

Notification, Acceptance & Release

NOTIFICATION

It is the responsibility of law enforcement officers, emergency medical service (EMS) personnel, physicians, nurses, health care institutions, nursing homes, community residential facilities, prisons and jails, funeral directors, embalmers and other persons to promptly notify OCME (through its Intake Unit) of the occurrence of all deaths coming to their attention which are subject to investigation by OCME. These entities shall assist in making the bodies and related evidence available to a medical examiner for investigation and autopsy.

The Intake staff will transfer these telephone calls to the available MLI or FI who will then utilize the Forensic Automated Case Tracking System (FACTS) to record all information regarding deaths reported to OCME.

ACCEPTANCE

I. Jurisdiction

In accordance with D.C. Code §5-1405 and 1406, the following types of human deaths are reported to OCME by law enforcement officers, emergency medical service (EMS) personnel, physicians, nurse, health care institutions, nursing homes, community residential facilities, prisons and jails, funeral directors, embalmers and other persons in accordance:

- (1) **BY VIOLENCE:** whether apparently homicidal, suicidal or accidental including deaths due to thermal, chemical, electrical or radiation injury and death due to criminal abortion, whether apparently self-induced or not;
- (2) **SUDDENLY, UNEXPECTED OR UNEXPLAINED:** not caused by readily recognizable disease, including sudden infant deaths or apparent sudden infant death syndrome (SIDS) for infants one year of age and younger;
- (3) **UNDER SUSPICIOUS CIRCUMSTANCES:** under suspicious circumstances (see Investigation Section);
- (4) **WHEN A BODY IS TO BE CREMATED, DISSECTED, OR BURIED AT SEA:** bodies are to be cremated, dissected, buried at sea or otherwise disposed of so as to be thereafter unavailable for examination;

- (5) **BY DISEASE, INJURY OR ILLNESS RESULTING FROM EMPLOYMENT:** related to disease resulting from employment or on-the job injury or illness;
- (6) **BY DISEASE CONSTITUTING A THREAT TO PUBLIC HEALTH:** related to disease which might constitute a threat to public health;
- (7) **WHEN WARD OF DISTRICT OF COLUMBIA:** persons who are wards of the District of Columbia government (“ward” means any person in the official custody of the District government, on a temporary or permanent basis, because of neglect, abuse, mental illness or mental retardation);
- (8) **BY MEDICAL OR SURGICAL INTERVENTION:** related to medical or surgical intervention, including operative, peril-operative, anesthesia, medication reactions or deaths associated with diagnostic or therapeutic procedures;
- (9) **IN LEGAL CUSTODY:** while in legal custody of the District (legal custody includes imprisonment, jail or detention (this includes stillbirths or deaths of infants delivered of women in custody of the police or in prison));
- (10) **BY MATERNAL TRAUMA OF FETUS:** fetal deaths related to maternal trauma including substance abuse, and extra-mural deliveries;
- (11) **WHEN REQUESTED BY LAW ENFORCEMENT OR COURT-ORDERED:** deaths for which the Metropolitan Police Department, or other law enforcement agency, or the United States Attorney’s Office requests, or a court orders investigation; and
- (12) **WHEN A DEAD BODY/REMAINS ARE BROUGHT INTO THE DISTRICT OF COLUMBIA WITHOUT PROPER CERTIFICATION.**

II. Categories of Cases to be Accepted

- A. Accepted for Examination
 - all violent/ suspicious deaths
 - all deaths of Disabled Disability Services or of wards of the city
 - all custodial deaths (including fetal deaths while mother is in custody)
 - all deaths in public space that are not otherwise declined
 - all work related deaths
 - all deaths in children /infants that are unexpected
 - all postprocedural deaths which occur less than 24 hrs after a procedure (including surgical, gynecologic and obstetric, radiographic and anesthetic procedures)
 - all deaths due to a therapeutic complication

- all unexpected deaths in individuals under 60 years of age

B. Accepted for Storage

Cases are accepted for storage in circumstances of deaths that would otherwise be declined but either the family or the facility in which the death occurs cannot make immediate funeral arrangements. The agency accepts these cases for storage and collects a fee (See Recordkeeping & Retention). No body will be left in a home when a family is unable to pay the fee.

