**SECTION 3: REPORTING DEATHS**

**3a. GENERAL REPORTING**

When any person comes to a sudden, unexpected death or is found dead and the cause of death is unknown, anyone who becomes aware of the death shall report it immediately to the coroner. The Coroner’s Office shall then view and take legal custody of the body. It is unlawful to willfully and without good cause neglect or refuse to report a death to the coroner or to law enforcement authorities or to willfully and unnecessarily touch, remove or disturb any dead body. The coroner’s mission is to satisfy the legal requirements of the office in an expeditious manner to determine the cause and manner of death of persons who have died. Those deaths to be reported to the Union County Coroner’s Office include all deaths occurring in Union County as outlined below regardless of where or when the initial injuring event occurred;

1. Any death known or suspected to have been caused by apparent criminal violence, i.e., all homicides.
2. All deaths resulting from a motor vehicle collision.
3. All deaths resulting from self-inflicted violence or self-inflicted poisoning or intoxication (accidental or intentional).
4. All unexpected and unexplained deaths of infants and children.
5. All deaths associated with police action.
6. All deaths of individuals in custody of a local, state, or federal institution.
7. All deaths that occur at work, even if they appear to be natural.
8. All deaths possibly caused by electrocution.
9. All deaths that may have resulted from intoxication by alcohol, drugs, poisons.
10. All deaths caused by drowning.
11. If the body is skeletonized. (The investigator must consult with the on-call Medical Examiner prior to excavation/removal of skeletonized remains.)
12. If the body is burned or charred.
13. All deaths in which identification is required:
    1. Severe head or facial trauma
    2. Thermal injury
    3. Decomposition
    4. Deaths involving an incident with two or more individuals of the same sex, race, and approximately the same age, even in the absence of facial trauma.
14. Sudden deaths in individuals without a clear cause or a clear history of natural disease.
15. Deaths that may have resulted from therapeutic complications (accidental deaths) of medical treatment. This does not include death resulting from known complications of therapeutic procedures.
16. If the investigator deems a forensic autopsy is necessary to determine the cause or manner of death.

**Procedure for Reporting Death**

No matter what the situation might be, personnel from the Union County Coroner’s Office are always available to respond to a call or be accessible for a family that has a question or needs help. To notify the Union County Coroner’s Office of a death, the Coroner Investigator can be reached at 937-645-4145. The Union County Coroner’s Office will respond, either by phone or to the scene and decide if the death warrants further investigation. If the Coroner’s Office decides to accept jurisdiction in the case, the Coroner’s Office will take custody of the body.

The Union County Coroner Office shall accept notification from any person who has become aware of a death that might fall under the jurisdiction of the Office. The investigator shall notify the proper law enforcement agency and start a preliminary investigation from the information that was reported. The Union County Coroner Office shall investigate the circumstances surrounding any death believed to have occurred in the county.

If a death reported to the Union County Coroner Office fails to meet the criteria, jurisdiction may be declined. When jurisdiction is declined, the investigator will document this as part of the case file. In all cases reported to the office, regardless of whether jurisdiction is declined or accepted, the name, date of death and the investigators name, and any associated documentation will be recorded and retained as part of the case file.

**3b: HOSPITAL DEATHS**

**General**

Hospital deaths cover all sections of the hospital, emergency department, surgery, and general patient rooms.

A nonviolent death after hospital admission is usually not a Coroner’s case. (See ***Reporting Criteria*** below.) If the probable cause of death can be derived from clinical examination, and if the cause of death is clearly natural, a Coroner’s Investigation is unnecessary. However, all deaths following injury or where death apparently occurred as the result of an accident, error or where equipment, medication or other supplies were faulty must be reported. Generally, most coroners would request they be contacted if the death occurred within 24 hrs. of admission.

If a person dies in a hospital and no next of kin can be identified or located by the hospital staff, the Union County Coroner’s Office will assist in the next of kin notification. If next of kin cannot be located, they will handle the disposition of the body and property of the deceased.

