
**Findings and
Recommendations:

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1
2 **19. OCME's death pronouncement process does not ensure that bodies are always**
3 **officially pronounced dead prior to arrival at OCME.**
4

5 Establishing and following proper procedures regarding the official pronouncement of
6 death ensures that this important step occurs without delay and is done in accordance with
7 accepted medical standards. The U.S. Department of Justice's *National Guidelines for Death*
8 *Investigations* recommend that appropriate and qualified personnel make a determination of
9 death prior to the medical examiner assuming responsibility for a case. NAME recommends that
10 the CME arrange for a formal pronouncement of death prior to a body arriving at the medical
11 examiner's office.
12

13 Following the national guidelines reduces delays in official pronouncements of death,
14 allows the time of death to be accurately documented on death certificates, and aids in
15 investigating the cause of death in criminal cases. In addition, adhering to proper death
16 pronouncement procedures ensures that persons who are believed to have signs of life (such an
17 allegation was the subject of a previous OIG report) are not brought to OCME where no
18 resuscitative equipment is available.
19

20 The team found that under current operational practices, official pronouncements of death
21 by OCME in the District are often delayed because of a lack of qualified employees. The CME,
22 a medical examiner, physicians, physician's assistants, MLIs, and advanced practice registered
23 nurses can officially pronounce death, but are often not available, particularly after normal duty
24 hours. If none of these individuals can go to the death scene, OCME autopsy technicians may
25 transport a body to the mortuary prior to the pronouncement of death. Consequently, bodies
26 arriving during evening hours or on weekends may not be pronounced dead for several hours
27 until a qualified person is available.
28

29 Surrounding jurisdictions allow physicians, physicians' assistants, paramedics, and nurse
30 practitioners with 4 years of experience to pronounce death. District regulations, however, do
31 not allow trained paramedics to pronounce death even though they are often the first on the
32 scene. Surrounding jurisdictions also contract with private physicians to go to death scenes
33 outside of medical facilities and nursing homes to pronounce death when needed.
34

35 OCME autopsy technicians stated that in the past, they transported bodies to a medical
36 emergency room for the pronouncement of death prior to arriving at OCME, but this is no longer
37 done.
38

39 **Recommendations:**
40

- 41 a. That the CME consider contracting with private physicians to pronounce death at
42 the scene when no qualified personnel are available.
43

44 Agree _____ Disagree X

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- 1 b. That the CME consider resumption of the practice of having autopsy technicians
2 transport bodies to an emergency room for the pronouncement of death prior to
3 arrival at OCME when no qualified personnel are available.

4 Agree _____ **X** _____ Disagree _____

- 5
6 c. That the CME consult with OCC on proposing legislation to the Council that
7 would permit qualified paramedics to officially pronounce death.

8 Agree _____ **X** _____ Disagree _____

9
10 **CME's comments regarding Page 55, Line 33, as received:**

11
12 These are fundamentally different ME systems. This statement misrepresents the
13 functions of these contracted physicians. They are not hired to pronounce bodies; they function
14 as field investigators in geographically large and organizationally decentralized systems. In
15 addition to reservations about such an arrangement based on professional standards and
16 experiences in other jurisdictions, it is not particularly relevant to the conditions in the District of
17 Columbia.

18
19 OIG Response: **The team found that contract physicians in Fairfax, VA pronounce**
20 **death, and contract physicians in Baltimore pronounce and investigate deaths.**

21
22 **CME's comments regarding Page 55, Line 37, as received:**

23
24 It is no longer done because the hospitals generally refuse to do it, not because of a
25 change of OCME policy. I have raised this issue with the DC Hospital Association.

26 **20. The lack of procedures, training, and equipment for efficient body handling and**
27 **transport puts employees at risk.**

28
29 OCME transports decedents from a variety of death scenes. NAME recommends that all
30 medical examiner offices have written policies and procedures for body handling and transport.
31 These policies and procedures instruct transportation employees on the equipment needed and
32 proper chain of custody procedures during the transportation process. They also instruct
33 employees in the manner of transporting and handling bodies that will be most respectful to the
34 decedent and the next of kin. Written policies, procedures, and training should also instruct staff
35 on the best body handling methods to avoid injuries when lifting and transferring bodies from
36 stretchers and carts.

