

Whatcom County Medical Examiner's Policy and Procedure Manual

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Introduction

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

Whatcom County Ordinance WCC 2.06 and the Revised Code of Washington RCW 68.50.010 provides the legislative foundation for the office and function of the Medical Examiner. Whatcom County Ordinance WCC 2.06.100 authorizes the Medical Examiner to assume jurisdiction over human remains, perform autopsies, and other functions authorized by the RCW 68.50.010. Additionally, the Medical Examiner is authorized to institute procedures and policies to insure investigation into the deaths of persons so specified to assure the public health. Washington State laws delineate which classes of death are to be investigated.

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

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

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

The Whatcom County Medical Examiner's Office is an independent agency operating under a professional services contract arrangement with the Whatcom County Government. The office personnel include Medical Examiners, who are medical doctors specializing in the science of forensic pathology, medical investigators, autopsy assistants, and administrative support staff.

This manual's purpose is to familiarize those persons and organizations who work most closely with the Office of the Medical Examiner with our statutory requirements, policies, and procedures. Additionally, it provides a plan for the orderly discharge of responsibilities. It is hoped that these guidelines will result in a mutual understanding of reciprocal responsibilities. It is only through such understanding that we can achieve respect and cooperation that is so essential to our successful operation. It should be recognized that no set of procedures could be so comprehensive as to include every conceivable situation. Therefore, some issues must be left to the judgement and discretion of those who face a given situation. Guidelines herein are not intended to add or to enhance any legal duties not already applicable through statute or common law.

Geographic Jurisdiction

The Medical Examiner's jurisdiction begins at death. The office has no jurisdiction over living persons. Jurisdiction is determined by the location where death occurs or where the body is found, not where the lethal wound was inflicted. The Medical Examiner's geographic jurisdiction follows the borders of Whatcom County, Washington.

Deaths that occur on federal property which includes Indian reservations, may not strictly lie within the jurisdiction of the Medical Examiner. If the death occurs on non-military federal property and there is some suspicion of homicide or other criminal activity, the death may be primarily investigated by the Federal Bureau of Investigation. If no criminal activity is suspected, the death will be investigated by the Medical Examiner.

The Medical Examiner may investigate any death occurring on federal property if invited to do so by the respective authorities. In practice, all deaths occurring in Whatcom County are investigated by the Medical Examiner.

Types of Deaths to be Reported to the Medical Examiner

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

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

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

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

Criteria for Reportable Deaths

1. Persons who **die suddenly when in apparent good health and without medical attendance within thirty-six (36) hours preceding death**. This category should be reserved for the following situations:
 - A. Sudden death of an individual with no known natural cause for the death;
 - B. Death during an acute or unexplained rapidly fatal illness, for which a reasonable natural cause has not been established;
 - C. Deaths of individuals that were not under the care of a physician;
 - D. Deaths of persons in nursing homes or other institutions where medical treatment is not provided by a licensed physician.

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

3. **Suspicious circumstances.** This category includes, but is not limited to deaths under the following circumstances:

- A. Deaths resulting from apparent homicide or suicide;
- B. Hanging, gunshot wounds, stabs, cuts, strangulation, etc.;
- C. Alleged rape, carnal knowledge, or sodomy;
- D. Death during the course of, or precipitated by, a criminal act;
- E. Deaths that occur while in a jail, prison, in custody of law enforcement, or other non-medical public institutions.

4. **Unknown or obscure causes.** This category includes:

- A. Bodies that are found dead. (See criteria #1 above);
- B. Deaths during or following an unexplained coma.

5. Deaths caused by any **violence** whatsoever, whether the primary cause or any contributory factor in the death. This category includes but is not limited to:

- A. Injury of any type including falls;
- B. Any deaths due to, or contributed to, by any type of physical trauma.

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

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

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

"No Jurisdiction Assumed" Deaths

After receiving a report of a death, a determination will be made whether or not to assume jurisdiction. The Medical Examiner's Office will assume jurisdiction of all deaths involving any type of trauma, accident, or violence. Deaths that are reported to the Medical Examiner that do not result in assumption of jurisdiction follow a "No Jurisdiction Assumed" (NJA) procedure. Deaths most frequently reported are those where the deceased was without medical care for thirty-six (36) hours preceding death and death is known to be from natural causes.

The Medical Examiner's Office applies a rather narrow interpretation of the legislative language "persons who come to their death suddenly when in apparent good health without medical attendance within the thirty-six (36) hours preceding death" (RCW 68.50.010). If both conditions (lack of medical care and apparent good health) apply, the Medical Examiner's Office will take jurisdiction. If one or both conditions do not apply, the death may be placed in the NJA category. A usual condition for an NJA case, is that an outside attending physician has knowledge and awareness of a patient's natural disease condition and is able and willing to assist with or reasonably certify death.

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

When Autopsies are Performed

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

Generally, autopsies are performed if there is evidence of violence (recent or remote) or evidence of suspected unnatural death or a death that needs explanation. The Medical Examiner will not perform an autopsy simply because the attending physician refuses to sign the death certificate and wants to know the extent of the natural disease process. Private autopsies can be performed or arranged by the Medical Examiner if jurisdiction is declined. Payment for these services is the responsibility of the decedent's family/ next-of-kin.