C. Procedures

When jurisdiction of a case is accepted, OCME staff must follow appropriate procedures for timely body removal and transport to OCME. Exceptions to this timely response procedure can only be made if the body is not ready for removal (such as a homicide victim who needs to remain in place for an extended period while Mobile Crime processes the scene). If there are bodies needing removal simultaneously, then every effort must be made to co-ordinate among OCME and law enforcement personnel, so that bodies do not remain at scenes for long periods. (For example, this may require careful trip planning, temporarily leaving a medical examiner at a homicide scene while the van picks up another body, dispatching a second van, or consulting a supervisor.) Removals from hospitals may be delayed to allow more pressing tasks to be completed, such as autopsy duties, public view cases and others. (See Mortuary Operations)

III. Declined Cases

A declined case must be one that is not within the agency's jurisdiction, as outlined in D.C. Code §5-1405 and above. Confirmation of declined deaths should be possible by phone in most cases. In order for a case to be declined, the decedent should have an attending physician and a well-documented medical history. Only MLIs, FIs and Medical Examiners have the authority to decline a case. Documentation of declined cases must be reviewed each day by a Medical Examiner and the case disposition entered into the Forensic Automated Case Tracking System (FACTS).

Cases that can be declined include the following circumstances:

- the deceased has a potentially life-threatening disease, is under the care of a physician, the preliminary examination reveals no injury and the circumstances of the death are not suspicious;
- the deceased is 60 years of age or older, the preliminary examination reveal no injury, the social history reveals no drug use, the circumstances of the death are not suspicious and the family has contacted a funeral home;

- the deceased has suffered a witnessed collapse, is 60 years of age or older and there is no suspected trauma or drug use;
- the deceased is under hospice care for a natural disease;
- the deceased has had an expected complication of a surgical procedure

In declined cases, the OCME does not perform examinations (i.e., autopsies or external examinations) of the decedent. Upon request for an autopsy in such cases, the next of kin are advised upon request that an autopsy can be obtained by contacting a hospital or private pathologist.

IV. Case Processing After Acceptance

Personnel assigned to the Intake Staff are responsible for case processing. The Intake staff is to follow directions as instructed by administrative, medical and investigative staff concerning case direction and actions necessary for completion of all cases reported.

A. Communications/Intake Staff General Duties

1. Assistance to families, funeral directors, law enforcement, hospitals/institutions in the activities listed below:
 - a. Families
 - with proper identification of decedent
 - obtaining information regarding the property of the decedent
 - obtaining status of decedent being released to a funeral home
 - obtaining information on purchasing of autopsy reports
 - b. Funeral directors
 - obtaining death certificate information
 - preparation of decedent for pick up
 - identification of decedent
 - obtaining information necessary for release of the decedent
 - obtaining information regarding the condition of the remains
 - c. Law Enforcement
 - obtaining pronounced time and date of death for the decedent
 - identifying the medical examiner performing the autopsy on the decedent
 - obtaining information regarding the decedents date of autopsy
 - reporting the death of a decedent that requires investigation
 - determine, when possible, the name, age, address and next of kin for unidentified decedents
 - obtaining other pertinent information regarding a case

- d. Hospitals/Institutions
 - obtaining the death report
 - obtaining information from medical examiner's decision on case dispositions
 - e. Other Areas
 - take detailed messages for all employees
 - provide the caller(s) with the telephone number(s) of other service providers when appropriate
 - post missing persons fliers on bulletin board
2. Notify the appropriate administrative, investigative and/or medical staff of any inquiries from the public regarding deaths reported OCME;
 3. Receive information from appropriate OCME staff regarding case dispositions;
 4. Contact persons and/or agencies outside OCME as directed by administrative, medical and/or investigative staff;
 5. Assemble, organize and prepare case files of deaths for autopsy or external examination;
 6. Prepare paperwork for public disposition cases;
 7. Type any Proof of Death or Communicable Disease letters;
 8. Observe all OCME confidentiality and security regulations; and
 9. Document and promptly notify appropriate administrative, medical and/or investigative staff of any dangerous and/or unusual circumstances, situations or incidents and record such information on an OCME Incident Report.

