

OFFICE OF THE MEDICAL EXAMINER DISTRICT EIGHT

www.District8ME.com
Alachua, Baker, Bradford, Dixie,
Gilchrist, Levy & Union Counties

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Policy Statement **Monday, May 10, 2010**

TO: All Alachua, Baker, Bradford, Dixie, Gilchrist, Levy & Union Counties'
Law Enforcement Agencies,
Hospitals, VA Facilities, Hospice Programs,
Funeral Homes and Cremation Societies

FROM: William F. Hamilton M.D., Chief Medical Examiner

SUBJECT: NOTIFICATION OF DEATH - Florida Statute 406.11
DEATH CERTIFICATION - Florida Statute 382.08

Greetings from your Medical Examiner and staff. We often receive questions from doctors, law enforcement agencies, nursing homes, funeral homes and others regarding how certain deaths should be handled. It is the intent of this policy statement to address basic factors involved in death cases and when and how they should be reported. Since the Medical Examiner's Office interacts with a variety of different agencies it is important that we work as a team to maximize services to all the families we serve. It is our intention to provide, in one document, information that will assist you in:

1. knowing what procedures need to be followed for your organization's situation, and
2. understanding the roles we and other agencies have in the handling of death cases.

The topics covered in this document consist of:

- I. Medical Examiner's Office Operations
- II. Duties of the Medical Examiner, Chapter 406.11, F.S. & Chapter 11G-2, Florida Administrative Code (FAC)
- III. Pronouncement of Death
- IV. Transportation of Human Remains
- V. Duties of Law Enforcement - Traumatic or Suspicious Deaths
- VI. Florida Highway Patrol "Open Roads" Policy
- VII. At-Home Deaths (Apparent Natural Causes)
- VIII. Duties of the Last Attending or Covering Physician, Chapter 382.008(3), F.S.
- IX. Hospital Deaths
- X. Stillbirth and Fetal Death Reporting
- XI. Hospice Program Deaths
- XII. Deaths Involving Hip Fractures
- XIII. Cremation Approval
- XIV. Donation of Organ and Tissues
- XV. Suggestions

Above all, to ensure quality service and to save time for everyone, we wish to make sure that:

- 1) cases that should be reported to us are reported; and,
- 2) cases that do not need to be reported to us are not reported unnecessarily.

I. MEDICAL EXAMINER'S OFFICE OPERATIONS

- A. **Mission**-Our mission is to determine the cause and manner of death for those deaths that fall under the jurisdiction of the Medical Examiner as set forth in Chapter 406.11 F.S.
- B. **Office Hours**-Normal office hours are from 8:00 am to 5:00 pm, Monday through Friday. Weekend coverage is maintained by on-call staff. The office is normally closed on holidays. An investigator of the Medical Examiner's Office is **available 24 hours a day** to accept reports of death that fall within the guidelines of Sec. 406.11 F.S. and require the initiation of an investigation. The investigator on-call may be reached at 352-273-9292.
- C. **Jurisdiction**-The Medical Examiner Act, Chapter 406.11, F.S., clearly lists the 12 types of death for which Medical Examiner jurisdiction exists (covered in Section II). Excluded from that list are apparent natural deaths with a Florida licensed attending physician to sign a death certificate. Because these deaths lie outside of those listed, the **statute does NOT require that such deaths be reported** prior to release to a funeral home.
- D. **Death Scene Preservation**-Forensic Investigators typically respond to and examine all bodies and surroundings at homicide, child, and suspicious death scenes in all 7 Counties served. In Alachua County this also includes apparent or suspected drug overdose deaths and any at-home death if jurisdiction attaches. For this reason it is important that the **body and/or any items on or near the body not be moved** until the arrival of the Medical Examiner Investigator if at all possible. Guns, medications, illicit drugs or drug paraphernalia, or any other wounding objects are included in the items that should not be moved if at all possible. If the death involves a potential homicide, a child, air craft crash or suspicious circumstances, a pathologist may also respond to the scene.
- E. **Examinations**-Not all cases referred to the Medical Examiner's Office will be **autopsied**, some receive only an external examination. Typically, deaths of a traumatic, suspicious or unnatural nature will be autopsied. Each case will be examined separately, circumstances of the death will be reviewed by a medical examiner, and a decision will be made on whether to autopsy. **Please do not inform a family that an autopsy will or will not be done.** If the family asks, please inform them that the decision lies with the Medical Examiner. If they have questions, give them our phone number and ask them to call us directly so we can discuss their concerns.
- F. **Authority to Autopsy**- The **Medical Examiner Act does not require the permission of next-of-kin** to proceed with an autopsy or examination. Cases are examined or autopsied 7 days a week and generally within two days.
- G. **Death Certificates**-Death certificates are completed by this office in conjunction with the funeral home chosen by the family.
- H. **Autopsy Reports**-An autopsy is an intricate medical procedure often requiring complex laboratory tests. For this reason complete **results may not be available for several weeks after the death**. Autopsy reports typically take a week or two to complete; however, in cases involving drugs or other complex issues, the autopsy report may not be completed for 60 days or more. This means that the complete autopsy report may not be immediately available to the family although a death certificate may be issued immediately. In some cases a **pending** death certificate will be issued if toxicology or other test must be completed to make a final determination. To request an autopsy report please use our contact page <http://www.district8me.com/autopsyrequest.htm> and provide the name of the decedent and the date of death. Also let us know how you wish to receive the report. We can fax or mail it (if the address is provided) as you prefer. We cannot e-mail original hand signed report copies.