**Emergency Room Deaths**

When a death occurs in an Emergency Department, no strict requirement exists that it be reported to the Coroner’s Office. Clearly, if any reporting criteria are present (see **Reporting Criteria** below) the death must be reported for investigation by the Union County Coroner’s Office however most coroners request to be notified. If a firm clinical diagnosis has been established while the victim was in the emergency department and no reporting criteria are present, the attending licensed physician may certify the death.

**Operating Room Deaths**

All deaths that occur in the operating room, whether due to surgical or anesthetic procedures, are reportable to the Union County Coroner’s Office. The Coroner Investigator will make the decision to assume jurisdiction of the death based on medical history of the patient, the risk associated with the surgery and the general health of the patient. If a patient is in surgery because of trauma or injury and dies while undergoing surgery, the death must be reported and investigated.

**Reporting Criteria**

The Union County Coroner’s Office shall investigate all hospital deaths with the following criteria:

1. from disease, which may be hazardous or contagious or which may constitute a threat to the health of the public

2. from external violence (trauma), an unexplained cause or suspicious circumstances

1. Trauma can be as simple as a fall to the more profound (e.g., fractures)
2. Elapsed time from occurrence of trauma may be from immediate too years

3. Where attending physician is unable to certify the cause of death

4. from thermal, chemical or radiation injury

5. from criminal abortion

6. While in the custody of law enforcement or while incarcerated in a public institution

7. When the death was, sudden and happened to a person who was in good health

8. From an industrial accident or any death suspected to be involved with decedent’s occupation

9. When death occurs less than 24 hours after admission

10. When a death occurs after any invasive procedure. For example:

a. Where the procedure being performed is considered by others in the profession to be of relatively low risk and the patient dies unexpectedly

b. Where the death of the patient occurs during the performance of a procedure or during the immediate postoperative period and the patient’s condition was not to be life threatening prior to the initiation of the procedure

11. Any death suspected to be due to alcohol intoxication or the result of exposure to drugs or toxic agents

12. Any death due to neglect or suspected neglect

13. Any stillbirth of 20 or more week’s gestational age unattended by a physician

14. Any maternal death to include death of a pregnant woman regardless of the length of the pregnancy, and up to six weeks (or one year) post-delivery, even where the cause of death is unrelated to the pregnancy

15. Any death of an infant or child where the medical history has not established a significant pre-existing condition

16. All children under the age of two

When a death occurs that meets any of the above criteria, an agent of the hospital shall immediately notify the Union County Coroner’s Office and report the death. The Coroner Investigator shall determine if an on - scene investigation is warranted or whether the decedent can be released with only a phone-in report.

***SPECIAL NOTE:*** If a hospital agent calls to report a death, but the death does not meet any of the reporting criteria noted above, the Coroner Investigator shall treat the death as reportable, perform the necessary investigation and submit the usual and customary reports with supporting documents (medical history, etc.). The Coroner Investigator shall inform the hospital agent that this death did not meet the criteria as a reportable death and deaths like the one reported do not need to be reported in the future.

When reporting a death, the hospital agent should be prepared to telephonically provide the following:

1. Basic decedent demographics Name, Gender, Address, DOB, Ethnicity

2. Next of kin information

3. Decedent’s pertinent medical history

4. Reason for decedent’s admission to hospital and working diagnosis

5. Timeline of admission, treatment and death

6. Summary of treatment

7. Summary of terminal episode

8. Name of physician that pronounced death

9. Time physician pronounced death

10. Name of primary care physician (not hospital physician)

11. Funeral home designation

Should the Coroner Investigator determine a scene investigation is indicated, information listed above shall be made available to the Coroner Investigator at the hospital.

**Coroner’s Office Notification Procedure**

When a patient has been pronounced dead and one or more of the above **Reporting Criteria** has been met, the

Coroner’s Office shall be notified.

1. Notify the Coroner’s Office using the phone number of 937-645-4145.

2. A Coroner Investigator will respond to the notification initially by a telephone.

3. When the Coroner Investigator calls, please have information noted above available.

4. Based on the history received, the Coroner Investigator will advise if family will be permitted to view the decedent prior to the arrival Coroner Investigator.

