



Public Health

Seattle & King County

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Alonzo L. Plough, Ph.D., MPH, *Director and Health Officer*

MEDICAL EXAMINER'S OFFICE

POLICY AND PROCEDURE

MANUAL

2004

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MEDICAL EXAMINER'S OFFICE

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2004

ACKNOWLEDGMENTS

The efforts of many individuals have contributed to the publication of this manual. Acknowledgement is given to those individuals from the Medical Examiner's Office, law enforcement, and the judicial community who have made contributions to this edition.

I hope that this manual will prove useful to all agencies in health, law enforcement, and the funeral industry in their interaction with the Medical Examiner.

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INTRODUCTION

The Chief Medical Examiner is a physician certified in forensic pathology, authorized by King County, Washington, to investigate sudden unexpected, violent, suspicious, or unnatural deaths. The purpose of the Medical Examiner program is to bring trained medical evaluation to the investigation of deaths that are of concern to the public health, safety, and welfare of the community.

King County Ordinance #2878 and the Revised Code of Washington **RCW 68.50.010** provides the legislative foundation for the office and function of the Medical Examiner. In 1968, the citizens of King County adopted the Home Rule Charter abolishing the office of Coroner. **Executive Order #1001** established a Division of Medical Examiner, giving it all investigative and record functions of the King County Coroner. However, the County Executive retains the inquest function. **King County Ordinance #2878** authorized the Medical Examiner to assume jurisdiction over human remains, perform autopsies, and other functions authorized by the **RCW 68.50.010**. Additionally, the Medical Examiner is authorized to institute procedures and policies to insure investigation into the deaths of persons so specified to assure the public health. Washington State laws delineate which classes of death are to be investigated, and is discussed in more detail in Chapter I of this manual.

The National Municipal League proclaimed that an accurate determination of cause and manner of death are essential to our society for the following reasons:

1. The innocent shall be exonerated;
2. Murder shall be recognized;
3. Criminal and civil court proceedings will be provided with documented, sound, and impartial medical evidence;
4. Unrecognized hazards to public health shall be revealed;
5. Industrial hazards shall be exposed¹

To this end the King County Medical Examiner assumes jurisdiction over human remains and, after a thorough investigation determines the cause and manner of death.

¹A Model State Medico-legal Investigative System
National Municipal League
New York, 1968

The King County Medical Examiner's Office is a Division of Public Health – Seattle & King County, under the Executive branch of county government. The office personnel include Medical Examiners, who are medical doctors specializing in the science of forensic pathology, medical investigators, autopsy assistants, and administrative support staff.

This manual's purpose is to familiarize those persons and organizations that work most closely with the Office of the Medical Examiner with our statutory requirements, policies, and procedures. Additionally, it provides a plan for the orderly discharge of responsibilities. It is hoped that these guidelines will result in a mutual understanding of reciprocal responsibilities.

It is only through such understanding that we can achieve respect and cooperation that is so essential to our successful operation. It should be recognized that no set of procedures could be so comprehensive as to include every conceivable situation.

Therefore, some issues must be left to the judgement and discretion of those who face a given situation. Guidelines herein are not intended to add or to enhance any legal duties not already applicable through statute or common law.

CHAPTER 1:

TYPES OF DEATHS TO BE REPORTED TO THE MEDICAL EXAMINER

Jurisdiction is vested in the King County Medical Examiner over all bodies who came to their death as described in **RCW 68.50.010**. It should be noted, however, that reporting a death to the Medical Examiner is not synonymous with the Medical Examiner assuming jurisdiction or responding to a scene of death. Reporting assures that only deaths appropriate to the jurisdiction of the Medical Examiner will be assessed for investigation by the Medical Examiner. Reporting also assures that personnel familiar with criteria for jurisdiction will review the case information before reporting the death (See NJA cases, pg. 4).

The following section explains the types of deaths included in this statute. All of which must be reported to the Medical Examiner's Office.

Deaths under any of the following circumstances must be reported immediately to the King County Medical Examiner. **RCW 68.50.020** provides that any person failing to report a death will be guilty of a misdemeanor. The investigation of death is a timely matter and any delay in reporting can only create increased investigative difficulties.

The criteria of reportable deaths are from the Washington State Statute. Redundancy and duplication exist in the wording of the statute. Therefore, we have attempted to clarify the statutes into a more readable format. Although we have tried to be as complete and specific as possible in compiling this list, there will always be cases that may not fit the criteria exactly. **Please call the Medical Examiner's Office if you are uncertain whether a death falls within our jurisdiction. (206.731.3232)**

CRITERIA FOR REPORTABLE DEATHS

1. ***Persons who die suddenly when in apparent good health and without medical attendance within thirty-six (36) hours preceding death.*** This category should be reserved for the following situations:

- A. Sudden death of an individual with no known natural cause for the death;
- B. Death during an acute or unexplained rapidly fatal illness, for which a reasonable natural cause has not been established;
- C. Deaths of individuals that were not under the care of a physician;
- D. Deaths of persons in nursing homes or other institutions where medical treatment is not provided by a licensed physician.

2. ***Circumstances indicate death caused entirely OR IN PART, by unnatural or unlawful means.*** This category includes, but is not limited to:

- A. Drowning, suffocation, smothering, burns, electrocution, lightning, radiation, chemical or thermal injury, starvation, environmental exposure, or neglect;
- B. Unexpected deaths during, associated with, or as a result of, diagnostic or therapeutic procedures;
- C. All deaths in the operating room whether due to surgical or anesthetic procedures;
- D. Narcotics or other addictions, other drugs including alcohol or toxic agents, or toxic exposure;
- E. Death thought to be associated with, or resulting from, the decedent's occupation. This includes chronic occupational disease such as asbestosis and black lung;
- F. Death of the mother caused by known or suspected abortion;
- G. Deaths occurring from apparent natural causes during the course of a criminal act, e.g., victim collapses during a robbery;
- H. Deaths that occur within one year following an accident even if the accident is not thought to have contributed to the cause of death;
- I. Death following all injury producing accidents, if recovery was considered incomplete or if the accident is thought to have contributed to the cause of death, (regardless of the interval between accident and death).

3. **Suspicious circumstances.** This category includes, but is not limited to deaths under the following circumstances:
 - A. Deaths resulting from apparent homicide or suicide;
 - B. Hanging, gunshot wounds, stabs, cuts, strangulation, etc.;
 - C. Alleged rape, carnal knowledge, or sodomy;
 - D. Death during the course of, or precipitated by, a criminal act;
 - E. Deaths that occur while in a jail, prison, in custody of law enforcement, or other non-medical public institutions.

