

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-A-10

SUBJECT: PROCEDURE IN THE EVENT OF AN INMATE DEATH

POLICY: In the event of an inmate death, either within or outside the facility but within Oregon Department of Corrections custody, specific actions will be taken by institution personnel immediately following. In addition, a mortality review will be conducted by the Medical Director or designee, an administrative review will be completed by the Medical Service Manager or designee, and in the event the death was a result of a suicide, a psychological autopsy will be completed by a qualified mental health professional during the suicide review process.

REFERENCE: NCCHC Standard P-A-10
OAR 291-27-005
OAR 291-076-0040
Health Services P&P #P-A-04, Administrative Meetings & Reports
Health Services P&P #P-A-06, Continuous Quality Improvement Program
ODOC Rule 291-027, Death (Inmate)

PROCEDURE:

- A. Upon notification of an inmate death inside the institution, the Officer in Charge (OIC) is responsible for notifying the Officer of the Day (OD) and the Oregon State Police. The OD is then responsible for notifying the Superintendent and the next of kin.
- B. The OIC is to assign security staff to remain with the body. All deaths inside the institution are considered homicides until the State Police rule differently.
- C. Upon notification of an inmate death outside the institution, the escort officer will notify the OIC who will then notify the OD, Health Services and the State Police, if appropriate.
- D. Upon notification of an inmate death occurring either within or outside the institution, and within the State of Oregon, the Medical Services Manager or registered nurse will notify the county medical examiner and request a post-mortem examination. This request(s) is to be documented in the health care record.
- E. Upon notification of an inmate death occurring outside of the State of Oregon, the Medical Services Manager or registered nurse will ask the Medical Examiner to determine, and document, if a post-mortem examination is indicated by case review. If the medical examiner decides an autopsy is not needed, this is to be documented in the health care record. Upon notification of death of a DOC inmate outside of direct DOC supervision (i.e. out to court), the agency where the death occurred will be responsible for all reports, investigations, and notification processes.

- F. Medical Examiner's Records Request Form (Attachment 6) shall be completed after each inmate death. The receipt of the records or an acknowledgement by the Medical Examiner that no autopsy was completed will be included in the death report.
- G. The registered nurse will notify the Medical Services Manager or designee and the Chief Medical Officer.
- H. At an appropriate hour of the day and at the earliest opportunity, the Medical Services Manager will notify the Health Services Medical Director and designated mortality reviewer to initiate the death review process. See Attachment 1, Work Sheet – Inmate Death Review.
- I. The OD, when cleared by the State Police, will notify the funeral home to pick up the body.
- J. Regarding releasing medical records: ODOJ states: "because disclosure of specific inmate medical records that can have no possible relevance to a law enforcement agency's investigation of an inmate's death presumably is not necessary for the investigation, I recommend that ODOC Health Services internally review any records request by the State Police in such cases and determine which, if any, protected inmate medical records may lawfully be disclosed without a court order or signed disclosure authorization from the personal representative of the deceased inmate's estate. All record requests following an inmate death should be discussed with Health Services Legal Informations Officer, prior to the release of any medical records.
- K. The record or a copy will be sent to the Medical Director. (If a patient has overflow records, only the most recent set of records need to be copied.)
- L. Health Services staff are responsible for appropriate documentation in the health care record and completing any memorandums requested by Health Services and/or security supervisors.
- M. The Medical Services Manager will provide an administrative review to assess the emergency response actions (if indicated) surrounding the death in an effort to identify improvements needed in facility operations, and policies, procedures, and practices. (See Attachment 3, "Sample" Death Report). This report will be forwarded to Health Services Medical Director or his designee.

- N. The Medical Services Manager will complete the Deaths in Custody form for each inmate death. Completed forms will be forwarded to Health Services Administration. This form can be down loaded from: [Deaths in Custody - 2014 Report](#)
- O. If the death is a suicide, the Health Services Assistant Administrator for Behavioral Health Services, or designee, will be asked to review the mental health aspects of the case for the purpose of a mortality peer review within 30 days of the death.
- P. The Chief Medical Officer will conduct a mortality review, using the Mortality Case Review (Attachment 2), to include a determination of whether there were any opportunities to improve the level of care. The review will also examine
1. Review of the incident
 2. Facility procedures used
 3. Training received by involved staff
- The findings of the clinical mortality review are shared with the involved health care staff.
- Q. The events immediately surrounding the death are reviewed to determine if appropriate intervention occurred. The results of this review are to be submitted in writing to the Medical Director within 30 days of the death or no later than 10 days after the end of the reporting quarter.
- R. The administrative and mortality reviews will be forwarded to the institution's CQI program for their review and appropriate action.
- S. The Medical Director will review the Medical Service Manager's administrative report and the Chief Medical Officer's mortality review and compare it to other inmate deaths to determine if it is part of an emerging pattern.
- T. The Medical Services Manager or designee shall indicate the number of inmate deaths that occur each month on the monthly statistical report.
- U. A report will be prepared for the Health Services Administrator of all deaths occurring each quarter. This summary will include the age of the inmate at the time of death, the cause of death and the disposition of the remains. This report will be submitted to the Director who in turn will submit the report to the Speaker of the House of Representatives and the President of the Senate.

