



SUDDEN DEATH PROTOCOLS

WITH SPECIFIC EMPHASIS ON

TANGATA WHENUA AND MANUHIRI,

WHANGANUI

(Reviewed July 2011)

This agreement is made in the Spirit of the Treaty of Waitangi. All parties recognise that commitment to working within the Articles and the principles of the Treaty of Waitangi are fundamental to the success of the agreement

TE RUNANGA O TUPOHO

Atihaunui - A - Paparangi - Whanganui - Nga Hapu O Tupoho



This Agreement is

Between: New Zealand Police Whanganui
Whanganui District Health Board Provider Arm
Te Runanga o Tupoho Whanganui Iwi

Governing: Managing Whanganui Iwi matters relating to Sudden Death

1. Introduction

- 1.1 Representatives of Whanganui Iwi raised issues to both Whanganui Police and the Coroner, of their concern over Police dealing with sudden death.
- 1.2 This has resulted in a number of meetings in which their concerns have been discussed. Main points arising from these discussions are:
 - 1.2.1 Continue and maintain communication between Police and Whanau.
 - 1.2.2 Both the Whanganui Police and Iwi representatives acknowledge that a better understanding was required relating to sudden death.
 - 1.2.3 The whakataumate whare was established on Whanganui Hospital grounds for use by grieving whanau.
 - 1.2.4 This document does not attempt to describe in detail how every sudden death will be dealt with but instead provides a framework, which can be used to manage the process.
 - 1.2.5 Owing to the centralisation of resources, Post Mortems are now carried out at both Palmerston North and Wellington hospitals.

2. Definitions

Karakia	process of prayer
Karanga	female voice of welcome or farewell
Manuhiri	all others
Poroporoaki	farewell process to the deceased
Ritenga	customary practices
Tangata Tiaki	identified appointed person/s or representatives
Tangata Whenua	local people of the land
Tapu	a medium of forbidden or sacred statement
Te Oranganui Iwi Health Authority	largest Maori health provider for Whanganui
Te Runanga o Tupoho	Representative Body for lower Whanganui River
Tikanga	customary rules and processes
Tupapaku	the deceased person
Wairua	spiritual significance of ones being
Whakapai	process of blessing

Whakatau	to acknowledge or a state or moment to pause in relation to death and deceased
Whanau	family
Whare	house

3. Values

- 3.1 All parties agree that the following values will be maintained in accordance with this agreement:
- Maintain the highest level of integrity and professionalism
 - Respect Whanau collective rights and freedoms
 - Understand and respect cultural differences and diversity
 - Manage any difference as quickly as possible

4. Consultation

- 4.1 Consultation in relation to this agreement has occurred between: Whanganui Police, Whanganui District Health Board Provider Arm, Te Runanga o Tupoho, Whanganui Iwi, Te Oranganui Iwi Health Authority PHO.
- 4.2 This document will be reviewed two yearly in consultation with all parties to the agreement.
- 4.3 Consultation is now required "internally" for each group and this protocol will come into effect on **2 September 2011**.

5. Purpose of Agreement

- 5.1 To continue enhanced communication between Whanganui Police and Whanau relating to sudden deaths.
- 5.2 To consolidate understanding between Whanganui Police and Whanganui District Health Board's Provider Arm, of Tikanga surrounding the care and treatment of tupapaku and the associated cultural practical spiritual practice.
- 5.3 To assist in building relationships between the parties to this agreement.

6. When someone dies

- 6.1 All deaths in New Zealand that meet criteria under the Coroners Act 2006 are required to be reported to the Coroner.
- 6.2 **Police acting on behalf of the Coroner** attend whenever there is something violent, unnatural, unexpected, or suspicious about a death, or where a doctor cannot issue a medical certificate as to cause of death. Police in turn report the death to the Coroner.
- 6.3 The Act identifies situations when a death must be reported to the Coroner.
- These include:

- When a person seems to have died in a violent or unnatural way, such as drowning or a car crash, or poisoning
 - When the cause of death is unknown
 - When a person dies in prison
 - When a person dies "in care", e.g. in a psychiatric hospital or a children's home or while under CYFS care
 - When a person appears to have taken his/her own life
 - When a person dies while under anaesthetic or following a medical procedure, or as a result of anaesthetic or a medical procedure.
- 6.4 Before a body can be buried or cremated, either:
- A Medical Certificate as to cause of a death must be signed by a doctor, or
 - A Coroner must issue a Burial Order or order for cremation
- 6.5 To assist the Coroner to establish a cause of death a post mortem examination may be required. This requires the tupapaku to be taken to the Palmerston North Hospital mortuary for the post mortem examination. Occasionally the post mortem may need to be carried out in Wellington.
- 6.6 Responsibilities of the Whanganui District Health Board Provider Arm to ensure that all required documentation is available and is given a high priority.

