



# SANTA CLARA COUNTY MEDICAL EXAMINER- CORONER'S OFFICE

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## INTERACTION and REPORTING GUIDELINES

07/22/2014

This document will make reference to specific statutes in various California Codes. The specifics can be found in the Government Code and in the Health and Safety Code.

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## **INTRODUCTION**

This procedure booklet is issued for the purpose of providing hospitals and nursing home personnel with general and specific information concerning those cases that come under the jurisdiction of Santa Clara County Medical Examiner-Coroner's Office. We intend this information to be a guide for personnel at your facility. It is our policy to revise these procedures as changes in the law and office internal policy require.

**Santa Clara County  
Medical Examiner-Coroner's Office  
850 Thornton Way  
San Jose, CA 95128  
408-793-1900**

Medical Examiner-Coroner Investigators are on duty 24-hours a day, 7-days a week, 365 days a year. A Medical Examiner is available as needed for emergency consultation, 24 hours a day. If your staff has any questions please call our office.

The Medical Examiner-Coroner's Office may be referred to as "MEC" and our Medical Examiner-Coroner's Investigators may be referred to as "Investigators" for the purposes of this document.

## YOUR RESPONSIBILITIES:

It is the duty of anyone having knowledge thereof to report to the Medical Examiner-Coroner's Office any death that falls into the classes herein listed as required by the California Government and Health & Safety Code. This duty applies equally to physicians, hospital house officers, morticians, embalmers, ambulance attendants, law enforcement officers, nurses, as well as laypersons. Once the case falls under the jurisdiction of the Medical Examiner-Coroner's Office, the following becomes applicable:

- The **death must be reported to the Medical-Examiner-Coroner's Office IMMEDIATELY.** (CA Government Code 27491)
- **It is unlawful** for anyone to **move a dead body from the position or place of death** without permission of the Coroner. (CA Government Code 27491.2 (b))
  - NO photographs (**ONLY** for law enforcement purposes)
- **The body and/or any specimens may not be used for training, practice, or research.** (CA Government Code 27491.45)
- **NO evidence shall be removed or collected** (CA Government Code 27491.3)
  - NO fingerprints may be taken without the authorization of the Medical Examiner.
  - GSR sampling will not be collected without a consultation and authorization of the Medical Examiner.
  - A law enforcement officer may search for a driver's license to determine if the deceased is an organ donor **ONLY when the death is due to a traffic collision.**
  - The clothing and personal property, regardless of whether it is on the body or removed from the body, belongs to the Medical Examiner-Coroner's Office.
  - **Evidence or personal property MAY NOT be released** to a law enforcement agency or next of kin without the knowledge and consent of the Medical Examiner-Coroner's Office.
  - MEC Investigators do not search the body or premises except in the presence of witnesses and law enforcement officers may be asked to witness the search and sign the property slip, as a witness.
- The Medical Examiner-Coroner Investigator has the responsibility to secure property and evidence related to the death. In cases of **apparent suicide the MEC Investigator is to take charge of any suicide notes and wills, as well as any instruments involved.** (CA Government Code 27464)
- Medical devices shall remain in place.
- **All medical records and admission specimens should be available at the time of release to the MEC or in a timely manner.** (California Civil Code Section 56.10 (b)-(8) & 56.10 (c)-(6))

**Failure to comply with the above requirements and those attached to this document could result in legal sanctions.** Additionally, failure to comply with these requirements may compromise a criminal and/or medico legal investigation of a death. It is extremely important for your staff to communicate to us any concerns and questions when they handle Medical Examiner-Coroner's cases so together we can minimize duplication of effort, destruction or mishandling of evidence and loss of property.

Any death reported to the Medical Examiner-Coroner's Office shall be subject to an inquiry, which shall be properly recorded, after which the Medical-Examiner-Coroner will proceed with a full or limited investigation as the circumstances warrant. If, from the preliminary investigation, the case does not prove to fall within the Medical Examiner-Coroner's jurisdiction, the Medical Examiner-Coroner's Office will advise the person reporting the case or the physician last in attendance.

## **WHEN REPORTING DEATHS**

There is general information that the Medical Examiner-Coroner Investigators require in order to record the death. This includes statistical information;

- Name of decedent (if known)
- Time and date of the death
- Location of death
- Parties involved (private physicians, hospital information, hospice information, law enforcement agency, reporting officer, and mortuary information).
- Please have a medical chart or this basic information available when contacting this office for the first time; reporting a death to an investigator generally takes about ten minutes. (See attached worksheet)

Due to the of the nature of the questions asked by the investigator, we ask that the law enforcement official or experienced medical person that are most knowledgeable call to report the circumstances of death. When a death occurs in a residential situation, police or hospice nurses will often communicate with the office. When a death occurs in a hospital-type setting, the nursing staff or the primary physician needs to report the death. In cases of children or recent surgical intervention, the investigators often communicate with a Forensic Pathologist prior to deciding jurisdiction. If this occurs, we generally can provide an answer within the half-hour. Investigators are available twenty-four hours a day for questions and reporting.

