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**TITLE: RECORD KEEPING**

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**Policy:** This policy provides report and recordkeeping policies and procedures for the Office of the Chief Medical Examiner (OCME). It also includes the OCME Record Retention Policy which was developed pursuant to the District of Columbia Public Records Management Act of 1985, D.C. Law 6-19, § 2-1706 and Title I, Chapter 15, §§ 1516 and 1517.

**Purpose:** The purpose of this policy is to facilitate the process of developing and implementing agency records retention schedules for the maintenance and disposition of records and the transfer of records to the District of Columbia Archives and Records Center, and to maintain compliance with D.C.CODE §5-1412.

**Scope:** This policy shall apply to all OCME employees.

**1. OCME Records Officer**

**1.1. Responsibility of the Records Officer**

1.1.1. The OCME Records Officer facilitates the process of developing and implementing agency records retention schedules for the maintenance and disposition of records and the transfer of records to the District of Columbia Archives and Records Center.

**1.2. Duties of the Records Officer**

1.2.1. Serves as liaison with the Public Records Administrator on matters pertaining to records management;

1.2.2. Develops and implement a comprehensive records management plan/program of the agency;

1.2.3. Comply with D.C. Law 6-19, the “Public Records Management Act of 1985”; the Rules and Regulations of Title I, Chapter 15 on public records of the District of Columbia;

1.2.4. Prepare agency records retention schedules, amendments to agency records retention schedules, and disposal lists in accordance with standards and procedures issued by the Administrator.

1.2.5. Inventory agency records stored in the Washington National Records Center, or District Records Center, to ensure that such records are scheduled properly. In

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cases where agency records are not covered by an agency Records Retention Schedule or General Records Schedule, the agency Records Officer shall submit an appropriate request for records disposition authority;

- 1.2.6. Arranges for the transfer of historical and permanently valuable records to the D.C. Archives; reports, studies and publications to the Library of Governmental Information; and inactive temporary records to the District of Columbia Records Center;
- 1.2.7. Oversee the implementation by the agency of Records Retention Schedules, General Records Schedules, and Disposal Lists;
- 1.2.8. Review annually the agency Records Retention Schedule and initiate such deletions, changes, or additions as may be necessary to update the schedule;
- 1.2.9. Prepares records management reports as prescribed by the Public Records Administrator for the administration of the agency records management program and the management of agency records;
- 1.2.10. Attend and complete all records and information management training courses and forums as prescribed by the Public Records Administrator, to obtain certification as required by the Public Records Administrator in the area of records and information management.

## 2. Security

### 2.1. Access to Records Management Unit

- 2.1.1. The Records Management Unit shall remain locked at all times and only authorized employees may enter the medical records area.
- 2.1.2. Except in emergencies no individual may enter the unit unless accompanied by records unit personnel.
  - 2.1.2.1. In these circumstances, the Chief Medical Examiner, Chief of Staff, General Counsel or other staff authorized by one of these three employees shall have access.
  - 2.1.2.2. Unauthorized employees must make requests of information or records by email or phone.

### 2.2. Medical Examiner Case File Security

- 2.2.1. Medical Examiner Case files cannot be taken from the OCME facility for any purposes, unless authorized by the Chief Medical Examiner or General Counsel.

### 2.3. Fatality Review Case File Security

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- 2.3.1. The Fatality Review Division records are confidential and shall be maintained in a locked file cabinet or office.
- 2.3.2. Subsequent to each fatality review meeting, documents utilized, must be returned to agency staff and shall be shredded in the meeting room and not removed.
- 2.3.3. Attendees at all fatality review meetings must also sign a confidentiality statement.

### 3. Record Keeping

#### 3.1. General

- 3.1.1. The Manager of each OCME Unit is responsible for the maintenance of all files associated with the unit's work

#### 3.2. OCME records are maintained electronically<sup>1</sup> and by hard copy also known as a physical case file. The following records are to be maintained according to the records series as defined by archival standards of the District's Archives and Records Center:

##### 3.2.1. Medical Examiner Case Files, which includes but is not limited to:

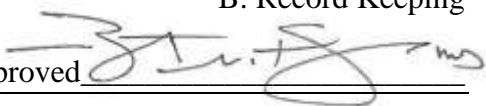
- 3.2.1.1. Accepted Cases
- 3.2.1.2. Declined Cases
- 3.2.1.3. Storage Requests
- 3.2.1.4. Cremation Requests
- 3.2.2. Electronic Files
- 3.2.3. Departmental Files
- 3.2.4. Project Files
- 3.2.5. Administrative Files
- 3.2.6. Subject Files
- 3.2.7. Correspondence Files
- 3.2.8. Other records series (D.C. Archives provides advice and assistance)

#### 3.3. Medical Examiner Case Files

- 3.3.1. The CME is responsible for maintaining full and complete records and files, properly indexed, giving the name, if known, of every person whose death is investigated, the place where the body was found, the date, cause and manner of death and all other relevant information and reports of the medical examiner

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<sup>1</sup> Electronic records are backed up to prevent loss in case of computer malfunction or failure. See Section 15A: Information Technology; Data Redundancy and Back-up

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concerning the death. These records and files are compiled to create “Medical Examiner Case Files.”

### 3.4. Electronic Data File

- 3.4.1. A Medical Examiner Case is established electronically in the OCME Forensic Analytic Case Tracking System (FACTS).
- 3.4.2. When a death is reported to the OCME a unique case file number is assigned to the case and the information regarding the death is entered into a relational database under the assigned case file number.
- 3.4.3. The FACTS database maintains all decedent information, including any information that is related to the death, which includes, but it not limited to the following, when applicable: decedent demographics, investigation information, jurisdictional decision, examination type, the cause and manner of death, medical records requests, investigative reports, cremation and storage request information (when applicable), body transport information, court-related activities (when applicable), photographs, and release and disposition information.
- 3.4.4. The OCME Forensic Investigations Unit is responsible for the establishment of a Medical Examiner electronic case file within FACTS and various units also enter data into the case file according to their specific duties – i.e., Forensic Pathology, ID Unit, Records Management and etc.
- 3.4.5. Electronic Data Files and related Materials by Category:
  - 3.4.5.1. Current Case files: All case files from 2003 through Current are stored in the following way: All unsigned decedent related documents such as – Autopsy Reports, Investigation Reports are stored electronically. In addition, all decedent related forms are stored electronically as templates - whether generated via FACTS or produced independent of FACT system<sup>2</sup>. Examples of decedent related forms are: Death Notification, Transport Notification, Proof of Death, Autopsy Report Request Form and other forms native to the FACTS system are stored electronically.

In addition, the “*Certificate of Death*” is generated, signed, processed and stored electronically. Although the OCME is authorized to create a “*Certificate of Death*”, this document is stored and issued by the Department of Health, Division of Vital Records.

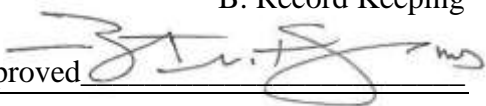
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<sup>2</sup> A catalog of all agency forms will be established and each form will be identified by name, purpose and origin, for example generated by FACTS, developed in-house or by another regulatory District or Federal entity.

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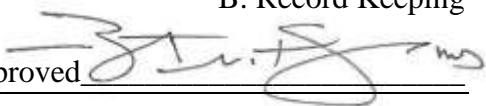
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- 3.4.5.2. Historical Case files: The entire and complete case file for all Homicide and Undetermined case files dated 1972 – 1989 are stored in an electronic format. The entire and complete case file for all Manners of Death for case files 1990-2002 are stored in an electronic format.
  - 3.4.5.3. Photographs and X-rays: All historical and current decedent-related photos – ID, scene or exam – and x-rays are stored in an electronic format.
- 3.5. Physical Case Files
- 3.5.1. Creation of the Case File
    - 3.5.1.1. The OCME Medical Records Managements Unit is responsible for the maintenance and disposition of the Medical Examiner hard copy case files.
      - 3.5.1.1.1. Once the body is released to the funeral home, and a quality assurance review is done, the case file is transferred to the Records Management Unit for processing, for record keeping and storage.
    - 3.5.1.2. The Investigations Unit is responsible for opening a physical case file for all reported deaths upon which jurisdiction is accepted.
      - 3.5.1.2.1. A case file that is ongoing or incomplete is maintained by the Investigations Unit and must be signed-in and out by a staff person needing the file.
    - 3.5.1.3. File Organization:
      - 3.5.1.3.1. All documents, reports and/or records associated with a Medical Examiner Case are to be placed in case folders according to case file number. The cases are then filed sequentially by case number.
      - 3.5.1.3.2. The order in which the documents and reports are filed in a case file folder is dependent on the case file type.
      - 3.5.1.3.3. All case files are stored in a single section case file folder, with the exception of the Medical Examiner case files, which are stored in a six section classification file folder and the information is stored as follows:
        - 3.5.1.3.3.1. *Section I – Administrative Documents*
          - 3.5.1.3.3.1.1. Case Notes
          - 3.5.1.3.3.1.2. Anthropology/ID Unit Final Case Review
          - 3.5.1.3.3.1.3. Transfer of Custody Forms (when applicable)
          - 3.5.1.3.3.1.4. General Correspondence (i.e. requests from Families, Insurance companies, etc., or legal documents such as Subpoenas or Letter of Administration)
          - 3.5.1.3.3.1.5. Non-Communicable Disease (when applicable)
          - 3.5.1.3.3.1.6. Proof of Death (when applicable)
          - 3.5.1.3.3.1.7. Fingerprint Cards