- I. **Public Records**-The records of the Medical Examiner are public records under Sec. 119, F.S. Reports are sent to the State Attorney and the law enforcement agency investigating the death. Cases under active criminal investigation are not released until the case is closed. Reports are also available upon request to next of kin, attorneys, insurance companies, etc. Certain confidential records received by the Medical Examiner (e.g., medical records) do not lose their confidentiality when they become part of the medicolegal death investigation.
- J. **Autopsy Photographs**-Pursuant to Sec. 406.135 F.S., copies of autopsy photographs are confidential and may only be released under very strict guidelines.

II. DUTIES OF THE MEDICAL EXAMINER Sec. 406.11, F.S., & Ch. 11G-2 FAC

- A. The Medical Examiner is required by law to determine the cause and manner of death when a person dies in District Eight: Alachua, Baker, Bradford, Dixie, Gilchrist, Levy & Union Counties:
1. of criminal violence,
 2. by accident,
 3. by suicide,
 4. suddenly, when in apparent good health,
 5. unattended by a practicing physician,
 6. in any prison or penal institution,
 7. in police custody,
 8. in any suspicious or unusual circumstance,
 9. by criminal abortion,
 10. by poison,
 11. by disease constituting a threat to public health, or
 12. by disease, injury or toxic agent resulting from employment.
- B. Authority:
- "(2)(a) The district medical examiner shall have the authority in any case coming under subsection (1) to perform, or have performed, whatever autopsies or laboratory examinations he or she deems necessary and in the public interest to determine the identification of or cause or manner of death of the decedent or to obtain evidence necessary for forensic examination. (s. 406.11, F.S.)
- C. The need for complete investigation of deaths under medical examiner jurisdiction was recognized when Florida Statutes 406 was written:
- "...Any person who knowingly fails or refuses to report such death and circumstances, *who refuses to make available prior medical or other information pertinent to the death investigation*, or who, without an order from the office of the district medical examiner, willfully touches, removes, or disturbs the body, clothing, or any article upon or near the body...shall be guilty of a misdemeanor of the first degree..." (s. 406.12, F.S., *Emphasis added*)
- D. Any death falling under the jurisdiction of the Medical Examiner requires that the Medical Examiner:
- "...notify the appropriate law enforcement official having jurisdiction..." (FAC 11G-2.001(5(c))),
- and
- "...ensure that the next of kin is notified that the medical examiner's office is investigating the death...contact with the next of kin, or the attempt to contact, shall be documented in the Medical Examiner's case file, whether such contact or attempt to contact is made by the Medical Examiner's Office or through other persons or agencies

such as hospital personnel, law enforcement agencies, funeral homes or friends of the decedent." (FAC 11G-2.001(5(e)))

III. PRONOUNCEMENT OF DEATH

Specialized training or qualifications are not required to pronounce another person dead.

- "The Florida Statutes do not authorize or require a sheriff or his deputies or a certified emergency medical technician to declare or officially pronounce a person dead. In fact, no statute speaks to the subject of mere official declaration or pronouncements of death as such." (AGO 78-46)

The space formerly provided on Florida's death certificate to record the time pronounced was eliminated and is now used to record the Medical Examiner's case number. The pronouncement time data is often collected only to satisfy procedural requirements of various agencies.