Effective Date: _____
Review date: Review date: April 2014
Supersedes P&P dated: September 2012

Work Sheet - Inmate Death Review

- _____ Notification of HS Medical Director and designated mortality reviewer via email, including whether death was unexpected or expected, and a one to ten line summary of cause.
- _____ Chart copy to Chief Medical Officer, and prepared for State Police and Medical Examiner if requested.

The following need to be sent to Health Services Medical Director within 30 days.

- _____ Chart copy
- _____ MSM chart summary with QA/CQI comments on separate page
- _____ MSM evaluation of Emergency Response (if indicated)
- _____ Chief Medical Officer review of death
- _____ Autopsy report

The Medical Director will ensure the completion of:

- _____ Mental Health review in cases of suicide
- _____ Outside consult reviews as indicated
- _____ Medical Director compilation of cases to review for emerging patterns

Institution _____

Name: _____
SID #: _____
DOB: _____

Mortality Case Review

(To the Medical Director for Supervisory and Peer Review purposes)

Inmate Name _____ Date of Death _____ Age _____

Death Occurred:

Within ODOC _____

Outside ODOC _____

_____ Infirmery
_____ Population
_____ Special Housing
_____ Work place
_____ Other (specify)

_____ Hospital
_____ Within 24 hours
_____ After 24 hours
_____ In Transit
_____ Other (specify)

History/past medical history/recent history/pertinent physical findings/medications at time of death/procedures/surgeries/consultations/diagnosis before death.

Events leading to the Terminal Event:

Diagnosis as established at the time of this review:

Category of Death:

- | | |
|--|--|
| <input type="checkbox"/> Natural | <input type="checkbox"/> Accidental |
| <input type="checkbox"/> Chronic Illness, normal progression | <input type="checkbox"/> Chronic Illness, acute exacerbation |
| <input type="checkbox"/> Acute Illness, less than 24 hours ill | <input type="checkbox"/> Acute Illness, more than 24 hours ill |
| <input type="checkbox"/> Suicide, without recent warning signs | <input type="checkbox"/> Suicide, with recent warning signs |
| <input type="checkbox"/> Other (specify) | |

Reviewer's opinion of Community Standards Rating:

(1 to 5 scale, with one = excellent, 2 = exceeded, 3 = met, 4 = may not meet, 5 = not met)

PRODROME PERIOD

- Diagnosis timely
- Diagnosis accurate
- Treatment timely
- Treatment appropriate
- Preventive measures taken
- Staff response appropriate
- Level of housing/care appropriate

TERMINAL EVENT PERIOD

- Diagnosis timely
- Diagnosis accurate
- Treatment timely
- Treatment appropriate
- Preventive measures taken
- Staff response appropriate
- Level of housing/care appropriate

Conclusions - Narrative:

Reviewer's Recommendations:

Reviewer's Signature

Date

EXAMPLE

DATE: January 8, 2003

TO: Dr. _____, Medical Director
Health Services Section

FROM: Ms./Mr. _____, Medical Services Manager
Two Rivers Correctional Institution

RE: Quarterly Death Report – Oct. '02 through Dec. '02

Two Rivers Correctional Institution had one death to report this quarter:

Name and Institution Number: John E. Doe #1234567

Sex: Male

Race: Caucasian

Date of Birth: 12-18-57 according to the DOC 400. He, however, claimed he was actually born in 1957.

Date of Death: December 4, 2002

Time of Death: 9:13 p.m.

Location of Death: EOCI's Infirmary

Brief Summary of Incarceration:

John Doe was received by the Oregon Correctional Intake Center on Nov. 13, 1997 from Deschutes County as a parole violator. He was serving time for Child Sex and Promoting Prostitution. He spent time at the Oregon State Penitentiary and the Oregon State Correctional Institution before being transferred to Two Rivers Correctional Institution in March of 2002.

