

First Responder's Guide
For
Death Investigation



Office of the Coroner
Ross County



Contents

	<u>PAGE#</u>
I. Forward by Coroner, John A. Gabis, M.D.	3
II. Introduction by Chief Invest., Michael R. Ratliff, D-ABMDI	4
III. ORC and the Coroner	5
IV. Who has control of the scene	6
V. When to contact the coroner	7
VI. How to contact the coroner	8
VII. What information the medicolegal death investigator will require	8
VIII. Special EMS Circumstances	9
1. Pre-Hospital Pronouncement of Death Form	
2. Pronouncement en route to hospital	
3. Hospice and Nursing Facility deaths	
4. Suspicious deaths, what to do before LE arrives	
IX. Special LE Circumstances	10
1. When to request coroner to the scene	
2. When to request detective	
3. Obvious deaths but no EMS on scene	
X. Sudden Unexplained Infant Deaths	11
XI. Drug Overdose Deaths	12
XII. Scene Preservation	12
1. What makes a scene suspicious	
2. Scene Preservation	
3. When it's ok to cover the body	
4. How to report changes to body after death	
XIII. What happens with the body	13
XIV. Summary	14
XV. Important Phone Numbers	15

Disclaimer: This guidebook isn't meant to replace your training and/or your department's policies. The intent is to allow a better working relationship between all agencies that will be involved in a death investigation in Ross County, Ohio.

I. Forward:

First responders, law enforcement officers, and health care professionals are the front lines of addressing emergencies for our citizens and patients. I thank you for your service and your dedication. You are also on the front lines when someone dies and need to interact with the Ross County Coroner's Office.

I also know that you want to do the best job possible. This Guide Book will give you the basics of what you need to know, do, and communicate when interacting with the Coroner's Office.

Also, I pledge that the Coroner's Office will always be here to assist in determining whether a case falls under the jurisdiction of the coroner. We welcome your calls and questions about cases that may not be clear. This is an opportunity for us to educate you about what our role is and isn't on those cases. Investigating a death that wasn't reported for two days is immensely more difficult than investigating at the time of death.

This guidebook will be a very valuable resource for you.

We appreciate you and all you do.



John A. Gabis, M.D.
Coroner, Ross County

II. Introduction

The following are guidelines for first responders, whether law enforcement, fire or emergency medical service or anyone else that may have to deal with the initial investigation of a death. These guidelines are just that, guidelines, and are not meant to replace your agency's policies and procedures. We have tried to cover the most common situations and needs that the first responder may have when dealing with a death. These guidelines are fluid and are subject to update as the need arises. If while using these guidelines you come across a need that isn't addressed, feel free to contact our office and we will make the appropriate changes.

We also offer an outreach program, called "Men in Black, Working with the Coroner's Office". In this program, we go over the topics included in these guidelines plus additional information. If you would like to have this program presented to your agency free of charge, contact our office and we will be glad to present this program.

I hope you find these guidelines helpful. If I can be of any assistance to you, feel free to contact me: mratliff@rosscoroner.com



Michael R. Ratliff, D-ABMDI
Chief Investigator

III. The Ohio Revised Code and the Coroner.

The authority of the coroner and his/her designee comes from the Ohio Revised Code Section 313. I have listed only a few of the most pertinent sections that, as a first responder to a death scene, apply to you.

313.11 Unlawfully disturbing a body.

(A) No person, without an order from the coroner, any deputy coroner, or an investigator or other person designated by the coroner as having authority to issue an order under this section, shall purposely remove or disturb the body of any person who has died in the manner described in section 313.12 of the Revised Code, or purposely and without such an order disturb the clothing or any article upon or near such a body or any of the possessions that the coroner has a duty to store under section 313.14 of the Revised Code.

313.12 Notice to coroner of violent, suspicious, unusual or sudden death.

(A) When any person dies as a result of criminal or other violent means, by casualty, by suicide, or in any suspicious or unusual manner, when any person, including a child under two years of age, dies suddenly when in apparent good health, or when any mentally retarded person or developmentally disabled person dies regardless of the circumstances, the physician called in attendance, or any member of an ambulance service, emergency squad, or law enforcement agency who obtains knowledge thereof arising from the person's duties, shall immediately notify the office of the coroner of the known facts concerning the time, place, manner, and circumstances of the death, and any other information that is required pursuant to sections 313.01 to 313.22 of the Revised Code. In such cases, if a request is made for cremation, the funeral director called in attendance shall immediately notify the coroner.

(B) As used in this section, "mentally retarded person" and "developmentally disabled person" have the same meanings as in section 5123.01 of the Revised Code.

