prepared in connection with the investigation.

Division 5 Physical evidence

59 What division applies to

- (1) This division relates to physical evidence for a coroner's investigation of a death.
- (2) However, this division does not apply to an investigation document, other than an investigation document that was seized by a police officer for the investigation.

Note—

Investigation documents are dealt with under division 4.

- (3) In this section—

physical evidence for an investigation, means—

- (a) anything seized by a police officer for the investigation;
or
- (b) any exhibits that were tendered at an inquest held by the coroner; or

- (c) any other property that came into the possession of a coroner, police officer, registrar or deputy registrar for the investigation.

60 Returning physical evidence

- (1) The coroner must order the physical evidence be returned to its owner as soon as the coroner decides that the evidence is no longer required for—
 - (a) the investigation; or
 - (b) the investigation of another death under this Act; or
 - (c) a proceeding for an offence relating to the death.
- (2) However, the coroner must not order the return of physical evidence to its owner if—
 - (a) it is not lawful for the owner to possess the physical evidence; or
 - (b) under the guidelines issued by the State Coroner, it is not desirable that the physical evidence be returned to its owner because of its nature, condition and value.

Example of physical evidence for paragraph (b)—

a cracked safety helmet that a deceased person was wearing when killed

- (3) In this section—

owner means—

 - (a) the person who appears to the coroner to be the lawful owner of the physical evidence; or
 - (b) for something that was owned by a person who has died—the deceased person's personal representative.

61 Forfeiting physical evidence to the State

- (1) The physical evidence becomes State property if the coroner—

- (a) can not, after making reasonable efforts, return the physical evidence to its owner; or

Example of paragraph (a)—

The coroner may not be able to return physical evidence to its owner because the owner has moved overseas and, despite reasonable efforts, can not be located by the coroner.

- (b) does not order the return of physical evidence to its owner because—
- (i) it is not lawful for the owner to possess the physical evidence; or
- (ii) given the nature, condition and value of the physical evidence, it is not desirable that the physical evidence be returned to its owner.

Example of physical evidence mentioned in paragraph (b)(ii)—

a cracked safety helmet that a deceased person was wearing when killed

- (2) In deciding what efforts are reasonable, the coroner must have regard to the nature, condition and value of the physical evidence.
- (3) Once the physical evidence becomes State property, the coroner may arrange for the physical evidence to be dealt with in any way allowed under the guidelines issued by the State Coroner.

Example—

The coroner may arrange for the physical evidence to be destroyed.

- (4) Subsection (3) does not apply to physical evidence that is in the possession of the police service.

Note—

For physical evidence that is in the possession of the police service, see the *Police Powers and Responsibilities Act 2000*, section 721 (Dealing with forfeited things).

62 Access to physical evidence by owner

Until the physical evidence is returned or becomes State property, the coroner must allow its owner to inspect it and, if it is a document, to copy it, unless it is impracticable or would be unreasonable to allow the inspection or copying.

62A Access to physical evidence exhibit

- (1) This section applies if a person, other than the owner of physical evidence, wants to access a physical evidence exhibit.
- (2) The person may access the physical evidence exhibit only if—
 - (a) the coroner has given consent for the access; or
 - (b) access to the physical evidence exhibit is necessary for the investigation or prosecution of an offence relating to a death and the person is—
 - (i) a police officer; or
 - (ii) someone else authorised by a police officer to access the exhibit for the investigation or prosecution.
- (3) The coroner may consent to a person having access to a physical evidence exhibit only if—
 - (a) the coroner is satisfied the person has a sufficient interest in the physical evidence exhibit; or
Example—

A person with a sufficient interest in a physical evidence exhibit might include a person at an inquest who wants to access a physical evidence exhibit to conduct a test on the exhibit.
 - (b) the coroner—
 - (i) considers the access is in the public interest; and
 - (ii) to the extent practicable, has consulted with and had regard to the views of a family member of the deceased person.
- (4) In this section—

physical evidence exhibit means an exhibit, other than an investigation document, that was tendered at an inquest held by a coroner.

Division 6 Transferring, or continuing, jurisdiction of coroner

63 Transferring investigation to another coroner

- (1) This section is about the State Coroner reassigning the investigation of a death from 1 coroner (the *original coroner*) to the State Coroner or another coroner (the *new coroner*).
- (2) The State Coroner may reassign an investigation that has not gone to an inquest if the State Coroner considers it necessary for the efficient operation of the coronial system.
- (3) Also, the State Coroner may reassign an investigation, whether or not it has not gone to an inquest, if the original coroner—
 - (a) stops being a coroner; or
 - (b) is not available to finish the investigation, because of absence or another reason.
- (4) If the original coroner had started but not finished an inquest into the death, the new coroner may—
 - (a) continue the inquest; or
 - (b) rehear part of the evidence heard by the original coroner; or
 - (c) hold a new inquest.
- (5) For the investigation, the new coroner may—
 - (a) consider any evidence that was before the original coroner; and
 - (b) do anything the original coroner could do.

63A Continuation of jurisdiction on retirement etc.

- (1) This section applies if—
 - (a) a person stops being a coroner for any reason, other than death or removal from office; and
 - (b) the person has not made all the findings of an investigation into a death conducted by the person before the person stopped being a coroner (the *existing investigation*).
- (2) If the person agrees, the person is taken to continue to be a coroner for the existing investigation so far as it is necessary to make findings for matters the State Coroner, in consultation with the Chief Magistrate, decides are matters for which the coroner should make findings.

Part 4 Administration

Division 1 Coroners Court

64 The Coroners Court

- (1) The Coroners Court is established as a court of record.
- (2) The Coroners Court is constituted by a coroner.

65 Jurisdiction of the court is exclusive

Only the Coroners Court may hold an inquest.

66 Where the court may be held

- (1) The Coroners Court—
 - (a) may be held at any place; or
 - (b) may be held in more than 1 place at the same time.

- (2) The Coroners Court held at a place may be referred to as the Coroners Court at the place.

Example—

The Coroners Court held at Toowoomba may be referred to as the Coroners Court at Toowoomba.

67 Seals of the court

- (1) The Coroners Court must have a seal for the court.
- (2) The seal must be kept under the State Coroner's direction.
- (3) The seal must be judicially noticed.

68 Rule-making power

The Governor in Council may make rules for the practice and procedures of the Coroners Court, including, for example, the practice and procedures at conferences held under section 34.

69 Practice directions

- (1) To the extent that a matter about the procedures of the Coroners Court is not provided for by this Act or the rules, the State Coroner may issue practice directions for the court about the court's general procedures.

Example—

The State Coroner may issue a practice direction about the procedures at conferences held under section 34.

- (2) Subsection (1) does not limit any inherent or other power of a coroner to make practice directions for a particular inquest.

Division 2 State Coroner

70 Appointment of State Coroner

- (1) The Governor in Council may appoint a magistrate, other than an acting magistrate, as the State Coroner.

- (2) The appointment as the State Coroner—
 - (a) is for an initial term of not more than 5 years; and
 - (b) may be renewed once for a term of not more than 5 years.
- (3) The State Coroner is entitled to the same salary, allowances and employment conditions as the Deputy Chief Magistrate.

71 Functions and powers of State Coroner

- (1) The State Coroner's functions are—
 - (a) to oversee and coordinate the coronial system; and
 - (b) to ensure the coronial system is administered and operated efficiently; and
 - (c) to ensure deaths reported to coroners that are reportable deaths are investigated to an appropriate extent; and
 - (d) to ensure an inquest is held if—
 - (i) the inquest is required to be held under this Act; or
 - (ii) it is in the public interest for the inquest to be held; and
 - (e) to be responsible, together with the Deputy State Coroner, for all investigations into deaths in custody; and
 - (f) to issue directions and guidelines about the investigation of deaths and for other matters under this Act; and
 - (g) to promote public awareness of the coronial system; and
 - (h) any other function given to the State Coroner or a coroner under this or another Act.
- (2) The State Coroner has power to do all things necessary or convenient to be done for, or in connection with, the performance of the State Coroner's functions.
- (3) Without limiting subsection (2), the State Coroner may enter into an arrangement with a government entity to facilitate the entity's relationship with the coronial system.

Example—

a memorandum of understanding between the State Coroner and a government entity with functions including the investigation of deaths

- (4) While a magistrate holds appointment as the State Coroner, the only functions and powers that the magistrate has are the functions and powers of the State Coroner.
- (5) The State Coroner must devote the whole of his or her time to the duties of the State Coroner.
- (6) Without limiting subsection (5), the State Coroner must not practise as a barrister or solicitor for fee or reward.
- (7) Despite subsections (4) and (5), the State Coroner—
 - (a) may be appointed to act as, and perform the functions and exercise the powers of, the Deputy Chief Magistrate; and
 - (c) may be appointed to, and perform the functions and exercise the powers of, another office if—
 - (i) holding the office, performing the functions and exercising the powers are compatible with the office of State Coroner; and
 - (ii) the Attorney-General, after consulting with the Chief Magistrate, approves of the State Coroner holding the office, performing the functions and exercising the powers.

Example of another office—

appointed member of the Police Education Advisory Committee

- (8) The State Coroner must immediately stop holding an office, performing a function or exercising a power mentioned in subsection (7)(c) if required to do so by the Attorney-General.
- (9) The *Magistrates Act 1991*, section 41 does not apply in relation to the State Coroner.
- (10) However, if the State Coroner is acting as Deputy Chief Magistrate, the *Magistrates Act 1991*, section 41(1) applies to the extent it requires an acting Deputy Chief Magistrate to

comply with every reasonable direction given to, or requirement made by, the Chief Magistrate.

- (11) To remove any doubt, it is declared that the *Magistrates Act 1991*, section 14(b) applies to the State Coroner while acting as Deputy Chief Magistrate.
- (12) The State Coroner may not perform the functions, or exercise the powers, of the State Coroner while the State Coroner acts as Deputy Chief Magistrate or, under the *Magistrates Act 1991*, section 14(b), as Chief Magistrate.
- (13) In this section—
government entity means a government entity as defined in the *Public Service Act 2008*, section 24.

71A Assistance to and from coroners in other jurisdictions

- (1) The State Coroner may request in writing the person holding a corresponding office in another State to provide assistance in connection with the exercise by the State Coroner or another coroner of any power under this Act.
- (2) The State Coroner, at the written request of the person holding a corresponding office in another State, may provide assistance to that person or a coroner of that State in connection with the exercise of a power under the law of that State.
- (3) If the Attorney-General so directs, the State Coroner must provide assistance in response to a request of a kind referred to in subsection (2).
- (4) For the purpose of providing assistance, the State Coroner or another coroner may exercise any of his or her powers under this Act irrespective of whether he or she would, apart from this section, have authority to exercise that power.

Note—

The State Coroner has, in addition to all the powers of a coroner, a general function of overseeing and coordinating coronial services and ensuring that inquests and other investigations are held. The assistance provided may involve the exercise of administrative powers by the State

Coroner or the exercise by him or her or another coroner of coronial powers.

