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<b>Offender Death, Injury and Illness Notification and Procedures</b>	<b>ACA Standards: 2-CO-4E-01, 4-4395, 4-4425, 4-ACRS-4C-21, 4-ACRS-7D-15</b>		
<b>Justin Jones, Director</b> <b>Oklahoma Department of Corrections</b>	<b>Signature on File</b>		

## Offender Death, Injury and Illness Notification and Procedures

For the purpose of this procedure, the term “offender” will apply to anyone under the authority, custody or care of a prison or a community-based facility operated by or contracted with the Oklahoma Department of Corrections (DOC).

### I. Pronouncement of Death

An appropriate qualified health care professional will document all pertinent clinical information concerning an offender’s death in his/her Electronic Health Record (EHR), in accordance with [OP-140106](#) entitled “Healthcare Record System.”

In case of a suspicious or unexpected death, apparent homicide or suicide, the death scene will not be disturbed more than is necessary, except to perform resuscitation efforts if medically appropriate, and/or to establish that death has occurred. Any disturbance of the scene will be reported to investigative personnel. The body will not be removed until authorization has been received from the administrator of Internal Affairs.

### II. Death Notification Process and Reporting, Mortality Reviews and Closing the Medical Record

A. Notification Process (2-CO-4E-01, 4-4425, 4-ACRS-7D-15)

1. Health care staff who become aware of an offender death will immediately notify the facility head or designee and the correctional health services administrator (CHSA). The CHSA will notify the medical services administrator (MSA) when he/she is notified of the death. The MSA will notify the chief medical officer (CMO) when he/she is notified of the death.
2. The CHSA or designee will notify the Office of the Medical Examiner (ME) of the state of Oklahoma. If requested, a copy of the offender's EHR will be submitted to the ME. Under no circumstance will any DOC employee provide unsubstantiated information (i.e., rumors) to the ME or to any other person.
3. All offender deaths will be immediately reported to the appropriate deputy director or the private prison and jail administrator in accordance with [OP-050108](#) entitled "Use of Force Standards and Reportable Incidents."

The facility head or designee will immediately report any unattended offender death to Internal Affairs during regular business hours. Any after-hours unattended offender death will be reported via cell phone to the Internal Affairs duty officer.

B. Death Reports

1. The CHSA or designee will complete the "Offender Death Report" on the EHR and send a notification e-mail of completion to the MSA or designee within three working days of the death. A copy of this report will be maintained in the field medical unit and serve as the facility's death log.
2. The MSA will prepare a memorandum for the CMO, which will include any pertinent information concerning the offender's death. The original memorandum will be sent to the director with copies sent to the following individuals:
  - a. Associate director of Field Operations;
  - b. Appropriate deputy director;
  - c. Administrator of Private Prison and Jail Administration (if the offender's death occurred while incarcerated at a private prison);
  - d. Deputy director of Treatment and Rehabilitative Services;
  - e. Facility head;

- f. Correctional health services administrator (CHSA);
  - g. Public information officer;
  - h. Administrator of Internal Affairs;
  - i. Office of the General Counsel; and
  - j. Warden and CHSA at the Jackie Brannon Correctional Center (JBCC), if the offender is to be buried at the cemetery located at JBCC.
3. The MSA will prepare and maintain an individual death file on each offender death. The death file will include, but not be limited to:
    - a. Any death reports or memoranda generated by health care and/or correctional staff;
    - b. Copy of the certificate of death; and
    - c. Copy of the ME's report, if available.

#### C. Mortality Reviews

1. A primary mortality review will be conducted on each offender death, excluding executions, within 30 days of the death. The mortality review may be conducted by medical administrative staff and/or by an outside independent professional review organization. The CMO will select the individuals and/or organization that will be responsible for conducting the mortality reviews. The case will be reviewed to determine if there was any policy or procedural violations.
2. The CMO or designee will examine every mortality review.
3. A secondary mortality review will be conducted on each offender death when a potential or significant quality concern is discovered during the primary review. The CMO will appoint a regional physician to conduct the secondary review. The regional physician will convene a Mortality Review Committee, comprised of at least four clinicians, and he/she will prepare a written summary report of the committee's findings and conclusions. The scope of the committee's review, including the outcome categories assigned, will be in accordance with [OP-140142](#) entitled "Peer Review."
4. The chief mental health officer (CMHO) will conduct a secondary mortality review on each offender suicide.
5. Copies of all confidential mortality review reports, including any

subsequent responses prepared during the review process will be disseminated to the appropriate medical staff, and if requested, to the administrator of Internal Affairs and the general counsel. Confidential mortality peer review information is protected under Oklahoma Statute 63 O.S. § 1-1709

D. Closing the Medical Record

1. The deceased offender's complete paper based medical record and/or EHR will be submitted to the MSA within five working days of the death.
2. The CMO or designee will obtain a certified copy of the deceased offender's "Certificate of Death" form (VS-154), and medical examiner's report (if available). The certificate of death and ME's report will be scanned into the offender's EHR and a paper copy of each will be placed in the individual death file maintained by the MSA. Copies will also be sent to the appropriate CHSA. A copy of the certificate of death will also be sent to the appropriate facility's records officer, for inclusion in the offender's classification record.
3. The offender's paper based medical record, if not entirely electronic, will be sent to the Closed Records Unit at the Hillside Community Corrections Center after the mortality review has been completed, and copies of the certificate of death and ME report have been obtained. The EHR will also be transferred to "inactive status" by the Offender Management System (OMS).

III. Designated Emergency Contact Notification for an Offender Death, Serious Illness or Injury (4-4395, 4-ACRS-4C-21)

A. Death

Following an offender death, the facility head or designee will authorize notification to the offender's designated emergency contact; family, legal guardian, or personal representative. The facility head or designee will designate the individual responsible for the notification and advise him/her which contact to notify. Telephone or another rapid form of communication will be used to notify the designated emergency contact.