# REPORTABLE DEATHS TO THE MEDICAL EXAMINER-CORONER'S OFFICE

The California Health and Safety Code 102850 and Government Code 27491, require that certain deaths must be reported to the Medical Examiner-Coroner's Office and directs the Medical Examiner-Coroner to inquire into and determine the circumstances, manner and cause of the following deaths which are immediately reportable to the Medical Examiner-Coroner's Office.

## **Health and Safety Code 102850 Notification to the Coroner**

**A physician and surgeon, physician assistant, funeral director or other person shall immediately notify the Coroner when he or she has knowledge of a death** that occurred or has charge of a body in which death occurred under any of the following circumstances:

- (a) **Without medical attendance.**
- (b) During the continued absence of the attending physician and surgeon.
- (c) Where the attending physician and surgeon or the physician assistant is unable to state the cause of death.<sup>1</sup>
- (d) Where **suicide** is suspected.
- (e) Following an injury or **accident**.
- (f) Under such circumstances as to afford a reasonable ground to suspect that the death was caused by the **criminal act** of another.

**Any person who does not notify the Medical Examiner-Coroner as required by this section is guilty of a misdemeanor.**

## **Government Code 27491 Duty of the Coroner**

**It shall be the duty of the Coroner to inquire into and determine the circumstances, manner and cause of:**

1. All violent, sudden or unusual deaths.
2. Unattended deaths.
3. Deaths wherein the deceased has not been attended by a physician in the 20 days before death.
4. Death related to or following known or suspected self-induced or criminal abortion.
5. Known or suspected homicide, suicide, or accidental poisoning.
6. Deaths known, or suspected as resulting in whole or in part from, or related to accident or INJURY, either OLD or recent.
7. Deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration.

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<sup>1</sup> "Unable to sign" is due to the lack of medical history, not unwillingness to sign due to the complexity of the case.

8. Where the suspected cause of death is Sudden Infant Death Syndrome (SIDS).
9. Death in whole or in part occasioned by criminal means.
10. Deaths associated with a known or alleged rape or crime against nature.
11. Deaths in prison or while under sentence.
12. Deaths known or suspected as due to contagious disease and constituting a public hazard.
13. Deaths from occupational disease or occupational hazards.
14. Deaths of patients in state mental hospitals serving the mentally disabled and operated by the State Department of Mental Health.
15. Deaths of patients in state hospitals serving the developmentally disabled and operated by the State Department of Developmental Services.
16. Deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another, or any deaths reported by physicians or other persons having knowledge of death, for inquiry by the Coroner.
17. Any deaths reported by physicians or other persons having knowledge of death for inquiry by the Coroner.

**Any person who does not notify the Medical Examiner-Coroner as required by this section is guilty of a misdemeanor.**

***Reportable cases are to be distinguished from Medical Examiner-Coroner's cases. While the duty to report certain cases continues, the decision on whether there shall be a full investigation rests with the Medical Examiner-Coroner, and a full investigation is not required of the Medical Examiner-Coroner's Office purely by virtue of the case having been reported. The Medical Examiner-Coroner's Office will give any interested party the basis for accepting or rejecting any case reported.***

# **HOSPITAL, CONVALESCENT HOSPITALS, HOSPICE, OTHER RELATED FACILITIES AND THE MEDICAL EXAMINER-CORONER'S OFFICE**

The following information is to provide an understanding of the relationship between your facility and Medical Examiner-Coroner's Office. Our goal is to be cooperative and hospitable, yet accomplish the lawful task set before us in a timely manner. Please review the reportable causes of death listed in the "Reportable Deaths to the Medical Examiner-Coroner's Office" section. The "Death Certificate Guidelines" also explains the causes of death that are reportable to the Medical Examiner-Coroner's Office. It is provided to you as a reference tool when reporting deaths to the Medical Examiner-Coroner.

