

Policy and Procedure Manual

Clark County Office of the Coroner/Medical
Examiner (CCOCME)
1704 Pinto Lane
Las Vegas, Nevada

The Office of the Clark County Coroner/Medical Examiner was established with jurisdiction coextensive with the boundaries of Clark County, Nevada

It shall be the duty of the county coroner to determine the cause of death of any person reported to him as having been killed by violence; has suddenly died under such circumstances as to afford reasonable grounds to suspect or infer that death has been caused or occasioned by the act of another by criminal means; has committed suicide; and to determine the cause of all deaths as to which applicable state law makes it the duty of the coroner to sign certificates of death.

As the Southern Nevada community continues to grow, so does the role of the Clark County Office of the Coroner/Medical Examiner. The office has three distinctive division that work well together in an effort to provide support to the other divisions as well as to the public we are called upon to assist. Due to the nature of this most sensitive business, our goal is to provide compassionate service to those that we serve.

An obligation rests with each staff member to render honest, efficient, courteous and discrete service on behalf of the office.

As an overview of the office, a call is received reporting a death. An investigator is dispatched to the location and conducts an investigation into the circumstances surrounding the death. If the case falls under our jurisdiction, the decedent is transported to our office where an autopsy or external examination is conducted to determine the cause and manner of death. The investigator generates a written report, which is provided to the medical examiner prior to the autopsy/examination. If an autopsy is performed, an autopsy report is generated. The decedent is then released to a local funeral home. A Death Certificate is generated.

Mission Statement

To provide professional medicolegal death investigation by:

- Determining cause and manner of death
- Identifying decedents
- Notifying next-of-kin
- Protecting decedent's property

Vision Statement

To be the leader in providing compassionate & efficient service to the people we serve in accomplishing our mission statement

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STATUTES

The best way to understand the duties and the responsibilities of the Clark County Office of the Coroner/Medical Examiner is to read and understand the State and County Statutes that related to the Coroner's Office.

Chapter 2.12 Coroner

Sections:

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- 2.12.020 Office established-Jurisdiction-Appointment-Salaries and expenses.
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- 2.12.330 Schedule of fees for medical examiner and autopsy services.
- 2.12.340 Recording duties.

2.12.010 Definitions.

(a) "Board" means the county commissioners of Clark County.

(b) "Investigation" means an inquiry by the coroner's office and may include testimony obtained from witnesses under oath.

(c) "Inquests" mean and inquire before a coroner's jury, with testimony obtained under oath, duly recorded, and verdict handed down.

(d) "Records" means those reports duly summarized on a coroner's office form for inclusion in a register or journal whether bound or not.

(e) "Reports" mean those findings in written form which are filed in the coroner's office, including examination, witnesses statements, correspondence, insurance forms, and other evidence in support of the conclusions and findings recorded on the official records.

(f) "Autopsy report" means any report of an autopsy, including all reports of laboratory examinations and other technical tests performed.

(g) "Postmortem examination" means an examination of a dead body by a competent pathologist or licensed physician involving the opening and dissection of the body, including the removal of organs and tissues and fluids and other material for microscopic, toxicological, chemical, bacterial, or other examination as deemed necessary to study the cause of death. "Autopsy" is a synonymous term.

(h) "Medical Examiner" means an individual licensed to practice medicine and surgery in the state of Nevada and who, when practicable, shall be a skilled pathologist with training or experience in forensic pathology and certified by the American Board of Pathology or qualified to be so certified.

(i) "Toxicologist" is a specialist in the science dealing with poisons and their effect and with problems involved or connected therewith such a clinical, industrial or medical. (Ord. 262§1,1967)

2.12.020 Office established-Jurisdiction-Appointment-Salaries and expenses.

(a) There is hereby created and established the office of county coroner for Clark County, Nevada, with jurisdiction coextensive with the boundaries of Clark County, Nevada.

(b) The office of said county coroner and related facilities necessary to the administration of the office shall be as designated and provided by the board of county commissioners.

(c) The board of county commissioners shall appoint as county coroner a suitable and qualified person who, serving at the pleasure of the Board, shall be either (1) the Clark County district health officer, or Clark County health officer, who ex officio shall serve as county coroner, and (2) a physician, surgeon, or pathologist, duly qualified and licensed under and pursuant to the laws of the state of Nevada to engage in such professional services; or (3) a competent, reputable law enforcement officer having a minimum of at least five years of law enforcement experience in Clark County, Nevada, and also having the requisite responsible experience in public or business administration for the satisfactory administration of said office.

(d) The board of county commissioners shall appoint at least three coroner's inquest hearing officers, who may preside over coroner's inquests. Such officers shall serve at the pleasure of the county commissioners and shall be (1) a member in good

standing of the State Bar of Nevada having a minimum of three years experience in courtroom proceedings or other adversary proceedings of a similar nature in Clark County, Nevada; or (2) some other person who is determined by the board of county commissioners to have sufficient judicial, quasijudicial experience or have experience as an administrative hearing officer to preside over the inquest.

(e) Any and all necessary costs, salaries, fees and expenses involved in the operation of the county coroner's office shall be processed and approved as are other county claims. (Ord. 646§2, 1979: Ord. 262§2, 1967)

2.12.030 Deputies, assistants, and other personnel.

Subject to the approval and authorization thereof by the board of county commissioners, the coroner may appoint and employ such deputy or deputies, and such other personnel, as may be necessary for proper administration of his office and performance and discharge of his responsibilities and duties. He may also request the county commissioners to engage such professional assistance and services as may be necessary on a contractual basis. (Ord. 262§3, 1967)

2.12.040 Bond.

The County Coroner shall give bond, issued by a bonding or surety company authorized to do business in the State of Nevada, in a sum not less than ten thousand dollars nor more than fifty thousand dollars as fixed by the Board of County Commissioners, and such bond shall be conditioned for the faithful performance of the duties of his office. The County Coroner shall be authorized to require bond to himself on the part of any of his deputies in an amount not to exceed ten thousand dollars. The expense or premium for the County Coroner's bond or the bond of his deputies, shall be paid by Clark County. The Board may, at any time during the Coroner's term of office, require the County Coroner or his deputies to give additional sureties on his or their bonds, or to give a new bond. If the Coroner or any of his deputies, fails to give bond within the time required by the Board of County Commissioners, or fails to give additional surety on his bond, or to give a new bond, within ten days after he has received written notice to do so by the Board of County Commissioners, the Board shall declare the Office of such County Coroner vacant, and or may remove and discharge any Deputy of the County Coroner. (Ord. 262§4, 1967)

2.12.050 Register- Requisites

The County Coroner shall keep an Official Register, labeled "Coroner Register" in which he will enter:

1. The name and any aliases of the deceased, when known, including such description as may be sufficient for identification and which may, in his discretion, include fingerprint records.
2. A narrative summary of the circumstances leading to and surrounding the death, together with names and addresses of any witnesses to such events.
3. The property taken from the person or premises of the deceased by the Coroner or by any other law enforcement agency or officer.

4. The date and cause of death, when known, with reference or direction to the detailed medical reports upon which decision as to cause of death has been based.
5. Information as to disposition of remains.
6. Persons notified of the death, together with a notation of any unsuccessful attempts at notification.
7. The date of holding of any inquest.
8. The disposition of the property of the deceased made by the Coroner (Ord. 262§5, 1967)

2.12.060 Duties

It shall be the duty of the County Coroner to determine the cause of death of any person reported to him as having been killed by violence; has suddenly died under such conditions or circumstances as to afford reasonable grounds to suspect or infer that death had been caused or occasioned by the act of another by criminal means; has committed suicide; and to determine the cause of all deaths as to which applicable State Law makes it the duty of the Coroner to sign certificates of death.

The County Coroner, or his assigned deputy, shall go to the scene of the dead person or persons and investigate all deaths as hereinabove generally described, and also inclusive of deaths as follows:

1. Unattended deaths.
2. Deaths wherein the deceased has not been attended by a physician in the ten days before death. A previously attending physician shall, however, certify the cause of death to the best of his knowledge.
3. Deaths related to or following known or suspected self-induced or criminal abortion.
4. Known or suspected homicide, suicide, or accidental poisoning.
5. Deaths known or suspected as resulting in whole or in part from or related to accident or injury occurring within one year.
6. Deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, alcoholism, drug addiction, strangulation or aspiration.
7. Deaths in whole or part occasioned by criminal means.
8. Deaths in prison or in part occasioned by criminal means.
9. Deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another, or any deaths reported by physicians or other persons having knowledge of death for inquiry by Coroner. (Ord. 262§6, 1967)

2.12.070 Removal or disturbance of remains and effects of deceased prohibited.

- a) No person shall disturb or remove, nor search or removed any effects from the body of a deceased person or persons whose death was occurred under any of the circumstances enumerated in Section 2.12.060 above, from the position in which it is, or has been found, without property authorization therefore, from the County Coroner or his authorized Deputy, except for the purpose of preserving such body or bodies would endanger the life, safety or health of other persons.

- b) When necessary, the Coroner may lock the premises and apply a seal to all doors and/or windows, to prohibit entrance to the premises pending the arrival of a legally authorized representative of the deceased provided that this shall not be done in such a manner as to interfere with the investigation being conducted by other law enforcement agencies. Any costs arising from the premises being locked and sealed while occupied by property of the deceased may be a proper and legal charge against the Estate of the deceased, and shall be disposed of through the Office of the Clark County Treasurer. Any weapons, property or evidence related to the investigation or prosecution of any known or suspected criminal death may, with knowledge of the Coroner, be delivered to a law enforcement agency or District Attorney, receipt for which shall be acknowledged.
- c) Where the absence of severe trauma or the obvious signs of death exists in those cases examined by lay persons prior to the arrival of the Coroner, Medical Examiner or other physicians. No ambulance attendant, mortician, or other person shall remove a body from the place of its discovery for pronouncement of death without prior knowledge of, and express approval from the Coroner or his appointed Deputy. Willful disregard of the provisions of this Section shall be a misdemeanor, subject to the penalties set forth in Subsection (e) of this Section. Unauthorized embalming of deceased person's body, when cause of death is stated by Coroner to be unknown is a misdemeanor.
- d) Any person embalming a deceased human body when the Coroner or the Chief Medical Examiner has certified in writing that cause of death is unknown and that embalming is not to be done, shall be guilty of a misdemeanor punishable by fine not to exceed five hundred dollars or imprisonment not to exceed six months, or by both said fine and imprisonment. Prosecution may also be made under applicable state law. Interference with Coroner's performance and discharge of official duties is a misdemeanor.
- e) Any person hindering, obstructing, or preventing the Coroner's performance and discharge of his official duties shall be guilty of a misdemeanor punishable by fine not to exceed six months, or by both said fine and imprisonment. Prosecution may also be made under applicable State Law (Ord. 262§7, 1967)

2.12.080 Inquests-Coroner's duties

- a) When the County Coroner or his deputy has been informed that a person has been killed or committed suicide or has suddenly died under circumstances affording reasonable ground to suspect that the death has been occasioned by unnatural means, he shall immediately notify the offices of the District Attorney and Police Department or Sheriff's Office having jurisdiction, so as to afford said District Attorney and police or sheriff's officials an opportunity to assist in the inquiry as to cause of death.
- b) The Coroner shall call an inquest as herein provided if such should be indicated or if such is requested by the District Attorney, or a judge of the District Court within the county, but such inquest need not be conducted in

any case of death manifestly occasioned by natural cause, suicide, accident or when the death is publicly known to have been caused by a person already in custody.

- c) If an inquest is called, the Coroner shall either designate a Coroner's inquest hearing officer or a willing and qualified magistrate in Clark County to conduct and preside over the inquest.
- d) The qualified magistrate in Clark County or Coroner's inquest hearing officer shall be designated as the presiding officer.
- e) Once a presiding officer is selected, he shall meet with the Coroner and representatives of the District Attorney's Office and determine what evidence and witnesses will be needed in order to conduct a Coroner's inquest.
- f) The presiding officer may also meet prior to the inquest with other interested individuals and obtain a list of witnesses who may be subpoenaed and obtain a list of questions that should be asked of witnesses at the inquest.
- g) The presiding officer and the Coroner shall obtain a copy of all records, exhibit or other evidence that they determine to be relevant to the matter under investigation.
- h) The presiding officer and the coroner shall then designate a time and place for holding of a coroner's inquest. The presiding officer shall subpoena all necessary witnesses to testify at this inquest.
- i) The presiding officer shall request that the Clark County jury commissioner select a panel of fifteen individuals, qualified to serve as an inquest jury panel, to assemble at the time and place previously designated for a coroner's inquest.
- j) The presiding officer shall preside over the coroner's inquest and shall insure that the inquest is conducted as an investigatory proceeding and not an adversary proceeding. The presiding officer should substantially comply with the following procedure:
 1. Once an inquest is convened, the presiding officer shall select at random seven jurors' from the jury panel to sit as a coroner's inquest jury. He shall then conduct a voir dire examination of each juror. If any bias, prejudice or other good and sufficient reason manifests itself during the examination, the juror shall be dismissed and another juror shall be selected.
 2. Make an opening statement indicating that a coroner's inquest is not an adversary proceeding but a fact finding procedure and that the presiding officer, the representatives of the district attorney's office and the coroner's jurors will be the only individuals allowed to question witnesses. Any other interested parties must submit any proposed questions in writing to the presiding officer or the inquest clerk. The presiding officer may in his discretion ask these questions.
 3. The presiding officer in this discretion may allow witnesses who are not subpoenaed to testify, after he has reviewed such testimony outside the presence of the coroner's jury.

