

**OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE**

**NUMBER: 105
VERSION: 2**

SUBJECT/TITLE: CORONER NOTIFICATION

POLICY: A physician or Licensed Independent Practitioner shall immediately notify the coroner when he or she has knowledge of a death, which may have resulted from unnatural causes.

PURPOSE: To ensure coroner notification when a death has occurred under certain specified circumstances in compliance with government Code Section 27491; Health and Safety Code Section 102850.

DEPARTMENTS: All

DEFINITIONS:

PROCEDURE:

- A. The Coroner shall be notified under all of the following circumstances of death:
 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. Deaths 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 to be resulting, in whole or in part, from or related to accident or injury, either old or recent.
 7. Death due to:
 - a. drowning
 - b. fire
 - c. hanging
 - d. gunshot
 - e. stabbing
 - f. cutting
 - g. exposure

SUBJECT/TITLE: CORONER NOTIFICATION

Policy Number: 105

Page Number: 2

- h. starvation
 - i. acute alcoholism
 - j. drug addiction
 - k. strangulation
 - l. aspiration
 - m. where the suspected cause of death is sudden infant death syndrome
- 8. Death in whole or in part occasioned by criminal means.
 - 9. Deaths associated with a known or alleged rape or crime against nature.
 - 10. Deaths in prison or while under sentence.
 - 11. Deaths known or suspected as due to contagious disease and constituting a public health hazard. The following reportable diseases shall be coroner's cases:
 - a. Botulism
 - b. Food or Metal Poisoning
 - c. Rabies
 - d. Tetanus
 - 12. Deaths from occupational diseases or occupational hazard.
 - 13. Deaths of patients in state mental hospitals serving the mentally disabled and operated by the State Department of Mental Health.
 - 14. Deaths of patients in state hospitals serving the developmentally disabled and operated by the State Department of Development Services.
 - 15. Deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another.
 - 16. Any deaths reported by physicians or other persons having knowledge of death for inquiry by coroner. Inquiry in this section does not include those investigative functions usually performed by other law enforcement agencies.
- B. Listed below are types of deaths which have been difficult to evaluate and should be referred to the Coroner for decision:
- 1. Aspiration
 - 2. Suffocation

SUBJECT/TITLE: CORONER NOTIFICATION

Policy Number: 105

Page Number: 3

3. Drug Addiction
4. Exposure
5. Pneumoconiosis
6. Gastroenteritis
 - a. Do not use as cause of death. If death is a result of “Acute Hemorrhagic Enteritis of undetermined natural causes,” it is not a case for the Coroner.
 - b. Refer all others to the Coroner because of possibility of poisoning.
7. Gastrointestinal hemorrhage
 - a. Do not use alone as cause of death. If death is a result of “Gastrointestinal hemorrhage of undetermined natural causes,” it is not a case for the Coroner.
 - b. Refer all others to the Coroner.
8. Heat Prostration
9. Diarrhea – should not be used as immediate cause of death. (If not, why refer for decision? Is it that documentation should identify Diarrhea associated with something else?) Please reword and take out question marks.
10. Fractures
 - a. All fractures should be evaluated by the Coroner except (This is another statement that requires clarification) SPONTANEOUS PATHOLOGICAL fractures.
11. Therapeutic misadventure
12. Operative Deaths (result of surgery or anesthesia)
13. Contagious Diseases – A Coroner’s referral will not routinely be necessary for diagnosed cases of contagious disease since local procedures and the action by the Health Department after notification will be the defense against any public hazard.

Cases of possible but not diagnosed contagious disease, such as possible meningitis or possible pulmonary tuberculosis when an autopsy is not contemplated, shall be referred to the Coroner for diagnosis following which notification of proper authorities will be made.

SUBJECT/TITLE: CORONER NOTIFICATION

Policy Number: 105

Page Number: 4

SUBJECT/TITLE: CORONER NOTIFICATION

Policy Number: 105

Page Number: 5

References: Nursing Administration Policy & Procedure Manual; Medical Records Division Policy & Procedure Manual; DHS Policy Number 153; Health & Safety Code Section 102850; Government Code Section 27491	
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