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

Establishing a Hospital Death as a Medical Examiner's Case

A nonviolent death after hospital admission is usually not a Medical Examiner's case. If the probable cause of death can be derived from clinical examination, and if this cause of death is clearly natural, a Medical Examiner's investigation is unnecessary. However, all deaths following injury or where the death apparently occurred as the result of an accident, error, or where equipment, medication, or other supplies were faulty must be reported.

If a person dies in a hospital, and no next of kin can be identified by the hospital, the Medical Examiner will assume jurisdiction for disposition of the body and control of the property of the deceased.

Deaths which are not under the Medical Examiner's jurisdiction shall not be made such simply because autopsy permission has been refused by the family. Conversely, authentic Medical Examiner cases shall not be withheld from the Medical Examiner's jurisdiction and autopsied by the hospital pathologist because family permission for autopsy has been obtained.

If the death is correctly reported and the Medical Examiner declines jurisdiction, a hospital or private autopsy may proceed after the family has granted permission. A copy of the autopsy report should be sent to the Medical Examiner for final review of the findings.

Deaths Occurring in Emergency Rooms

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

If there is supportive past medical history from a private physician, that private physician may also certify death. If the private physician is unavailable, the medical examiner will provide a means for certification upon consultation by the emergency physician.

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

If the Medical Examiner determines that an investigation is to take place, the body should remain in the same condition as that at the time of death. Specifically, all catheters, tubes, devices, etc. should remain in place. All clothing and personal effects should also remain with the body. Exceptions to this rule may only occur after the Medical Examiner has given specific permission.

Deaths in the Operating Room

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

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

1. Where the procedure being performed is considered by others in the profession to be relatively low risk, and the patient dies unexpectedly.
2. Where the death of the patient occurs during the performance of a procedure or during the immediate postoperative period and the patient's condition was not considered to be life threatening prior to the initiation of the procedure.

In order to appropriately allocate investigative resources and at the same time serve the medical community and the family, we have developed an investigative procedure that assesses the overall condition of the patient before the anesthetic is administered and before the surgical procedure commences. The procedure that is followed in anesthetic/surgical deaths has been reported in great detail in the *Journal of Forensic Sciences*:30:822-827, July 1985. It is important that the medical community recognize that these deaths are examined by a Surgical/Anesthetic Death Committee that utilizes anesthesiologists and surgeons to review the case after the investigation is complete. The deliberations of the committee are open to physicians who are responsible for the care of the patient. It is only after the committee has deliberated that certification of death is completed.

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

actively investigate a death is largely determined by the ASA category assigned to the patient before the anesthetic is administered. For the purposes of anesthesia, the classification of the physical status of the patient adopted by the American Society of Anesthesiology is divided into five classes, with Class I being a healthy patient who is without functional or physical disability, while Class V is the patient who is moribund, or is unlikely to survive twenty-four hours with or without the surgical procedure. In between these two extremes, Classes II, III, and IV represent patients assessed to have increasing risk. All patients undergoing an anesthetic are assigned one of these risk categories. At the time of the report of the death, the investigator at the Medical Examiner's Office will seek the ASA classification. All deaths assigned a classification of I, II, or III are identified for further investigation that ordinarily will include an autopsy with a toxicological study of the patient. Deaths, which have an ASA classification of IV or V, will be reviewed to establish the nature and extent of the natural disease in the context of the surgical process. Only when an unusual factor or question surfaces during review of such deaths will active jurisdiction be taken. Such deaths where there is a clear equipment malfunction or where the wrong agent was given to the patient require active investigation that will include autopsy and toxicological examination.

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

The Practicing Physician and the Medical Examiner

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

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

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

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

Physician's Responsibility in Reporting Deaths

If an attending physician is quite satisfied that the death is outside the jurisdiction of the Medical Examiner, the Medical Examiner need not be notified and the body can be released to a funeral home. If, in the opinion of the attending physician, criteria have been met which require the reporting of the death to the Medical Examiner, the physician shall report the death immediately by telephone to the Medical Examiner's Office (360-738-4557 or 911). Physicians/medical personnel need not notify the Medical Examiner of every death to relieve themselves of any responsibility for the determination of jurisdiction. Familiarity with the death reporting criteria will reduce unnecessary phone calls. Whenever a question exists, Medical Examiner personnel will make the assessment quickly and expeditiously.

The attending physician, upon learning that the Medical Examiner's Office has accepted the jurisdiction of the death, may report this to the family, make them aware that the body will be removed to the Office of the Medical Examiner, and that there is a probability a postmortem examination will be conducted. In those instances in which the Medical Examiner accepts jurisdiction, an agent of the Medical Examiner will transport the body to the Office of the Medical Examiner.

There should be no removal of clothing or effects, or handling the body in any manner by persons not authorized by the Medical Examiner.

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

Certification of Death

When it has been determined that the death of a patient does not meet the criteria for the Medical Examiner to take jurisdiction and therefore certify death, completion of the death certificate becomes the responsibility of the attending physician. Since the death certificate is a legal and not a scientific document, the physician is not required to establish a specific anatomical reason responsible for death. For that requirement, anatomical dissection or additional postmortem studies would be necessary in all deaths, which is clearly unmanageable and beyond the resources of the Medical Examiner and the medical community. The requirement for certification is a statement of the general disease process or condition most likely responsible for death.