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- 3.5.1.3.3.1.8. Personal Property/Chain of Custody Form
- 3.5.1.3.3.1.9. Property Released to Funeral Home Form
- 3.5.1.3.3.1.10. Photocopy of signed Toe Tag for verification purposes
- 3.5.1.3.3.1.11. Receipt of Remains
- 3.5.1.3.3.1.12. Receipt of Death Certificate
- 3.5.1.3.3.1.13. Photocopy of the Funeral Director's License
- 3.5.1.3.3.1.14. Funeral Home Release Authorization Form
- 3.5.1.3.3.1.15. Decedent Identification Forms (can also be in the form of fingerprints, x-rays, DNA or other)
- 3.5.1.3.3.1.16. Decedent Survivor Form
- 3.5.1.3.3.1.17. Next of Kin I.D. Photo
- 3.5.1.3.3.1.18. Transportation Notification
- 3.5.1.3.3.1.19. Death Notification Report
- 3.5.1.3.3.2. *Section II – Examination and Consultation Reports*
  - 3.5.1.3.3.2.1. Autopsy Report (when applicable)
  - 3.5.1.3.3.2.2. External Examination Report (when applicable)
  - 3.5.1.3.3.2.3. Diagram(s)/External Examination Worksheet
  - 3.5.1.3.3.2.4. Toxicology Report
  - 3.5.1.3.3.2.5. Review of Medical Records Report (when applicable)
  - 3.5.1.3.3.2.6. Neuropathology and/or other Consultative Reports (when applicable)
- 3.5.1.3.3.3. *Section III – Investigation Reports, Evidence and Bio-Hazardous Forms*
  - 3.5.1.3.3.3.1. Evidence Release/Chain of Custody Form for Evidence (when applicable)
  - 3.5.1.3.3.3.2. Medical Examiner Evidence Submission Form (when applicable)
  - 3.5.1.3.3.3.3. Disposal of Bio-Hazardous Materials (when applicable)
  - 3.5.1.3.3.3.4. Outside Investigative Reports (When applicable, for example PD 120, Fire & EMS report etc.)
  - 3.5.1.3.3.3.5. Scene Investigation Report
  - 3.5.1.3.3.3.6. Supplemental Report
  - 3.5.1.3.3.3.7. Running Report
  - 3.5.1.3.3.3.8. MLI Body Examination Report
- 3.5.1.3.3.4. *Section IV – Medical Records*
  - 3.5.1.3.3.4.1. Request for Records Form
  - 3.5.1.3.3.4.2. Hospital Records (when applicable)

