



# Alexandria Police Department



## Directive 11.6

# DEATH CASES

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### 11.6.01 POLICY AND PURPOSE

It is the policy of this Department to hold the value of human life above all else. The death of any person will be thoroughly investigated to determine the cause of death. If the cause is determined to be a death at the hands of another, this Department will expend all legal means to identify and gather evidence for the prosecution of the perpetrator.

The purpose of this directive is to establish procedures for the investigation of death cases.

### 11.6.02 DEFINITIONS

***MEDICAL EXAMINER:*** A physician authorized by the state to investigate violent, suspicious, or unnatural deaths to bring trained medical evaluation into the investigation of those deaths which are of concern to the public health, safety, and welfare.

**NON-MEDICAL EXAMINER'S CASE:**

- *Death resulting from disease or illness where the patient is under the care of the medical staff of a hospital or a hospice care provider. This is commonly referred to as an "attended death."*
- *Death resulting directly from a disease or illness which has been diagnosed and is actively being treated by a physician and is not within the classification of a Medical Examiner's case. While this is considered an "unattended death," if a physician or medical practitioner who is legally authorized to sign a death certificate agrees to sign, the case does not fall under the jurisdiction of the Medical Examiner.*

**MEDICAL EXAMINER'S CASES:** *As defined by the Code of Virginia §32.1-283, Medical Examiner's cases include:*

- *Death from trauma, injury, violence, poisoning, accident, suicide, or homicide;*
- *Death occurs suddenly when in apparent good health;*
- *In-custody deaths (while in police custody or in a jail, prison, or correctional institute);*
- *Death as an apparent result of fire;*
- *Death in any suspicious, unusual, or unnatural manner (including skeletal remains);*
- *The sudden death of any infant.*

**DURABLE DO NOT RESCUSCITATE ORDER (DNR):** *A written physician's order issued pursuant to §54.1-2987.1 to withhold cardiopulmonary resuscitation from a particular patient in the event of a cardiac or respiratory arrest. Cardiopulmonary resuscitation includes cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, and related procedures.*

**HOSPICE CASE:** *Hospice care is medical care provided at home, or in a medical facility, by a hospice nurse and/or physician, for people who have an illness or disease which is unlikely to be cured. Hospice patients are under the direct care of medical personnel and hospice cases are considered attended deaths.*

**11.6.03 RESPONSIBILITIES**

- A. The officer assigned to a death case is responsible for conducting a thorough preliminary investigation and documenting the results of that investigation (**See also Police Directive 10.10, Criminal Investigations**). It is not unusual for a death case to be reclassified as a homicide when suspicious wounds or circumstances are discovered during the follow-up investigation or during an autopsy. This makes the officer's preliminary report invaluable during the follow-up investigation.
- B. After arriving on the scene, examining the body for obvious signs of foul play, and determining the nature of the incident, the assigned officer will ensure that a patrol supervisor has been notified. Officers will resolve any doubt concerning the life or death of a person by summoning appropriate medical assistance.
- C. A patrol supervisor must respond to the scene of all death cases (this is not discretionary), *except Hospice cases and* cases at the Lynn House, for which the need to respond to the scene is left to the discretion of the supervisor. The supervisor will coordinate the preliminary investigation and assist in coordinating any follow-up investigation when requested, ensuring that investigating officers are provided all necessary resources. The responding patrol supervisor has scene responsibility. There are situations where the patrol supervisor initially controls the scene and then yields control to the *Criminal Investigations Section* (CIS) while the death is being investigated and then resumes control after CIS has cleared the scene. The scene supervisor is the only person authorized to make decisions regarding the following issues:
1. Who has access to the residence of the deceased? and,
  2. Who has the authority to remove property from the decedent's residence? (This decision is made after consultation with the property owner, property manager, or a living resident of the decedent's residence.)
    - It is the scene supervisor's responsibility to complete a supplement to the original report documenting their actions (whether or not the death is a Medical Examiner's case) and to record requests by friends and/or relatives to enter the residence or to remove property that they may claim the decedent promised to them;
    - If the decedent died at home with other live-in residents present in the residence, this must also be documented as to who is accepting responsibility for the residence.
- D. Situations differ because of the type of residence where the decedent died and the circumstances of the decedent at the time of death (private home; condominium; motel room; a public building; single, living alone; living with relatives). Section C

*Items* 1 and 2 above must be considered based on the established policies of property management or the decision of the living resident(s) in the decedent's residence.