## **WHEN REPORTING DEATHS**

- When your staff telephones the Medical Examiner-Coroner's Office, they will be directed to an investigator.
- If it is after-hours, they will be directed to County Dispatch please advise the dispatcher what type of facility you are calling from and what type of death you are reporting. The dispatcher will alert the MEC Investigator at the earliest convenience.
- When you speak with the MEC Investigator, they will require information such as demographics, circumstances of death and physician information.
- The Medical Examiner-Coroner needs to have the decedent's definitive medical diagnosis to record as the cause of death. The reported cause of death needs to reflect the attending physician's legal certification and the State Health Department requirements.

## ***DEATH REQUIRING AN INQUIRY/DECISION***

Certain types of cases not listed in the State Law but which often pose problems or are difficult to evaluate, should be reported to the Medical Examiner-Coroner's Office for a decision. These include, but are not limited to the following:

1. Persons dying within 24 hours of admission in the hospital, or not medically attended by a physician within 24-hours of the time of death, unless the attending physician has established a natural cause of death.
2. All deaths occurring in operating rooms, during therapeutic or diagnostic procedures or as a result of complications of these procedures (postoperative, e.g., wound infections) or when the patient has not regained consciousness after an anesthetic should be reported. These are not all Medical Examiner-Coroner's cases unless the death is known or suspected as being due to misadventure during the surgery, therapy, procedure or anesthetic. These cases are often difficult to evaluate and should be referred to the Medical Examiner-Coroner's Office for a decision. The surgeon or physician with the most knowledge of the circumstances should report the death. The deaths occurring within 24 hours after surgery should also be reported.



3. All deaths in which the patient is comatose on arrival and remains so throughout his/her hospital care unless the cause of the coma has been definitely established as due to a natural disease.
4. The death of an unidentified person will be accepted as a Medical Examiner-Coroner's Office case. It is acceptable for the treating physician to opine a cause of death for an unidentified person who dies from a natural disease process. After the death is reported, the MEC will attempt to identify the decedent. All efforts to identify the decedent by hospital staff, law enforcement agencies or social service agencies should be well documented in the medical records. The cause of death opined by the private physician will be used by the Medical Examiner-Coroner for the official death certificate. Do not place the name "John/Jane Doe" on the signed death certificate.
5. All deaths in which an injury or an accident is the cause or a contributing cause regardless of how distant or remote in time or place the accident or injury may have occurred. This includes subdural hematomas, comas, Para/quadruplegia, fractures and seizure disorders, regardless of the time interval between the injury and death.

All cases known or suspected as coming under the jurisdiction of the Medical Examiner-Coroner's Office should be reported immediately to (408) 793-1900. The family or next-of-kin of the decedent should not be approached for permission for an autopsy prior to clearance from the Medical-Examiner-Coroner's Office. Removal of tissue from Medical Examiner-Coroner's cases for scientific or transplant purposes **MUST NOT** be performed without prior approval of the Medical Examiner-Coroner's Office, regardless of prior next-of-kin authorization.

The Medical Examiner-Coroner shall have discretion to determine the extent of inquiry to be made into any death occurring under natural circumstances and falling within the provisions of the law. The decision as to whether a death is in fact a Medical Examiner-Coroner's case rests with the Medical Examiner-Coroner. **If it is determined, after appropriate evaluation, that the death is not a Medical Examiner-Coroner's case, it then becomes the responsibility of the attending physician to issue the death certificate.**

### **Health and Safety Code 102825 Responsibility of Attending Physician**

- The physician and surgeon last in attendance, or in the case of a patient in a skilled nursing or intermediate care facility at the time of death, the physician and surgeon last in attendance, or a licensed physician's assistant under the supervision of a physician and surgeon last in attendance, on a deceased person shall state on the certificate of death the disease or condition directly leading to death, antecedent causes, other significant conditions contributing to death and such other medical and health section data as may be required on the certificate; he or she shall also specify the time in attendance, the time he or she last saw the deceased person alive, and the hour and day on which death occurred, except in deaths required to be investigated by

the Coroner. The physician and surgeon or physician's assistant shall specifically indicate the existence of any cancer as defined in subdivision (e) of Section 211.3 of which the physician and surgeon or physician's assistant has actual knowledge.

A physician and surgeon may designate one or more other physicians and surgeons who have access to the physician's and surgeon's records to act as agent for the physician and surgeon for purposes of the performance of his or her duties under this section, provided that any person so designated acts in consultation with the physician and surgeon. (Amended by Stats. 1989, Ch. 925)

### **Health and Safety 10204 Completion of Certificate; Time; Delivery**

- The medical and health section data and the physician's or Coroner's certification shall be completed by the attending physician within 15 hours after the death, or by the coroner within three days after examination of the body.

