PLACER COUNTY
SHERIFF
CORONER-MARSHAL

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DEVON BELL
SHERIFF-CORONER-MARSHAL

WAYNE WOO
UNDERSHERIFF

CORONER MANUAL

DEVON BELL

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CORONER MANUAL INFORMATION

This Coroner Manual is designed for the Deputy Coroner's use and reference while working Coroner cases.

The Deputy Coroner must be aware that his/her greatest obligation is to perform a THOROUGH and CAREFUL examination of ALL the circumstances surrounding Coroner's cases. It is especially important that this obligation be fulfilled by the initial responding officer.

While it would be impossible to include all possible scenarios, specific information is included in this Manual to help cover the most common questions/material which should be addressed; during the investigation and in the preparation of the written report.

This Coroner manual is arranged in two sections:

1. **General Information- information regarding general Coroner duties and responsibilities (page numbers starting with "G")**
2. **Specific Types of Cases- information on each cause of death type, arranged alphabetically (page numbers starting with "CT")**

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Contents

JURISDICTIONS

I. PURPOSE

This Standard Operating Procedure Coroner Manual is intended to provide all Deputy Coroners with basic guidelines for the everyday performance of their duties.

Although every sworn Officer in this department is considered a Deputy-Sheriff-Coroner-Marshal, for the purpose of simplicity the term "Deputy Coroner" is used throughout the text of this manual to signify an officer working in that capacity.

II. GENERAL

The Deputy Coroner acts for the purpose of protecting the rights of and speaking for the deceased and assisting the living. Proper investigation of a Coroner case is as important as any criminal investigation, and may develop into one.

As with any investigation, there is no set of rules that must be followed. Each case has its own facts and circumstances which makes it unique and should be handled as the situation warrants. Common sense and procedures should guide the investigation.

III. JURISDICTION

There will be instances where the responsibilities of the Deputy Coroner are required in the incorporated areas of the county.

Generally, the Deputy assigned will perform the obligations and functions of the Deputy Coroner and only as a Deputy Coroner in the incorporated areas of the county.

IV. WORKING RELATIONSHIPS

It is imperative that good working relationships are maintained between all Sheriff's divisions, law enforcement agencies, and other investigative agencies within the county.

To accomplish this, a free exchange of information is strongly encouraged.

V. JURISDICTION WITH OTHER COUNTIES:

There will be times when a Deputy Coroner will relinquish jurisdiction to an outside agency.

In the event the decedent has been brought into Placer County Hospital but was a victim from another county:

1. That County will be notified of the death to determine if they would like jurisdiction.
2. A jurisdiction letter will be provided releasing the decedent to that County.

GOVERNMENT CODE SECTION 27491

DEATHS REQUIRING CORONER'S INQUIRY

Government Code §27491. It shall be the duty of the Coroner to inquire into and determine the circumstances, manner, and cause of:

1. all violent, sudden, or unusual deaths;
2. unattended deaths;
3. deaths wherein the deceased has not been attended by a physician in 20 days prior to the death;
4. deaths related to or following known or suspected self-inducted 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 additions, strangulation, aspiration, or 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 hazard;
12. deaths from occupations disease or occupational hazards;
13. deaths of patients in state mental hospitals serving mentally disabled and operated by the State Department of Mental Health;
14. deaths of patients in state hospitals serving developmentally disabled and operated by the State Department of Developmental 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; and
16. any deaths reported by physicians or other persons having knowledge of death for inquiry by the coroner.

Inquiry pursuant to this section does not include those investigative functions usually performed by other law enforcement agencies.

In any case in which the Coroner conducts an inquiry pursuant to this section, the Coroner or a deputy shall personally sign the certificate of death. If the death occurred in a state hospital, the Coroner shall forward a copy of his or her report to the state agency responsible for the state hospital.

The Coroner shall have discretion to determine the extent of inquiry to be made into any death occurring under natural circumstances and falling within the provisions of this section; and if inquiry determines that the physician of record has sufficient knowledge to reasonably state the cause of death occurring under natural circumstances, the Coroner may authorize that physician to sign the certificate of death.

For the purpose of inquiry, the Coroner shall have the right to exhume the body of a deceased person when necessary to discharge the responsibilities set forth in this section.

Any funeral director, physician, or other person who has charged of a deceased person's body, when death occurred as a result of any of the causes or circumstances described in this section, shall immediately notify the Coroner. Any person who does not notify the Coroner as required by this section is guilty of a misdemeanor.

CORONER REPORTS

I. PURPOSE

To differentiate the various types of Coroner cases and the forms used with them, keeping in mind that any time during the investigation the report type (and form) may change.

II. REPORT TYPES: "CORONER FIELD REPORT/FULL" vs "REPORTABLE NON-CORONER REPORT/NATURAL" vs "DISP-4/HOSPICE":

A. A full ***Coroner Field Report*** must be written for all cases in which, after due investigation, the Deputy determines a physician is not authorized (per Govt. Code 27491) or willing to sign the death certificate. These cases are usually transported to the morgue.

B. The ***Reportable Non-Coroner*** **Form** is to be completed when a Deputy Coroner responds to a death, and by means of investigation, establishes the case does not fall under Govt. Code 27491, and locates a physician to sign the death certificate. These cases are **NOT** transported to the morgue.

C. ***Dispo-4 Coroner Cases*** are those in which the death is expected by the physician has not seen the decedent within the prescribed 20-day limit (typically Hospice cases). If, after checking with the Patrol Supervisor or Deputy Coroner Investigator, the case receives authorization to extend the 20-day limit, the case may be listed as a "11-44H" with the required information communicated to Dispatch. No report need be written by the Deputy Coroner *as long as dispatch has the required information.*

III. EVALUATION OF "NON-CORONER" CASES

A. A large number of death cases reported to the Coroner's Division are routinely released to the attending physician to assign a cause of death and sign the death certificate. This is an area in which some discretion is given to the Deputy Coroner's Supervisor.

B. Typically, these deaths are reported by hospice workers, hospital staff, physicians, family members, mortuary staff, or police department personnel who have been called to the scene of a found dead body.

In some cases, the death is unnecessarily reported by people who do not know what cases are required to be reported to the Coroner's Unit. In still other cases, the report of death is delayed because people failed to report a death at the time of the demise.

C. A Deputy Coroner will conduct an investigation into the circumstances of all reported deaths. If, after the preliminary investigation is completed, and:

1. the Deputy is confident that the death was of natural causes and origin, and
2. the attending physician has said he will state a cause of death, and
3. no further Coroner Unit involvement is necessary, and
4. a supervisor has been advised and has approved, unless the Coroner is assigned to the Coroner's Division,

Then the attending physician may be permitted to sign a death certificate.

Please Note: To determine if, in fact, the physician will sign the certificate of death, speak directly with him/her and obtain from him/her the cause of death. **Do not rely on a physician's receptionist for accurate information in this regard.**

**** Be careful in cases where a physician is going to list the immediate cause of death as due to injury sustained in an accident, homicide, or suicide attempt. (There is no statute of limitations on deaths due to accident, homicide, or suicide). This will require a full Coroner Report.**

WRITING THE "CORONER FIELD REPORT"

I. PURPOSE

To give the investigating Deputy Coroner an outline of basic information required to write a Coroner Field Report.

While no two Coroner Cases are the same, the following information is provided in an effort to assist in writing a report which contains the most pertinent information possible. The statements preceded by asterisks (**) are the areas most commonly overlooked.

REMEMBER, YOU CAN NEVER INCLUDE TOO MUCH INFORMATION IN YOUR REPORT.

II. CORONER FIELD REPORT – FACE SHEET

BOX #	INFORMATION
1A, 1B	Date and time reported to this office
1C	Name and ADDRESS of person reporting case to this office **(RP info)**
1D	Name and Deputy Coroner that is dispatched to the scene
1E	Case number
1F	Name of dispatcher or Officer who received the report from the reporting party
1G	Tentative classification / Manner of Death: **Homicide, Suicide, Accidental, Undetermined, Natural.**
1H	Indicate whether a physician will sign the death certificate. (If so, Complete the NON-CORONER CASE Form **(NCC)**
2A, 2B, 2C	Decedent's full name – **First, Middle, Last** (Double check the correct **legal** spelling of the name). This information goes directly on the death certificate. Errors can cause lengthy delays for the family.
2D, 2E	Date and time of death. *****This date and time will coincide with 11C and 11D below.*** (This information also goes directly on the death certificate, so it is very important that it is accurate).
2F-2O	****Be certain that the age corresponds to the decedent's date of birth.** ****For "Teeth" use terms "NATURAL", "DENTURES" or "NONE".** *(DO NOT put "Own", "False" or "Yes").*
2P	Name of person or method used to make identification. "Medical Records", "California Driver's License Photograph", "Spouse", "Sister" etc.

3A, 3B	***DECEDENT'S*** Home address. *****Not the address of the person making identification***.
4A	Physician Information *****Include the physician's telephone number for possible future contact.***
4B	Previous hospitalization / medical information *****VERY IMPORTANT** IF THERE IS ANY INDICATION (EITHER BY LIFESTYLE OR MEDICAL HISTORY) THAT THE DECEDENT HAD AIDS, HIV, HEPATITIS, TUBERCULOSIS, OR ANY OTHER HIGHLY COMMUNICABLE DISEASE. LIST IT CLEARLY HERE.*** *****ALSO CLEARLY MARK THE TOE TAG WITH THE INFORMATION AND NOTIFY THE PERSON MAKING THE REMOVAL.***
4B-Cont	** A brief overview of information, preferably obtained from physician or medical records. ****Be sure to elaborate in the text of your report. "Treated for Cancer", "Treated for Heart problems", What kind of treatment? How long ago? Etc.** **If previous illness or injury is involved, obtain the date and time, what happened and where it occurred. **When an accident is involved, obtain as much information as possible. (Regarding time, place, circumstances and associated medical treatment). This information is required on the death certificate. **Contacting the family is a good place to start for medical information, however, a more reliable/accurate source is the decedent's physician. Keep in mind that the family may not want to divulge everything about the decedent's medical history (HIV, etc). Consider also that the decedent may have withheld some medical condition(s) from his loved ones, but his physician would have that material for you.
5A	**List specific place of death, i.e. residence, yard area, creek, Foothill Oaks Convalescent Hospital, Etc.**
5B	For hospital deaths include appropriate letters to designate if the decedent was an in-patient, died in the Emergency Room / Out Patient, or was Dead On Arrival.
6A, 6B, 6C	**Self-Explanatory**
7A	List names **AND DEPARTMENTS** of any other investigators involved.
7B, 7C	**Self-Explanatory**
8A, 8B	**Self-Explanatory** ****Use name of Person, NOT the firm making removal to morgue**
8C	*Leave Blank*

9A	Closest surviving relatives: **Names, addresses and ***TELEPHONE NUMBERS*** **Show relationship
10A	Name and address of ***Family Member*** notified. ****10B – "IN PERSON" not "Verbal"** ****10C – The NAME OF THE PERSON (and Department if outside agency) who made notification not "By Telephone".**
11A, 11B	Name and address of person who pronounced death. **This may be a doctor, emergency medical technician, police officer or citizen if they actually made the pronouncement.
11C, 11D	List the date and time. **This ***MUST COINCIDE*** with the date and time on 2D and 2E, above.
11E-11H	Name and address of the person who last saw the decedent alive or *presumed* alive. **Include date/time ****IF A PERSON COMES INTO THE E.R. UNDER CPR, DO NOT LIST THE E.R. DOCTOR AS THE PERSON TO LAST SEE THE DECEDENT ALIVE. DETERMINE WHO LAST SAW HIM/HER OBVIOUSLY ALIVE (WALKING, TALKING, ETC.) AND LIST THEM IN THES AREA.*** ****IF YOU FIND NO RECENT IN-PERSON CONTACTS, IT'S OKAY TO LIST "TALKED ON TELEPHONE", BUT MAKE SURE YOU INDICATE SO.***
11I	List where the decedent was last seen alive, i.e., residence and address, location where accident occurred, etc.
12A-12E	**Self-Explanatory ****Use for homicides and suicides only. ****Do not use for accidents.**
12C	***PLEASE ANSWER THE QUESTION "WHERE FOUND".***
13A-13D	**Self-Explanatory ****Use only for Suicides.**
14A-14E	Indicate if property was taken and/or released and to whom. *****ALL CORONER CASES TAKEN TO THE MORGUE* must have a property receipt, whether or not property was taken. ****List receipt number**
14F-14J	**Self-Explanatory ****In cases of vehicle accidents, obtain full information from California Highway Patrol or investigating agency.**
14K-14O	**Self-Explanatory**
14L	Circle either "RELEASED" or "SEALED" as well as providing a name.
WITNESS INFORMATION	Witnesses may be Next of Kin (NOK), witnesses, ambulance personnel, doctors, nurses, etc. *****Do not use initials "RP", "W", Etc in text of your report.*** ****LIST TELEPHONE NUMBERS****

III. TEXT OF REPORT

A complete Coroner Investigation report reflects favorably on the officer conducting the investigation and the department. Always keep in mind the fact that unlike other reports the Deputy may write, the Coroner Report becomes **PUBLIC INFORMATION** once it is filed with the Records Division.
The final report also serves as the *"Coroner Register"* which is mandated by Section 27463 of the California Government Code. Therefore, make your report as complete and accurate as possible.