4. **Unknown or obscure causes.** This category includes:
 - A. Bodies that are found dead. (See criteria #1 above);
 - B. Deaths during or following an unexplained coma.

5. **Deaths caused by any violence whatsoever, whether the primary cause or any contributory factors in the death.** This category includes but is not limited to:
 - A. Injury of any type including falls;
 - B. Any deaths due to, or contributed to, by any type of physical trauma.

6. **Contagious disease.** This category includes only those deaths wherein the diagnosis is undetermined, and a contagious disease, which may be a public health hazard, is a suspected cause of death.

7. **Bodies that are not claimed.** This category is limited to deaths where no next of kin or other legally responsible representatives can be identified for disposition of the body.

8. **Premature and stillborn infants.** This category includes only those stillborn or premature infants whose birth was precipitated by maternal injury, criminal or medical negligence, or abortion under unlawful circumstances.

"NO JURISDICTION ASSUMED" DEATHS (NJA)

After receiving a report of a death, a determination will be made whether or not to assume jurisdiction. The Medical Examiner's Office will assume jurisdiction of all deaths involving any type of trauma, accident, or violence.

Deaths that are reported to the Medical Examiner that do not result in jurisdiction follow a "No Jurisdiction Assumed" (NJA) procedure. Deaths most frequently reported are those where the deceased was without medical care for thirty-six (36) hours preceding death and death is known to be from natural causes.

The Medical Examiner's Office applies a rather narrow interpretation of the legislative language *"persons who come to their death suddenly when in apparent good health without medical attendance within the thirty-six (36) hours preceding death"* (**RCW 68.50.010**).

If both conditions (lack of medical care and apparent good health) apply, the Medical Examiner's Office will take jurisdiction.

If one or both conditions do not apply, the death may be placed in the NJA category. A prerequisite for an NJA case, is that an outside attending physician has knowledge and awareness of a patient's natural disease condition and is able and willing to reasonably certify death.

A record of reported deaths is kept in the Medical Examiner's Office. Each NJA case is given a number. The person reporting the death will be asked to record the NJA number on the death certificate and give it to the funeral home making burial arrangements. An NJA number will expedite the processing of the death certificate by the King County Vital Statistics Office (206.296.4769).

CHAPTER 2: ESTABLISHING A HOSPITAL DEATH AS A MEDICAL EXAMINER'S CASE

It is emphasized that a nonviolent death after hospital admission is usually not a Medical Examiner's case. If the probable cause of death can be derived from clinical examination, and if this cause of death is clearly natural, a Medical Examiner's investigation is unnecessary. However, all deaths following injury or where the death apparently occurred as the result of an accident, complications of therapy, or where equipment, medication, or other supplies were faulty must be reported in a "most expeditious manner possible to the King County Medical Examiner's Office." (See **RCW 68.50.020**).

If a person dies in a hospital, and no next of kin can be identified by the hospital, the Medical Examiner will assume jurisdiction for disposition of the body and control of the property of the deceased. Hospital personnel should make every effort to locate and contact the next of kin. These efforts should be documented and provided to the Medical Examiner Investigator, prior to contacting the Medical Examiner's Office.

Deaths which are not under the Medical Examiner's jurisdiction shall not be made such simply because autopsy permission has been refused by the family. Conversely, authentic Medical Examiner cases shall not be withheld from the Medical Examiner's jurisdiction and autopsied by the hospital pathologist because family permission for autopsy has been obtained. If autopsy permission has been sought by hospital physicians but refused by the family and the Medical Examiner is then notified and coerced to perform an autopsy, this conduct will be viewed as unethical and in such instances will be reviewed by the Medical Examiner Committee of the King County Medical Society.

DEATHS OCCURRING IN EMERGENCY ROOMS

Because a death occurs in the emergency room, there is no strict requirement that it be reported to the Medical Examiner. Clearly, if any reporting criteria are present (see Criteria for Reportable Deaths, pp 1:1 – 1:4), deaths should be reported for clearance or investigation by the Medical Examiner. If a firm clinical diagnosis has been established while the victim was in the emergency room and no reporting criteria are present, the attending licensed physician can certify death.

Some hospitals have the policy whereby no emergency room physician will certify death if the patient has not been under previous care by a member of the hospital staff. In such instances, the criterion for reporting is that of sudden death in a person without supportive past medical history. If there is supportive past medical history from a private physician not a member of the hospital staff, that private physician should certify death. If the physician is unavailable, the medical examiner staff will view the body and provide a means for certification.

If death is reported to the Medical Examiner's Office, it is incumbent upon emergency room personnel to supply any information to the Medical Examiner's investigator in order that the Medical Examiner can review the clinical findings and render accurate certification. An autopsy will not necessarily be performed if the investigation does not warrant it.

DEATH IN THE OPERATING ROOM

All deaths that occur in the operating room, whether due to surgical or anesthetic procedures, are reportable to the Medical Examiner. After reviewing the case, the Medical Examiner will make the decision to assume jurisdiction of the death based on medical history of the patient, the degree of risk associated with the surgery, and the general health of the patient. If the person is in surgery because of trauma or injury, and dies while undergoing surgery, the death must be investigated by the Medical Examiner.

In general, the Medical Examiner will assume jurisdiction and investigate any surgical death that occurs under the following conditions:

1. Where the procedure being performed is considered by others in the profession to be 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 considered to be life threatening prior to the initiation of the procedure.

In order to appropriately allocate investigative resources and at the same time serve the medical community and the family, we have developed an investigative procedure that assesses the overall condition of the patient before the anesthetic is administered and before the surgical procedure commences. The procedure which is followed in anesthetic/surgical deaths has been reported in great detail in the Journal of Forensic Sciences : **30:822-827**, July 1985.

It is important that the medical community recognize that a Surgical/Anesthetic Death Committee, which utilizes anesthesiologists and surgeons to review the case after the investigation is complete, examines these deaths. The deliberations of the committee are open to physicians who are responsible for the care of the patient. It is only after the committee has deliberated that certification of death is completed.

In order to more clearly identify cases which require an in-depth investigation, the person reporting the surgical/anesthetic death should use the American Society of Anesthesiology Classification (ASA) of the physical status of the patient before the anesthetic is begun and before the surgical procedure is undertaken. The decision to actively investigate a death is largely determined by the ASA category assigned to the patient before the anesthetic is administered.

For the purposes of anesthesia, the classification of the physical status of the patient adopted by the American Society of Anesthesiology is divided into five classes: Class I being a healthy patient who is without functional or physical disability, while Class V is the patient who is moribund, or is unlikely to survive twenty-four hours with or without the surgical procedure. In between these two extremes, Classes II, III, and IV represent patients assessed to have increasing risk. All patients undergoing an anesthetic are assigned one of these risk categories.