- E. There have been cases where the death was changed from a Non-Medical Examiner case to a Medical Examiner case, after additional information was brought to light that changed the status of the death; or, the attending physician changed *their* mind about signing the death certificate. For this reason, it is also imperative for a supervisor to be on the scene to make sure that everything is properly documented and that, if necessary, property is seized and held in police custody until legal authority claims it.
- F. In all death cases, the patrol supervisor will *make* notification to the on-duty Watch Commander, who will determine if *the CIS Commander should be notified and if a command page is necessary*. In all *cases that are suspected of being Medical Examiner's cases* occurring outside normal CIS working hours, the Watch Commander will use existing call-back procedures to request that the appropriate CIS personnel respond to assist in the investigation. In all cases involving homicides or suspicious deaths, regardless of the hour, the CIS Commander will ensure notification of the Commonwealth's Attorney.
- G. CIS detectives will respond to death scenes when available or when assigned and will assist in the preliminary investigation. They are encouraged, if circumstances permit, to take the opportunity to help train patrol officers in death investigations. The assigned detective will complete the follow-up investigation once the preliminary investigation is complete.
- H. In all *unattended* death cases involving a foreign national, *CIS personnel* will notify the consulate or embassy of the deceased's country as soon as possible. This will permit the foreign government to make an official record of the death for its own legal purposes. For example, such notice will help ensure that passports and other legal documentation issued by that country are canceled and not reissued to fraudulent claimants. In addition, it may help ensure that the foreign national's family and legal heirs, if any, in the foreign country are aware of the death and that the death is known for estate purposes in the foreign national's country.
- I. In all death cases, employees will maintain professional conduct and deal with the next of kin, relatives, and friends of the deceased in a considerate manner.

<b>11.6.04</b>	<b>PROCEDURES</b>
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- A. Upon arrival, the first officer on the scene will check for the presence or absence of vital signs and will provide emergency first aid if necessary, and if trained to do so. Officers will resolve any doubt concerning the life or death of a person by summoning appropriate medical assistance. *In cases involving unmistakable*

*evidence of death (e.g., the presence of lividity, rigor mortis, or decomposition), medical personnel need not be requested. If medical personnel are not summoned due to obvious signs of death, the officer should note the time that the officer first observed the body and this will serve as the time the death was pronounced. If a paramedic from the Fire Department is on scene and pronounces the victim deceased, their name and time of pronouncement will be noted in the report.*

- B.** *An offense/incident report (APD-7) is required for each case in which a death has occurred, except for cases which are not suspicious in nature and are determined to be “attended deaths” (in a hospital or under hospice care). The title of the report should be “Sudden Death.” CIS personnel will reclassify the offense as necessary (homicide, suicide, etc.).*
- C.** *The investigating officer should then attempt to determine if the case is a Medical Examiner’s case. If there is any doubt about the cause or circumstances of a death, or if the death in anyway appears to be suspicious or unnatural (overdose, accidental, etc.), it will be handled as a Medical Examiner’s case, and the Criminal Investigation (CIS) Section Commander should be notified.*