Mr. Doe was diagnosed with the following: (1) Insulin Dependent Diabetes Mellitus, (2) Diabetic Neuropathy, (3) Right Chronic Otitis Media with Perforation of the Right Tympanic Membrane, (4) Peri-Rectal Abscess, (5) Dysthymia, (6) Post Traumatic Stress Disease, and (7) End Stage Renal Failure. He started receiving dialysis treatments in March of 1999 through QualiCenter in Salem and continued these until his transfer to TRCI when his dialysis treatments were continued via NaphCare. He was extremely non-compliant with his treatment and had been for years and years. He frequently refused insulin, dialysis, medication, and laboratory studies.

Circumstance of Death:

Mr. Doe's general state of health was of concern for the last several years of his life and this was due to not only the disease processes that he suffered but also because of his non-compliance to treatment which only compounded the disease process. There was a considerable amount of time invested by health care staff, including nurses, practitioners and mental health providers,

discussing with him the risks he was taking due to his non-compliance and that his non-compliance would eventually end his life sooner than would normally be expected.

Mr. Doe began having seizures on Dec. 1st at approximately 5:00 p.m. He was sent to Good Shepherd Medical Center, via ambulance. He was stabilized there and then transferred to Kadlec Medical Center in Richland, Washington. While at Kadlec, he refused all treatment and all tests including an MRI of the brain. He was subsequently released and sent back to TRCI on Dec. 2nd.

On Dec. 3rd, several of us met with Mr. Doe to discuss his non-compliance to treatment. In attendance were B. Whelan - Nurse Manager, Dr. G. Lytle – staff Physician, N. Sundell – Physician Asst., M. Gutierrez – CTS, and L. Schwarz – Chaplain. It was explained to Doe that he had put us in a difficult position as we were unable to provide health care that we could not monitor due to his non-compliance. He was told that he needed to decide to accept all the health care offered to him, or, none of it as we were unable to provide care that could not be monitored due to his non-compliance. He understood this and said he didn't want to die. He was advised that if he didn't want to die than he needed to cooperate with us. Later that day, he was scheduled to receive his evening insulin and he refused, indicating, once again, that he was going to continue to be non-compliant with treatment.

Mr. Doe began having seizures on Dec. 4th at approximately 4:00 a.m. The decision was made to transfer him to the infirmary at Eastern Oregon Correctional Institution for terminal care. He was transferred, via ambulance, and arrived there that afternoon. He was unresponsive and continued to have intermittent seizures. His seizure activity was treated with Valium as a comfort measure and Mr. Doe expired at 9:13 p.m.

Cause of Death:

End stage renal failure. The Medical Examiner, Dr. J. Diehl, was asked on two separate occasions to perform a post mortem examination and Dr. Diehl did not feel it was indicated.

Disposition of Remains:

Mr. Doe's body was picked up by Burn's Mortuary. The body was cremated and claimed by Doe's son, Jesse D. Doe.

cc: file

January 8, 2008

Oregon State Medical Examiner
State Record Requests
FAX 971-673-8321

To Whom It May Concern:

I am Dr. Michael T. Puerini, Chief Medical Officer, a representative of the Oregon Department of Corrections Health Services. I am requesting information to facilitate completion of the Mortality Review process for the Oregon Department of Corrections for the following cases.

Attached please find 1 Requests for Medical Examiner Records:

I/M name – Date of Death, 10/23/2007

Please send the records to my assistant:

Health Services Administration
2575 Center Street NE
Salem, OR 97301
(503) 378-5506

Sincerely,

Michael T. Puerini
Chief Medical Officer
Oregon Department of Corrections

MTP/bc
Attachments



Oregon

Theodore R. Kulongoski, Governor

**Oregon State Police
Medical Examiner Division**
13309 S.E. 84th Ave, Suite 100
Clackamas, OR 97015
(971) 673-8200
FAX (971) 673-8321

MEDICAL EXAMINER RECORDS REQUEST FORM

Forensic Pathologists:

Karen Gunson, M.D.
State Medical Examiner

Larry V. Lewman, M.D.
Clifford C. Nelson, M.D.
Christopher R. Young, M.D.
Deputy State Medical Examiner

Eugene S. Gray
Forensic Administrator

REQUEST DATE: _____

FULL NAME OF DECEASED: _____

DATE OF DEATH: _____

COUNTY WHERE DEATH OCCURRED: _____

NEXT OF KIN REQUESTS:

RELATIONSHIP TO DECEASED: Parent Spouse Child Sibling Personal Representative

REASON FOR REQUEST: Personal Insurance Other _____

REQUESTER NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____

REQUESTER SIGNATURE: _____ DATE: _____

AGENCY REQUESTS: (Please see guidelines for requesting Medical Examiner Records for fee information)

REASON FOR REQUESTING: Investigation Attending Physician Insurance Mental Health

Criminal Defendant Civil Defendant Other _____

AGENCY NAME: _____

REQUESTER NAME: _____ TITLE: _____

MAILING ADDRESS: _____

TELEPHONE: _____

REQUESTER SIGNATURE: _____ DATE: _____

NOTE: Toxicology processing takes several weeks for results to be completed. Reports will be mailed together when ALL reports have been completed.

