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Inmate Death, Injury and Illness Notification and Procedures	ACA Standards: 2-CO-4E-01, 4-4395, 4-4425, 4-ACRS-4C-21, 4-ACRS-7D-15		
Joe M. Allbaugh, Interim Director Oklahoma Department of Corrections		Signature on File	

Inmate Death, Injury and Illness Notification and Procedures

For the purpose of this procedure, the term “inmate” 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 (ODOC).

I. Documentation of Inmate Death

A qualified health care professional will document all pertinent clinical information concerning an inmate’s death in accordance with accepted medical standards (Oklahoma’s Uniform Determination of Death Act, 63 O.S. § 3121) in the electronic health record (EHR), in accordance with [OP-140106](#) entitled “Healthcare Record System.” Qualified Health Care Professionals will document death using Nursing Protocol MSRM 140117.01.51 entitled “Inmates Death.”

In case of a suspicious or unexpected death, or 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. Inmates found hanging may be cut down. Any disturbance of the scene will be reported to investigative personnel. The body will not be removed until authorization has been received from the Inspector General or designee. Preservation of crime/incident scene will be in accordance with [OP-040117](#) entitled “Investigations.”

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 inmate 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). The MSA will notify the chief medical officer (CMO).
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 inmate's EHR will be submitted to the ME. Under no circumstance will any ODOC employee provide unsubstantiated information (i.e., rumors) to the ME or to any other person.
3. All inmate deaths will be immediately reported to the appropriate division manager in accordance with [OP-050108](#) entitled "Use of Force Standards and Reportable Incidents."
4. The facility head or designee will immediately report any unexpected inmate death to the office of the Inspector General. If the death occurred after normal business hours (weekend, evening, holidays, etc.), the death will be reported via phone to Inspector General's duty officer.

B. Death Reports

1. The CHSA or designee will complete the "Inmate 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 facility medical unit and serve as the facility's death log.
2. The MSA or designee will prepare a memorandum within one week of notification for the CMO, which will include any pertinent information concerning the inmate'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 division manager;
 - c. Division manager of Health Services
 - d. Facility head;
 - e. Correctional health services administrator (CHSA);

- f. Public information officer;
 - g. Office of Inspector General;
 - h. Office of the General Counsel; and
 - i. Warden and CHSA at the Jackie Brannon Correctional Center (JBCC), if the inmate is to be buried at the cemetery located at JBCC.
3. The MSA or designee will prepare and maintain an individual death file on each inmate 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; and
 - b. Copy of the "Report of Investigation by Medical Examiner."

C. Mortality Reviews

1. A primary mortality review will be conducted on each inmate death, excluding executions, within 30 days of the death.
- a. The mortality review may be conducted by medical administrative staff and/or by an outside independent professional review organization.
 - b. The CMO will select the individuals and/or organization that will be responsible for conducting the mortality reviews.
 - c. The case will be reviewed to determine if there were any policy or procedural violations.
2. In some cases, there may be extenuating circumstances to prevent the completion of the review within the 30 day timeframe. Extenuating circumstances can include, but not be limited to:
- a. Final findings from the medical examiner are not available, if autopsy was performed;
 - b. Requests for additional information from provider or other source; and
 - c. Any other reason as approved by the chief medical officer.
3. The CMO or designee will examine every mortality review.

4. A secondary mortality review will be conducted on each inmate death when a significant quality concern is discovered during the primary review.
 - a. 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.
 - b. The chief mental health officer (CMHO) will appoint one or more qualified mental health professionals to serve on the secondary review committee, when the manner of death involves a suicide.
 - c. The scope of the committee's review, including the outcome categories assigned, will be in accordance with [OP-140142](#) entitled "Peer Review."
5. The CMHO will examine every mortality review that involves a suicide.
6. Copies of all confidential mortality review reports, including any subsequent responses prepared during the review process will be disseminated to the appropriate medical and/or mental health staff, and if requested, to Inspector General and the general counsel. Confidential mortality peer review information is protected under 63 O.S. § 1-1709.