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

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

It is acceptable to use "probable" to identify a suspected final event, e.g., probable rupture of esophageal varices due to or as a consequence of cirrhosis of the liver. If a specific anatomic cause of death is desired, the physician is free and encouraged to seek autopsy permission from the family after clearing the death with the Medical Examiner. Mechanisms of death frequently encountered on death certificates include cardiac arrest, cardiorespiratory arrest, etc. These common pathways of death are so general as to be meaningless for purposes of certification. If a physician has difficulty in completing the certificate, the physician should consult with the Medical Examiner's Office. If an accident or any type of violence such as a fracture due to a fall causes or

contributes to the death, the death is within the jurisdiction of the Medical Examiner. Physicians in Whatcom County should only certify deaths in which the manner is “natural” and all other deaths should be certified by the Medical Examiner.

Injury Deaths Certified by an Attending Physician

There are deaths involving injury that can be certified by the attending physician. This occurs most commonly in falls of the elderly. It is the policy of the Medical Examiner's Office to consider all significant fractures sustained by the elderly in a fall as contributing to death and therefore accidental in character. These deaths require an investigation that generally is limited to preparation of an investigative report. The attending physician can complete the certificate as long as the circumstances under which the injury was sustained are clearly identified. Such deaths are given a regular investigative case number, and a record of the injury and the circumstances surrounding the injury is prepared.

Frequently these deaths are not reported directly to the Medical Examiner's Office by the physician because they are unaware of the requirement to do so. Such injury related deaths only come to light when the death certificate is completed. Consequently, it is necessary that the funeral director either notify the Medical Examiner of the injury-related death so that the certificate can be accurately completed by the physician, or the funeral director can choose to bring the original certificate to the Medical Examiner for review and completion of the accident section.

A Medical Examiner NJA case number must appear on the death certificate for filing with Vital Statistics. If the investigation has been performed so that an accurate and completed death certificate is obtained initially by the funeral director, it is requested that the funeral home forward a photocopy of the death certificate to the Medical Examiner in order that the investigative record can be completed.

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

The Hospital Agent

Each hospital shall have a responsible agent, office, or individual with whom the Medical Examiner can, at any hour communicate. The procedure to follow in reporting a death to the Medical Examiner's Office is the same for hospitals as for practicing physicians. The designated hospital agent shall make the report by phone to the Medical Examiner's Office (738-4557 or 911), immediately upon determination of death. Pertinent information regarding the decedent's medical history may be reported at that time. The hospital agent shall submit promptly the following information to the Medical Examiner:

1. Name and age (if known)
2. Date and time of admission
3. Time of death
4. Clinical diagnosis (if made)
5. Place, date, time, and manner of accident, or violence (if any)
6. Name of attending physician
7. Any other relevant information

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

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

1. Do not clean the body or clothing after death.
2. Special care should be used in cutting and handling of clothing so that valuable evidence such as bullet holes remain intact.
3. All clothing of the deceased should accompany the body.
4. Any IV lines, tubes, catheters, endotracheal tubes, dressings, splints, clamps, and orthopedic devices should be left in place. Therapeutic articles will be returned to the hospital upon request.

5. Any needle puncture wounds to the deceased, made by hospital personnel should be circled in pen and the initials "RX" written next to the circle.
6. Any blood, urine, gastric material, or any body fluid collected at the time of admission should be saved and accompany the body.
7. Admitting blood and urine should be saved on all patients classified in critical condition if their death would result in jurisdiction by the Medical Examiner. This is helpful in detecting concealed homicides.
8. It is permissible for the family to view the body before removal to the Medical Examiner's Office, provided the body is not cleaned or otherwise disturbed. In cases where there is potential criminal investigation, viewing should be strongly discouraged and such requests referred to the Medical Examiner.
9. Notification of the death to the family should be communicated to the Medical Examiner investigators when they arrive to remove the body. Thus, notification efforts can be initiated and/or coordinated, and not duplicated.
10. Access to the complete patient medical record will be made available to the Medical Examiner. Such records will be protected for confidentiality under the law.

After Medical Examiner's investigators receive notification of a death, they are dispatched to take jurisdiction and transport the body. Occasionally an investigator or agent of the Medical Examiner will not be immediately available to respond to the hospital. The person making notification of death should ask if delay is anticipated. Residential deaths take priority over hospital deaths. This is because hospitals have the staff to care for a body, which is often not possible at a residence.

Medical Examiner investigators will, upon request by hospital personnel, delay their response. Hospital personnel should also inform family members to contact a funeral home of their choice to make arrangements for after the body is released. The funeral home will communicate with the Medical Examiner's Office for coordination and procurement of information necessary for death certification.

Hospital Autopsy

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

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

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

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

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

Notify the Medical Examiner's Office of the death immediately with a clear statement of events that caused the injury.

Inform the investigator taking the call that an autopsy is desired at the hospital for clinical interest. Do not request autopsy permission from the family until assessment has been made by the Medical Examiner that a hospital autopsy can be performed.

If the death has been assessed by the Medical Examiner and approval given to seek autopsy permission from the surviving next of kin, the physician can then proceed. A medical examiner case number or NJA number will be assigned. Once an autopsy is completed, a copy of the report should be forwarded to the Medical Examiner's Office to complete the record. Similarly, a copy of the death certificate with the identifying Whatcom County NJA case number should be submitted to the Medical Examiner's Office to file.

