

TITLE: INVESTIGATION JURISDICTION AND SCENE RESPONSE TRIAGE

Policy: All deaths reported to the District of Columbia Office of the Chief Medical Examiner (DC OCME) shall be thoroughly investigated to determine jurisdiction, and, for those deaths that fall under the jurisdiction of DC OCME, to aid in the certification of the cause and manner of death, pursuant to DC Code § 5-1403 and 1409. Death investigation in the DC OCME is modeled on the National Guidelines for Death Investigation.

Purpose: Cases that are deemed Medical Examiner cases and require investigations are defined in accordance with District of Columbia Official Code §5-1405. The DC OCME is an independent

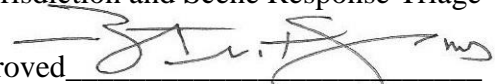
Scope: The following procedures are to assist the Medicolegal Investigator (MLI) and Forensic Investigator (FI) to perform death investigations in a complete manner in a safe and secure environment.

The DC OCME is an independent agency that possesses the authority to conduct investigations independent of law enforcement agencies. While most investigations performed are concurrent with law enforcement, they are autonomous.

1. CASES THAT REQUIRE INVESTIGATION

- 1.1. Violent or traumatic deaths, whether apparently homicidal, suicidal, or accidental regardless of the time elapsing between the time of injury and death. This includes but is not limited to motor vehicle collisions, firearm injuries, smoke inhalation and burns, sharp and blunt trauma, industrial accidents, falls, choking, drowning, climate-related (hypo- or hyperthermia), deaths due to criminal abortion, whether apparently self-induced or not, and sports injuries;
- 1.2. Sudden, unexpected or unexplained deaths, when the deceased has been in apparent good health, not caused by readily recognizable disease or where the cause of death cannot be properly certified by a physician on the basis of his/her prior (recent) contact with the decedent. Sudden, unexplained infant deaths for infants one year of age and younger require investigation by DC OCME.
- 1.3. Deaths under suspicious circumstances, including but not limited to those where alcohol, drugs or other toxic substances may have a direct bearing on the death;

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- 1.4. Deaths of persons who die outside a medical facility, i.e., at a private residence, group home, retirement home, etc. who do not have a primary care provider available to issue a death certificate, do not have funeral arrangements or family members cannot be discovered and/or notified;
 - 1.5. All cases of decomposed bodies;
 - 1.6. Deaths of persons, whose bodies are to be cremated, dissected, buried at sea or otherwise disposed of so as to be thereafter unavailable for examination;
 - 1.7. Deaths related to disease resulting from employment or on-the-job injury or illness;
 - 1.8. Deaths related to disease which might constitute a threat to public health;
 - 1.9. Deaths of persons who are wards of the District of Columbia Government;
 - 1.10. Deaths related to medical or surgical intervention, including operative, perioperative, anesthesia, medication reactions or deaths associated with diagnostic or therapeutic procedures; all deaths during surgery or other procedures required for existing trauma;
 - 1.11. Deaths of persons in legal custody of the District, including the stillborn fetuses of woman who are in custody;
 - 1.12. Stillbirths that may be related to maternal trauma, including substance abuse and extra- mural deliveries;
 - 1.13. Deaths for which the Metropolitan Police Department, or other law enforcement agency, or the Office of the Attorney General (including the General Counsel for DC OCME) requests, or a court orders investigation;
 - 1.14. Deceased remains brought within the District without proper medical certification;
 - 1.15. Clearances by OCME shall be required for all deaths occurring in the District for which cremations are requested, regardless of where the cremation will occur, and;
 - 1.16. Deaths of persons whose remains have gone unclaimed at a medical facility in the District for at least 15 calendar days following the death, for which medical facility is

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requesting DC OCME to store the remains pending public disposition and no family can be discovered and/or notified.

2. TYPES OF INVESTIGATIONS

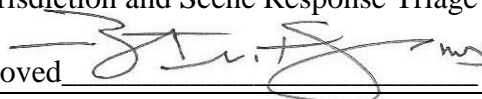
2.1. **Non-Scene Investigation:** Typically is the initial investigation of a death in a hospital, skilled nursing facility, in-patient hospice program or most patients in an at home hospice program who are attended by a registered hospice nurse. During investigations of death by telephone, the MLI/FI obtains the circumstances and chain of events that lead to the death. It may be necessary for the investigator to request certain hospital records for the purpose of evidence in aiding in the determination of the cause and manner of death.

2.1.1. The following information is to be obtained and documented in Forensic Automated Case Tracking System (FACTS):

- a Caller's (informant's) name, title, contact information and relationship to the decedent and name of facility.
- b Admission date and time
- c Reason for admission (obtain accident/fire investigation reports, etc. as needed) - traumatic vs. non-traumatic death
- d Location from where the decedent was transported to the medical facility and the means of transport (Emergency Medical Services, private car, taxi or car service, walked in, etc.).
- e Date and time of death pronouncement
- f Name of person who pronounced death
- g Demographic information of the decedent: date of birth, gender, race/ethnicity, social security number, veteran's status, marital status and name of surviving spouse, name of mother and father (in pediatric/adolescent cases for example), estimated height and weight, home address (including zip code – DC residents must have the resident ward documented) and telephone number
- h Name of primary care provider, if available
- i Medical record number
- j Inmate identification number, if applicable
- k Next of kin/emergency contact and status of notification of death.

2.2. **Scene Investigation:** A MLI/FI will respond to the scene of any death occurring outside of medical health care facilities, such as hospitals and nursing homes, when jurisdiction is accepted. A forensic pathologist may respond with the MLI/FI to suspected homicide scene or to death scenes where the ME is requested by law enforcement or other investigative agency The MLI/FI at the scene will gather as much information as

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possible including initial history of the fatal event, essential facts and circumstances, pertinent medical history, and names and contact information of witnesses to the terminal event.

- 2.2.1. Scene investigations are not limited to the area where the body is located when death is reported. The scene may extend to the location where the injury and/or incident occurred (e.g. body transported to hospital) and vehicle impound lots if motor vehicle has been towed.
- 2.2.2. If a decedent has been moved from a scene for hospital treatment, the MLI/FI may respond to the hospital, when appropriate and feasible, to conduct interviews with witnesses, family members, or Emergency Medical Services (EMS) in order to gather information and evidence regarding the circumstances surrounding a death. Secondary scene response is required for:
 - a. Death of a two year old or younger child **without obvious cause of death**. Follow up investigation must occur after the hospital response to the location where the child was found unresponsive per Sudden Unexpected Infant Death investigation (SUIDI) protocol. Out of District of Columbia residences or helicopter transported cases may result in the MLI/FI requesting assistance from other jurisdictional agencies.
 - b. In custody deaths, such as suicide in jail or accident
 - c. Industrial or on the job deaths, even if body is removed