37
38 OCME does not have written policies and procedures or training covering body handling
39 and transportation to assure that decedents will be handled and transported respectfully, and that
40 employees will use safe handling techniques to avoid mishap and personal injury. In addition,
41 autopsy assistants responsible for body handling and transport stated that they have not been
42 provided with any formal training in this area and have sustained injuries handling and
43 transporting bodies. The CME stated that he has not had time to establish written polices and
44 procedures for body handling and transport.

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1 **Recommendation:**
2

3 That the CME establish written policies and procedures and provide training for body
4 handling and transport.
5

 Agree _____ **X** _____ Disagree _____

6 **21. The procedures for processing bodies into the morgue are inadequate.**
7

8 According to best practices followed in surrounding jurisdictions, medical examiner
9 offices have written policies and procedures for processing of bodies into the morgue that
10 include a checklist maintained with the decedent's case file to ensure that all necessary steps are
11 taken. The procedures include weighing the body, photographing, fingerprinting, documenting
12 the time of arrival, and tagging the body with an identification number.
13

14 OCME has only verbal procedures for processing bodies into the morgue. The team
15 noted there is no checklist for autopsy technicians to follow to ensure that all steps of the check-
16 in process are completed, and only a handwritten log is made of intake information. The team
17 found that many of the steps in the verbal process are sometimes overlooked, such as logging in
18 the time and date of arrival, and photographing and fingerprinting the body.
19

20 **Recommendation:**
21

22 That the CME establish written policies and procedures for processing bodies into the
23 morgue, including a checklist to be maintained with a decedent's case file.
24

 Agree _____ **X** _____ Disagree _____

25 **CME's comments regarding Recommendation as received:**
26

27 Agree to establishing policy and training employees to it; checklist will be part of the
28 case tracking system.
29

30 **CME's comments regarding Page 57, Line 18, as received:**
31

32 An automated case tracking system is being implemented, which will include the check-
33 in elements and supersede a manual checklist. Currently, there is a logbook for recording the
34 date and time of arrival. Having a checklist will not assure any better compliance than the same
35 columns in the present book.
36

37 **22. Unidentified skeletal remains have not been properly processed.**
38

39 Best practices require that remains of unidentified decedents arriving at OCME be
40 labeled. Labeling should include the date of arrival and the circumstances under which a body
41 arrived. After labeling, an attempt should be made to identify the decedent, and if that fails, the
42 body should be properly disposed of in accordance with District law (see Finding 4).
43

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1 **Recommendations:**

- 2
- 3 a. That the CME draft a Memorandum of Agreement or a Memorandum of
- 4 Understanding with MPD for fingerprinting decedents, or provide equipment and
- 5 training to OCME employees for fingerprinting.

6 Agree _____ **X** _____ Disagree _____

- 7
- 8 b. That the CME require fingerprinting of all decedents upon arrival at OCME.

9 Agree _____ Disagree _____ **X** _____

- 10
- 11 c. That the CME take the steps necessary to have all bodies presently stored at
- 12 OCME fingerprinted.

13 Agree _____ **X** _____ Disagree _____

14

15 **CME's comments regarding Recommendation (a.) as received:**

16

17 OCME employees have received fingerprint training, and are beginning to take useful

18 prints for identification purposes. MPD has provided this service, but it is outside of their

19 mission, and so they have not been able to commit to this fully. Some assistance has also been

20 received from the FBI.

21

22 **CME's comments regarding Recommendation (b.) as received:**

23

24 Fingerprinting of all decedents is one valid policy, but is not agreed upon as a best

25 practice. It is not clear that the investment of time or resources is justified.

26

27 OIG Response: **OIG stands by its recommendations.**

28

29 **CME's comments regarding Recommendation (c.) as received:**

30

31 OCME is currently fingerprinting or arranging same for all public disposition bodies. If

32 this is the intent of the recommendation, then I agree.

33 **24. OCME does not have a consistent policy regarding identification of decedents.**

34

35 All bodies in OCME must be positively identified prior to being released to a funeral

36 home. A family member, friend, or other knowledgeable person can make this identification.