Once again, recognizing that the circumstances of Coroner cases can vary widely, you must include these following points in the text of the Coroner report.

A. DISPATCH AND ARRIVAL

The report should commence with a brief statement on being dispatched. This is immediately followed by the time of arrival, location and a statement from the reporting party or the person in charge of the scene.

B. INVESTIGATION

First observations should next be reflected. These observations should be relative to the scene and the body, as applicable.

The investigating Deputy should then interview any witnesses or informants available, listing their names, addresses and telephone numbers on the face sheet.

1. Witnesses may be next of kin, ambulance personnel, doctors, nurses, etc. The initials "RP", "W", etc. ARE NOT ACCEPTABLE WIHIN THE TEXT OF THE REPORT – Use the names of the people interviewed.

2. Write a synopsis of the information received from each person interviewed. This should consist of, but is certainly not limited to, the following:

    a. When was the decedent last seen alive?
    b. What were the events leading up to the death? What was the decedent doing?
    c. When did the decedent last eat? What did he/she have?
    d. List any complaints of illness and related pain. How did the decedent react?

    Remember, the decedent may have withheld information from his/her loved ones to protect them. Be certain to *talk with his/her physician(s) for more reliable/accurate information.*

BE SPECIFIC. *Include enough information so someone reading your report would have no questions regarding the medical history of the decedent. If the decedent had cancer or heart disease, list what kind, what treatment, how long he/she had the problems.*

e. If the decedent had surgery, indicate what kind (again, be specific and **ASK QUESTIONS**) and when.

f. Indicate whether the decedent had any suicidal ideations. What medications were being taken, ***ESPECIALLY IF THE PERSON WAS SUICIDAL.***

C. VIEWING

Describe the position of the body (with compass directions if outside the residence).

Describe the clothing worn.

The body condition should then be noted in regard to algor mortis (body temperature), rigor mortis, postmortem lividity (P.M.L.).

List any signs or evidence of trauma.

Morgue viewing. EVERY DECEDENT (EXCEPT HOMICIDES) IS TO UNDERGO A NUDE VIEWING. If this is not possible at the place of death, it is to be done at the morgue. Any and all features of note are to be recorded. List any injuries, tattoos, scars, or marks as well as any of the previously mentioned biological conditions.

D. MEDICAL HISTORY

BE SURE TO ATTEMPT TO CONTACT THE DECEDENT'S PHYSICIAN(S). Record all contacts you made with a physician and a statement of the information obtained, including the physician's telephone number. Also make note if you attempted to contact the physician and he was not available.

Medical Records – Obtain a copy of the decedent's medical records from the hospital, physician, ambulance company, etc. and attach to the report. Section 27498 are your authorities to obtain these records. Most facilities are aware of the law and will release them without argument, however, if they are reluctant to hand them over to you, you may use the form "REQUEST FOR MEDICAL RECORDS IN LIEU OF SUBPOENA".

E. MEDICATION

Medications – All medications being taken by the decedent are to be seized, inventoried, listed on a "Medication List / Property Record" sheet and left with the body at the morgue. A copy of the Medication List is to be left at the morgue attached to the bag of medications. An additional copy is to accompany the original report.

F. NOTIFICATION

Who was notified of the death? What time and how were they notified? By whom? What is their contact information?

G. IDENTIFICATION

How were they identified? Did they have any Government Identification? (Include ID Number).

H. PROPERTY EVIDENCE TAKEN

What was taken; provide receipt number; where is the property? Was anything left at the scene or given to Next of Kin? Was the house or room sealed with "Coroner Seal Tape"?

WRITING THE "REPORTABLE NON-CORONER/NCC" REPORT

I. PURPOSE

To give the investigating Deputy Coroner an outline of basic information required to write a Reportable Non-Coroner / NCC Report.

II. GENERAL INFORMATION

A. Keep in mind that at any time your findings when taking/writing a Reportable Non-Coroner Report may dictate a change to a full Coroner Field Report.

B. The following information is provided in an effort to assist in writing a report which contains the most pertinent information possible. The statements preceded by asterisks (**) are those areas most commonly overlooked.

III. FACE SHEET

HEADING:	Self Explanatory. **Be sure to obtain the telephone number of the RP.
DECEDENT INFORMATION:	Self Explanatory. Please ensure that the correct date of birth and age are listed.
PLACE OF DEATH:	Self Explanatory **Please put address for location.
PHYSICIAN INFORMATION:	Self Explanatory. **Please be sure to list the physician's telephone number.
****CAUSE OF DEATH:**	Ask the physician to be SPECIFIC about the cause. "Cardiac Arrest" or "Respiratory Arrest" are NOT ACCCEPTABLE ALONE here. We all die from those. The physician must provide an UNDERLYING CAUSE (what led to the Cardiac/respiratory arrest). ("Heart Attack" is acceptable because it describes what happened to cause the cardiac/respiratory arrest).
MEDICAL HISTORY:	List any other significant medical information/dates here.
****NARRATIVE:**	Include in your narrative information any unusual or significant circumstances contributing to death, but not related to cause given. Note location of body, absence of trauma and presence of any significant scars. List who pronounced death.

****Use additional pages if you need more writing space. Remembering the case could become a full Coroner's case after you turn it in. Keep in mind: it is better to turn in too much information in your report rather than not enough.

****Circumstances must be reviewed and approved by a supervisor for a "Reportable Non-Coroner / NCC Report" to be completed.

****Remember, in order to sign a death certificate, a physician must be an M.D., D.O., or Cardiologist. Physician's Assistants (PA's), Nurse Practitioners (NP's), herbalists or psychiatrists cannot sign a death certificate. This, however, does not prevent any kind of alternative healthcare provider from giving you medical history/background for the report.

NOTIFICATION TO OTHER LAW ENFORCEMENT AGENCIES

I. PURPOSE

To inform the Deputy Coroner of requirements of notification of death to other law enforcement agencies.

II. NOTIFICATION TO OTHER AGENCIES

A. GOVERNMENT CODE §27491.1

"In all cases in which a person has suddenly died under such circumstances as to afford a reasonable ground to suspect that his death has been occasioned by the act of another by criminal means, the Coroner is required to immediately, upon receiving notification of the death, report it both by telephone and written report to the Chief of Police or other head of the Police Department of the city or city and county in which the death occurred or to the Sheriff of the county if the death occurred outside the incorporated limits of the city. The report shall state the name of the deceased person, if known, the location of the remains and all other information received by the Coroner relative to the death."

B. In all suspected accidental, suicide, or homicide cases where the injury occurred within ANY other agency's jurisdiction (i.e., Police Department, CHP, State Parks, etc.) the Deputy Coroner will notify the respective law enforcement agency in whose jurisdiction the injury occurred as soon as possible so that appropriate agency can initiate an investigation.

C. In instances in which a law enforcement agency investigated an incident where the decedent was injured and expires at a later date, that agency is to be immediately notified of the expiration.

D. If the expiration is due to natural causes and occurs in a hospital after the victim had been admitted to that facility, and if there has been no previous investigation by any agency into the matter at hand, it is not necessary to notify the law enforcement agency.

E. It is necessary to notify these law enforcement agencies of all Coroner cases outside any hospital, in order that they may conduct their investigation at the scene.

F. In hospital deaths involving homicides, suicides, and accidental causes, the respective Police Department must be notified immediately in order to conduct their investigation at the scene if necessary

III. HOMICIDES AND OTHER QUESTIONABLE CASES

A. Outside Placer County Sheriff Office Jurisdiction:

1. Notify the agency with jurisdiction.
2. Notify the on-duty watch Sergeant, Lieutenant, Coroner Supervisor, Captain, Undersheriff and Sheriff.
3. Do not collect evidence – The agency having jurisdiction will collect the criminal evidence. Obtain a receipt for any of the decedent's personal property, weapons, etc., taken as evidence from the officer doing the criminal investigation.

B. Within Placer County Sheriff Office Jurisdiction:

1. Notify the on-duty Sergeant, Lieutenant, Coroner Supervisor, Captain, Homicide Investigators, Undersheriff and Sheriff.
2. The collection of evidence will be the responsibility of the Officer in charge of the criminal investigation at the scene.

DEATH NOTIFICATION TO NEXT OF KIN

I. PURPOSE

To establish standard procedures for locating family, determining who is a legal next of kin, and making notification of a death.

II. POLICY

It is necessary to determine the decedent's next of kin to ensure the proper notification of death, disposition of the remains, and release of property.

III. PROCEDURE

Locating next of kin:

All Coroner Deputies have access to the jail and probation systems. These systems can be used for research; (i.e. using past residence locations, relative visits while in custody, social media, decedent's probation officer etc.). All are a good resource for locating next of kin.

IV. DETERMINATION OF NEXT OF KIN

For notification of death, it is only necessary to notify one person.

A. Order of Precedence:

1. Spouse/Domestic Partner (Married or separated – but where the divorce is NOT final)
2. Adult Child
3. Parent / Parents
4. Adult Sibling / Siblings
5. Other relative, family member or person who has acquired the right to control the disposition of the remains
6. Public Administrator

B. For the Body:

1. Durable Power of Attorney for healthcare
2. Spouse / Domestic Partner
3. Adult Child / Children
4. Parent / Parents
5. Adult Sibling / Siblings
6. Other relatives
7. Public Administrator

C. For Decedent's Property:

1. Spouse / Domestic Partner
2. Child / Children
3. Parent / Parents
4. Sibling / Siblings
5. Other relatives
6. Public Administrator

The closest next of kin (or appointee) is to take control of all Coroner Property and to make all final arrangements.

If the person who takes precedence defers responsibility to another, he/she must do so in writing. The person taking control is to provide valid proof of identification.

V. NOTIFICATION TO NEXT OF KIN

Whenever possible death notification shall be made to the appropriate family member in person, NOT via telephone. If the next of kin lives out of the immediate area, contact the local law enforcement agency, brief them on the details and request they attempt to notify the appropriate family member **IN PERSON.**

In Placer County we are fortunate to have the assistance of the Law Enforcement Chaplaincy as support personnel for the task of notification. Their services are also available for counseling of family members in any traumatic case.

Sworn staff has a mandated responsibility for notification to the decedent's next of kin. It is understood that notifying next of kin about the death of a loved one is a sensitive area of the duty. The Deputy Coroner will be as tactful and considerate as possible.

Before any notification to next of kin or release of the name of the deceased person by this office, identification of both the decedent and the next of kin **MUST** be determined with a reasonable degree of certainty.

VI. INFORMATION TO BE CONVEYED TO NEXT OF KIN

The next of kin (or appointee) is to make arrangements with the mortuary / cemetery of their choice. After arrangements are made, the next of kin is to notify this office so the body may be released to the proper mortuary when available.

If the next of kin is from out of state or county and their mortuary contracts with a local agency to pick up and transport the decedent, advise the next of kin that we must have a fax from the funeral home advising of these arrangements. The release document must also state to whom the decedent is to be released and signed by next of kin.

Be sure to leave a business card. The family may be in shock and not recall any of the information you have just provided. They may contact the Placer County Coroner Office for further assistance.

VII. DEATH IN A HOSPITAL OR FACILITY

When a person expires in the hospital or other facility such as a convalescent hospital or rest home, notification to the next of kin is the responsibility of the personnel from the facility. On cases that fall under the jurisdiction of the coroner, the Deputy Coroner will make notification if the hospital or facility is unable to do so. If the next of kin cannot be located, the facility will refer the case to the Public Administrator's Office.

VIII. IN COUNTY DEATH w/OUT-OF-COUNTY NOTIFICATION

A. Within California:

When a person expires unexpectedly in Placer County and the next of kin resides outside of the county, the Deputy Coroner shall contact and request the Coroner's office or law enforcement agency in the city or residence to advise the next of kin of death.

B. Out-of-Country:

The method of handling the notification to next of kin when they reside outside the United States varies and is determined on a case-by-case basis.

If the Deputy Coroner is unable to complete the notification to the next of kin living outside Placer County he / she shall prepare a follow-up request with the oncoming shift and notify the Sergeant.

REQUESTS FOR DEATH NOTIFICATION COMPLETED BY OTHER AGENCIES

I. PURPOSE:

To familiarize the Deputy Coroner with the need for and information to be provided to other agencies for death notification.

II. OUT-OF-AREA DEATH NOTIFICATION:

A. When the next of kin resides out of county, a request must be made of the proper agency for death notification.

B. The means by which this request is made (telephone, fax or teletype) is determined by the department contacted.

C. Information which must be included in notification requests:
   1. Name, address and relationship of person they are to attempt to contact.
   2. Name and date of birth of decedent.
   3. Date and apparent manner of death (Natural causes, vehicle accident, etc.)
   4. Have the person contact the Deputy Coroner or the Coroner Supervisor.
   5. Ask the agency to advise the Deputy Coroner making the request or Coroner Supervisor of the outcome of their attempt/attempts to contact, including who was contacted, the date and the time of contact, or if no contact was made.

Out of country notification to be handled by the Placer County Coroner's Division.

SIGNS OF DEATH

I. PURPOSE

To provide the Deputy Coroner with information basic to understanding the signs of death.

II. SIGNS OF DEATH

A. Per the Uniform Determination of Death Act: "An individual who has sustained either, (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brain stem, is dead. A determination of death must be made in accordance with accepted medical standards."