**D. NON-MEDICAL EXAMINER’S CASES**

- 1. Absent any suspicious circumstances, if the investigating officer determines that the victim is under a physician’s care for a previously diagnosed medical condition, or has a valid DNR, the investigating officer will contact the treating physician. After confirming with the physician that the victim had a medical condition that likely caused the death, the officer will confirm that the physician will sign the death certificate. If the physician refuses to sign the death certificate, or if the physician is unable to be contacted, the CIS Commander should be notified. CIS personnel will contact the Medical Examiner and determine if the case will become a Medical Examiner’s case. Only the assigned CIS detective or CIS supervisor should contact the Medical Examiner.*
- 2. If the physician agrees to sign the death certificate, the investigating officer should document the treating physician’s name and contact information, and if possible, the condition for which the physician was treating the deceased. After obtaining confirmation that the treating physician has agreed to sign the death certificate, the body may be removed from the scene (see 11.6.05). It is not necessary for CSI to respond and process the scene. The following information must be documented in the Offense/Incident Report for a Non-Medical Examiner’s Case:*
  - Full name, address, age, sex, race, date of birth, and SSN of the deceased;*
  - Name of person who found the deceased;*
  - Name of personnel who pronounced the death and time of pronouncement;*

- *Location and position of the deceased when found;*
- *Date and time the deceased was last known to be alive;*
- *Name and contact information of the treating physician;*
- *Name and contact information for next of kin and whether they were notified;*
- *The location where the body was transported (name of hospital or funeral home).*

3. *All Non-Medical Examiner's cases are assigned to a CIS detective for follow-up. The CIS detective will confirm that the death certificate has been signed, the physician who signed it, and will document the cause and manner of death identified on the death certificate. The case will then be terminated.*

**E. MEDICAL EXAMINER'S CASES**

1. *A Medical Examiner's Case should be treated as a potential homicide until proven otherwise. Once it is determined that the death is a Medical Examiner's Case (as defined in 11.6.02), the officers and supervisor should establish a crime scene.*

[REDACTED]

*[42.2.2, c]*

2. [REDACTED]

*[42.2.2, b]*

3. [REDACTED]

*The body of the deceased may not be moved until authorized by the Medical Examiner.*

4. [REDACTED]



5. *The following information must be documented in the Offense/Incident Report for a Medical Examiner's Case by the primary officer:*

- *Full name, address, age, sex, race, date of birth, and SSN of the deceased;*
- *Name of person who found the deceased;*
- *Name of person who contacted the police;*
- *Name of medical personnel who pronounced death and time of pronouncement;*
- *Location and position of the deceased when found;*
- *Basic description of any trauma to the deceased (stab wounds to the upper body, gunshot wound to the head, etc.);*
- *Basic description of crime scene (firearm located next to body, empty prescription bottle on table, etc.)*
- *Name and contact information for all witnesses.*

6. *The primary detective will document:*

- *Date and time the Medical Examiner was contacted;*
- *Name of Medical Examiner (or designee) who authorized the removal of the body;*
- *Where the body was taken.*

7. *All Medical Examiner's cases will be assigned to a CIS detective for follow up. After consultation with the Medical Examiner, the detective will complete a supplement correcting the title of the report from Sudden Death to the appropriate offense, if necessary. All Medical Examiner's cases require a Case Jacket which will be completed by the assigned detective.*



**11.6.05 BODY REMOVAL**

A. In Non-Medical Examiner's cases, the family or next of kin should be advised that they can utilize their choice of funeral homes to remove the body. If the family is unable to make arrangements with a funeral home to remove the body, the primary officer should request contract body removal (Metropolitan Funeral Services) through the Department of Emergency Communications (DEC).

1. The patrol officer will complete two "toe tags" which are provided by Metropolitan staff. One tag should be attached to the toe of the deceased and the other should be attached to the outside of the body bag.
2. The primary officer will also complete the "Police Department Transfer" form provided by Metropolitan staff. The form must be completely filled out, to include next of kin contact information. The officer should clearly note on the form that the body is for STORAGE ONLY. The next of kin should be advised that the body will be stored at the Alexandria INOVA Hospital morgue until arrangements are made by the family to have the body picked up by a funeral home.
3. Metropolitan personnel will transport the body directly to the Alexandria INOVA morgue (not through the Emergency Department). Metropolitan personnel will provide a copy of "Police Department Transfer" form to INOVA Security, who will in turn provide a copy to the Emergency Department Charge Nurse. The primary patrol officer should respond to the Alexandria INOVA Hospital and confirm that INOVA Security has all of the information that they need, and that they are aware that this is NOT a Medical Examiner's case. (In some cases, if the Alexandria INOVA Hospital morgue is full, the body may be sent to Fairfax INOVA Hospital morgue, and the same procedures apply.)