- (5) For this section, this Act applies as if the matter that is the subject of the request or direction were the subject of an investigation under this Act.
- (6) In this section—

corresponding office means an office that corresponds to the officer of the State Coroner.

72 Resignation of State Coroner

- (1) The person appointed as State Coroner may, by written notice to the Minister, resign as State Coroner.
- (2) However, on resigning as State Coroner, the person does not stop being a magistrate.

73 When person stops being the State Coroner

- (1) A person stops being the State Coroner—
 - (a) while the person is suspended as a magistrate; or
 - (b) if the person stops being a magistrate.
- (2) For a magistrate who is the State Coroner, the duties mentioned in the *Magistrates Act 1991*, section 43(4) include the duties of the State Coroner.

74 Acting as State Coroner

- (1) This section applies if—
 - (a) the State Coroner's position is vacant; or
 - (b) the State Coroner is not available to perform the State Coroner's functions because of absence or another reason.
- (2) The Governor in Council may appoint a magistrate to act as the State Coroner.

- (3) The instrument of appointment must state the period of the appointment.
- (4) The period of the appointment must not be longer than 6 months.
- (5) However, the appointment may be renewed at any time.
- (6) Despite subsection (2), the Deputy State Coroner may act as the State Coroner whenever—
 - (a) no-one holds a current appointment from the Governor in Council to act as the State Coroner; or
 - (b) someone holds a current appointment from the Governor in Council to act as the State Coroner, but is not available to perform the State Coroner's functions because of absence or another reason.
- (7) In this section—

Deputy State Coroner does not include a person who is acting as the Deputy State Coroner.

magistrate does not include a person who is acting as a magistrate.

75 Staff of the State Coroner

The staff who are necessary to enable the State Coroner to perform his or her functions are to be appointed under the *Public Service Act 2008*.

76 Consulting with Chief Magistrate

The State Coroner must consult with the Chief Magistrate about—

- (a) the resources necessary to ensure the efficient administration of the coronial system; and
- (b) the amount of work conducted by magistrates as coroners; and

-
- (c) any guidelines or practice directions the State Coroner wishes to issue.

77 Annual report

- (1) As soon as practicable after the end of each financial year, the State Coroner must give the Attorney-General a report for the year on the operation of this Act.
- (2) The report must also contain—
 - (a) the State Coroner’s guidelines that were operative in the year; and
 - (b) a summary of the investigation, including the inquest, into each death in custody; and
 - (c) a summary of the types of directions that the State Coroner has given to coroners under section 14; and
 - (d) the names of the persons given access to investigation documents as genuine researchers under section 53.
- (3) The report may also contain a summary of any other investigation that the State Coroner considers should be brought to the Minister’s attention.
- (4) The Attorney-General must table a copy of the report in the Legislative Assembly within 14 sitting days after receiving the report.

Division 3 Deputy State Coroner

78 Appointment of Deputy State Coroner

- (1) The Governor in Council may appoint a magistrate as the Deputy State Coroner.
- (2) The appointment—
 - (a) is for an initial term of not more than 5 years; and
 - (b) may be renewed once for a term of not more than 5 years.

79 Functions and powers of Deputy State Coroner

In addition to the functions and powers of a magistrate and coroner, the Deputy State Coroner has the functions and powers of the Deputy State Coroner under this or another Act.

79A Resignation of Deputy State Coroner

- (1) The person appointed as Deputy State Coroner may, by written notice to the Minister, resign as Deputy State Coroner.
- (2) However, on resigning as Deputy State Coroner, the person does not stop being a magistrate.

80 When person stops being the Deputy State Coroner

- (1) A person stops being the Deputy State Coroner—
 - (a) while the person is suspended as a magistrate; or
 - (b) if the person stops being a magistrate.
- (2) For a magistrate who is the Deputy State Coroner, the duties mentioned in the *Magistrates Act 1991*, section 43(4) include the duties of the Deputy State Coroner.

81 Acting as Deputy State Coroner

- (1) This section applies if—
 - (a) the Deputy State Coroner's position is vacant; or
 - (b) the Deputy State Coroner is not available to perform the Deputy State Coroner's functions, because of absence or another reason.
- (2) The State Coroner may appoint a magistrate to act as the Deputy State Coroner.
- (3) However, before appointing a magistrate to act, the State Coroner must discuss the matter with the Chief Magistrate.
- (4) The instrument of appointment must state the period of the appointment.

- (5) The period of appointment must not be longer than 6 months.
- (6) However, the appointment may be renewed at any time.
- (7) In this section—
magistrate does not include a person who is acting as a magistrate.

Division 4 Other coroners

82 Local coroners

- (1) Every magistrate is a coroner (a *local coroner*).
- (2) As well as the functions and powers of a magistrate, a local coroner has the functions and powers of a coroner under this or another Act.
- (3) A person stops being a local coroner—
 - (a) while the person is suspended as a magistrate; or
 - (b) if the person stops being a magistrate.
- (4) For a magistrate who is a local coroner, the duties of office mentioned in the *Magistrates Act 1991*, section 43(4) include the duties of a coroner.
- (5) In this section—
magistrate includes a person who is acting as a magistrate.

83 Appointed coroners

- (1) The Governor in Council may appoint a person as a coroner (an *appointed coroner*) if the person has been a lawyer for at least 5 years.
- (2) An appointed coroner is entitled to the remuneration, allowances and employment conditions decided by the Governor in Council.
- (3) The office of an appointed coroner is not subject to—

- (a) an industrial instrument under the *Industrial Relations Act 2016*; or
 - (b) a decision or rule of the industrial court or industrial commission.
- (4) An appointed coroner has the functions and powers of a coroner under this or another Act.
- (5) An appointed coroner may be appointed to investigate a particular death or for a particular period, or otherwise.

Division 5 Registrar and deputy registrars

84 Registrar

- (1) The Governor in Council may, by gazette notice, appoint a person as the registrar.
- (2) The registrar is employed under the *Public Service Act 2008*.

85 Deputy registrars

- (1) The Governor in Council may, by gazette notice, appoint a person as a deputy registrar.
- (2) Also, each clerk of the court under the *Justices Act 1886*, other than a police officer, is a deputy registrar.
- (3) Each deputy registrar is employed under the *Public Service Act 2008*.

86 Delegation of duties or powers to registrar or deputy registrars

- (1) The State Coroner may delegate a power to—
 - (a) the registrar; or
 - (b) an appropriately qualified deputy registrar.
- (2) Another coroner may, with the State Coroner's approval, delegate a power to—

- (a) the registrar; or
 - (b) an appropriately qualified deputy registrar.
- (3) Without limiting subsection (1) or (2), a coroner may delegate the act of receiving a report under section 7 to—
- (a) the registrar; or
 - (b) an appropriately qualified deputy registrar.
- (4) Also, without limiting subsection (1) or (2), a coroner may delegate any or all of the following duties or powers to the registrar—
- (a) the act of ordering the disposal of tissue under section 24;
 - (b) the act of ordering the release of a body for burial under section 26;
 - (c) the power to consent to a person accessing an investigation document under section 54(2), if the investigation to which the document relates is finished.
- (5) However, a coroner who is not the State Coroner may only delegate a duty or power as mentioned in subsection (4) with the State Coroner's consent.
- (6) In performing a duty or exercising a power delegated under subsection (4), the registrar must consult with the coroner who delegated the duty or power.
- (7) The State Coroner must consult with the chief executive about the amount of work to be done by the deputy registrar under the delegation, before—
- (a) delegating a power to a deputy registrar; or
 - (b) approving the delegation of a power to a deputy registrar.
- (8) In this section—
- appropriately qualified* includes having the qualifications, experience or standing appropriate to exercise the power.

power—

- (a) includes the power to issue a permission to cremate under the *Cremations Act 2003*; but
- (b) does not include—
 - (i) the power to conduct an inquest, including the power to make findings at the inquest; or
 - (ii) the power to require a person to give information relevant to an investigation under section 16; or
 - (iii) the power to authorise a police officer to exercise a power under the *Police Powers and Responsibilities Act 2000*.

Division 6 Other general provisions about coroners

87 Obstruction

A person must not obstruct a coroner or other person performing a function under this Act, unless the person has a reasonable excuse.

Maximum penalty—100 penalty units.

88 Immunity

- (1) When performing a function of a coroner under this or another Act, a coroner has the same protection and immunity as a Supreme Court judge in a Supreme Court proceeding.
- (2) A person mentioned in section 36(1)(a) or a person representing a person before the Coroners Court has the same protection and immunity as a lawyer appearing for a party in a Supreme Court proceeding.
- (3) Subject to section 39, a person appearing as a witness before the Coroners Court has the same protection and immunity as a witness appearing in a Supreme Court proceeding.
- (4) In this section—

function includes an administrative function.

Supreme Court proceeding means a judicial proceeding in the Supreme Court.

89 Coroner as witness

- (1) A coroner can not be called to give evidence in a proceeding about anything that came to the coroner's knowledge in performing a function of a coroner under this or another Act.
- (2) However, this section does not apply to a proceeding relating to a coroner's suspension as a magistrate.

90 Coroner's orders

A coroner's order must be put into writing.

91 Coroner's service counts as magistrate's service

When working out a coroner's rights as a magistrate, service as a coroner counts as service as a magistrate.

Part 4A Domestic and Family Violence Death Review and Advisory Board

Division 1 Preliminary

91A Purpose of pt 4A

The purpose of this part is to establish the Domestic and Family Violence Death Review and Advisory Board to—

- (a) identify preventative measures to reduce the likelihood of domestic and family violence deaths in Queensland; and

- (b) increase recognition of the impact of, and circumstances surrounding, domestic and family violence and gain a greater understanding of the context in which domestic and family violence deaths occur; and
- (c) make recommendations to the Minister for implementation by government entities and non-government entities to prevent or reduce the likelihood of domestic and family violence deaths.

91B Definitions for pt 4A

In this part—

board means the Domestic and Family Violence Death Review and Advisory Board established under section 91C.

chairperson means the State Coroner or Deputy State Coroner holding office as chairperson under section 91K.

deputy chairperson means the person appointed as deputy chairperson of the board under section 91M.

domestic and family violence means domestic violence within the meaning of the *Domestic and Family Violence Protection Act 2012*, section 8.

domestic and family violence death means the death of a person (the *deceased person*)—

- (a) caused by another person (the *second person*) if—
 - (i) the deceased person was or had been in a relevant relationship with the second person that involved domestic and family violence; or
 - (ii) at the time of death, the deceased person was in a relevant relationship with a person who was or had been in a relevant relationship with the second person that involved domestic and family violence; or
 - (iii) at the time of death, the second person mistakenly believed the deceased person was in a relevant relationship with a person who was or had been in

a relevant relationship with the second person that involved domestic and family violence; or

- (iv) at the time of death, the deceased person was a witness to or present at, or attempted to intervene in, domestic and family violence between the second person and a person who was or had been in a relevant relationship with the second person; or
 - (v) at the time of death, the deceased person was a witness to or present at, or attempted to intervene in violence between the second person and a person who the second person mistakenly believed was in a relevant relationship with a person who was or had been in a relevant relationship with the second person that involved domestic and family violence; or
- (b) by suicide or suspected suicide if the person was or had been in a relevant relationship with another person that involved domestic and family violence.

expert reports see section 91G(2)(b).

member means—

- (a) the chairperson; or
- (b) a member of the board appointed under section 91J(b).

relevant relationship see the *Domestic and Family Violence Protection Act 2012*, section 13.

