

## NOTIFICATION OF INMATE DEATH

### A. PURPOSE

The purpose of this appendix is to define the inmate death notification procedure.

### B. PROCEDURE

1. Confirm that an inmate death has occurred.
2. The following required information shall be collected in order to complete the eform death notification (SYSM):
  - a. Institution (where inmate was assigned at the time of death)
  - b. Institution where the mortality review will be completed, if different from the institution assigned
  - c. Inmate name
  - d. Inmate DC number
  - e. Date of birth
  - f. Date of death
  - g. Time of death
  - h. Place of death
  - i. Cause of death
  - j. Whether the Chief Health Officer/ Institutional Medical Director and Regional Medical Director have been notified.
3. The notification shall be sent electronically utilizing the established DEATH EFORM.
4. The notification shall be sent within one business day from the date of death. If information on the cause of death is not available, a preliminary cause of death shall be stated with the qualifier unconfirmed or pending autopsy.
5. If the institution of record sending the eform is not the institution that will be completing the mortality review, the EFORM sent shall include information as to which institution will do the mortality review (see Health Services Bulletin, 15.09.09).

### C. RESPONSIBLE PARTIES

1. The Institutional Chief Health Officer/Institutional Medical Director is ultimately responsible for all actions relating to death notifications by health services personnel within the institution and has the authority to delegate the responsibility of notification of a death, but not the accountability, for this procedure.

2. The person sending the notification is to identify him/herself as the operator on the eform .
3. All procedures specified in departmental procedure 602.031, *Inmate Deaths* shall be followed.