The physician **shall within 15 hours after the death deposit the certificate at the place of death**, or deliver it to the attending funeral director at his place of business or at the office of the physician. (Added by Stats. 1957, Ch. 363)

- Often the next business day is sufficient waiting period for the family and the mortuary, but please be aware that the **State Health Department statutes require the death to be recorded (with a signed death certificate) within eight days.**

As a primary physician who has a patient that died as an inpatient under a hospitalist's care, the death certificate should be referred to the physician last in attendance. If the primary physician has sufficient information regarding the events prior to death and elects to sign the death certificate, the physician is responsible for notifying the Medical Examiner-Coroner if the death is lawfully reportable. In many instances, hospitals have policies that emergency room physicians do not sign death certificates. It is often difficult for an emergency room physician to sign a death certificate if he only encounters the patient in a comatose or resuscitating state. **In a completely natural death of an established medical condition the ultimate responsibility for certifying death lies with the primary physician who treated the decedent in life.**

The Medical Examiner-Coroner is not required to permit the physician last in attendance to be present at the autopsy, since autopsies are not necessarily done with permission of the family. When the physician does wish to be present, a phone call to the Medical Examiner-Coroner's Office often provides the permission (27491.4 Government Code, 18 Op Atty. Gen. 155).

**The Medical Examiner-Coroner cannot provide interested physicians with tissue specimens without written permission of the nearest next of kin.** When any physician has special interest, and if notification is made to the Medical Examiner-Coroner's Office of this interest, the on call Medical Examiner will make and note any observations requested, provided these requests do not

exceed the MEC's legal duty. Any slides or reports that the Medical Examiner has taken for his own duly authorized purposes may be examined at the Medical Examiner-Coroner's Office facility by an interested physician only by appointment and under the supervision of the on-call Medical Examiner (27491.45 Government Code, 7151.5 H&S).

When the Medical Examiner-Coroner declines to assume jurisdiction, the legal next of kin can be approached regarding an autopsy at the hospital in attendance (note every hospital has a different internal policy). When the progress of an autopsy reveals that the case should have properly been in the Medical Examiner-Coroner's jurisdiction, the autopsy shall be stopped at that point and the Medical Examiner-Coroner's Office consulted.

### ***PRONOUNCEMENT OF DEATH***

California Health and Safety Code Sections 7180 and 7181 establish two methods of pronouncing death.

- The first is to determine, in accordance with accepted medical standards, that there has been irreversible cessation of circulatory and respiratory functions. This does not necessarily have to be done by a physician, although in a hospital or nursing home it ordinarily would be.
- The second method is for two physicians to determine that brain death has occurred. In this case, the official time of death is the time that the second physician confirms brain death.

It is not the responsibility of the Medical Examiner-Coroner's Office to respond to a possible dead body to pronounce death. This office has no legal authority to enter into a case until the person is in fact pronounced dead, and then only in those cases defined by the statutes which give the Medical Examiner-Coroner's Office clear jurisdiction.

### ***DEATH REPORT FORMS***

Whenever possible the Medical Examiner-Coroner desires to have a complete copy of all medical records in the decedent's patient file at the time the decedent is removed from the hospital or shortly thereafter. These usually include,

- Paramedic reports
- E.R. physician admission notes
- History and physical notes
- Discharge summaries
- Pertinent operative consultation reports
- Progress notes
- Culture reports
- Toxicology reports

On the hospital report, any unusual circumstances concerning the death of the patient, such as an injury or accident which has occurred in the hospital or nursing facility, should be reported. Information of this nature is very important for conducting a proper and thorough medico-legal investigation. Suspicion or evidence of toxic poisoning shall also be reported. Please report the death to the Medical Examiner-Coroner's Office as soon as possible.

Should there be any questions regarding any death that is within the Medical Examiner-Coroner's jurisdiction, have the attending physician contact this office at (408) 793-1900. **Deaths that involve gunshot wounds, stab wounds, suspected homicides or vehicular collisions, should, as a matter of hospital policy, be reported to the Medical Examiner-Coroner's Office and the law enforcement agency having jurisdiction.** Hospital staff should notify the law enforcement agency having jurisdiction over the location where the injury occurred. This is necessary to ensure that investigations involving criminal activity are properly coordinated and that the most factual information is given to the Medical Examiner-Coroner's Office.

When reporting the case, please state the location of the remains, (i.e., in emergency room, on ward, in morgue, unsecured storage room, etc.). This will assist us in making the removal. It is of the utmost importance that information be provided as to whether there are any blood, urine or other laboratory specimens available at your facility. This is especially important in suspected drug overdoses and in cases hospitalized over 24 hours. *These specimens should not be destroyed.* Rather, they should be properly preserved for release to the Medical Examiner-Coroner's Office along with any medical records available when the remains are removed.