Note—

Under the *Domestic and Family Violence Protection Act 2012*, section 13, a relevant relationship means an intimate personal relationship, a family relationship or an informal care relationship, as defined under that Act.

State employee means a person who is a State employee within the meaning of the *Public Service Act 2008*, section 26B(4).

Division 2 Establishment, functions and powers

91C Establishment

The Domestic and Family Violence Death Review and Advisory Board is established.

91D Functions

- (1) The board has the following functions—
- (a) to review domestic and family violence deaths in Queensland, including—
 - (i) deaths that occurred before the board was established; and
 - (ii) deaths that are still being investigated under this Act;
 - (b) to analyse data and apply research to identify patterns, trends and risk factors relating to domestic and family violence deaths in Queensland;
 - (c) to carry out, or engage other persons to carry out, research to prevent or reduce the likelihood of domestic and family violence deaths;
 - (d) to use data, research findings and expert reports to compile systemic reports into domestic and family violence deaths, including identifying key learnings and elements of good practice in the prevention and reduction in the likelihood of domestic and family violence deaths in Queensland;
 - (e) to make recommendations to the Minister about improvements to legislation, policies, practices, services, training, resources and communication for implementation by government entities and non-government entities to prevent or reduce the likelihood of domestic and family violence deaths in Queensland;

- (f) to monitor the implementation of recommendations made under paragraph (e).
- (2) The board may perform its functions in relation to the death of a person who dies outside Queensland if it is a reportable death mentioned in section 8(2)(b).
- (3) It is not a function of the board to carry out an investigation of a death.

91E Review function

Without limiting the matters to which the board may have regard in reviewing a domestic and family violence death, the board must consider the following matters—

- (a) the events leading up to the death;
- (b) any interaction with, and the effectiveness of, any support or other services provided to the deceased person and the person who caused the death;
- (c) the general availability of services mentioned in paragraph (b);
- (d) failures in systems or services that may have contributed to, or failed to prevent, the death.

91F Relationship with coroners

- (1) The board may review a domestic and family violence death even though the death is or may be the subject of investigation by a coroner.
- (2) The review is independent of, and separate to, the investigation by the coroner.

91G Powers

- (1) The board may do all things necessary or convenient to be done for or in connection with the performance of its functions.

- (2) Without limiting subsection (1), the board may engage persons with appropriate qualifications and experience to—
 - (a) conduct research relevant to the board’s functions; and
 - (b) prepare reports (*expert reports*) to help the board perform its functions.

91H Board must act independently and in public interest

- (1) In performing its functions, the board must act independently and in the public interest.
- (2) Without limiting subsection (1), the board is not subject to direction by anyone, including the Minister, about how it performs its functions.

91I Administrative support for board

The chief executive must ensure the board has the administrative support services reasonably required for the board to perform its functions effectively and efficiently.

Division 3 Membership

91J Members of board

The board consists of—

- (a) the chairperson; and
- (b) not more than 11 other persons appointed by the Minister that the Minister considers appropriate.

91K Chairperson

- (1) The Minister must appoint the State Coroner or the Deputy State Coroner as the chairperson of the board.
- (2) The chairperson holds office for the term stated in the person’s instrument of appointment as chairperson.

-
- (3) The chairperson is responsible for leading and directing the activities of the board to ensure the board performs its functions appropriately.

91L Appointment of other members

- (1) In making an appointment of a member other than the chairperson, the Minister must ensure—
- (a) the membership of the board reflects the diversity of the Queensland community and includes at least one member who is an Aboriginal or Torres Strait Islander; and
 - (b) the membership of the board includes representatives of government entities and non-government entities; and
 - (c) that members have experience, knowledge or skills the Minister considers relevant to the board's functions, for example, experience, knowledge or skills in relation to domestic and family violence, the justice system and health.
- (2) A person may not be appointed as a member if the person—
- (a) is an insolvent under administration under the Corporations Act, section 9; or
 - (b) has a conviction, other than a spent conviction, for an indictable offence; or
 - (c) is a member of the Legislative Assembly.
- (3) In this section—
- spent conviction*** means a conviction—
- (a) for which the rehabilitation period under the *Criminal Law (Rehabilitation of Offenders) Act 1986* has expired under that Act; and
 - (b) that is not revived as prescribed by section 11 of that Act.

91M Deputy chairperson

- (1) The Minister may appoint a member of the board to be the deputy chairperson of the board.
- (2) A member may be appointed as the deputy chairperson at the same time as the person is appointed as a member.
- (3) A vacancy arises in the office of deputy chairperson if the person holding the office—
 - (a) resigns office by signed notice given to the Minister; or
 - (b) ceases to be a member.
- (4) A person resigning the office of deputy chairperson may continue to be a member.
- (5) The deputy chairperson is to act as chairperson—
 - (a) during a vacancy in the office of the chairperson; and
 - (b) during all periods when the chairperson is absent from duty or for another reason can not perform the duties of the office.

91N Conditions of appointment

- (1) A member is to be paid the remuneration and allowances decided by the Minister.
- (2) A member who is a State employee is not entitled to be paid remuneration for holding office as a member.
- (3) For matters not provided for by this Act, a member holds office on the terms and conditions decided by the Minister.

91O Term of appointment

- (1) A member is appointed for the term, of not more than 3 years, stated in the member's instrument of appointment.
- (2) A member may be reappointed.

91P Vacation of office

- (1) The office of a member becomes vacant if the member—
 - (a) completes the member's term of office and is not reappointed; or
 - (b) resigns from office by signed notice given to the Minister; or
 - (c) is an insolvent under administration under the Corporations Act, section 9; or
 - (d) is convicted of an indictable offence; or
 - (e) becomes a member of the Legislative Assembly; or
 - (f) is absent from 3 consecutive meetings of the board—
 - (i) without the board's permission; and
 - (ii) without reasonable excuse; or
 - (g) is removed from office by the Minister under subsection (2).
- (2) The Minister may end the appointment of a member if the Minister is satisfied the member is incapable of satisfactorily performing the member's duties.

Division 4 Criminal history reports

91Q Criminal history report

- (1) To decide if a person can not be appointed or continue as a member, the Minister may ask the commissioner of the police service for—
 - (a) a written report about the criminal history of the person; and
 - (b) a brief description of the circumstances of a conviction mentioned in the criminal history.
- (2) However, the Minister may make the request only if the person has given the Minister written consent for the request.

- (3) The commissioner of the police service must comply with the request.
- (4) However, the duty to comply applies only to information in the commissioner's possession or to which the commissioner has access.
- (5) The Minister must ensure the report is destroyed as soon as practicable after it is no longer needed for the purpose for which it was requested.

91R New convictions must be disclosed

- (1) This section applies if a person who is a member is convicted of an indictable offence during the term of the member's appointment.
- (2) The person must, unless the person has a reasonable excuse, immediately give notice of the conviction to the Minister.
Maximum penalty—100 penalty units.
- (3) The notice must include all of the following—
 - (a) the existence of the conviction;
 - (b) when the offence was committed;
 - (c) details adequate to identify the offence;
 - (d) the sentence imposed on the person.

Division 5 Proceedings of the board

91S Time and place of meetings

- (1) The board may hold its meetings when and where it decides.
- (2) The chairperson—
 - (a) may at any time call a meeting of the board; and
 - (b) must call a meeting if asked by at least 3 other members.

91T Quorum

A quorum for a meeting of the board is at least half of the members.

91U Presiding at meetings

- (1) The chairperson presides at all meetings of the board at which the chairperson is present.
- (2) If the chairperson is not present at a meeting, the deputy chairperson is to preside.
- (3) If neither the chairperson nor the deputy chairperson is present at a meeting, the member chosen by the members present is to preside.

91V Conduct of meetings

- (1) Subject to this division, the board may conduct its proceedings, including its meetings, as it considers appropriate.
- (2) The board may hold meetings, or allow members to take part in meetings, by using any technology allowing reasonably contemporaneous and continuous communication between persons taking part in the meeting.
- (3) A member who takes part in a meeting of the board under subsection (2) is taken to be present at the meeting.
- (4) A question at a meeting of the board is to be decided by a majority of the votes of the members present at the meeting.
- (5) If the votes are equal, the member presiding has a casting vote.
- (6) A resolution is a valid resolution of the board, even though it is not passed at a meeting of the board, if—
 - (a) at least half the members give written agreement to the resolution; and
 - (b) notice of the resolution is given under procedures approved by the board.

91W Minutes and other records

The board must keep—

- (a) minutes of its meetings; and
- (b) a record of any decisions and resolutions of the board.

Division 6 Disclosure of conflict of interests

91X Disclosure of conflict of interest

(1) If—

- (a) a member has a direct or indirect pecuniary or other interest in a matter being considered or about to be considered at a meeting of the board; and
- (b) the interest appears to raise a conflict with the proper performance of the member's duties in relation to the consideration of the matter;

the member must, as soon as practicable after the relevant facts have come to the member's knowledge, disclose the nature of the interest at a meeting of the board.

- (2) Particulars of a disclosure made under this section must be recorded by the board in a register of interests kept for the purpose.
- (3) After a member has disclosed the nature of an interest in a matter, the member must not be present during a deliberation of the board about the matter, unless the board otherwise decides.
- (4) For the making of a decision by the board under subsection (3), a member who has a direct or indirect pecuniary or other interest in a matter to which the disclosure relates must not—
 - (a) be present during the deliberation of the board for the purpose of making the decision; or
 - (b) take part in the making of the decision by the board.

- (5) A contravention of this section does not invalidate a decision of the board.
- (6) However, if the board becomes aware a member contravened this section, the board must reconsider a decision made by the board in which the member took part in contravention of this section.

Division 7 Accessing information

91Y Right to information

- (1) To perform its functions, the board has a right to all information in the custody or under the control of a prescribed entity.
- (2) The board may, by written notice given to a prescribed entity, require the entity, within a stated reasonable period—
 - (a) to give the information to the board; and
 - (b) if the information is contained in a document—to allow the board to inspect the document and take a copy of it.
- (3) The notice must state the purpose for making the requirement.
- (4) The prescribed entity must comply with the notice, unless the entity has a reasonable excuse.

Maximum penalty—100 penalty units.