At the time of the report of the death, the investigator at the Medical Examiner's Office will seek the ASA classification. All deaths assigned a classification of I, II, or III are identified for further investigation that ordinarily will include an autopsy with a toxicological study of the patient.

Deaths, which have an ASA classification of IV or V, will be reviewed to establish the nature and extent of the natural disease in the context of the surgical process.

Only when an unusual factor or question surfaces during review of such deaths will active jurisdiction be taken. Such deaths where there is a clear equipment malfunction or where the wrong agent was given to the patient require active investigation that will include autopsy and toxicological examination.

We recognize that the opportunity exists for gross errors to be concealed by operating room staff and physicians, but the ASA criteria provide some predictability concerning the level of investigation undertaken.

CHAPTER 3: THE PRACTICING PHYSICIAN AND THE MEDICAL EXAMINER

The relationship between the King County Medical Examiner and the practicing physician can be mutually beneficial. The cooperation of physicians whose patients have become Medical Examiner cases is frequently instrumental to the Medical Examiner in making an accurate certification of the cause of death. This is particularly true in supplying medical and psychological history and medical records. The Medical Examiner is able to provide physicians with an accurate determination of the cause of death when an autopsy is performed. Many King County physicians have expressed confusion as to their duty to the Medical Examiner. The purpose of this section is to clarify that duty.

The Medical Examiner's responsibilities do not revolve solely around certifying criminal deaths or serving in the prosecution of criminals. In practice, and as provided by several Washington State Statutes, the Medical Examiner may inquire into all deaths impartially and solely to prepare a record of facts which are available to anyone whose lawful purpose requires them, whether these be criminal or civil, whether these serve the public or the individual. Furthermore, the Medical Examiner is charged with certifying causes of death which are reasonably accurate and acceptable for purposes of vital statistics.

When there has been no physician in attendance, there obviously is no one other than the Medical Examiner who can legally sign the death certificate. The Medical Examiner thus has clear authority to proceed in these deaths. When there has been previous medical attention, the attending physician may be required to provide the Medical Examiner with copies of medical records and other pertinent information that would assist the Medical Examiner in determining whether further investigation is needed (See pg. 5:3). Prior records and history form the basis of sufficient legal grounds for the Medical Examiner to authorize further investigation including an autopsy. The Medical Examiner will make the decision to accept or reject jurisdiction of a case based on the sum of the facts learned from the physician, and the circumstances of the death.

It is important to bear in mind that any query by the Medical Examiner or investigators into the manner or mode of medical treatment is done to ascertain whether there are sufficient grounds for the Medical Examiner to proceed, and not to judge or evaluate the adequacy or propriety of any particular treatment. Deaths where the Medical Examiner finds are not within the jurisdiction of the office will be referred to the physician whose responsibility it is to sign the death certificate.

PHYSICIAN RESPONSIBILITY IN REPORTING DEATHS

If an attending physician is quite satisfied that the death is outside the jurisdiction of the Medical Examiner, and if that physician is willing to certify death, (see criteria as listed on pp. 3:5), the Medical Examiner need not be notified and the body can be released to a funeral home. If, in the opinion of the attending physician, criteria have been met which require the reporting of the death to the Medical Examiner, the physician shall report the death immediately by telephone to the **Medical Examiner's Office (206.731.3232 Ext. 1)**. This number is monitored 24 hours a day. Frequently physicians/medical personnel notify the Medical Examiner of every death to relieve themselves of any responsibility for the determination of jurisdiction. Familiarity with the death reporting criteria will reduce unnecessary phone calls. Whenever a question exists, qualified Medical Examiner investigative personnel will make the assessment quickly and expeditiously.

The attending physician, upon learning that the Medical Examiner's Office has accepted the jurisdiction of the death, may report this to the family, make them aware that the body will be removed to the Office of the Medical Examiner, and that there is a probability a postmortem examination (autopsy), will be conducted. In those instances in which the Medical Examiner accepts jurisdiction, the body will be transported to the Office of the Medical Examiner by a medical investigator. There should be no removal of clothing or effects, or handling the body in any manner by persons not authorized by the Medical Examiner, or an Investigator from the Medical Examiner's Office.

If an attending physician wishes to attend the autopsy, this request should be made to the Medical Examiner. Every effort will be made to accommodate such requests.

ORGAN AND TISSUE UTILIZATION

The Medical Examiner's Staff recognizes the value of organ and tissue utilization from deaths which come under the jurisdiction of the Medical Examiner. According to **RCW 68.08.060** the Medical Examiner is authorized to retain tissues and/or organs only when there is a need to establish the cause and manner of death. Exceptions to this rule include the donation of certain human tissues that may be provided to the Eye Bank and tissue centers when such tissue is needed for transplantation. The controlling statute, **RCW 68.08.300** requires that certain conditions be met before this tissue can be provided. One of these conditions is that a reasonable effort made to obtain permission from the next-of-kin. In all other instances, the surviving family or next-of-kin must give explicit authorization to any agency to utilize organs and tissue for other purposes.

ORGAN DONATION

A potential organ donor is a patient who has suffered an injury to the brain resulting in brain death. Such a potential organ donor will generally be maintained on respiratory and hemodynamic support until the Organ Procurement Agency has an opportunity to assess donor potential.

Once the Procurement Coordinator of the Organ Procurement Agency establishes this potential, it is necessary that the Medical Examiner Investigator be notified of the potential donor. The Medical Examiner Investigator can make an assessment of the circumstances of the injury and a determination made whether or not organ or tissue procurement authorization can continue.

Once an assessment has been made and all concerns of local law enforcement agency have been answered, then organ procurement authorization can continue. Generally, the only instances where the Medical Examiner will obstruct organ procurement are in homicidal deaths, particularly of infants or children where there may be hidden injury.

Each death must be evaluated on its own merit. Every effort will be made by the Medical Examiner to ensure there is maximum utilization of organs for donation. If the donation is obstructed by the Medical Examiner, the Organ Procurement Agency will be provided an explanation.

Since the Lifecenter Northwest (LCNW), the Northwest Tissue Center, and Lion's Eye Bank work conjointly in harvesting organs and tissue, permission that is obtained from family by LCNW generally includes permission for tissue utilization by the Northwest Tissue Center and the Lion's Eye Bank. The same criteria used for organ donation are applicable for tissue utilization.

TISSUE DONATION

Postmortem tissue utilization does not have the same requirement as organ donation. Consequently potential tissue donors are not maintained on respiratory or hemodynamic support and death can occur outside hospital without undue interference with tissue utilization, particularly if the postmortem interval is short. There are deaths where tissue utilization can be performed some hours after death.