NOTE: In some hospital cases where "Brain Death" is declared, "Spontaneous" vital functions have ceased, however, the organs may be kept viable for purposes of donation. The person is still considered deceased even though the body is attached to a respirator and means of artificial circulation of the blood.

B. A combination of observable changes in the body will occur at death (unless the decedent's organs are being kept viable for the purpose of transplant). Changes in tissue, muscular flaccidity, changes in the skin or eyes, coldness of the body, post-mortem lividity, rigor mortis and putrefaction are among these and should be noted by the Deputy Coroner report. The extent and intensity of these physiological changes serve as a measure to estimate the approximate time of death.

C. **BODY CHANGES:** A body will usually have a general pale color to the skin. The normal reddish color of the lips and nails disappear as soon as circulation stops or is deficient. There is a general relaxing of the muscles (flaccidity) causing the body to conform to the contour of the surface upon which it lies. There is a pronounced limpness to the extremities. When the body is removed, the head has a tendency to dangle leading the inexperienced to believe that the neck is broken. Muscle control of the bladder and bowels disappear and the contents may escape from the body.

D. **CHANGES IN THE EYES:** The eyelids remain open if they are separated at time of death. The pupils may become irregular in shape and unequal in size due to the loss of muscular control. The eyes also reflect the general loss of body moisture that accompanies death. If the eyelids are open, the drying of the eye surface is more pronounced and is distinguished by a thin opaque film over the eyeballs. This is usually observable within an hour after death depending upon the moisture in the atmosphere.

The eyeballs lose their firmness and tend to sink into their sockets. Later after drying, the white of the eye, becomes yellowish or reddish-brown in color.

E. **<u>ENVIRONMENTAL FACTORS ON BODY TEMPERATURE:</u>** Loss of body heat need not occur after death as the dead body tends to assume the environmental temperature. But, as heat is exchanged from the surface of the skin to the environment it may generally be stated that body temperature will be lower after death.

Normally, a body will feel cold to the touch 8 to 12 hours after death and will generally attain the temperature of the surrounding air after about 24 hours.

F. The rate of body heat loss will depend upon several factors:

1. **Environmental factors:** The greater the difference between body temperature and the environment – air or water temperature – the faster heat loss is from the body. Thus, the rate of body heat loss is slower when the temperature of the body nears the environmental temperature.

   The intensity and quality of air movement and the temperature of the surfaces touching the body will also affect the rate of body heat loss.

2. **The temperature of the body before death:** Deaths resulting from strokes, brain injury, strangulation or sun stroke are usually preceded by a brief rise of body temperature. This condition will affect the rate of body cooling and the determination of the time death occurred.

3. **Insulation of and over the body:** Body fat, the amount of flesh covering the body, or the amount of clothing worn at the time of death will affect the rate of temperature change after death.

G. **<u>POST MORTEM LIVIDITY:</u>** When death occurs and the heart ceases to function, the blood, as a result of gravity, settles in the lowest portions of the body. A purplish discoloration, known as a lividity stain, appears on the skin of the body areas nearest the surface on which the body is lying.

However, post mortem lividity will not appear on the portion of the body in firm contact with the floor or on a supporting surface as the blood vessels in these areas are compressed and prevent the blood from entering and staining the body tissue. Those portions of the body compressed by a constricting object, such as a noose or tight clothing, will also be free of lividity stains.

Although the lividity stains are normally reddish-blue (purple) in color, it is not unusual to find that in some types of death the discoloration will be of a different color. In cases of carbon monoxide and cyanide poisoning, the lividity stains are light red in color. Whereas, in deaths caused by potassium chlorate poisoning, the lividity marks are light brown in

color. Lividity stains retain their color until the onset of decomposition at which time they will appear brownish in color.

Post-mortem lividity may appear as early as one-half hour after death and become highly pronounced after four hours. After lividity is fully developed and the blood has clotted, the staining of the tissue will remain even through the position of the body may be changed. Thus, if a body is found with lividity marks on the upper surface, it is reasonable to assume that it was moved after death.

On the other hand, if the body is moved when the blood is still fluid, the marks will change. A change in the body's position within a period of about 3 to 4 hours after death may cause the original lividity stains to partially disappear and new ones to be formed. But, after 12 hours, new lividity stains will not be pronounced, and the old marks will remain if the body is moved and its position changed.

H. **DIFFERENCE BETWEEN LIVIDITY AND BRUISING:** An inexperienced Deputy Coroner will often confuse a bruise to represent a lividity stain. The difference existing between these two marks may usually be determined in the following manner:

1. A bruise may have a swelling or abrasion whereas lividity does not.

2. The coloring of bruises may vary – black, blue, yellowish-green, etc., whereas lividity stains remain uniform in color.

3. Bruises may appear on numerous parts of the body while lividity only appears on the lower parts of the body – unless, of course, the body was moved before the blood has completely clotted.

If the differentiation cannot be made at the scene, an autopsy will provide positive answers.

I. **RIGOR MORTIS:** Chemical changes occur within the body when the vital functions cease. Initially the muscle tissue loses its firmness and becomes soft and pliable. This general muscular relaxation (Flaccidity) prevails until rigor mortis sets in.

Rigor Mortis: A general stiffening of the body caused by a breakdown of enzymes and the accumulation of acid in the muscle tissue. This condition may be noticed 3 to 6 hours after death and will persist for about 12 hours after full development.

Factors Affecting Rigor Mortis: Numerous factors affect the initial appearance of rigor mortis, the rapidity in which it spreads, and the length of time it remains. Post-mortem rigidity is more likely to appear more rapidly and be pronounced when death is caused by either of the following:

1. Injury to the central nervous system, heat stroke, lightning, carbon monoxide or strychnine poisoning, and burning.

2. Extreme muscular exertion immediately before death will hasten the setting of rigor mortis in those muscle groups that were used.

3. The development of rigidity is also rapid in the bodies of children and weakened or emaciated persons. It is delayed in a heavily muscled body.

4. Lower temperature will accelerate the development of rigor mortis, but on the other hand it slows its disappearance.

5. In situations that may be termed "average" – normal room temperature (60-70 degrees), medium body build, and when the victim was engaged in little or no activity at the time of death, rigidity may be initially observed in about four hours and will have developed throughout the whole body in about ten hours.

Rigidity gradually spreads throughout the body beginning in the facial muscles (jaw, 3 to 4 hours). It then extends to the neck, the fingers, wrists, elbows, shoulders, knees, hips, and finally the abdomen.

Rigidity then recedes in the same order as it appeared. Bodies of emaciated persons and infants will show a relatively rapid loss of rigidity. Usually the traces of rigor mortis disappear after 24 hours and the body once again becomes relaxed and will remain in this state until frozen or embalmed.

Cadaveric Spasm: In those deaths marked by severe injury to the central nervous system or emotional and muscular tension, an immediate stiffening of the arms or hands may occur at the time of death. This condition, known as cadaveric spasm, may be confused with rigor mortis. However, the experienced investigator knows that if this rigidity were caused by rigor mortis, that it would also be present in the jaw and neck muscles.

J. <u>PUTREFACTION (DECOMPOSITION):</u> The decomposition of a body occurs at various times in the interval following death. Its appearance will vary with the type of decomposition and environmental factors.

During life, the bacterial activity within the body is kept under control. At death, these controls disappear, and putrefaction may start and progress usually in the intestinal tract or on diseased portions of the body.

The rate of putrefaction is primarily determined by the environmental temperature. The warmer the surroundings, the more rapid becomes putrefaction.

The first signs of decomposition usually appear in the lower abdomen and the external genitals as a greenish discoloration. As the process advances, the skin darkens to the point it is difficult to determine by inspection the natural skin color of the person.

In the early stages, putrefaction will progress more rapidly in the area where lividity is present. Surface blood vessels appear as greenish-brown streaks. Bacterial action produces a gas that causes swelling while an unpleasant odor becomes noticeable. Liquid and gas blisters appear on the skin and gradually turn black. The stomach contents may be forced up through the mouth and the fetus may drop from a pregnant uterus.

Due to the many variables affection the rate of putrefaction, it is extremely difficult to estimate the time of death from the state of putrefaction. However, bodies found in water will shoe certain changes which under certain conditions may help the Deputy Coroner.

If the water is slightly warm, these conditions may be observed:

2 to 4 hours = Skin of fingers and toes nearly white or wrinkled.

24 to 48 hours = This change spreads to the hands and the soles of the feet.

1 week = Outer layer of skin separates from the deeper layer.

2 to 3 weeks = The skin and nails separate from the body.

MEDICAL RECORDS

I. PURPOSE

To outline for the Deputy Coroner the information required and the need to obtain the decedent's medical records in conjunction with coroner cases taken to the morgue.

II. AUTHORITY

Your authority to obtain all records relative to the decedent's medical history may be found in **Government Code §27498**. This section states that as a part of your investigation you are entitled to obtain copies of "all medical records and documents" which, in the opinion of this office, are necessary as a further aid in determining the circumstances, manner, and cause of death.

Should medical personnel need written verification of you authority to obtain these records, you may utilize a copy of the form letter following this section, **"IN LIEU OF A SUBPOENA FOR INQUEST".**

You do not need the family's permission to obtain medical records. They are needed for your investigation. Keep in mind also that after death the patient has no medical privacy rights **(i.e., HIPAA no longer applies).**

III. PROCEDURE

A. Hospital Deaths

1. Obtain any records which pertain to this visit. If the decedent was hospitalized for an extended period of time, select records that will give an overall picture of the progression of the stay. Of utmost importance are the Admitting Diagnosis, any lab results which are significant, and the Discharge Summary, if available.

2. Obtain any samples of blood, urine, and XRAY/CSCANS from the decedent on admission. **Note: You may have to contact the hospital lab for these samples. Again, your authority to take these items fall under the protection of Government Code §27498.**

3. If removing the decedent from the hospital to the Morgue for an autopsy; place the samples of blood and/urine with the body.

B. Residential Deaths

1. Contact the primary care physician. If the decedent has been seeing specialists, talk with them also. Obtain whatever information is available over the phone, including medical history.

2. Obtain copies of medical records. If not immediately available have them faxed to the coroner's office.

MEDICATIONS

I. PURPOSE

To outline the procedure for collecting medications and information needed when medications are found in conjunction with a Coroner Investigation.

II. PROCEDURE

A. When medications are located in conjunction with a Coroner Investigation, the Deputy Coroner will collect those medications.

B. The medications will be inventoried with the following information listed on a Medications Record List:

1. To whom the medication was prescribed
2. Date filled
3. Physician prescribing
4. Medication
5. Dosage
6. Number issued
7. Number remaining

C. Any loose pills will be inventoried and described on the Medications Records List

D. **All medications and a copy of Medication Records List** are to be transported to the morgue with the remains and placed into the medication locker.

E. A copy of the Medication Records List shall be attached to the original Coroner Report.

F. **NOTE List disposition of medications as follows:**

1. Evidence (If believed to be part of the death)
2. Destruction Only

DO NOT LIST MEDICATIONS ON A CORONER PROPERTY RECEIPT

MORGUE DUTIES:

TRANSPORT - INTAKE – RELEASE

I. PURPOSE

To familiarize the Deputy Coroner with the duties to be performed in conjunction with transportation of bodies to the Placer County Morgue.

II. TRANSPORTATION

A. After the Deputy Coroner has completed the preliminary investigation at the death scene and has determined that it will be a Coroner case, he/she will request removal services (123) via dispatch. In most cases the removal van will go to the location of the decedent, pick up and transport the decedent directly to the morgue.

B. Prior to releasing the body to the removal services (123) the Deputy Coroner will complete a toe tag and provide a completed transportation slip/Chapel of the Valley Removal Form.

III. REMOVAL

A. The Deputy will see that the identification toe tag is completed and attached to the right toe of decedent. If the right toe is missing or mangled, the left toe may be used. If neither is usable, the right ankle may be used. In cases where both lower legs are missing, the right wrist may be used.

B. **IF THERE IS ANY INDICATION OF POSSIBLE INFECTIOUS/CONTAGIOUS DISEASE, I.E., AIDS, ANY HEPATITIS, TUBERCULOSIS, ETC. (EITHER BY LIFESTYLE OR MEDICAL HISTORY) THE TOE TAG AND LOG ARE TO BE CLEARLY MARKED AS SUCH.**

IV. VIEWING AT MORGUE

A. The following procedure is to be used in all **EXCEPT HOMICIDES**

(NOTE: If a THOROUGH, nude viewing was done at the scene of the death, this step may be disregarded).

B. Once the body is in the morgue, the transporter will undress the decedent and place the clothing in a bag.

C. A Deputy Coroner will view the nude remains at the assistance of the morgue assistant, if possible. Note any and all of the following:

1. Post mortem lividity and rigor mortis
2. Injuries or trauma
3. Therapeutic intervention (Tubes, monitor patches, intravenous setups, etc.)
4. All scars, marks, and tattoos

D. The decedent will then be secured in a removal body bag and placed in the refrigeration unit.

V. HOMICIDES AND POSSIBLE HOMICIDES

A. The decedent is to be left fully clothed at the morgue

B. There will be no viewing at the morgue

C. The Deputy will witness the removal technician place the body in the refrigeration unit and leave it as is.

D. The body bag containing the decedent is to be sealed with coroner seal tamper tape and initialed by the Deputy Coroner. The autopsy will not be performed without first checking with the Coroner's Office.