- (5) Without limiting subsection (4), it is a reasonable excuse for a prescribed entity to fail to comply with the notice because complying with the notice—
 - (a) if the entity is an individual—might tend to incriminate the individual; or
 - (b) would require the entity to disclose information that is the subject of legal professional privilege; or
 - (c) would prejudice the effectiveness of a lawful method or procedure for preventing, detecting, investigating or

dealing with a contravention or possible contravention of a law; or

- (d) would enable the existence or identity of a confidential source of information, in relation to the enforcement or administration of a law, to be ascertained; or
 - (e) would endanger a person's life or physical safety; or
 - (f) would prejudice a prosecution or another matter before a court.
- (6) For subsection (1), information is not taken to be in the prescribed entity's control merely because of an agreement between the prescribed entity and another entity under which the other entity must give the information to the prescribed entity.
- (7) For subsection (4), if the notice requires the prescribed entity to allow the board to inspect a document that contains exempt information, the entity may comply with the notice by allowing the board to inspect a copy of the document with any exempt information obliterated.
- (8) This section applies despite any other Act.
- (9) In this section—

exempt information, for a prescribed entity, means information for which the entity considers it would not be required to give because of a reasonable excuse mentioned in subsection (5).

prescribed entity means any of the following—

- (a) the chief executive of a department;
- (b) the Queensland Family and Child Commission;
- (c) the commissioner of the police service;
- (d) an entity that provides services to persons in relevant relationships if those persons are affected by domestic and family violence deaths;
- (e) an entity prescribed by regulation.

91Z Board may enter into arrangement with State Coroner

- (1) The board may enter into an arrangement with the State Coroner about the exchange of information between a coroner and the board.
- (2) Without limiting what may be included in an arrangement, the arrangement may provide for—
 - (a) the board to be notified by a coroner that a reportable death is, or is likely to be, a domestic and family violence death and how and when the notification is to occur; and
 - (b) coroners giving the board access to the following documents for performing the board's functions—
 - (i) an investigation document that relates to the domestic and family violence death of a particular person;
 - (ii) all investigation documents that relate to domestic and family violence deaths; and
 - (c) the board to give coroners access to documents in the board's possession or control that are relevant to an investigation; and
 - (d) how, when and where documents may be accessed under the arrangement.
- (3) The State Coroner may give the board access to an investigation document under the arrangement.
- (4) Sections 52(1)(c), 53, 54 and 55 do not apply in relation to access to an investigation document under the arrangement.
- (5) In this section—

investigation document includes a document obtained under the *Coroners Act 1958* that is similar in nature to an investigation document as defined in schedule 2.

91ZA Information sharing arrangements with other jurisdictions

- (1) For its functions, the board may enter into an arrangement with a corresponding entity about sharing or exchanging information held by the board or the corresponding agency.
- (2) Under the arrangement, the board may disclose information in its possession or under its control unless the disclosure would prejudice the investigation of a contravention or possible contravention of a law or an investigation by a coroner.
- (3) However, before disclosing coronial information under the arrangement the board must consult the State Coroner about the proposed disclosure.

- (4) In this section—

coronial information means information in the board's possession or under the board's control that was given to the board by the State coroner.

corresponding entity means an entity in another State that performs the same functions, or substantially the same functions, as the board

information includes a document.

Division 8 Reporting

91ZB Annual report

- (1) The board must, within 3 months after the end of each financial year, give the Minister a report (an *annual report*) in relation to the performance of the board's functions during the financial year.
- (2) The annual report must include information about the progress made during the financial year to implement recommendations made by the board during that year or previous financial years.
- (3) The Minister must table a copy of the report in the Legislative Assembly within one month after receiving it.

91ZC Report about systemic matter

- (1) The board may prepare a report about a matter arising from the performance of the board's functions.
- (2) Without limiting subsection (1), the board may prepare a report—
 - (a) about its findings in relation to a review carried out by the board; or
 - (b) making recommendations to the Minister about any other matter likely to prevent or reduce domestic and family violence deaths.
- (3) If the board proposes to include information adverse to a person in the report—
 - (a) the board must not include the information in the report unless, before the report is prepared, the board gives the person an opportunity to make submissions about the information; and
 - (b) if the person makes submissions and the board still proposes to include the information in the report, the board must ensure the person's submissions are fairly stated in the report.
- (4) The board may, if it considers it appropriate, give a copy of the report to the Minister.
- (5) If the report includes information relating to a death that is still being investigated by a coroner, the board must—
 - (a) give the coroner a copy of the report; and
 - (b) if the board intends to give a copy of the report to the Minister—ensure the copy is given to the coroner before giving the Minister a copy.
- (6) If the board gives a copy of the report to the Minister, the board must make a recommendation about whether the report should be tabled in the Legislative Assembly.
- (7) The board may make a recommendation that a report be tabled in the Legislative Assembly only if the report does not

contain information that is in a form that identifies or may identify an individual in the individual's private capacity.

- (8) If the board recommends the report not be tabled in the Legislative Assembly, the Minister may table the report only if the Minister is satisfied the public interest in tabling the report outweighs any other considerations.
- (9) If the board recommends the report be tabled in the Legislative Assembly, the Minister must table the report within 5 sitting days after receiving it.

Division 9 Miscellaneous

91ZD Confidentiality

- (1) This section applies to a person who is or was—
 - (a) a member; or
 - (b) a person engaged to help in the performance of the board's functions.
- (2) The person must not disclose confidential information to anyone else other than to the extent the disclosure is permitted under this section.

Maximum penalty—200 penalty units.
- (3) Confidential information may be disclosed—
 - (a) in the performance of a function under this Act; or
 - (b) to the commissioner of the police service in connection with a possible criminal offence; or
 - (c) to a coroner to the extent it may relate to a reportable death; or
 - (d) to the Crime and Corruption Commission; or
 - (e) to the ombudsman about the death of a person to the extent it is relevant to the performance of the ombudsman's functions; or

-
- (f) to the extent otherwise required or permitted under this Act or another Act.

Example—

Confidential information may be disclosed under an arrangement with a corresponding entity under section 91ZA.

- (4) The person can not be compelled to disclose the confidential information, including giving evidence in relation to the confidential information, in any proceeding.
- (5) In this section—

confidential information means information that—

- (a) is not publicly available; and
- (b) is in a form that identifies or may identify an individual; and
- (c) was acquired by, or may be accessed by, a person in the person's capacity as mentioned in subsection (1).

disclose includes give access to.

information includes a document.

91ZE Protection from liability for members and persons helping board perform functions

- (1) A member or a person engaged to help in the performance of the board's functions is not civilly liable for an act done, or omission made, honestly and without negligence under this part.
- (2) If subsection (1) prevents a civil liability attaching to a member or other person, the liability attaches instead to the State.
- (3) Subsection (1) does not apply to a member or other person who is a State employee.

Note—

For protection from civil liability in relation to State employees—see the *Public Service Act 2008*, section 26C.

91ZF Protection from liability for providing information

- (1) This section applies to an entity that gives information to the board as required by a notice under section 91Y.
- (2) The entity is not liable, civilly, criminally or under an administrative process, for giving the information.
- (3) Without limiting subsection (2)—
 - (a) the giving of the information does not constitute a breach of professional etiquette or ethics or a departure from accepted standards of professional conduct; and
 - (b) no liability for defamation is incurred by the entity because of the giving of the information.
- (4) The protection given to the entity by this section extends to—
 - (a) an entity that, in good faith, provided the person with any information on the basis of which the information was given; and
 - (b) an entity that was otherwise concerned in the giving of the information.

Part 5 Miscellaneous

92 Register of deaths

- (1) The State Coroner must establish a register of all deaths or suspected deaths investigated under this Act.
- (2) The register must contain the following information for each death—
 - (a) the date on which the person's death was reported or otherwise brought to the coroner's notice;
 - (b) a summary of any findings of the investigation, including any inquest;
 - (c) a summary of any comments made at any inquest.

- (3) For each death or suspected death that a coroner investigates, the coroner must give the information mentioned in subsection (2) to the State Coroner.

93 National coronial database

- (1) This section applies if an entity, including a government entity, maintains a database about coronial investigations.
- (2) The Minister may, for the State, enter into an arrangement with the entity for stated information obtained under this Act to be included in the database.
- (3) The Minister may enter into the arrangement only if satisfied—
 - (a) the entity has a legitimate interest in storing the information in the database; and
 - (b) the entity will make the information available only to persons with a legitimate interest in obtaining it; and
 - (c) the conditions for making the information available to database users are reasonable.
- (4) This section does not affect, and is not affected by, section 53.

94 Evidentiary aids

- (1) In a proceeding, the following matters must be presumed unless a party to the proceeding, by reasonable notice, requires proof of the matter—
 - (a) the appointment of a coroner, the registrar or a deputy registrar;
 - (b) the power of a coroner, the registrar or a deputy registrar to do anything under this Act.
- (2) A signature purporting to be the signature of a coroner is evidence of the signature it purports to be.
- (3) A certificate purporting to be signed by a coroner, the registrar or a deputy registrar stating any of the following is evidence of the things it states—

- (a) a stated document is an order, direction, requirement or decision, or a copy of an order, direction, requirement or decision, given or made under this Act;
- (b) a stated document is a notice, or a copy of a notice, given under this Act;
- (c) a stated document is a record, or a copy of a record, kept under this Act;
- (d) a stated document is a document, or a copy of a document, kept under this Act.

95 Authorising burial of body etc.

- (1) A person must not—
 - (a) prepare a human body for burial; or
 - (b) bury a human body; or
 - (c) take a human body out of Queensland;unless the person is authorised to do so under subsection (2).
Maximum penalty—120 penalty units.
- (2) A person is authorised if—
 - (a) for a death investigated by a coroner—
 - (i) a certificate of the cause of death under the *Births, Deaths and Marriages Registration Act 2003* has been issued with the coroner's consent; or
 - (ii) the coroner has ordered the release of the body under section 26; or
 - (b) for a death investigated by a non-Queensland coroner—a non-Queensland coroner's release certificate has been issued; or
 - (c) otherwise—a cause of death certificate has been issued.
- (3) This section does not apply to—
 - (a) part of a human body taken during an autopsy under—

-
- (i) this Act, the *Coroners Act 1958* or the *Transplantation and Anatomy Act 1979*; or
 - (ii) an Act of another State or country that is similar in effect to an Act mentioned in subparagraph (i); or
 - (b) part of a human body taken during a medical procedure; or
 - (c) indigenous burial remains; or
 - (d) the taking of a human body to any type of mortuary.

96 Application of Act to stillborn child

Only sections 12(2)(c), 19, 25(1) to (3), 26(2)(c) and 95 of this Act apply to a stillborn child.

97 Notifying registrar when body is released and investigation ends

- (1) When a coroner orders the release of a deceased person's body for burial, or to another jurisdiction, under section 26, the coroner must give a copy of the order to the registrar under the *Births, Deaths and Marriages Registration Act 2003*.
- (2) On completion of an investigation into a death, a coroner must give the registrar under the *Births, Deaths and Marriages Registration Act 2003* a written notice, in the approved form, that states—
 - (a) who the deceased person was; and
 - (b) when the person died; and
 - (c) where the person died, and in particular whether the person died in Queensland; and
 - (d) what caused the person to die; and
 - (e) the date of the coroner's findings; and
 - (f) whether or not an inquest has been held into the death, and if an inquest has been held, the date and place of the inquest.

(3) In this section—

approved form means a form approved by the chief executive of the department in which the *Births, Deaths and Marriages Registration Act 2003* is administered.

98 Approval of forms

The State Coroner may approve forms for use under this Act.