All requests of next-of-kin for permission to remove tissue are coordinated by a single tissue utilization agency. This is to ensure that only one telephone contact seeking permission is made with the deceased's relatives.

Consequently, any requests made of the Medical Examiner to obtain tissue for whatever purpose will be referred to the tissue agency, which functions as coordinator.

At the present time, the Northwest Tissue Center serves as that coordinator and can be reached by telephone at **206.292.6596** or **800.858.2282**.

In addition to tissues, which are removed for transplant purposes, there are a number of requests made by medical researchers who are seeking fresh tissue. To facilitate this process, the requestor will be referred to the Tissue Utilization Coordinator to ensure that, if permission is granted by the family, the appropriate tissue will be procured according to the request.

It is incumbent upon requestors that they be able to immediately respond to the Medical Examiner's Office to receive tissue once a donor is identified. There is a misconception that tissue can be routinely procured by the pathologist during an autopsy and handled in a fashion to meet the needs of the requestor. Such an action does not take into consideration the purpose and procedure of a forensic autopsy done under statutory authority.

Any requirements that tissue be handled in a particular fashion or stored in a particular container will not be accomplished if the requestor or his agent is not physically present.

Consequently, it is the responsibility of the requestor to make the necessary arrangements to ensure that specimens are handled with minimal involvement by the Medical Examiner Staff. Such efforts will encourage success in tissue utilization.

CERTIFICATION OF DEATH

When it has been determined that the death of a patient does not meet the criteria for the Medical Examiner to take jurisdiction and therefore certify death, completion of the death certificate becomes the responsibility of the attending physician.

Since the death certificate is a legal and not a scientific document, the physician is not required to establish a specific anatomical reason responsible for death. For that requirement, anatomical dissection or additional postmortem studies would be necessary in all deaths, which is clearly unmanageable and beyond the resources of the Medical Examiner and the medical community.

The requirement for certification is a statement of the general disease process or condition most likely responsible for death.

We have encountered difficulties with physicians who state that they are uncertain why a patient died although they have been treating the patient for years for a stable, although not necessarily life threatening condition. For example, a hypertensive patient, quite well controlled, who drops dead suddenly and in view of many witnesses. The physician may feel that the death is unexplained and requires an autopsy for specific anatomical diagnosis. However, this death would be viewed as outside the Medical Examiner's jurisdiction, since medical history provides adequate information for a reasonable cause of death, ie. hypertensive heart disease, and so should be certified.

A second example may be useful. A patient with diagnosed, long standing cirrhosis may die suddenly with no suspicion surrounding death. The anatomical lesion may be ruptured esophageal varices or pneumonia or pulmonary embolus. However, the certification requirement is simply cirrhosis, with the awareness that the terminal condition may not be established.

It is acceptable to use "probable" to identify a suspected final event, e.g., probable rupture of esophageal varices due to or as a consequence of cirrhosis of the liver.

If a specific anatomic cause of death is desired, the physician is free to seek autopsy permission from the family after clearing the death with the Medical Examiner.

Mechanisms of death frequently encountered on death certificates include cardiac arrest, cardiorespiratory arrest, etc. These common pathways of death are so general as to be meaningless for purposes of certification.

If a physician has difficulty in completing the death certificate, the physician should consult with the Medical Examiner's Office. ***If an accident or any type of violence such as a fracture due to a fall, causes or contributes to the death, the death is within the jurisdiction of the Medical Examiner.***

WHEN AUTOPSIES ARE PERFORMED

The Chief Medical Examiner is authorized by statute, to perform an autopsy on any body within jurisdiction criteria. Autopsies are performed when, in the judgement of the Chief Medical Examiner, a medico-legal requirement exists which can only be satisfied by autopsy.

Generally, autopsies are performed if there is evidence of violence (recent or remote) or evidence of suspected unnatural death or a death that needs explanation.

The Medical Examiner will not perform an autopsy simply because the attending physician refuses to sign the death certificate and wants to know the extent of the natural disease process.

The Chief Medical Examiner has the authority to perform autopsies when clear jurisdiction of the death exists. The authority to perform autopsies is defined by statute and does not require concurrence of surviving family. Whenever possible, the wishes of the family will be considered and in some cases an autopsy will not be performed over family objections if they release the Chief Medical Examiner from his/her responsibility by signing a formal document opposing an autopsy.

CHAPTER 4: HOSPITAL STAFF AND THE MEDICAL EXAMINER

Please read carefully the sections of this manual that deal with establishing a hospital death as a Medical Examiner case, deaths in the operating room, and deaths occurring in emergency rooms. All discussion applying to the practicing physician applies equally to attending physicians, and hospital personnel whether pathologists, interns, residents, administrators, nursing supervisors, or social workers. Certain special conditions arise in relation to these people and the Medical Examiner which merit separate consideration.

THE HOSPITAL AGENT

Each hospital shall have a responsible medical professional (such as the Nursing Supervisor), with whom the Medical Examiner can, at any hour communicate. The procedure to follow in reporting a death to the Medical Examiner's Office is the same for hospitals as for practicing physicians. The designated hospital representative shall make the report by phone to the **Medical Examiner's Office (206.731.3232 Ext. 1)**, **immediately** upon determination of death. Pertinent information regarding the decedents medical history is required to be reported at that time. The hospital representative shall submit promptly the following information to the Medical Examiner:

1. Name and age (if known);
2. Date and time of admission;
3. Time of death;
4. Clinical diagnosis (if made);
5. Place, date, time, and manner of incident or violence (if any);
6. Name and telephone number of attending physician;
7. Any other relevant information.
8. If next of kin has been contacted

This will allow Medical Examiner personnel to decide disposition of each case.

In order to assist the Medical Examiner when a death is taken under jurisdiction and investigation, hospital personnel should use the following guidelines. These guidelines are designed to aid in establishing cause and manner of death.

1. Do not clean the body or clothing after death.
2. Special care should be used in cutting and handling of clothing so that valuable evidence such as bullet holes remain intact.
3. All clothing of the deceased should accompany the body.
4. Any IV lines, tubes, catheters, endotracheal tubes, dressings, splints, clamps, and orthopedic devices should be left in place. Therapeutic articles will be returned to the hospital upon request.
5. Any needle puncture wounds to the deceased, made by hospital personnel should be circled in pen and the initials "RX" written next to the circle.
6. Any blood, urine, gastric material, or any body fluid collected at the time of admission should be saved and accompany the body.
7. Admitting blood and urine should be saved on all patients classified in critical condition if their death would result in jurisdiction by the Medical Examiner. This is helpful in detecting concealed homicides.
8. It is permissible for the family to view the body before removal to the Medical Examiner's Office, provided the body is not cleaned or otherwise disturbed. In cases where there is potential criminal, investigation, (e.g., homicidal deaths), viewing should not be permitted and such requests should be referred to the Medical Examiner.
9. Notification of the death to the family should be communicated to the Medical Examiner investigators when they arrive to remove the body. Thus, notification efforts can be initiated and/or coordinated, and not duplicated. The attending physician will be asked to complete a confidential form entitled "Physician's Summary Report". This form seeks information on location of injuries, bullets or other foreign objects, surgical procedures, laboratory and x-ray data, etc. This form is exceedingly helpful in differentiating those marks on the body that are wounds of violence from those that are the result of treatment, e.g., cases with multiple stab wounds. Hospitals will be supplied with a quantity of these forms so that they are readily available. This form must accompany the body to the Medical Examiner's Office. Cooperation with these procedures is both necessary and appreciated.