B. In Medical Examiner's cases, the body will be transported by contract body removal personnel (Metropolitan Funeral Services). [REDACTED]

[REDACTED]

[REDACTED]



[REDACTED]

[REDACTED]

#### 11.6.06 HOSPICE CASES

- A. *When DEC receives a call for the report of a death for a victim who is under Hospice care, they will advise the caller that they should contact their Hospice provider to report the death. Unless there is an emergency situation, or the caller reports that there is something suspicious about the death, no officer will be dispatched.*
- B. *If an officer is dispatched to a sudden death case and determines, after arriving, that the deceased was under Hospice care, the officer will contact the Hospice nurse by phone and confirm that Hospice staff is responding to pronounce the death. Once the officer confirms that Hospice staff is responding, the officer may stand by, at their discretion, to provide support to the survivors until Hospice personnel arrive.*
- C. *No report is necessary for Hospice Cases as the death is considered an attended death.*

#### 11.6.07 DEATHS AT THE LYNN HOUSE

When the death of a patient occurs at the Lynn House (a Christian Science facility that cares for a number of patients who are terminally ill), a staff member will contact the police and an officer will be dispatched to handle the report. The staff member will supply the officer with an information sheet on the resident, with all the basic information needed to complete an APD-7. The officer will need to view the body to check for any obvious signs of trauma.

- A. This type of death, with no doctor in attendance, *requires the notification of the Medical Examiner. However, deaths at the Lynn House are not treated as Medical Examiner's cases as described in 11.6.04 E, and the CIS Commander need not be notified.* The above procedure, which has been accepted by the Medical Examiner, eliminates some of the information normally obtained in a Medical Examiner's case.
- B. The procedure in handling deaths at the Lynn House will be the completion of an APD-7 with as much information as they have on the resident and notification of the Medical Examiner prior to removing the body. *The investigating officer should contact the on-call Medical Examiner Investigator [REDACTED] who will authorize*

*the removal of the body to a funeral home.* The Medical Examiner will do a medical background and sign the death certificate.

- C. It is not necessary to have personnel from CSI or CIS respond to the scene. However, the investigating officer must ensure that a patrol supervisor has been notified of the death as soon as possible after arriving on the scene.

#### **11.6.08 DEATHS FROM INDUSTRIAL ACCIDENTS**

To deal specifically with workplace deaths, the Department of Labor and Industry has established fatality teams to investigate, along with local authorities, all occupational safety and health fatalities that occur in this area. Personnel from this Department will promptly notify them of any workplace fatality that occurs within the Department's jurisdiction. This does not include an apparent natural death of an office worker who was not engaged in physical labor and/or use of equipment that may have led to the death, or a death in the workplace resulting from criminal activity.