## ***CASE HANDLING***

In deaths known or suspected as coming under the jurisdiction of the Medical Examiner-Coroner, all diagnostic or therapeutic apparatus on or in the body at the time of death should not be disturbed or removed from the body without the consent of the Medical Examiner-Coroner. Tubes and IV's may be cut and clamped to prevent drainage.

- Do not clean the body or clothing after death.
- All clothing of the deceased should remain with the body.
- **Clothing on homicide, suspected homicide victims, or law enforcement related deaths shall not be disposed of, or destroyed.** It shall be released to the Medical-Examiner-Coroner's Investigator or with the authorization of the Medical Examiner-Coroner it may be released to the investigating law enforcement agency. (27491.3 Government Code)
- The body should not be disturbed in any fashion, including photography, fingerprinting or evidence collection without prior permission of the Medical Examiner. (27491.2 (b) Government Code) (27491.3 Government Code)
- Casts, splints, bandages, etc., that are on the person at death, shall be left intact. Paramedic backboards may be removed.

- IV needles, tracheal tubes, airways, drainage tubes and any other resuscitation implements on the person at death shall remain intact on the body.
- Admitting blood (including blood bank specimen), urine and other specimens should be saved indefinitely on all patients who are classified in critical condition if their death would result in Medical Examiner-Coroner's jurisdiction. The placenta or the pathology report of the placenta should be submitted with the body in cases of stillbirth, fetal demise, and perinatal death.
- Additionally, the toxicology screen results on urine and blood and the culture results on CSF/Blood/Urine/Sputum should be included. It is very important that the date and time of collection of these specimens be recorded on the specimen container.
- If specimens have been sent for serologies/toxicology/viral/bacterial culture from emergency room, do not discard; do not cancel the order since patient expired. It could help the medical examiner with cause of death.
- If the family wishes to view the body before removal this is permissible provided the body is not cleaned or otherwise disturbed. **Touching of the body is not permitted. In cases where there is potential criminal investigation, viewing shall be discouraged.** Families should be advised that the opportunity for viewing would be at their funeral home. **Families should not be told that the Medical Examiner-Coroner's Office allows viewing. There are no facilities for viewing of decedents at the Medical Examiner-Coroner's Office.**
- **In cases of a child death or fetal death please do not allow the family to touch or hold the body.**
- Identification of decedents is the responsibility of the Medical Examiner-Coroner. Several different methods are used. There is generally no need for next of kin or other family members to come to the Medical Examiner-Coroner's Office for the purpose of identifying a decedent. If such assistance is required, the next of kin or other person having knowledge of the decedent will be contacted and asked to view a photograph of the decedent or produce other records.
- Family members should be advised to contact a funeral service provider of their choice and make whatever arrangements they would like regarding the disposition of the decedent. The funeral service provider will coordinate the release of the remains and other issues on behalf of the next of kin. The Medical Examiner-Coroner's Office is neither a mortuary nor a funeral service provider.
- In some instances, the death of an individual may become a Medical Examiner-Coroner's case after or during autopsy at a hospital. In these instances, we will require the following at the time of removal, or as soon as possible thereafter:
  - The autopsy report describing procedures completed before the case fell under Medical Examiner-Coroner's jurisdiction also include the release number if issued prior to autopsy.
  - All dissected organs and tissue samples collected must accompany the body;
  - Blood sample collected during autopsy to be available for pick up when the remains are removed from the facility (blood collected should be preserved in sodium fluoride 2 gm/100 cc blood).

- Any blood samples collected prior to death including samples collected for the blood bank while decedent was in hospital or emergency room;
- Discharge summary or summary of clinical events prior to death (entire medical chart is preferable);
- If all or some of the above items will not be ready at the time of removal, please provide the name and contact number of the person who will provide these items to our staff at a later date.

With increasing demand for tissue for transplantation, families consent for organ donation more often. Many of our decedents are tissue donors (heart valves, cornea, skin, bone). It is therefore important that cases are reported in a timely manner and medical records are available at time of release or removal or shortly thereafter.