If all prior steps are completed but autopsy permission is denied by the surviving next of kin, an autopsy may not be authorized by the Medical Examiner over the objections of the family. In some cases, a clinician may wish to perform an autopsy in a case where the deceased has no known next of kin.

The Medical Examiner has the authority to authorize autopsies under such circumstances according to RCW 68.50.010 and RCW 68.50.101. If the Medical Examiner agrees to give autopsy authorization, the physician must sign a Medical Examiner Autopsy Authorization form agreeing to certain conditions.

SIDS Deaths

All sudden unexpected deaths in infancy are routinely examined by Medical Examiner. This examination includes complete routine autopsy including histology, toxicological analysis of body fluids and radiology if indicated. Additionally, a **SIDS Scene and Circumstance Protocol** is completed on each death so that there is maximum collection of information surrounding these deaths.

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

Additionally when a death involves an infant or child under the age of 18, the Washington State Department of Social and Health Services is contacted as a function of the **Child Death Review Committee** to assess whether or not the individual or family of the child has ever had a Child Protective Service, Family Reconciliation Service, or Child Welfare Service referral. This information becomes an essential part of the investigative report. The **Child Death Review Committee** reviews all SIDS in addition to all unnatural deaths of children in Whatcom County.

Law Enforcement Agencies & the Medical Examiner

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

The Medical Examiner's Office must be notified in the most expeditious manner of the existence and location of a dead body coming under its jurisdiction. Police dispatch should be contacted and the Medical Examiner or investigator should be directly contacted. Dispatch has pager, cell phone and home phone numbers for the Medical Examiner or investigator (ME) on-call. The ME should respond within 5-10 minutes of attempted contact or dispatch should make further efforts at notification by utilizing other communication sources. It is not unusual for the pager or cell phone system in Whatcom County to fail without knowledge of either dispatch or the ME. The Medical Examiner's Office is responsible for informing dispatch of who is on call and how they should be reached, 24 hours/day. The office telephone number of the Medical Examiner to be used during regular working hours is 360-738-4557.

Police Reports

It is requested that as soon as possible an official copy of the incident report and subsequent investigative report compiled by law enforcement be made available to the Medical Examiner's Office. Please fax reports to 360-734-0467. Such documents will not be a part of the official Medical Examiner's report and consequently are not available for public inspection. All requests for access to or copies of police investigative reports will be referred either to the originating law enforcement agency or to the prosecuting attorney's office.

The law enforcement agency with jurisdiction for the death will automatically be provided a copy of the Medical Examiner Investigative Report upon completion. Most autopsy reports are completed within 30 days. Occasional reports are delayed by need for outside testing. Preliminary reports are available upon request if needed.

Non-Homicide Scene Investigation

Following the report of death by a law enforcement officer at a scene, the Medical Examiner, or his investigators may at either their or law enforcement's request require that the body and its immediate surroundings remain undisturbed until their arrival. It is understood that prior to the arrival of the Medical Examiner's investigators, the police agency with jurisdiction may initiate investigation of the scene and will use reasonable care, consistent with crime scene investigative techniques, not to disturb the body and its immediate surroundings. Any movement or disruption will be reported to the Medical Examiner or representative.

The scene investigation should include appropriate photography to assist in the evaluation of the scene or for other legitimate purposes. The Medical Examiner investigator does not search the body or premises except in the presence of witnesses. Police officers may be asked to witness the search and sign the property record as a witness. The investigator will inquire of the police officer for a police incident number for inclusion in the Medical Examiner's investigative report. All information known at the scene should be relayed to the Medical Examiner. Although data may be collected to attempt to ascertain time of death, such opinions should not be rendered at the scene and should be reserved until complete investigation of the body is performed in the morgue.

If identification of the deceased at the scene is necessary, the police may remove the decedent's wallet or other personal possessions to determine probable identity prior to Medical Examiner investigator's arrival. The Medical Examiner investigator's responsibility at the scene of death is primarily the documentation and retrieval of the undisturbed body and collection of property which is a direct part of the body and the recovery of such property in a reasonably undisturbed form.

In all cases in which Medical Examiner Jurisdiction is assumed, the body will be transported by the Medical Examiner, investigator or assigned agent. Under rare circumstances, and only after so instructed by the Medical Examiner, the body may be transported by emergency or paramedical personnel directly to the morgue. There are also circumstances in which the Medical Examiner will allow the funeral home of the family's choice or the on-call funeral home to make removal of the body

with instruction that the body is to be held at their facility without processing pending investigation. Such cases are reserved only for natural deaths in which additional medical information is needed to establish jurisdiction.

If a law enforcement officer cannot remain at the scene of death until the arrival of the Medical Examiner investigator, the officer should exercise reasonable care to secure the scene. The officer should then notify the Medical Examiner's Office how its investigator may obtain access to the death scene. Security of the premises may, at the officer's discretion, be turned over to a responsible next of kin or friend who will await the arrival of the Medical Examiner investigator. Should the officer leave the scene of death in the custody of a responsible family member or friend, the officer will instruct them to avoid disturbing the scene in any way without consent of the Medical Examiner investigator.