4. The examination of witnesses shall be under oath but informal and the usual rules of evidence shall not apply. The presiding officer shall, however, have the authority to control the questioning of witnesses.
 5. The exclusionary rule shall be invoked as to all witnesses that are subpoenaed or that may wish to testify.
 6. The presiding officer shall admonish the coroner's jury at each adjournment of the inquest not to:
 - a. Converse among themselves or with anyone else on any subject connected with the inquest.
 - b. Read, watch or listen to any report of or commentary on the inquest or any person connected with the inquest by any medium of information, including without limitation newspapers, television and radio; or
 - c. If they have not been charged, form or express any opinion on any subject connected with the inquest until the cause is finally submitted to them.
 7. The presiding officer shall have such other authority and power to conduct the inquest as he deems necessary to insure a fair and just coroner's hearing. However, the inquest must be conducted so that it is consistent with subsection (1) through (6) of this section.
- k) Anyone who unreasonably disrupts the inquest or fails to obey the orders of the presiding officer shall be found in contempt of the inquest and may be removed from the proceedings and/or fined one hundred dollars.
- l) A single inquest may be held with respect to more than one death where all of such deaths were occasioned by a common cause. (Ord. 698§1, 1980; Ord. 646§2, 1979; Ord. 262§8, 1967)

2.12.090 Penalty for failure to attend as juror.

Every person selected as an inquest juror who shall fail to appear without having a reasonable excuse, shall forfeit any sum not exceeding one hundred dollars to be recovered in any court of competent jurisdiction and paid into the county treasurer. (Ord. 646:3, 1979; Ord. 262§9, 1967)

2.12.100 Oath of jurors when jurors attend.

Attending inquest jurors shall be sworn by the presiding officer to inquire (1) who the dead person was; (2) when, where and by what means that person came to his death; (3) the circumstances attending the person's death; and (4) render a true verdict thereon according to the evidence. (Ord. 646§4, 1979; Ord. 262§10, 1967)

2.12.110 Fees of jurors- Expenses of transportation of jury.

- a) Inquest of jurors shall be entitled to receive for each day's service the sum of fifteen dollars upon certification therefor to the county clerk by the coroner, such payments being audited, followed and paid as are other claims against the county.
- b) When it is necessary for an inquest jury to travel a greater distance than one mile to view the remains of a dead person, or to the place where the inquest is to be held, the necessary and actual expenses entailed for the transportation of

the jury shall also be allowed, but not to exceed nineteen cents per mile only to the person providing the transportation. The claim for such expense shall be audited and paid, as are other claims against the county, upon proper certification therefor by the county coroner. (Ord. 742§1, 1981: Ord 262§11, 1967)

2.12.120 Witnesses- Summoning and examination- Adjournment of inquest.

- a) The presiding officer is authorized to issue subpoenas for witnesses, returnable as he may direct, said subpoenas to be served by himself or such person as he may direct. Witnesses at a coroner's inquest shall be compensated as provided in law for witnesses required to attend in the courts of this state and such charge shall be a charge against the county.
- b) The presiding officer may summon and examine as witnesses every person who, in his opinion, or in the opinion of the district attorney or any of the jurors, has or may have any knowledge of the facts; and he may also summon a qualified surgeon or physician to inspect and examine the body, or hold a postmortem examination thereon or a chemist to make an analysis of the stomach or the tissues of the deceased and to give their professional opinions as to the cause of the death. (Ord. 646§5, 1979: Ord. 262§12, 1967)

2.12.130 Witnesses failing to attend-Punishment for contempt.

Any witness failing to obey a subpoena to attend an inquest, may be attached and fined for contempt of such inquest jury, in like manner as in a court of the justice of the peace. (Ord. 262§12, 1967)

2.12.140 Rendition of verdict- Certifications- Contents.

- a) After hearing the testimony, the inquest jury shall deliberate in secret and render their verdict and certify the same in writing, signed by them, and setting forth (1) the name of the deceased; (2) when, where, and by what means, he came to his death; (3) whether the death was by criminal means or whether the death was excusable or justifiable under the law; and (4) the name of the person causing the death, if factually known or reasonably established.
- b) If the inquest jury is unable to reach a unanimous verdict, the presiding officer shall instruct the inquest jury that a four-to-three majority is required for a verdict. (Ord. 646§6,1979: Ord. 262§14,1967)

2.12.150 Testimony reduced to writing-Filed in the office of the coroner.

Testimony at such inquest shall be reduced to writing without delay, and filed in the office of the coroner of Clark County. (Ord. 262§15,1967)

2.12.160 Action of district attorney after inquest.

If the inquest jury finds that the person was killed by another under circumstances not excusable or justifiable in law, and the party committing the act is not already in custody, the district attorney shall take such action as he deems necessary. (Ord. 646§7, 1979: Ord. 262§16,1967)

2.12.180 Money, Property of Deceased-Delivery to the county treasurer

The County Coroner or his assigned deputy shall establish and maintain adequate receipting and accounting procedures and records respecting decedent's money and personal property and effects. The county coroner or his assigned deputy, as soon as practical, shall deliver to the county treasurer any money or property which may have been found with the deceased, unless released to police or law enforcement officials as evidence, or taken from his possession by court authority. If the county coroner, or his deputy, fails to so pay or deliver such money or property, the county treasurer may recover the same by an action at law. Nothing in this section contained, shall preclude prosecution under applicable state law. (Ord. 262§18, 1967)

2.12.190 Duties of the county treasurer pertaining to money and property of deceased.

Upon payment of any money into the county treasurer's office as above mentioned, the same shall be placed to the credit of the county; if it be property, the county treasurer shall proceed upon notice as provided in state law to sell the same at public sale, and place the proceeds to the credit of the county.

The county treasurer upon receiving from the coroner any money; personal effects and/or property of the deceased, whether real or personal, shall issue a receipt for the same and shall establish an accounting file in the name of the deceased. He shall with the aid of other investigative agencies if necessary, identify and locate the legal heirs of the deceased.

If, after diligent search and inquire, no legal survivor of the deceased has been found, the county treasurer shall deposit any money to the credit of the county, and, if it be property, shall proceed upon notice as provided in state law, to sell the same at public sale and place the proceeds to the credit of the county. (Ord. 262§19, 1967)

2.12.200 Payment to representatives of deceased.

If the money so deposited be demanded within six years, the county treasurer shall pay the same to the person legally authorized to receive it; the same may also be paid at any time subsequent to the expiration of six years to the representatives of the deceased upon order therefor from a competent court or authority invested with the power to allow claims against the county. (Ord. 262§20, 1967)

2.12.210 Burial of deceased-When a charge against the county.

After a coroner's inquest, if no one is available to properly take charge of the remains of a deceased, the county coroner shall cause the same to be decently buried and to pay the expense therefor from any money found with the deceased. If no money is found, then the cost of the burial shall be charged against the county at the current indigent rate. (Ord. 262§21, 1967)

2.12.220 Penalty for failure of coroner to comply.

Any county coroner who shall violate any of the provisions hereof shall be guilty of a misdemeanor and upon conviction thereof shall be fined in any sum not exceeding one thousand dollars. (Ord. 262§22, 1967)

2.12.230 Notification of Death

- a) It shall be the duty of every person who knows of the existence and location of a dead body coming under the jurisdiction of the County Coroner as herein set forth to notify the Coroner thereof in the most expeditious manner possible.
- b) A physician, Funeral Director, or any other person having knowledge of a death which has occurred, or having charge or custody of a body where death has occurred, shall immediately notify the County Coroner if he has knowledge that said death has occurred; (1) without medical attendance; (2) during the continued absence of the attending physician; (3) where the attending physician is unable to state the cause of death; (4) where suicide is suspected; (5) following an injury or an accident; (6) under such circumstances justifying a reasonable inference that death was caused by the criminal act of another (Ord. 262§23, 1967)

2.12.240 Powers and duties of Coroner in examination of bodies and performance of autopsies.

If the preliminary investigation of the County Coroner, or others assisting him, has failed to satisfy the Coroner or Medical Examiner as to the cause of the particular death, or where reasonable grounds exist to suspect that a crime has been committed, the County Coroner, or Medical Examiner, if he be paid by salary, is hereby authorized;

1. Take possession of, and inspect, the body of the deceased person, which shall include the power to exhume such body, and no search warrant shall be necessary for access thereto.
2. In his discretion, make or cause to be made, an analysis of the stomach, blood, or contents of organs, or tissue of the body and secure professional opinions as to the result of such postmortem examination. The information so secured shall be reduced to writing and filed by the Coroner in his record of the death of the deceased person. In his discretion, the County Coroner, may if the circumstances warrant it, hold an inquest as hereinbefore provided. The County Coroner or Medical Examiner shall have the right to retain only such tissue of the body removed at the time of an autopsy as may in his opinion be necessary or advisable to make proper investigation of the case, or for verification of the findings related to the cause of death.
3. The County Coroner if he be a physician, or any person assisting him, who may be duly licensed by the State of Nevada to do so, may perform an autopsy of any remains as to which the Coroner has jurisdiction and authority as herein provided if he deems such essential to establishing cause of death or if ordered to do so by the District Attorney of Clark County or by a Judge of the District Court with Clark County. He may also perform an autopsy if the deceased, prior to his death has authorized such an autopsy in his Will or other written instrument, or upon receipt of a written authorization from the person representing himself to be any of the following: (A) the surviving spouse; (B) a surviving child or parent; (C) a surviving brother or sister; (D) any other kin or person who has, or

has acquired the right to control the disposition of the remains; (E) the District Attorney of Clark County, Nevada or any other duly authorized public officer, provided however, that autopsies so requested shall be paid for by such person (s) or the estate of the deceased and shall not be a charge against the County (Ord. 262§24, 1967)

2.12.250 Duties of the Medical Examiner

The designated Medical Examiner, upon being notified by the Office of the Coroner of the location of a deceased human body and the circumstances of the case requiring further medical inquiry, shall at the earliest possible time thereafter, conduct a medical examination, a partial or complete autopsy as may be required and shall immediately report the findings in writing, stating the cause of death, if known, or that additional microscopic, toxicological, or other studies are necessary to establish the cause of death. Such reports shall reflect whether or not the body is medically released for final disposition, pending issuance of the detailed autopsy report. (Ord. 262§24A, 1967)

2.12.260 Issuance of Death Certificates

The cause of death appearing on a Certificate of Death signed by the Coroner shall be in conformity with facts ascertained from inquiry, autopsy, and other scientific findings. In cases of death without medical attention, and without violence, casualty, criminal or undue means, the Coroner may, without holding an inquest or autopsy, make the Certificate of Death from statements of relatives, persons last in attendance, or persons present at the time of death, after due medical consultation and opinion has been given by one qualified and licensed to practice medicine and so recorded in the Records of Death, providing such information affords clear grounds to establish the correct medical cause of death within accepted medical practice and within the requirements for accuracy prescribed by The Division of Vital Statistics in the State Division of Health. (Ord. 262§24B, 1967)

2.12.270 Designation of Morgue or Mortuaries

The county coroner is authorized, equitable, to designate one or more commercial mortuaries, if furnished with sufficient accommodations and facilities, to receive bodies. No person or firm operating a morgue or mortuary, and no person employed in the same, shall be liable for the acts of the county coroner, or for the acts of his deputies or other persons assisting said coroner, performing the removal of any body to a morgue or mortuary, or for the performance of any autopsy upon such body. (Ord. 600§1, 1979; Ord. 262§25, 1967)

2.12.280 Notification of deceased relatives-release and disposition of remains.

The county coroner shall use due diligence to locate and notify the relatives of the deceased of the death, and the location of the remains.

The county coroner, after investigation has been completed and upon proper identification of the body by next of kin, legal representative, or close friend, who assumes responsibility for burial, shall release the body to such claimant.

The body of any unknown or unclaimed person shall be buried by order of the county coroner after a period of not to exceed ten days from completion of the coroner's investigation. (Ord. 262§26, 1967)

2.12.290 Cooperation of County Agencies, Officials and Employees.

All public agencies, officials and employees and particularly those of law enforcement agencies and district attorney's offices are hereby authorized and required to cooperate with and assist the county coroner's office for proper discharge of the responsibilities and duties of such office. (Ord. 262§27, 1967)

2.12.300 Rules and Regulations

The county coroner may from time to time promulgate such rules and regulations as may be deemed necessary to carry out the purpose of this chapter, and such rules and regulations shall have the same effect in law as the provisions of this chapter when approved by the county commissioners. (Ord. 262§28, 1967)

2.12.310 Use of Professional Services

The county coroner subject to approval of the board of commissioners, is authorized by contract, to engage any desired toxicological service properly required for performance of his duties. (Ord. 262§29A, 1967)

2.12.320 Contract Agreement for Pathological Services

At the request of the county coroner, the board of county commissioners may enter into contractual agreements for any required pathological services deemed necessary or desirable for proper performance of the duties and responsibilities of the coroner's office. (Ord 262§29B, 1967)

2.12.330 Schedule of Fees for Medical Examiner and Autopsy Services

Subject to the approval of the board of county commissioners, a schedule of fees may be established and made applicable for services, professional or otherwise, entailed or connected with medical examination, and autopsy services performed or rendered. (Ord. 262§29C, 1967)

2.12.340 Recording Duties

To the extent deemed necessary and desirable the coroner shall establish the form and required matters of substance which shall be recorded by any and all personnel, professional or otherwise, performing any of the functions or services authorized or performed pursuant to this chapter. (Ord. 262§29D, 1967)

LEGAL REQUIREMENTS

Clark County Ordinance 2.12 directs the Coroner to inquire into and determine the circumstances, manner and cause of certain types of deaths. Deaths as a result of the below listed categories are to be reported immediately to the Coroner.

Violence: Deaths resulting from known or suspected homicide, suicide or any other act of violence.

Accidental: Deaths resulting from known or suspected, in whole or in part from or related to an accident, or injury occurring within one (1) year to include: motor vehicle accidents, accidental poisoning (food, chemical, therapeutic) anesthetic deaths.

Deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, strangulation, aspiration, blunt trauma, electrocution.

Abortion: Criminal or self-induced, regardless of survival period subsequent to onset.