7. Role of the Coroner

- 7.1 The Coroner is duty bound to carry out various obligations that are set out in the Coroners Act. The New Zealand Police Act as the Coroner's agents.
- 7.2 When a death occurs within the criteria described in the Coroners Act (refer paragraph 5.2 above) the Police are required to notify the Coroner. In some cases doctors, hospitals and penal institutions also have notification obligations.
- 7.3 When notified of the circumstances of the death the Coroner will determine whether or not to take jurisdiction, and what initial investigations are required.
- 7.4 If the Coroner takes jurisdiction, he/she may order a post mortem (autopsy) to assist in establishing the cause of death. Depending on the outcome of the post mortem examination, and circumstances of the death, one of two things generally happens:
- The cause of death and circumstances of the death are resolved to Coroner's satisfaction and no further inquiries are required; or
 - A formal inquiry and inquest is required to establish the cause and circumstances of death.
- 7.5 Where a death has been reported to the Coroner and he/she accepts jurisdiction, the deceased person cannot be buried or cremated without a Coroner authorising the release of the body.
- 7.6 If a doctor who has treated the deceased before he/dies is able and is willing to sign a certificate stating the cause of death, the Coroner will not normally be involved, unless the death falls within one of the categories outlined in paragraph 6.2 of this document.

- 7.7 If the death is one of the categories outlined in paragraph 6.2 the Coroner can in some cases accept a doctor's opinion as to the cause of death to help guide them in making a decision as to whether a post mortem examination is required.

8. Role of the Tangata Tiaki and Police Iwi Liaison Officer

8.1 Tangata Tiaki are as per attached Appendix A

8.2 Their role in relation to this agreement is:

- Advise on tikanga
- Advise Police of the appropriate whanau for the purpose of liaison
- Assist in communication with whanau
- Communicate any issues to Police

8.3 The Police Iwi Liaison Officer role in relation to this agreement is:

- Advise the Police Officers dealing with the death on tikanga
- Assist the officer in charge of a suspicious death with communication and tikanga
- Liaise with the whanau and appointed tangata tiaki
- Communicate the investigation procedure to the whanau and tangata tiaki
- Provide Police members with ongoing training on Tikanga Maori and recommended best practice.

9. Police Attendance at Sudden Deaths

9.1 To assist with this communication, Whanganui Police will rely on the services of the Tangata Tiaki and the Police Iwi Liaison Officer to mediate between Police and Whanau when appropriate.

9.2 Whanganui Police acknowledge that if they are called to deal with a death at night, they need to consider:

9.2.1 The need to remove the tupapaku from the address to the mortuary

9.2.2 Whether the tupapaku can remain with the whanau until the post mortem, depends on the following matters:

- circumstances of the death
- is the death suspicious
- the likelihood of criminal proceeding arising from the death
- if a post mortem examination is required, when it will be performed
- to maintain the dignity of the Tupapaku
- ***If the Coroner agrees***

9.2.3 The need to remove tupapaku from the place of death to Whakataumate.

9.2.4 If the Coroner has jurisdiction in respect of the death the Coroner makes the final decision as to where the body is taken.

10. Role of the Pathologist

The role of the Pathologist is to act on the Coroner's instructions and to establish cause of death. The post mortem examination may involve a full external and internal

examination of the body, and the taking of tissue, blood, fluid and urine samples. Blood and urine samples are commonly sent away for toxicology tests. Small tissue samples may be taken for microscopic and/or toxicological examination to establish a diagnosis.

The Pathologist has to provide verification of tissues/blood samples taken from deceased, and the whanau must be informed when such samples are taken. They must also be advised that on request these samples be returned.

The Pathologist must produce a written report on their findings to the Coroner. This report is available to the Whanau on request.

Predominately post mortems are conducted in Palmerston North, however the Coroner can refer matters to other areas for post mortems where the initial investigation reveals a need for specialist examination.

For the Whanau, this may cause delays in the release of the tupapaku, therefore it is essential that communication is ongoing.

11. Post Mortem Examination

11.1 Whanganui District Health Board Provider Arm provides post mortem services for the Whanganui catchment in Palmerston North or where directed by the Coroner.

11.2 Whanganui District Health Board's Provider Arm, will endeavour to provide a timely service. However, a post mortem can only be conducted following receipt of appropriate documentation, including formal identification from the Police.

11.2.1 Whanganui District Health Board Provider Arm cannot guarantee immediate availability of a pathologist.

11.3 Where cases involve serious physical damage or decomposition especially in hot weather, Whanganui District Health Board's Provider Arm, may have to remove the tupapaku to the mortuary for refrigeration to prevent further decomposition following discussion with the whanau representative. Without this measure post mortem would be difficult or impossible to carryout and also maintains the dignity and integrity of the Tupapaku.