99 Regulation-making power

(1) The Governor in Council may make regulations under this Act.

(2) Without limiting subsection (1), a regulation may—

- (a) prescribe offences for a contravention of a regulation, and fix a maximum penalty of not more than 20 penalty units for a contravention; or
- (b) prescribe fees payable under this Act, including for example—
 - (i) the fee payable to a doctor for an autopsy; or
 - (ii) the fee payable for a copy of an investigation document.

Part 6 Transitional provisions

Division 1 Transitional provisions for Act as enacted

100 When repealed Act still applies

(1) The *Coroners Act 1958* continues to apply to the following, as if this Act had not been enacted—

- (a) a pre-commencement death;

- (b) a pre-commencement fire.
- (2) However, despite subsection (1), this Act applies to—
 - (a) the release of an investigation document relating to a pre-commencement death or fire for research purposes; and
 - (b) the fees payable for the release of an investigation document for any purpose.
- (3) For a pre-commencement death or pre-commencement fire, the State Coroner has the functions and powers of a coroner under the *Coroners Act 1958*.

- (4) In this section—

investigation document includes a document obtained under the *Coroners Act 1958* that is similar in nature to an investigation document as defined under this Act.

pre-commencement death means a death—

- (a) that was reported to a police officer or coroner before the commencement of this section; or
- (b) in relation to which an inquest was held before the commencement of this section, but reopened after the commencement.

pre-commencement fire means a fire in relation to which—

- (a) a coroner formed the opinion, before the commencement of this section, that an inquest should be held; or
- (b) the Minister has, before the commencement of this section, directed a coroner to hold an inquest; or
- (c) a person who requested that an inquest into the fire be held had complied with the *Coroners Act 1958*, section 8(1)(c) before the commencement of this section.

101 Appointments continue

- (1) A clerk of the court, or acting clerk of the court, who immediately before the commencement of this section was holding an inquest is taken to be a coroner for the purpose of the inquest.
- (2) Another person who, immediately before the commencement of this section, held an appointment to a position under the *Coroners Act 1958* that is equivalent to a position under this Act is taken to hold the position under this Act.
- (3) The person continues to hold the appointment subject to this Act until—
 - (a) the end of the term of appointment; or
 - (b) reappointed under this Act.

102 Orders continue

An order of the Coroners Court, or a coroner, that is in force immediately before the commencement of this section continues to have effect after the commencement.

103 References to repealed Act

A reference to the *Coroners Act 1958* in an Act or document may, if the context allows, be taken to be a reference to this Act.

104 Common law overridden

- (1) A rule of common law that, immediately before the commencement of this section, operated to impose a duty or confer a power on a coroner of the Coroners Court, has no effect after the commencement.
- (2) In particular—
 - (a) a coroner investigating a person's death need not view the person's body unless the coroner chooses to; and

- (b) a Coroners Court does not sit with a jury.

Division 2 Transitional provisions for Births, Deaths and Marriages Registration Act 2003

106 Deaths reported under the old 3 month rule

- (1) This section applies to a death reported under section 8(3)(h) as in force immediately before the commencement of this section.
- (2) This Act as in force immediately before the commencement of this section continues to apply to the death.

107 Effectiveness of this div

It is declared that the enactment of this division is, and always has been, as effective as it would have been if the amendment of the Act by the *Births, Deaths and Marriages Registration Act 2003*, schedule 1, *Coroners Act 2003*, item 9 directed that this division be inserted in part 6 of this Act.

Division 3 Transitional provision for the Child Safety Legislation Amendment Act 2005

108 Death in care

For section 9, a person's death is a *death in care* if, when the person died, the person was a child—

- (a) about whom an authorised officer was investigating, or had investigated, alleged harm or alleged risk of harm under the *Child Protection Act 1999*, section 14; and
- (b) who was residing with someone other than the person with whom the child normally resided as a result of an

agreement, between a parent or guardian of the child and the chief executive (child safety), entered into before the commencement of the *Child Safety Legislation Amendment Act 2005*, section 14.

Division 4 Transitional provisions for the Coroners and Other Acts Amendment Act 2009

109 Definitions for div 4

In this division—

amendment means amendment under the *Coroners and Other Acts Amendment Act 2009*.

previous, followed by a provision number, means the provision of that number as in force before its amendment.

110 Continued application of particular provisions

Despite the *Coroners and Other Acts Amendment Act 2009*, each of the following provisions continues to apply to the death of a person who died before the provision's amendment commenced—

- previous section 8
- previous section 9
- previous section 10.

111 Application of s 12

Section 12 applies in relation to the death of a person whether the person died before or after the commencement of this section.

112 Notice of inquest

A notice of inquest complying with previous section 32 and given before the commencement of this section is taken to comply with section 32.

113 Application of s 36

- (1) This section applies if—
 - (a) before the commencement, the Coroners Court considered a person had a sufficient interest in an inquest; and
 - (b) on the commencement, the person had not exercised the person's rights under section 36(1).
- (2) Previous section 36 continues to apply in relation to the person for the inquest.
- (3) In this section—

commencement means the commencement of this section.

114 Validation relating to State Coroner

- (1) This section applies to—
 - (a) the purported appointment, at any time before the commencement of this section, of the State Coroner to act as Deputy Chief Magistrate; and
 - (b) the purported acting, at any time before the commencement of this section, of the State Coroner as Chief Magistrate under the *Magistrates Act 1991*, section 14(b) while purportedly appointed as Deputy Chief Magistrate.
- (2) The purported appointment or purported acting is taken to have been valid and always to have been valid.
- (3) Every decision or order made, sentence imposed or anything done by the State Coroner—

[s 115]

- (a) while purportedly appointed as Deputy Chief Magistrate; or
- (b) while purportedly acting as Chief Magistrate under the *Magistrates Act 1991*, section 14(b) while purportedly appointed as Deputy Chief Magistrate;

is taken to have been valid, and always to have been valid, to the same extent as would be the case if the purported appointment or purported acting were valid.

115 Validation relating to Deputy State Coroner

- (1) This section applies to the purported acting, at any time before the commencement of this section, of the Deputy State Coroner as State Coroner under section 74(6) because of a purported appointment or purported acting mentioned in section 114(1).
- (2) The purported acting as State Coroner is taken to have been valid and always to have been valid.
- (3) Every decision or order made or anything done by the Deputy State Coroner while purportedly acting as State Coroner is taken to have been valid, and always to have been valid, to the same extent as would be the case if the purported acting were valid.

Schedule 2 Dictionary

section 6

accessing a document includes getting a copy of the document.

appointed coroner see section 83.

ATSI family member, for a deceased person who was an Aboriginal person or Torres Strait Islander, means a person who is an appropriate person according to the tradition or custom of the Aboriginal or Torres Strait Islander community to which the deceased person belonged.

attending doctor of a deceased person means a doctor who attended the deceased person professionally—

- (a) at or immediately before the deceased person's death; or
- (b) during the deceased person's last illness.

autopsy certificate means an autopsy certificate mentioned in section 24A(3)(a).

autopsy notice means an autopsy notice mentioned in section 24A(2)(a).

autopsy report means a written report prepared by a doctor, including a preliminary report, to record information about the autopsy on a deceased person, including for example—

- (a) the results of any tests that were conducted as part of the autopsy; or
- (b) the cause of the person's death.

board, for part 4A, see section 91B.

body means—

- (a) a human body; or
- (b) part of a human body.

burial includes cremation or other lawful disposal, either in Queensland or elsewhere.

cause of death certificate means—

- (a) a cause of death certificate under the *Births, Deaths and Marriages Registration Act 2003*; or
- (b) a similar certificate issued under a law of another State or country that is similar in effect to the *Births, Deaths and Marriages Registration Act 2003*.

chairperson, for part 4A, see section 91B.

chief executive (child safety) means the chief executive of the department in which the *Child Protection Act 1999* is administered.

child death research functions, for the family and child commissioner, means the commissioner's functions under the *Family and Child Commission Act 2014*, part 3.

comment includes a recommendation.

confidential document means a document containing, or the part of a document that contains, information obtained under any of the following provisions—

- (a) section 17;
- (b) the *Child Protection Act 1999*, section 159P;
- (c) the *Public Health Act 2005*, section 56 or 86.

coroner means—

- (a) the State Coroner; or
- (b) the Deputy State Coroner; or
- (c) a local coroner; or
- (d) an appointed coroner.

coronial document means a document prepared for an investigation, other than a record, or a copy of a record, of an inquest made under the *Recording of Evidence Act 1962*.

Examples—

- an autopsy certificate, autopsy notice or autopsy report

- a report from a police officer helping a coroner about the investigation into a reportable death
- a record of the coroner's findings and comments

death in care see section 9.

death in custody see section 10.

deputy chairperson, for part 4A, see section 91B.

deputy registrar means a person who holds an appointment as a deputy registrar under section 85.

direction see section 14.

document includes part of a document.

domestic and family violence, for part 4A, see section 91B.

domestic and family violence death, for part 4A, see section 91B.

exhume a body includes remove a body from a tomb.

expert reports, for part 4A, see section 91G(2)(b).

family and child commissioner means the principal commissioner under the *Family and Child Commission Act 2014*.

family member, of a deceased person, means—

- (a) if the coroner investigating the death becomes aware of a document satisfying the coroner that the deceased person's wish would have been that a particular person be the deceased person's family member for this Act—the particular person; or

Example of document for paragraph (a)—

an advance health directive under the *Powers of Attorney Act 1998* appointing the particular person as the deceased person's attorney

- (b) if paragraph (a) does not apply—

- (i) a spouse of the deceased person; or
- (ii) if a spouse is not reasonably available—an adult child of the deceased person; or

- (iii) if a spouse or adult child is not reasonably available—a parent of the deceased person; or
- (iv) if a spouse, adult child or parent is not reasonably available—an adult sibling of the deceased person; or
- (v) if a spouse, adult child, parent or adult sibling is not reasonably available—an adult who, immediately before the deceased person's death, had a relationship with the deceased person that the coroner investigating the death considers is sufficient for being a family member of the deceased person for this Act; or
- (vi) if the deceased person was an Aboriginal person or Torres Strait Islander and a spouse, adult child, parent or adult sibling is not reasonably available—an ATSI family member.

government entity see the *Public Service Act 2008*, section 24.

guideline see section 14.

health care related death see section 10AA.

health chief executive means the chief executive of the department in which the *Hospital and Health Boards Act 2011* is administered.

health procedure means a dental, medical, surgical or other health related procedure, including for example the administration of an anaesthetic, analgesic, sedative or other drug.

human body includes the body of a stillborn child.

indigenous burial remains means—

- (a) Aboriginal human remains as defined in the *Aboriginal Cultural Heritage Act 2003*; or
- (b) Torres Strait Islander human remains as defined in the *Torres Strait Islander Cultural Heritage Act 2003*.

inquest means a coronial inquest.

investigation includes—

- (a) a preliminary investigation by a coroner to decide, for section 11(2)(a), whether a death is a reportable death; and
- (b) the holding of an inquest.