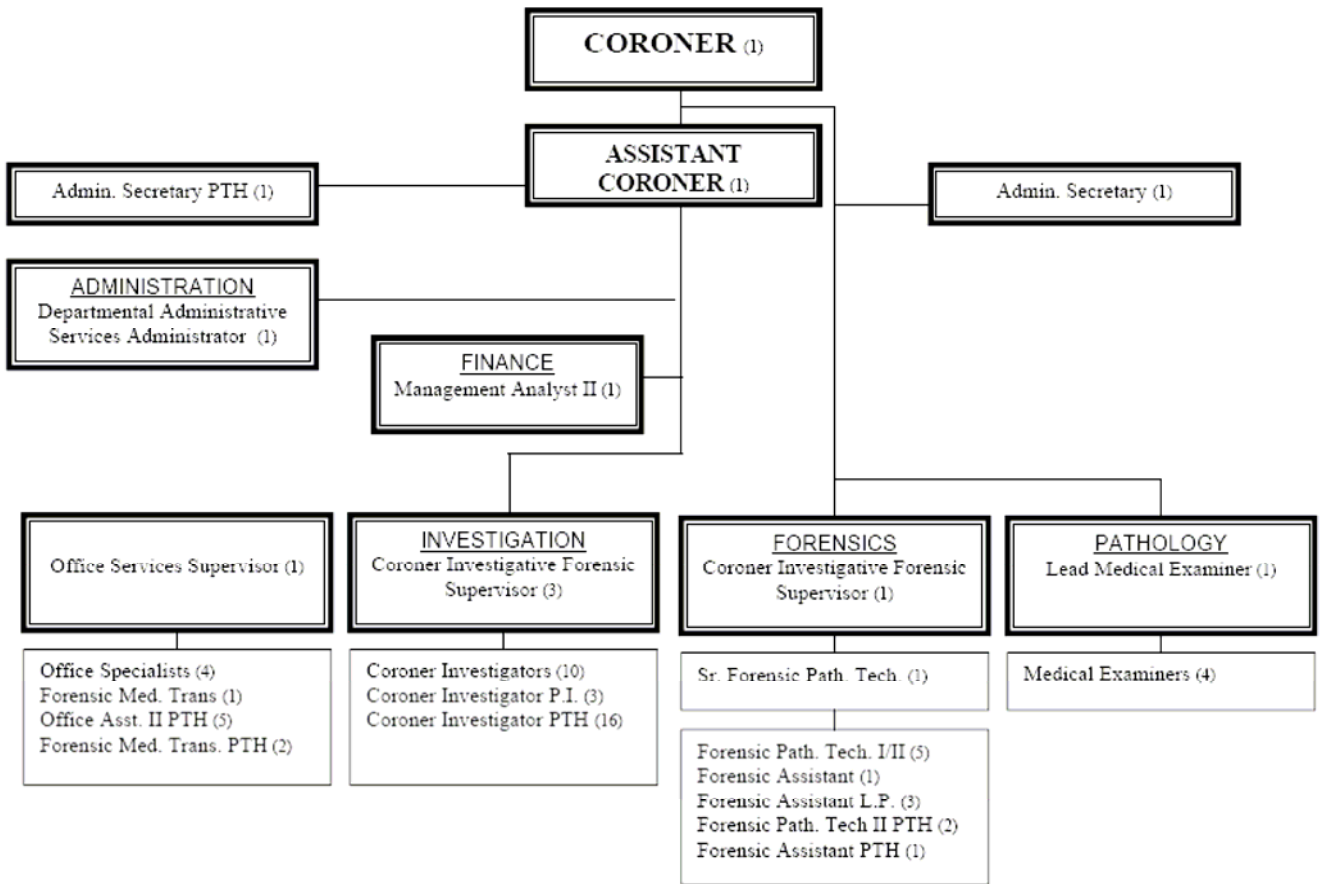
Deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal acts of another, or any deaths reported by physicians or other persons having knowledge of death for inquiry by the Coroner.

Death that occurs while the deceased was in the custody of law enforcement, i.e. police, prison, jail, etc.

TITLE: ORGANIZATION CHART	
ORIGINATION DATE: 10-08-02	DATE REVISED: 04-22-09
POLICY	

PROCEDURE

CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER



As of April 22, 2009

TITLE: CONFIDENTIALITY AGREEMENT	
ORINATION DATE: 12-18-01	DATE REVISED:
POLICY	
Each employee of the Clark County Office of the Coroner/Medical Examiner (CCOCME) is required to sign a Confidentiality Agreement whereby he/she agrees to hold all case-related information in strictest confidence.	

PROCEDURE

Due to the nature of the business conducted within the Coroner's Office, each employee will sign a Confidentiality Agreement and any violation of the agreement may result in immediate dismissal.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Confidentiality Agreement* on 11-16-04. The original copy with signatures is on file.

TITLE: GENERAL INFORMATION	
ORIGINATION DATE: 12-18-01	DATE REVISED: 10-08-03
POLICY	
Due to the sensitivity of the information this office handles, good judgment must be used when releasing information both in person and over the telephone. Requests for such items as autopsy and medical examination protocols and toxicology reports must be made either in writing or in person by the legal next of kin or their designee.	

PROCEDURE

REQUESTS FOR INFORMATION

At no time should a deceased person’s name be released when the next of kin has not been notified or positive identification made. In some cases, due to pending investigation, law enforcement agencies may request information to be withheld. These requests are to be handled on a case-by-case basis.

See separate section regarding Media Requests for information.

Toxicology results, unless negative, are **NEVER** to be given out over the telephone. The only exception to this is law enforcement agencies and only if you are sure to whom you are speaking.

This office **NEVER** provides HIV results. Always refer them to the Clark County Health District for this information.

All requests for further information or interviews are to be referred to the Coroner or in their absence, their designee.

ANSWERING SERVICE

At the end of each business day, all calls must be forwarded to the answering service. The services provided include dispatching the investigative staff as needed thus providing the public with 24-hour availability.

SUBPOENAS

This office regularly receives subpoenas for members of the forensic and investigative divisions to supply testimony for their roles in cases handled by this Office. Once received, a list is maintained by the Administrative staff showing the date received, the appearance date, who is being requested to testify, the name of the decedent and the location where the hearing is scheduled to be held. By establishing this list, the office can more efficiently maintain a record of subpoenas that have been issued.

Any time that a Medical Examiner is going to be away from the office, the Clark County District Attorney's office is notified by the Administrative staff of such so that they can work around this absence when scheduling their court cases and witness testimony.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *General Information* on 11-16-04. The original copy with signatures is on file.

TITLE: DISSEMINATION OF INFORMATION	
ORIGINATION DATE: 03-13-03	DATE REVISED:
POLICY	
At times, members of the staff are requested to make public appearances as well as provide classes and informational tours inside and outside the facility. Prior authorization must be obtained.	

PROCEDURE

1. At times, members of this office are requested to make public appearances, provide classes and informational tours, inside and outside of the facility.
2. Prior authorization must be obtained from the Coroner or his designee.
3. All photos, slides, written documents, Power Point presentations and other work products that were created on company time with company products and company resources, are in fact, property of this organization.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Dissemination of Information* on 11-16-04. The original copy with signatures is on file.

TITLE: PUBLIC RELEASE OF INFORMATION	
ORIGINATION DATE: 03-26-07	DATE REVISED: 04-24-09
POLICY	
It is the policy of the Clark County Office of the Coroner/Medical Examiner (CCOCME) to release information publicly when applicable and within the governing guidelines. Documents generated by an external agency must be obtained from that agency.	

PROCEDURE

Media Release Information Screen: This screen, which is located internally on CME, is accessed on a daily basis by the administrative staff, primarily. Upon receiving a public or media inquiry, every employee has been instructed to release only the information that is listed on this screen. Questions that arise beyond the scope of what is listed on the media release information screen should immediately be directed to the Assistant Coroner or the Coroner.

Autopsy Reports/External Medical Examination Reports : Autopsy reports and external medical examination reports are public records, but are not open to any member of the public for inspection, copying or dissemination because they contain medical information and confidential information about decedents. It is the policy of CCOCME that the legal next of kin may obtain copies of their loved one's autopsy and external medical examination reports without a subpoena.

Toxicology Reports: Toxicology reports are not open to any member of the public for inspection, copying or dissemination because they contain medical information about decedents. It is the policy of CCOCME that the legal next of kin may obtain copies of their loved one's toxicology report without a subpoena.

Investigation Reports: Investigation reports are not open to any member of the public for inspection, copying or dissemination because they contain medical information, photographs, and the investigator's notes about the decedent or decedents. It is the policy of CCOCME that the legal next of kin may obtain copies of their loved one's investigation report without a subpoena.

Case File: The case file should be maintained away from the public eye. If CCOCME is subpoenaed for the case file, only the documents generated by CCOCME will be released. Documents generated by an external agency must be obtained from that agency (i.e. death certificates, medical reports, police reports, etc).

Coroner/Medical Examiner's Register: **Open to public inspection upon request.** The register is maintained electronically on CME, requests should be referred to the Office Services Supervisor or Departmental Administrative Services Administrator, who will prepare the register for viewing only – the register is an internal document and is not to be released outside CCOCME. Refer to Clark County Code 2.12.050 for more details.

The above Policy/Procedure regarding *Public Release of Information* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: MEDIA REQUESTS FOR INFORMATION	
ORIGINATION DATE: 10-08-03	DATE REVISED:
POLICY	
Certain information is considered to be public information and can be released to the media.	

PROCEDURE

As previously instituted in the Coroner’s Office, the administrative staff will come in contact with the media quite frequently. Always ensure that the next of kin has been notified and that the decedent has been positively identified. If these two tasks have been completed, the following information can be released unless otherwise noted via a hold put on the case, at the request of the law enforcement agency involved, etc:

1. Name.
2. Age.
3. Race.
4. Gender.
5. City of residency (not the address itself).
6. Occupation (if the occupation is of questionable nature, ie pimps, drug dealer, etc, please advise that the occupation is unknown).
7. Time of death.
8. Date of death.
9. Cause of death (if not pending).
10. Manner of death.

Note: If the cause of death is not pending, cause and manner of death may be released, but **NOT** how the injury occurred. Also do not release such things as the number of wounds or where they are located or the types of drugs involved. Terms such as multiple wounds or multiple drugs should be used.

Any questions from the media beyond the information above should be directed to the Coroner or Assistant Coroner.

The above Policy/Procedure regarding *MEDIA REQUESTS FOR INFORMATION* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: EMPLOYEE, OFFICE AND VISITOR BADGES	
ORIGINATION DATE: 03-13-03	DATE REVISED:

POLICY

All employees will be issued an office identification badge, which must be worn at all times and prominently displayed.

All visitors to the office will be issued a Visitor's Badge, which must be worn at all times and prominently displayed.

PROCEDURE

1. All employees will be issued an office identification badge, which must be worn at all times and prominently displayed. It is understood that while in autopsy, the identification badges will be covered with protective garments, but will be displayed at all other times.
2. All visitors will be issued a Visitor's Badge and will sign for the badge. This badge must be worn at all times.
3. Whenever there is someone assigned to our office to do a rotation, clinical, internship, a visitors badge will be assigned to them for the duration of their stay, with the number of the badge and the expiration date noted on the log. When these individuals are due to end their tour at our office, the immediate supervisor assigned to them will need to fill out an Exit Interview Questionnaire. This will insure that the Visitor's Badge is returned.
4. After hours and on the weekends, the forensic assistant will be responsible for visitors to the division and the follow-up investigator will be responsible for visitors to their area.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Employee Office and Visitor Badges* on 11-16-04. The original copy with signatures is on file.

TITLE: STANDARDS OF CONDUCT	
ORIGINATION DATE: 12-18-01	DATE REVISED:
POLICY	
This office will follow the guidelines as established in the Clark County Merit Personnel System.	

PROCEDURE

All employees will receive a copy of the Clark County Merit Personnel System, which will be utilized by this office.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Standards of Conduct* on 11-16-04. The original copy with signatures is on file.

TITLE: CONFLICTS OF INTEREST	
ORIGINATION DATE: 11-19-03	DATE REVISED: 12-09-03
POLICY	
To establish guidelines dealing with gifts and other items that may be perceived as a conflict of interest.	

PROCEDURE

1. Employees will not directly or indirectly solicit, accept, or receive any gift whether in the form of money, services, loan, travel, entertainment, hospitality, promise, or in any other form. Unsolicited gifts must be returned, shared with other employees, or given to charity. Gifts which potentially influence the employee in the performance of his/her duties, or appear to be intended as a reward for any official action on the employee's part, or which potentially create the perception of impropriety, as determined by the Department Head or Assistant County Manager, shall be refused.

2. Unsolicited payment of meals with a value less than \$30 may be accepted provided the acceptance of a meal is not intended to influence the employee's performance; or is not intended as a reward for official action; or does not potentially create the perception of impropriety; or does not occur on a regular basis. The acceptance of a meal with a value of less than \$50 must be disclosed to the employee's Department Head, or in the case of Department Heads to the applicable Assistant County Manager.

3. Tickets to community events (i.e., not-for-profit banquets, charitable events, openings of commercial properties, etc.), which may provide an opportunity to build working relationships within the community, must be disclosed by the employee to his/her Department Head prior to being accepted. In the case of a Department Head, the disclosure must be to the applicable Assistant County Manager. Tickets which potentially influence the employee in the performance of his/her duties, or appear to be intended as a reward for any official action on the employee's part, or which potentially create the perception of impropriety, as determined by the Department Head or Assistant County Manager, shall be refused.

4. Any violation of this policy is subject to discipline up to and including termination.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Conflicts of Interest* on 12-09-03. The original copy with signatures is on file.

TITLE: TIME AND ATTENDANCE	
ORIGINATION DATE: 11-19-03	DATE REVISED: 12-09-03
POLICY	
To establish the department's time and attendance policy in accordance with (NSEU/SEIU, Local 1107 Agreement dated July 1, 2002 through June 30, 2006 and all applicable local, state and federal laws).	

PROCEDURE

SCHEDULED ABSENCES-PRIOR WRITTEN APPROVAL

“Scheduled absences occur when an employee’s use of vacation leave, compensatory time, sick leave, catastrophic leave, holiday leave, or any other leave provided by Article 25 of Service Employees International Union (SEIU) Agreement has been authorized in writing by an employee’s department head or designee in advance of the leave” (NSEU/SEIU, Local 1107 Agreement dated July 1, 2002 through June 30, 2006 and all applicable local, state and federal laws)

It is the responsibility of the employee to make sure that he/she has enough leave balance prior to scheduling time off.

1. Vacation leave-Pre-Approval in writing.
 - A. Vacation leave use: “The time when vacation shall be taken will be determined by the department head or designee after considering department operational needs and the seniority and wishes of the employees. Vacation Leave Requests must be approved at least 24 hours in advance of the leave in accordance with departmental policy (NSEU/SEIU, Local 1107 Agreement dated July 1, 2002 through June 30, 2006 and all applicable local, state and federal laws).”
 - B. Procedure- Scheduled Vacation: Approval for vacation (annual leave) shall be at the discretion of the supervisor, in accordance with the following guidelines:

TABLE 1.