IV. TRANSPORTATION OF HUMAN REMAINS

The investigator on call will typically respond to every death scene in Alachua County and transport the body to the office. In outlying Counties, the investigator will obtain details about the death from the reporting agency. If the death appears to be a homicide or is suspicious in nature, the investigator will respond to the scene and transport the body to the office. If the death appears to be non suspicious, the investigator authorizes the agency to contact the contracted removal service for that County to transport the body to Gainesville for examination.

V. DUTIES OF LAW ENFORCEMENT - Traumatic or Suspicious Deaths

Forensic Investigators serve as the first line of contact for any person reporting a death or requesting transport of a body from a death scene. The investigator on call will typically respond to every traumatic death scene in Alachua County in which the body has not been moved to the hospital including drug overdose cases and traffic fatalities. The primary purpose for scene response is to gather information, obtain photos for immediate review by the pathologist prior to autopsy, and assist with coordination of schedules for body transport and autopsy. If the scene involves a homicide, child, or suspicious death, the pathologist on call may also respond. The investigating officer should remember that postmortem changes occur with time and may prefer to notify the Forensic Investigator in an expeditious manner to assist in a timely assessment of the body:

- A. The following information is necessary at the time of the first call to this office when requesting investigator or pathologist response to the scene in traumatic or suspicious deaths:
 - circumstances as to the type of death being reported, i.e., apparent suicide, apparent homicide, traffic fatality, apparent overdose, etc., and
 - location of the scene.
- B. The following information is necessary at the time of the call to this office when requesting transport of the decedent in traumatic or suspicious deaths when the body has been moved to a hospital or is otherwise no longer at the scene:
 - complete name of decedent,
 - date of birth,
 - race and sex,
 - home address of decedent,
 - social security number,
 - next of kin name and phone number,
 - funeral home handling the body, if available at the time,

- circumstances surrounding the death and the finding of the decedent as to persons, times, locations, what actions the decedent was performing at the time, etc.,
 - any noticeable injuries on the decedent,
 - prescribed medications (by name and date prescribed) found at the residence of the decedent, (collect and send these medications with the body *only when requested!*)
 - name of the officer making (or attempting to make) notification of next of kin,
 - date, time and name of next of kin who was advised that the case is being investigated by the medical examiner (*not just that the death occurred!*)
 - date of last doctor's visit (if any) and all available medical history obtained from family members, neighbors and friends, and
 - anything of an unusual nature that could raise the possibility of foul play.
- C. Identification of the decedent normally involves contact with the next of kin.
- "It is the duty of the law enforcement officer assigned to and investigating the death to immediately establish the identity of the body." (s. 406.145, F.S.).
 - "...It is the duty of the law enforcement officer assigned to and investigating the death to *immediately establish and maintain liaison* with the medical examiner during the investigation into the cause of death."(s. 406.14, F.S., *Emphasis added*)
 - If done visually, non-related friends or co-workers who have known the decedent should make the identification to a law enforcement official who is handling the death investigation. Exceptions to a visual procedure generally require coordination with the Forensic Investigator assigned. If visual identification is deemed insufficient by the Medical Examiner (normally due to the condition of the body) forensic identification by means of fingerprints, dental x-rays or body x-rays can be used to establish identity when compared to known records of the decedent obtained by law enforcement.
- D. Obvious or suspected cases of homicide must be handled according to each law enforcement agency's departmental procedures. In such cases the decedent and/or any items on or around the decedent should not be touched or moved until a decision has been made by this office as to whether or not a doctor and investigator will respond to the scene. (s.406.12 F.S.)

VI. FLORIDA HIGHWAY PATROL "OPEN ROADS" POLICY.

In the Fall of 2006, The District Eight Medical Examiner entered into an agreement with the Florida Highway Patrol (FHP) and Florida Department of Transportation (FDOT), to support an Open Roads Policy.

- A. The intent of Open Roads reads: "The State Highway System will not be closed or restricted any longer than is absolutely necessary."
- B. Personnel of the District 8 Medical Examiner, who receive notice of a traffic fatality will make clearing the travel portion of the roadway a high priority. Upon notification from FHP, FDOT, or other appropriate entity, the District 8 Medical Examiner agrees to make all necessary arrangements for the immediate processing and transportation of deceased persons from the scene of a roadway incident. To expedite the removal of deceased persons off travel lanes, when response time to the scene would hinder the goals of the Open Roads Policy, the District 8 Medical Examiner agrees to accept detailed digital photos and/or Polaroid photos of the incident scene (i.e., overall, mid-range, and close-up photos of the victim) from FHP in lieu of those taken by District 8 Medical Examiner personnel.
- C. Once FHP has completed taking photos of the deceased persons and incident scene, the District 8 Medical Examiner authorizes on scene personal permission to effect the movement of deceased persons from the travel lanes pursuant to Ch 406.12 Florida Statutes.