D. Closing the Medical Record

1. In the event the deceased inmate's medical records are not entirely electronic, the paper based medical record will be forwarded to the inmate Closed Records Unit at the Kate Barnard Center. The EHR will be converted to "inactive status" by the Offender Management System (OMS).
2. The CMO or designee will obtain a copy of the deceased inmate's "Report of Investigation by Medical Examiner."
 - a. Once obtained, the report will be scanned into the inmate's EHR. A copy of the report will be included in the individual inmate death file maintained by the MSA or designee as outlined in this procedure.
 - b. A second copy will be submitted to the CHSA at the deceased inmate's medical host facility.
 - c. A third copy of the report will be sent to the records officer at the deceased inmate's facility, for inclusion in his/her

classification record.

- d. A fourth copy will be sent to the division manager for inclusion into their serious incident file.

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

A. Death

Upon an inmate death, the facility head or designee will notify the inmate's emergency contact as designated on [DOC 060203A](#) entitled "Adjustment Review." The facility head or designee will designate the individual responsible for the notification. Telephone or another rapid form of communication will be used to notify the designated emergency contact.

B. Serious Illness or Injury

1. If an inmate 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 inmate's designated emergency contact 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 inmate's EHR.

IV. Inmate 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 inmate's next of kin as designated in the EHR, as soon as possible after the death, to offer the next of kin an opportunity to claim the remains. If the deceased inmate's next of kin claims his/her remains, ODOC'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 inmate may claim his/her remains. All attempts to contact next of kin will be documented in the inmate's EHR.

B. Remains Unclaimed by the Next of Kin

1. If the remains of a deceased inmate are unclaimed by the next of kin

or other relative pursuant to this procedure, the deceased inmate'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 inmate'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. The CHSA or designee from the host facility will notify the inmate's facility head or designee after the disposition arrangements have been finalized.
4. The unclaimed deceased inmate's remains will be cremated by the agency's contracted cremation facility. The CHSA or designee from the host facility will be responsible for contacting the cremation facility. The cremation facility will transport the deceased inmate's remains from the host facility, ME's office, or hospital.
5. The host facility's CHSA or designee will complete the "Certificate of Death Information Report" form ([DOC140111C](#), attached), the Application Section of the "Application and Permit for Disposal of Human Remains" form, and the "Authorization for Cremation and Disposition" form ([DOC140111B](#), attached). The "Application and Permit for Disposal of Human Remains" form (attached) can also be obtained from the cremation facility. All three completed forms will be sent to the cremation facility via fax.
6. The ME will initiate a "Certificate of Death" form (VS-154) and will send it to the contracted cremation facility for completion. The cremation facility will complete the relevant sections of the "Certificate of Death" form and mail it to the Vital Statistics Division at the Oklahoma State Department of Health. The decedent's residue of cremation will then be sent to JBCC.
7. Following cremation, the residue of the remains may be claimed within 30 calendar days of the death by the next of kin. The individual claiming the remains will be responsible for the cremation expenses, at the fair market value, as determined by the contracted cremation facility.
8. JBCC will develop local procedures for disposition of the residue of the remains, and will also conduct a memorial service. The medical services unit at JBCC will ensure that a proper burial container is provided for burial.
9. All graves will be identified with a marker. JBCC will be responsible for

purchasing the grave markers.

C. Maintenance of the JBCC Cemetery

The warden at JBCC 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-040117 entitled "Investigations"

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. § 91-98.1

63 O.S. § 92

63 O.S. § 1-1709

63 O.S. § 3121

VI. Action

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

The division manager of Health 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 July 29, 2014

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Deleted: OP-140111 Revision-01 dated August 8, 2014

Distribution: Policy and Operations Manual
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
DOC 060203A	"Adjustment Review"	OP-060203
DOC 140111A	"Inmate Death Report"	Attached
DOC 140111B	"Authorization for Cremation and Disposition"	Attached
DOC 140111C	"Certificate of Death Information Report"	Attached
DOC 140138A	"Living Will/Advance Directive for Health Care"	OP-140138
OCME Form	"Application and Permit for Disposal of Human Remains" https://permits.ocme.ok.gov/FHlogin.aspx	
MRSM 140117.01.51	"Inmates Death"	MRSM 140117.01