One working shift or less	At least the prior shift notice
Greater than one working shift or less than one week	At least one (1) work week notice
One work week or more	At least two (2) week’s notice
Days surrounding major holiday	First come-first served based on seniority

2. Extension of Scheduled leave- The supervisor may allow employees to extend scheduled leave, depending upon the circumstances and the amount of leave requested. The employee’s supervisor may grant verbal permission for the additional leave time as applicable, fill out the appropriate leave slip, and forward it to payroll.
3. For details that pertain to “Accrual of Vacation Leave, Vacation Eligibility, and Payment for Vacation Leave, See Article #24, Sections 1-4 (NSEU/SEIU, Local 1107

Agreement dated July 1, 2002 through June 30, 2006 and all applicable local, state and federal laws)

4. Compensatory Time:

A. Overtime compensation may be through cash payment or compensatory time. Compensatory time off should be used within the following 90 calendar days, but may be accumulated to a maximum of 240 hours per calendar year. Usage must be requested by the employee and approved by the department head or designee, except in cases of emergency as determined by the department head or designee. For use of Compensatory time, refer to the procedure for scheduled vacation time, Table 1.

B. Employees will not be paid for time spent walking, riding or traveling to and from the actual destination. Employees attending a work-related training seminar, conference or meeting will be paid their hourly wage at straight time during the employee's normal working hours. Employees who attend a work-related training seminar, conference or meeting during their normal day off may opt to take an alternate day off within the same pay period, as approved by their supervisor. (For further details, refer to the County and Fair Labor Standards Act travel policies)

5. Sick Leave- Scheduled:

A. The employee shall schedule sick leave as soon as possible in advance in order to obtain prior written approval. Paid sick leave may be scheduled and used by the employees for medical or dental appointments, treatments, sickness, injury, bereavement, to care for immediate family members, to receive medical or dental treatment, pregnancy, childbirth, to care for newborn children or for any other authorized use in accordance with (NSEU/SEIU, Local 1107 Agreement dated July 1, 2002 through June 30, 2006 and all applicable local, state and federal laws)

B. "Upon written approval request from the department director or his/her designee, a certificate of illness from a state licensed health care provider in an appropriate discipline may be required when there is one (1) absence in excess of three (3) consecutive scheduled workdays or whenever there is reason to believe that sick leave benefits are being abused (NSEU/SEIU, Local 1107 Agreement dated July 1, 2002 through June 30, 2006 and all applicable local, state and federal laws)

6. Fitness for Duty: "If an employee's fitness for duty is questioned by the department head or designee, the employee may be required to submit a certificate of fitness" (NSEU/SEIU, Local 1107 Agreement dated July 1, 2002 through June 30, 2006 and all applicable local, state and federal laws)

7. Catastrophic leave: Catastrophic Sick Leave is leave that is donated by other employees. Upon approval from the Clark County Human Resource Office, catastrophic leave may be used once an eligible employee has exhausted sick leave, compensatory time and vacation time, for an illness/injury that requires inpatient care at a medical facility or that renders an employee or their immediate family member bedridden at home see NSEU/SEIU, Local 1107 Agreement dated July 1, 2002

through June 30, 2006 and all applicable local, state and federal laws for further details.

8. Holidays: If a holiday falls on an employee's regular day off, the employee may bank the holiday; however, the banked holiday must be used by the last full pay period in June of the current fiscal year. If the employee chooses not to bank the holiday, the employee will be compensated at their straight time hourly rate (NSEU/SEIU, Local 1107 Agreement dated July 1, 2002 through June 30, 2006 and all applicable local, state and federal laws)
9. Miscellaneous Leave: Miscellaneous leave is leave such as Court, Military, Leave without pay, Parental Leave, Blood Donor Leave, Education Leave, Application and Examination Leave (NSEU/SEIU, Local 1107 Agreement dated July 1, 2002 through June 30, 2006 and all applicable local, state and federal laws)
10. Family Medical Leave Act: In accordance with the Family Medical Leave Act (FMLA) of 1993, Clark County will grant job protected family and medical leave to eligible employees for up to 12 weeks per 12-month period. While on approved FMLA status, the employee generally uses his/her accrued leave in the following order:
 - A. Sick leave.
 - B. Compensatory time.
 - C. Hours banked.
 - D. Vacation/Annual leave.

Hours banked have an expiration date and may be used either before or after compensatory time, per employee request and supervisor approval. After all paid leave is exhausted, the employee may be eligible for Catastrophic Leave. If all paid leave and/or catastrophic leave is exhausted, then the employee is on leave without pay (LWOP) which, under FMLA status, does not require Director or designed pre-approval (NSEU/SEIU, Local 1107 Agreement dated July 1, 2002 through June 30, 2006 and all applicable local, state and federal laws). For further details, contact Clark County Risk Management.

UNSCHEDULED ABSENCES- NO PRIOR WRITTEN APPROVAL

Unscheduled absences occur when an employee is absent without appropriate prior approvals as defined in "Scheduled Absences-Prior Written Approval". Unscheduled leave for bereavement purposes of up to three (3) shifts per occurrence shall not be considered an unscheduled absence (NSEU/SEIU, Local 1107 Agreement dated July 1, 2002 through June 30, 2006 and all applicable local, state and federal laws).

Please refer to the following table for disciplinary action resulting from unscheduled absences:

TABLE 2

7 th Unscheduled absence	Oral counseling
8 th Unscheduled absence	Documented Oral Warning
9 th Unscheduled absence	Written admonishment
10 th Unscheduled absence	Written reprimand
11 th Unscheduled absence	Final written warning
12 th Unscheduled absence	Termination

1. Tardiness:

An employee is considered tardy when the employee does not begin performing assigned duties at the start of his/her designated shift. Tardiness of fifteen or more minutes shall be reported as unauthorized leave without pay and will be rounded to the nearest one-fourth (1/4) of an hour.

A. Acceptable tardiness: Acceptable tardiness is defined as those instances that do not lead to disciplinary action. Examples may be natural disasters, major traffic incidences on the roadways that cause many people to be late, or civil disturbances. It shall be up to the discretion of the supervisor to determine whether a tardy incident is considered acceptable or unacceptable.

B. Pattern of Tardiness: If the supervisor begins to discern a pattern of tardiness either unacceptable or acceptable (e.g. tardiness on the day preceding or following a weekend or holiday) then the supervisor will verbally counsel the employee. Starting with the incident that triggers the first counseling session concerning his/her tardiness, the supervisor may determine that future tardiness fitting a pattern will all become “unacceptable” tardiness that will lead to disciplinary action.

C. Unacceptable Tardiness: If an employee has six (6) unacceptable incidences of tardiness in a twelve-month period, the employee shall be subject to disciplinary action as defined in NSEU/SEIU, Local 1107, Agreement dated July 1, 2002 through June 30, 2006. The following disciplinary actions shall apply:

TABLE 3

7 th Unacceptable Tardy	Oral counseling
8 th Unacceptable Tardy	Documented Oral Warning
9 th Unacceptable Tardy	Written Admonishment
10 th Unacceptable Tardy	Written Reprimand
11 th Unacceptable Tardy	Final Written warning
12 th Unacceptable Tardy	Termination

Tardiness of an egregious nature may be handled in a case-by-case manner and may accelerate the schedule of disciplinary action.

D. Receipts and Documentation: To ensure accountability and fairness to all employees, the tardy employee should be prepared to provide documentation to substantiate the reason for his/her tardiness.

- E. Leave slips for Tardiness: Leave slips for tardiness are not required in instances when an employee is less than 15 minutes late, however, the leave slips are required for instances where an employee is more than fifteen minutes late. If the instance of tardy is more than fifteen minutes and deemed unacceptable, then the employee will be charged LWOP. In a case where the employee is more than 15 minutes late, but the instance is deemed acceptable, then the employee will be charged annual leave.
 - F. An employee's incident count for tardiness will return to zero at the end of the last day of the employee's evaluation period.
2. Unauthorized Leave: The following may be considered unauthorized leave and may result in progressive disciplinary action. Unauthorized leave shall be reported as LWOP.
- A. Leaving prior to the end of the employee's shift without prior supervisor approval.
 - B. No call/No show
 - C. Gone during the day without prior supervisor approval.
3. Annual leave- Unscheduled absence: Annual leave (commonly referred to as vacation leave), compensatory time, leave without pay, may be granted to employees with less than the shift prior advanced notice in cases of emergency and must be approved by the department head, or designee. An employee emergency shall be defined as a situation or event beyond the immediate control of an employee that causes a temporary delay or limited absence from work.
4. Sick Leave- Unscheduled absence:
- A. When calling in sick, employees must first call their immediate supervisor (or leave a voice mail at their supervisor's number then contact the reception phone at 455-3212 or back line at 455-2930/455-1863, no later than 1 hour in advance of their shift, with the nature of their illness. If the employee's supervisor is unavailable, the employee must leave a detailed message stating that they are ill and are requesting sick leave.
 - B. Employees shall fill out and sign a sick leave slip stating the reason for the use of sick leave immediately upon their return to work. Any related incident will not be charged as unscheduled absence. (12-09-03)
 - C. If an employee is going to be out sick for a third day, the employee shall, in addition to contacting the office no later than 1 hour in advance of their shift with the nature of their illness, make verbal contact with his/her supervisor directly as soon as possible. The employee may leave a voice mail message with their supervisor as soon as possible, explaining their situation in detail and shall continue to try to reach their supervisor until verbal contact is made. If the employee is unable to reach his/her supervisor within 1 hour in advance of their shift, he/she must continue up the chain of command until direct verbal contact is made with a member of the management team, preferably within their own section. An employee that is incapacitated and/or unable to call prior to the start

of his/her shift shall provide acceptable written documentation upon his/her return to work.

CLARK COUNTY EMPLOYEE ASSISTANCE/WELLNESS PROGRAM

1. An employee may be referred to the Clark County Employee Assistance Program based on abuse of leave. An employee who feels personal problems may be contributing to unscheduled absences may contact the Clark County Assistance/Wellness Program at 455-5930. This program provides assistance to employees who believe that outside problems may be adversely affecting their job performance. This program is confidential, however if an employee chooses to attend any appointments during his/her normal work shift, the supervisor must be informed of the date and time.

LEAVE SLIP FLOW PROCESS (SCHEDULED AND UNSCHEDULED ABSENCES)

1. Employees shall fill out a leave slip and forward it to their supervisor for approval for any scheduled absences. After both the supervisor and the manager sign the leave slip, both copies will be forwarded to payroll. The payroll clerk will return the pink copy back to the employee. Payroll retains the original.
2. For any unscheduled absences, the employee will fill out and sign a sick leave slip stating the reason for the use of sick leave immediately upon their return to work.
3. If there is a change in a future dated leave slip, the employee will access the leave slip from payroll and make the change in the date and time. Payroll will forward the changed leave slip to the supervisor for approval.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Time and Attendance* on 11-16-04. The original copy with signatures is on file.

TITLE: BREAKS, HOLIDAYS, COMPENSATORY TIME & OVERTIME	
ORIGINATION DATE: 12-18-01	DATE REVISED: 11-19-03

POLICY

The office will establish and follow the same guidelines as defined in the (NSEU/SEIU, Local 1107 Agreement dated July 1, 2002 through June 30, 2006 and all applicable local, state and federal laws)

PROCEDURE

BREAKS

1. Each full time or permanent intermittent employee is entitled to two 15 minute breaks, as well as a 30-minute lunch break each day.

HOLIDAYS

This office will observe the following holidays and eligible employees will be paid accordingly:

1. January 1st (New Years Day). *
2. Third Monday in January (Martin Luther King, JR's Birthday).
3. Third Monday in February (President's Day).
4. Last Monday in May (Memorial Day).
5. July 4th (Independence Day). *
6. First Monday in September (Labor Day).
7. Fourth Friday in October (Nevada Day).
8. November 11th (Veteran's Day). *
9. Fourth Thursday in November (Thanksgiving Day).
10. Friday following the fourth Thursday in November (Family Day).
11. December 25th (Christmas Day). *
12. Employee's Birthday.
13. Any day the County is required by State law to close for a legal holiday.

For employees scheduled to work Monday through Friday, holidays shall be observed on the days specified above except when a holiday marked with an asterisk (*) falls on a Saturday or Sunday. A marked holiday falling on a Saturday will be observed the day before on Friday and when it falls on a Sunday it will be observed the day after on Monday.

For employees working a schedule other than Monday through Friday, when a holiday falls during the employee's weekend, the employee shall be paid for the holiday or the employee may request that the designated number of hours normally worked be accrued to a holiday leave balance for use before the end of the last pay period in June following the holiday. If not used, the leave will be forfeited.

The Birthday Holiday is earned on the employee's birthday. The Birthday Holiday shall be taken off on the employee's birthday or during the year following his/her birthday. Employees are not entitled to accumulate Birthday Holidays from year to year.

COMP TIME AND HOLIDAY TIME AND A HALF (HTH)

1. All comp time and HTH will need to be documented and processed through the payroll system with a supervisor's approval.
2. It will be the responsibility of the employee to advise their supervisor if they will be using comp time instead of overtime.
3. When an employee works a holiday, they will fill out a Leave Request/Usage/Overtime form, documenting the total number of hours that they have worked on the holiday.
4. If the holiday falls on the employee's normal day off, they will fill out a Leave Request/Usage/Overtime form, indicating if they want to bank the holiday or receive the holiday pay.

OVERTIME

1. All overtime must be approved in advance of its use.
2. Eligible employees shall be compensated for overtime worked in accordance with applicable federal and state laws and collective bargaining agreements.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Breaks, Holidays, Compensatory Time and Over Time* on 11-16-04. The original copy with signatures is on file.

