

**Policy:** All deaths reported to the District of Columbia Office of the Chief Medical Examiner (DC OCME) shall be thoroughly investigated to determine jurisdiction.

**Purpose:** DC OCME is authorized to investigate any instance of death, occurring in geographical boundaries of the District of Columbia that is of general interest to the well-being of the public. Law provides that proper inquiry shall be made of any person who dies within DC OCME jurisdiction and meets criteria set under law. Cases that are deemed Medical Examiner cases and require investigations are defined in accordance with District of Columbia Official Code §5-1405.

**Scope:** This policy applies to the Forensic Investigations Unit and Medical Examiners.

## **1. Notification**

1.1. Deaths should be reported to the DC OCME immediately in order to determine jurisdiction.

1.1.1. In general, all deaths occurring outside of admission to medical health care facilities (i.e. hospitals, nursing homes, and hospice houses) and certain cases of admitted deaths (falls with injury, delayed deaths during hospitalization) are reported.

1.2. Deaths are reported to DC OCME by police, medical personnel at hospitals, nursing homes, dialysis centers, etc., by the public and by members of the funeral industry. These calls go to the main telephone number of DC OCME, 202-698-9000, and are then transferred to an available investigator.

1.2.1. The investigator will obtain the demographic information about the decedent and the information regarding the circumstances of death, assign a case number and, after careful evaluation and possibly discussion with the Lead MLI, the Director of Forensic Investigations, or a medical examiner, determines whether or not the death falls under the jurisdiction of DC OCME.

1.3. The following types of deaths are reportable and must be investigated:

1.3.1. Unnatural deaths, including deaths due to homicide, suicide or accident;

1.3.2. Deaths associated with chemical, electrical, or radiation injury;

1.3.3. Unexplained or unexpected perinatal and postpartum maternal deaths;

1.3.4. Deaths under suspicious circumstances;

1.3.5. Deaths of inmates in custody of law enforcement;

1.3.6. Deaths that occur during, in association with, or as the result of diagnostic, therapeutic, or anesthetic procedures;

1.3.7. Deaths due to neglect;

1.3.8. Stillbirths of 20 weeks gestation unattended by a physician;

1.3.9. Unexpected deaths of persons without a history of underlying disease;

- 1.3.10. Deaths in which a fracture of a major bone such as a femur, humerus, tibia, or multiple ribs, has occurred within the past six months;
  - 1.3.11. Deaths unattended by a physician occurring outside of a licensed health care facility;
  - 1.3.12. Physician attended deaths of persons occurring in emergency department
  - 1.3.13. Deaths of unborn or newborn infants in which there has been maternal use of or exposure to un-prescribed controlled substances;
  - 1.3.14. Unexpected deaths of infants or children;
  - 1.3.15. Deaths due to ingestion, inhalation, injection or dermal/exposure of any drug or chemical;
  - 1.3.16. Deaths of non-registered hospice patients;
  - 1.3.17. Deaths occurring at workplace/place of employment; and,
  - 1.3.18. Deaths occurring within 24 hours of arrival of health care facility, if death is unexpected.
- 2. Accepting a case** – Acceptance of jurisdiction means DC OCME assumes responsibility for signing the death certificate.
- 2.1. Deaths in which jurisdiction is accepted include, but are not limited to:
    - 2.1.1. Homicides and suspicious deaths;
    - 2.1.2. Suicides and suspected suicides;
    - 2.1.3. Accidental deaths;
    - 2.1.4. Infant deaths;
    - 2.1.5. Deaths of undetermined manner;
    - 2.1.6. Persons under age 65 with no significant medical history;
    - 2.1.7. Persons who have had a fracture of a major bone or multiple ribs within past six months;
    - 2.1.8. Deaths due to drug use (illicit or prescription); and,
    - 2.1.9. Deaths associated with surgery or an invasive procedure.
  - 2.2. The investigator may leave the jurisdiction decision as **Pending** until case circumstances are reviewed by a medical examiner.
- 3. Declining a case** – Declining jurisdiction means the attending physician will assume responsibility for signing the death certificate.
- 3.1. A case may be declined when the cause and manner of death are established to a reasonable degree of medical certainty through investigation, consultation, or history review, thus negating the necessity for a postmortem examination.
  - 3.2. Declining jurisdiction from the scene
    - 3.2.1. Should the investigation reveal that the death does not come under the jurisdiction of DC OCME, family is present and can arrange transport of the decedent from the scene to a funeral home, the decedent is positively identified, and there is a physician who is able to provide medical history and will certify the death

certificate, the case may be declined. The MLI, if present at such scene, will provide date and time of death declaration.

3.3. Once a case has been declined, the decedent should not be brought into the DC OCME, unless a funeral home has not been selected or next of kin cannot be located

3.4. Declined case files

3.4.1. The investigator will print and sign the Investigative and Supplemental Reports and place them in a white folder along with any supporting records and reports. The declined case number is recorded on the tab of the folder with indelible marker and the folder is placed in the designated area for retrieval by a Medical Examiner.

3.4.2. Review of declined case

3.4.2.1. Declined cases are reviewed by a Medical Examiner within 24 hours of death and approved or rejected.

3.4.2.1.1. Approved cases are transferred to the Records Management unit.

3.4.2.1.2. Rejected cases are returned to the Investigations unit for follow-up.