37 NAME recommends that medical examiner offices have written policies and procedures to

38 govern this process, and suggests the use of appropriate facilities and equipment such as

39 sequestered viewing rooms, instant or digital photographs, and closed circuit television.

40

41 OCME has no written policies and procedures concerning decedent identification, but

42 according to employees, the verbal policy is to provide instant photographs to those making the

43 identification and not allow viewing of the actual body. However, employees stated that the

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1 **25. Employees do not have clear, established policies and procedures for releasing**
2 **bodies.**
3

4 NAME recommends that medical examiner offices have written and implemented
5 procedures in order to ensure that the right body and personal effects are released, and that a
6 legal chain of custody is in place for all bodies. There should be a method of verifying the case
7 number, the body, and the toe tag identification number. Surrounding jurisdictions require that
8 two employees carry out the body release process to ensure that it is done correctly.
9

10 The release of bodies from OCME is handled by autopsy technicians who only have
11 verbal instructions and no detailed, written procedures to follow that include a verification
12 process. Consequently, technicians have inadvertently released bodies to the wrong families and
13 funeral homes and caused unnecessary stress.
14

15 **Recommendation:**
16

17 That the CME provide written policies and procedures for the release of bodies.
18

19 Agree _____ **X** _____ Disagree _____
20

21 **CME's comments regarding Recommendation as received:**
22

23 Technicians have been instructed to compare the name and OCME case numbers to
24 verify that they are releasing the correct body. Written procedures from December 1998 are
25 attached. Even detailed written procedures in place do not assure that employees carefully
26 read and compare names and numbers.
27

28 **OIG Response: OIG recommends that the CME post and provide a copy of these procedures to each technician.**

29 **26. OCME does not have a system to document, transfer, and safeguard decedents'**
30 **personal effects.**
31

32 D.C. Code § 5-1408 (a) (LEXIS through March 14, 2003) states:
33

34 **[a]t the scene of any death subject to investigation under § 5-**
35 **1405(b), the medical examiner, a medicolegal investigator, or a**
36 **law enforcement officer shall take possession of any objects or**
37 **articles which, in his or her opinion, may be useful in**
38 **establishing the cause and manner of death or the identity of**
39 **the decedent and shall hold them as evidence. The Mayor shall**
40 **issue regulations concerning the evidence in the possession of**
41 **the CME and the transfer of that evidence to law enforcement**
42 **agencies or the United States Attorney's Office.**

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1 ***a. OCME does not have written policies and procedures for the chain of custody***
2 ***of personal effects of deceased persons at death scenes.***
3

4 The *National Guidelines for Death Investigations* states that a decedent's property must
5 be safeguarded to ensure proper processing and eventual return to the next of kin. Personal
6 property must be safeguarded to ensure its eventual distribution to appropriate agencies or
7 individuals and to reduce the likelihood that the investigator will be accused of theft. In order to
8 account for and safeguard the personal effects of deceased persons at a death scene investigation,
9 proper transfer and chain of custody forms should be used and signed by each person releasing
10 and receiving property of the decedent.
11

12 OCME has no written policies or procedures regarding the transfer of and chain of
13 custody for personal property at death scene investigations, and no written policies or procedures
14 to notify the next of kin that a transfer has taken place. The team noted that sometimes personal
15 property is transferred to MPD and other times personal property remains with the decedent and
16 is inventoried at OCME.
17

18 During an observation of a death scene investigation, the team noted that the decedent
19 had over \$300 in cash. The MLI documented these funds in the investigation report and
20 presented the cash to the MPD officer on the scene. The team noted that neither the MLI nor the
21 MPD officer signed any transfer of custody forms.²⁰
22

23 The team also noted that upon releasing the body from OCME, there are no written
24 policies or procedures notifying the next of kin of the transfer of property. Because the next of
25 kin does not receive a copy of the investigative report in which the MLI documents any transfer
26 of personal property, the next of kin may have no knowledge of this transfer.
27