TITLE: SAFETY	
ORIGINATION DATE: 12-18-01	DATE REVISED: 06-26-03
POLICY	
<p>The office will follow the same guidelines as established by the office of the Nevada Occupational Safety and Health Act (OSHA) and the Division of Industrial relations, Occupational Safety and Health Enforcement Section.</p> <p>It shall be the policy of the office to provide safety equipment for all forensic employees.</p>	

PROCEDURE

1. All employees are required to use/wear the proper personal protective equipment and to report any unsafe conditions to their supervisors.
2. Vaccinations and immunizations will be made available to all full and part time employees.
3. The Investigators will be provided with the proper protective wear to be worn as needed while in the field.
4. Each employee is required to dress in the proper protective wear when entering the forensic area. This protective wear will then be disposed of in the proper manner before exiting the forensic area.
5. The following is a list of safety equipment to be issued to all Forensic Technicians and Forensic Assistants upon hire. Issued equipment is to be returned in good working order upon separation from employment. These items are to be used appropriately for any situation that warrants by industry/OSHA standards.
 - A. Self-contained breathing apparatus.
 - B. Back brace.
 - C. Safety glasses.
6. Additionally the following disposable items are readily available and are to be used according to industry/OSHA standards and are issued/available for the protection of the Forensic Staff when working in any situation that warrants their use:
 - A. Protective gowns.
 - B. Examination gloves.
 - C. N-95 Face masks.
 - D. ½ Face shields (protects eyes from fluid spray or splash).
 - E. Shoe covers.

BODY FLUID EXPOSURE INCIDENT

Any employee suffering a body fluid exposure including but not limited to a needle stick, fluid splash in eyes or mouth or fluid contact to diseased or injured skin will report the incident immediately to their supervisor.

Any body fluid exposure incidents that place an employee at risk for a communicable disease will be managed by current exposure protocol in consultation with the Clark County Health District.

WORK RELATED INJURIES

Any injury incurred while on the job should immediately be reported to the injured employee's immediate supervisor to ensure that any needed medical attention is rendered. The appropriate follow-up reports will need to be filled out in order to comply with Clark County requirements.

UNIVERSAL PRECAUTIONS

In accordance with OSHA standards, universal precautions will be used as applicable within the autopsy suite (all areas of body examinations).

1. All staff are required to use the following protective items whenever performing any examination on any body in which there is potential for splash, spray or splatter of bodily fluids:
 - A. Gown
 - B. Gloves
 - C. Face mask
 - D. Eye protection
 - E. Shoe covers
2. All items worn into the autopsy suite must be universally protected in order to be allowed to wear the items in other areas of the building or out into the public.
3. If the employee wishes to wear the same shoes back and forth to work, they must wear shoe covers during examinations and remove the shoe covers to go to other areas of the building and the forensic office.
4. If the employee elects to not wear shoe covers in the autopsy suite, the shoes must be left at the building to change in to. Additionally, this option will require that the employee wear shoe covers to go to other areas of the building.
5. There are no exceptions to this directive and violations will result in progressive disciplinary actions.

The above Policy/Procedure regarding *Safety* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: EMERGENCY EVACUATIONS

ORIGINATION DATE: 04-18-03

DATE REVISED: 12-02-03/11-15-05

POLICY

When an alarm sounds, the Receptionist must make an announcement to evacuate the building. All employees must meet at the designated meeting place and be accounted for by their respective departmental supervisors. The designated lead supervisor will be responsible for reporting to the Fire Department Incident Commander any missing, trapped or injured persons and all other applicable information. The designated Lead Supervisor will also be responsible for reporting to the Coroner or his designee. Lead supervisors are responsible for location of fire alarms, extinguishers and any other tools available at the office.

PROCEDURE

EMERGENCY EVACUATION

The following Lead Supervisors are responsible for evacuation of employees and guests:

<u>Area Supervisor</u>	<u>Day</u>	<u>Work</u>	<u>Cellular</u>
David Mills	Investigation	455-0852	278-3013
William Gazza	Forensic	455-6304	354-1823
Inez Cone	Administration	455-0411	

<u>Area Supervisor</u>	<u>Swing</u>	<u>Work</u>	<u>Cellular</u>
Sara Mildebrandt	or designee	455-5936	271-4757

<u>Area Supervisor</u>	<u>Grave</u>	<u>Work</u>	<u>Cellular</u>
James Becvar	Investigation	455-6332	249-2002

The Lead Supervisor duties will include the following:

1. Keep employees and guests calm, when exiting make certain that doors are closed behind you.
2. Assist persons who are unable to evacuate on their own. Make a list of any person left behind. Give Incident Commander and Coroner or his designee the exact location and names of persons awaiting assistance.
3. Ensure complete evacuation of the building including restrooms, break rooms, lobbies, conference/training rooms, and other common areas.
4. Once your duties are complete, proceed to designated meeting place, take head count and report to Coroner or designee.

The designated meeting place for the Coroner’s Office is directly across the street from the office reception area in the northwest corner of the Health District parking lot.

Once the Coroner or his designee has been informed and the appropriate fire/law enforcement agencies have been contacted, the evacuation is considered complete. The Fire or Police (based upon the incident) will be responsible for any rescue operations as reported by the lead supervisor, Coroner or his designee.

For incidents occurring during the non-business hours, the designated employee will be responsible for the above listed steps and for notifying the Coroner or his designee at home or on his/her cellular phone.

All Clear/Re-entry

In the event of a false alarm, or when advised by the appropriate agency, the Coroner, his designee or the lead supervisor will declare the "All Clear"

SPECIFIC THREAT PROCEDURES

Bomb Threats by Mail

1. IMMEDIATELY turn off electronic equipment, including cellular phones, radios, beepers, etc.
2. Immediately notify your supervisor
3. The supervisor should report the incident to the Clark County Security Systems Coordinator at 455-5911.
4. Avoid touching the paper on which the message is delivered in the event of possible fingerprint evidence.
5. Make a photocopy of the message and protect the original message.

Bomb Threats by Phone

1. IMMEDIATELY turn off electronic equipment, including cellular phones, radios, beepers, etc.
2. If at any time you determine the situation to be seriously threatening, call 911 (9-911 from an internal extension).
3. Write down as much of the threat as possible. Try to listen for background noise and describe to the best of your ability.
4. Report the incident to your supervisor.

5. The supervisor should contact the Clark County Security Systems Coordinator at 455-5911 and report to the Clark County Safety Assessment and Assistance Team at 455-3066.

SUSPICIOUS PACKAGES

1. Report incident to your supervisor.
2. Call Clark County Security Systems Coordinator at 455-5911.
3. DO NOT ATTEMPT TO OPEN SUSPICIOUS PACKAGE, LETTER, DUFFLE BAG, ETC.

WEAPON THREAT

1. If possible, notify others.
2. Calmly ask the person what he/she wants.
3. After person is out of reach, call 911 (9-911 from an internal extension).
4. Notify your supervisor and Clark County Systems Coordinator at 455-5911.

The above Policy/Procedure regarding *Emergency Evacuations* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: USE OF COUNTY PROPERTY AND/OR EQUIPMENT	
ORIGINATION DATE: 12-18-01	DATE REVISED:
POLICY	
All divisions of the office will follow the same guidelines as established by the Clark County Merit Personnel System.	

PROCEDURE

1. Employees shall refrain from directly or indirectly making use of or permitting others to make use of County property of any kind for personal use. This will include the use of the County vehicle, cellular telephones, fax machines, photocopying machines, computers and supplies.
2. County equipment and vehicles are for employee use in the performance of their assigned duties. Individual guidelines for the use, security and care of equipment may be established by directive and/or department policy.
3. Any employee who is authorized to drive the county vehicle will take and keep currently with Defensive Driving Certification. They will be responsible for the vehicles and equipment contained in such. A Vehicle log will be kept for each vehicle and they will complete the appropriate log for the vehicle used during their shift. The vehicle will be taken to the Clark County Auto Shop for regular maintenance and/or repairs as needed and to the car wash as warranted.
4. All equipment or supplies entrusted or issued to an employee should be cared for properly. All employees will be provided with equipment storage and/or office space for items that are used during the normal course of their duties.
5. Each employee's workstation will be kept clean and neat at all times. At the end of their shift, their work area will be cleared of any and all personal items.
6. All beverages must be in a covered container. Every employee will be responsible for the cleanliness of the kitchen and atrium.
7. All telephone lines will be used for business related calls only unless prior permission has been received by a department head. The "back line" number will be issued to authorized personnel only and not used for incoming personal calls.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Use of County Property and/or Equipment* on 11-16-04. The original copy with signatures is on file.

TITLE: USE OF COUNTY VEHICLES	
ORIGINATION DATE: 08/18/06	DATE REVISED: 09/05/06
POLICY	
The Clark County Office of the Coroner/Medical Examiner will have a certain number of county issued vehicles that will be used by the staff to respond to dispatches, respond to facilities to obtain necessary documentation, evidence and/or specimens.	

PROCEDURE

VEHICLES

1. Employees must be current and possess Clark County Defensive Driving Certification before driving a county vehicle.
2. Those using the county vehicles will follow all normal traffic laws and will not respond “Code 3” to any type of call.
3. The employee will obtain a set of keys to the vehicle and will conduct an inspection of the vehicle before it is moved from the lot.
4. The employee will fill out the vehicle log prior to the vehicle being removed from the lot and will sign the vehicle back in at the end of that employee’s shift.

OVERHEAD LIGHTS

1. For those vehicles that are equipped with overhead lights (either amber or red/blue), the lights will only be used when they are needed to enhance visibility of the vehicle when riding on the shoulder or in slow traffic, i.e. responding to a motor vehicle accident where the traffic is back up.
2. The overhead lights will not be used in normal traffic nor left on when an investigator has arrived on scene.

PLACARDS

1. All investigators will be provided with a placard to be placed on the dash of their personal vehicle or county vehicle when they are on duty and responding to a dispatch. The placard will be for “Official Use” only.
2. When the investigator is off duty, the placards will be not be visible and will not be used in any manner to facilitate preferred parking.

The above Policy/Procedure regarding *Use of County Vehicles* has been approved on 09/05/06 by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: INVENTORY CONTROL	
ORIGINATION DATE: 12-18-01	DATE REVISED:
POLICY	
A member of each division will be assigned the responsibility of inventory control and ordering the necessary supplies for that division.	

PROCEDURE

1. All supplies will be ordered and removed from the stock by the person assigned by their division.
2. Requests for supplies are to be made through these individuals.

The above Policy/Procedure regarding Inventory Control has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: DEPUTIZATION OF PROPERTY CUSTODIAN/S	
ORIGINATION DATE: 04-16-03	DATE REVISED:

POLICY

To address the requirements of NRS 259.150 through .170 and the relevant sections of the Clark County Code 2.12.180 through 2.12.200, a Memorandum of Understanding was developed between the Clark County Treasurer and the Clark County Coroner, dated January 6, 2003.

Pursuant to NRS 249.060, the treasurer will deputize one or more employees of the Coroner's office with the understanding that the deputization grants the employee authority over only items pertaining to procedures related to the NRS referenced above.

PROCEDURE

The deputization will cover the following:

1. Custody of money and/or property of the decedent.
2. Delivery of property to the public administrator or other appropriate parties.
3. Payment of funds (through vendor claim voucher) to person legally authorized to receive.

To ensure that procedures in place for handling money and/or property of decedent's are functioning appropriately to safeguard these assets, on a periodic basis the treasurer will:

1. Receive and review existing copies of cash/property handling procedures.
2. Discuss with the Coroner and his designated staff any recommended changes to procedures.
3. Receive monthly inventory reports of items taken into custody.
4. Review transfers of property made to the public administrator.
5. Review payments made to decedent's (review of vendor claim vouchers and supporting documents)
6. Perform on-site periodic reviews over the procedures and handling of this money and/or property.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Deputization of Property Custodians* on 11-16-04. The original copy with signatures is on file.

TITLE: VARIOUS CASE-RELATED REPORTS	
ORIGINATION DATE: 12-18-01	DATE REVISED:
POLICY	
<p>Each case handled by this office has the potential to generate a variety of reports. Some of these reports are considered to be public record and can be obtained by the requesting party.</p> <p>Others are considered to be personal in nature and can only be released to the legal next of kin, their designee, by court order, or by subpoena.</p>	

PROCEDURE

The following list indicates the current price for each of the reports generated by this office:

Report of Investigations	\$10.00	Public Report
Autopsy Report	\$25.00	Legal Next of kin only
Autopsy Face Sheet	\$5.00	Legal Next of kin only
Medical Examination	\$15.00	Legal Next of kin only
Toxicology Report	\$8.00	Legal Next of kin only

The funds collected for the release of any report is deposited on behalf of Clark County and a receipt for the sale is issued to the requesting party.

REPORT OF INVESTIGATION

The Investigator who responds to a reported death generates this document. It contains a wide variety of information about the decedent. This included a computer generated face sheet and a written report narrative.

AUTOPSY REPORT

This report provides the findings of the forensic pathologist as he/she proceeds through the various stages of the internal examination of the decedent. Upon completion of this report, the medical examiner renders his/her opinion as to the cause and manner of death. The medical examiner dictates this report and it is later transcribed by the forensic medical transcriptionist and is reproduced to provide a written report for the case file.

Should the subject of an autopsy be 18 years or younger, it is required that the parent (s) or legal guardian be notified. A Certified letter is mailed to them with a return receipt requested.

AUTOPSY FACE SHEET

This report is a summary of the autopsy protocol stating the opinion of the medical examiner regarding the cause and manner of death.

MEDICAL EXAMINATION PROTOCOL

This report provides the finding of the forensic pathologist as he/she proceeds through the various stages of the external examination. This report is also dictated by the medical examiner and is maintained permanently on tape and is only reproduced in written form at the request of the forensic staff or at the request of the legal next of kin or their designee.

TOXICOLOGY REPORT

At the discretion of the forensic staff, toxicology work may be submitted on a case, regardless of the type of medical examination performed. This report will show laboratory results.

REPORT REQUESTS FROM OFFICIAL AGENCIES

As a professional courtesy and in an effort to assist other official agencies, copies of the aforementioned reports may be provided at no charge. Written authorization from the legal next-of-kin, or their designee in many instances may not be necessary however, a subpoena or court order may be required.

DEATH OF A CHILD TWO YEARS OLD OR YOUNGER

In any death of a child two years or younger, this office will provide a copy of the Report of Investigation to the Clark County Social Services (CCSS). This agency provides assistance to the family members who have lost children because of Sudden Infant Death Syndrome (SIDS).

By this office advising them of any death of a small child or infant, we can better help this Agency to render assistance to these families who must deal with the unique difficulty that goes with this type of incident.

To comply with Nevada Law (NRS 440 (1)) a standard letter of explanation will be sent to the parents of a minor advising them of the reason for an autopsy.