313.211 Powers of coroner regarding dangerous drugs.

The coroner may secure, catalog, record, and, with the approval of the prosecuting attorney, destroy any dangerous drugs found at the scene of an investigation the coroner conducts, if the dangerous drugs are no longer needed for investigative or scientific purposes.

IV. Who has control of the scene.

Before the scene can be considered a death scene, the victim or victims must be pronounced deceased; the ORC states who has the legal authority to pronounce a person deceased:

Only an M.D or D.O. holding a current medical certificate can pronounce a person dead (ORC 4731.14) and furthermore sign a certificate of death. An M.D. or D.O. may pronounce a person dead without personally examining the body of a deceased only if a competent observer has recited the facts of the deceased's present medical condition to the physician and the physician is satisfied that death has occurred.

For the purpose of this rule, a competent observer who may determine death shall mean:

- a) Registered Nurse holding a current certificate.
- b) Licensed Practical Nurse holding a current certificate.
- c) EMT-B holding a current certificate.**
- d) EMT-I holding a current certificate.**
- e) Paramedic holding a current certificate.**
- f) Intern or Resident in an accredited program.
- g) Chiropractor holding a current license.
- h) Physician Assistant holding a current certificate.
- i) Podiatrist holding a current license.
- j) Clinical Medical Fellow in an approved fellowship.
- k) Visiting Medical Professor
- l) Coroner's (Death) Investigator

Until the victim is pronounced deceased the scene is in control of the agency responsible for providing medical care.

A complete and thorough death investigation requires the teamwork of several agencies. All agencies involved have duties to act as prescribed in the Ohio Revised Code. Below I have listed a breakdown of certain death scenes and who has legal authority over the scene:

Natural Death Scene: When EMS has pronounced a person deceased and there are no obvious or suspicious circumstances, (not a crime scene), and after EMS has relayed their findings to the LE agency on scene with jurisdiction, then the EMS may return to service. The LE needs to contact the coroner for release of the body.

Fire Scene: Control belongs to the fire department until the fire is out and the scene is deemed safe. The fire investigation belongs to the fire department until evidence of a crime has been discovered then law enforcement has the authority to be involved in the investigation. The State Fire Marshal's Office has the authority to be involved in the investigation as well. The victim must be pronounced deceased by EMS or other authorized personnel as prescribed by ORC. The coroner's office has full authority over the body and the immediate death scene, but will always cooperate with all involved agencies with the hope of a positive outcome.

Crime Scene: Control of the scene belongs to the law enforcement agency with jurisdiction. The coroner's office has full authority over the body and the immediate death scene, but will always cooperate with all involved agencies with the hope of a positive outcome.

I mention these types of scenes not to highlight who's in charge but to remind all that we all have a job to do and should work together to increase the probability of a positive outcome to a negative situation.

V. When to contact the coroner.

The coroner must be contacted in all cases as listed in ORC Section 313.12. This includes all deaths that occur outside the hospital and not in presence of a physician responsible for the medical care of the victim.

Cases of deaths involving hospice care and patients residing in nursing homes will be discussed under Special EMS Circumstances.

VI. How to contact the coroner.

The physical location of the coroner's office is currently unstaffed the majority of the time. To contact the investigator on call, call our answering service at 774-1100 and advise the operator who you are and that you need to speak to the coroner investigator on call to report a death.

Our goal is to respond immediately to a request for investigation; if after two attempts and/or 15 minutes have passed without contact then you may call directly:

Michael R. Ratliff, Chief Investigator @ 740/253-2050

or

John A. Gabis, Coroner @ 740/703-7136.

If you need to contact the coroner's office for reasons other than emergencies, you may call the office at 740/775-7464 and leave a message or email @ rosscountycoroner@rosscocoroner.com.

Someone will respond to your inquiry as soon as possible.

VII. What information the medicolegal death investigator will require.

Below is a list of information that the investigator will require for cases that a scene visit is determined unnecessary by the coroner.

1. Name, age, date of birth, address of death, victim's residence-if different, why at address. Social security number if at all possible.
2. Location of death, for example: found in bed
3. Time found and by whom
4. Time pronounced and by whom
5. Last known seen alive. Any verbalized or obvious complaints.
6. Circumstances surrounding death.
7. Past medical history and primary care physician name and contact information if available

8. Medications and whether or not appears being taken appropriately by checking filled date, number of pills filled and number currently remaining.
9. Next of kin information and if they have been notified.
10. Funeral home, if NOK has decided.
11. Depending on circumstances of death, additional information may be required.