After Medical Examiner's investigators receive notification of a death, they are dispatched to take jurisdiction, investigate and transport the body to the KCMEO. A minimum of one investigator is available 24 hours per day. Occasionally, due to multiple calls in rapid succession, an investigator will not be immediately available to respond to the hospital. The person making notification of death should ask if a delay is anticipated. Residential deaths take priority over hospital deaths. This is because hospitals have the staff to care for a body, which is often not possible at a residence.

Medical Examiner investigators will, upon request by hospital personnel, delay their response for up to an hour. Hospital personnel should also inform family members that the Medical Examiner's Office would be contacting them for information necessary for death certification. To this end, whenever possible, hospital personnel should ask responsible family member to remain at the hospital until arrival of Medical Examiner investigators.

HOSPITAL AUTOPSY

Under no circumstances should the hospital staff request autopsy permission from the family when the death is clearly within Medical Examiner's jurisdiction.

When requested to perform an autopsy by members of the hospital staff, the hospital pathologists should ensure, from the review of the medical history, that the death does not fall under the Medical Examiner's jurisdiction. If, during the course of an autopsy, it becomes clear that the case should have properly been in the Medical Examiner's jurisdiction, the autopsy shall stop. The Medical Examiner's Office must be consulted to ascertain further direction and guidance. The Medical Examiner is authorized to perform autopsies by **RCW 68.50** and **King County Ordinance #2878**. **No** permission is needed by the Medical Examiner in order to perform autopsies.

If an autopsy is clearly required for statutory purposes, it will be performed by the Medical Examiner and the physician will be denied the request to seek autopsy permission. Interested attending physicians may request to attend a Medical Examiner's autopsy and/or receive a copy of the autopsy diagnosis and opinion. Release of this information is restricted.

Except in those few instances when there is genuine error, asking the family for autopsy permission is tacit recognition that the death is not in the Medical Examiner's jurisdiction. If it is later decided that it is a Medical Examiner case and the family has refused autopsy permission, this will create needless difficulties.

Instances may arise where the Medical Examiner has jurisdiction in a death, (e.g., hospitalized patient with a fractured femur sustained in a fall at home), but clinicians desire an autopsy authorized by the next of kin to be performed by the hospital pathologist. This can be accomplished only if the following procedure is followed:

1. Notify the Medical Examiner's Office of the death immediately with a clear statement of events, which caused the injury.
2. Inform the investigator taking the call that an autopsy is desired at the hospital for clinical interest. Do not request autopsy permission from the family until assessment has been made by the Medical Examiner that a hospital autopsy can be performed.
3. If the death has been assessed by the Medical Examiner and approval given to seek autopsy permission from the surviving next of kin, the physician can then proceed. A medical examiner case number will be assigned.

Once an autopsy is completed, a copy of the report will be forwarded to the Medical Examiner's Office to complete the record. Similarly, a copy of the death certificate with the identifying KCME case number should be submitted to the Medical Examiner's Office for file.

If all prior steps are completed but the surviving next of kin denies autopsy permission, an autopsy may not be authorized by the Medical Examiner over the objections of the family. In some cases, a clinician may wish to perform an autopsy in a case where the deceased has no known next of kin. The Medical Examiner has the authority to authorize autopsies under such circumstances according to **RCW 68.50.010** and **RCW 68.50.101**. If the Medical Examiner agrees to give autopsy authorization, the physician must sign a Medical Examiner Autopsy Authorization form agreeing to certain conditions.

SIDS DEATHS

Beginning in 1984, there has been a change in the handling and processing of SIDS deaths. Before 1994, infants who were suspected of dying of SIDS were routinely released to Children's Hospital and Medical Center for autopsy. Since 1994, all sudden deaths in infancy are now routinely investigated and examined by the Medical Examiner. This includes scene investigation and recreation, family history, family interviews, routine radiology, autopsy (including histology), and toxicological analysis of body fluids.

Every effort is made by a Medical Examiner Investigator to visit the scene where the death occurred. Additionally, a standard SIDS Scene and Circumstance Protocol is completed on each death so that there is maximum collection of information surrounding these deaths.

After the autopsy examination is completed, and the cause of death is determined to be SIDS, the King County Department of Public Health is contacted so a visiting nurse can have an opportunity for a follow-up visit with the family. At that time, information regarding the local SIDS support group is provided and access to counseling for the families of SIDS's death is made available.

Additionally when a death involves an infant or child under the age of 18, the Washington State Department of Social and Health Services is immediately contacted to assess whether or not the individual or family of the child has ever had a Child Protective Service, Family Reconciliation Service, or Child Welfare Service referral. This information becomes an essential part of the investigative report. If the infant or child has had contact with CPS, than a closing case conference is held on a quarterly basis. This interagency agreement is designed to share information on infants and children who come under the jurisdiction of the Medical Examiner and who likewise have had referral to CPS.

PROPERTY DISPOSITION

1. Next of kin is known

Under no circumstances should the hospital staff take it upon themselves to notify any hotel operator, apartment, or rooming house owner, of the hospital death of any tenant. So doing may lead to the property of the deceased being disturbed, misplaced, or lost to the rightful heirs.

If on admission to the hospital, the patient listed the next of kin, he or she may be notified and will likely take charge of property.

2. Next of kin is NOT known

In cases where no next of kin or legal representative is known or indicated, the hospital staff or representative should make every effort to locate any next of kin. If after due diligence by the hospital staff or representative, and no next of kin can be located, the Medical Examiner should be notified.

Any attempts by the hospital to locate next of kin should be documented and presented to the Medical Examiner Investigator.

The Medical Examiner's Office will assume jurisdiction of the death, dispatch investigative staff to the residence, and in the presence of witnesses, take charge of property or the residence, search for next of kin, and arrange for burial as required.

Adherence to the above procedure assures that a properly authorized person, in the presence of witnesses, will be the first to enter and search the premises of the deceased.