VII. AT HOME DEATHS (Apparent Natural Causes)

Because the Medical Examiner Act, Chapter 406, F.S., clearly lists the 12 types of death for which we must accept jurisdiction, and because "attended" natural deaths lie outside of those listed, the statute does not require that such deaths be reported prior to release to a funeral home.

A. In the event of an apparent natural death at home when:

1. the patient has been under the care of a physician licensed in the State of Florida to practice medicine, and
2. a law enforcement officer or licensed funeral director at the home has spoken to the physician, and
3. the physician states that he/she will sign the death certificate, and
4. the law enforcement officer or licensed funeral director states that no foul play is suspected, then,

it is the opinion of this office that this is a medically attended death. *Such deaths need not be reported to the Medical Examiner's Office.*

B. In the event of a death at home in which there is a physician to sign the death certificate but no funeral home has been selected (i.e. a person living alone or without family) the officer should follow his/her departmental procedures regarding which funeral home to contact.

C. A death at home when no physician has been in attendance, or when the treating physician is not licensed in Florida, falls under the jurisdiction of the Medical Examiner. A law enforcement officer should respond to the scene and contact this office with the basic facts and circumstances surrounding the death before we dispatch the transport unit. Reporting at-home, unattended, apparent natural death information can be a quick process if the following information is obtained prior to calling this office:

- complete name of decedent,
- date of birth,
- race and sex,
- home address of decedent
- social security number,
- next of kin name and phone number,
- funeral home handling the body, if available at the time,
- pronouncement of death time and name of person pronouncing,
- date and time last known to be alive,
- circumstances or activities prior to death,
- circumstances surrounding the death and the finding of the decedent as to persons, times, locations, what actions the decedent was performing at the time, etc.,
- past medical history (if any), and
- prescribed medications (by name and date prescribed) found at the residence of the decedent, (collect and send these medications with the body only when requested!)

VIII. DUTIES OF THE LAST ATTENDING OR COVERING PHYSICIAN, Sec. 382.008(3) F.S.

A. When an apparent natural death occurs (a death other than as identified in s. 406.11 F.S.) the physician last "in attendance" or treating the patient, or the covering physician upon review of the medical records, has the responsibility to complete the death certificate.

"(3) Within 72 hours after receipt of a death or fetal death certificate from the funeral director, the medical certification of cause of death shall be completed and made available to the funeral director by the physician in charge of the decedent's care for the

illness or condition which resulted in death, the physician in attendance at the time of death or fetal death or immediately before or after such death or fetal death, or the medical examiner if the provisions of s. 382.011 apply. The physician or medical examiner shall certify over his or her signature the cause of death to the best of his or her knowledge and belief.

(s. 382.008(3), F.S.)