investigation document, for an investigation under this Act, means—

- (a) a confidential document; or
- (b) a coronial document; or
- (c) a police document; or
- (d) another document or part of a document connected to the investigation that the coroner obtains under this Act; or
- (e) a document connected to the investigation that is given, under the *Child Protection Act 1999*, section 246H, to the State Coroner for use by a coroner; or
- (f) a document connected to the investigation that is given, under the *Ombudsman Act 2001*, section 57A, to the State Coroner for use by a coroner.

local coroner see section 82.

medical procedure means a diagnostic or surgical procedure.

member, for part 4A, see section 91B.

non-Queensland coroner, in relation to a death, means a person who holds a position equivalent to a coroner at the place where the death happened.

non-Queensland coroner's release certificate means a certificate that—

- (a) authorises the release of the body; and
- (b) is given by a non-Queensland coroner.

not reasonably available, in relation to a family member of a deceased person, means—

- (a) a family member of that particular type does not exist;
or
- (b) the family member can not be reasonably contacted; or
- (c) the family member is unable or unwilling to act as a family member for this Act.

obstruct includes hinder, resist and attempt to obstruct.

owns, in relation to a prescribed tissue bank, see the *Transplantation and Anatomy Act 1979*, section 42A(6).

police document means a document or part of a document prepared, or obtained, by a police officer for a police investigation of an offence that is related to a death being investigated by a coroner.

possess a document includes have control of a document.

prescribed tissue bank means a tissue bank prescribed under the *Transplantation and Anatomy Act 1979*.

reasonably believes means believes on reasonable grounds.

record made under the *Recording of Evidence Act 1962* includes a transcription of the record made under that Act.

registrar means a person who holds an appointment as a registrar under section 84.

relevant relationship, for part 4A, see section 91B.

reportable death see section 8.

residential service see the *Residential Services (Accreditation) Act 2002*, section 4.

section 7(4) report means a report given under section 7(4) by a police officer to a coroner.

senior available next of kin see the *Transplantation and Anatomy Act 1979*, section 4(1).

State employee, for part 4A, see section 91B.

stillborn child means a stillborn child as defined in the *Births, Deaths and Marriages Registration Act 2003*.

tissue means—

- (a) an organ, blood or part of a body or foetus; or
- (b) a substance extracted from an organ, blood or part of a body or foetus.

tissue bank see the *Transplantation and Anatomy Act 1979*, section 42A(6).

1 Index to endnotes

- 2 Key
- 3 Table of reprints
- 4 List of legislation
- 5 List of annotations

2 Key

Key to abbreviations in list of legislation and annotations

Key	Explanation	Key	Explanation
AIA	= Acts Interpretation Act 1954	(prev)	= previously
amd	= amended	proc	= proclamation
amd	= amendment	prov	= provision
t			
ch	= chapter	pt	= part
def	= definition	pubd	= published
div	= division	R[X]	= Reprint No. [X]
exp	= expires/expired	RA	= Reprints Act 1992
gaz	= gazette	reloc	= relocated
hdg	= heading	renu	= renumbered
		m	
ins	= inserted	rep	= repealed
lap	= lapsed	(retro	= retrospectively
)	
notf	= notified	rv	= revised version
d			
num	= numbered	s	= section

Key	Explanation	Key	Explanation
o in c	= order in council	sch	= schedule
om	= omitted	sdiv	= subdivision
orig	= original	SIA	= Statutory Instruments Act 1992
p	= page	SIR	= Statutory Instruments Regulation 2012
para	= paragraph	SL	= subordinate legislation
prec	= preceding	sub	= substituted
pres	= present	unnum	= unnumbered
		m	
prev	= previous		

3 Table of reprints

A new reprint of the legislation is prepared by the Office of the Queensland Parliamentary Counsel each time a change to the legislation takes effect.

The notes column for this reprint gives details of any discretionary editorial powers under the **Reprints Act 1992** used by the Office of the Queensland Parliamentary Counsel in preparing it. Section 5(c) and (d) of the Act are not mentioned as they contain mandatory requirements that all amendments be included and all necessary consequential amendments be incorporated, whether of punctuation, numbering or another kind. Further details of the use of any discretionary editorial power noted in the table can be obtained by contacting the Office of the Queensland Parliamentary Counsel by telephone on 3003 9601 or email legislation.queries@oqpc.qld.gov.au.

From 29 January 2013, all Queensland reprints are dated and authorised by the Parliamentary Counsel. The previous numbering system and distinctions between printed and electronic reprints is not continued with the relevant details for historical reprints included in this table.

Reprint No.	Amendments included	Effective	Notes
0A rv	none	1 May 2003	

Reprint No.	Amendments included	Effective	Notes
1	2003 Act No. 77 2003 Act No. 97	1 December 2003	
1A	2003 Act No. 31	1 February 2004	
1B	2004 Act No. 13	1 August 2004	
1C	2004 Act No. 54	29 November 2004	
1D	2004 Act No. 43	3 December 2004	
1E	2004 Act No. 36	30 April 2005	
1F	2005 Act No. 48	1 December 2005	
1G	2005 Act No. 70	8 December 2005	
1H	2005 Act No. 48	16 January 2006	
1I	2005 Act No. 40	31 May 2006	
1J	2006 Act No. 12 2006 Act No. 25	1 July 2006	
1K	2000 Act No. 5 (amd 2006 Act No. 26)	21 July 2006	
1L	2006 Act No. 29	28 August 2006	R1L withdrawn, see R2
2	—	28 August 2006	
2A	2007 Act No. 37	28 September 2007	
2B	2007 Act No. 54	9 November 2007	
2C	2009 Act No. 32	26 August 2009	
2D	2009 Act No. 25 2009 Act No. 32	2 November 2009	
2E	2009 Act No. 29	1 February 2010	

Reprint No.	Amendments included	Effective	Notes
2F	2009 Act No. 34	29 March 2010	
3	2010 Act No. 5	1 April 2010	
3A	2010 Act No. 14	1 July 2010	
3B	2010 Act No. 6	1 September 2010	
3C	2011 Act No. 13	1 July 2011	
3D	2011 Act No. 32 (amd 2012 Act No. 9)	1 July 2012	R3D withdrawn, see R4
4	—	1 July 2012	
Current as at		Amendments included	Notes
29 August 2013		2013 Act No. 35	
1 July 2014		2013 Act No. 36 2006 Act No. 12 (amd 2014 Act No. 12) 2014 Act No. 21 2014 Act No. 27 2014 Act No. 28	RA s 44A
4 December 2015		2015 Act No. 18	RA s 27
1 April 2016		2016 Act No. 9	
1 March 2017		2016 Act No. 63	
5 March 2017		2016 Act No. 5 (amd 2017 Act No. 3)	RA ss 26(1), 44

4 List of legislation

Coroners Act 2003 No. 13

date of assent 9 April 2003

ss 1–2 commenced on date of assent

amdt of the District Court of Queensland Act 1967 in sch 1 commenced 1 May 2003

(see s 2(1))

s 70 commenced 1 May 2003 (2003 SL No. 77)

remaining provisions commenced 1 December 2003 (2003 SL No. 296)

amending legislation—

Births, Deaths and Marriages Registration Act 2003 No. 31 ss 1–2, 59 sch 1

date of assent 23 May 2003

ss 1–2 commenced on date of assent

remaining provisions commenced 1 February 2004 (2003 SL No. 360)

Justice and Other Legislation Amendment Act 2003 No. 77 ss 1–2(1), pt 9

date of assent 6 November 2003

ss 1–2 commenced on date of assent

remaining provisions commenced 1 December 2003 (see s 2(1) and 2003 SL No. 296)

Legal Profession Act 2003 No. 97 ss 1–2(1), 380 sch 1

date of assent 3 December 2003

ss 1–2 commenced on date of assent

remaining provisions commenced 30 November 2003 (see s 2(1))

Child Safety Legislation Amendment Act 2004 No. 13 ss 1–2(1), pt 6

date of assent 24 June 2004

ss 1–2 commenced on date of assent

remaining provisions commenced 1 August 2004 (2004 SL No. 141)

Child Safety Legislation Amendment Act (No. 2) 2004 No. 36 pts 1, 6

date of assent 27 October 2004

ss 1–2 commenced on date of assent

remaining provisions commenced 30 April 2005 (2005 SL No. 62)

Justice and Other Legislation Amendment Act 2004 No. 43 ss 1–3 sch

date of assent 18 November 2004

ss 1–2 commenced on date of assent

remaining provisions commenced 3 December 2004 (2004 SL No. 263)

Transport Infrastructure Amendment Act 2004 No. 54 ss 1, 11–12

date of assent 29 November 2004

commenced on date of assent

Child Safety Legislation Amendment Act 2005 No. 40 ss 1–2, 69 sch

date of assent 1 September 2005

ss 1–2 commenced on date of assent

remaining provisions commenced 31 May 2006 (2006 SL No. 97)

Public Health Act 2005 No. 48 ss 1–2, 492 sch 1

date of assent 2 November 2005
ss 1–2 commenced on date of assent
sch 1 amdt 2 commenced 16 January 2006 (2005 SL No. 280)
remaining provisions commenced 1 December 2005 (2005 SL No. 280)

Justice and Other Legislation Amendment Act 2005 No. 70 s 1, pt 8

date of assent 8 December 2005
commenced on date of assent

Disability Services Act 2006 No. 12 ss 1–2, 241 sch 1, 333 sch 2 (this Act is amended, see amending legislation below)

date of assent 4 April 2006
ss 1–2 commenced on date of assent
s 333 sch 2 commenced 1 July 2014 (2014 SL No. 95)
remaining provisions commenced 1 July 2006 (2006 SL No. 160)
amending legislation—

Communities Legislation (Funding Red Tape Reduction) Amendment Act 2014 No. 12 ss 1–2, pt 4 (amends 2006 No. 12 above)

date of assent 9 April 2014
ss 1–2 commenced on date of assent
remaining provisions commenced 1 July 2014 (2014 SL No. 95)

Health Quality and Complaints Commission Act 2006 No. 25 ss 1–2(1), 241(1) sch 3

date of assent 29 May 2006
ss 1–2 commenced on date of assent
remaining provisions commenced 1 July 2006 (see s 2(1))

Police Powers and Responsibilities Act 2000 No. 5 s 810 sch 4 (prev s 459A sch 3A) (this Act is amended, see amending legislation below)

date of assent 23 March 2000
ss 1–2, 373–377, sch 2 commenced on date of assent (see s 2(2))
s 211 commenced 24 March 2001 (automatic commencement under AIA s 15DA(2))
remaining provisions commenced 1 July 2000 (see s 2(1), (3) and 2000 SL No. 174)
amending legislation—

Police Powers and Responsibilities and Other Acts Amendment Act 2006 No. 26 ss 1–2, 84, 86 (amends 2000 No. 5 above)

date of assent 1 June 2006
ss 1–2 commenced on date of assent
remaining provisions commenced 21 July 2006 (2006 SL No. 185)