CHAPTER 5:

LAW ENFORCEMENT AGENCIES AND THE MEDICAL EXAMINER

Death investigations conducted by the Medical Examiner's Office are designed to complement and enhance the police agency's investigation and are not intended to replace or interfere with that investigation. Law enforcement officers should be aware of the various types of deaths, which must be reported to the Medical Examiner (see pp. 1:1 – 1:4).

The Medical Examiner's Office must be notified in the most expeditious manner of the existence and location of a dead body. The telephone number of the **Medical Examiner is 206.731.3232 Ext. 1**. This number is monitored twenty-four (24) hours a day.

SCENE INVESTIGATION — NON HOMICIDE

Following the report of death by a law enforcement officer at a scene, the Medical Examiner Investigators will request that the body and its immediate surroundings remain undisturbed until their arrival. It is understood that prior to the arrival of the Medical Examiner's investigators, the police agency with jurisdiction may initiate its investigation of the scene and will use reasonable care, consistent with crime scene investigative techniques, not to disturb the body and its immediate surroundings. This includes any weapons or devices that may have been associated with the death. A Medical Examiner Investigator must approve any movement of the body, weapons, or devices.

If identification of the deceased is absolutely necessary, the police may remove the decedent's wallet to determine probable identity prior to Medical Examiner investigator's arrival. The Medical Examiner Investigator's responsibility at the scene of death is primarily the documentation of the undisturbed body and collection of evidence and property, which is a direct part of the body.

The investigation should include appropriate photography to assist in the evaluation of the scene or for other legitimate purposes. In the absence of next of kin, the Medical Examiner Investigators have the responsibility to search for identification, notify the next of kin, and take charge of valuables at the scene of death.

In an apparent suicide the investigator is to take charge of any suicide notes, as well as the weapons or devices with which the suicide was committed.

If a question exists as to whether a death resulted from suicide or homicide, it will be investigated as a homicide and the police agency may take custody of relevant physical evidence including notes, weapons, or any devices which may have been involved in the death.

The Medical Examiner Investigator does not search the body or premises except in the presence of witnesses. Police officers may be asked to witness the search and sign the property record as a witness. The Investigator will inquire of the police officer for a police incident number for inclusion in the Medical Examiner's investigative report.

SCENE INVESTIGATION — HOMICIDE

In any death in which there is clear evidence of a homicide, the Medical Examiner/Pathologist is immediately available to respond to the scene. Because time of death is frequently an issue in homicidal violence, it is recommended that the Medical Examiner/Pathologist respond to the death scene as quickly as possible. This Examiner/Pathologist will perform an examination of the body and make arrangements for future removal by the Medical Examiner Investigator.

It is extremely important in homicide cases that the body of the deceased, including immediate surroundings, not be moved or disturbed in any way inconsistent with police crime scene investigative techniques. If such movement occurs or any disruption is present, this should be reported to the Medical Examiner/Pathologist.

Every effort should be made not to disturb the body or evidence that may be directly or indirectly associated with the death.

Homicide detectives will take possession of other evidence as deemed appropriate and with the concurrence of the Medical Examiner/Pathologist.

If elements of personal property are viewed as evidence by the police, these articles will be transferred to the investigating police agency at the time that other evidence removed from the body at autopsy is transferred.

Every effort should be made by the investigating police agency to pick up all evidence within 48 hours of completing the autopsy.

The Medical Examiner's Office does not have evidence storage facilities and prompt attention to evidence transfer is essential to avoid delays. Personal property that is not deemed of value as evidence will be entered into the property inventory for return to the family.

SCENE INVESTIGATION — QUESTIONABLE DEATHS

When it is unclear whether a death is the result of homicidal violence, law enforcement agencies are urged to utilize the resources of the Medical Examiner's Office in determining the character of the death. In such instances the death scene should be treated with the same care as utilized in homicide investigations.

CONTACTING THE PHYSICIAN

At apparent natural death scenes it is best to allow the Medical Examiner's Investigator to contact the family physician. Law enforcement officers/deputies should collect information such as medical history and prescription medications found at the scene.

SCENE INVESTIGATION — TRAFFIC FATALITIES

As soon as it is confirmed that a traffic death has occurred, that death must be reported to the Office of the Medical Examiner. The body is not to be moved from the scene of the accident without authorization by the Medical Examiner.

If the body is in public view it should be covered and care should be taken to keep the public away from the body. If a body is in danger of being mutilated or damaged at the scene it should be moved, but only so far as to get it out of the troubled area, e.g. from the center traffic lane to the roadside.

If the body is removed from a vehicle, it is imperative that information regarding the position of the body in the vehicle and the usage of restraint systems be made available to the Medical Examiner's Investigator.

Vehicles involved in a traffic fatality should not be moved from the scene prior to the arrival of the Medical Examiner Investigator except when a Medical Examiner Investigator authorizes the vehicle to be moved.

POLICE REPORT

It is requested that a copy of the incident report and subsequent investigative report compiled by law enforcement be made available to the Medical Examiner's Office. Such documents will not be a part of the official Medical Examiner's report and consequently are not available for public inspection.

All requests for access to or copies of police investigative reports will be referred either to the originating law enforcement agency or to the prosecuting attorney's office.

COURT TESTIMONY IN CRIMINAL CASES

It is anticipated that the Medical Examiner personnel responsible for any portion of the investigation of criminal deaths will be routinely subpoenaed to appear in court. Medical Examiner personnel are available to prosecuting or defense attorneys to discuss any testimony prior to trial.

It should be recognized and understood by both prosecutor and law enforcement officers that the Office of the Medical Examiner, or any member of the staff, are not in any sense of the word, solely an agent of the prosecution. They are to be considered independent professional witnesses.

Medical findings of the Medical Examiner may be made available to representatives of the defense as well as the prosecution.

NO JURISDICTION ASSUMED (NJA) DEATHS

In deaths where no jurisdiction has been assumed by the Medical Examiner's Office (see pg. 1:4), the NJA number and a brief description of the death is kept within a database. This information is available to law enforcement agencies and may be obtained by telephoning the Medical Examiner's investigators during usual business hours.

CHAPTER 6:

MEDICAL AID PERSONNEL AND THE MEDICAL EXAMINER

It is understood that medical, paramedical, Fire Department, or ambulance personnel should take any steps necessary to render life saving aid. These personnel and/or Patrol Officers should be aware that once death is pronounced by Medical, Fire Department, or ambulance personnel, then **all activity** to the body should cease.

Once death is pronounced, the body is then considered evidence and thus it is the responsibility of the Officer to secure the body and scene. No one should be allowed to tamper with or move the body without the permission of the Medical Examiner.