- B. Nothing is stated in the statute that further defines what "in attendance" means. However, the Attorney General of Florida has held that where a physician was not present at time of death, the death certificate could be executed by a treating physician.
- "The death of a person at home while under the care of an attending physician is not an "unattended" death for purposes of notification of the district medical advisor (sic) [examiner].",
 - "...the death of a patient "unattended" by a physician would relate to the absence of a doctor/patient relationship at the time of the death and not necessarily the physical presence of the attending physician at that time.", and
 - "...the death of a person at home while under the care of an attending physician who signs the death certificate does not by itself trigger the notification and procedural requirements in sections 406.11 and 406.12, F.S.". (AGO 94-103)
- C. Attending or treating physician duties include the issuance of prescription medications for chronic conditions such as asthma, hypertension, diabetes, liver failure, etc.
- "(1) In the case of any death or fetal death due to causes or conditions listed in s. 406.11, or where the death occurred more than 30 days after the decedent was last treated by a physician *unless the death was medically expected as certified by an attending physician*, or where there is reason to believe that the death may have been due to unlawful act or neglect, the funeral director or other person to whose attention the death may come shall refer the case to the medical examiner of the district in which the death occurred for investigation and determination of the cause of death."(, s. 382.011, F.S., *Emphasis added*)
- D. In order for the Medical Examiner to sign the death certificate of an apparent natural death he/she must rely on medical records that, at best, can be described as second hand. An attending or covering physician, even though he/she hasn't seen the decedent for several weeks, is still in a better position to certify the death, barring any unusual circumstances.
- E. To be in conformance with the law, therefore, if the treating physician (or covering physician) who last attended the decedent within a reasonable length of time is informed by this office that the death does not appear to be a Medical Examiner case, the physician should sign the death certificate provided that no indications of foul play or suspicious circumstances are known.
- F. [N.B. We are confident that treating physicians do not intentionally jeopardize their medical licenses but it is only fair to point out that Florida's medical licensure provisions, as listed in Florida Administrative Code Chapter 64B8, call for disciplinary action including an administrative fine of up to \$10,000 for noncompliance with signing of a death certificate pursuant to Ch 382.008(3) as listed in FAC Chapter 64B8-8.020(5)(h), Furthermore, Chapter 382.026(8) Florida Statute considers a failure to perform any of the duties imposed by the statute grounds for a misdemeanor criminal charge and a fine of up to \$1,000 per day.]

IX. HOSPITAL DEATHS

- A. A patient admitted and/or brought to an emergency room should only be classified as a PROBABLE MEDICAL EXAMINER CASE if one of the following applies (these classifications apply even when the patient lives for a prolonged period - up to days, weeks, months, *even years* in cases such as paralysis - before expiring):
1. Any injury was sustained in the past that appears to be related to the death. This includes all drug overdoses, drownings, near-drownings, fractures, falls, head trauma, vehicular accidents, burns, electrical shock, gunshot, stab, blunt trauma wounds, or the like. Paralysis is generally due to such injury even if it occurred several years prior to the death.
 2. Poison or drug overdose is suspected by preadmission history or other source.
 3. Suspicion of criminal abortion prior to admission is indicated.
 4. Death of an infant as a complication of maternal drug use.
 5. When a person dies and has not been treated recently by a Florida licensed physician either:
 - If the case is an apparent natural death the hospital should contact the decedent's local physician for signing of the death certificate. If there is no local physician but there is sufficient documentation by the emergency department staff of the natural cause of death by EKG, x-ray, CT scan or lab tests, then the admitting or attending physician at the hospital should sign the death certificate; or
 - If the decedent has an out-of-state physician, the case should be referred to the Medical Examiner.
 6. Surgical related deaths when a person dies as a result of an operative mishap (accident) should be immediately reported to the Medical Examiner. Deaths resulting from normally expected risk of the procedure do not need to be reported.
 7. Some hospitals have found it helpful to use a rubber stamp stating that the Medical Examiner's Office is to be notified if the trauma patient dies. This is often stamped on the patient's admitting sheet. More often than not it will be necessary for this office to examine available medical information on a deceased patient who has been referred to this office. When a hospital patient is referred to our office, certain copies of medical records within the chart and any admitting specimens of blood or urine are to be sent with the body. Typically the medical records requested would include:
 - E.R. records, including EMS Run Sheet,
 - History & Physical,
 - Any and all consultations,
 - Radiology reports,
 - Lab reports, and,
 - First and last three days of doctor's progress notes and nurses' notes.
 8. HPPA Rules permit Medical Examiner access to medical records:
 - "(g) Standard: Uses and disclosures about decedents. (1) Coroners and Medical Examiners. A covered entity may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. A covered entity that also performs the duties of a coroner or medical examiner may use protected health information for the purposes described in this paragraph." (45 CFR 164.512g).

9. There is no statutory provision regarding a "24 hour rule". Please advise all staff that may be involved with reporting deaths to the Medical Examiner, they should *not* call this office automatically on deaths that occur within 24 hours of admission. The Medical Examiner needs to be called only to report deaths that fall under Medical Examiner jurisdiction as the law sets forth. Once again, the reporting of deaths that are due to natural causes when the patient has a treating physician should not be reported to this office regardless of whether the death occurred within 24 hours of admission.

