Policy:	This policy provides report and recordkeeping policies and procedures for the Office of the Chief Medical Examiner (OCME), to ensure compliance with the District of Columbia Public Records Management Act of 1985.
Purpose:	The purpose of this policy is to facilitate the process of developing and implementing agency records management for the creation, maintenance and disposition of records, which includes the transfer of records to the District of Columbia Office of Public Records (OPR) and to the Washington National Records Center (WNRC) in Suitland, MD and to maintain compliance with D.C.CODE §5-1412.
Scope:	This policy shall apply to all OCME employees.

Definitions

OCME	OCME is an acronym for Office of the Chief Medical Examiner
OQCRM	OQCRM is an acronym for Office of Quality Control & Records Management
OPR	OPR is an acronym for Office of Public Records
WNRC	WNRC is an acronym for Washington National Records Center
Agency	Means Office of the Chief Medical Examiner
Non-record	Means any library or other reference materials or records maintained solely for convenience or reference
Public Record	Means any book, paper, map, photograph, card, tape, recording, microform, motion picture, sound recording, computer disk, tape or other machine-readable medium, or other documentary material, regardless of physical form or characteristics, created or received by any agency or unit of the District in pursuance of law or in connection with the transaction of public business.
CMS	CMS is the acronym for Case Management System. This system is a database that stores decedent demographic, investigation, release (when applicable) and death certification information for each Medical Examiner Accepted, Declined, or Voided case. In addition, all Storage and Cremation Requests data are maintained in this case management system as well.

OCME Records Officer

1.1. Responsibility of the Records Officer

1.1.1. The OCME Records Officer facilitates the process of developing, managing, distributing and implementing agency records retention schedules for the 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. Serve as liaison with the Public Records Administrator on matters pertaining to records management;

1.2.2. Develop and implement a comprehensive records management plan/program for the agency;

1.2.3. Comply with the "The District of Columbia Public Records Management Act of 1985", effective September 5, 1985 (DC Law 6-19; D.C. Official Code §2-1701 et seq.)", and 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 at the Office of the Chief Medical Examiner, to ensure that such records are scheduled properly. In 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. Arrange for the transfer of historical, permanently valuable and inactive temporary records to the D.C. Office of Public Records, as well as the transfer of reports, studies and publications to the Library of Governmental Information;

1.2.7. Oversee the implementation 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. Prepare 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 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 (CME), 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

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 and How Records are Stored

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[1] 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 aka OPR:

[1] Electronic records are backed up to prevent loss in case of computer malfunction or failure. See Qualtrax under OCME-QUALTRAX\Administration\IT\SOP\CURRENT\Information Technology; Data Redundancy and Back-up

3.2.1. Types of 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, including electronic mail aka e-mail
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 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 Case Management System (CMS) formerly known as 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 CMS 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 CMS and various units also enter data into the case file according to their specific duties – i.e., Forensic Pathology, ID Unit, Records Management etc.

3.4.5. Electronic Data Files and related Materials by Category:

3.4.5.1. Current Case file System Documents: 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 CMS or produced independent of the CMS system[2]. Examples of decedent related forms are: Death Notification, Transport Notification, Proof of Death, Autopsy Report Request Form and other forms native to the CMS 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.

3.4.5.2. Current Decedent Case files: All decedent case files created on or after January 1, 2017 will have a complete physical case file and a complete electronic rendering of the entire case file. In addition, all Homicide and Undetermined case files between 2003 and 2016 will be in an electronic format by 2020. As of the date of this SOP all Homicide and Undetermined case files are in an electronic format for 2003-2005, 2011 and 2012.

3.4.5.3. Historical Decedent 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.

3.4.5.4. 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 Investigations Unit is responsible for creating all Medical Examiner case files and is required to transfer custody of the decedent case file to the OQCRM staff at the morning meeting.

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

3.5.1.2. The OCME Medical Records Managements Unit is responsible for the maintenance and disposition of the Medical Examiner hard copy case files.

3.5.2. File Organization:

3.5.2.1. Each case file must have a unique identifier, which is established by a system generated sequential case number based on the calendar year. The case number is generated utilizing the last two numbers of the calendar year followed by a four digit number that increases sequentially by one, with each new case generated. For example 18-0001, 18-0002, 18-0003 and so on.

3.5.2.2. All decedent related documents, reports and/or records must be placed in the established case file. Each case file type as identified in section 3.2.1 of this SOP, will contain required documents based on the process required for that case file type as demonstrated in the "*Case File Sample*" in the OQCRM Handbook located in the Records Management share drive at \\socmefile03\medrecords\Handbook\Case File Sample\

Cremation Requests, Storage Requests and Pending case files are to be stored in a single section colored coded case file folder.