After pronouncement of death nothing is to be removed from or placed on the decedent.

1. Do not clean the decedent.
2. Do not remove any medical devices such as endotracheal tube, gastric tube, IV’s, catheters, chest tubes, etc.
3. Do not remove any clothing or jewelry.
4. All clothing and personal effects removed during treatment should be placed in a bag and the bag should be placed with the decedent.
5. Do not place anything on the decedent. A clean sheet may be used to cover the decedent.

After pronouncement of death, access to the decedent should be restricted.

1. No one should enter the room to view the decedent and/ or any injuries prior to the Coroner Investigator authorizing the viewing. This restriction includes family, friends, medical personnel, law enforcement and fire department personnel.
2. In the event law enforcement feels an immediate viewing of the decedent is required, they shall call the Union County Coroner’s Office at (937) 645-4145 and confer with the on-duty Coroner Investigator. If a viewing is granted prior to the arrival of the Coroner Investigator, the law enforcement official shall not touch or otherwise disturb any artifact on the body.

***\*If the hospital agent is not certain whether a death is reportable, a telephonic consultation shall be made with the Coroner Investigator. Always error on the side of reporting.***

**3c: HOSPICE DEATHS**

**General**

A nonviolent death after hospice admission is usually not a Coroner’s case. (See ***Reporting Criteria*** below.) If the probable cause of death can be derived from clinical examination, and if the cause of death is clearly natural, a Coroner’s Investigation is unnecessary. However, all deaths following injury or where death apparently occurred as the result of an accident, error or where equipment, medication or other supplies were faulty must be reported.

If a person dies in a hospice setting and no next of kin can be identified or located by the hospice staff, the Union County Coroner’s Office will assume jurisdiction and attempt to locate next of kin. If next of kin cannot be located, the municipality or township will handle the disposition of the body and property of the deceased.

**Reporting Criteria**

The Union County Coroner’s Office shall investigate only hospice deaths with the following criteria (NOTE: These are general criteria and not all apply to hospice patients):

1. From disease, which may be hazardous or contagious or which may constitute a threat to the health of the public.
2. From external violence (trauma), an unexplained cause or suspicious circumstances
   1. Trauma can be as simple as a fall to the more profound
   2. Elapsed time from occurrence of trauma may be from immediate to years
3. When death occurs less than 24 hours after admission
4. Any death due to neglect or suspected neglect

***SPECIAL NOTE*:** If a hospice agent calls to report a death, but the death does not meet any of the reporting criteria noted above, the Coroner Investigator shall treat the death as reportable, perform the necessary investigation and submit the usual and customary reports with supporting documents (medical history, etc.). The Coroner Investigator shall inform the hospice agent that this death did not meet the criteria as a reportable death and deaths like the one reported do not need to be reported in the future.

When a death occurs that meets any of the above criteria, an agent of the hospice agency shall immediately notify the Union County Coroner’s Office and report the death. The Coroner Investigator shall determine if an on - scene investigation is warranted or whether the decedent can be released or whether the decedent can be released with only a phone-in report.

When reporting a death, the hospice agent should be prepared to telephonically provide the following:

1. Basic decedent demographics Name, Gender, Address, DOB, Ethnicity

2. Next of kin information

3. Decedent’s pertinent medical history

4. Reason for decedent’s admission to hospice and working diagnosis

5. Time line of admission, treatment and death

6. Summary of treatment

7. Summary of terminal episode

8. Name of physician that pronounced death

9. Time physician pronounced death

10. Name of primary care physician if any

11. Funeral home designation

Should the Coroner Investigator determine a scene investigation is indicated, information listed above shall be made available to the Coroner Investigator at the scene of death.

**Coroner’s Office Notification Procedure**

When a patient has been pronounced dead and one or more of the above ***Reporting Criteria*** has been met, the Coroner’s Office shall be notified.

1. Notify the Coroner’s Office using the phone number of 937-645-4145.

2. A Coroner Investigator will respond to the notification initially by a telephone.

3. When the Coroner Investigator calls, please have information noted above available.

4. Based on the history received, the Coroner Investigator will advise if family will be permitted to view the decedent prior to the arrival Coroner Investigator.