VI. RELEASE OF REMAINS

A. After the autopsy is completed and the decedent is ready for pick up, the mortuary will contact our Coroner's Office.

B. The mortuary attendant will provide the Coroner Office with a written release for the body. This is the family request which is signed by the next of kin, authorizing the mortuary to handle arrangements.

C. The remains WILL NOT be released to a mortuary without written documentation from the next of kin authorizing the release. A copy of a valid government identification must be included with the signed release.

D. Insure that the release is forwarded to the Placer County Morgue and Coroner's Office

VII. COMPLETING THE MORGUE LOG

A. Indicate your name, badge number, and the date/time of release in the morgue log.

B. The mortuary representative must indicate their name and title of the mortuary in the morgue log.

****Be certain the morgue is secured and the lights are off when you leave****

CORONER'S PROPERTY

I. PURPOSE

To provide the Deputy Coroner with a procedure for identifying, seizing, handling and releasing Coroner's Property.

II. CORONER'S RECEIPTS

A. Coroner's receipts are to be made out on all cases taken to the Morgue regardless of whether any property is taken.

1. Coroner's receipts are to be signed by at least one witness, preferably an outside person.

2. If no property was found or taken, complete the upper portion of the receipt and write "No property taken" across face of receipt in order to protect yourself and the department.

3. Do not enter any property on a Coroner's receipt unless you have that property in your possession.

4. Attach Coroner's receipt to original investigation report.

III. STORING CORONER'S PROPERTY:

A. In cases where there is no authorized person to receive the property at the scene, use the following procedure:

1. When possible, leave all bulky articles in the decedent's house/room and seal all passageways with coroner's seals. Make a notation on the property receipt that the room/house/vehicle was sealed.

2. Take only jewelry, monies, bonds, certificates, guns, etc. as property. Place the items in a properly marked envelope/bag and store in the overnight evidence room as Coroner property.

B. When it is not practical to store bulky articles in a room or when there's no room, bring the property to the Coroner's office or Evidence for safe keeping. Remember, the Deputy Coroner is responsible for the loss of any property coming into his/her custody or of which he has knowledge.

IV. RELEASE OF CORONER'S PROPERTY:

A. The immediate relative in the following order of survival is considered the next of kin:

1. Spouse (legally married or separated, but not divorced)
2. Adult Daughter and/or Son (including legally adopted children)
3. Mother and/or Father
4. Brother and/or Sister (Including half-brothers or half-sisters, but not step-brothers or step-sisters)
5. Public Administrator

B. Coroner's Property is to be released to the closest next of kin. That person is also authorized to make funeral arrangements.

The closest next of kin or decedent's appointee may authorize another person to handle any of these arrangements. Authorization must be made in writing, signed by the authorizing person and with proof of identification of the person appointed.

C. Release of Property

1. Use the original Coroner's Receipt when releasing property to an AUTHORIZED person.

2. Be certain that person signs the original receipt and that you have SIGNED and noted the DATE AND TIME of release on the receipt.

****Note: If there is ANY doubt in your mind about who is to receive the property, DO NOT RELEASE IT.**

[redacted]

[redacted]

[redacted]

[redacted]

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TISSUE AND ORGAN DONATIONS

I. PURPOSE:

To outline the procedures to be followed by Sheriff-Coroner personnel when notified of a potential organ and/or tissue donor.

II. AUTHORITY

California Health and Safety Code Chapter 3.5 (Uniform Anatomical Gift Act)
California Government Code 27491.44

III. POLICY – This policy applies only to deaths which fall under Coroner's jurisdiction pursuant to California Government Code §27491.

It is the policy of the Sheriff-Coroner to cooperate with local organ and tissue procurement agencies (i.e., Sierra Donor Services) to assure the recovery of as many organs and tissues as possible for cases under the Coroner's jurisdiction.

In cases where Homicide or Suicide are known, or suspected, special care must be taken to ensure the circumstances, manner and cause of death can be determined prior to release of the deceased to donor organization for organ and tissue removal. These cases will often involve other Law Enforcement agencies and have the high likelihood of criminal or civil litigation.

The Coroner is authorized to release organs and tissue for recovery to the extent permitted by Health and Safety Code § 7150.20 and 7150.40 and by this policy and procedures. These criteria apply to pre-autopsy recovery of tissue and organs only. After the autopsy is completed and/or the body is released, all requested recoveries are outside the jurisdiction of the Coroner's Office.

If authorization for tissue donation is provided and the recovery will occur at the Placer County Morgue, the following are requests and considerations:

A. If the recovery is occurring between the hours of 1600 hours to 0700 hours, the Patrol Sergeant or Coroner's Investigator will need to make arrangements for access to the Morgue Facility for the recovery team.

B. The recovery team will be informed that they need to be done with the recovery and necessary clean up no later than 0700 hours (Monday-Friday). If recovery is occurring during the weekend there will be no time requirements.

C. The recovery team will obtain the following samples from the donor if the recovery occurs prior to autopsy:
    1. Vitreous fluid (if an eye donor)
    2. Peripheral Blood samples
        a. One Grey Top
        b. One Red Top

IV. ORGAN DONORS

Potential organ donors have suffered BRAIN death, are maintained on a ventilator, and have a heartbeat. The legal time of death is the time of the second brain death note written by the physician. Brain dead patients are legally dead under the Uniform Determination of Death Act.

The Chief Deputy Coroner, Coroner Investigators (assigned to the Coroner Unit) and Patrol Sergeants can authorize the release of organs when requested by Sierra Donor Services. The authorization will be given if the organ donation can occur without jeopardizing the ability of the pathologist to determine a cause of death.

Prior to authorizing organ recovery, the following information will be obtained:

1. Agency or facility making the request.
2. Name and location of the potential donor.
3. Circumstances of the death including a detailed description of all trauma observed.
4. Police agency involved and the likelihood of criminal charges.
5. Tissues being requested.
6. Was consent of next-of-kin obtained?

The potential organ donor MUST be a Coroner's case for this department to become involved with the donation procedure. The jurisdiction of the cases will be determined, and when appropriate, an investigation shall be conducted into the circumstances and manner of the death. This investigation will be completed prior to organ donation. If the organ donation can occur without jeopardizing the ability of the pathologist to determine a cause of death, consent will be given.

DCD Donation – (patient isn't brain dead)

Donation after Cardiac Death (DCD) is an option for organ donation of patients who have a severe neurological injury and/or irreversible brain damage, but still have minimal brain function. The patient is unable to breathe without the aid of a ventilator. After a physician has determined that a patient has no chance for recovery and the family has decided to withdraw support, the family is offered the option of Donation after Cardiac Death (DCD). This allows them to honor their loved one's decision to be an organ donor and directly helps those awaiting a life-saving organ transplant.

Some considerations when approached for coroner release of a DCD Donor:

- Patient isn't legally dead, unlike the brain-dead donor. For that reason, the SDS recovery coordinator and/or coroner liaison will contact the Coroner to request release while the patient is still alive.
- SDS recovery coordinator and/or coroner liaison can request admit blood, medical records, and other items from the hospital normally requested for a brain-dead donor.
- Following withdrawal of the ventilator, cardiac death must occur in 60 minutes for donation to proceed. Otherwise, the patient will return to the ICU and remain on comfort care until cardiac death occurs.
- Even if organ donation isn't able to proceed, it is still possible for the patient to donate tissue and corneas in most cases.

V. IN ALL CASES OF ORGAN/TISSUE DONATION

The transplant surgeons and Tissue Recovery Coordinators shall cease surgical removal procedures if evidence of significant trauma to the affected area is encountered. When internal trauma is identified, the surgeon and/or coordinator shall immediately contact the Coroner's office and speak directly to a Deputy Coroner for instruction on how to proceed. All trauma will be fully documented by the transplant team and submitted to the Coroner's Office.

The following categories are different types of deaths and should be referred to when considering donations.

VI. CATEGORY

A. CATEGORY 1 – Children under 12 years of age.

1. **Public witnessed near drowning:**
   Allowed: Eyes and anything below the neck.

2. **Cases covered in categories 2, 3, 4 and 5:**
   Will be determined after consultation with the Coroner's Office.

3. **SIDS and Infectious cases:**
   Case by Case Basis

B. CATEGORY 2 – Homicides (Including Officer Involved Shooting)

NOTE: All homicide(s) cases where there is the potential for donation the Coroner's office will confer with the law enforcement agency having jurisdiction, Placer County District Attorney, and the Placer County Forensic Pathologist, prior to releasing any organs.

1. **Child Abuse:**
   Case by Case Basis

2. **Gunshot wound of the head:**
   Allowed: Anything below the neck, following receipt of adequate oral report from attending physician or organ procurement organization (OPO) representative documenting lack of trauma to area of recover. If history or medical documentation is questionable consultation with the Chief Deputy Coroner and/or Pathologist will be necessary.

3. **Other gunshot wounds:**
   Allowed: Anything not affected by the track of the gunshot. Following receipt of adequate oral report from attending physician or OPO (organ procurement organization) representative documenting lack of trauma to area of recovery. If history or medical documentation is questionable consultation with the Chief Deputy Coroner and/or pathologist will be necessary.

4. **Non-gunshot wound Homicides (blunt trauma, stab wounds)**
   Allowed: Anything not affected by trauma, following receipt of adequate oral report from attending physician or OPO (organ procurement organization) representative documenting lack of trauma to area of recovery. If history or medical documentation is questionable consultation with the Chief Deputy Coroner and/or pathologist will be necessary.

C. CATEGORY 3 – Accidents (Including Motor Vehicle Accidents)

1. **Vehicle VS Pedestrian (includes bicycle or motorcycle)**
   If the Deputy Coroner has obtained relevant information from the concerned law enforcement agency and it is clear that criminal charges are not pending, donation is allowed for organs and tissue uninvolved by trauma.

   If criminal charges are being considered, consultation with Chief Deputy Coroner, Forensic Pathologist and District Attorney and the law enforcement agency having Jurisdiction is required.

2. **All other accidents:**

    a. **Head Trauma Only**
    Allowed: Eyes and anything below the neck.

    b. **Chest or Chest/Abdominal Trauma**
    Allowed: Eyes and anything below neck if confirmed uninvolved by trauma.

    c. **Abdominal Trauma Only**
    Allowed: Eyes and anything confirmed uninvolved by trauma.

    d. **If criminal charges are being considered on any case:**
    Consultation with Chief Deputy Coroner, Forensic Pathologist, District Attorney and the law enforcement agency having jurisdiction is required.

3. **Asphyxial Accidents:**
    All cases: Consultation is required with Chief Deputy Coroner.

D. CATEGORY 4 – Suicides

1. **Gunshot Wounds**
    Allowed: Anything uninvolved by trauma.

2. **Overdose**
    Allowed: Eyes, leg veins and long bones of the arms, bones of the pelvis and lower extremities, skin and heart (for valves) taken without consultation with pathology. All other organs will require consultation with Chie Deputy Coroner. The donor service will provide a cardiac pathology report if the heart is taken for valves.

3. **Sharp Injuries**
    Allowed: Eyes, leg veins and long bones of the arms, bones of the pelvis and lower extremities, skin and hear (for valves) and anything not in the area of, or affected by, the injury. The donor service will provide a cardiac pathology report if the heart is taken for valves.

4. **Asphyxiation, including hangings**
    Allowed: Leg veins and long bones of the arms, bones of the pelvis and lower extremities, skin and hear (for valves) taken without consultation with pathology. The donor service will provide a cardiac pathology report if the heart is taken for valves. Eyes may be allowed after consultation with Chief Deputy Coroner.

E. CATEGORY 5 – Natural Deaths

1. **Natural Death**
   Allowed: Eyes. Leg veins and long bones of the arms, bones of the pelvis and lower extremities, skin and heart (for valves) and anything not in the area of, or affected by, the injury. The donor service will provide a cardiac pathology report if the heart is taken for valves.

2. **External Exams**
   Allowed: Eyes, leg veins and long bones of the arms, bones of the pelvis and lower extremities, skin and heart (for valves) and anything not in the area of, or affected by, the injury. The donor service will provide a cardiac pathology report if the heart is taken for valves.

F. UNDETERMINED

Allowed: It is understood that by the nature of the initial classification of "undetermined," that no organs will be donated.

DEFINITIONS:

A. CHEST

1. The part of the body located between the neck, the ribs and the breastbone. The organs and tissues are located above the diaphragm.
2. Includes heart, heart valves, lungs, costal cartilage, and ribs.

B. ABDOMEN

1. The area between the thorax and the pelvis that encloses the visceral organs below the diaphragm.
2. Includes liver, pancreas, spleen, kidneys, adrenal glands, intestines, vertebral bodies and abdominal aorta.

C. EYES

1. The organ of vision
2. Includes the globe, sclera and cornea.

D. BELOW THE DIAPHRAGM

1. The area below the lungs
2. Includes all the abdominal organs, plus the bones of the pelvis and lower extremities.

DCD Considerations with ME/Coroner:

- Coroner has no jurisdiction when patient is still alive
- For smaller counties and/or new Deputy Coroner investigators, they will likely not know DCD.
- The Coroner will likely not want to discuss case until patient is dead (brain dead)
- Patience will be required in explaining why discussion needs to occur prior to death.
- When the Coroner requests admit blood, chart, etc., all requests will need to be made by SDS because the Coroner can't make those calls until death occurs.
- Because of the expedited nature of DCD, please be mindful of Coroner mandates.

