

**OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
DEPARTMENT OF EMERGENCY MEDICINE
POLICY & PROCEDURE**

**NUMBER: 3255
VERSION: 2**

SUBJECT/TITLE: CORONER'S CASE

POLICY: Coroners Case Guidelines

PURPOSE: To describe guidelines of Coroner's Case.

DEPARTMENTS: DEPARTMENT OF EMERGENCY MEDICINE (DEM)

DEFINITIONS: To delineate the guidelines of Coroner's Cases.

PROCEDURE: The Coroner's Office must be notified in order that the cause of death can be determined in the following circumstances:

1. All violent, sudden or unusual deaths.
2. Unattended deaths.
3. Deaths wherein the deceased had 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.
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.

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11. Deaths in prison or while under sentence.
12. Deaths of patients in state mental hospitals serving the mentally and developmentally disabled and operated by the State Department of Mental Health and Development Services.
13. Death known or suspected as due to contagious disease and constituting a public hazard.
14. Deaths from occupational diseases or occupational hazards.
15. 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.

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 Coroner for a decision. These include, but are not limited to the following:

1. Persons dying in the hospital not medically attended by a physician within the past 24-hours from 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 from an anesthetic should be reported. These are not all 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 Chief Medical Examiner – Coroner for a decision. This will help protect involved physicians in case of possible malpractice litigation.
3. All deaths in which the patient is comatose on arrival and remains so throughout his hospital care unless the cause of the coma has been definitely established as due to a natural disease.
4. All deaths of unidentified persons.
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 regardless of the time interval between the injury and death.

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CASE HANDLING

In deaths known or suspected as coming under the jurisdiction of the Coroner, all diagnostic or therapeutic apparatus on or in the body at the time of death **must not** be disturbed or removed from the body prior to the arrival of the Coroner or his Investigator or without his permission.

1. Remains shall be refrigerated as soon as possible, if refrigeration is available, following permission by the coroner's office.
2. Do not clean the body or clothing after death.
3. All the clothing of the deceased should accompany the body.
4. Clothing on homicide or suspected homicide victims shall not be destroyed. It shall be release to the Coroner or with the Coroner's consent to the investigating policy agency.
5. Casts, splints, bandages, etc., that are on the person at death, shall be left intact.
6. IV needles, tracheal tubes, airways, drainage tubes and any other resuscitation implement used that is on the person at death, shall remain intact on the body. Therapeutic paraphernalia will be returned to the hospital upon request.
7. If possible, vital blood specimens, urine and other specimens should be saved on all patients who are classified in critical condition if their death would result in jurisdiction of the Chief Medical Examiner - Coroner.
8. If the family wishes to view the body before removal this is permissible provided the body is not cleaned or otherwise disturbed. In cases where there is potential criminal investigation, viewing should be strongly discouraged.
9. If the family has not been notified of the death by the time the Medical Examiner Investigator arrives to remove the body, the Investigator should be made aware of this so that notification efforts can be coordinated.

DEAD ON ARRIVAL (DOA) PROCEDURES

In all Coroners' Cases that are DOA or that are not admitted, the following procedure must be adhered to:

1. The next-of-kin should be notified, if present at the hospital. Personal

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effects are not to be released to anyone. They can only be released by the Chief Medical Examiner – Coroner's Office. Should the next-of-kin leave prior to Coroner's arrival, obtain a telephone number where they can be reached.

2. Clothing shall not be disturbed in any manner, and the remains shall not be searched. Exception; traffic accident victims may be searched for a "Donor Card" by law enforcement personnel. Should it be necessary for investigating agencies to search the remains for any other reasons, they must request permission to search the remains from the Senior Coroner Investigator on duty at (323) 343-0711.
3. In the event of congestion to the emergency room, a secured or locked room must be used to store DOA victims until the arrival of the Coroner. Permission to refrigerate or remove victim from the ER must be obtained by the Coroner's Office.
4. The Coroner's representative will make a thorough search, in the presence of witnesses, who will be given a receipt for all properties found on the remains.

NOTIFICATION TO CORONER'S OFFICE:

All cases known or suspected as coming under the jurisdiction of the Coroner should be reported immediately by the Nursing Personnel to (323) 343-0711. A coroner's identification number will be obtained and entered on the DEM record and the Coroner's case report form #18. This number will be documented on all identification tags attached to the body and personal effects of the victim along with the control number obtained from the Nurse Administrator.

Death Certificates in Coroner's cases will be completed by the L.A. County Coroner's Office and need not be initiated by the DEM.

Additional information and forms needing completion following patient's death – see "Death in the Emergency Department," DEM Policy and Procedures Manual.

The following list of telephone numbers might be helpful:

To report a case	(313) 343-0711
For information concerning autopsy protocols	(323) 343-0711
Chief Forensic Medicine Division	(323) 343-0715
Administrative Matters	(323) 343-0784
Investigations Division	(323) 343-0714
Requests to be present at autopsy	(323) 343-0711
Notification and identification	(323) 343-0711

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References:	
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