Medical Examiner case files are to be stored in a six section classification file folder. The six sections are as follows:

3.5.2.2.1. Section I – Administrative Documents
Section II – Examination and Consultation Reports to include the Body Diagrams
Section III – Investigation Reports, Evidence and Bio-Hazardous Forms
Section IV – Medical Records
Section V – Certification of Death/Correction Forms/Photo's
Section VI – Cremation case information

3.5.3. Completion of the Case File

3.5.3.1. Case file completion, which includes the "**Case Status**" as being "*Complete"* or "*Completed*" in Case Management System for an "Accepted" case by "Exam" type requires the following:

Autopsy Examinations: 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 (including the Body Diagram) and Toxicology Reports must be completed.

The **Date of Completion** is the date all required information has been entered into CMS and/or received by QCRM

External Examinations: 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 (including the Body Diagram) and Toxicology reports must be completed (when applicable) or for cases pre-February 2016 the Cause of Death Determination form and the Body Diagram must be completed.

The **Date of Completion** is the date all required information has been entered as stated above into CMS and/or received by QCRM.

Review of Medical Records: 1) The "Review of Medical Records" examination must be completed with a date and time; and 2) the Review of Medical Records opinion has been determined and recorded on the Cause of Death Determination form – to include the Cause and Manner of Death.

The **Date of Completion** is the date the file is received by QCRM.

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

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.

4.6. Contractors, Consultants, Vendors, interns, Residents or others who handle OCME decedent data must review and sign the OCME "Confidentiality Agreement".

5. Requirements 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. OPR or WNRC.

5.1.2. Records shipped to The D.C. Office of Public Records and/or 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. OPR.

5.1.3.3. File Index, the last box of each accession must contain a complete index of the files that will be transferred to the D.C. OPR or WNRC.

5.2. Records Transmittal

5.2.1. To submit a formal request to archive for the purpose of annual archiving as per the official "Retention Schedule", the Standard Form 135 (see Appendix A

below) must be completed – to include a complete file index - and submitted to the D.C. OPR for the transfer of records to the D.C. OPR or the WNRC in Suitland, Maryland.

For procedures on how to retrieve and return decedent files that have been archived see "*Archives – Steps to Request file*" and/or "*Archive – Steps to Return file*" at OCME-QUALTRAX\Administration\Records Management\SOPS\Current.

5.3. Accession Numbers

5.3.1. Accession Numbers must be obtained before the records can be shipped. The Accession Numbers are provided once the Standard Form 135 has been submitted and approved by the D.C. Office of Public Records.

5.4. Shipping Records

5.4.1. Once approval has been received from OPR, and the preparation of records as stated in 5.1 the transfer of records is coordinated by Supervisor or designee.

5.5. Records Retention Schedule

5.5.1. Consult the Public Records Retention Schedule 40 Section 16 pages 83-85 for "Records Created by the Office of the Chief Medical Examiner" to cite the disposal authority of records that will be accessioned into the D.C. Records or the Washington National Records Center. If a public record is not included in an approved retention schedule, then pursuant to A0-2017-1 "These records **may not be destroyed"**.

6. Destruction of Public Records and Specimens

6.1. Public Records (physical or electronic)

6.1.1. If the retention period ends, and the public record is in the custody of the OCME then the OCME is responsible for destruction.

6.1.1.1. However, public records that are on the "General Records Schedule (GRS)" does not need a "Notice of Intent to Destroy Records", but public records that are on the agency's official retention schedule **do need** a "Notice of Intent to Destroy Records", which must be submitted to D.C. OPR for approval.

6.1.2. If the retention period ends and the public records are in the custody of D.C. OPR/Archives, then D.C. OPR is responsible for the destruction of the public records based on the OCME's retention schedule and/or according to the General Record Schedule.

6.1.2.1. In such case where the public records are in the custody of D.C. OPR, then D.C. OPR will initiate the destruction process.

6.2. Tissue/Specimens

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

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

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.)

FEDERAL RECORDS CENTER

5. FROM (Enter the name and complete mailing address of the office retiring the records. The 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

Fold line

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)	AUTO DISP (m)
PT-	20				^11 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				

NSN 7540-00-634-4093
Standard Form 135 (Rev. 7-85)

135-107

CV-3016/Apr. 01

Prescribed by NARA Form
36 CFR 1228.152

351-15-0424