

**Delaware Health and Social Services  
Division of Developmental Disabilities Services  
Community Services & Adult Special Populations**

**Title:** Death of Individual (Response to)

**Approved by:** 

*Division Director*

**Revised**

**Original**

**By:** DDDS Policy & Records Committee

**Development Date:** March 1985

**Revision Date:** July 2010

- I. **PURPOSE:** To establish protocol for responding to an individual's death.
- II. **POLICY:** It shall be the policy of the DDDS Community Services and Adult Special Populations that approved standardized procedures be followed in the response to an individual's death.

**III. APPLICATION:**

Division of Developmental Disabilities Services (DDDS) Community Services/Adult Special Populations (CS/ASP)  
CS and ASP Day and Residential Contractors (to include Shared Living Providers)

**IV. DEFINITIONS:**

A. Death by Unnatural Causes- death due to accident, homicide, suicide or other causes listed in Title 29, Ch. 47, §.4706 (attached and see below).

- When any person shall die in this State, as a result of violence, by suicide or by casualty if such occurred not longer than 1 year and 1 day prior to death, while under anesthesia, by abortion or suspected abortion, by poison or suspicion of poison or suddenly when in apparent health or when unattended by a physician or in any prison or penal institution or when in police custody or from a disease resulting from employment including disease related to injury or from an undiagnosed cause which may be related to a disease constituting a threat to public health or in any suspicious or unusual manner or if there is any unclaimed body or if any body is to be cremated" *DE Code, Title 29 §4706*

**V. STANDARDS**

- A. DDDS Case Managers shall be responsible for coordinating burial plans with families and/or individuals receiving services and documenting burial information on the Therap Individual Data Form (IDF).
- B. Stockley Center Cemetery shall only be used for burial when all other alternatives have been exhausted.
- C. The Health Information Management (H.I.M.) Department shall not dismantle a COR until after the Death Review is completed.
- D. Staff working with an individual receiving services shall notify emergency medical responders and/or any other health care professionals who delivers services of the person's Advanced Health Care Directives and/or Do Not Resuscitate (DNR) Orders. Both documents shall be available to be presented to the aforementioned persons.

- E. Individuals shall have the right to compliance with his/her advance health care directive, power of attorney, or similar document in accordance with and subject to Chapter 49 of Title 12 and Chapter 25 of this title. *DE Code, Title 16, §1121 (33)*
- F. Deaths shall be reported to the Division of Long Term Care Residents Protection (DLTCRP) within one (1) working day. Deaths of individuals who were not supported by a contracted residential agency shall be reported by the DDDS PM #46 Coordinator. Deaths of individuals who were supported by a contracted residential agency shall be reported by the applicable agency staff.

**VI. PROCEDURES**

**Initial Notifications**

<b><u>Responsibility</u></b>	<b><u>Action</u></b>
First CS/ASP staff or Contractor Receiving Information (i.e., the first person who becomes aware of a death)	1. Notifies 911 (police and ambulance), the PM #46 Coordinator/Designee, the DDDS Case Manager or DDDS On-Call Designee and Director of CS/ASP or designee as soon as situation is stable ( <b>for deaths occurring outside of medical facility</b> ). <b>OR</b> 2. Notifies DDDS Case Manager or DDDS On-Call Designee, the PM #46 Coordinator/Designee and the Director of CS/ASP or designee as soon as situation is stable ( <b>for deaths occurring at a medical facility</b> ).
Director of Community Services/Adult Special Populations or Designee	3. Immediately notifies the Chief Medical Examiner, an Assistant Medical Examiner or Deputy Medical Examiner to notify of death resulting from <b>unnatural causes</b> (refer to definition).
D DDS Case Manager or On-Call Designee	4. Notifies assigned Nurse Consultant, Nursing Administrator, applicable Regional Program director, Regional Office of Quality Management Director, and H.I.M. Department, within one working day following the death.