Homicide - Scene Investigation

In any death in which there is clear evidence of a homicide, the Medical Examiner/Pathologist is immediately available to respond to the scene. Because time of death is frequently an issue in homicidal violence, it is recommended that the Medical Examiner respond to the death scene as quickly as possible, perform an examination of the body and make arrangements for future removal by the Medical Examiner Investigator. It is extremely important in homicide cases that the body of the deceased, including immediate surroundings, not be moved or disturbed in any way inconsistent with police crime scene investigative techniques. If such movement occurs or any disruption is present, this should be reported to the Medical Examiner. The Medical Examiner Investigator is responsible for making removal of the body but it is not necessary that the body be removed at the time the Medical Examiner performs his examination.

After photographs are taken and scene processing is completed, the Medical Examiner Investigator or agent will respond and take possession of the deceased, clothing, and other apparel worn or attached to the body. Homicide detectives or other authorized police representatives will take possession of other evidence as deemed appropriate and with the concurrence of the Medical Examiner.

When personal effects are transferred to the Medical Examiner's Office while still on the body or in the possession of the investigator, such personal effects will be handled as evidence until the autopsy is complete. The investigating police agency will review property and personal effects removed from the body or transported from the scene. If elements of personal property are viewed by the police as evidence, these articles will be transferred to the investigating police agency at the time that other evidence removed from the body at autopsy is transferred. Every effort should be made by the investigating police agency to pick up all evidence within 48 hours of completing the autopsy. The Medical Examiner's Office does not have evidence storage facilities and prompt attention to evidence transfer is essential to avoid delays. Personal property that is not deemed of value as evidence will be entered into the property inventory for return to the family via the funeral director.

Traffic Fatalities - Scene Investigation

As soon as it is confirmed that a traffic death has occurred, that death must be reported to the Office of the Medical Examiner. The body is not to be moved from the scene of the accident without authorization by the Medical Examiner. If the body is in public view it should be covered and care should be taken to keep the public away from the body. If a body is in danger of being mutilated or damaged at the scene it should be moved, but only so far as to get it out of the troubled area, e.g. from the center traffic lane to the roadside. If the body is removed from a vehicle, it is imperative that information regarding the position of the body in the vehicle, and the usage of restraint systems be made available to the Medical Examiner's investigator. Vehicles involved in a traffic fatality should not be moved from the scene prior to the arrival of the Medical Examiner investigator except when:

1. The investigator does not respond to the scene in a reasonable period of time.
2. The police agency decides that severe traffic congestion is likely to result if the involved vehicles are allowed to remain in their original positions.

Medical Aid Personnel and the Medical Examiner

It is the job of the paramedic to take any steps necessary to ascertain whether medical care is needed. When it can be clearly determined by simple inspection of the body that medical attention would be of no avail the body and surroundings should not be disturbed. Medic and paramedic attendants should notify the Medical Examiner's Office and the appropriate law enforcement agency immediately upon determination of death. Unless absolutely necessary, the deceased should not be moved from the position or place of death. It is important that the body and its surroundings be preserved in order to allow the Medical Examiner and police investigators to judge the nature and degree of investigation required.

If a body is in public view, it should be covered and care taken to keep the public away from the body. If the body is in danger of being damaged or mutilated at the scene it should be moved, but only to remove it from a dangerous area, e.g., from the center traffic lane to the roadside. Emergency personnel should not take it upon themselves to transport the body to the Medical Examiner's Office without first clearing this action with the Medical Examiner.

Knowledge of medical care given the deceased by the emergency personnel can be of significant value to the Medical Examiner. In order to be most helpful to the Medical Examiner, any intravenous lines, tubes, and dressings should be left in place, any needle puncture wounds made should be circled with a ballpoint pen and initialed "RX". If at all possible, the "run" sheet, indicating any treatment given the deceased should be made available to the Medical Examiner. The report may be faxed to the Medical Examiner 24 hours/day at 360-734-0467. Any blood or urine recovered or drawn should be saved and turned over to the Medical Examiner's investigator. In treating a person, emergency personnel should not use bullet holes or knife wounds for insertion of tubes, etc., because this will destroy valuable evidence that is utilized in the interpretation of injuries. If, in cases of ligature strangulation, there is reason to believe that the victim may respond to resuscitation, the ligature should be removed by cutting the ligature in some location removed from the knot. The type of knot, the position of the knot, and the general appearance of the ligature all contribute to an understanding of events. Under no circumstances should the knot be untied.

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

After death, it is best to allow the Medical Examiner or investigator to contact the family physician. If emergency personnel have made contact with the physician prior to death, that information should be given to the Medical Examiner.

Nursing Homes and the Medical Examiner

Nursing home personnel should be familiar with all of the types of deaths to be reported to the Medical Examiner.

The most frequent types of nursing home deaths that are reported to the Medical Examiner's Office are deaths where a fracture is present. If there is any doubt whether to report a death, please report the death and let the Medical Examiner make determination of jurisdiction. A report should be made to the Medical Examiner's Office by phoning 360-738-4557 during working hours or 911. The investigator will assess jurisdiction. Information concerning the deceased's medical history will be obtained at this time.

If the Medical Examiner assumes jurisdiction, an investigator will speak with the physician to assess the nature of the injury and validate the information that death has occurred or respond to the scene of death to transport the body to the Medical Examiner's facility. If the determination is made that the Medical Examiner will not assume jurisdiction, the case will be assigned a "No Jurisdiction Assumed" (NJA) number and will be processed accordingly.