AIRCRAFT ACCIDENTS

I. PURPOSE

To provide the investigator with basic information necessary for proper investigation of deaths in aircraft accidents.

II. GENERAL INFORMATION

The investigation of aircraft accidents entails the cooperation/coordination of several government agencies. When the report of an aircraft accident is received, the investigator will ensure that the National Transportation Safety Board (NTSB) and the Federal Aviation Administration (FAA) are notified. This will be done prior to responding to the scene.

III. SPECIFIC PROCEDURES

A. During the on-site investigation certain procedures should be carried out by the investigator:

1. If possible, note the number on the tail section of the aircraft.
2. Prior to removal of the decedent, photograph the overall scene, the body/bodies and their positioning or location(s). Pictures of the cockpit/instrument panel would be taken with emphasis on the throttle and its position.
3. The decedent(s) must be tagged prior to removal from the aircraft. Seat belt use and clothing descriptions should be documented for each decedent.
4. The aircraft log book and flight plan should be located for **evidence**. Any personal property found in the aircraft/surrounding the aircraft should be tagged with location and documented.
5. Document the aircraft number, Pilot's license number and type, with the flight origin and destination in your report.
6. Fingerprints shall be taken on all victims of air crashes.
7. If the accident occurred at night, protect the scene until daylight prior to removing remains.

IV. REPORT CONTENTS

Include all the above procedure items and:

A. A brief description of the terrain (mountains, flat, tree-covered, etc.)
B. Description of the weather conditions.
C. Lighting conditions (bright daylight, dawn, dusk, dark, etc.)
D. Whether aircraft was landing, taking off, between destinations, etc.
E. Description of aircraft.

1. Single engine, multi-engine, non-engine, etc.
2. Propellers, jet, glider, etc.
3. Make, model, serial number.
4. Aircraft owner.
5. Are maintenance schedules available?
6. Was there evidence of defect or malfunction?

V. MAJOR AIRCRAFT DISASTERS

Placer County OES and the Sheriff-Coroner will work together along with other agencies under the County Emergency Operations Plan to handle any major aircraft accidents/disasters.

ASPIRATION OF FOOD - (CAFÉ CORONARY)

I. PURPOSE

To provide the Deputy Coroner with special information on the investigation into choking deaths.

II. GENERAL

"Café Coronary" is commonly known as choking, aspiration of food or inhaling of food.

Persons who suddenly leave the dining table and collapse, either on their way out of the room or walking to the bathroom, may have aspirated food. Children have been known to have died as a result of this after falling or tripping with their mouth full.

The decedent's physical description may or may not reveal significant findings. In any event, if "asphyxia by aspiration" is suspected, the pathologist should be advised and an autopsy will be performed.

***THESE MAY NOT ALWAYS BE ACCIDENTAL CORONER CASES, RATHER A NATURAL PROCESS -** Especially cases of senile dementia, Alzheimer's disease, pneumonia, neurological diseases, epilepsy, etc.

III. QUESTIONS THE DEPUTY CORONER MAY ASK TO HELP DETERMINE THE MANNER OF DEATH:

A. Did the death occur while eating or shortly after?
B. Did the decedent consume any alcohol? If so, how much?
C. Was the decedent taking medications?
D. Was the death or collapse witnessed? Did it come suddenly, without any complaint?
E. What was the decedent eating at time of event?
F. Is there any history of neurological disease, Alzheimer's / dementia or epilepsy?

[redacted]

CHILD ABUSE

I. PURPOSE:

To provide the Deputy Coroner with information and guidelines for the investigation of possible child abuse deaths.

II. SUGGESTED QUESTIONS AND OBSERVATIONS:

A. Always bear in mind the postmortem changes in death are faster with children than adults. It is necessary to ask questions if there is any doubt regarding the condition of the body. **If you suspect any possibility of child abuse or maltreatment, advise the Patrol Supervisor.** Investigation Supervisor shall be notified by the Patrol Supervisor. This will dictate what the pathologist will look for during autopsy.

B. If a child has obvious injuries, was he / she taken to the doctor / hospital? When and which physician or facility?

D. If there are other children in the household, they may be victims of any mistreatment as well.

E. **FULL BODY X-RAYS ARE TO BE TAKEN IN *ALL DEATHS OF CHILDREN UNDER THREE YEARS OLD* AND IN *ALL CASES OF SUSPECTED CHILD ABUSE*.

III. Helpful clues to consider in cases of possible maltreatment (*The Deputy Coroner must examine the body and know what he/she is seeing*).

A. Bilateral injuries and multiplicity of injuries
B. Varying ages of the injuries (very important)
C. Disparity of injuries with the explanation
D. Delay in treatment of injuries
E. Indifference to the severity of the injuries
F. Information from neighbors

IV. GENERAL PROCEDURES

A. In all deaths of children investigated by this agency where child abuse is known *or suspected*, the Deputy Coroner investigating the death will contact the Child Abuse Central Index (CACI); which was created by the Legislature in 1965 as a tool for state and local agencies to help protect the health and safety of California's children.

B. Defined in Penal Code Sections 11164 through 11174.31, these statutes are referred to as the "Child Abuse and neglect Reporting Act" or "CANRA".

C. Investigated reports of child abuse are forwarded to the CACI. These reports contain information related to substantiated cases of physical abuse, sexual abuse, mental / emotional abuse, and / or severe neglect of a child.

D. This policy is to assure that we have all the possible information involving the manner / means of circumstances surrounding a Coroner case (Government Code § 27491).

E. POINT OF CONTACT:

State of California
Department of Justice
Child Abuse Central Index (CACI)
P.O. Box 903387
Sacramento, CA 94203-3870

[redacted]

CONVALESCENT HOSPITALS
AND
RESIDENTIAL CARE FACILITIES

I. PURPOSE

To provide the Deputy Coroner with general guidelines in the handling of deaths within Convalescent Hospitals and Residential Care Facilities.

These cases typically qualify for a physician to sign the death certificates. If the physician is not willing to provide a cause of death, his/her reason should be thoroughly explored.

II. CONVALESCENT HOSPITAL FACILITIES

A. Convalescent Hospitals have a 24-hour per day skilled nursing program. They care for ambulatory patients, wheelchair confined, as well as bed-ridden patients. Many of their patients are suffering from terminal illness.

B. It is interesting to note that some of these facilities do permit waivers, either signed by the patient or family for certain care, i.e. side rails on the bed, restraints for bed or wheelchair patients. Other facilities follow physician's orders only and do not permit waivers.

III. RESIDENTIAL CARE FACILITIES

A. Residential care varies from large, apartment-type living to small in-home facilities. In order to qualify as a residential care provider, the facility must be registered with the State Department of Health Services.

B. Residential care facilities provide varied levels of care to residents. Typically, the residents are more ambulatory and require less intense medical care. They are provided with meals, required medical care, and other support services.

IV. UNUSUAL CIRCUMSTANCES SURROUNDING A DEATH IN A CARE FACILITY

A. Special attention should be paid to the chart(s). Keep in mind that if for any reason patients in these facilities are transferred to an acute nursing hospital, they are discharged at the time of transfer and re-admitted after returning to the facility, at which time a new chart is started.

1. Why was the patient sent to an acute care hospital?
2. Did an accident, such as a fall or suspected fracture occur which required x-rays and possible surgery?

3. If a fall, where was the patient at the time of the fall? Time and date of fall?
4. Check doctor's orders and any waivers, if permitted at this facility.
5. Check nurse's notes for charting of the accident. Was the patient ambulatory? Was the accident witnessed? Was the floor wet? Etc. Prior to the fall, were the rails required on the bed? Was the patient usually in restraints?
6. Check medications, amount and time dispensed, by whom? Are medications kept locked?

B. Bruising / Trauma:

Examine the body carefully for bruising and any signs of trauma, bearing in mind that elderly people frequently have areas of ecchymosis and purpura, and if they have been inactive decubitus ulcers may be present.

C. Facility Condition:

While conducting this investigation, the condition of the facility should be noted regarding cleanliness and general appearance. Also, the condition of the room, bedding, and especially the condition of the body. The body should be checked for cleanliness, appearance, and decubitus.

***All should be documented with photos.**

FETAL DEATHS

I. PURPOSE

To provide the investigator with general guidelines for the investigation of fetal deaths.

II. GENERAL

Deaths of fetuses having a gestational age equal to or greater than TWENTY WEEKS may require investigation and certification by a Deputy Coroner.

In most instances, the death of the immature fetus will be related to unknown or uncertain natural causes; this can result in intrauterine fetal death or preterm labor with the birth of a nonviable, premature infant.

Older fetuses (those born between twenty-four and thirty-seven weeks gestational age) may fail to survive because of one or more complications related to prematurity.

III. CONTRIBUTING CONDITIONS

The following is a list of conditions which may contribute to fetal death:

A. Premature rupture of membranes (PROM)
B. Previous abortions (spontaneous or induced) or pre-term delivery
C. Recent genital or urinary tract infection of the mother
D. Deformities of the uterus or cervix (congenital, surgical or traumatic)
E. Recent lower abdominal surgery
F. Placental abnormalities
G. Fetal malformations
H. Serious medical diseases affecting the mother (heart disease, especially congestive heart failure [CHF], renal insufficiency [kidney failure], severe anemia, malnutrition, hyperthyroidism, uncontrolled diabetes mellitus, jaundice or liver failure, pre-eclampsia or eclampsia [toxemia of pregnancy], pelvic tumors).

IV. INVESTIGATION

BE SURE TO OBTAIN THE PLACENTA IF POSSIBLE. This may provide vital information for the pathologist. This is to be sent to the morgue with the fetus.

In all cases, it is of critical importance for the investigator to include any significant bodily injury to the mother or fetus by traumatic or toxic means which might have contributed to the death or premature delivery of the fetus.

For obvious reasons, the mother may want to hide a self-induced or drug-induced fetal demise whether intentional or not. She may also not think a vehicle accident she was in a week ago or a recent fall she sustained was connected to this event.

Contact MUST be made with the mother's physician to determine if there were any known problems with this pregnancy and to obtain background information on the mother.

Contact must also be made with family and / or friends to determine the mother's lifestyle and state of mind about this pregnancy.

V. POST-MORTEM EXAMINATION

If any injury or toxic insult to the mother or fetus is believed to have contributed to death, a Coroner autopsy of the remains must be performed. Without any indication of such, a Coroner autopsy is unnecessary and the physician may sign the Fetal Death Certificate.

An autopsy may be desirable to answer medical questions regarding issues of infection or congenital diseases which might be important to the family members or physicians involved. SUCH QUESTIONS ARE BEST ANSWERED BY POST-MORTEM EXAMINATION AND TESTING PERFORMED IN THE HOSPITAL BY ITS PATHOLOGY STAFF.

FIRE

I. PURPOSE

To provide the investigator with general information regarding fire deaths.

II. GENERAL INFORMATION

A. When the investigator is called to the scene of a death that is the direct result or apparent result of a fire, certain factors and information should be ascertained. Cooperation with the fire department at the scene is essential. The Coroner investigator should work closely with the arson investigator.

B. Certain information should be contained in the Coroner report. Some of those points are:

1. Position of the body/bodies at the scene
2. What type of structure? Which room, closet, porch, yard, etc.
3. Degree of burns on the body. Percentage of burns on the body
4. Origin of the fire
5. Arson? Suicide? Homicide? Accident?
6. Structural damage
7. Witness(es) / statement(s)
8. Decedent's activity prior to the fire (party, senility, mental state, etc.)
9. Were fire alarms in the structure? Were they working?

C. Prior to removal of the body/bodies from the scene, they are to be properly tagged with name or tentative name, if known, and the location of the body at the fire scene.

Pictures of the scene and the body locations will be taken by the Deputy Coroner prior to the removal of the decedent.

Careful attention should be paid when the body or bodies are moved. If there is any personal property on the decedent, it is an indication that there may be clothing under the remains.

All jewelry that is found on or under the decedent should be noted. Jewelry should not be removed by the investigator at the scene, this will be done by the pathologist at the time of autopsy.

To help determine if there are any gunshot wounds, especially in unwitnessed cases, burn victims will be x-rayed at the morgue.

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HOMICIDES

I. PURPOSE

To provide the Deputy Coroner with the general guidelines for handling and writing homicide reports.

II. GENERAL INFORMATION

A. Homicides are probably the most serious criminal offenses with which the Deputy Coroner comes in contact. Most homicides are violent and had a considerable impact on those connected with them.

B. The primary aspects of a homicide investigation with which the Deputy Coroner is concerned are determination of the cause and manner of death.

C. Always keep in mind that the investigating agency has a job more important than yours at a homicide scene. Try to assist them as much as possible.

D. Although homicides are difficult to prosecute and a considerable amount of time is consumed by Law Enforcement agencies in the investigation, they are some of the cases that require a minimum investigation on the part of the Deputy Coroner. Most of the facts of the case at issue will be determined by the Law Enforcement agencies involved.

E. Don't do anything without coordinating with the officer in charge of the investigation first.

F. Don't be afraid to proceed slowly or ask for assistance from another investigator.

G. Keep in mind that since your final Coroner's report will be public information, include only basic information so as not to jeopardize the integrity of the prosecution of the homicide case.