It is important that the body and its surroundings (including weapons, and/or devices), be preserved in order to allow the Medical Examiner and police investigators to judge the nature and degree of investigation required. If a body is in public view, it should be covered and care taken to keep the public away from the body.

Emergency personnel should not take it upon themselves to transport the body to the Medical Examiner's Office without first clearing this action with the Medical Examiner. This can be done by telephone (206.731.3232 Ext. 1) or radio communication.

Knowledge of medical care given the deceased by the emergency personnel can be of significant value to the Medical Examiner. In order to be most helpful to the Medical Examiner, any intravenous lines, tubes, and dressings should be left in place, any needle puncture wounds made should be circled with a ballpoint pen and initialed "RX".

The "run" sheet, indicating any treatment given to the decedent should be made available to the Medical Examiner Investigator upon arrival at the scene.

Any blood or urine recovered or drawn should be saved and turned over to the Medical Examiner's investigator.

In treating a person, emergency personnel should not use bullet holes or knife wounds for insertion of tubes, etc., because this will destroy valuable evidence that is utilized in the interpretation of injuries. In cases of ligature strangulation, the type of knot, the position of the knot, and the general appearance of the ligature all contribute to an understanding of events.

Frequently emergency personnel will have valuable information about the terminal event. Any information, including suspicions concerning the death, should be relayed to the Medical Examiner's investigator and to the responsible police agency. Identity of the emergency personnel and the telephone number where they can be reached should be left with the Medical Examiner investigator should follow-up contact prove necessary.

Since it is the duty of the Medical Examiner to notify the next of kin, emergency personnel need not search the body, clothing, or premises for identification. After death, it is best to allow the Medical Examiner's investigator to contact the family physician. If emergency personnel have made contact with the physician prior to death, that information should be given to the Medical Examiner's investigator.

CHAPTER 7:

FUNERAL HOME PERSONNEL AND THE MEDICAL EXAMINER

The funeral home employees need to be aware of the types of death that should be reported to the Medical Examiner (See pp. 1:1 – 1:4). Whenever it becomes apparent that a death should be reported, it is incumbent upon the funeral home personnel to report the death to the Medical Examiner at once. Medical Examiner notification must be done before embalming. Such deaths should be reported even though the decedent's physician may have agreed to certify death. Early reporting will prevent needless disruption or inconvenience to the family and the funeral director. Funeral home personnel should not assume that a hospital, nursing home, etc. has already notified the Medical Examiner in such instances, but should notify the Medical Examiner directly for assessment.

When death comes under the jurisdiction of the Medical Examiner, funeral personnel may not remove a body from the place of death, without permission of the Medical Examiner. It is an unacceptable practice to make a removal of the body on the verbal opinion of the family that the doctor will sign the death certificate. The doctor should be contacted as well as the jurisdictional Police Agency in order to learn whether or not the death will be certified. In addition to his/her own observations, funeral home personnel should inquire of both family and physician whether there was any accident or injury associated with the death.

In some instances family physicians will be willing to certify death because the cause of death is consistent with the previous medical condition even though the physician did not visit or attend the patient in the thirty-six (36) hours before death.

In these cases, in order to meet the legal requirements of the reporting statute, the Medical Examiner's Office must be contacted. A "No Jurisdiction Assumed" number will be assigned to the case.

INJURY DEATHS CERTIFIED BY AN ATTENDING PHYSICIAN

There are deaths involving injury that can be certified by the attending physician. This occurs most commonly in falls in the elderly. It is the policy of the Medical Examiner's Office to consider all significant fractures sustained by the elderly in a fall as contributing to death and therefore accidental in character. These deaths require an investigation.

The attending physician may complete the certificate as long as the circumstances under which the injury was sustained are clearly identified. Such deaths are given a regular investigative case number, and a record of the injury and the circumstances surrounding the injury is prepared. Frequently these deaths are not reported directly to the Medical Examiner's Office by the physician because they are unaware of the requirement to do so.

Consequently, it is necessary that the funeral director immediately notify the Medical Examiner of the injury-related death so that the physician or funeral home can accurately complete the death certificate. The **completed** original certificate is to be brought to the Medical Examiner's Office for review. A Medical Examiner case number must appear on the death certificate for filing with Vital Statistics.

This process is separate from the "NJA" procedure where it is not necessary that the certificate be reviewed by the Medical Examiner. The NJA reporting only requires that the NJA number appear on the certificate when filed with Vital Statistics.

If at any time there is confusion regarding the administrative processing of death certificates, the Medical Examiner's Office should be contacted as soon as possible, in order that any delay associated with filing of a completed death certificate can be avoided.

BURIAL/TRANSIT PERMITS

A permit is required from Vital Statistics before a body can be buried, cremated, or removed to another county or state. In accordance with Vital Statistics, the Medical Examiner's Office will issue permits on weekends, holidays, after business hours, in **emergency** situations only. It is stressed that this service is provided to augment and not to replace the burial-transit permit function of Vital Statistics.

INDIGENT REMAINS

In accordance with **RCW 68.50.010** the King County Medical Examiner has jurisdiction over unclaimed human remains.

In most instances, the Medical Examiner staff is able to locate next-of-kin. However, in those few deaths where a representative cannot be located, the King County Medical Examiner has been given authority under **Executive Ordinance #11073** to authorize cremation.

Where there is no known legal next-of-kin or representative, or when the funeral director determines that the next-to-kin does not have the ability to pay for disposition, the funeral director is eligible to apply directly to the King County Indigent Remains Program (**206.731.2887**) for financial assistance including payment for cremation.

CHAPTER 8: MISCELLANEOUS INFORMATION

GEOGRAPHIC JURISDICTION

The Medical Examiner's jurisdiction begins at death. The office has no jurisdiction over living persons. Jurisdiction is determined by the location where death occurs or where the body is found--not where the injury occurred. The Medical Examiner's geographic jurisdiction falls within the borders of King County, Washington.

Deaths that occur on federal property, which include military bases or Veteran's Administration Hospital are not strictly within the jurisdiction of the Medical Examiner.

If the death occurs on non-military federal property and there is some suspicion of homicide or other criminal activity, the death may be primarily investigated by the Federal Bureau of Investigation.

The Medical Examiner may investigate any death occurring on federal property if invited to do so by the respective federal authorities. In practice, nearly all deaths on federal property in King County are investigated by the Medical Examiner. This applies to deaths of both military and civilian personnel.

HANDLING AND CARE OF HUMAN REMAINS

All human remains, regardless of their state of preservation, will be handled with the dignity befitting what they represent. An autopsy examination is required by the Medical Examiner to accurately certify the cause and manner of death -- this will be done in a timely manner.