Note: All tapes containing autopsies, which have been transcribed and filed as part of the case file, are reused after three months.

Tapes containing medical examinations that are not designated to be transcribed are stored permanently. An index of each tape is prepared listing the case number and examining physician.

The above Policy/Procedure regarding *Various Case Related Reports* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: DEATH CERTIFICATES	
ORIGINATION DATE: 12-18-01	DATE REVISED:
POLICY	
<p>Death Certificates are processed for each individual that dies in Clark County, Nevada. This is a public document made available to the general public through the Department of Vital Statistics of either Clark County (housed in the Clark County Health District) or the State of Nevada (located in Carson City, Nevada).</p>	

PROCEDURE

The funeral home representative will meet with an informant and obtain the pertinent information regarding the decedent. This information will be typed onto the Death Certificate, which will then be brought to the Clark County Office of the Coroner/Medical Examiner.

CORONERS CASE

1. The Death Certificate will be separated and the appropriate copies will be stamped and returned to the funeral home representative to be filed with the Department of Vital Statistics.
2. When the cause and manner of death are known, this information will be added to the Death Certificate and the appropriate medical examiner will sign the Death Certificate. The green copy will be placed in the decedent’s file and the original front page will be taken to the Department of Vital Statistics.

NON-CORONERS CASE

1. After the pertinent information has been entered by the funeral home, the Death Certificate will be taken to the appropriate physician for signature, cause and manner of death. It will then be brought to the CCOCME where a copy will be obtained. The cause and manner of death will be verified and a CCOCME representative will initial the Death Certificate. The Death Certificate will be returned to the funeral home representative who will submit it to the Department of Vital Statistics.
2. Death Certificates are generated by the funeral homes and as such, they can be obtained at either the funeral home or from the Clark County Department of Vital Statistics located in the Clark County Health District. There is a nominal fee for each death certificate.

The above Policy/Procedure regarding *Death Certificates* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: VARIOUS OFFICE RELATED REPORTS	
ORIGINATION DATE: 12-18-01	DATE REVISED:
POLICY	
This office generates a variety of statistical reports in an effort to maintain an accessible means to retrieve information for various time periods, as well as other general information.	

PROCEDURE

1. Administrative Reports are generated on a monthly basis after each member submits a figure for work completed in several areas. These areas include but are not limited to: telephone calls; counter calls; cases opened, closed, filed or printed; autopsies, medical examination and microscopies transcribed; subpoenas received and processed; correspondence; copies made for outside agencies; property checked in, released and shipped; and Death Certificates processed and coded.

2. Monthly Reports are generated listing a more detailed compilation of the work handled by this office including: the number of autopsies and medical examinations performed; which medical examiner performed each; the number of cases handled by each investigator (full or part time). A section of the report is also dedicated to the various manners of death. The number of undetermined deaths for the month is listed as well as the number of cases still pending the cause of death.

3. Annual Report goes into more detail regarding the demographics of the cases worked for a specific calendar year. The cover sheet of this report is a summary of the year's activities. It shows the total number of deaths reported in Clark County as well as those reported to this office. An average monthly caseload is listed, as well as the number of bodies transported to this office annually, with the monthly average provided for this area.

4. The Permanent Logbook is maintained and lists the cases in numerical order for each calendar year. This log is computer generated and lists the following information: case type; case number; decedent's name; date of death; time of death; investigator who handled the case; type of death; race; marital status; age; residence address; place of death; what type of examination was performed and by whom; the pick up mortuary and which agency was involved, if any.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Various Office Related Reports* on 11-16-04. The original copy with signatures is on file.

TITLE: CASE FILES AND RELATED INFORMATION	
ORIGINATION DATE: 12-18-01	DATE REVISED:
POLICY	
Each case, which is reported to the Clark County Office of the Coroner/Medical Examiner, will receive a Case number.	

PROCEDURE

After an investigator enters his/her case into the computer system, the administrative staff prepares a file jacket for each case. A label is affixed to the file, listing the case name, case number and the date of death.

The file will also contain all other reports/forms used by the office regarding the case along with the photographs that were taken by the Investigator and all additional records received. These records include medical records from an outside facility.

Once the investigative report has been proofed and signed by the Investigator, it will be placed in the case file. The same holds true for the autopsy or examination report after it has been completed by the Medical Examiner.

The above Policy/Procedure regarding *Case Files and Related Information* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: TYPES OF CASES	
ORIGINATION DATE: 12-18-01	DATE REVISED: 12-02-03
POLICY	
This office has three report classifications, Non-Coroner Case, Coroner Case and out of County Case and is instructed by law as to what cases fall under the jurisdiction and authority of the Clark County Office of the Coroner/Medical Examiner.	

PROCEDURE

NON-CORONER CASE

Cases that are reported to this office but do not fall under our jurisdiction will be handled as a Non-Coroner Case. An example of these would be a natural death where the decedent was a patient associated with a Clark County Office of the Coroner/Medical Examiner recognized Hospice program. These will be entered into the computer system and designated as “N”, non-coroner case.

CORONER CASE

The following is a list of the types of cases which the Coroner’s Office will be notified of and respond to where a full Coroner case will be generated. These will be entered into the computer system and designated as “C”, Coroner case.

The list will include but not be limited to the following:

- Homicide.
- Suicide.
- Traffic.
- Drowning.
- Natural death in a Medical Facility where the cause of death is related to trauma.
- Natural death at home, unless affiliated with a hospice program.
- Accidental death.
- In Custody of Law Enforcement Agency (death at facility or hospital).
- Abuse and/or Neglect (Child or Adult).
- Trauma related.
- Law Enforcement Officer involved.

OUT OF COUNTY CASES

At times, this office is contacted by law enforcement agencies regarding deaths that occur outside of our county jurisdiction and request that our office performs an autopsy. These will be entered into the computer system and designated as “X”, Other cases.

These cases are accepted on a case by case basis.

OUTSIDE DEATH NOTIFICATIONS

At times, our office is contacted by outside agencies regarding a death notification. This occurs when the death is outside our jurisdiction but the legal next of kin lives within our jurisdiction. The information will be obtained regarding the decedent and to whom the

notification is to be made. These will be entered in the computer system and designated “D”, Outside death notification.

The above Policy/Procedure regarding *Types of Cases* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: RECEIVING AND RESPONDING TO A DISPATCH: GENERAL INFORMATION	
ORIGINATION DATE: 08-18-06	DATE REVISED: 11-03-06/12-21-06/04-19-07
POLICY Our office will have a Death Investigator and/or Medical Examiner available 24 hours a day to respond to calls for service and scene investigation. When a death notification is received in this office, it will be dispatched to an Investigator (either full time or part time) who will obtain the necessary information to make a determination if the call falls under the jurisdiction of the office.	

PROCEDURE

INVESTIGATIVE CALL DISPATCHING

1. Once a call is received into the CCOCME, it is the responsibility of either the CCOCME Supervisor on duty or the most senior investigator (designated by the supervisor of that shift) working the shift to dispatch the call.
2. Due to the complexity of some cases, it may be necessary to dispatch back-to-back calls to some investigators if others are delayed on scene or need to immediately notify the legal next of kin on their case at hand.
3. Part-time staff will strictly be scheduled on an "on call" basis and will not report to the office unless directed to do so by a supervisor. A part-time investigator will be dispatched only if truly needed. An example of this may be there are 4 full-time investigators in the office and a part-time at home to equal 5. Only after the full time investigators have been given a reasonable number of calls each shall a part-time investigator be dispatched. A part-time investigator shall not be dispatched first on the shift and shall not be dispatched last when possible. Every part-time investigator will be responsible for every shift scheduled to have their equipment and supplies ready to go and be available by telephone during their scheduled time.
4. The following outline will be used in determining which shift will be responsible for dispatches:
 - A. Day shift full-time investigators will work the schedule of 0600 hours to 1500 hours. Day shift full-time investigators will take calls up to 1345 hours and then the calls will be held for swing shift.
 - B. Swing shift full-time investigators will work the schedule of 1400 hours to 2300 hours. Swing shift full-time investigators will take calls up to 2145 hours and then the calls will be held for graveyard shift.
 - C. Graveyard shift full-time investigators will work the schedule of 2200 hours to 0700 hours. Graveyard shift full-time investigators will take calls up to 0545 hours and the calls will be held for the day shift.

It must be understood that this policy is a guideline and the CCOCME supervisor is expected to use their discretion based on the totality of the circumstances.

5. A Shift Summary Report will be filled out every shift by either the CCOCME Supervisor or the designated Investigator. This shift summary will be forwarded each shift to the CCOCME Shift Supervisor and then the Assistant Coroner for review.

GENERAL INFORMATION

1. Death notifications are received in this office from a law enforcement agency, medical personnel and other various entities. When the call is received, the Investigator will obtain the necessary information to determine if the call falls under the jurisdiction of the office. He/she will determine if an Investigator needs to respond or if the call is a Non-Coroner Case and the information can be taken over the telephone.
2. When the call is dispatched to the next available Investigator, he/she will respond in a timely manner to conduct an on-scene investigation. See separate header regarding dispatching.
3. When there are multiple deaths, in custody deaths, Law Enforcement Officer involved/present, high profile/high media coverage deaths or deaths that involve a county/government employee or take place at a county/government facility, the Investigator will notify the supervisor on duty/on call immediately, as well as the Assistant Coroner. The Assistant Coroner will determine if the Coroner also needs to be notified. All child deaths, which are not accepted as a coroner's case must be reviewed by the Coroner or the Assistant Coroner. The only exceptions are decedents who have died as a result of a terminal illness or a fetus when there was no positive toxicology or other concerns that may justify coroner jurisdiction
4. Upon arrival at the residence/scene, the Investigator will contact the law enforcement officer or medical personnel present to obtain the necessary information regarding the circumstances leading up to the event, the actual event itself and any pertinent facts including medical history.
5. The Investigator will conduct an external examination of the decedent and pronounce death, unless medical personnel (physician or hospice nurse) have already pronounced death.
6. After conducting a check of the decedent, area and/or scene, if the Investigator feels that the death was suspicious or not natural in nature, they must request that a law enforcement detective and crime scene analyst respond. If the particular agency declines to respond, it must be noted in the Investigator's report of the time, person declining involvement and any special requests made by that person.

7. If it is determined that the death is of natural causes, all property will be removed from the decedent with a law enforcement officer, medical personnel or family member present.
8. The investigator will take at least one photograph of the decedent, showing their position as originally viewed. The investigator will use their best judgment to determine the number of photographs taken at the scene. These photographs will become part of the file and are not to be released. No additional photographs will be taken at the scene or given to anyone.
9. All medication prescribed to the decedent will be logged on the Medication Activity Log, whether the bottles are empty, partial or full.
10. An identification toe tag will be placed on the great toe of the decedent's right foot, prior to transport of the decedent by the mortuary. If the decedent does not have a right great toe, the tag will be placed on the left great toe. If the decedent has no right or left great toes, then the tag will be placed on the right thumb and if no right thumb exists, the tag will be placed onto the left thumb.
11. If the death is the result of a homicide, fire, traffic accident with prosecution or suspicious nature, a child under the age of 6 years, an officer involved/present, in custody, possible elder abuse/neglect or high profile in nature, the decedent will be placed in a body bag, a Coroner Seal will be placed in such a manner as to secure the two body bag zipper tabs. The identification toe tag will then be affixed to the outside of the body bag along with the Coroner Seal.
12. The mortuary will be contacted to make the removal. If the legal next of kin is present, they can request a particular mortuary and then sign a Release of Remains form. If the legal next of kin has been contacted but is not present, they can make a verbal request for a particular mortuary to be used. If the family does not have a preference on any particular mortuary, the rotation mortuary will be contacted to make the removal.
13. If necessary, the investigator will fax a request to any hospital and/or doctor's offices to obtain medical history regarding the decedent.
14. The investigator will obtain a case number prior to responding to the scene and complete a formal written report prior to the closing of their shift. This report will be forwarded to a supervisor for review and approval. This report will contain information as outlined in the Basic Guideline Checklists, as follows.

BASIC GUIDELINE CHECKLISTS

The following basic guideline checklist is available and may be used by the Investigator on the scene. It may be used with the appropriate checklist for the specific type of death under investigation.

- A. Referral
 - 1. Date/time
 - 2. Reporting person/agency
 - 3. Type of death
 - 4. Body location
 - 5. Elapsed time between notification of death and report.
- B. Arrival at scene
 - 1. Date/time
 - 2. Other agencies present/names and ID/arrival time
 - 3. Collaboration on Investigation
 - 4. Emergency aid given/by whom/procedure used/medication given
- C. Deceased found
 - 1. Date/time
 - 2. By whom/agency or relationship to deceased
- D. Pronounced dead
 - 1. Date/Time/Where
 - 2. By whom/Agency
 - 3. Authority
- E. Death scene
 - 1. Location
 - 2. General description
 - 3. Weather conditions at and since time of death (if applicable)
 - 4. Detailed description of site where body found
 - 5. Scene documentation
 - 6. Surface on which body is lying
- F. Deceased description
 - 1. Basic description
 - 2. Clothing/Condition/Placement/Defects
 - 3. Rigor & Livor Mortis
 - 4. When last seen alive
 - 5. Date/Time evidence (newspapers, lights on, etc.)
- G. Physical evidence present
- H. Identification
 - 1. Method of identification
 - 2. By whom
 - 3. When/where
- I. Transport body to morgue
 - 1. Protect and preserve trace evidence on body
- J. Action at morgue
 - 1. Re-examination of the body, except when in a sealed body bag.
 - 2. Continue identification confirmation
 - 3. Notify next of kin
 - 4. Prepare necessary reports

Additional checklists are available for the following types of deaths:

- A. Burns and fires.
- B. Carbon monoxide
- C. Child abuse/neglect (suspected)
- D. Drowning
- E. Drug overdose
- F. Electrical
- G. Fall
- H. Gunshot
- I. Hanging
- J. Job related
- K. Pedestrian
- L. Peri-operative & therapeutic
- M. Poisoning
- N. Sudden Infant Death Syndrome (SIDS)
- O. Stabbing and Cutting
- P. Vehicular
- Q. Apparent natural death
- R. Apparent suicide
- S. Apparent violent death
- T. Alcohol related
- U. Illicit drug related
- V. Sex related

The above Policy/Procedure regarding *Receiving and Responding to a Dispatch-General Information* was originally written on 12/18/01 and was revised into separate categories on 04/19/07. It has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: RECEIVING AND RESPONDING: CHILD DEATH CALLS	
ORIGINATION DATE: 08-18-06	DATE REVISED: 04-19-07
POLICY	
Our office will have a Death Investigator and/or Medical Examiner available 24 hours a day to respond to calls for service and scene investigation.	
When a death notification is received in this office, it will be dispatched to an Investigator (either full time or part time) who will obtain the necessary information to make a determination if the call falls under the jurisdiction of the office.	