VIII. Special EMS Circumstances

1. **Pre-Hospital Pronouncement of Death Form:** EMS is required by authority given to the coroner by the Ohio Revised Code to provide the information contained in the provided Pre-Hospital Pronouncement of Death forms to the coroner as soon as possible but within 24 hours of pronouncing a person deceased. This form may be faxed to the coroner's office at 740/775-0887. This does not replace direct contact of the coroner for release of the body. This form also does not replace supplying directly to the coroner or via law enforcement any and all information that the EMS feels is pertinent for the coroner to have immediately.
A copy of this form may be received by contacting our office at 740/775-7564 or by downloading off our web site: <http://rosscoroner.com/>
2. **Pronouncement of death en route to the hospital:** When EMS pronounces a person deceased en route to the hospital due to a DNR-CC status or whatever circumstances their medical protocol allows, below is the approved policy to follow:

After Pronouncement En Route To Hospital:

1. Follow guidelines set forth by the Ross County Medical Protocol and/or approved Medical Direction on when appropriate to terminate and/or to withhold resuscitation efforts.
2. After pronouncement, contact Adena Security at 779-7505, if no answer contact Hospital Operator at 779-7500 and have Security paged. Advise Security that you have a body that needs to go directly to the morgue. (Do this prior to arriving at the hospital if possible.)
3. Drive to the south side of the hospital to the loading dock area- **DO NOT GO THROUGH ER.**
4. Security will assist you at the morgue. Advise Security if family members are en route to the emergency department. Leave patient information and any personal property with body and/or Security. Also no persons will be permitted to view the deceased without the approval of the Coroner's office.

5. It is the responsibility of the EMS crew to make contact with the Coroner Office. (Set forth by the Ohio Revised Code) Immediately call 774-1100 (Coroner's Answering Service), have the investigator on call contact you.

6. Be prepared to give the following information:

- a. Patient's name, age, date of birth, address and address of incident
- b. What happened? What treatment performed? Time pronounced?
- c. Next of kin information
- d. Known medical history and primary care physician.

7. Fax the Pre-Hospital Pronouncement of Death form to the Coroner's Office ASAP.

***Note:** Once the body is secured, the crew does not have to remain in the morgue. However, until direct contact is made with the coroner's investigator, the crew is not released or available for another call.

3. **Hospice Deaths:** When EMS pronounces a hospice patient deceased, follow same procedures as any pre-hospital death scene. Make sure you advise the family of the procedure and the reason why law enforcement is required to respond.

Nursing Home Deaths: When EMS pronounces a person deceased in a nursing facility and there are no signs of foul play, neglect or other special circumstances, then law enforcement *need not* be requested. However the coroner must be contacted for release of the body. This must be done by EMS if EMS pronounced.

4. **Suspicious deaths, What to do before LE arrives:** If the scene is not safe, leave immediately. If you can do safely, remove everyone, including all FD and EMS personnel from the scene and secure the scene until law enforcement and or the coroner's investigator arrives. (See Scene Preservation for additional information.)

IX. Special Law Enforcement Circumstances

1. **When to request coroner to the scene:** If the scene is an obvious crime scene, or if you have suspicions of such, request the coroner to respond to the scene. Request a scene visit for all suicides as well. Otherwise request the on call investigator to call you at the scene and the investigator will make the decision based on the information provided by EMS and LE.

- 2. When to request a detective:** This should be based on your department's policy and/or a decision made by your supervisor on duty. Occasionally we will recommend that a detective be called to the scene. We prefer to process the suspected crime scene as a team. If you do request a detective to respond to the scene and if you haven't already notified the coroner, then we require you do so immediately.

- 3. Obvious deaths but no EMS on scene:** The Ohio Revised Code states who has the legal authority to pronounce a person deceased; see **(Who Has Control of the Scene)** for additional information. Until a person is legally pronounced deceased the coroner should not be requested. Even if LE has an obvious death scene, EMS needs to be requested to pronounce. If the scene is an obvious or questionable crime scene, LE should take steps to preserve the scene. LE should escort EMS into the scene pointing out areas to avoid if possible. LE should monitor and document anything that EMS needs to move, including the body, to do their assessment. Once the person has been pronounced deceased, LE should remove everyone, including EMS from the scene and secure it until the coroner and/or detective arrives.

X. Sudden Unexplained Infant Deaths.

These are automatic scene responses from the coroner's office. These scenes are very critical and can hold very valuable information as to the cause and manner of death. We ask that the body and the scene be secured until we arrive at the scene. Please use compassion and explain to the family that this is routine and important for us and not in any way accusatory of any wrong doing by anyone involved.