Corrective Services Act 2006 No. 29 ss 1, 2(2), 518 sch 3

date of assent 1 June 2006
ss 1–2 commenced on date of assent
remaining provisions commenced 28 August 2006 (2006 SL No. 213)

Justice and Other Legislation Amendment Act 2007 No. 37 ss 1, 162 sch

date of assent 29 August 2007
ss 1–2 commenced on date of assent
remaining provisions commenced 28 September 2007 (2007 SL No. 241)

Mental Health and Other Legislation Amendment Act 2007 No. 54 s 1, pt 3

date of assent 9 November 2007

commenced on date of assent

Criminal Code and Other Legislation (Misconduct, Breaches of Discipline and Public Sector Ethics) Amendment Act 2009 No. 25 pt 1, s 83 sch

date of assent 11 August 2009

ss 1–2 commenced on date of assent

remaining provisions commenced 2 November 2009 (2009 SL No. 241)

Adoption Act 2009 No. 29 ss 1–2, 368 sch 2

date of assent 26 August 2009

ss 1–2 commenced on date of assent

remaining provisions commenced 1 February 2010 (2009 SL No. 217)

Coroners and Other Acts Amendment Act 2009 No. 32 pts 1–2

date of assent 26 August 2009

ss 1–2, 50(5)–(9), 59 (to the extent it ins pt 6 div 4 hdg, ss 114–115) commenced on date of assent (see s 2)

remaining provisions commenced 2 November 2009 (2009 SL No. 210)

Juvenile Justice and Other Acts Amendment Act 2009 No. 34 ss 1, 2(2), 45(1) sch pt 1 amdt 10

date of assent 17 September 2009

ss 1–2 commenced on date of assent

sch pt 1 amdt 10 (so far as it amds s 10(2)) commenced 29 March 2010 (2010 SL No. 37) (amdt could not be given effect)

remaining provisions commenced 29 March 2010 (2010 SL No. 37)

Criminal History Screening Legislation Amendment Act 2010 No. 5 pt 1, s 248 sch 3

date of assent 4 March 2010

ss 1–2 commenced on date of assent

remaining provisions commenced 1 April 2010 (2010 SL No. 53)

Transport (Rail Safety) Act 2010 No. 6 ss 1–2, 357 sch 1

date of assent 4 March 2010

ss 1–2 commenced on date of assent

remaining provisions commenced 1 September 2010 (2010 SL No. 166)

Health Legislation (Health Practitioner Regulation National Law) Amendment Act 2010 No. 14 ss 1, 124 sch

date of assent 21 April 2010

ss 1–2 commenced on date of assent

remaining provisions commenced 1 July 2010 (see s 2)

Forensic Disability Act 2011 No. 13 ch 1 pt 1, ch 14 pt 3

date of assent 19 May 2011

ss 1–2 commenced on date of assent

remaining provisions commenced 1 July 2011 (2011 SL No. 121 item 1)

Hospital and Health Boards Act 2011 No. 32 ss 1–2, 332 sch 1 pt 2 (prev Health and Hospitals Network Act 2011) (this Act is amended, see amending legislation below)

date of assent 28 October 2011
ss 1–2 commenced on date of assent
remaining provisions commenced 1 July 2012 (2012 SL No. 61 item 3) (previous proclamation 2012 SL No. 23 item 3 was rep (2012 SL No. 61))
amending legislation—

Health and Hospitals Network and Other Legislation Amendment Act 2012 No. 9 ss 1–2(1), 47 (amends 2011 No. 32 above)

date of assent 27 June 2012
ss 1–2 commenced on date of assent
remaining provisions commenced 1 July 2012 (see s 2(1))

Justice and Other Legislation Amendment Act 2013 No. 35 s 1, pt 11

date of assent 29 August 2013
commenced on date of assent

Health Ombudsman Act 2013 No. 36 ss 1–2, 331 sch 1

date of assent 29 August 2013
ss 1–2 commenced on date of assent
remaining provisions commenced 1 July 2014 (2014 SL No. 15)

Crime and Misconduct and Other Legislation Amendment Act 2014 No. 21 ss 1, 2(2), 94(2) sch 2

date of assent 21 May 2014
ss 1–2 commenced on date of assent
remaining provisions commenced 1 July 2014 (2014 SL No. 107)

Family and Child Commission Act 2014 No. 27 ss 1–2, 52 sch 1 pt 2

date of assent 28 May 2014
ss 1–2 commenced on date of assent
remaining provisions commenced 1 July 2014 (see s 2)

Child Protection Reform Amendment Act 2014 No. 28 ss 1, 2(2), 105 sch 1

date of assent 28 May 2014
ss 1–2 commenced on date of assent
remaining provisions commenced 1 July 2014 (see s 2(2))

Coroners (Domestic and Family Violence Death Review and Advisory Board) Amendment Act 2015 No. 18

date of assent 22 October 2015
ss 1–2 commenced on date of assent
remaining provisions commenced 4 December 2015 (2015 SL No. 171)

Mental Health Act 2016 No. 5 ss 1–2, 923 sch 4 (this Act is amended, see amending legislation below)

date of assent 4 March 2016
ss 1–2 commenced on date of assent
s 923 sch 4 commenced 5 March 2017 (automatic commencement under AIA s 15DA(2))
amending legislation—

Mental Health Amendment Act 2017 No. 3 ss 1–2, 54 (amends 2016 No. 5 above)

date of assent 3 March 2017
commenced on date of assent

Disability Services and Other Legislation Amendment Act 2016 No. 9 pts 1–2

date of assent 24 March 2016
ss 1–2 commenced on date of assent
remaining provisions commenced 1 April 2016 (see s 2)

Industrial Relations Act 2016 No. 63 ss 1, 2(2), 1157 sch 6

date of assent 9 December 2016
ss 1–2 commenced on date of assent
s 1157 sch 6 commenced 1 March 2017 (2017 SL No. 24)

5 List of annotations

Object of Act

s 3 amd 2015 No. 18 s 4

Duty to report deaths

s 7 amd 2009 No. 32 s 4

Reportable death defined

s 8 amd 2003 No. 31 s 59 sch 1; 2009 No. 32 s 5

Death in care defined

s 9 amd 2004 No. 13 s 89; 2005 No. 40 s 69 sch; 2006 No. 12 s 241 sch 1; 2006 No. 29 s 518 sch 3; 2009 No. 32 s 6; 2009 No. 29 s 368 sch 2; 2011 No. 13 s 166; 2011 No. 32 s 332 sch 1 pt 2 (amd 2012 No. 9 s 47); 2006 No. 12 s 333 sch 2 (amd 2014 No. 12 ss 73–74); 2016 No. 9 s 4; 2016 No. 5 s 923 sch 4 amdts 1–2, 3 (amd 2017 No. 3 s 54), 4

Death in custody defined

s 10 amd 2004 No. 43 s 3 sch; 2006 No. 29 s 518 sch 3; 2009 No. 32 s 7; 2009 No. 34 s 45(1) sch pt 1 amdt 10 (amdt could not be given effect); 2011 No. 13 s 167; 2016 No. 5 s 923 sch 4

Health care related death defined

s 10AA ins 2009 No. 32 s 8

State Coroner to notify family and child commissioner of deaths

s 10A ins 2004 No. 13 s 90
amd 2009 No. 32 s 9; 2014 No. 27 s 52 sch 1 pt 2

PART 3—CORONER'S INVESTIGATION, INCLUDING BY INQUEST, OF DEATHS

Deaths to be investigated

s 11 amd 2005 No. 70 s 46; 2009 No. 32 s 10

Reviewing coroner's decision about whether death is a reportable death

s 11A ins 2009 No. 32 s 11

Deaths not to be investigated or further investigated

s 12 amd 2003 No. 31 s 59 sch 1; 2009 No. 32 s 12

Coroner's powers of investigation

s 13 amd 2000 No. 5 s 810 sch 4 (amd 2006 No. 26 ss 84, 86); 2009 No. 32 s 13;
2010 No. 14 s 124 sch

Guidelines and directions for investigations

s 14 amd 2009 No. 32 s 14

Help in investigation

s 15 amd 2000 No. 5 s 810 sch 4 (amd 2006 No. 26 ss 84, 86)

Duty to help investigation

s 16 amd 2009 No. 32 s 15

Disclosure of confidential information to coroner

s 17 amd 2004 No. 43 s 3 sch; 2006 No. 25 s 241(1) sch 3; 2007 No. 37 s 162 sch;
2009 No. 32 s 16; 2009 No. 34 s 45(1) sch pt 1 amdt 10; 2013 No. 36 s 331 sch 1

Protection from liability for giving information and other things to coroner

s 17A ins 2009 No. 32 s 17

Transferring body to mortuary

s 18 amd 2000 No. 5 s 810 sch 4 (amd 2006 No. 26 ss 84, 86)

Arrangements for and guidelines about assessing suitability of body for Transplantation and Anatomy Act 1979

s 18A ins 2009 No. 32 s 18

Order for autopsy

s 19 amd 2005 No. 70 s 47

Observing an autopsy

s 21 sub 2009 No. 32 s 19

Extra medical evidence for autopsy

s 22 amd 2009 No. 32 s 20

Autopsy testing

s 23 amd 2009 No. 32 s 21; 2013 No. 35 s 36

Applying for an order for autopsy testing

s 23A ins 2009 No. 32 s 22

Removing tissue for autopsy testing

s 24 amd 2009 No. 32 s 23

Autopsy certificate

s 24A ins 2003 No. 31 s 59 sch 1
amd 2009 No. 32 s 24

Autopsy reports

s 25 amd 2003 No. 31 s 59 sch 1; 2007 No. 54 s 38; 2009 No. 32 s 25; 2011 No. 32
s 332 sch 1 pt 2 (amd 2012 No. 9 s 47)

Control of body

s 26 amd 2005 No. 70 s 48; 2009 No. 32 s 26

Division 3—Inquests and investigations

div hdg sub 2013 No. 35 s 37

When inquest must be held

s 27 amd 2009 No. 32 s 27

When inquest may be held

s 28 amd 2009 No. 32 s 28

Applying for inquest to be held

s 30 amd 2009 No. 32 s 29

Notice of inquest

s 32 amd 2009 No. 32 s 30

Pre-inquest conferences

s 34 amd 2009 No. 32 s 31

Directions or orders about inquests and pre-inquest conferences

s 35 amd 2009 No. 32 s 32

Right to appear etc.

s 36 amd 2009 No. 32 s 33

Prohibited publications relating to inquests and pre-inquest conferences

s 41 amd 2009 No. 32 s 34

Excluding persons from inquest or pre-inquest conference

s 43 amd 2009 No. 32 s 35

Coroner's findings

s 45 amd 2003 No. 31 s 59 sch 1; 2004 No. 13 s 91; 2009 No. 32 s 36; 2014 No. 27 s 52 sch 1 pt 2