B. Serious Illness or Injury

1. If an offender becomes seriously ill or injured, the appropriate CHSA or designee will immediately notify the shift supervisor, facility head and MSA. The MSA will then notify the CMO.
2. The CHSA or designee will notify the offender's designated emergency contact; family, legal guardian, or personal representative as soon as possible following a serious illness or injury, in accordance

with [OP-140108](#) entitled "Privacy of Protected Health Information." Documentation of the notification will be included in the offender's EHR.

#### IV. Offender Burials

##### A. Remains Claimed by the Next of Kin

1. The ME's office will notify the appropriate host facility upon conclusion of their investigation, to advise the facility that the remains may be claimed.
2. The CHSA or designee will notify the deceased offender's next of kin as soon as possible after the death, to offer the next of kin an opportunity to claim the remains. If the deceased offender's next of kin claims his/her remains, DOC's financial obligation is terminated and the burial expenses become the sole responsibility of the next of kin. Should the person identified as the next of kin fail to claim the remains, another relative previously identified and authorized by the deceased offender may claim his/her remains.

##### B. Remains Unclaimed by the Next of Kin

1. If the remains of a deceased offender are unclaimed by the next of kin or other relative pursuant to this procedure, the deceased offender's unclaimed remains may be donated in accordance with [OP-140138](#) entitled "Offender Living Will/Advance Directive for Health Care and Do Not Resuscitate (DNR) Consent."
2. The CHSA or designee will review the deceased offender's medical record to ensure that his/her remains are released in accordance with his/her advance medical directive. The deceased's advance directive must be clearly stated on the "Living Will/Advance Directive for Health Care" form ([DOC 140138A](#)).
3. If the deceased offender does not have an advance directive, the CHSA or designee will notify the Anatomical Board of the State of Oklahoma. If the Board claims the remains, the DOC financial obligation is terminated.
4. If the Anatomical Board does not claim the remains of the offender, the CHSA or designee from the host facility will arrange for disposition of the remains of the deceased as soon as possible, preferably within one working day. The CHSA or designee from the host facility will notify the offender's facility head or designee after the disposition arrangements have been finalized.

##### C. Transporting the Deceased's Remains to JBCC for Burial

1. The unclaimed deceased offenders' remains will be cremated. The

CHSA or designee from the host facility will be responsible for contacting the contractor selected by DOC to cremate the remains of the deceased offender. The contractor will transport the deceased offender's remains from the host facility, ME's office or hospital to the contracted cremation facility.

2. The host facility CHSA or designee will complete the upper half of the application and permit form (CME-19P) entitled "Disposal of Human Remains". This form can be obtained from the contracted cremation facility. The completed form will be sent to the contracted cremation facility, via fax.
3. The host facility CHSA or designee will complete the "Authorization for Cremation and Disposition" ([DOC 140111B](#), attached) form. The completed form will be sent to the contracted cremation facility, via fax.
4. The Office of the Medical Examiner will initiate a "Certificate of Death" form (VS-154) and will forward it to the contracted cremation facility. The contracted cremation facility will complete the relevant sections of the "Certificate of Death" form and mail it, along with the residue of cremation, to JBCC.
5. The CHSA or designee at JBCC will complete item numbers 19 through 23 on the original "Certificate of Death" form. The information transcribed on the original form must be legibly printed in black ink only. The completed original "Certificate of Death" form will then be mailed to the CHSA at the deceased offender's facility.
6. The CHSA or designee at the deceased offender's facility will complete item numbers 4 through 18c on the original "Certificate of Death" form. The information transcribed on the original form must be legibly printed in black ink only. The completed original "Certificate of Death" form will be mailed to the:

Oklahoma State Department of Health  
Vital Records Division  
Post Office Box 53551  
Oklahoma City, OK 73152

7. After an unclaimed body has been cremated, the residue of cremation may be claimed within 30 days after the death by the next of kin. The next of kin claiming the remains shall be responsible for the expenses (fair market value) for the cremation, as determined by the DOC contracted cremation facility.
8. JBCC will develop local procedures for disposition of the residue of cremation and conducting memorial services. The medical services unit at JBCC will ensure that a proper burial container is provided for

burial.

9. All graves will be identified with markers. JBCC will be responsible for purchasing the grave marker.

D. Maintenance of the JBCC Cemetery

The JBCC warden will be responsible for maintaining the cemetery in a well-manicured, litter and debris-free state at all times.

V. References

Policy Statement No. P-140100 entitled "Offender Medical, Mental Health and Dental Care"

OP-050108 entitled "Use of Force Standards and Reportable Incidents"

OP-140106 entitled "Healthcare Record System"

OP-140108 entitled "Privacy of Protected Health Information"

OP-140138 entitled "Offender Living Will/Advance Directive for Health Care and Do Not Resuscitate (DNR) Consent"

OP-140142 entitled "Peer Review"

Robinson v. Maynard, 857 p. 2d 817 (Okla. App. 1992) 63 O.S. § 938, 940, 941

63 O.S. § 92

63 O.S. § 1-1709

VI. Action

The chief medical officer is responsible for compliance with this procedure.

The deputy director of Treatment and Rehabilitative Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140111 entitled "Offender Death, Injury and Illness Notification and Procedures" dated August 13, 2009

Distribution: Policy and Operations Manual  
Department Website

Referenced Forms	Title	Location
<a href="#">DOC 140111B</a>	"Authorization for Cremation and Disposition"	Attached
<a href="#">DOC 140138A</a>	"Living Will/Advance Directive for Health Care"	<a href="#">OP-140138</a>
EHR Form	"Offender Death Report"	EHR