REQUESTS SHOULD BE SENT TO:

FOR ALL COUNTY DEATHS (excluding Multnomah):
Oregon State Medical Examiner
13309 SE 84th Ave, Suite 100
Clackamas, OR 97015
FAX: 971-673-8321
Requests requiring fees should be mailed and made payable to the Oregon State Medical Examiner
For questions contact Karl Ellis 971-673-8200

FOR MULTNOMAH COUNTY DEATHS:
Multnomah County Medical Examiner
13309 SE 84th Ave, Suite 100
Clackamas, OR 97015
FAX: 971-673-8321
Requests requiring fees should be mailed and made payable to the Multnomah County Medical Examiner
For questions contact Shana Alvaliotis 971-673-8220

OMB No. 1121-0249: Approval Expires 06/30/2009

FORM **NPS-4A (Addendum)**
(2-20-2008)



DEATHS IN CUSTODY - 2008
STATE PRISON INMATE DEATH REPORT

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT
U.S. DEPT. OF COMMERCE
Economics and Statistics Admin.
U.S. CENSUS BUREAU

Reporting Period (Mark only one)

State _____

- Quarter 1 (January 1 - March 31)
 Quarter 2 (April 1 - June 30)
 Quarter 3 (July 1 - September 30)
 Quarter 4 (October 1 - December 31)

Death Number _____
 out of period total of _____
 as reported on form NPS-4

<p>1. What was the inmate's name?</p> <p>Last First MI</p> <p>_____</p> <p>2. On what date did the inmate die?</p> <p>Month Day Year</p> <p>____ ____ 2008</p> <p>3. What was the name and location of the correctional facility involved?</p> <p>_____</p> <p>4. What was the inmate's date of birth?</p> <p>Month Day Year</p> <p>____ ____ _____</p> <p>5. What was the inmate's gender?</p> <p>01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female</p> <p>6. What was the inmate's race/ethnic origin? <i>Mark (X) all that apply.</i></p> <p>01 <input type="checkbox"/> White, not of Hispanic origin 02 <input type="checkbox"/> Black or African American, not of Hispanic origin 03 <input type="checkbox"/> Hispanic or Latino 04 <input type="checkbox"/> American Indian/Alaska Native 05 <input type="checkbox"/> Asian 06 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 07 <input type="checkbox"/> Additional racial category in your information system - <i>Specify</i> _____</p>	<p>7. On what date had the inmate been admitted to one of your correctional facilities?</p> <p>Month Day Year</p> <p>____ ____ _____</p> <p>8. For what offense(s) was the inmate being held?</p> <p>a. _____ b. _____ c. _____ d. _____ e. _____</p> <p>9. What was the inmate's legal status at time of death?</p> <p>• For persons with more than one status, report the status associated with the most serious offense.</p> <p>01 <input type="checkbox"/> Convicted - new court commitment 02 <input type="checkbox"/> Convicted - returned probation/parole violator 03 <input type="checkbox"/> Unconvicted 04 <input type="checkbox"/> Other - <i>Specify</i> _____</p> <p>10. Where did the inmate die?</p> <p>01 <input type="checkbox"/> In general housing in the facility or on prison grounds 02 <input type="checkbox"/> In segregation unit 03 <input type="checkbox"/> In special medical unit/infirmary within your facility 04 <input type="checkbox"/> In medical facility outside your facility 05 <input type="checkbox"/> While in transit 06 <input type="checkbox"/> Elsewhere - <i>Specify</i> _____</p>
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Burden Statement

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531.

Name of deceased inmate _____

11. Did a medical examiner or coroner conduct an evaluation (such as an autopsy, post-mortem exam, or review of medical records) in order to establish an official cause of death?

- 01 Yes → **11a. Are results available?** 01 Yes – Complete items 12 through 16.
02 No – Skip remaining items; you will be contacted later for these data.
02 No → **11b. Is an evaluation planned?** 01 Yes – Skip remaining items; you will be contacted later for these data.
02 No – Complete items 12 through 16.

12. What was the cause of death?

- 01 Illness/natural cause
• Exclude AIDS-related and accidental deaths.