As far as family holding the infant, we ask that you do not allow this. Again use compassion, let them know that we will allow this but we need to investigate first.

If the infant is showing signs of obvious death then you need to pronounce. There is no evidence of any benefit from performing CPR and transporting an obvious deceased infant for the benefit of the family. In fact these actions will make the death investigation more difficult and could prevent us in being able to give the family the answers that need. If there is any doubt then attempt resuscitation but if obvious signs of death are present then pronounce and protect the scene.

XI. Drug Overdose Deaths

These are potential crime scenes and should be treated as such. Protect the scene, otherwise follow standard guidelines.

XII. Scene Investigation

As a first responder, your responsibility isn't to investigate the scene but to recognize the signs and clues that make a scene a potential crime scene and to have the knowledge to protect and secure the scene.

- 1. What makes a scene suspicious? Gut feelings are important to us. As you get experienced in death scenes, you will be able to recognize a normal scene and one that appears suspicious. We would rather be called to a suspicious scene that turns out not to be than to miss one that is. So if you have a suspicion, please share with us. Below is a partial list of things that make a scene suspicious.**
 - a. Unexplained delay in requesting help.**
 - b. A scene that appears to have been cleaned or staged.**
 - c. A story that doesn't match what you are seeing.**
 - d. Inappropriate behavior of family/friends. (Remember people react/grieve differently)**
 - e. Signs of a struggle.**
 - f. Apparent missing items from the scene.**
 - g. Known prior domestic violence**
 - h. Gut Feelings**

- 2. Scene Preservation:** Ideally it is best to keep the scene exactly as you found it. We understand that the scene may need to be altered for patient assessment and/or treatment. Anytime the scene is altered, it needs to be documented thoroughly. If possible take photos to document the scene as you found it.

- 3. When it's ok to cover the body:** Anytime you cover the body with a sheet or blanket you are introducing fibers and hairs that could contaminate the body and/or potential crime scene and /or allow fragile trace evidence to be lost. It is best not to cover the body at all. If you suspect a crime scene then you need to remove everyone from the scene and secure the scene. If it is an outside scene then it's best to shield the body instead of covering the body. *The only time it is*

ok to cover the body is when it is necessary to protect the body from the environmental conditions such as rain, etc.

- 4. How to report changes to body after death:** Changes occur to the body that will assist us in giving an estimation of the time of death. If we make a scene visit, we will document these changes but in cases that we release the body on the phone we will use your findings to make this determination. Below list the common changes that occur after death and a quick overview of how to assess and document these changes.
 - 1. Livor Mortis (Lividity)-** Reddish, purple color to the skin, can appear bright red in cooler temperatures and with carbon monoxide poisoning.. This discoloration is to dependent areas of the body. Document and report the location/s and whether or not the lividity changes color when you apply pressure, whether or not it turns white when pressure is applied.
 - 2. Rigor Mortis-** This is the stiffing of the joints. Need to document and report what joints are affected or not affected. Need to check a small joint such a finger and a larger joint such as a knee.
 - 3. Decomposition-** There are too many stages of decomposition to cover in these guidelines. Just be descriptive in your documentation. Describing what you see and smell will help us.

XIII. What happens with the body

The coroner's investigator will determine whether or not to release the body to the funeral home desired by the next of kin or have the body transported to the morgue. Haller Funeral Home usually provides removal from the scene on coroner's cases or cases where family has yet to decide on a funeral home. Haller's can be contacted at 740/772-2149 but only after the coroner's office representative has released the body or requested Haller's to respond.

XIV. Summary

These guidelines are meant to provide you, the first responder with the tools needed to assist you in making decisions at a death scene. These guidelines are not meant to replace your agency's policies and procedures but to compliment them. If you are faced with a situation that is not covered by these guidelines or by your agency's policies and procedures, an investigator with the coroner's office is available 24/7 @ Answering Service 740/774-1100.

Issued August 1st, 2011

Important Phone Numbers

- Answering Service (To Report a Death).....740/774-1100**
- Coroner’s Office.....740/775-7464**
- Coroner’s Fax.....740/775-0887**
- John A. Gabis, M.D., Coroner.....(Cell)740/703-7136**
- Michael R. Ratliff, Chief Investigator.....(Cell)740/253-2050**
- Haller’s (For Body Removal-after released by Coroner’s Office).....740/702-2149**
- Ross County Sheriff.....740/773-1185**
- Chillicothe Police.....740/773-1191**
- Ohio State Patrol.....740/775-7770**

- Other.....**
- Other.....**
- Other.....**
- Other.....**
- Other.....**

