

SECTION 5 - GUIDELINES FOR DEATH INVESTIGATION

ESTABLISHING CORONER JURISDICTION

If a death meets the criteria for a reportable case. The Coroner may establish jurisdiction. The Coroner will direct the extent of their jurisdiction based on the type, circumstances, and location of death and the protocols established for their county

JURISDICTION DECLINED

It is the Coroner's decision whether to accept or decline jurisdiction of a death and proceed with an investigation.

Jurisdiction declined cases may be defined as:

- Deaths that are reported to the C/DC but do not meet the criteria for coroner jurisdiction set forth as stated in reportable cases and
- the C/DC declines to pursue the case any further and relinquishes death certification to another physician.

Cursory Documentation of the case is still required if case is decline.

JURISDICTION ACCEPTED

If the C/DC pursues additional investigation, such as going to the scene or reviewing medical records, even if another physician will certify the death, or certifies the death certificate it should not be considered a Jurisdiction Declined case.

All deaths reported to the Coroner should be recorded on a ROD whether jurisdiction for the death was accepted or declined. The report should be maintained by the SCCO.

The coroner's investigation of a death must be autonomous and independent from law enforcement's investigation.

Although independent, the coroner and on-scene law enforcement must work together with the common goal that all cases are investigated consistently and evidence is appropriately collected with the surety that it can be used in a criminal investigation if applicable.

In lieu of the medical examiner attending every death scene, the medicolegal death investigator (MDI) or Coroner, who serve as the eyes and ears of the medical examiner, can perform on-scene death investigations for deaths that fall under the jurisdiction of the Coroner.

Deaths that are reportable to the coroner include but are not limited to:

1. Death resulting from violence or trauma of any type;
2. Sudden death when in apparent good health;
3. Sudden unexpected death of infants and children;
4. Deaths of prisoners or persons in state custody;
5. Deaths on the job or related to employment;
6. Deaths believed to represent a threat to public health;
7. Deaths where neglect or abuse of extended care residents are suspected or confirmed
8. Deaths where the identity of the person is unknown or unclear;
9. Deaths where there is suspicious/unusual/unnatural circumstances;
10. Deaths that occur at any weeks' gestation without medical attendance or immediately after the delivery, or when inquiry is required as in the case of maternal trauma that led to the death;
11. Deaths where the fetus is 350 grams or more;
12. Where the body is to be cremated.

For cases requiring an autopsy - C/DC Shall Obtain:

1. Medical Records
2. EMS Records/Run Reports
3. LEA I/O Report
4. Scene Investigation

DETERMINING WHEN TO REQUEST AN AUTOPSY

There are deaths in which an autopsy must be performed so that we provide a minimum service and meets national standards.

A full autopsy is always performed in the following cases: (see above requirements)

- All cases of homicide or suspected homicide must be autopsied, including apparent “accidental” shootings. This includes homicide victims that may have lived for days, weeks, months, or years prior to succumbing to the injuries.
- All cases in which the manner of death is listed as “Could not be determined” must have an autopsy. Note that this refers to *manner* of death rather than *cause* of death. The cause of death is the anatomic abnormality which initiated the events which eventually led to death; the manner of death is the circumstances under which that abnormality occurred.
- All child and infant deaths in which there is no previously known diagnosis to reasonably account for death must be autopsied. Child abuse or neglect may also be difficult to detect and document without a complete autopsy. Chronically ill or special needs children are at higher risk for physical abuse or neglect, and may have a combination of natural disease and physical injury which can only be adequately documented and determined through autopsy.
- All deaths in prison, jail or correctional institution or police custody, or involving police intervention, in the presence or suspicion of injury must have an autopsy, unless under doctors care in the institution.
- Suicides where the circumstances are not clear and questions are pending.
- All cases that involving drivers of a motor vehicle crash that result in a death, unless it is a single motor vehicle accident.
- Deaths of celebrities or high-profile persons: The autopsy serves a public health purpose, and many questions or speculations arising after the death has occurred can be addressed if an autopsy has been performed.
- Deaths where extensive property damage occurs, both public and private
- Deaths related to electrical/electrocution and lightning-related deaths, because the circumstances are often not straightforward, and because the external physical signs are very subtle or even undetectable.
- Burn victims or victims of smoke inhalation who are unidentified or who die at the scene of the fire should be autopsied.
- When questions arise as to identification of the decedent

- Deaths related to exposure, such as hypothermia and hyperthermia
- Deaths resulting from a natural disaster or mass casualty
- Deaths from helicopters and airplanes
- Deaths involving military personnel on duty
- Persons who die in their workplace from obvious injury should be autopsied. Many legal questions may arise as a result of such a death on the job, and deaths at the workplace or related to employment clearly fall under coroner jurisdiction. These cases should always be reported to Alabama Occupational Safety and Health Administration
- Deaths due to a possible public health hazard, such as meningitis, when the disease has not been confirmed, should be autopsied.
- Deaths that may be related to failure of a consumer product should be autopsied, and if confirmed, a report made to the U.S. Consumer Product Safety Commission (800-638-2772; www.cpsc.gov).

PARTIAL AUTOPSY REQUESTS

Partial autopsies may be requested by the C/DC.

Cases include:

- Suicides that occur from a gun shot wounds to the head
- Religious objection - must be approved by the Medical Examiner
- Non-homicidal trauma cases with prolonged hospital course and well documented diagnosed disease/injury/circumstance to cause death
- Valid safety concerns for autopsy personnel
- Thermal injuries documented by hospital; non-suspicious/controversial circumstances

The majority of deaths in any community are natural, and most deaths reported to and accepted for investigation by the coroner are due to natural causes. In cases where there is sufficient documentation of natural disease, an autopsy may not be needed.

In most cases the death of a person of advanced age of apparent natural causes, with or without a known medical history and when non-natural factors have been ruled out, does not warrant an autopsy.

An external examination and toxicology is usually sufficient. The cause of death in these instances usually may be certified as atherosclerotic cardiovascular disease. This designation is intended to include deaths from atherosclerosis, coronary artery disease, ischemic cardiomyopathy, peripheral vascular disease, cerebrovascular accidents, ruptured aneurysms, and aortic or other vessel dissections.

Although a complete autopsy might better define the specific nature of the immediate cause of death than history and external examination alone in such cases, determining the precise mechanism of death is not adequate justification for the expenditure of public funds to perform a forensic autopsy.

AUTHORIZING AN AUTOPSY

When the C/DC decides to order an autopsy, the C/DC or Law Enforcement investigator shall notify the district attorney and ADFS.

Shelby County Coroners Office has a standing authorization for any autopsy referred to DFS>

AUTOPSY REPORTS

When available on the DFS ESR Portal : The Autopsy and/or Toxicology report shall be downloaded into the decedents case file.

The LEA supporting the case shall be notified that the case has been completed.

The Autopsy and/or Toxicology reports shall not be altered or changed by anyone other than the reporting forensic pathologist.