Funeral Home Personnel and the Medical Examiner

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

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

In some instances family physicians will be willing to certify death because the cause of death is consistent with the previous medical condition even though the physician did not visit or attend the patient in the thirty-six (36) hours before death. In these cases, in order to meet the legal requirements of the reporting statute, the Medical Examiner's Office must be contacted. A "No Jurisdiction Assumed" number will be assigned to the case. This must be done because the death certificate may not clear vital statistics without a "No Jurisdiction Assumed" number.

Handling and Care of Human Remains

All human remains regardless of their state of preservation will be handled with the dignity befitting what they represent. When an autopsy examination is required by the investigating Medical Examiner to accurately certify the cause and manner of death, this autopsy will be performed expeditiously and without delay and in such a manner so as not to disfigure the body in any way. Every attempt will be made to externally reconstruct the body to its original condition, and efforts will be made to cleanse the body before release to the funeral home.

Once the examination is complete, the funeral home, which has been designated by the surviving family as a responsible agent for disposal of the human remains, will be notified immediately. There are instances where criminal action is responsible for the death and a defendant's attorney appeals to the Medical Examiner to retain the body; this shall only be contemplated after consultation with the Prosecuting Attorney's Office. In those instances, the body will only be held for a period of time as determined reasonable by the representative from the Prosecuting Attorney's Office. Any further retention of the body can only be done by court order.

It is the general policy of the Medical Examiner's Office that victims of homicide are released after obtaining a court order from the Whatcom County Superior Court, when practicable.

After the autopsy examination has been completed, it is the policy of this office to release all remains, since the examination itself constitutes the evidential material recovered. No human remains will be stored as evidence; if such requests should be made by an investigating police agency, these requests will be forwarded to the Prosecuting Attorney for review. If the decision is made that such human remains should be retained as evidence, the retention will be under the signature of the Prosecuting Attorney. If such an event should occur, these remains will be held in a locked, secure area with limited access.

Indigent Remains

In accordance with RCW 68.50.010 the Whatcom County Medical Examiner has jurisdiction over unclaimed human remains. This is limited to bodies where no next-of-kin or other legally responsible representatives can be identified to authorize disposal of the body. In most instances, the funeral home director is able to locate next-of-kin. However, in those few deaths where a representative cannot be located, the Medical Examiner has been given authority to authorize cremation. However, bodies that are unidentified or bodies that are clearly the victims of homicide are not cremated but are buried.

When the Whatcom County Medical Examiner authorizes cremation or burial, the assigned funeral director applies for financial remuneration from the Whatcom County Executive for payment under the Indigent Remains Program.

Where there is no known legal next-of-kin or representative, or when the funeral director determines that the next-to-kin does not have the ability to pay for disposition, the funeral director is eligible to apply for financial assistance including payment for cremation and internment in a common vault. The family, if identified, under these circumstances must waive their ability to recover the cremains.

The Indigent Remains Program is administered by the Medical Examiner's Office and can be reached at 360-738-4557.

Utilization of Tissues & Organs

The Medical Examiner's staff recognizes the value of organ and tissue utilization from deaths, which come under the jurisdiction of the Medical Examiner. According to RCW 68.50.100 the Medical Examiner is authorized to retain tissues and/or organs only when there is a need to establish the cause and manner of death. There is one exception to this general rule. Corneal tissue can be provided to the Eye Bank when it is needed for transplantation. The controlling statute, RCW 68.50.290 requires that certain conditions be met before this tissue can be provided. One of these conditions is that a reasonable effort made to obtain permission from the next-of-kin. In all other instances, the surviving family or next-of-kin must give explicit authorization to any agency to utilize organs and tissue for other purposes.

Notice of Retention of Tissues, Organs and Specimens

A standard written notice of retention of tissues, organs, and specimens, and the related authorizing State law, shall be incorporated into each postmortem examination report (all autopsy and inspection reports).

Specimens, tissues, and organs retained by the Medical Examiner after postmortem examination are routinely disposed of by incineration, as is done in hospitals and clinics, through a biohazard disposal company when no longer needed for medical examiner purposes.

Evidence/specimens, tissues, and organs retained in cases of known or suspected homicide are held indefinitely, unless transferred to law enforcement or to a laboratory for analysis.

Postmortem examinations and the related collection and retention of specimens/physical materials and tissues (including occasionally, but not routinely, an entire organ) are done as needed by the Medical Examiner in the interest of the public (*forensic*, not private/family concerns). Families will not be routinely contacted concerning the type and extent of examination, or specimen, tissue, or organ retention.

Immediate family members who inquire about the retention of specimens, tissues, and organs in specific/individual Medical Examiner cases may, if they so choose, arrange privately for final legitimate disposition of specimens, tissues, or organs that originated from their family member and are no longer needed for Medical Examiner/forensic purposes.

Procedures and Practices:

The following written statement, and the text of the authorizing State law, as shown below, shall be incorporated into each autopsy and inspection report.

RETENTION:

Blood, body fluids, tissues, and physical/trace materials that may be collected (the exact samples vary by case) during investigation or postmortem examinations are routinely held for a two year period prior to biohazard disposal, unless transferred to a laboratory or other agency by the Medical Examiner's Office, or otherwise released by special arrangement.

RCW 68.50.106

Autopsies, post mortems -- Analyses -- Opinions -- Evidence -- Costs.