- A. Any workplace death from an injury, inhalation of any toxic substance or apparent natural death while engaged in physical labor will be treated as an industrial fatality. Officers will need to obtain detailed information about the victim's activities just prior to death, including the kind of equipment being handled, and whether the equipment was electrical or gasoline powered. If an apparent natural death, officers should make every attempt to obtain the previous medical history of the victim, especially any medical complaints the previous evening or that morning. This information may be gathered from co-workers on the scene or from family members during follow-up investigation (after the family has been properly notified of the death).
1. In all deaths resulting from industrial accidents, the assigned patrol supervisor must respond to *ensure that a crime scene is established*, coordinate the preliminary investigation, and ensure a CIS supervisor and CIS detectives are advised, as noted in **11.6.03, G.** *The patrol supervisor will also ensure* that the appropriate Code Enforcement personnel have been notified. Upon the arrival of the CIS supervisor and **other CIS** personnel, the crime scene responsibility will shift from a patrol function to an investigative one. This type of death is a Medical Examiner's case and will be handled in accordance with **11.6.04, E.**
  2. The CIS supervisor will also ensure notification of the *Virginia Department of Labor and Industry* at (703) 392-0900 during normal work hours. After normal hours and on weekends and holidays, notification should be made to *the on-call Labor and Industry Investigator at* [REDACTED]. The person making this notification should be prepared to provide the date, time, and exact location of the industrial accident, as well as the name and phone number of the person reporting the incident.
  3. Officers should isolate and preserve the scene pending arrival of CSI. Each death case will be different; therefore, it is preferable for the CSI investigator to

delay processing the scene until arrival of the *Labor and Industry Investigator*. The *Labor and Industry Investigator* will make every effort to be on the site within two hours of being notified. When it is not possible to await the arrival of the *Labor and Industry Investigator*, CSI will process the scene in accordance with their regular procedures.

#### **11.6.09 ASSISTANCE TO SURVIVORS**

Providing basic support and crisis assistance to survivors is the responsibility of responding officers, detectives, and investigators. The nature of such assistance must be dictated by the circumstances, but officers should use the following as a guide in these instances.

- A.** Officers should not leave the scene of a death where survivors are present until reasonably assured that the survivors have adequate personal control and/or family or close friends readily available to provide support. In gauging the need for assistance, officers will consult with the on scene supervisor and consider the following:
1. The emotional reactions and physical condition of the survivors;
  2. Availability of other adults in the home or immediate area;
  3. Responsibility of the survivors for infants or small children;
  4. Home environment, if apparent, (e.g. evidence of excessive alcohol use or drug use, lack of means of financial support, shortage of food, problem with shelter, etc.); and
  5. Availability of a support system (e.g. including friends, family, close neighbors, access to clergy, means of transportation, etc.)
- B.** Officers should remain alert to the need of survivors for emergency medical assistance (e.g., in cases of physical or emotional collapse or related problems).
- C.** Officers should be aware of confusion on the part of survivors. They should speak slowly and deliberately and write down any pertinent information that survivors may need. This may include such matters as the following:
1. Contacting a funeral home for removal and disposition of the body;
  2. Locating personal effects;
  3. Meeting identification requirements/procedures; and
  4. Providing notifying officers' names, agency, and telephone numbers.

D. Officers should assess the physical and emotional well-being of survivors and confirm their assessment with the on-scene supervisor before departing. Officers should be reasonably assured that survivors can take care of themselves and those for whom they may be responsible. In addition to concerns noted in item A and C above, officers should be able to answer "yes" to the following types of questions:

1. Are the survivors thinking clearly? That is, do individuals:
  - Seem aware of your presence?
  - Have some grasp of time and space?
  - Demonstrate a progressive ability to express themselves? and/or
  - Begin to demonstrate some grasp of the reality of the death?
2. Do the survivors have reasonable control over emotions? Officers should assess whether or not the survivors display shock (no apparent emotion), furious hostility, or the desire to commit suicide.
3. Can survivors cope physically? Survivors who have fainted, displayed debilitating weakness, or emotional collapse could be an indication of survivors not coping. Do survivors have an adequate support system that can be relied upon?
4. Officers should not leave a lone survivor unattended until all reasonable efforts have been made to garner first-hand support from the survivor's family, friends, co-workers, neighbors, family, clergy, crisis counselors, or other community social service agency.
5. When assigned to notify next of kin, officers will: **[55.2.6]**
  - Make the notification in person if practical;
  - Notify the next of kin promptly and in a considerate manner;
  - If unable to contact the appropriate person, note their actions in the report or supplement.

**By Authority Of:**

**Michael L. Brown  
Chief of Police**