B. Death Notification Reporting

The The Investigations Unit is required to accept and process all reports of death utilizing FACTS. To produce a DEATH NOTIFICATION REPORT, the following information must be recorded in FACTS:

1. date and time indicating when the death was first reported;
2. medical examiner case number assigned to the death;
3. name, title, position, agency and contact number of individual reporting the death;

4. location where the death occurred;
5. name, sex, race, age, date of birth, residence and marital status of decedent, if known;
6. pronouncement of death;
7. length of hospitalization, medical record number and information regarding transfers to or from any medical facilities prior to death;
8. health care practitioners known to have treated, or thought to have treated the decedent;
9. circumstances of death and information concerning the condition of the body at the time of reporting;
10. next of kin contact/notification information;
11. requests for organ donation/procurement;
12. objections to or requests for autopsy;
13. notification of OCME staff;
14. case disposition;
15. arrangements for transportation of the decedent;
16. documentation of additional case information.

A 24 hour clock must be used when recording times. A DEATH NOTIFICATION REPORT, produced by FACTS, must be available for review by investigative and/or medical examiners, in the Communications Unit by 8:00 am each day for all deaths occurring over the previous 24 hours.

The death notification report is a permanent and confidential part of the records for OCME and must always be present in the centrally indexed medical examiner file or FACTS.

V. OCME Personnel Notification

Medicolegal Investigator, Forensic Investigator and/or Medical Examiner

The Intake Unit is required to promptly notify the appropriate investigative and/or medical staff of all deaths reported to the OCME.

- a. The medicolegal investigator, forensic investigator and/or the medical examiner on duty must be promptly notified of the death and thorough documentation of information be made in FACTS.
- b. Multiple attempts at notification must be documented with the date and time each attempt was made and the outcome (successful, unsuccessful, case referred to another medical examiner or medicolegal investigator, etc.), along with the name of the individual who was attempting to make the notification.
- c. If an investigator and/or medical examiner has not responded or cannot be contacted within thirty minutes, the Intake staff attempting to make the contact must notify the Director of Forensic Investigations, Deputy Chief

Medical Examiner, or Chief Medical Examiner, who will make provisions for investigation of the case and/or a scene response if necessary.

Notification of More than One Person

Some deaths require notification of more than one person. Deaths requiring notification of more than one person include, but are not limited to, deaths which are considered to be of a “high profile” status, three (3) or more deaths occurring at a single location, or occurring at multiple locations and are associated with the same incident.

- a. Deaths considered to be of a “high profile” status are deaths, such as those involving heads of state (or their representatives), political figures, celebrities or those deaths where unusual circumstances have increased media coverage and/or increased public awareness regarding the death. The Chief Medical Examiner, Deputy Chief Medical Examiner, Director of Forensic Investigations, Chief of Staff, Chief of Toxicology, General Counsel, medical examiner on call, and the medicolegal investigator on duty must all be notified promptly.
- b. If a death requires notification of more than one person, all individuals contacted must be documented, including the names, shield numbers (if appropriate) and the time of each notification.
- c. Multiple attempts at notification must be documented with the date and time each attempt was made and the outcome (successful, unsuccessful, etc.), along with the name of the individual who was attempting to make the notification.

Mortuary Transport Personnel

The Communications Unit is required to promptly notify the Medicolegal Investigators Unit so that an MLI can direct the appropriate mortuary transport personnel to transport the decedent/remains to OCME.