H. Interviewing witnesses should be left to the investigators. However, if a Deputy Coroner is asked to conduct any interviews, the content of those interviews should be included in the homicide report, not in the coroner report.

I. Remember that you may be called to testify in the case. Prepare for it as you proceed with the case.

III. PROCEDURES

A. When a Deputy Coroner is the first Law Enforcement officer to arrive on scene of a possible homicide:

1. If death is obvious (decomposed, Etc.)

    a. Do not approach the body

    b. Request supervisor and/or homicide detective(s)

    c. Contact Chief Deputy Coroner

2. If death is questionable:

    a. Approached the victim via a route that was least likely the suspect's route (so as not to disturb potential vital evidence).

    b. If possible, do not move body while checking for signs of life.

    c. If no life signs are found, retreat from the body the same route used to approach it.

    d. Request Supervisor, Chief Deputy Coroner, and/or homicide Detectives.

3. Secure the scene and standby to await responding Officers.

4. Notify the Chief Deputy Coroner as soon as practical. Be prepared to answer all possible questions.

B. Once homicide investigators have arrived and assess the situation, the Deputy Coroner will release this scene to them.

1. When investigators have completed their work at the scene, a Deputy Coroner will be notified and resume control of the body and the scene.

2. Be sure to obtain confirmation from the lead investigator before entering the scene.

C. Preparing for the removal of the decedent

1. Do not disturb the body until it's ready to be moved. Obtain permission from the investigating agency or scene commander.

2. Make sure all diagrams are complete and all evidence and photos are taken.

3. Conduct your physical examination **- do not remove clothing.** Don't disturb clothing any more than necessary. Let the pathologist remove the clothing at the autopsy.

4. Things to list in your physical examination:

    a. Skin condition (temperature and color)

    b. Presence of rigor (fixed/easily broken/none)

    c. Presence/location of postmortem lividity

    d. Type(s) of wounds and location, if present

5. Ascertain if investigating agency wants hands bagged ***(use paper bags only)***

6. Check for additional evidence or wounds under the deceased

7. Photograph

IV. REMOVING THE BODY FROM THE SCENE

A. Always remove a homicide victim in a new, unused body bag.

B. Label and seal the body bag with the date and your initials.

C. Placed the body in a second clean body bag.

D. Watch as the victim is placed in the transportation van (note time of body removal).

E. Follow the body to the Placer County morgue; assist with removing the body.

F. Observe as the body is weighed and placed into the refrigeration system.

All property taken in conjunction with the homicide is to be taken by the investigating agency as evidence.

All Coroner's receipts issued in homicide cases are to read: **NO PROPERTY TAKEN.**

Notification – the investigating officers will make notification; they will inform you if they want a Deputy Coroner to handle. Be sure to have the investigating agency supply the Coroner's Office with notification information.

V. WRITING THE REPORT

A. Information to include in the text of the coroner's report for homicides:

1. Basic information from the reporting party, if appropriate.
2. Basic information regarding the circumstances of the case (method used, manner, etc.) from the investigating officer.
3. Description of the scene.
4. Description of the decedent's position and body condition.
5. Clothing description and condition.
6. Description of any visible wounds.
7. Description of blood (where located, size and shape of spots, spatters, direction of flow, color and consistency, etc.).
8. Description of jewelry, if any. If none, indicate so.
9. Details of body removal (x-rays, etc.)

B. Below are listed the basic questions which must be answered/addressed in the Deputy Coroner's report.

Who

1. Who was the victim?
2. Who was the reporting party?
3. Who discovered the crime?

What

1. What other agencies were or need to be notified?
2. What weapon(s) were used?

When

1. When was the crime committed?
2. When was it discovered?
3. When were the authorities notified?
4. When did they arrive at the scene?
5. When was the victim last scene?

Where

1. Where was the crime scene?
2. Where was the victim found?

How

1. How was the crime scene discovered?
2. How was the crime reported?

HOSPITAL DEATHS

I. PURPOSE

To provide the Deputy Coroner with general guidelines in the handling of reportable deaths within the hospital setting.

II. REPORTING

Hospital deaths coming under the jurisdiction of the Coroner are typically reported by a physician or nursing supervisor, although some may be reported by an organ transplant representative.

Hospital medical staff should be aware of the types of cases that are reportable to the Coroner. Medical personnel also should have knowledge of the jurisdiction of the Coroner and understand the Deputy's duties and responsibilities.

Hospital deaths are to be evaluated on a case-by-case basis with a thorough review of records and interviews of attending physician(s) to enable the investigator to make a decision as to whether the physician will be allowed to sign a death certificate.

III. NORMAL RESPONSE AREAS

The majority of hospital deaths reported to the Coroner's Office involve persons who were not under doctor's care prior to admission, in the hospital less than 24 hours or patients who were comatose throughout their period of hospitalization.

Typically, these deaths occur in emergency room, intensive care, or surgery. Under no circumstances is a body to be moved from the place of death without authorization of the Coroner (California Government Code §27491.2).

In all cases, tubes attached to or inserted into the body are to be left in place. They may be tied off for the purposes of transportation but must left otherwise undisturbed.

A. <u>EMERGENCY ROOM DEATHS:</u>

The basic procedures apply to moving the body, review of records, tubes and lines attached, as well as interview of physicians or nurses.

All emergency room deaths are to be reported to the Coroner's office. Per an agreement with local hospitals, their emergency room staff will attempt to contact the decedent's

primary care physician prior to calling this office, or Placer County Dispatch. The emergency room staff will determine if the physician will sign the death certificate.

1. Upon arrival, the Deputy Coroner shall obtain a statement from the supervising nurse and/or treating physician. Information obtained shall include:

    a. The time the decedent arrived at the hospital.
    b. The circumstances under which the decedent arrived (mode of transport, whether CPR was in progress, intervention en-route to the hospital, etc.).
    c. The circumstances which caused the decedent to be brought to the hospital.
    d. An overview of intervention taken by the emergency room physicians.

2. A statement (written EMS Report from ambulance services) will be obtained from the person(s) transporting the decedent to hospital with attached run sheet. This statement should include:

    a. The location from which the decedent was transported.
    b. The decedent's condition/position when found at the scene.
    c. The nature of the scene.
    d. Intervention at the scene as well as en-route to the hospital.

3. Copies of the Emergency Room and EMS (Ambulance) reports are to be attached to the Deputy Coroner's report.

4. The Deputy shall attempt to contact family members and/or the person last known to see the decedent. These statements are to include, but are not limited to, the following:

    a. The decedent's known medical history and physician.
    b. When the decedent was last seen by a physician.
    c. The circumstances which brought the decedent to the hospital.
    d. Any other pertinent information the person may provide. (Example: Any medications they were taking, how they were feeling, etc.)

5. The Deputy should complete a viewing of the body prior to talking with decedent's physician. Any scars, etc. should be noted and discussed with the physician.

6. The Deputy shall attempt to contact the decedent's physician to determine the following:

    a. The decedent's medical history.
    b. If the physician will provide a cause of death.
    c. If the physician is not willing to sign the death certificate, request that his/her office fax pertinent medical records to the Coroner's Office.

7. If the decedent is going to be transported to the morgue:

    a. The Deputy Coroner is to ***OBTAIN THE DECEDENT'S ADMISSION BLOOD, CT SCANS, X-RAYS AND URINE FROM THE HOSPITAL LABORATORY*** provided the decedent was in the ER long enough to be administered drugs (other than atropine, lidocaine or epinephrine). **The urine and blood samples are to accompany the body to the morgue AND REFRIDGERATED. The scans and x-rays are to be attached to the cork board inside the morgue.**

8. Please refer also to applicable separate headings, i.e. Traffic Accidents, Homicides, Suicides.

B. <u>IN-PATIENT DEATHS:</u>

These are deaths which occur once a person has been admitted into the hospital (basically, anything but ER deaths). Most In-Patient deaths occur in the Intensive Care Unit however, deaths in surgery are also considered In-Patient deaths and are addressed below.

Once again, the basic procedures apply as to moving the body, review of records, tubes and lines attached, as well as interview of physicians, nurses, and attendants.

The Deputy may follow the same basic steps as listed for ER deaths in most In-Patient deaths.

If the decedent was in the hospital for some time and the cause appears to be of natural origin, there are probably several physicians who could sign the death certificate.

REMEMBER:

1. **The physician only has to have a "REASONABLE MEDICAL CERTAINTY" as to the cause of death.**
2. **THE CORONER DOES NOT DO AUTOPSIES FOR THE PURPOSE OF MEDICAL RESEARCH/EDIFICATION. THAT IS THE PURPOSE OF HOSPITAL/PRIVATE AUTOPSIES.**

C. OPERATING ROOM DEATHS:

Most of these deaths are considered a normal complication or not an unexpected risk of the surgery performed. The Coroner's Office is interested only in cases of "therapeutic misadventure" where the death is unexplained or unexpected. If this is suspected, the Deputy Coroner shall arrive to scene of death as soon as possible.

1. The most valuable record in the operating room is the anesthesiology record maintained by every anesthesiologist and retained in the records of the operative procedure.

2. Interview the surgeon(s), anesthesiologist, and the attending physician as applicable to determine the circumstances of death.

3. Obtain medical records for the pathologist and Coroner's file.

4. Important questions to be answered include, but are not limited to, the following:

    a. Time of beginning and end of procedure.
    b. Pre-operative/post-operative
    c. Usual risk involved with type of procedure (minimal, moderate, high).
    d. Anesthesia type, dosages, and times.
    e. Pre-existing conditions, pre-surgical risk factors, and medical history.
    f. Blood/fluid volumes infused and exerted.
    g. Prior surgeries and past complications.
    h. Known allergies to medications.

5. Don't be afraid to ask questions about any of the history or procedures of which you are not knowledgeable. The investigation of surgical deaths is among the most technical and potentially litigious type of medico-legal investigation undertaken by a Deputy Coroner.

6. Family members often react to the surgical death with anger and condemnation and want the Deputy Coroner to be their advocate in proving medical malpractice.

7. It is best to remember that you are charged to act on behalf of the deceased in the determination of cause and manner of death, without regard to the desires of the family or physician.

IN CUSTODY DEATHS

I. PURPOSE

To provide the Deputy Coroner with notification information in the event of a death of an inmate in Placer County.

II. NOTIFICATION

A. See that the Patrol Supervisor, Sheriff, Undersheriff, Coroner Supervisor, Jail Captain, and the Jail Supervisor have all been notified.

B. If foul play is suspected, also notify the Investigation Division Supervisor.

III. CONTENTS OF REPORT

Important points to be covered in your report:

A. What was the nature of the arrest or detention?

B. When was the decedent taken into custody?

C. What are the dimensions of the space where the decedent was detained? How many people is the space designed to hold?

D. How many others were with the decedent when he was discovered?

E. How often does a check of the holding area take place?

1. Is this a regular schedule for the decedent?

2. Was a log book kept? If so, a copy should be made for the record.

3. If a log was not kept, how are regular checks recorded?

F. If the decedent was intoxicated, was this notation made in the files?

G. Was the decedent given any kind of examination prior to or while in custody?

H. If the decedent was found shortly after placement in detention, was there any indication that he was conscious at any time? (Give dates and times.)

I. If the decedent was found unconscious or appeared to be asleep, was any effort made to arouse him, and if so what were the results?

J. Obtain all medical records available for decedent.

K. Describe the decedent's clothing.

L. Were any of the decedent's clothes or personal effects held prior to detention?

M. Was law enforcement aware of any suicidal intentions on the part of the decedent? If so, what precautions were taken?

MAJOR DISASTERS

I. PURPOSE

To provide the Deputy Coroner with information on actions to be taken in the event of a major disaster.

II. PROCEDURE

A. In any major disaster where **MULTIPLE** deaths are involved or industrial accidents such as explosions, etc., **(5 or more deaths involved)**, notify the Patrol Supervisor, Coroner Supervisor, Sheriff, and Undersheriff.

B. For information on working the specific case type, refer to the chapter in this Manual (Aircraft Accidents, Vehicle Accidents, Occupational Deaths, etc.) which it applies.

OCCUPATIONAL DEATHS

I. PURPOSE

To provide the Deputy Coroner with special guidelines and cross references in the investigation of possible occupational deaths.

II. GENERAL INFORMATION

A. <u>OSHA – Occupational Safety and Health Association of California – must be notified in all occupational deaths.</u>

B. In the investigation of deaths that occur as the result of an occupational incident, the Deputy Coroner must be most diligent and extremely thorough.

Since occupational deaths can and do encompass all types of occupations, the Deputy Coroner must be most extensive in his / her interviews of the decedents' employer and fellow workers.

III. REPORT CONTENTS

A. Describe the general scene

1. Where was the decedent found in reference to any equipment in the area.
2. Describe the equipment, if any.
3. Obtain identification of the vehicle / equipment including make, model, serial number.

B. Body location

1. Was the body moved? Who moved it and from where?
2. Describe the body's exact location when originally found.
3. Time the incident occurred.

C. Safety Concerns

1. How long was the decedent doing that particular job? Was formal training required to do the job? If so, where received?
2. Were safety precautions posted in or around machinery or equipment?
3. Is there any indication that the safety precautions were observed?
4. Is there any indication that the safety equipment was defective?
5. Has work area changed in any way?
6. Has similar incident or "close call" happened in the past?
7. Every occupation has its own hazards and stresses. Familiarize yourself with some of these hazards and include your findings in the report.