PROCEDURE

CHILD DEATH CASES

The Investigator that is assigned the call must attempt to gather information as to the circumstances of the call prior to leaving for the scene in order to notify the supervisor on duty/on call, the supervisor will determine if notification shall be made to the Assistant Coroner. If the Assistant Coroner deems necessary, the Coroner will be notified of the case.

Childs death protocols apply to all deaths of persons under the age of 18.

If the death involves a suicide of a child under the age of 18 years in the jurisdiction of the Las Vegas Metropolitan Police Department (LVMPD), their Abuse/Neglect Detail will respond to the incident under their guidelines.

A written document (fax) will be forwarded to the Child Protective Services on any child death under the age of 18 years whether deemed a Coroner or Non-Coroner’s case.

1. It is the policy of this office to complete the necessary information as listed on the Child Death Checklist on the death of a child age 6 and under. This information will be obtained from and shared with other agencies during the Child Death Review Board meeting.
2. The Child Death Checklist will be utilized on the death of a child age 6 and under. The entire checklist will be completed on all Sudden Unexplained Deaths, child abuse, neglect or homicide. The appropriate sections will be completed on a natural death or deaths occurring as the result of an accident.
3. The Investigator will obtain the necessary information and include this information in his/her written narrative report.
4. The Investigative staff will contact the appropriate agencies to complete the follow-up investigation.

5. All potential Doctor Sign outs and Non-Coroner Cases for decedents who are under the age of 18 must be reviewed and approved by the on call medical examiner (on call medical examiner will be available 24 hours regarding such cases). The only exception will be cases in which there is a documented history of a terminal illness.
6. The Coroner or the Assistant Coroner must be notified prior to declining jurisdiction of a death of a person under the age of 18 years old. The only exceptions are decedents who have died as a result of a terminal illness or a fetus when there was no positive toxicology or other concerns that may justify coroner jurisdiction.

The above Policy/Procedure regarding *Receiving and Responding to a Dispatch-Child Deaths* was originally written on 12/18/01 and was revised into separate categories on 04/19/07. It has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: RECEIVING AND RESPONDING: HOSPITAL CALLS; BRAIN DEATH CALLS; AND ORGAN DONATION	
ORIGINATION DATE: 08-18-06	DATE REVISED: 04-19-07
POLICY	
Our office will have a Death Investigator and/or Medical Examiner available 24 hours a day to respond to calls for service and scene investigation.	
When a death notification is received in this office, it will be dispatched to an Investigator (either full time or part time) who will obtain the necessary information to make a determination if the call falls under the jurisdiction of the office.	
PROCEDURE	
HOSPITAL CALLS	
1. The investigator will confirm that the case falls under our jurisdiction, i.e. homicide, suicide, accidental, trauma, traffic related, unexpected or unexplained deaths, possible medical misadventure and on the job are just a few examples.	
2. Obtain a copy of the medical records, including a History and Physical (H&P), Emergency Room Report, all Consultation Reports, any Surgical Reports, the first three (3) days and the last three (3) days of Progress Notes (if the decedent had been admitted to the facility for an extended period of time), Laboratory Reports and Radiology Reports and the Emergency Room run sheet provided by the responders who transported the decedent from the original incident to the hospital. Also be aware of any previous medical information if this decedent was transferred from another medical facility.	
3. The Investigator will obtain the admission blood (the first draw of blood prior to any medications given by the hospital staff), if still available. This blood will be placed in the Toxicology evidence envelope that has been signed first by the hospital personnel and then by the Investigator. The decedent's name and case number will be written on the front of the envelope, along with the name of the medical facility. The envelope will be sealed and transported to the Coroner's Office. It will be placed with the decedent or turned over to the forensic staff and documented in the investigative report.	
4. The Investigator will obtain any x-rays available regarding the incident. These will be transported to the Coroner's office and designated as originals or copies, along with the name of the medical facility. The decedent's name case number will be written in the upper right corner of the folder and the x-rays will be placed in the appropriate designated area.	

1. The investigator will confirm that the case falls under our jurisdiction, i.e. homicide, suicide, accidental, trauma, traffic related, unexpected or unexplained deaths, possible medical misadventure and on the job are just a few examples.
2. Obtain a copy of the medical records, including a History and Physical (H&P), Emergency Room Report, all Consultation Reports, any Surgical Reports, the first three (3) days and the last three (3) days of Progress Notes (if the decedent had been admitted to the facility for an extended period of time), Laboratory Reports and Radiology Reports and the Emergency Room run sheet provided by the responders who transported the decedent from the original incident to the hospital. Also be aware of any previous medical information if this decedent was transferred from another medical facility.
3. The Investigator will obtain the admission blood (the first draw of blood prior to any medications given by the hospital staff), if still available. This blood will be placed in the Toxicology evidence envelope that has been signed first by the hospital personnel and then by the Investigator. The decedent's name and case number will be written on the front of the envelope, along with the name of the medical facility. The envelope will be sealed and transported to the Coroner's Office. It will be placed with the decedent or turned over to the forensic staff and documented in the investigative report.
4. The Investigator will obtain any x-rays available regarding the incident. These will be transported to the Coroner's office and designated as originals or copies, along with the name of the medical facility. The decedent's name case number will be written in the upper right corner of the folder and the x-rays will be placed in the appropriate designated area.

BRAIN DEATH

1. At times, this office will be contacted by a medical facility regarding a Declaration of Brain Death. Once Coroner jurisdiction has been established and the case is deemed a Coroner's Case, an investigator will not respond to the medical facility until all signs of life are non-existent with the following exceptions:
 - A. The patient is a potential organ donor. See Organ Donation Policy below.
 - B. The patient is a John/Jane Doe and the medical facility requests our assistance in obtaining fingerprints in an effort to make positive identification. This does not require that the case fall under our jurisdiction. Documentation will be made so that the C/ME staff is aware of the assistance provided.

ORGAN DONATION

1. A call will be received from either the Nevada Donor Network (NDN) representative or a hospital and will be transferred to an investigator who will determine if the case falls under the office's jurisdiction. If the case does fall under our jurisdiction, the investigator will use the following procedure:
 - A. He/she will obtain as much information pertaining to the case as possible. If the information is not available by phone, the investigator will respond to the medical facility to obtain the information. Such information needed could include if prosecution is pending or possible, what and where the decedent's injuries are and what NDN is requesting to harvest. Also confirm that permission has been obtained from the decedent's legal next of kin.
 - B. Obtain the name of the NDN representative and a telephone number where they can be reached.
 - C. Contact the Medical Examiner who is on call and provide him/her with the information obtained.
 - D. The Investigator will then document the information given by the Medical Examiner and then contact the NDN representative and inform him/her of the decision of the Medical Examiner.
 - E. The Investigator that takes the initial call will respond then to the medical facility to work the case and prepare a written report to be ready when the decedent arrives at the Coroner's Office after the harvest procedure is completed.
 - F. The hospital does not need to fill out a form indicating the brain death but the declaration of brain death must be noted in the decedent's medical chart prior to any harvest, as per Nevada State law.
2. If the case does not fall under our jurisdiction, the investigator will state that we have no forensic interest and take the information for a Non-Coroner Case.

The Coroner's Office has a Medical Examiner on call every hour of every day of the year. In order to properly handle the future adjudication of any case under the jurisdiction of the Coroner, the Medical Examiner on call must be contacted prior to organ donation.

The above Policy/Procedure regarding *Receiving and Responding to a Dispatch-Hospital calls, brain death calls and organ donation* was originally written on 12/18/01 and was revised into separate categories on 04/19/07. It has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: RECEIVING AND RESPONDING: PRIVATE PHYSICIAN SIGN-OUT CASES; MEDICAL EXAMINER SIGN-OUT CASES; BACKWARDS CASES AND ON THE JOB CASES

ORINATION DATE: 08-18-06

DATE REVISED: 04-19-07

POLICY

Our office will have a Death Investigator and/or Medical Examiner available 24 hours a day to respond to calls for service and scene investigation.

When a death notification is received in this office, it will be dispatched to an Investigator (either full time or part time) who will obtain the necessary information to make a determination if the call falls under the jurisdiction of the office.

PROCEDURE

PRIVATE CARE PHYSICIAN SIGN OUTS

1. When a natural death occurs and the decedent has been under the care of a physician licensed in the state of Nevada or under the care of a physician licensed with the government (Veteran's Administration), the Investigator will attempt to contact the physician (except during the hours of 2200 and 0700 hours, the investigator will **not** attempt to contact the physician and the case will be reviewed by the Investigator to determine if it falls under the criteria for a Medical Examiner Sign Out.)
2. If contact is made with the private treating physician, the Investigator will verify that the physician is familiar with the decedent and that he/she will sign the decedent's Death Certificate. Contact must be made with the physician directly. If the on call physician speaks for the treating physician, explain to them that if the treating physician does not sign, that they will be responsible for signing. The decedent must have been seen by the treating physician within the previous ten (10) days, or the physician had to have been treating the decedent for a terminal or end stage disease.
3. Direct release to the mortuary can only be performed if the decedent is facially recognizable, free from trauma and positively identified.
4. If the decedent's legal next of kin has signed the Release of Remains form, given verbal consent for release or if the decedent has a pre-need arrangement with a particular local funeral home, that funeral home will be contacted and the decedent will be released directly to them.
5. If there is no family present or if the family does not have a preference, the decedent will be released to the rotation funeral home.

MEDICAL EXAMINER SIGN OUTS

Do NOT consider a case to be eligible for a Medical Examiner Sign Out if any one of the following circumstances exists:

- The decedent is decomposed (not eligible for ME sign out).
- The decedent is unidentified (not eligible for ME sign out).
- The decedent is under 50 years of age (not eligible for ME sign out).
- The case is an apparent suicide, homicide or accident (not eligible for ME sign out with accidental exception listed below).
- When in doubt, bring the decedent in for review.

When a death appears to be natural and the decedent has not been under the care of a primary physician, has not seen their primary care physician in quite some time or the Investigator is not able to make contact with the primary care physician, the following procedure will be followed:

1. The investigator will confirm that the decedent was found within a secure location with no unexplained damage or disarray in the residence and the death has been determined to be of natural causes.
2. The investigator will obtain as much information as possible regarding the decedent, their medical history, medication history and circumstances of death.
3. If the decedent has been under the care of a primary physician, the investigator will make every attempt to contact that physician within a reasonable amount of time, documenting the details of the attempts.
4. The investigator will conduct a thorough physical examination of the decedent. A complete physical examination may include the removal/cutting off of the clothing, if needed.
5. The investigator will document all marks, scars and tattoos on the body diagram portion of the Medical Examiner Sign-Out form.
6. If the death is of natural causes and the decedent has not been under the care of a primary physician or if the investigator is not able to make contact with the Primary Care physician, the investigator will contact the Investigative/Forensic Supervisor, only if that supervisor is on duty.
7. If the Investigative/Forensic Supervisor is not on duty and an investigator has a question about the policy, they will contact another investigator on duty, preferably a full time investigator, to review the case (this information will be documented in the Investigative report).
8. The investigator will contact either the rotation mortuary or a family request mortuary or the mortuary documented in the decedent's pre-need arrangements for removal. A

complete identification toe tag will be attached to the body. A second toe tag will be attached to the body bag (exterior) listing only the decedent's name and investigator's name.

9. Upon the arrival of the funeral home, the decedent will be placed in a new body bag, which will be sealed with a Coroner Seal.
10. The mortuary staff making the removal will sign the proper release line on the Medical Examiner Sign-Out form and the time of the removal will be documented.
11. The decedent can then be removed from the residence and transported directly to the funeral home.
12. If the rotation funeral home is making the removal, they will not be provided with any pertinent demographic information at this time.
13. If a family preference or pre-need funeral home is used, they will be provided with all pertinent information regarding the decedent.
14. The investigator will complete the Medical Examiner Sign Out form and attach it to their completed Investigative Report, along with a copy of the Medication Activity Log (if applicable) and place it in the appropriate bin for review by the Medical Examiner.
15. At 0700 hours each day, all Medical Examiner Sign Out cases (including documentation and photo backup material provided by investigations) that occurred within the last 24 hours, will be reviewed by the on call Medical Examiner. The Medical Examiner will confirm that he/she will sign the Death Certificate. They will list the cause of death on the Medical Examiner Sign Out form and will forward the paperwork to the investigative staff.
16. The investigative supervisor or their designee will then complete the computer data entry regarding the cause of death and the Medical Examiner who approved the Medical Examiner Sign Out.
17. If during the 0700-hours morning meeting, the medical examiner deems that the case should be examined by the forensic staff, the mortuary will be contacted and the decedent will be transported to the Coroner's Office with the Coroner Seal still intact. The status of the case will then be changed and the Investigative report updated.
18. By 1300 hours, the investigative staff will fax a memo to each mortuary involved indicating which cases are now released due to the review and approval of the Medical Examiner, along with the respective face sheet of the investigator's report.

19. The case file will accompany the prepared (Medical Examiner Sign Out) Death Certificate when forwarded to the Medical Examiner of record for final review and signature.

Exception: An exception will be made under the category of accident. The exceptions to be considered include fall-related deaths of those 60 years of age and above, i.e. Hip fractures, head trauma due to simple falls with adequate medical documentation and hospice patients with the above afflictions, previously diagnosed by a physician. These exceptions can be considered an ME sign out if the trauma is well documented, accidental and within four weeks of the death. Those cases after four weeks duration to death will be presented to the medical examiner on call for a decision. Cases that meet the above criteria for sign out will be determined as ACCIDENT, but not brought into the Coroner's office. A thorough external examination will be conducted by the Investigator and documentation of injuries present will be made. Any cases that are unclear to the investigator will be presented to the medical examiner on call.