28 Due to inadequate policies and procedures for the transfer and preservation of the chain
29 of custody for personal effects and evidence, OCME cannot assure the protection and integrity of
30 these items while under OCME's control.
31

32 ***b. OCME does not have adequate property/evidence forms.***
33

34 Autopsy assistants document personal effects such as clothing, jewelry, cash, etc., found
35 on the decedent. OCME uses a property/evidence form (Appendix 10) to document these items.
36 Upon processing the body, the autopsy technician will sign in the property under the "From"
37 section, but the "To" section requires no signature and only the OCME stamp is placed in this
38 section. The autopsy technician then places the personal effects/evidence in a labeled pouch and
39 drops the contents in a locked box. This box is emptied on a daily basis by the Mortuary
40 Supervisor and placed in the evidence room at OCME. The Mortuary Supervisor is the only
41 OCME staff member with a key to the evidence room.

²⁰It should be noted that the MLI did notify the next of kin verbally when they arrived to identify the decedent that the decedent's personal property had been transferred to the MPD officer, and that the property would have to be claimed at the 7th District Precinct. The team attempted to contact the MPD detective who took custody of the funds at this death scene investigation to ascertain MPD property policies and procedures. The team left several messages but the detective never returned the phone calls.

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1 Upon completion of the OCME processing and autopsy, technicians release the body to
2 the decedent's designated funeral home representative. The funeral home representative verifies
3 that all items contained on the property/evidence form are present, and the representative and the
4 autopsy technician each sign the release form. If any items are found missing, the autopsy
5 technicians would be held responsible because the Mortuary Supervisor, who also handles the
6 personal effects and evidence, is not required to sign the form. Autopsy technicians have
7 requested that the signature of the Mortuary Supervisor be obtained to verify the transfer of
8 property and evidence prior to it being placed in the locked box, but this was not approved.
9 Several autopsy technicians stated that they have refused to sign the forms, but have been told
10 they must sign or face disciplinary action. The process of transferring property and evidence
11 from the autopsy technician to the Mortuary Supervisor is vulnerable to loss that might not be
12 discovered until the body is released.

13
14 c. *The property of deceased persons, as well as evidence transferred to MPD, is*
15 *not handled in accordance with the D.C. Code.*

16
17 D.C. Code § 5-1408(b) (LEXIS through March 14, 2003) states:

18
19 **In the absence of next of kin, a police officer, a medical**
20 **examiner or a medicolegal investigator may take possession of**
21 **all property of value found on or in the custody of the**
22 **decedent. If possession is taken of the property, the police**
23 **officer, medical examiner or medicolegal investigator shall**
24 **make an exact inventory of it and deliver the property to the**
25 **Property Clerk of the Metropolitan Police Department. The**
26 **Mayor shall issue regulations concerning the transfer of any**
27 **such property from the OCME.**

28
29 OCME employees stated that they are unable to turn over decedents' property such as
30 clothing, jewelry, and money to the Property Clerk of MPD. The MLI supervisor stated that
31 MPD officers frequently refuse to take possession of property and evidence because they say
32 they do not have room to store it. They also stated that MPD often does not retrieve evidence
33 (extracted bullets, for example) connected to criminal cases, and the evidence remains in OCME.
34 Decedents' next of kin are not consistently notified about their relatives' property, and OCME
35 has both property and evidence dating back to 1990. The team noted that OCME is working on
36 an inventory of property being stored that belonged to recent decedents.

37 38 **Recommendations:**

39
40 a. That the CME establish policies and procedures for the transfer of property at
41 death scene investigations.

42 Agree _____ **X** _____ Disagree _____

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1 **Recommendation:**
2

3 That the CME work with DCOP to determine if the exposure of mortuary technicians to
4 environmental hazards warrants their receipt of environmental differential pay.
5

6 Agree _____ **X** _____ Disagree _____

7 **CME's comments regarding Recommendation as received:**
8

9 The previous request by the technicians was for "hazardous duty pay," which was
10 represented to the CME as having been researched by the previous Deputy for Administration,
11 and allegedly denied by DCOP. The CME has met with the Director of DCOP to explore this
12 issue, specifically environmental differential pay, which is currently under consideration.
13
14