Coroner's comments

s 46 amd 2004 No. 13 s 92; 2009 No. 32 s 37; 2014 No. 27 s 52 sch 1 pt 2

Publication of coroner's findings or comments

s 46A ins 2013 No. 35 s 38

Coroner's comments and findings for particular deaths

s 47 amd 2004 No. 13 s 93; 2005 No. 40 s 69 sch; 2006 No. 12 s 241 sch 1; 2006 No. 29 s 518 sch 3; 2009 No. 32 s 38; 2009 No. 29 s 368 sch 2; 2009 No. 34 s 45(1) sch pt 1 amdt 10; 2011 No. 13 s 168; 2011 No. 32 s 332 sch 1 pt 2 (amd 2012 No. 9 s 47); 2014 No. 21 s 94(2) sch 2; 2016 No. 5 s 923 sch 4

Reporting offences, corrupt conduct or police misconduct

s 48 amd 2014 No. 21 s 94(2) sch 2

Reopening inquests etc.—on application

s 50 amd 2009 No. 32 s 39

Reopening inquests on coroner's initiative

s 50A ins 2009 No. 32 s 40

Reopening investigations, other than inquests

s 50B ins 2009 No. 32 s 40

Access of investigation documents under this division

s 51A ins 2013 No. 35 s 39

Documents that can not be accessed

s 52 amd 2004 No. 54 s 12; 2009 No. 32 s 41; 2010 No. 6 s 357 sch 1

Access to investigation documents for research purposes

s 53 amd 2004 No. 36 s 58; 2005 No. 48 s 492 sch 1; 2009 No. 32 s 42; 2011 No. 32 s 332 sch 1 pt 2 (amd 2012 No. 9 s 47)

Access to investigation documents for other purposes

s 54 amd 2004 No. 36 s 59; 2005 No. 48 s 492 sch 1; 2009 No. 32 s 43; 2013 No. 35 s 40

Access to information in section 7(4) report by prescribed tissue banks

s 54AA ins 2009 No. 32 s 44

Access to investigation documents by the family and child commissioner

s 54A ins 2004 No. 13 s 94
amd 2009 No. 32 s 45; 2014 No. 27 s 52 sch 1 pt 2

Limitations on access under s 54A

s 54B ins 2004 No. 13 s 94
amd 2014 No. 27 s 52 sch 1 pt 2

Fees for access under s 54A

s 54C ins 2004 No. 13 s 94
amd 2014 No. 27 s 52 sch 1 pt 2

Refusing access in the public interest

s 56 amd 2009 No. 32 s 46

Returning physical evidence

s 60 amd 2009 No. 32 s 47

Access to physical evidence by owner

s 62 amd 2013 No. 35 s 41

Access to physical evidence exhibit

s 62A ins 2013 No. 35 s 42

Division 6—Transferring, or continuing, jurisdiction of coroner

div hdg sub 2009 No. 32 s 48

Continuation of jurisdiction on retirement etc.

s 63A ins 2009 No. 32 s 49

Functions and powers of State Coroner

s 71 amd 2003 No. 97 s 380 sch 1; 2004 No. 13 s 95; 2009 No. 32 s 50; 2014 No. 28 s 105 sch 1

Assistance to and from coroners in other jurisdictions

s 71A ins 2009 No. 32 s 51

When person stops being the State Coroner

s 73 amd 2003 No. 97 s 380 sch 1

Acting as State Coroner

s 74 amd 2009 No. 32 s 52

Staff of the State Coroner

s 75 amd 2009 No. 25 s 83 sch

Annual report

s 77 amd 2009 No. 32 s 53

Resignation of Deputy State Coroner

s 79A ins 2009 No. 32 s 54

When person stops being the Deputy State Coroner

s 80 amd 2003 No. 97 s 380 sch 1

Local coroners

s 82 amd 2003 No. 97 s 380 sch 1

Appointed coroners

s 83 amd 2005 No. 70 s 49; 2016 No. 63 s 1157 sch 6

Registrar

s 84 amd 2009 No. 25 s 83 sch

Deputy registrars

s 85 amd 2009 No. 25 s 83 sch

Delegation of duties or powers to registrar or deputy registrars

s 86 amd 2009 No. 32 s 55

Immunity

s 88 amd 2009 No. 32 s 56

**PART 4A—DOMESTIC AND FAMILY VIOLENCE DEATH REVIEW AND
ADVISORY BOARD**

pt hdg ins 2015 No. 18 s 5

Division 1—Preliminary

div hdg ins 2015 No. 18 s 5

Purpose of pt 4A

s 91A ins 2015 No. 18 s 5

Definitions for pt 4A

s 91B ins 2015 No. 18 s 5

Division 2—Establishment, functions and powers

div hdg ins 2015 No. 18 s 5

Establishment

s 91C ins 2015 No. 18 s 5

Functions

s 91D ins 2015 No. 18 s 5

Review function

s 91E ins 2015 No. 18 s 5

Relationship with coroners

s 91F ins 2015 No. 18 s 5

Powers

s 91G ins 2015 No. 18 s 5

Board must act independently and in public interest

s 91H ins 2015 No. 18 s 5

Administrative support for board

s 91I ins 2015 No. 18 s 5

Division 3—Membership

div hdg ins 2015 No. 18 s 5

Members of board

s 91J ins 2015 No. 18 s 5

Chairperson

s 91K ins 2015 No. 18 s 5

Appointment of other members

s 91L ins 2015 No. 18 s 5

Deputy chairperson

s 91M ins 2015 No. 18 s 5

Conditions of appointment

s 91N ins 2015 No. 18 s 5

Term of appointment

s 91O ins 2015 No. 18 s 5

Vacation of office

s 91P ins 2015 No. 18 s 5

Division 4—Criminal history report

div hdg ins 2015 No. 18 s 5

Criminal history report

s 91Q ins 2015 No. 18 s 5

New convictions must be disclosed

s 91R ins 2015 No. 18 s 5

Division 5—Proceedings of the board

div hdg ins 2015 No. 18 s 5

Time and place of meetings

s 91S ins 2015 No. 18 s 5

Quorum

s 91T ins 2015 No. 18 s 5

Presiding at meetings

s 91U ins 2015 No. 18 s 5

Conduct of meetings

s 91V ins 2015 No. 18 s 5

Minutes and other records

s 91W ins 2015 No. 18 s 5

Division 6—Disclosure of conflict of interests

div hdg ins 2015 No. 18 s 5

Disclosure of conflict of interest

s 91X ins 2015 No. 18 s 5

Division 7—Accessing information

div hdg ins 2015 No. 18 s 5

Right to information

s 91Y ins 2015 No. 18 s 5

Board may enter into arrangement with State Coroner

s 91Z ins 2015 No. 18 s 5

Information sharing arrangements with other jurisdictions

s 91ZA ins 2015 No. 18 s 5

Division 8—Reporting

div hdg ins 2015 No. 18 s 5

Annual report

s 91ZB ins 2015 No. 18 s 5

Report about systemic matter

s 91ZC ins 2015 No. 18 s 5

Division 9—Miscellaneous

div hdg ins 2015 No. 18 s 5

Confidentiality

s 91ZD ins 2015 No. 18 s 5

Protection from liability form members and persons helping board perform functions

s 91ZE ins 2015 No. 18 s 5

Protection from liability for providing information

s 91ZF ins 2015 No. 18 s 5

Authorising burial of body etc.

s 95 amd 2003 No. 31 s 59 sch 1

Application of Act to stillborn child

s 96 amd 2003 No. 77 s 43; 2009 No. 32 s 57

Notifying registrar when body is released and investigation ends

s 97 prev s 97 om 2003 No. 97 s 380 sch 1
pres s 97 ins 2003 No. 31 s 59 sch 1

PART 6—TRANSITIONAL PROVISIONS**Division 1—Transitional provisions for Act as enacted**

div hdg ins 2003 No. 31 s 59 sch 1
amd 2009 No. 32 s 58

Repeal

s 105 om 2003 No. 31 s 59 sch 1

Division 2—Transitional provisions for Births, Deaths and Marriages Registration Act 2003

div hdg ins 2003 No. 31 s 59 sch 1
amd 2009 No. 32 s 58

Deaths reported under the old 3 month rule

s 106 ins 2003 No. 31 s 59 sch 1

Effectiveness of this div

s 107 ins 2004 No. 43 s 3 sch

Division 3—Transitional provision for the Child Safety Legislation Amendment Act 2005

div hdg ins 2005 No. 40 s 69 sch

Death in care

s 108 ins 2005 No. 40 s 69 sch

Division 4—Transitional provisions for the Coroners and Other Acts Amendment Act 2009

div 4 (ss 109–115) ins 2009 No. 32 s 59

PART 7—REPEAL

pt hdg om 2003 No. 31 s 59 sch 1

SCHEDULE 2—DICTIONARY

def *autopsy certificate* ins 2009 No. 32 s 60(2)

def *autopsy notice* ins 2009 No. 32 s 60(2)

def *board* ins 2015 No. 18 s 6

def *cause of death certificate* amd 2003 No. 31 s 59 sch 1

def *chairperson* ins 2015 No. 18 s 6

def *chief executive (child safety)* ins 2004 No. 13 s 96(1)

def *child death research functions* ins 2004 No. 13 s 96(1)

amd 2010 No. 5 s 248 sch 3

sub 2014 No. 27 s 52 sch 1 pt 2

def *child in a placement with the consent of a parent or guardian* ins 2004 No. 13 s 96(1)

om 2005 No. 40 s 69 sch

def *children's commissioner* ins 2004 No. 13 s 96(1)
om 2014 No. 27 s 52 sch 1 pt 2
def *confidential document* sub 2004 No. 36 s 60
amd 2005 No. 48 s 492 sch 1
def *coronial document* sub 2009 No. 32 s 60
def *de facto partner* om 2003 No. 97 s 380 sch 1
def *deputy chairperson* ins 2015 No. 18 s 6
def *domestic and family violence* ins 2015 No. 18 s 6
def *domestic and family violence death* ins 2015 No. 18 s 6
def *expert reports* ins 2015 No. 18 s 6
def *family and child commissioner* ins 2014 No. 27 s 52 sch 1 pt 2
def *family member* sub 2009 No. 32 s 60
def *government entity* amd 2009 No. 25 s 83 sch
def *health care related death* ins 2009 No. 32 s 60(2)
def *health chief executive* amd 2005 No. 48 s 492 sch 1
sub 2011 No. 32 s 332 sch 1 pt 2 (amd 2012 No. 9 s 47)
def *indigenous burial remains* sub 2009 No. 32 s 60
def *investigation* sub 2009 No. 32 s 60
def *investigation document* amd 2004 No. 13 s 96(2)
def *member* ins 2015 No. 18 s 6
def *owns* ins 2009 No. 32 s 60(2)
def *prescribed tissue bank* ins 2009 No. 32 s 60(2)
def *relevant relationship* ins 2015 No. 18 s 6
def *residential service* ins 2009 No. 32 s 60(2)
def *section 7(4) report* ins 2009 No. 32 s 60(2)
def *senior available next of kin* ins 2009 No. 32 s 60(2)
def *spouse* om 2003 No. 97 s 380 sch 1
def *State employee* ins 2015 No. 18 s 6
def *stillborn child* sub 2003 No. 31 s 59 sch 1
def *tissue bank* ins 2009 No. 32 s 60(2)

© State of Queensland 2017