### **California Civil Code Section 56.10 (b)-(8) & 56.10 (c)-(6) Disclosure of Medical Information by Providers**

- **(b) A provider of health care, a health care service plan, or a contractor SHALL disclose medical information if the disclosure is compelled by any of the following:**
  - (8) By a Coroner, when requested in the course of an investigation by the Coroner's office for the purpose of identifying the decedent or locating the next of kin, or when investigating deaths that may involve public health concerns, organ or tissue donation, child abuse, elder abuse, suicides, poisoning, accidents, sudden infant death, suspicious death, unknown deaths, or criminal deaths, or when otherwise authorized by the decedent's representative. Medical information requested by the Coroner under this paragraph shall be limited to information regarding the patient who is the decedent and who is the subject of the investigation and shall be disclosed to the Coroner without delay upon request.
- **(c) A provider of health care, or a health care service plan may disclose medical information as follows:**
  - (6) The information may be disclosed to the county Coroner in the course of an investigation by the Coroner's office when requested for all purposes not included in paragraph (8) of subdivision (b).

### ***FETAL DEATHS***

#### **Health & Safety Code Sections 102950, 102975, 103000 Fetal Deaths**

- All fetal deaths where there is no physician present at the expiration are Coroner's cases. If a physician is present, he/she shall certify the cause of death.
- Fetal Death Registration - All fetal deaths that cannot be attested to by a physician, that have reached the 20th week of uterogestation will be certified by the Coroner.
- Fetal Death - A death prior to the completion expulsion or extraction from its mother of a product of conception (irrespective of the duration of pregnancy); the death is indicated by the fact that after such separation, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles.
- A Certificate of Fetal Death is required to be registered when the fetus has advanced to or beyond the 20<sup>th</sup> week of gestation. When length of gestation is not determined, the following criteria may be used:

- Weight of 400 grams or more.
- Crown-heel length of 28 centimeters or more.
- If both of the above criteria are met, the fetus should be registered as a fetal death.
- Fetal deaths that are the result of therapeutic abortion do not require certification nor are they reportable to the County Coroner. Abortions following a known or alleged rape should be reported to Law Enforcement preferably before the abortion is performed. If necessary the Coroner will be contacted by Law Enforcement.

**All fetal and child deaths need to be immediately** reported to the Medical Examiner-Coroner's Office if the cause of death is due to:

- Drug use by mother (positive U-Tox)
- History of trauma
- History of domestic violence
- Any accidents which may have caused or contributed to the death
- Abortion (self induced or illegal)

Example of death that needs to be reported:

- Placental Abruption
- Due to Injury or Fall

Example of death that does not need to be reported:

- Placental Abruption
- Due to Preeclampsia

The information which will be needed at the time of report is:

- Decedent's Name
- Sex of decedent
- Decedent's date of birth
- Decedent date and time of death (pronouncement)
- Name of delivering physician
- Mother's name and date of birth
- Mother's Ethnicity
- Mother's telephone number and address
- Date and time of admission
- Specific medical history (prenatal care/delivery information)

Please keep in mind that **NOT ALL** fetal deaths are reportable. But if there are any questions or concerns please contact the Medical Examiner-Coroner's Office at 408.793.1900. The Investigations Unit operates seven days a week, 24 hours a day.

### ***INDIGENT PROGRAM***

Hospital Administrative Staff often become involved when a decedent's family or responsible legal next of kin has not made arrangements for deceased persons after a period time. Our office handles the Indigent Program and "abandoned" remains. Here are some guidelines when faced with problems surrounding disposition.

- When the decedent does not have legal next of kin (blood relatives or durable power of attorneys with the expressed written consent to handle arrangements after death), the decedent will need to be referred to Public Administrator's Office (408-534-2500) within a reasonable period of time.
- The Public Administrator staff has the legal authority to handle the decedent's affairs, which includes handling assets and conducting funeral arrangements.

If the Public Administrator declines to take action, they will direct you to contact our office and ask about the County's Indigent Program. We will then take action to complete the indigent disposition in a timely manner. Our office will need the following information;

- Demographics name, date of birth, address etc...
- Documentation from the social worker or other responsible persons and their attempts to contact the family.
- Copies of the hospital admission/face sheet and the death certificate worksheet listing the cause of death and the physician responsible for certifying death.

In cases where the decedent does not have sufficient assets and the legal next of kin does not have funds for funeral arrangements, the decedent may be eligible for the Indigent Program. For those who qualify, the program covers the basic cremation expenses of the decedent and a final resting place. When hospital staff contacts the Medical Examiner-Coroner, a formal report will be generated as "Indigent."

The information needed at the time of initial report is generally obtained from the hospital admission/face sheet and the death certificate worksheet. In the next few business days, the family will need to fill out a formal application at the County of Santa Clara, Medical Examiner-Coroner's Office to complete the process. Within a reasonable period of time, contract agents will be sent to remove the decedent's remains from the hospital morgue. If the decedent's remains can no longer be stored due to hospital storage issues, attempts will be made to expedite their removal.