D. Clothing

1. Is special clothing or safety equipment required for the job? If so, was deceased complying with regulations? Was it furnished by the employer?
2. What safety gear is generally required when working around this equipment or machinery?

E. Activities

1. What was the decedent supposed to be doing at the time?
2. Describe **exactly** what decedent was doing at time of accident
3. Was the incident observed? Do the accounts reveal information consistent with the findings?
4. Was anyone in the area injured or sick?

F. Decedents work history

1. Length of time employed by the company.
2. Was the decedent classified as a good employee?
3. Time on the job that day and time reported to work.

G. Witness information

1. Obtain the name of the company, the owner, the foreman, the immediate supervisor, and any witnesses to the incident.
2. Did anyone smell alcohol on or about deceased prior to accident?
3. Did anyone note the deceased using prescription or illicit drugs prior to the incident?

IV. PHOTOGRAPHS

Photograph the scene and the decedent **prior** to moving the body. It cannot be stressed enough that ample pictures must be taken from all angles, including of the entire scene.

OVERDOSE

I. PURPOSE

To provide the investigator with basic guidelines in the investigation of deaths due to overdose of drugs / medications.

II. PROCEDURE

A. In deaths relating to drug overdose or suspected overdose, it is very important to ascertain the type of drug or suspected drug involved. There are a number of important facts which should be ascertained by the investigator when dealing with drug-related deaths.

These questions can usually be answered by family members, keeping in mind that those close to the decedent may want to cover any drug use / abuse. More reliable sources may be the decedent's physician and in some instances law enforcement officials.

1. Was the decedent a known drug or medication user?
2. How long was he / she a user? To what extent? (Quantity)
3. Type of drug or medications used? Are those drugs / medications present? (If so collect for evidence)
4. Are there any other medications present which were not prescribed to decedent?
5. Has an overdose occurred before? When? With what? Was it intentional? An accident?
6. Are medications present which are prescribed by more than one physician?
7. Is there any evidence that the medications were stockpiled?
8. Who was responsible for administering the medications? Does the decedent have a history (Mental or physical) which would impair him / her from properly administering medications?

B. Attempt to determine how drugs were administered:

1. Injected

a. Locate injection point(s)
b. Photograph injection point(s)
c. Is it possible the decedent administered the injection or was it injected by someone else?
d. Collect the syringe as evidence

2. Oral

a. Is there any collectible trace evidence found on or in the mouth which might be lost during transport? If so, collect a sample and label appropriately. Send it with the body to the morgue.
b. Check the hands. Collect trace evidence found on the hands or in containers.

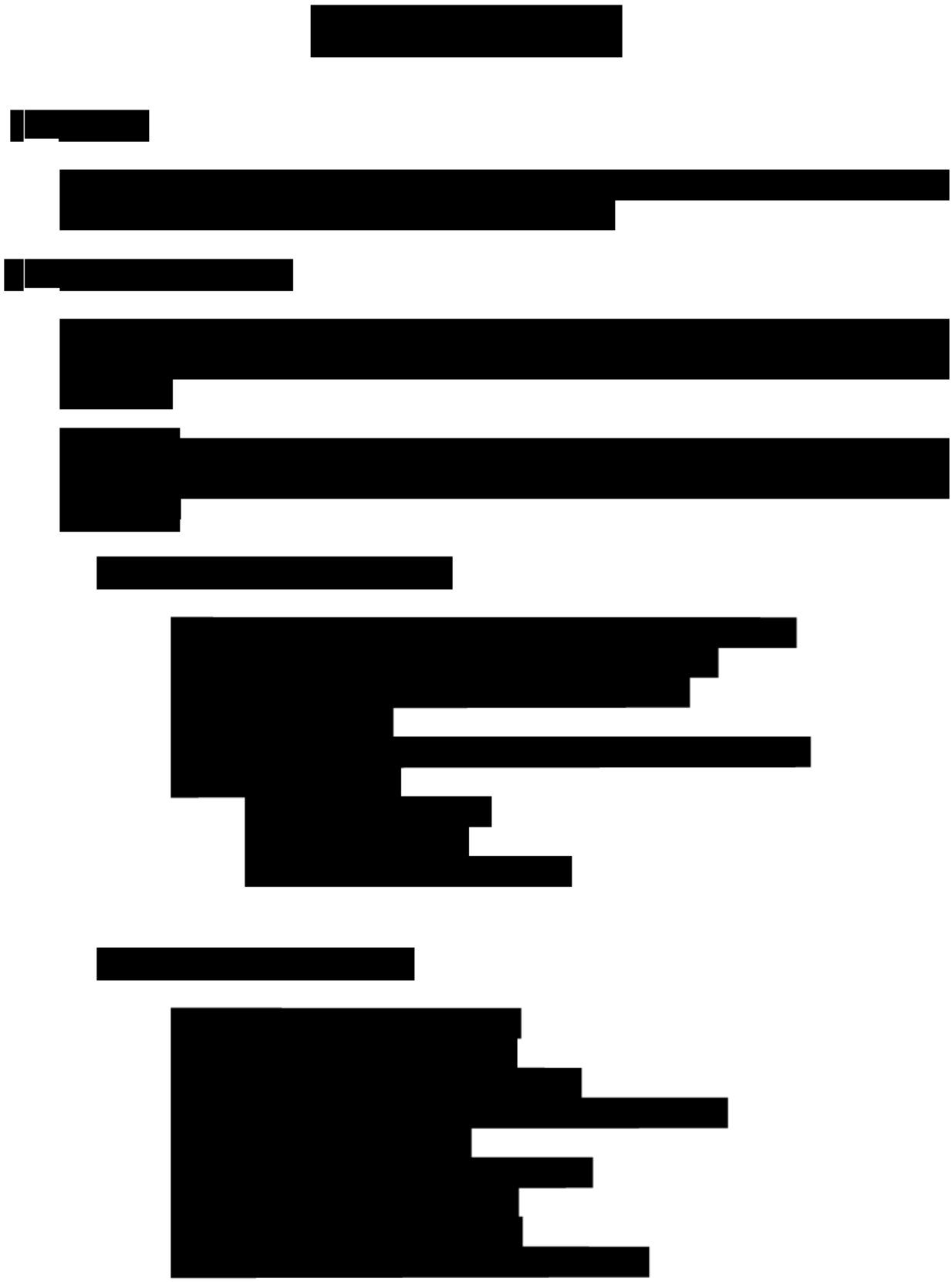
3. Nasal

a. Is there any trace evidence in the nose which might be lost during transport? If so, collect a sample and label appropriately. Send it with the body to the morgue.
b. Check flat surface for powders or other suspicious materials which may be collected for toxicology purposes. Collect samples for testing and send to morgue.

*Check residence or area for additional drugs and / or medications or suicide notes. Check trash for empty containers or suicide notes.

*Check for prior convictions, narcotic or drug arrests, probation, or additional information regarding previous drug-related activity.

*Check the decedent's arms for possible hesitation marks.



SUDDEN INFANT DEATH SYNDROME

I. PURPOSE

To provide the investigator with general guidelines for the investigation of Sudden Infant Death Syndrome cases.

II. GENERAL

A. Definition: Sudden Infant Death Syndrome (SIDS, Crib death, Sudden, Unexpected death in infancy) is an unpredictable, unpreventable sudden death of an otherwise healthy infant, one year of age or younger, in whom the complete post-mortem examination fails to reveal a cause of death.

SIDS is unexplainable, therefore, determining it as a cause of death is based on the EXCLUSION of other significant diseases and unnatural events.

[redacted]

[redacted]

D. The Deputy Coroner plays a key role in the management of SIDS cases. He often has the initial contact with families shortly after a sudden infant death has occurred. In some cases it would be the Deputy Coroner who, having knowledge of these cases, can prevent mishandling by other law enforcement agencies which may be involved.

E. It is very important for the investigator to keep in mind that in addition to obtaining necessary information about the victim, there is also a responsibility to extend a warm, helping hand to the family.

Probably the most readily accessible support will come from a law enforcement Chaplain, who should be requested to respond to the scene of ANY DEATH OF A CHILD. Other resources include the Public Health Nursing staff who will be in contact with the family soon after the death.

F. Try to obtain the facts while alleviating some of the family's anxieties. This is a difficult task, but then this is a very tragic death. After the baby is examined and no trauma or injuries found which might suggest child abuse, don't be surprised that the parents,

especially the mother may want to hold the baby. In the interest of the bereavement process, the family should be allowed to do this.

III. INVESTIGATION PROTOCOL – Government Code, Section 27491.41

A. Follow the SIDS Protocol Packet attached to Coroner Manual: Death Scene and Deputy Coroner Investigation Protocol.

B. This protocol is to be used throughout California to assist medical examiners and Coroners in establishing the mode, manner, and cause of death for all infants one year of age or younger who die suddenly and unexpectedly, regardless of the circumstances of the sleep environment, and in whom the causes of death are not obvious.

C. If this protocol is used and completed for the investigation of a sudden, unexplained infant death, the CDPH would appreciate a copy of this protocol, as well as the Death Scene and Deputy Coroner Investigation Protocol (CDPH 4439), to be sent to:

California Department of Public Health
Maternal, child, and Adolescent Health Division
Epidemiology, Assessment and Program Development
P.O. Box 997420, MS 8304
Sacramento, CA 95899-7420

IV. EXAMINATION OF LOCATION – "LAST SEEN ALIVE"

A. In cases where the decedent was brought to the hospital, the Deputy Coroner SHALL respond AS SOON AS POSSIBLE to the home or other location where the decedent was "last seen alive"

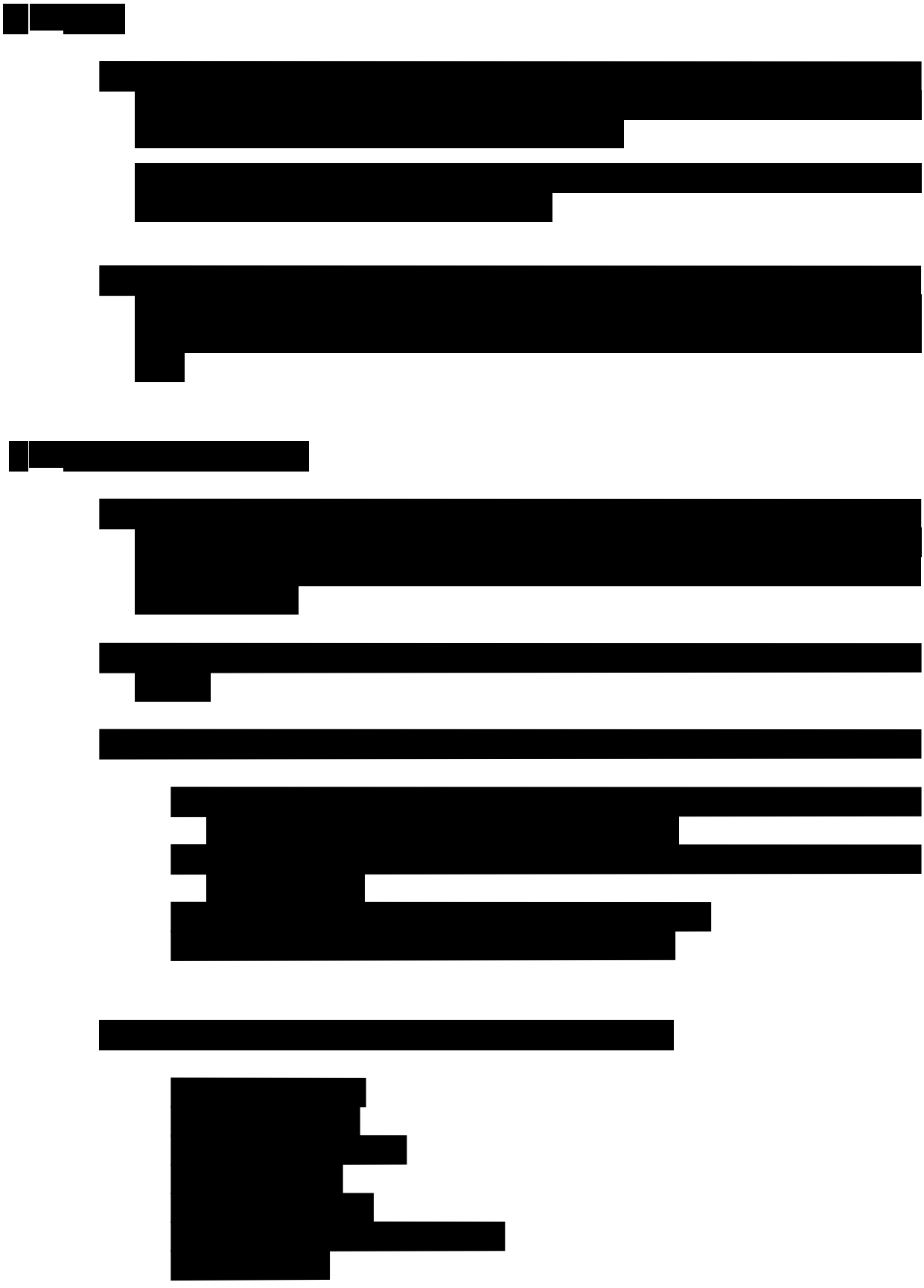
B. If the Deputy Coroner taking the original report is unable to respond to the location where the baby was last seen alive, another Deputy Coroner will complete the on-scene investigation.