**For All Deaths of Individuals**

Case Manager/Designee	5. Notifies family/guardian of the individuals' death. 6. Coordinates funeral arrangements with the family/guardian/designee. 7. Submits Change of Status form to the H.I.M. within one (1) working day of the death. 8. Notifies the Division of Medicaid & Medical Assistance, if applicable. 9. Secures the decedent's complete COR/T-Logs and satellite records (ex: MAR's ID Notes), within one (1) working day of the death. 10. Secures the decedent's cash on hand, un-cashed
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	<p>checks, credit/debit cards and financial records, within one (1) working day of the death. Documents specifics re: the receipt of such on the Financial Accountability Record.</p> <p>11. Coordinates the delivery of all outstanding documents, within two (2) working days of the death, if they were not available at the time record was secured.</p> <p>12. Delivers COR and outstanding documents (see #11 and #12 above) to the Regional Office of Quality Management Director, within three (3) working days of the death.</p> <p>13. Forwards copy of Death Certificate to the H.I.M. Department, when received.</p>
DDDS Nurse Supervisor/Nurse Designee	<p>14. Secures and audits all of the decedent's prescription and non-prescription medication and compares count to the MAR, within one (1) working day of the death.</p> <p>15. Documents the findings of medication audit in the decedent's ID Notes/T-Logs. Explains discrepancy, as understood, in the documentation.</p> <p>16. Consults with the Regional PM #46 Coordinator to determine the status of any investigative activity related to the death.</p> <p>17. Discards medication, in accordance with AWSAM policy, upon confirmation from the Regional PM #46 Coordinator that it is not necessary for evidentiary purposes. Medication disposal must be in the presence of a witness and documented in the ID Notes/T-Log.</p> <p>18. Transfers medication to Regional PM #46 Coordinator if medication may be necessary for evidentiary purposes. Documents the change in chain of evidence, on the Medication Chain of Evidence form.</p>
Regional PM #46 Coordinator	<p>19. Secures medication in locked cabinet or locked room, until discarded.</p> <p>20. Discards medication, in the presence of a witness, when he/she determines that it will not be required for evidentiary purposes.</p> <p>21. Documents change in chain of evidence, on Medication Chain of Evidence form, if medication is surrendered to law enforcement or other entity involved with an investigation.</p> <p>22. Files Medication Chain of Evidence Form in active or inactive PM #46 file.</p>
Regional Office of Quality Management Director or Designee	<p>23. Coordinates the completion of a COR/ELP Review within five (5) working days of receipt of the</p>

	<p>decedent's record.</p> <p>24. Disseminates outcome of above review to the Statewide Director of the Office of Quality Management/Designee, Director of CS/ASP, DDDS Nursing Administrator and Director of the decedent's contracted residential agency.</p> <p>25. Confirms delivery the decedent's record to the H.I.M. Department within two (2) working days of the completion of the record review.</p>
Person Assigned to Complete Death Review Report	<p>26. Completes Death Review Report, in accordance with the Mortality Review Committee Policy.</p>

**VII. REFERENCES:**

- A. Mortality Review Committee Policy
- B. DE. Code, Title 29, Chapter 47, §4706
- C. DE Code, Title 16, §1121 (33)
- D. Assistance with Self-Administration of Medication

**VIII. EXHIBITS**

- A. Medication Chain of Evidence Form
- B. DE Code, Title 29, Ch. 47, §4706
- C. Financial Accountability Record



**Exhibit A**

**Medication Chain of Evidence Form**

Name of Med(s) Transferred	Quantity

Transferred by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Name and Title*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Name and Title*

Name of Med(s) Transferred	Quantity

Transferred by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Name and Title*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Name and Title*

Name of Med(s) Discarded	Quantity

**Discarded by:** \_\_\_\_\_  
*Name and Title*

**Date:** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_  
*Name and Title*

**Date:** \_\_\_\_\_



## Exhibit B

### DE Code, Title 29, Ch. 29, §4706

#### § 4706. Investigation of deaths.

(a) When any person shall die in this State, as a result of violence, by suicide or by casualty if such occurred not longer than 1 year and 1 day prior to death, while under anesthesia, by abortion or suspected abortion, by poison or suspicion of poison or suddenly when in apparent health or when unattended by a physician or in any prison or penal institution or when in police custody or from a disease resulting from employment including disease related to injury or from an undiagnosed cause which may be related to a disease constituting a threat to public health or in any suspicious or unusual manner or if there is any unclaimed body or if any body is to be cremated, it shall be the duty of the person having knowledge of such death or of the person issuing a permit for cremation under § 3162 of Title 16 immediately to notify the Chief Medical Examiner, an Assistant Medical Examiner or a Deputy Medical Examiner, as the case may be, who in turn shall notify the Attorney General of the known facts concerning the time, place, manner and circumstances of such death. Any person who shall willfully neglect or refuse to report such death or who shall refuse to make available prior medical or other information pertinent to the death investigation or who, without an order from the office of the Chief Medical Examiner, shall willfully touch, remove or disturb the clothing or any article upon or near the body shall upon conviction be subject to imprisonment for not more than 1 year or pay a fine of not more than \$1,000, or both.