Alternatives to Indigent Cremation may include California State Curator disposition or Veteran Affair disposition.



# LAW ENFORCEMENT AGENCIES AND MEDICAL EXAMINER-CORONER'S OFFICE

Law enforcement should be aware of deaths reportable to the Medical Examiner-Coroner's Office. When a law enforcement agency contacts our office, our goal is to have an investigator available to take the call and to cooperate with all agencies. However due to call volume, sometimes messages are taken. Do note that according to our procedures, we make it a priority to return law enforcement calls first. Periodically calling (every 30 minutes) for an estimated time of contact is reasonable.

## IMPORTANT KEY POINTS TO REMEMBER:

- The **death must be reported to the Medical-Examiner-Coroner's Office IMMEDIATELY**. We understand you may not have all the facts of the death but a simple notification will suffice. (CA Government Code 27491)
- **It is unlawful** for anyone to **move a dead body from the position or place of death** without permission of the Medical Examiner-Coroner's Office. **All medical devices shall remain in place.** (CA Government Code 27491.2 (b))
  - Photographs for law enforcement purposes only.
- **The body and/or any specimens (blood and urine) may not be used for training, practice, or research.** (CA Government Code 27491.45)
- **NO evidence shall be removed or collected from or around the body** (CA Government Code 27491.3)
  - NO fingerprints may be taken without the authorization of the MEC.
  - Gun Shot Residue sampling **will not** be collected without a consultation and authorization of the Medical Examiner-Coroner's Office.
  - A law enforcement officer may search for a driver's license to determine if the deceased is an organ donor **ONLY when the death is due to a traffic collision.**
  - The clothing and personal property, regardless of whether it is on the body or removed from the body, belongs to the Medical Examiner-Coroner's Office.
  - **Evidence or personal property MAY NOT be released** to the next of kin without the knowledge and consent of the Medical Examiner-Coroner's Office.
  - MEC Investigators do not search the body or premises except in the presence of witnesses, and law enforcement officers may be asked to witness the search and sign the property slip, as a witness.
  - **Weapons collected by your office and believed to have been used to cause the injuries on the decedent, will be delivered to the MEC at the time of autopsy for examination by the Medical Examiner.**
- The MEC Investigator has the responsibility to secure property and evidence related to the death. In cases of **apparent suicide the Medical Examiner-Coroner Investigator is to take charge of any suicide notes, wills, as well as any instruments involved including weapons.** (CA Government Code 27464)

**Any person who does not follow the key points listed above may be guilty of a misdemeanor.**

**The Medical Examiner-Coroner Investigator is required by his/her office policy to list on the property slip the names of those known or found making any previous search.**

## DEATH CERTIFICATE GUIDELINES

### General Instructions:

- Only ONE condition is listed per line in 107. All four lines (A through D) do not need to be filled in, as long as an etiologically specific cause of death is present (i.e. Atherosclerotic Cardiovascular Disease). Mechanisms of disease (i.e. Cardiac Arrest) are not to be placed on Death Certificate
- Each condition in 107 can cause the one above it (D causes C, which causes B, which causes A).
- The corresponding time intervals (boxes AT, BT, CT and DT) are progressive in nature (minutes, hours, days, years) and correspond to the time course of the respective disease state (A through D).
- Conditions in 112 contribute to death but do not result in the underlying cause in 107.
- A complete sequence is reported that explains why this patient died.
- If it seems that two or more conditions "added together" or were temporally inseparable--that is, it might seem appropriate to report them together on one line in 107-- the most important ONE should be listed in 107, and the others should be listed in 112.
- It is acceptable, and often needed, to report more than one condition in 112.
- When necessary, and when conditions are integrally and causally related, it is acceptable to combine related conditions into one entity for reporting in 107-- such as "pneumonia with systemic sepsis," or "myocardial infarction with rupture." This should not be done unless absolutely necessary, however, and is usually done because of space limitations in 107.
- It is acceptable to qualify a condition with words such as "probable." For example, "probable peptic ulcer disease."
- Sometimes, citing a specific underlying cause of death is difficult because sufficient information is lacking, as might occur when someone dies of gastrointestinal hemorrhage due to a natural, but otherwise unknown cause. In such instances, it is helpful to write 107 as Gastrointestinal hemorrhage due to: Undetermined natural cause. Using this technique lets a reader of the cause-of-death statement know that a specific underlying cause of death was considered and was not omitted through an oversight. Of course, one should be reasonably certain that only natural causes are involved.
- Deaths known or suspected as having been caused in whole or in part by injury or poisoning should be reported to the Medical Examiner-Coroner, and the death certificate should not be completed by you unless the Medical Examiner-Coroner instructs you to do so.
- It is preferred to spell out all medical conditions and procedures in full (as space allows).
- Do not forget to include any procedures and dates related to disease treatment or diagnosis in line 113. If there were multiple procedures they can be listed together (e.g. Exploratory laparotomies 3/12/09, 3/14/09). Line 113 should be used for any medical intervention or diagnostic procedures that helped in determining cause of death, and not just for surgeries (e.g. chest tubes, central line placements, diagnostic peritoneal lavage).