12. Whakatau Mate (whare)

Whanganui District Health Board's Provider Arm, guidelines for the use of the Whakatau Mate whare are as follows:

12.1 Whakatau Mate (whare) is where the tupapaku may rest whilst awaiting or following post mortem. This facility is available, in these circumstances:

- To all members of the community provided due respect is given to the cultural focus of the whare.
- An adult Whanau representative must be present with their Tupapaku at all times.
- In the circumstances that this is not carried out, the tupapaku will be transported to the Mortuary.

12.2 Specific guidelines to be followed are:

- **Access to the Whakataumate whare is through a nominated key holder**

The Whanganui District Health Board's Provider Arm, telephonist will contact the key holder. The key-holder will be responsible for the group using the whare, will collect the key and be responsible for the return of the key and will ensure the whare is left in a clean and tidy condition.

The key-holder must ensure that telephonist records their name when they collect the key. Refer to Appendix A.

Security

The Whakatau Mate house has a security alarm. The key holder will be given the combination number, which must remain confidential.

- **Substances on the premises**

Whanganui District Health Board's Provider Arm, practice a smokefree/auahi kore campus. Smoking is not permitted on Whanganui District Health Board's premises.

Alcohol must not be brought onto Whanganui District Health Board's Provider Arm, premises or consumed anywhere on the premises. Illegal substances are forbidden anywhere on Whanganui District Health Board's premises.

- **Housekeeping**

Each group using the Whakatau Mate whare is responsible for keeping it clean and tidy with the refuse removed.

- **Enquiries contact person**

All enquiries are to be directed to Kaiwhakahaere, Co-ordinator Maori Health, Wanganui Hospital, telephone 3481234. After hours contact is through the Hospital switchboard.

13. Communication

- 13.1 It is acknowledged by all parties to this agreement; communication is of the utmost importance when dealing with a death and the whanau.
- 13.2 Whanganui Police will identify an officer who will be responsible for communicating with the tangata tiaki in each case providing copies of the Sudden Death information pamphlet.
- 13.3 The Whanganui Police District Iwi Liaison Officer is available to assist with this protocol.
- 13.4 Whanganui Police also offer the services of Victim Support for Whanau should the need arise.
- 13.5 Whanganui Police acknowledges that the tangata tiaki is to be fully informed at all times, particularly if a post mortem is required.

- 13.6 Whanganui Police acknowledges that a member of the Whanau can accompany the tupapaku.

14. Deaths involving Foul Play

- 14.1 All parties to this agreement acknowledge that in exceptional circumstances, such as foul play:
- The whanau will be treated with respect at all times
 - The whanau will be kept fully informed by the Police in relation to matters involving the tupapaku
 - The whanau will be able to practise tikanga regarding the tupapaku
 - The whanau is able to use the Whakatau Mate house at Whanganui Hospital for this purpose

15. Disputes Procedure

- 15.1 All parties to this agreement acknowledge that a disputes procedure is required involving Whanganui Police, Whanganui District Health Board Provider Arm, the Coroner, and Whanau.
- 15.2 The contact persons for this disputes procedure are as outlined as per the attached Appendix B.

16. Review

- 16.1 All parties to this agreement acknowledge that this agreement needs to be reviewed regularly and a quality assessment conducted.
- 16.2 It is agreed that a review and quality assessment will be conducted one year following the signing of this agreement and every year thereafter unless all parties agree otherwise.

17. Costs

- 17.1 Unless it is otherwise agreed all parties to this agreement and any other contractual arrangements, will meet their own costs, unless the specific parties agree otherwise.

APPENDIX A

**TANGATA TIAKI, AND KEYHOLDERS FOR
THE WHAKATAU MATE (WHARE)**

NAME	WORK PHONE	HOME PHONE
Sharon McKenzie	Key holder (027) 467 7087 (cell)	
John Maihi		(027) 269 5689
Susan Osborne <i>(If above can't be contacted can assist if required)</i>	(06) 348 3377	(027) 4914809

**TAUIWI REPRESENTATIVES AND KEY HOLDERS FOR
THE WHAKATAU MATE (WHARE)**

NAME	WORK PHONE	HOME PHONE
Rev. Graham Juden, Chaplain – WDHB PA	(06) 348 1234	
Switchboard main entrance – WDHB PA	(06) 348 1234	

APPENDIX B

DISPUTES PROCEDURE CONTACTS

In the event of a dispute involving this protocol document the following persons are to be contacted to resolve the dispute:

ORGANISATION	CONTACT PERSON	WORK PHONE	HOME PHONE
Coroner	District Coroner	(06) 350 0083	
Whanganui Police	Area Controller Whanganui	(06) 349 0600	
Whanganui Police	Te Rangi Maniapoto Kai Takawaenga	(027) 2335104	
Whanganui District Health Board Provider Arm	Julie Patterson Chief Executive Officer	(06) 348 1234	
Whanganui District Health Board Provider Arm	Gilbert Taurua Director of Maori Health	(06) 348 1234	(021) 702 706
Te Runanga O Tupoho	John Maihi Kaiwhakahaere		(027) 269 5689
Tangata Tiaki	Sharon McKenzie Te Oranganui Iwi Health Authority PHO Maori Liaison Officer	(06) 348 1234	

APPENDIX D

FLOW DIAGRAM OF SUDDEN DEATH PROCESS

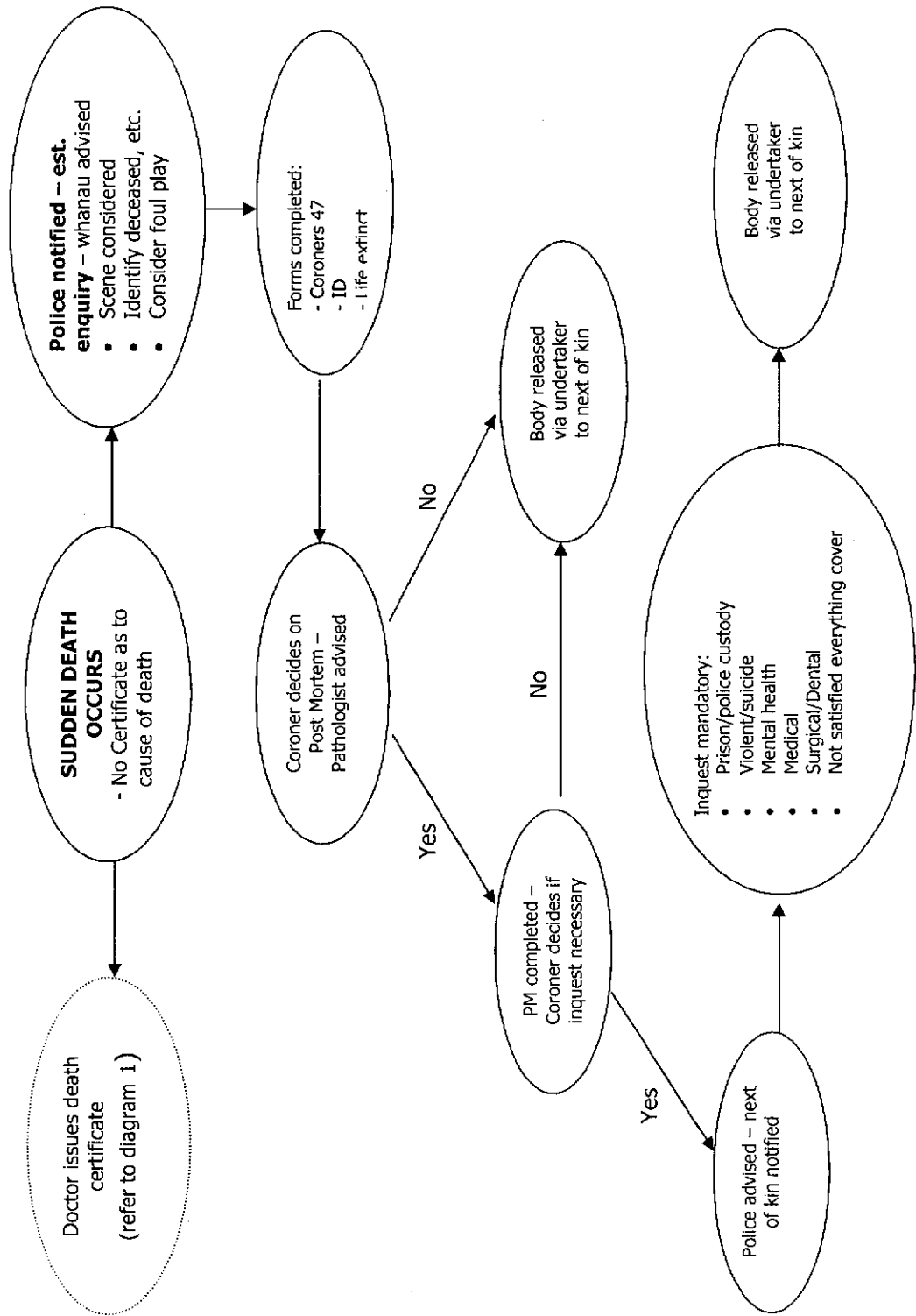


DIAGRAM 1