- a. Notification for transport should not take place until the designated medicolegal investigator and/or medical examiner has been notified of the case and a disposition has been made. If such persons cannot be contacted and the case is in public view, the technicians can be dispatched for pick up.
- b. Multiple attempts at notification must be documented with the date and time each attempt was made and the outcome (successful, unsuccessful, etc.), along with the name of the individual who attempted to make the notification.
- c. The mortuary transport personnel notified must be documented in FACTS.
- d. If mortuary transport personnel have not responded or have been unable to be contacted within thirty minutes, the communications specialist attempting to make contact must notify either the Chief of Staff, Director of Forensic

Investigations, Deputy Chief Medical Examiner, or Chief Medical Examiner, who will make provisions for transport of the decedent/remains.

Public and Next of Kin/Family Member Inquiries

The Communications Unit is required to promptly notify the appropriate administrative, investigative and/or medical staff of any inquiries from the public regarding deaths reported to OCME.

- a. Any inquiries from media representatives (news, radio, television, Internet) concerning any death, autopsy, or related findings must be referred to the Chief of Staff or Chief Medical Examiner only.
- b. Any inquiries from next of kin/family members, medical and/or legal agencies/representatives concerning any death, autopsy or related findings must be referred to the appropriate administrative and/or investigative/medical examiner who has been assigned to the case.
- c. Before referring a public inquiry or one from next of kin/family members, it must be documented with the name and title of the individual calling, the agency, media outlet or company they are representing, contact information and the reason for the inquiry.

RELEASE

To determine whether a decedent's body is ready for release, the Communications Unit checks the status of the case in FACTS. If ready for release, the following procedures must be followed.

I. Death Certificates - General

The Communications Unit enters the following information into FACTS to produce Medical Examiner Final Case Review sheet used to prepare a death certificate:

- name (as the decedent has been identified and as will appear on the death certificate);
- sex;
- date/time of death;
- race;
- cause of death; and
- if an autopsy was done and, if the findings are available, manner of death;
- the final case review is used to show that all items necessary for release (COD/MOD, fingerprints, ex-rays and ID) were done;
- if accident, suicide, homicide, state place where injury occurred, address, date/time and how injury occurred;
- date of the autopsy; and
- name of medical examiner who performed the autopsy.

The Medical Examiner Cause of Death (COD) determination sheet is printed out from FACTS, signed and provided to Communications Unit staff to prepare the death certificate. The death certificate is typed and if typing errors occur, a new death certificate is then typed.

II. Death Certificates - Cremations

The Communications Unit will receive the death certificate from the funeral provider. The following procedures are followed:

- a. the death certificate is reviewed to ensure it has been completed;
- b. information regarding the certificate is entered into FACTS;
- c. a cremation number is assigned;
- d. the death certificate is recorded in the cremation log book and a case file created;
- e. the funeral provider must provide a check, money order or cashier's check in the amount of \$75.00 made payable to D.C. Treasury;
- f. the medical examiner case number is recorded on each check and/or money order and a copy made and included in the case file;
- g. a receipt is prepared in the amount of \$75.00 per certificate;
- h. each check and/or money order is placed in the drop safe in the Communications Unit Area;
- i. investigators are informed of these death certificates until 2200 hours; if the certificate is forwarded to OCME after 2200 hours and before 2400 hours, the above procedures are followed and the certificate is brought to the attention of the on-coming 2400 hours communications staff;
- j. the death certificate is reviewed by an MLI to ensure that the cause of death is correctly documented, the manner is natural and/or it is not a case that requires further investigation and ultimately, jurisdiction accepted as a medical examiner case;
- k. the death certificate is provided to the medical examiner for signature for cremation approval (all approvals must have a medical examiner's signature);
- l. if the certificate is not approved, it is stamped "not approved" and returned to the funeral provider via fax; the funeral provider must work with the investigator or medical examiner and submit another certificate for approval;
- m. if the certificate is approved, each sheet of the death certificate is stamped "Cremation Approval" following medical examiner signature and the certificate photocopied; and
- n. the stamped certificate is returned via fax to the funeral provider along with a copy of the receipt.