**Note:** On the death certificate it is preferred to spell out all medical conditions and any procedures in full; Acronyms are used below due to space limitations.

**Guidelines:**

On the death certificate it is preferred to spell out all medical conditions and procedures in full. Acronyms are used below due to space limitations.

AIDS = Acquired Immune Deficiency Syndrome;  
 ASCVD = Arteriosclerotic cardiovascular disease;  
 COPD = chronic obstructive pulmonary disease;  
 ME-C = Medical Examiner-Coroner;  
 MI = Myocardial Infarct;  
 PE =Pulmonary Embolism.  
 NOS = not otherwise specified.

<b><u>Cannot Stand Alone (107A) on a DC:</u></b>	<b><u>Suggested “Due To” (107B, C, or D):</u></b>
End stage renal disease	Hypertension, ASCVD, Diabetes, Chronic Pyelonephritis etc...
Urinary tract infection	<b>Specify: catheter related or not;</b> if yes, state why catheterized.
Sepsis, Multi Organ System Failure, ARDS	Diabetes mellitus, COPD, AIDS, chronic alcoholism, etc...
Cardiomyopathy	Hypertension, ASCVD, Alcoholism etc...
Congestive Heart Failure	Hypertension, ASCVD, Aortic/Mitral valve disease, Rheumatic heart disease etc...
Hepatitis/End Stage Liver Disease	Viral, Alcoholic, Autoimmune, Toxic, Idiopathic or cryptogenic OK if biopsy proven and other causes were ruled out. <i>(Acetaminophen or other poisonings, or acute alcohol or drug intoxication need to be reported to ME-C)</i>
Ischemic bowel	Volvulus from adhesions due to previous surgery, ASCVD, hypotension caused by something else. <i>(Surgically related complications need to be reported to ME-C).</i>
Cardiac arrhythmia	MI due to ASCVD, Valve disease, hypertension, etc...
Bronchopneumonia, or Pneumonia NOS	Almost always due to some debilitated state: COPD, Alzheimer’s disease, Stroke due to ASCVD, chronic alcoholism, immunocompromised state (AIDS, autoimmune disease on steroids etc...). <i>Infectious diseases which are thought to constitute a threat to public health need to be reported to ME-C (See #20, below).</i>
Dementia	<b>Please use: Complications of</b> Neurodegenerative Disease
Cancer	Please specify type and metastasis (if any).
Pulmonary embolus due to deep vein thrombosis	Always due to hypercoagulable state (increased clotting): smoking, birth control pills, pregnancy, immobility, obesity, vascular injury. <i>(Any traumatic cause or surgically related PE needs to be reported to ME-C).</i>
Complications of prematurity	<b>Please add [Non-trauma or drug-related],</b> usually due to chorioamnionitis, eclampsia. <i>(Maternal trauma or drug use needs to be reported to ME-C).</i>

<b><u>Avoid Using Altogether:</u></b>	<b><u>Please use instead:</u></b>
Cerebrovascular Accident or Intracerebral hemorrhage	Hemorrhagic or Ischemic stroke; <b><i>Can't stand alone!</i></b> Due to ASCVD, Hypertension, etc...
Cerebral palsy	Hypoxic-ischemic encephalopathy complicating congenital anomalies, <i>(Any traumatic cause needs to be reported to ME-C)</i>

<b><u>CAN Stand Alone:</u></b>
Atherosclerotic cardiovascular disease.
Myocardial infarct due to Atherosclerotic cardiovascular disease.
Lobar pneumonia
Complications of ( <u>surgery</u> ) due to ( <u>natural disease</u> ) - <i>Needs to be reported to ME-C for investigation or release #.</i>

***This list should only be used as a reference tool and is not all-encompassing. Additional conditions, symptoms, and causes may exist that will be queried. Consult also the California Department of Health Services Birth and Death Registration Handbook.***

**\*These county requirements exceed and supersede the minimal state requisite.**