X. STILLBIRTH AND FETAL DEATH REPORTING

- A. Stillbirth and Fetal Death (at least 20 weeks gestation)
1. Mandatory report of deaths to medical examiner:
 - Stillbirth, infant and maternal deaths which fall under the Midwife Practice Act, Ch. 467 F.S. (*non-hospital* settings only)
 - Fetal deaths and stillbirths that are to be cremated must be reported under s. 406.11(1)(c) F.S. via the signed fetal death certificate.
 2. Deaths not required to be reported to medical examiner:
 - Fetal deaths that do not fall under s. 406.11 F.S.
 - Stillbirth, infant and maternal deaths that occur in a hospital unless some provision of s. 406.11 F.S., is indicated.
 - Related statutory regulations
 - a. Midwives are often used at "birthing centers" which fall under the Chapter 383 Maternity and Infancy Hygiene.
 - "(1) "Birth center" means any facility, institution, or place, *which is not* an ambulatory surgical center or a hospital or in a hospital, in which births are planned to occur away from the mother's usual residence following a normal, uncomplicated, low-risk pregnancy. (Emphasis added to show that hospitals are excluded from this definition, s. 383.302 F.S., Definitions).
 - b. The only definition specifically listing stillbirth in Florida Statutes is contained within the Midwifery Practice Act (s. 467.003 F.S., Definitions):
 - "(2) "Certified nurse midwife" means a person who is licensed as an advanced registered nurse practitioner under chapter 464 and who is certified to practice midwifery by the American College of Nurse Midwives."
 - "(7) "Midwife" means any person not less than 21 years of age, other than a licensed physician or certified nurse midwife, who is licensed under this chapter to supervise the birth of a child."
 - "(8) "Midwifery" means the practice of supervising the conduct of a normal labor and childbirth, with the informed consent of the parent; the practice of advising the parents as to the progress of the childbirth; and the practice of rendering prenatal and postpartum care."
 - "(15) "Stillbirth" means the death of a fetus of more than 20 weeks gestation."
 - c. Other terms (s. 382.002 F.S., Definitions) also have a bearing, however, especially fetal death:
 - "(5) "Fetal death" means death prior to the complete expulsion or extraction of a product of human conception from its mother if the 20th week of gestation has been reached and the death is indicated by the fact that after

such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles."

- "(9) "Live birth" means the complete expulsion or extraction of a product of human conception from its mother, irrespective of the duration of pregnancy, which, after such expulsion, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, and definite movement of the voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached."
- d. Duty of reporting death to the medical examiner:
- "(3) Each maternal death, newborn death, and stillbirth shall be reported immediately to the medical examiner." (s. 467.019 F.S., Records and reports. [Midwifery Practice Act - *excludes hospital deaths*])
 - "(1) In the case of any death or fetal death due to causes or conditions listed in s. 406.11, ... or where there is reason to believe that the death may have been due to unlawful act or neglect, the funeral director or other person to whose attention the death may come shall refer the case to the medical examiner of the district in which the death occurred for investigation and determination of the cause of death." (s. 382.011 F.S.)
- e. It is important to note that if, after review of the details, the medical examiner determines that no category in s. 406.11 F.S., applies, then jurisdiction is declined and the hospital or birthing center works with the funeral home to complete the fetal death certificate.
- "The funeral director shall retain the responsibility for preparation of the death or fetal death certificate, obtaining the necessary signatures, filing with the local registrar in a timely manner, and disposing of the remains when the remains are released by the medical examiner." (s. 382.011 (3) F.S.)
- f. Final disposition of fetal death remains is regulated by Vital Statistics rules governing funeral homes and direct disposers. They cannot be simply incinerated with biohazard waste as a medical tissue specimen. This requires a second reporting of the death to the medical examiner for the purpose of approving a planned cremation:
- "Fetal deaths for which cremation, anatomic dissection or burial-at-sea of the remains is intended must be referred to the medical examiner for investigation. For the purposes of this section, "fetal death" is defined by Section 382.002 Florida Statutes." (i.e., over 20 weeks gestation)
 - "The medical examiner shall keep an accurate record of each such investigation in sufficient detail to allow a review of the circumstances." (FAC 11G-2.001(3)(c))
- B. Non-Stillbirth Fetal Demise (less than 20 weeks gestation)
1. The other obvious category of fetal demise is the "death" of fetal material, which has not attained the 20th week of gestation. This constitutes neither a live birth nor a fetal death and, therefore, is not technically a "stillbirth". Therefore, no reporting to the medical examiner is required for either a death notification or for a cremation approval.
 2. However, this product of human conception must be handled in a manner consistent with disposal of fetal remains of medical procedures:

- "(2) The agency may adopt and enforce rules, in the interest of protecting the public health, to ensure the prompt and proper disposal of fetal remains and tissue resulting from pregnancy termination." (s. 390.012 F.S., Powers of agency; rules; disposal of fetal remains)
3. Funeral directors often faced a dilemma in the past when family or hospital requested disposal of non-stillbirth remains (less than 20 weeks gestation including the product of abortion). They now have authority to act on behalf of the family or other authorized person to dispose of such remains.
- "(1) In addition to any other common law or statutory rights a legally authorized person may otherwise have, that person may authorize a funeral director or direct disposer licensed under this chapter to lawfully dispose of fetal remains in circumstances when a fetal death certificate is not issued under chapter 382. A person licensed under chapter 470 is not liable for damages as a result of following the instructions of the legally authorized person in connection with the final disposition of fetal remains in circumstances in which a fetal death certificate is not issued under chapter 382 or in connection with the final disposition of a dead human body." (s. 470.0294, F.S., Additional rights of legally authorized persons)

XI. HOSPICE PROGRAM DEATHS

- A. An apparent natural death at home involving a Hospice Program patient is normally (*but not always*) a medically attended death and does not need to be reported to the Medical Examiner's Office prior to removal.
- "(9) The death of a person enrolled as a hospice patient shall be considered an attended death for the purposes of s. 406.11(1)(a)5. *However, a hospice shall report the death to the medical examiner if any unusual or unexpected circumstances are present.*" (s. 400.6095, F.S., *Emphasis added*)
- B. Hospice staffs must remain aware that if the death appears to be the result of an event among the 12 types of death for which jurisdiction exists (especially for traumatic events from which the patient never recovered), the Medical Examiner's Office **must be notified**. Otherwise, they need only call the funeral home.
- C. Hospice Program does not include home health care nursing programs, per se.
- "The death of a person under the care of a home health agency *other than a licensed "hospice"* without an attending physician would be an "unattended" death requiring notification of the district medical examiner." (Emphasis added, AGO 94-103)
 - However, if the home health agency's patient does have an attending physician, Section VI applies and notification may not be necessary.
 - At home deaths may also involve a completed attending physician's statement as part of a person's pre-arrangements with a funeral home (this is not limited to the hospice situation described above.) Such a statement indicates a willingness by the physician to sign a death certificate should death appear to be the logical result of the illness or condition for which the patient was being treated and no foul play is suspected.

XII. DEATHS INVOLVING HIP FRACTURES

Deaths related to hip fracture typically involve either natural or accidental situations.

- A. Natural deaths can occur with pathological or non-traumatic hip fractures. Typically these are related to cancers that have metastasized the bone. Some natural deaths have pathological hip fractures that did not cause or contribute to the cascade of events that lead to death. The Medical Examiner Office typically declines jurisdiction in these cases.
- B. Accidental deaths can occur from traumatic hip fractures. In these cases the person often trips, stumbles or otherwise falls which, in turn, causes the fracture that eventually contributes to the death. Osteoporosis is a condition that makes the bone susceptible to minimal trauma resulting in a fracture. The medical examiner typically accepts jurisdiction in these cases.

XIII. CREMATION APPROVAL (406.11(1)(c) F.S.

- A. All requests for cremation must be approved by the Medical Examiner prior to the actual cremation.
 - Before authorizing the irretrievable disposal of a body by cremation, the Medical Examiner must be assured that no future question will arise about the cause or circumstances of the death of the individual.
 - The death, if previously unreported to the Medical Examiner, must first be verified as a non-Medical Examiner case according to, s. 406.11. F.S.
- B. Approval of a cremation, and accepting the responsibility for irretrievably destroying potential evidence, is a decision based on the quality of the information on the death certificate. The cause of death on the death certificate must be sufficient to:
 - rule out trauma,
 - identify the immediate cause(s) of death, i.e. septicemia, peritonitis, bronchopneumonia, renal failure, etc., and
 - identify the underlying or proximate cause of death - the "due to" disease or injury responsible for initiating the lethal sequence of events.
- C. The most common pitfalls this office encounters with causes of death are:
 - failure to state the underlying cause of death (cardiac arrest and heart failure are not CAUSES of death, merely statements that death has occurred);
 - scrambling of immediate and underlying causes of death; and
 - listing extraneous data in the section entitled 'Other Significant Conditions'. The section 'Other Significant Conditions' (Part II) should be used only for those conditions that contribute to death, but are unrelated to the cause(s) listed in Part I.
- D. Red flag words like subdural, fracture, sepsis, fall, trauma, hemiplegia, quadriplegia, paraplegia, and shock typically do not explain a natural death and often indicate a traumatic origin. It is necessary to rule out traumatic underlying causes or identify the natural disease processes that resulted in the cardiac arrest, for example. The following is a list of red flag words that should signal that the death might come under medical examiner jurisdiction.