III. Release Procedures

Communications Unit

When releasing a decedent's body/remains to a removal service/funeral directors, the Communications Unit must:

- a. ensure the death certificate is signed and dated;
- b. pull the blue copy after the certificate is signed and dated;
- c. have the person removing the decedent sign the medical history card with the undertaker's name, date and time and license number;
- d. check FACTS to determine if valuables or personal effects are indicated
 - any personal property to be released must be brought to the attention of the next of kin of the decedent;
 - if there are personal effects, sign the property form as a witness;
 - if there are valuables, an investigator will sign the property form;
 - if personal effects or valuables are left behind, the removal services or the next of kin must be notified and arrangements made to have the items picked up as soon as possible;
 - the personal effects and valuables of unclaimed bodies are sent to MPD's Property Department
- e. have the removal service representative sign the property forms with the date, time and signature;
- f. contact the autopsy assistants that the body is ready for release; and
- a. place blue copy of death certificate, original property sheet and body release form with the other paperwork of the decedent to be released. (Note: Always receive authorization and family history before doing any of the above.)

Removal Service/Funeral Directors

A licensed Removal Service/Funeral Director may remove bodies/remains Monday through Friday between the hours of 8:00 am and 6:00 pm and Sunday between 8:00 am and 4:00 pm. OCME is required to release the remains of a decedent from this office to a licensed removal service or Funeral Director. Two (2) forms of identification are required before the remains can be released to a Funeral Director. The procedures are as follows:

- 1) Intake Assistants in the Communications Unit must request and photocopy for OCME records a valid and current Removal Service/Funeral Director License; and

- 2) A valid and current Driver's License MUST also be presented for comparison purposes only.

However, if either form of identification has expired it is NOT considered valid and MUST not be accepted. The person picking up the body MUST have the license.

It is the responsibility of Funeral Directors to provide a body bag as a replacement for the one the body is being released to them in. The bag they provide may be used on the case they are receiving if the one in use is unsuitable (i.e. leaking, torn, etc.).

If any blood or fluid is spilled on the floor during the transfer of the body from the tray to the stretcher, it must be cleaned up immediately using a mop previously soaked in disinfectant. After releasing the body, any remaining debris from the soiled body tray must be removed and discarded. The soiled cart should be placed in the hallway for cleaning.

Funeral home representatives are required to sign the appropriate areas of the OCME logbook, body release form and the clothing property form. Funeral home representatives are not allowed to flip through the logbook or to enter the cold room or main hallway unescorted. Technicians must printout a new property sheet at release as some items have become evidence or biohazard.

A funeral home representative and OCME staff must verify that the tags on the body have the correct number. Both parties should verify all property being released as well and a new property sheet should have been printed and these items should not be indicated on the sheet. If, initially, the individual was unidentified, the technician should make a tag for the removal service/funeral director with the correct name and case number to replace the one which states that the decedent is unidentified.

Autopsy Assistant

When contacted by the Communications Unit that a body is ready for release, the mortuary transport personnel/technician must;

- a. release the body to the removal service/funeral director after checking the toe tag of the remains being released to the removal service;
- b. ensure the removal service representative fills out the body release form;
- c. complete released decedent's forms from FACTS once the above steps have been completed; place in FACTS the name of mortuary technician that releases the decedent, as well as the date, time and funeral home with the name of the decedent being released; and
- d. provide the completed paper work to the Communications Unit for filing.

If any blood or fluid is spilled on the floor during the transfer of the body from the tray to the stretcher, it must be cleaned up immediately using a mop previously soaked in disinfectant. After releasing the body, any remaining debris from the soiled body on the

tray must be removed and discarded. The soiled cart should be placed in the hallway for cleaning.