After pronouncement of death nothing is to be removed from or placed on the decedent.

1. Do not clean the decedent.

2. Do not remove any medical devices such as endotracheal tube, gastric tube, IV’s, catheters, chest tubes,

Etc.

3. Do not remove any clothing or jewelry.

4. All clothing and personal effects removed during treatment should be placed in a bag and the bag should be placed with the decedent.

5. Do not place anything on the decedent. A clean sheet may be used to cover the decedent.

***\*If the hospice agent is not certain whether a death is reportable, a telephonic consultation shall be made with the Coroner Investigator.***

**Hospice Death where 9-1-1 was Called Instead of the Appropriate Hospice Agency**

Hospice agencies who have patients in bona fide ***HOSPICE CARE*** are to advise their patients and families that, in the event of death, families or other caregivers are NOT to call 9-1-1, but rather that agency. In the event the family inadvertently calls 9-1-1, the case will be investigated as a standard Coroner’s Case. Hospice personnel who may ultimately be contacted and who may respond to the scene and arrive prior to the Coroner Investigator are not to disturb the scene in any way. Once the Coroner Investigator has completed the investigation and agrees to release the decedent, jurisdiction will be transferred to the hospice agency.

**3d: NURSING HOME DEATHS**

**General**

*NOTE:* This section applies to Nursing Homes where medical direction is present or if a decedent has a physician in “attendance”. This section does not apply to senior citizen communities, assisted living centers and the like. Deaths in those facilities shall be considered “unattended deaths” and as such shall be reportable.

A nonviolent death after nursing home admission is usually not a Coroner’s case. (See ***Reporting Criteria*** below.) If the probable cause of death can be derived from clinical examination, and if the cause of death is clearly natural, a Coroner’s Investigation is unnecessary. However, all deaths following injury or where death apparently occurred as the result of an accident, error or where equipment, medication or other supplies were faulty must be reported.

If a person dies in a nursing home setting and no next of kin can be identified or located by the nursing home staff, the Union County Coroner’s Office may offer direction to the nursing home. The coroner’s office may offer the use of the morgue facilities.

**Reporting Criteria**

The Union County Coroner’s Office shall investigate all nursing home deaths with the following criteria (NOTE: These are general criteria and not all apply to nursing home patients):

1. From disease, which may be hazardous or contagious or which may constitute a threat to the health of the public.
2. From external violence (trauma), an unexplained cause or suspicious circumstances
   1. Trauma can be as simple as a fall to the more profound
   2. Elapsed time from occurrence of trauma may be from immediate to years and can be self-inflicted, accidental or a form of violence
3. When death occurs less than 24 hours after admission
4. When a death occurs after any invasive procedure. For example:
   1. Where the procedure being performed is considered by others in the profession to be of relatively low risk and the patient dies unexpectedly
   2. Where the death of the patient occurs during the performance of a procedure or during the immediate postoperative period and the patient’s condition was not to be life threatening prior to the initiation of the procedure
5. Any death suspected to be due to alcohol intoxication or the result of exposure to drugs or toxic agents
6. Any death due to neglect or suspected neglect

When a death occurs that meets any of the above criteria, an agent of the nursing home shall immediately notify the Union County Coroner’s Office and report the death. The coroner’s office shall determine if an on - scene investigation is warranted or whether the decedent can be released or whether the decedent can be released with only a phone-in report.

***SPECIAL NOTE:*** If a nursing home agent calls to report a death, but the death does not meet any of the reporting criteria noted above, the Coroner Investigator shall treat the death as reportable, perform the necessary investigation and submit the usual and customary reports with supporting documents (medical history, etc.). The Coroner Investigator shall inform the nursing home agent that this death did not meet the criteria as a reportable death and deaths like the one reported do not need to be reported in the future.