In any case in which an autopsy or post mortem is performed, the coroner or medical examiner, upon his or her own authority or upon the request of the prosecuting attorney or other law enforcement agency having jurisdiction, may make or cause to be made an analysis of the stomach contents, blood, or organs, or tissues of a deceased person and secure professional opinions thereon and retain or dispose of any specimens or organs of the deceased which in his or her discretion are desirable or needful for anatomic, bacteriological, chemical, or toxicological examination or upon lawful request are needed or desired for evidence to be presented in court. Costs shall be borne by the county.

[1993 c 228 § 19; 1987 c 331 § 59; 1975-'76 2nd ex.s. c 28 § 1; 1953 c 188 § 10. Formerly RCW 68.08.106.]

Family members (see definition of "family" in RCW 68.50.105, below) inquiring about autopsy/postmortem examination findings and procedures shall be provided with cause and manner of death information and general case investigation and office

policy information. If the family member(s) desires more details about autopsy findings, or have specific questions regarding the retention of specimens/physical materials, tissues, or organs, they should be referred to the Medial Examiner/forensic pathologist that conducted the postmortem examination.

References: See RCW 68.50.106 above

RCW 68.50.105

Autopsies, post mortems -- Reports and records confidential -- Exceptions.

Reports and records of autopsies or post mortems shall be confidential, except that the following persons may examine and obtain copies of any such report or record: The personal representative of the decedent as defined in RCW [11.02.005](#), any family member, the attending physician, the prosecuting attorney or law enforcement agencies having jurisdiction, public health officials, or to the department of labor and industries in cases in which it has an interest under RCW [68.50.103](#).

The coroner, the medical examiner, or the attending physician shall, upon request, meet with the family of the decedent to discuss the findings of the autopsy or post mortem. For the purposes of this section, the term "family" means the surviving spouse, or any child, parent, grandparent, grandchild, brother, or sister of the decedent, or any person who was guardian of the decedent at the time of death. [1987 c 331 § 58; 1985 c 300 § 1; 1977 c 79 § 2; 1953 c 188 § 9. Formerly RCW [68.08.105](#).]

RCW 68.50.160

Right to control disposition of remains -- Liability of funeral establishment or cemetery authority--Liability for cost.

(1) A person has the right to control the disposition of his or her own remains without the predeath or postdeath consent of another person. A valid written document expressing the decedent's wishes regarding the place or method of disposition of his or her remains, signed by the decedent in the presence of a witness, is sufficient legal authorization for the procedures to be accomplished.

(2) Prearrangements that are prepaid, or filed with a licensed funeral establishment or cemetery authority, under RCW [18.39.280](#) through [18.39.345](#) and chapter [68.46](#) RCW are not subject to cancellation or substantial revision by survivors. Absent actual knowledge of contrary legal authorization under this section, a licensed funeral establishment or cemetery authority shall not be held criminally nor civilly liable for acting upon such prearrangements.

(3) If the decedent has not made a prearrangement as set forth in subsection (2) of this section or the costs of executing the decedent's wishes regarding the disposition of the decedent's remains exceeds a reasonable amount or directions have not been given by the decedent, the right to control the disposition of the remains of a deceased person vests in, and the duty of disposition and the liability for the reasonable cost of preparation, care, and disposition of such remains devolves upon the following in the order named:

- (a) The surviving spouse.
- (b) The surviving adult children of the decedent.
- (c) The surviving parents of the decedent.
- (d) The surviving siblings of the decedent.
- (e) A person acting as a representative of the decedent under the signed authorization of the decedent.

(4) The liability for the reasonable cost of preparation, care, and disposition devolves jointly and severally upon all kin of the decedent in the same degree of kindred, in the order listed in subsection (3) of this section, and upon the estate of the decedent.

[1993 c 297 § 1; 1992 c 108 § 1; 1943 c 247 § 29; Rem. Supp. 1943 § 3778-29.

Formerly RCW [68.08.160](#).]

NOTES:

County burial of indigent deceased veterans: RCW [73.08.070](#).

Disposal of remains of indigent persons: RCW [36.39.030](#).

Order of payment of debts of estate: RCW [11.76.110](#).

Organ Donation

A potential organ donor is a patient who has suffered an injury to the brain resulting in brain death. Such a potential organ donor will generally be maintained on respiratory and hemodynamic support until the Organ Procurement Agency has an opportunity to assess donor potential. Once this is established by the Procurement Coordinator of the Organ Procurement Agency, it is necessary that the Medical Examiner be notified of the potential donor so that an assessment of the circumstances of the injury can be made by the Medical Examiner Investigator and a determination made whether or not organ or tissue procurement authorization can continue. Once an assessment has been made and all concerns of local law enforcement agency have been answered, then organ procurement authorization can continue.

Generally, the only instances where the Medical Examiner will obstruct organ procurement are in homicidal deaths, particularly of infants or children where there may be hidden injury. Each death must be evaluated on its own merit. Every effort will be made by the Medical Examiner to ensure there is maximum utilization of organs for donation. If the donation is obstructed by the Medical Examiner, the Organ Procurement Agency will be provided an explanation.

