

Death Investigation

327.1 PURPOSE AND SCOPE

Best Practice **MODIFIED**

The investigations of cases involving death include those ranging from natural cause to homicide, including all deaths that occur at a DSH facility. Some causes of death may not be readily apparent and some cases differ substantially from what they appeared to be initially. The thoroughness of death investigations cannot be emphasized enough. For death investigations involving DSH patients, employees are required to follow DSH protocols identified in Policy Directive 8004 (Death First Response and Investigation). In addition, the Hospital Police Chief shall notify the Chief of Law enforcement.

327.2 INVESTIGATION CONSIDERATIONS

Best Practice **MODIFIED**

All death investigation cases require certain actions be taken. The Hospital Police Chief, through the chain of command, shall be notified in all death investigations.

327.2.1 FIRST RESPONDER RESPONSIBILITIES

Agency Content

For deaths occurring at a Developmental Center (DC) or Community Facility (CF), the officer responding to a client's death shall upon arrival to the death scene, secure the scene and take temporary custody of the medical charts. The officer shall insure that appropriate notations of the time of death have been made by drawing a line and writing post-death, signing their name and date. These notations will be made in the following sections of the decedents chart:

- (a) Interdisciplinary notes
- (b) Physician's orders
- (c) Physician progress note

Once this has been completed, if requested, clinical staff may document in the chart after the post-death line for two hours. The chart shall be booked into evidence after the clinical staff have had the opportunity to document in the patient's medical records.

327.2.2 CORONER REQUEST

State **MODIFIED**

Government Code section 27491 and Health and Safety Code § 102850 direct the Coroner to inquire into and determine the circumstances, manner and cause of certain deaths. The Coroner shall be called in any of the following cases involving a death at a DSH facility:

- (a) All deaths of state hospital patients.
- (b) Deaths where the deceased has not been attended by either a physician or a registered nurse, who is a member of a hospice care interdisciplinary team, as defined in Health and Safety Code section 1746(g) in the 20 days prior to death.

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- (c) Physician unable to state the cause of death. Unwillingness does not apply. Includes all sudden, unexpected and unusual deaths and fetal deaths when the underlying cause is unknown.
- (d) Known or suspected homicide.
- (e) Known or suspected suicide.
- (f) Involving any criminal action or suspicion of a criminal act. Includes child and dependent adult negligence and abuse.
- (g) Related to or following known or suspected self-induced or criminal abortion.
- (h) Associated with a known or alleged rape or crime against nature.
- (i) Following an accident or injury (primary or contributory). Deaths known or suspected as resulting (in whole or in part) from or related to accident or injury, either old or recent.
- (j) Drowning, fire, hanging, gunshot, stabbing, cutting, starvation, exposure, alcoholism, drug addiction, strangulation or aspiration.
- (k) Accidental poisoning (food, chemical, drug, therapeutic agents).
- (l) Occupational diseases or occupational hazards.
- (m) Known or suspected contagious disease and constituting a public hazard.
- (n) All deaths in operating rooms and all deaths where a patient has not fully recovered from an anesthetic, whether in surgery, recovery room or elsewhere.
- (o) All deaths of unidentified persons.
- (p) Unattended deaths (No physician in attendance or during the continued absence of the attending physician. Also, includes all deaths outside hospitals and nursing care facilities).
- (q) Suspected Sudden Infant Death Syndrome (SIDS) deaths.
- (r) All deaths where the patient is comatose throughout the period of the physician's attendance. Includes patients admitted to hospitals unresponsive and expire without regaining consciousness.

The body shall not be disturbed or moved from the position or place of death without permission of the coroner.

For death investigations involving DSH patients, employees are required to follow DSH protocols identified in Policy Directive 8004 (Death First Response and Investigation). In addition, the Hospital Police Chief shall notify the Chief of Law enforcement.

The following protocols apply to non-patient deaths.

327.2.3 SEARCHING DEAD BODIES

State **MODIFIED**

The Coroner or Deputy Coroner is generally the only person permitted to search a body known to be dead from any of the circumstances set forth in Government Code section 27491. The only exception is that an officer is permitted to search the body of a person killed in a traffic collision for

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the limited purpose of locating an anatomical donor card (Gov. Code § 27491.3). If such a donor card is located, the Coroner or a designee shall be promptly notified. Should exigent circumstances indicate to an officer that any search of a known dead body is warranted prior to the arrival of the Coroner or a designee; the investigating officer shall first obtain verbal consent from the Coroner or a designee (Gov. Code § 27491.2).

Whenever possible, a witness, preferably a relative to the deceased or a member of the household, should be requested to remain at the scene with the officer pending the arrival of the Coroner or a designee. The name and address of this person shall be included in the narrative of the death report. Whenever personal effects are removed from the body of the deceased by the Coroner or a designee, a receipt shall be obtained. This receipt shall be attached to the death report.

327.2.4 DEATH NOTIFICATION

Best Practice **MODIFIED**

When practical, and if not handled by the Coroner's Office, notification to the next-of-kin of the deceased person shall be made, in person, by the officer assigned to the incident. If the next-of-kin lives in another jurisdiction, a law enforcement official from that jurisdiction shall be requested to make the personal notification. If the relatives live outside this county, the Coroner may be requested to make the notification. The Coroner needs to know if notification has been made. Assigned detectives may need to talk to the next-of-kin.

If the decedent is a patient, and authorization to notify the family is on file, the physician or social worker will immediately begin the notification process to notify family or next of kin. If permission to notify the family is not on file, immediately request the coroner to make the appropriate notifications.

327.2.5 UNIDENTIFIED DEAD BODIES

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If the identity of a dead body cannot be established after the Coroner arrives, the Coroner's office will issue a "John Doe" or "Jane Doe" number for the report.

327.2.6 DEATH INVESTIGATION REPORTING

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All incidents involving a death shall be documented on the appropriate form.

327.2.7 SUSPECTED HOMICIDE

Best Practice **MODIFIED**

If the initially assigned officer suspects that the death involves a homicide or other suspicious circumstances, Investigations shall be notified to determine the possible need for a detective to respond to the scene for further immediate investigation.

327.2.8 EMPLOYMENT RELATED DEATHS OR INJURIES

State **MODIFIED**

California Department of State Hospitals

Policy Manual

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In consultation with the Facility Health and Safety Department, the Hospital Police Chief or designee shall ensure that the nearest office of Cal-OSHA is notified by telephone or teletype when an employee dies at the worksite.