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- 3.5.1.3.3.5. *Section V – Certification of Death/Correction Forms/Photo's*
  - 3.5.1.3.3.5.1. Additional Corrections to a Vital Record
  - 3.5.1.3.3.5.2. Delayed Report of Diagnosis (when applicable)
  - 3.5.1.3.3.5.3. Addendum to Death Certificate (when applicable)
  - 3.5.1.3.3.5.4. Cause of Death Determination Form
  - 3.5.1.3.3.5.5. Death Certificate
  - 3.5.1.3.3.5.6. Photographs (i.e. I.D. Photo) and Scene photos (when applicable)
- 3.5.1.3.3.6. *Section VI – Cremation case information*
  - 3.5.1.3.3.6.1. Copy of Death Certificate with Investigator notes
  - 3.5.1.3.3.6.2. Supplemental/Cremation Report (when applicable)
  - 3.5.1.3.3.6.3. Statement/Invoice for Payment of Cremation (where applicable)
  - 3.5.1.3.3.6.4. Death Certificate with “CREMATION APPROVED” Stamp or Digital print
  - 3.5.1.3.3.6.5. OCME Online Permit Request with “Proof of Payment” information
- 3.5.1.3.4. Case File Completion
  - 3.5.1.3.4.1. Case file completion of the hard copy/physical case file, which includes the “**Case Status**” as being “*Complete*” or “*Completed*” in the Forensic Analytic Case Tracking System (FACTS) are dependent on the case having the following elements completed within FACTS:
    - 3.5.1.3.4.1.1. Cause and Manner of death;
    - 3.5.1.3.4.1.2. Exam type as determined by the Medical Examiner;
    - 3.5.1.3.4.1.3. The Release Date and Time of the remains.
  - 3.5.1.3.4.2. The following are instructions on how the Records Management Unit determines and completes an “Accepted” case in the FACTS system:
    - 3.5.1.3.4.2.1. Autopsy Examination: 1) The “Autopsy” examination must be completed with a date and time; 2) the decedent remains must have been released to a licensed Funeral Director and 3) the Autopsy Report must be completed.
      - 3.5.1.3.4.2.1.1. The **Date of Completion** is the latter of the Body Release date or the Date the Autopsy Report was signed and completed.

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3.5.1.3.4.2.2. External Examination: 1) The “External” examination must be completed with a date and time; 2) the decedent remains must have been released to a licensed Funeral Director; and 3) the External Examination report must be completed (when applicable) or the Cause of Death Determination form and the Body Diagram must be completed.

3.5.1.3.4.2.2.1. The **Date of Completion** is the latter of the Body Release date or the Date of the External Exam Report or the Date the Cause of Death Determination form was signed and completed.

3.5.1.3.4.2.3. Review of Medical Records: 1) The “Review of Medical Records” examination must be completed; 2) the Review of Medical Records opinion has been determined with regards to Cause and Manner of Death.

3.5.1.3.4.2.3.1. The **Date of Completion** is the same as the date the Cause of Death Determination form was signed and completed.

3.5.1.3.4.2.4. Non-Human Remains: The determination that the remains are non-human is determined by the Anthropologist or a Medical Examiner.

3.5.1.3.4.2.4.1. Therefore once it is determined that the remains are non-human then the **Date of Completion** is the same as the date of Release.

#### 4. Confidentiality

- 4.1. OCME will protect the privacy and security of confidential information through proper storage and handling procedures.
- 4.2. All information related to a Medical Examiner Case, personnel records and other administrative information is confidential. Authorized employees must follow established procedures to ensure the appropriate handling of confidential information.
- 4.3. When not in use, all materials containing confidential information must be kept in a locked file cabinet or office.
- 4.4. All contact with or viewing of confidential information by unauthorized individuals is prohibited.
- 4.5. Employees shall not release confidential information to unauthorized individuals, including unauthorized employees or the general public.



## **5. Procedures and Guidelines for Transfer to and Retrieval of Records from the D.C. Archives and Records Center**

### **5.1. Identify Records Series**

- 5.1.1. Currently only Medical Examiner Case files and associated materials are transferred to D.C. Archives or the National Archive Records Center.
- 5.1.2. Records shipped to The D.C. Archives and the National Archives Records Center must be packed in standard Records Center boxes (stock number 8115-00-117-8249) that are purchased from the General Services Administration.
- 5.1.3. Packing Files in Records Center Boxes
  - 5.1.3.1. Pack files in Records Center Boxes by records series as listed above in a logical searchable order that accommodates the retrieval and reference service process.
  - 5.1.3.2. Files must be packed separately by records series with accession numbers annotated on the boxes as instructed by the D.C. Records Center.
  - 5.1.3.3. File Index
    - 5.1.3.3.1. The last box of each accession must contain a complete index of the files that will be transferred to the D.C. Archives or Records Center.