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

Tissue Donation

Postmortem tissue utilization does not have the same requirement as organ donation. Consequently potential tissue donors are not maintained on respiratory or hemodynamic support and death can occur outside of the hospital without undue interference with tissue utilization, particularly if the postmortem interval is short. There are deaths where tissue utilization can be performed some hours after death. All requests of next-of-kin for permission to remove tissue are coordinated by a single tissue utilization agency. This is to ensure that only one telephone contact seeking permission is made with the deceased's relatives. Consequently, any requests made of the Medical Examiner to obtain tissue for whatever purpose will be referred to the tissue agency, which functions as coordinator. At the present time, the Northwest Tissue Center serves as that coordinator and can be reached by telephone at 260-292-1879.

In addition to tissues which are removed for transplant purposes, there are a number of requests made by medical researchers who are seeking fresh tissue. To facilitate this process, the requestor will be referred to the Tissue Utilization Coordinator to ensure that, if the family grants permission, the appropriate tissue will be harvested according to the request. It is incumbent upon requestors that they are able to immediately respond to the Medical Examiner's Office to receive tissue once a donor is identified. There is a misconception that tissue can be routinely harvested by the pathologist during an autopsy and handled in a fashion to meet the needs of the requestor. Such an attitude does not take into consideration the purpose and procedure of a forensic autopsy done under statutory authority. Any requirements that tissue be handled in a particular fashion or stored in a particular container will not be accomplished if the requestor or his agent is not physically present. Consequently, it is the responsibility of the requestor to make the necessary arrangements to ensure that specimens are handled with minimal involvement by the Medical Examiner Staff. Such efforts will encourage success in tissue utilization.

Personal Property Procedure

Any and all personal property that accompanies the decedent to the Medical Examiner's Office will be released to the next of kin or other person authorized by the next of kin, unless such property is to be used as evidence in a criminal proceeding. The personal property is receipted from the Medical Examiner's Office to either the police agency or the family. Generally, personal property can be picked up during normal working hours at the Medical Examiner's Office by police at the time of autopsy or on the day following autopsy. In those cases in which personal property is used in criminal proceedings, the property must be obtained from the police department, which has jurisdiction over the case, when all proceedings have been concluded. This could take many months.

Burial/Transit Permits

A permit is required from Vital Statistics before a body can be buried, cremated, or removed to another county or state. Vital records in Whatcom County can be contacted at 360-676-6720. Their address is 509 Girard Street, Bellingham, WA. 98225.

Death Certificates

A certificate of death must be filed with the Vital Statistics Section of the Whatcom County Public Health Department before burial or other disposition of a body. A certificate of death contains personal information about the deceased, (name, age, marital status, parents and spouse's name, etc.) time, location, cause, and manner of death. The Office of the Medical Examiner certifies or approves the certification of all deaths over which jurisdiction is assumed. This is ordinarily completed within three days following death. Occasionally completion of the death certificate by the Medical Examiner's Office will be delayed due to various circumstances surrounding the death. If there is uncertainty as to the cause or manner of death following autopsy, investigation by the Medical Examiner's Office continues.

Investigators may continue to search for more information regarding the circumstances of death. Laboratory tests may be done on samples taken from the body at the time of autopsy. Toxicological tests may be done on body fluids. Tissue samples are examined microscopically. All this is done in order to more accurately determine the cause and manner of death and may result in a delay in the completion of the death certificate.

This does not mean that burial will be delayed until the death certificate can be completed. A certificate of death is filed at the Vital Statistics Section of the Whatcom County Public Health Department with certain sections of the certificate incomplete until the results of the follow-up activities are complete. After all sections of the certificate are completed, a certified copy can be obtained from the Vital Statistics Section of the Whatcom County Public Health Department (360-676-6720).

Release of Information

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

According to RCW 68.50.300, the Chief Medical Examiner has the authority to release information publicly, concerning the death of an individual, if this information will aid in the timely identification of the deceased. The Medical Examiner, under the same statute, may also withhold information for a period up to 48 hours if the identity of the deceased is known but the next of kin have not yet been notified. This gives law enforcement a period of time to make a good faith effort to locate and notify next of kin before any public announcements are made.

The Medical Examiner has neither authority nor right to disclose any documents, including medical records, which have not originated from this office. Such documents must be requested from their original source. These include the police and traffic reports, which may or may not be released by law enforcement agencies and certified copies of death certificates which will be released by the Vital Statistics Section of the Whatcom County Public Health Department.

Medical or hospital records are not public records and therefore not disclosed to the public. Suicide notes are personal property and not a public record consequently their content is not disclosed.

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

The family of the deceased may request to discuss the autopsy report with either the attending physician or the Medical Examiner. Any other persons who seek a copy of the autopsy report, must obtain either written permission from the legal next-of-kin of the decedent or a court order to do so. There is a fee, payable to the Whatcom County Medical Examiner, for duplication of the autopsy report. Families and law enforcement officials are usually provided copies of records without cost.

Court Testimony in Criminal Cases

It is anticipated that the Medical Examiner personnel responsible for any portion of the investigation of criminal deaths will be routinely subpoenaed to appear in court. Medical Examiner personnel are available to prosecuting or defense attorneys to discuss any testimony prior to trial. It should be recognized and understood by both prosecutor and law enforcement officers that the Office of the Medical Examiner, or any member of the staff, are not in any sense of the word, solely an agent of the prosecution. They are to be considered independent professional witnesses. Medical findings of the Medical Examiner may be made available to representatives of the defense as well as the prosecution.

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