Specify illness/cause ↴

- 02 Acquired Immune Deficiency Syndrome (AIDS)
03 Alcohol/drug intoxication
04 Accidental injury to self – Describe events ↴

- 05 Accidental injury by other (e.g., positional asphyxiation during cell extraction) –

Describe events ↴

- 06 Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) – Describe events ↴

- 07 Homicide committed by other inmate(s)

- 08 Other homicide – Describe events ↴

- 09 Other causes – Specify causes ↴

13. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission?

- If multiple medical conditions caused the death, mark "01" if any of the conditions were pre-existing.

- 01 Pre-existing medical condition
02 Inmate developed condition after admission
08 Could not be determined
09 Not applicable – cause of death was accidental injury, intoxication, suicide, or homicide

14. Had the inmate been receiving treatment for the medical condition after admission to your correctional facilities?

- EXCLUDE emergency care provided at time of death.

Yes No Don't know

- 01 07 08 Evaluated by physician/medical staff
02 07 08 Had diagnostic tests (e.g., X-rays, MRI)
03 07 08 Received medications
04 07 08 Received treatment/care other than medications
05 07 08 Had surgery
06 07 08 Confined in special medical unit
09 Not applicable – cause of death was accidental injury, intoxication, suicide, or homicide

15. When did the incident (e.g., accident, suicide or homicide) causing the inmate's death occur?

- 01 Morning (6 a.m. to noon)
02 Afternoon (noon to 6 p.m.)
03 Evening (6 p.m. to midnight)
04 Overnight (midnight to 6 a.m.)
09 Not applicable – cause of death was illness/natural causes, intoxication, or AIDS-related

16. Where did the incident (e.g., accident, suicide or homicide) take place?

- 01 In the inmate's cell/room
02 In a temporary holding area/lockup
03 In a common area within the facility (e.g., yard, library, cafeteria, day room, recreational area, or workshop)
04 Outside of the prison (e.g., while on work release or on work detail, under community supervision, or in transit)
05 Elsewhere – Specify ↴

- 09 Not applicable – cause of death was illness/natural causes, intoxication, or AIDS-related

Notes

Memorandum

To: Health Services Managers and Nurse Managers
CC: Medical Providers ODOC Health Services
From: Steven Shelton, MD, Health Services Medical Director
Date: 3/11/2011
Re: Inmate Deaths, Notifications and Reviews



Please review ODOC Health Services Policy P-A-10 regarding "Procedure in the Event of an Inmate Death". This policy needs to be followed for every inmate death. Federal and State authorities require this information and it must be provided in a timely fashion.

To remind you and add timeframes:

1. Upon an inmate death, the Medical Services Manager or Nurse Manager needs to request that the institutions county medical examiner determine if a post mortem examination (autopsy) is appropriate. Upon review of the case, it is within the authority of the medical examiner to decide that an autopsy is not necessary and to decline to do an autopsy. Investigating authorities (State Police, Medical Examiner, or other authorized investigator) may require copies of chart records to accept or decline or perform the autopsy. These should be provided when appropriate. Our ODOC documentation should clearly show that at least one request for determination on need for an autopsy was made, and the outcome of that request.
2. The Chief Medical Officer and the Medical Director must be notified (preferably within 8 hours of the patient death, but no later than the next working day).
3. Within 3 working days forward the following information to Health Services Central Administration (Attention: Executive Assistant): Age of the deceased patient, presumptive cause of death (noted as presumptive), and disposition of the remains.
4. Federal authorities require form NPS-4A. This should be filled out by the HSM (or designee) within one month of an inmate death and should be forwarded to Health Services Central Administration (Attention: Executive Assistant). You should all have a copy of this form. Request one if you do not have it.
5. Within a month of an inmate death, a practitioner mortality review should be initiated. In order to complete the review the following information will be needed: Copy of the patient's medical record, HSM chart summary and evaluation of Emergency Response as soon as done, CMO death review as soon as done, medical examiners report as soon as available. At this time these mortality reviews are shared by Dr. Puerini, Dr. Dewsnup, and me.
6. You, the local MSM, should do an incident review/debrief of the response, with both HS and Security staff.
7. If the death is deemed a suicide, a Suicide Review Team will be doing an incident review and investigation.

While this process may seem burdensome, the need to complete each of these steps is clear and must be completed in a timely fashion.

Occasionally things arise that interrupt accomplishing these steps in a timely fashion. You may be reminded of the steps and time-lines for completing the tasks of reviewing deaths of inmates in ODOC custody. Please respond to help ensure a steady flow of communication about inmate deaths.