When reporting a death, the nursing home agent should be prepared to provide the following:

1. Basic decedent demographics Name, Gender, Address, DOB, Ethnicity

2. Next of kin information

3. Decedent’s pertinent medical history

4. Reason for decedent’s admission to the nursing home and working diagnosis

5. Time line of admission, treatment and death

6. Summary of treatment

7. Summary of terminal episode

8. Name of physician that pronounced death

9. Time physician pronounced death

10. Name of primary care physician if any

11. Funeral home designation

Should the Coroner Investigator determine a scene investigation is indicated, information listed above shall be made available to the Coroner Investigator at the nursing home.

**\**If the nursing home agent is not certain whether a death is reportable, a telephonic consultation shall be made with the Coroner Investigator.***

**3e: EMERGENCY MEDICAL SERVICES AT OBVIOUS DEATH SCENES**

**General**

Emergency Medical Service (EMS) agencies in Union County are requested to adopt the following Standard Operating Guide regarding obvious death scenes in Union County. This Standard Operating Guide, in no way, is meant to interfere with life-saving measures implemented by EMS personnel and applies to obviously dead individuals only.

**Death Scenes Considered Homicide Scenes**

All death scenes are considered homicide scenes until proven otherwise. Therefore, great care must be applied when operating in these scenes. However, EMS agencies should adopt a reasonable Dead-On-Scene protocol that limits introducing any possible artifact into an obvious-death scene and limits the number of personnel entering an obvious-death scene. Placing defibrillator pads or EKG electrodes on an obviously dead body is one such way a scene can be disturbed.

**Suggested Dead-On-Scene Protocol**

The following is a suggested Dead-On-Scene protocol (in bold italics):

***Dead at Scene***

***Upon arrival at a scene in which the patient is obviously dead and resuscitation efforts would be to no avail, resuscitation efforts of any kind may be withheld on the decedent and usually no cardiac monitoring is required. The following criteria should be used to determine obvious death:***

* + ***Presence of rigor mortis***
  + ***Presence of livor mortis***
  + ***Obvious external exsanguination***
  + ***Decapitation***
  + ***Decomposition***
  + ***Visible brain contents***
  + ***Blunt traumatic arrests (after consideration of potentially reversible causes)***
  + ***Penetrating traumatic arrests with a transport time of more than ten minutes***
  + ***Sustained time down prior to arrival without CPR in progress with presenting rhythm of Asystole in warm adults***

***Note: Hypothermic arrests, near-drowning events and most medical pediatric arrests deserve full resuscitative attempts. CONTACT THE EMERGENCY DEPARTMENT PHYSICIAN for direction.***

**Ems Not to Search the Decedent**

When EMS personnel arrive on scene and find it’s an obvious death by applying the suggested Dead -On-Scene protocol, they are to not touch, add anything to, search, move or remove anything from or in the decedent, except for any trash produced by any EMS intervention. All interventions shall be left in place. The Coroner Investigator shall conduct all searches of the decedent and obtain any identification that may be present on the body. If EMS personnel cannot establish the identity of the deceased for their records, they may request information from the responding Coroner Investigator. That information will be provided promptly.

**3f: LAW ENFORCEMENT AT OBVIOUS DEATH SCENES**

**O N 1**

**General**

Law enforcement agencies in Union County are requested to adhere to the following Standard Operating Guide regarding obvious death scenes in Union County. This Standard Operating Guide, in no way, is meant to interfere with the timely and thorough investigation of any death scene by law enforcement.

A law enforcement protocol entitled ***Suspicious Death Protocol*** has been developed by the Union County Coroner’s Office and agreed to by most law enforcement agencies.

**Death Scenes Considered Homicide Scenes**

All death scenes are considered homicide scenes until proven otherwise. Therefore, great care must be applied when operating in these scenes.

**Law Enforcement Not to Search the Decedent**

When law enforcement personnel arrive on scene and find it’s an obvious death, they are not to touch, add anything to, search, move or remove anything from or in the decedent. The only exception shall be any weapon that must be secured to render the scene safe. If a weapon is in danger of falling and may discharge or the decedents finger is on the trigger it should be rendered safe. If appropriate it should be photographed before making it safe. If the weapon is in no danger of discharging it should be left in place so the scene can be photographed, and the coroner investigator can observe the scene untouched.