Once the examination is complete, the funeral home that has been designated by the surviving family as the responsible agent for disposal of the human remains will be notified.

There are instances where criminal action is responsible for the death and a defendant's attorney appeals to the Medical Examiner to retain the body; this

shall only be contemplated after consultation with the Prosecuting Attorney's Office.

PERSONAL PROPERTY PROCEDURE

Any and all personal property that accompanies the decedent to the Medical Examiner's Office will be released to the next of kin or other person authorized **in writing** by the next of kin, (unless such property is to be used as evidence in a criminal proceeding).

Generally, personal property can be picked up during normal working hours at the Medical Examiner's Office. In those cases in which personal property is used in criminal proceedings, the property can be obtained from the police department, which has jurisdiction over the case.

If next of kin cannot be located, the personal property will be turned over to the King County Finance Director. The finance director holds the property for periodic auction.

If the property owned by the deceased is in excess of \$2,500, the property is turned over to an attorney to institute probate proceedings. The Medical Examiner's Office maintains a list of interested attorneys who are assigned probate cases on a 6-month rotating basis. Probate proceedings follow the appropriate Washington State laws.

RELEASE OF INFORMATION

The King County Medical Examiner's Office is required by law to make available for public inspection all public records maintained by this office. Public records include the final report prepared by the investigator of every death investigated by this office. Specifically exempt from disclosure are all preliminary records and notes of the investigators. Additionally, all autopsy reports are confidential, by state statute.

According to **RCW 68.50.300**, the Chief Medical Examiner has the authority to release information publicly, concerning the death of an individual, if this information will aid in the timely identification of the deceased.

The Chief Medical Examiner, under the same statute, may also withhold information for a period up to 48 hours if the identity of the decedent is known but the next of kin have not yet been notified.

This gives the Medical Examiner a period of time to make a good faith effort to locate and notify next of kin before any public announcements are made.

The Chief Medical Examiner has no authority or right to disclose any documents, including medical records, which have not originated from this office. Such documents must be requested from their original source. These include the police and traffic reports, which may or may not be released by law enforcement agencies and certified copies of death certificates which will be released by the Vital Statistics Office of the Public Health Department, Seattle & King County. Medical or hospital records are not public records and therefore not disclosed to the public. Suicide notes are personal property and not a public record--consequently their content is not disclosed.

By statute (**RCW 68.50.105**) the reports and records of autopsies are confidential and not available for public inspection. These reports are available only to the family¹, attending physician, prosecuting attorney, and investigating law enforcement agencies, public health officials and the Department of Labor and Industries if they have an interest in the death.

The family of the decedent may request to discuss the autopsy report with either the attending physician or the investigating Medical Examiner. Any other person, who seeks a copy of the autopsy report, must obtain a court order to do so. There is a fee, payable to the King County Medical Examiner, for duplication of the autopsy report.

DEATH CERTIFICATE

A certificate of death must be filed with the Vital Statistics Office of the Public Health Department, Seattle & King County, before burial or other disposition of a body. A certificate of death contains personal information about the decedent, (name, age, marital status, parents and spouse's name, etc.) time, location, cause, and manner of death.

The Office of the Medical Examiner certifies or approves the certification of all deaths over which jurisdiction is assumed. This is ordinarily completed within three days following death. Occasionally completion of the death certificate by the Medical Examiner's Office will be delayed due to various circumstances surrounding the death.

¹ Family (per RCW 68.50.105) "means surviving spouse, any child, parent, grandparent, grandchild, brother or sister of the decedent."

If there is uncertainty as to the cause or manner of death following autopsy, investigation by the Medical Examiner's Office continues. Investigators may continue to search for more information regarding the circumstances of death. Laboratory tests may be done on samples taken from the body at the time of autopsy. Toxicological tests may be done on body fluids. Tissue samples are examined microscopically. All this is done in order to accurately determine the cause and manner of death and may result in a delay in the completion of the death certificate.

This does not mean that burial will be delayed until the death certificate can be completed. A certificate of death is filed at the Vital Statistics Section of the Seattle—King County Public Health Department with certain sections of the certificate incomplete until the results of the follow-up activities are complete. A certified copy can be obtained from the Vital Statistics Office of the Public Health Department, Seattle & King County **(206.296.4768)**.

NURSING HOMES AND THE MEDICAL EXAMINER

Nursing home personnel should be familiar with all of the types of deaths to be reported to the Medical Examiner, (pp. 1:1 – 1:4).

The most frequent types of nursing home deaths that are reported to the Medical Examiner's Office are deaths where a fracture is present. **If there is any doubt whether to report a death, please report the death and let the Medical Examiner make determination of jurisdiction.** A report should be made to the **Medical Examiner's Office at 206.731.3232 Ext. 1.** The investigator will assess jurisdiction. Information concerning the deceased's medical history will be obtained at this time.

If the Medical Examiner assumes jurisdiction, an investigator will speak with the physician to assess the nature of the injury. He/she will then validate the information surrounding the death.

If the determination is made that the Medical Examiner will not assume jurisdiction, the case will be assigned a "No Jurisdiction Assumed" (NJA) number, (See pg. 1:1 – 1:4) and will be processed accordingly.

MEDICAL RECORDS

The King County Medical Examiner is authorized under **RCW 70.02.050**, to obtain all applicable medical Records. The medical records of the deceased are frequently an integral element in determining the cause and manner of death. In conjunction with the investigation of sudden, unexpected, or violent death, the Chief Medical Examiner has the power to issue subpoenas for medical and dental records, documents, and/or specimens that are necessary for the full investigation of any case (**King County Ordinance #5057**).

In the vast majority of Medical Examiner cases, the investigator in charge will request and be given a copy of the records. Ordinarily, the investigator will call the hospital, doctor or nursing home, request a copy of the deceased's records and inquire as to when the copies will be available. A subpoena for records will be issued only if the custodian of the records fails to respond to the original request, or requests that a subpoena be issued.

PRESUMPTIVE DEATH CERTIFICATES

Presumptive certificates are normally issued where no body has been recovered but all information including law enforcement agency reports, affidavits of eye witnesses, newspaper clippings, and statistical information of the alleged deceased indicates a death has occurred. Family members or attorneys representing a family that wish to obtain a presumptive death certificate, should present all relevant case information to the King County Medical Examiner's Office.

Law enforcement officials, as well as prosecuting attorneys; may also request a presumptive death certificate. The Chief Medical Examiner will review all pertinent information and a presumptive certificate will be issued depending on the circumstances of the individual case.

The statute that permits the Medical Examiner to issue presumptive death certificates is **RCW 70.58.390**. Other laws relevant to the presumptive death certificates include **RCW 70.58.160, RCW 70.58.170, and RCW 70.58.180**.