C. A complete examination of the living arrangements, bedding, etc. will be made at that time, according to the Department of Health Services Protocol.

V. AUTOPSY REQUIREMENTS

In all cases of suspected Sudden Infant Death Syndrome, a complete autopsy must be performed. This means that examination of the neck, organs, pharynx, middle ears, and optic nerves are required in all cases where the thoracic and abdominal organs and brain reveal no obvious cause of death. Blood, urine and vitreous humor, as well as tissue samples for toxicology and histology are also to be obtained.

X-rays will be conducted at the Placer County Morgue to help eliminate intentional or accidental deaths. If the baby was brought to the hospital, request x-rays, CT Scans, blood, urine and toxicology results.



TRAFFIC FATALITIES

I. PURPOSE

To provide the Deputy Coroner with sufficient basic information in the investigation of traffic fatalities.

II. BODY AT THE SCENE

Respond as soon as possible. Drive within the speed limit unless otherwise directed.

Bodies and vehicles may need to be removed to clear the highway, reduce hazard, and to keep traffic moving. This is one time that a body may be moved prior to the arrival of the Deputy Coroner; however, the body should only be moved in minimal distance.

III. INVESTIGATION

A. Observations:
The Deputy Coroner should first note their general observations upon arrival at the scene, i.e. location of the vehicle, location of the decedent, type of vehicles involved, etc. Remember, this investigation is from the Coroner's standpoint, not that of the accident investigator. Note the skid marks or other marks that may be present. Determine in your own mind what happened and what the direction of travel had been.

B. Photograph:
The decedent and the scene, showing relationship to the vehicle if possible. Include photos of any skid marks at the scene.

C. First Responder's Statement:
The report should contain a statement from the paramedic or person who first found the decedent. This should include the position in which the decedent was found, and any intervention used.

D. Accident Investigator Statement:
The Deputy Coroner will contact accident investigator and obtain a statement as to how the accident occurred, noting the position of the decedent in the accident (driver, passenger, pedestrian, motorcyclist, etc.). Note the type of vehicles involved, and who was driving which vehicle, the location and the time of the investigating officer is listing on his report. It is very important to determine if seatbelts were in use. How many people were in the vehicle and condition of the passenger(s). Obtain contact information for the investigating officer and agency report number.

E. Multiple Fatalities:

A separate case number shall be given to each body. (*Preferably starting with the driver).* If bodies are still in the vehicle, tag them as they are removed, starting with the driver. Always check for other bodies that have possibly been ejected from the vehicle(s).

Note accurate clothing description for each victim. This may be essential in placing occupants later or making identification. If there is doubt as to who was driving, be sure the shoes of the victims are secured and taken as evidence, either by the Deputy Coroner or the Investigating Officer. This may be helpful in placing the driver.

The general narrative of each report may be written under the first case number, but each case needs a separate on scene viewing, including a description of the individual's body position, condition, clothing, etc.

F. Injuries:

List injuries to victims. If possible, for accuracy comparison during autopsy, ascertain what portion of the vehicle caused the injury. If unable to ascertain, take several photos for documentation.

G. Personal Property:

Secure personal property from the decedents and the vehicles. Note whether the property was found in the vehicle as a possible aid to identification. Note what type and color of clothing was worn. Note all property taken by Investigating Officer in your report.

H. Presence of Alcohol / Drugs:

Note: If alcohol beverages are present, be sure to check the decedent and the vehicle for any signs of alcohol/drug use/paraphernalia. Further, check with the accident investigator to determine if any other victims in the vehicle were under the suspicion of alcohol/drug use. Note this in your report.

I. Evidence:

Book all photographs on a CD-R into evidence and download all photos onto the SRF T:drive under Coroner Photos.

J. Identification:

If positive identification is in doubt, notify the body removal person that fingerprints need to be submitted for positive identification. If they are unable to complete fingerprints, contact your on-shift supervisor to have evidence called out to the morgue.

IV. BODY AT THE HOSPITAL (Emergency Room / Trauma Room)

A. Respond as soon as possible

B. Follow steps listed under "Hospital Deaths" in this manual with special attention to the following:

1. Obtain from the lab any blood and/or urine taken on admittance
2. Obtain EMS transport sheet (Run Sheet)
3. Make clothing inventory and description for each decedent, if there are multiple deaths.

C. Make a positive identification of the victim(s) prior to attempting notification to next of kin.

D. Contact investigating Officer / Agency to obtain the following:

1. Details of accident, time of accident, exact location where it happened and where vehicle is stored.
2. Ascertain position of victim(s) in the vehicle. If possible, view the scene and the vehicle(s) involved.
3. Was the decedent wearing a seat belt?

V. FOLLOW-UP

A. Some background information will be of value if available. Where the victim(s) were coming from, where they were going and/or how long they were on the road.
B. Mental and emotional condition will be helpful in differentiating a possible suicide vs homicide vs accident.
C. Take notes as family and friends will shortly realize why you are asking. They may possibly lie or not give you other information**.**

VI. NOT IMMEDIATE DEATHS (Admitted Deaths at the Hospital)

In some instances, you will respond to the hospital for a death that is the result of a traffic accident; but the subject survived for an extended period of time after the collision.

A. Determine if the attending doctor / hospitalist is going to co-sign the death certificate.

1. In these cases a full coroner report will need to be completed along with photographs. However, the body will be released to the family / hospital morgue.
2. You will still need to contact the Investigating Officer and notify him / her of the death

3. Request a copy of the medical records and attach to your co-sign coroner report
4. Confirm the death notification has been made to the next of kin
5. Check with the medical staff that all the decedent's property was released to the family. Fill out a property receipt listing: "No property taken".

B. If the attending doctor will not sign the death certificate:

1. Complete a full coroner's report
2. Obtain any blood / urine / x-rays
3. Have the decedent transported to the morgue

UNIDENTIFIED REMAINS

I. PURPOSE

To provide the Deputy Coroner with special guidelines in cases of unidentified remains.

II. BASIC INFORMATION

A. In any John/Jane Doe case where there is a questionable manner/cause of death, treat as if the case is a homicide.

B. In addition to the information you can list in the Coroner's Field Report for the type of death, be sure to address the issues listed below.

C. Be sure to obtain a location – as *exact* as possible.

D. Photograph the scene and the remains.

E. Identification may be made by examining and matching the characteristics listed below in the following order of preference/reliability:

1. **DNA or Fingerprints**
2. **Dental Records**
3. **Photographic**
4. **Circumstantial**

III. VIEWABLE REMAINS – List *"Tentative Identification"* if there is one.

A. Check for booking photo or Cal Photo to match physical characteristics (Tattoos, etc.)

B. List local relatives or contact persons who can provide medical history, circumstantial history (i.e., clothing seen getting into vehicle) or visual identification.

C. Determine if medical or dental x-rays' are available for the decedent. Include physician or dentist name and telephone number.

IV. NON-VIEWABLE REMAINS

A. In all Non-Viewable Remains cases, follow the steps listed above for Viewable Remains, if possible.

B. Burn Victims

1. If there is ANY indication that the fire was due to arson or homicide, FIRST follow the protocol for homicide cases.

2. It is always important to check/sift around the victim to discover artifacts which might lead to identification (partially burned clothing, shoes, jewelry, etc.).

3. All burned bodies are to be x-rayed (lateral and A-P).

C. Decomposed Remains

1. In severely decomposed cases, a nude viewing may be conducted on scene or at the Placer County Morgue. Describe the body position prior to removal and the condition at the scene. An additional viewing will be conducted during the autopsy by the pathologist.

D. Mutilated Remains

1. If the face is so badly mutilated that the individual cannot be identified visually, several pieces of information may be gathered from individuals who knew the decedent (scars, tattoos, dental, etc.)

E. Skeletonized/Mummified Remains

1. These cases will be reported to the Chief Deputy Coroner, Deputy Coroner Investigator and Detectives before any excavation takes place.

2. An anthropologist will be requested to assist in the recovery.

3. American Indian burial grounds/artifacts MUST be reported to the Coroner, who is required to report them to the Native American Indian Commission in Sacramento [redacted]

APPENDIX I- CAUSES OF DEATH CLARIFICATION CHART

Cause of Death	Clarification of Cause
Abortion or Miscarriage	Was the abortion spontaneous or induced for therapeutic or other reasons? Self-induced or induced by another person for other than therapeutic reasons is a Coroner's case.
Abscess	What anatomical site was involved? What was the underlying cause?
Accident (Except Cerebral or of Cardiovascular system)	Refer to Coroner
Adhesions	What was the underlying cause?
Alcoholism	Refer to Coroner Acute- overdose of alcohol Chronic- ongoing alcoholism
Anesthesia	Type used, purpose administered
Arthritis	What kind?
Aspiration Pneumonia	What was the underlying cause?
Asthma	What kind?
Atrophy *(Muscle Degeneration)*	What was the site and underlying cause?
Cancer (Or Any Malignant Tumor)	What was the primary site?
Cardiac or Heart Failure	What was the underlying cause and type? Cannot list just cardiac or heart failure-- must list underlying cause
Carcinomatosis *(Whole Body Cancer)*	What was the primary site?
Carditis *(Inflammation of Heart)*	Endo-, myo-, or pericarditis; acute, rheumatic?
Cirrhosis of Liver	Was alcoholism involved?
Colitis *(Inflammation of Colon)*	What was the underlying cause?
Coma	What was the underlying cause?
Congestion	What was the underlying cause?
Convulsion	What was the underlying cause?
Cyst	What anatomical site was involved? Was it a malignancy?
Dementia *(Mental Degeneration)*	Was there an underlying disease causing the condition? What type of dementia? Alzheimer's, Mixed, Vascular, Parkinson's, etc.
Diarrhea	Over 4 weeks of age-- query for underlying cause
Dysentery *(Inflammation of Intestine)*	Bacterial, amoebic, other protozoal?
Embolism *(Blood Clot)*	Site and cause; associated with childbirth or abortion; if following an operation, condition for which operation was performed? If pulmonary, what was the underlying cause?

Cause of Death	Clarification of Cause
Encephalitis *(Inflammation of Brain)*	Infectious type or secondary to another disease?
Fever	What was the underlying cause?
Gangrene	What was the primary site? What was the underlying cause?
Gastritis *(Inflammation of Stomach)*	What was the underlying cause?
Heart Disease	What was the underlying cause and type? Cannot list just cardiac or heart failure-- must list underlying cause
Heart Failure	What was the underlying cause and type? Cannot list just cardiac or heart failure-- must list underlying cause
Hematoma (Subdural, etc.) *(Localized Collection of Clotted Blood, Bruise)*	What was the underlying cause? Question the specifics of the cause.
Hemiplegia *(Paralysis of One Side of the Body)*	What was the underlying cause? If traumatic cause, what are the specifics?
Hemorrhage of Lung or Hemoptysis	What was the underlying cause? If due to tuberculosis, activity? What caused the hemorrhage?
Hemorrhage (Unqualified) of Any Anatomical Site Except Cerebral	What was the underlying cause?
Hepatitis *B = Coroner Report* *C = Health Department Report*	Infectious or serum? If serum, refer to Coroner
Indigestion	What was the underlying cause?
Inflammation	What was the site and underlying cause?
Insanity	Form of mental disorder; underlying congenital condition? Cerebral disease? Arteriosclerosis? Syphilis?
Jaundice	What was the underlying cause? If due to injection, for what purpose? Jaundice due to injection, refer to Coroner
Meningitis *(Inflammation of Meninges, i.e. Spinal Cord/Brain)*	Type? Meningococcal, aseptic, etc.
Metastatic Disease	What was the underlying cause? Cancer?
Neoplasm *(New Growth or Tumor)*	Was it benign or malignant? If malignant, what is the primary site? If benign, what site?
Nephritis *(Inflammation of Kidney)*	Was it acute or chronic? In a woman of child-bearing age, was it related to pregnancy?
Obstruction, Intestinal or Otherwise	What was the underlying cause?
Operation	Why was the operation performed?
Paralysis	What was the underlying cause?
Parotitis (Unqualified)	If under 15 years of age, was this used in the sense of mumps?

Cause of Death	**Clarification of Cause**
Peritonitis *(Inflammation of Abdominal Walls)*	What was the underlying cause?
Pneumoconiosis *(Dust Particles in Lungs)*	Occupational disease-- Refer to coroner
Pneumothorax *(Accumulation of Air in Thorax)*	What was the underlying cause?
Pulmonary Edema *(Fluid in Lungs)*	What was the underlying cause?
Pulmonary Embolism *(Blood Clot in Lungs)*	What was the underlying cause?
Renal Failure *(Kidney Failure)*	What was the underlying cause?
Respiratory Arrest or Failure	What was the underlying cause?
Septicemia *(Blood Infection)*	What was the underlying cause?
Silicosis *(Dirt in Lungs)*	Occupational disease-- Refer to coroner
Seizure	What kind of Epilepsy? What was the underlying cause?
Terminal Pneumonia	What was the underlying cause?
Tetanus	Refer to Coroner
Thrombosis *(Stationary Blood Clot)*	What was the primary site?
Tumor	Malignant or benign? What was the primary site?