### **5.2. Records Transmittal**

- 5.2.1. Contact the D.C. Records Center to secure copies of the Standard Form 135 that must be completed and submitted to the Office of Public Records to transfer records into the D.C. Archives or Records Center. Complete and attach a copy of the file index to the Standard Form 135. Send three (3) copies of the Standard Form 135 to the D.C. Records Center.

### **5.3. Accession Numbers**

- 5.3.1. In order to obtain an “Accession Number” you must first fill out Standard Form 135 (see Appendix A) and then fax or e-mail the form to Records Manager at the Office of Public Records.
- 5.3.2. Contact the D.C. Records Center at 202-671-1111 to obtain staff contact information if unknown. Once Accession Number(s) are obtained the boxes can be annotated and scheduled for transfer into the D.C. Archives and Records Center.

### **5.4. Shipping Records**

- 5.4.1. Upon review and approval of the Standard Form 135, and the preparation of records as stated above the transfer of records is coordinated by Record Management Coordinator

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#### 5.5. Records Retention Schedule

5.5.1. Consult your agency records retention schedule to cite the disposal authority of records that will be accessioned into the D.C. Archives or Records Center. If the records are unscheduled, consult the D.C. Archives (202-671-1109) for assistance.

#### 5.6. Retrieval of Records

5.6.1. When requests for retrieval of records is required there are two methods

5.6.1.1. A written request must be made if the records are located in the D.C. Archives and Records Center at Naylor Court;

5.6.1.2. If the records are stored at the National Archive and Records Administration Center in Suitland, MD then an electronic request must be made via Arcis.

### 6. Destruction of Records

#### 6.1. Documents

6.1.1. The D.C Archives and Records Center is responsible for the destruction of paper case file records based on a retention schedule outlined and according to the General Record Schedule.

#### 6.2. Photographs/X-Rays

6.2.1. This media is destroyed through a contractual service.

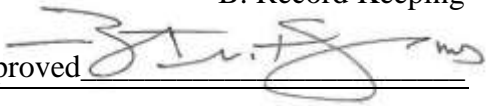
#### 6.3. Tissue/Specimens

6.3.1. Tissue and specimens are disposed of through a contractual service.

6.3.1.1. Note that the OCME follows these established policies and procedures without prior notification to families with respect to disposition of tissue/specimens.

DC Office of the Chief Medical Examiner Standard Operating Procedures

Section 13: Reports and Records  
B: Record Keeping

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APPENDIX A – Standard Form 135

RECORDS TRANSMITTAL AND RECEIPT				Complete and send original and two copies of this form to the appropriate Federal Records Center for approval prior to shipment of records. See specific instructions on reverse.				PAGE 1	OF 2 PAGES		
1. TO (Complete the address for the records center serving your area as shown in 36 CFR 1228.150.) <b>FEDERAL RECORDS CENTER</b>				5. FROM (Enter the name and complete mailing address of the office retiring the records. A signed receipt of this form will be sent to this address) 351-15-0424-ME William Walker Office of Public Records 1300 Naylor Court, N.W. Washington, DC 20001							
2. AGENCY TRANSFER AUTHORIZATION		TRANSFERRING AGENCY OFFICIAL (Signature and Title) Office of Public Records William Walker Records Manager, (202) 671-1111		DATE							
3. AGENCY CONTACT		TRANSFERRING AGENCY LIAISON OFFICIAL (Name, office and telephone No.)									
4. RECORDS CENTER RECEIPT		RECORDS RECEIVED BY (Signature and Title)		DATE							
6. RECORDS DATA											
ACCESSION NUMBER			VOLUME (cu. ft.) (d)	AGENCY BOX NUMBER (e)	SERIES DESCRIPTION (With inclusive date of records) (f)	Restriction (g)	DISPOSAL AUTHORITY (Schedule and item number) (h)	DISPOSAL DATE (i)	COMPLETED BY RECORDS CENTER		
RG (a)	FY (b)	NUMBER (c)							LOCATION (j)	SHELF PLAN (k)	CONT. TYPE (l)
PT-	20				411 District of Columbia Government Office of the Chief Medical Examiner  Medical-Legal Autopsy Records and Photographs  Close-out: [Enter Case Year]	R	RSC #40 Section 16 ITEMS #5	1/2039 Permanent			

NSH 7540-00-634-0003  
Standard Form 135 (Rev. 7-05)  
CV-3016/Apr. 01

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351-15-0424

36 CFR 1228.152 Prescribed by N