(b) Immediately upon receipt of such notification, the Medical Examiner shall take charge of the dead body if either the Medical Examiner or the Attorney General shall deem it necessary. The office of the Chief Medical Examiner shall promptly notify a relative or close acquaintance of the deceased, if known, of such action.

(c) The Medical Examiner shall fully investigate the essential facts concerning the medical causes of death and may take the names and addresses of as many witnesses as may be practicable to obtain and shall reduce such facts as the Medical Examiner may deem necessary to writing and file the same in the office of the Chief Medical Examiner.

(d) The Medical Examiner or a duly authorized investigator, in the absence of the next of kin, shall take possession of the personal property found on the deceased and make an exact inventory thereof on the Medical Examiner's report. If necessary an attending police officer may take temporary possession of such property in behalf of the Medical Examiner or an authorized investigator.

(e) The Medical Examiner shall take possession of any object or articles which, in the Medical Examiner's opinion, may be useful in establishing the identity of the deceased person or the cause of death and deliver them to the Attorney General. The balance of the personal property of the deceased remaining in the possession of the Medical Examiner shall be released to the next of kin of the deceased or the personal representative of the deceased.

§ 4707. Postmortem examination; autopsy reports.

(a) When the cause of death shall have been established within reasonable medical certainty by a Medical Examiner, the Medical Examiner shall prepare a written report and file it in the office of the Chief Medical Examiner within 30 days after an investigation of such death.

(b) If, however, in the opinion of the Medical Examiner an autopsy is necessary in the public interest or as shall be requested by the Attorney General, the same shall be performed by the Chief Medical Examiner, an Assistant Medical Examiner or by such other competent pathologists as may be designated by the Chief Medical Examiner. No person who authorizes or performs an autopsy pursuant to this chapter shall be liable in any civil action for damages.

(c) A detailed report of the findings written during the progress of the autopsy, related laboratory analysis and the conclusions drawn therefrom shall be filed in the office of the Chief Medical Examiner.

(d) Promptly upon the conclusion of the postmortem examination, the body of the decedent shall be released to such person as shall be designated by a member of the decedent's immediate family, preferably the next of kin or by an appropriate representative of the decedent's estate.

(e) Upon written request the next of kin of the deceased shall receive a copy of the postmortem examination report, the autopsy report and the laboratory reports, unless there shall be a criminal prosecution pending in which case no such reports shall be released until the criminal prosecution shall have been finally concluded. The charge for completion of an insurance form for proof of death shall be \$5.





**Financial Accountability Record**

**Cash On Hand (Total)=** \_\_\_\_\_

**Checks On Hand-** Check # \_\_\_\_\_  
Check # \_\_\_\_\_  
Check # \_\_\_\_\_

Amount of Check \_\_\_\_\_  
Amount of Check \_\_\_\_\_  
Amount of Check \_\_\_\_\_

**Credit/Debit Cards:** Card # \_\_\_\_\_  
Card # \_\_\_\_\_  
Card # \_\_\_\_\_

Financial Institution/Lender: \_\_\_\_\_  
Financial Institution/Lender: \_\_\_\_\_  
Financial Institution/Lender: \_\_\_\_\_

**Most Recent Financial Reports and/or Statements Collected:**

- **Period Covered:** \_\_\_\_\_ **Lender/Financial Inst.:** \_\_\_\_\_  
**Balance:** \_\_\_\_\_
- **Period Covered:** \_\_\_\_\_ **Lender/Financial Inst.:** \_\_\_\_\_  
**Balance:** \_\_\_\_\_
- **Period Covered:** \_\_\_\_\_ **Lender/Financial Inst.:** \_\_\_\_\_  
**Balance:** \_\_\_\_\_

**Most Recent Personal Spending Record-** Month/Year: \_\_\_\_\_ **Balance:** \_\_\_\_\_

**DDDS Case Manager/Designee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_