<ul style="list-style-type: none"> • Asbestosis • Aspiration • Cardiopulmonary arrest, unspecified • Cerebral bleed/hemorrhage 	<ul style="list-style-type: none"> • Cervical or head trauma • Coma, not specified • Decutitus Ulcer • Encephalitis 	<ul style="list-style-type: none"> • Epidural Hematoma (hemorrhage) • Failure to thrive • Fall • Fat embolism • Fracture
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| <ul style="list-style-type: none"> • Gangrene • Gastrointestinal hemorrhage • Hemiplegia (paralysis) • Hemothorax • Hepatic failure, unspecified • Hypothermia • Injury, chemical or physical • Intoxication or overdose • Intracranial hemorrhage • Laennec's cirrhosis or chronic alcoholism (possible trauma | <ul style="list-style-type: none"> associated with alcoholism) • Locked-in syndrome • Mesothelioma • Multi-system organ failure, unspecified • Paraplegia (paralysis) • Peritonitis-esophagitis , gastritis, colitis • Pneumonia (non-specific) • Pulmonary embolus • Pulmonary fibrosis | <ul style="list-style-type: none"> • Quadriplegia (paralysis) • Renal failure, unspecified • Seizure • Septicemia or sepsis, unspecified • Shock, unspecified • Silicosis • Subarachnoid hemorrhage • Subdural Hematoma (hemorrhage) • Sunstroke/Hypert hermia • Tetanus • Trauma |
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- E. Procedures used to obtain and validate the approval of the Medical Examiner for a cremation, dissection (i.e. Anatomical Board) or burial at sea can be done in one of two ways.
- The funeral home or direct disposer may bring the signed Burial Transit Permit and signed death certificate, with the cause of death section legibly completed, to the office for approval between the hours of 7:30 am to 4:30 p.m. Monday through Friday; or,
 - The funeral home or direct disposer may fax to the office (at 352-273-9288, 24 hours a day) the signed Burial Transit Permit and signed death certificate, with the cause of death section legibly completed. Approval will be made by return fax, in the order received, between the hours of 8:00 am to 5:00 p.m. Monday through Friday.
- F. Cremation approval demands adequate time for staff investigation of cause of death. Additional phone calls will be made to the requesting funeral home or direct disposer whenever additional death certificate information is required because it fails to adequately explain a non-traumatic (i.e. non-medical examiner) cause of death.
- G. Please note that on the death certificate Box 40- "Case Reported to Medical Examiner? (Yes or No)" *does* refer to cremation approval. This is in addition to deaths reported only to see if they fall under the medical examiner's jurisdiction. This box must have a "Yes" if a cremation approval was given.

XIV. DONATION OF ORGANS AND TISSUES

- A. Organ and tissue donation have become commonplace practices and this office encourages maximizing the benefits that donation provides to the living.
- B. Agencies responsible for obtaining usable organs and tissues are regulated by state and federal agencies. Information on state law governing anatomical gifts may be found in Sec. 732.910 - 732.919, F.S. and Florida Statute 873.
- C. Permission to procure organs or tissues for transplant or research must be obtained from the decedent's next-of-kin or under the auspices of applicable statutes. That permission to obtain consent is the responsibility of the organ and tissue procurement organizations. Medical Examiner staff does not contact next-of-kin to request donation.
- D. This office cooperates with a number of local agencies to further the work of organ and tissue donation and places no restrictions on any procurement request, even in homicide or infant death cases.
- E. Performance of the autopsy or external examination of a decedent donor may be delayed until the procurement process has been completed. This is normally explained fully to families when they are contacted by appropriate personnel to request donation.

XV. SUGGESTIONS

It is through our commitment to provide quality service to the communities we serve that we keep an ear open for comments and suggestions for ways to improve. Your valuable input is encouraged.

Please feel free at any time to use our contact page www.district8me.com/contactus.html or call any of our staff to pass along issues that could improve the work we do for you, and ultimately, the families we all serve.