BACKWARDS CASES

1. At times, this office is not immediately notified by hospital personnel that a death has occurred wherein the cause/manner of death fell under our jurisdiction. In these cases, the Death Certificate has been taken to the treating physician who lists a cause of death, which would constitute our office being involved. The Investigator will obtain the pertinent medical records and the decedent will be brought to our office for exam/autopsy and an Investigative report will be generated.
2. If the case warrants, admission blood and x-rays may need to be obtained by the Investigator.
3. The Investigator will contact the reporting mortuary and obtain any pertinent information and also obtain information on viewing, services and burial schedules. If the decedent's scheduled arrangements are in jeopardy of being interrupted, this situation may need to be reviewed by both a supervisor and the Medical Examiner on call.
4. The Investigator will contact the family and advise them that our office is now involved with the case and the reason for our jurisdiction. At that time, pertinent information needs to be obtained from them about the incident, with emphasis on how, when, where and why it occurred. This detailed information will be documented in the Investigative report.
5. If necessary, other persons involved in the incident, including law enforcement, may need to be contacted to provide complete information and/or reports.
6. Once the decedent arrives at the Coroner's Office, an examination and photographs will be performed in the Forensic Receiving area.

7. If the decedent's arrival will be delayed due to funeral arrangements, the Investigator will prepare all the necessary paperwork, i.e.: identification toe tag, fingerprint cards, Affidavit of Identification form, Release of Remains form and Property Receipt and have them ready and waiting in the Forensic Receiving area for the decedent's arrival.

ON THE JOB DEATHS

1. All on the job deaths fall under our jurisdiction, whether of natural causes or accidental, suicide or homicide.
2. If the death is accidental in nature, the Investigator will obtain a copy of all pertinent information regarding the accident, i.e. incident report, equipment specifications, MSDS, etc.
3. If the decedent is transported to a local hospital and the death occurs within a short time frame, the Investigator must also respond to the place of occurrence for scene review and photographs. If the scene is deemed unsafe, pertinent information will be obtained from the agency involved with the investigation.
4. The Investigator will contact the appropriate Worker's Compensation agency to report the death.

The above Policy/Procedure regarding *Receiving and Responding to a Dispatch-Private Physician's Sign Outs, Medical Examiner's Sign Outs, Backward Cases and On the Job Cases* was originally written on 12/18/01 and was revised into separate categories on 04/19/07. It has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: INVESTIGATIVE OPTIONAL CLOTHING	
ORIGINATION DATE: 08-15-02	DATE REVISED: 12-09-03

POLICY

It is recognized that the investigative staff is required to work in extreme/unusual conditions and locations. The investigative personnel should remember to follow common sense procedures such as wearing hats, drinking plenty of water and monitoring their own condition during extreme heat situations.

PROCEDURE

SITUATIONS COVERED BY THIS POLICY:

1. Remote locations.
2. Locations requiring personnel to hike, ride in helicopters, boats or other alternative modes of transportation.
3. Extended recovery of remains in remote locations or extreme heat conditions.

OPTIONAL CLOTHING ALLOWED:

1. Shorts
 - A. Will be cotton material.
 - B. The length will be just above/below the knee. No mid-calf lengths will be allowed.
 - C. The shorts must have belt loops and a belt must be worn.
2. Jeans
 - A. Must be of good quality with no holes (intentional or not).
 - B. Must be waist high, no low riding waistlines.
3. Shirts
 - A. Polo type with 2-3 buttons.
 - B. Must have a collar.
 - C. The colors should be blue, gray, tan or white. No unusual colors will be allowed.

GUIDELINES

1. When an investigator receives notification regarding any of the above situations, they will have the option of changing into the appropriate clothing.
2. The standard dress clothing will be brought on the response as well.

3. If follow-up or next of kin notification is required, the investigator will change back into the standard dress clothing without causing any unnecessary delays before responding to the next of kin.

The above Policy/Procedure regarding *Investigative Optional Clothing* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: INVESTIGATIVE REPORTS AND FORMS	
ORIGINATION DATE: 12-18-01	DATE REVISED:
POLICY	
The office will maintain and update the necessary reports and forms, which are used by the Investigative staff.	

PROCEDURE

The Investigator will use the necessary forms and items during the normal course of an investigation.

These include but are not limited to the following items. In the event that any of these items are used, the original will be placed in the decedent's case file.

- Affidavit of Identification form.
- Authorization for Release of Remains form.
- Medication Activity Log.
- Property Receipt form.
- Fingerprint cards.
- Coroner Seal.
- Child Death Checklist.
- Toxicology Specimen Envelope.

The following is a list of other items that are available and will be used if necessary. They are not retained or placed in the decedent's case file.

- Identification (Toe) Tag.
- Caution Label.
- Property Warning Seal.
- Outside Service Request form.
- Missing Person's report.

The above Policy/Procedure regarding *Investigative Reports and Forms* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: HOSPITAL CASES	
ORIGINATION DATE: 11-19-03	DATE REVISED: 01-28-05

POLICY

The Clark County Coroner, the Clark County Health District and the Clark County area hospital medical staffs have collectively determined that the following guidelines will be used in determining the cause of death and the party responsible for signing the Death Certificate in Clark County, Nevada.

PROCEDURE

1. The physician(s) present around the time of death and/or last in attendance will take the following reasonable steps when presented with a situation where he/she is unable to determine the cause of death of a patient:
 - A. Contact the patient's family members, if known and available, to assist in determining the patient's medical history.
 - B. Contact the patient's primary care physician or family physician, if known and available to provide medical history on the patient and to sign the Death Certificate.
 - C. Determine the medical history of the patient, if possible.
 - D. Consider other available information related to the patient's death.
2. If the physician(s) cannot in good faith exclude unnatural causes of death, he/she shall notify the Clark County Coroner and the Coroner shall inquire into the patient's death. If the Coroner determines that the deceased died of causes within the Coroner's jurisdiction, then the Coroner will proceed with an investigation into the cause of death and otherwise act in accordance with State and Local law.
3. If the Coroner determines that the decedent died of causes not within the Coroner's jurisdiction, then the Coroner shall provide the physician(s) with a letter indicating such decision.
4. The attending physician will then be responsible for the signing of the Death Certificate in accordance with the appropriate laws, rules, regulations and standards.
5. If the physician(s) is still unable to state the cause of death based upon all of the information available, then the Clark County Health District and the State Registrar of Vital Statistics agree and provide that it is appropriate for the physician(s) to state on the Death Certificate the primary cause of death as "cardiopulmonary arrest."
6. Arteriosclerotic cardiovascular disease (ASCVD) is also an accepted cause of death when a patient falls into the criteria of being 45+ years of age with medical records and life style history that would indicate that this would be an appropriate cause of death.
7. A secondary cause of death is not required but can be listed as "unknown" or "undetermined." "Undetermined" indicates that no further studies were conducted to determine additional etiology versus unknown which means that there is no known cause.
8. To provide clarification regarding an Emergency Room (ER) patient who is being "worked". When a patient arrives in the ER and does not meet the criteria of a Coroner's case and medical intervention is conducted past the effort by the physician to assess viability of life, ie pushing medications, or efforts beyond the assessment of

the patient status, the physician has begun to work the patient. The death will be considered an ER death.

9. In instances when a case does not meet the criteria as being a Coroner's case and the doctor of record from the medical facility is in need of additional information to know "what happened", the hospital has the right and in some cases the ability to conduct an autopsy independently to determine the cause of death.
10. The medical staff has been advised in those instances where they are in disagreement with the decision made by the Coroner Investigator, they have the ability to request an additional review by that Investigators supervisor.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Hospital Cases on 01/28/2005*. The original copy with signatures is on file.

TITLE: SKELETAL REMAINS/BONES	
ORIGINATION DATE: 02-05-04	DATE REVISED:
POLICY	
From time to time our office is notified of bones that are found in various locations within our jurisdiction. Some cases involve skeletal remains where an Investigator will respond to the scene and others are just a few bones that are transported to our office.	

PROCEDURE

SKELETAL REMAINS

1. If our office is contacted by a local law enforcement agency regarding full or partial skeletal remains and they deem to have a scene that they are processing, an Investigator will respond to the scene and handle the case as a full Coroner's Case.
2. The Investigator will complete a full case report and generate all paperwork to include the Property Receipt form, the mortuary release form and at least one fingerprint card that the Coroner Seal will be attached to.
3. The case will be handled as a normal case unless the Medical Examiner deems the skeletal remains to be non-human.

BONES

1. If individual bones are reported to a local law enforcement agency and there is no scene to protect, a representative of that agency will transport the bones to our office.
2. A Coroner's Case will be generated and the receiving Investigator will enter a short synopsis in the Circumstance section of the face sheet to include how, when, where and by whom the bones were found. The case will be listed as a Doe with an identifying name.
3. The Investigator will generate a mortuary release form and if for any reason, the bones are placed in a sealed body bag, one fingerprint card will be completed.
4. After conducting an examination, if the Medical Examiner deems that the bones are NON-HUMAN, he/she will fill out a Record of Examination form and give it to the Forensic Assistant.
5. The Forensic Assistant will then dispose of the bones appropriately in a biohazard waste receptacle to ensure that the bones do not go back into general circulation where they could be re-discovered and brought back to our office.

6. The Forensic Assistant will then change the name on the face sheet in the computer to NON HUMAN REMAINS, remove the DATE OF DEATH and put the face sheet with the Record of Examination form to file.
7. The Forensic Assistant will notify the Follow-Up Investigator of the status.
8. If the Medical Examiner deems that the bones are HUMAN, the Medical Examiner will immediately notify the investigative staff of his/her findings. The case will be handled forensically as any other case would be.
9. The Investigative staff will contact the appropriate law enforcement agency so that any further investigation can be conducted if needed and a complete Coroner's Case will be generated.

The above Policy/Procedure regarding *Skeletal Remains/Bones* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: HANDLING DECEDENT'S KNOWN TO STAFF	
ORIGINATION DATE: 05-13-03	DATE REVISED:

POLICY

There may be times when this office is requested to respond to a scene and/or handle a case where the decedent may be related to or have a close personal relationship with an employee of the office. The following steps will be taken to address these situations.

PROCEDURE

1. Under no circumstances will members of this office respond to, investigate or perform examinations on individuals that they are related to or have close personal relationships with.
2. If an employee finds himself/herself in a situation where the decedent and the employee have a close personal relationship, the employee is to notify a supervisor and asked to be reassigned off the case.
3. The new investigator will insure that the receiving board and all reports will document that the decedent is a close personal relationship case.
4. The case will be handled as all other cases with the following exceptions:
 - a. The body will be placed in a body bag, which will be sealed at the scene.
 - b. The decedent will be examined/autopsied either in a separate area (special events or decomp examination room) or before or after all other exams are started or completed.
 - c. Examination/autopsy personnel will be limited to the doctor and technician assigned to the case who are not personally associated with the decedent.
 - d. Comments, information or conversations about the case should be limited to the investigator and/or doctor and technician assigned to the case.
 - e. In the event that the decedent is an individual that has a close personal relationship with all of the staff and a decision is made that the staff is unable to effectively and efficiently handle the case, outside assistance will be obtained with the Coroner or Assistant Coroner's approval.
 - f. Individuals who experience any difficulty in handling cases of this nature are encouraged to discuss that with a supervisor or contact the Clark County Wellness Program.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Handling Decedent's Known to Staff* on 01-07-04. The original copy with signatures is on file.

TITLE: FRACTURES OF BONES AND CAUSE OF DEATH	
ORIGINATION DATE: 08-15-02	DATE REVISED:

POLICY

When presented with a person, who has sustained a fracture of a bone, the possibility arises that the case fall under the jurisdiction of the Coroner's office if the fracture or the complications of the fracture caused or contributed to the death.

PROCEDURE

The presence of a fracture on a body does not determine that the case automatically falls under the jurisdiction of the Coroner's office. Certain types of fractures can occur naturally due to bone diseases such as osteoporosis, cancer metastatic to bone or to certain hereditary diseases such as osteogenesis imperfecta. Fractures in people with these types of diseases can occur while walking or lifting. These types of fractures are not considered traumatic and are referred to by physicians as "pathologic fractures".

On the other hand, a fracture can play a role in a death no matter how old a person is or what state of health they are in. A person with senile dementia and osteoporosis can fall out of their nursing home bed, fracture their shoulder or hip and die two days later. In this case, there is a prima facie causal link between the fall and the death, which makes it a Coroner Case.

In relation to decedents with fractures, it is imperative for the investigator to talk to both the caretaker/s of the decedent (family, hospice nurses, nursing home attendants, etc.) and the physician who attended the decedent for the fracture because some of the most important facts are known only by the attending physician. Additionally, the attending physician should be queried as to his opinion about whether the fracture caused or contributed to the death.

Elderly people who sustain hip fractures are prone to a number of complications from the fracture (pneumonia, pulmonary embolism, sepsis, multiple decubitus ulcers due to immobility, etc.) which can cause their death. In these cases, the decedent died due to the pneumonia but the pneumonia was caused by the hip fracture. Now, was the hip fracture due to a natural disease process or a traumatic injury?

The pathologists at the Clark County Office of the Coroner/Medical Examiner generally feel that deaths 30 days or greater after a fracture are probably NOT a Coroner's Case, but this rule-of-thumb has a qualification. If the decedent was active prior to the fracture but bed-ridden after the fracture, then the fracture probably contributed to the death and the case is a Coroner's case.

Ultimately, a decision as to whether a death is a Coroner's case may be difficult. There is no cookbook or checklist scenario that fits every case. In these cases, consultation with the pathologist on call is appropriate.

In order to make a reasoned decision; an investigator needs to make a set of standard inquiries prior to accepting the case:

Standard Inquiries:

1. How did the decedent suffer a fracture? What were the circumstances of the fracture?
2. Does the decedent have any bone diseases or defects?
3. Does the decedent have cancer?
4. Does the decedent have any hereditary bone diseases?
5. What occurred after the decedent had the fracture?
6. Did the decedent regain full (pre-fracture) function after the fracture or was the decedent disabled, confined to bed, etc.?

Recommendations

1. If the attending physician believes that the fracture contributed to the death, then the case is a Coroner's case. There is no point in trying to talk around this or trying to change the attending physician's mind.
2. If the fracture is a "pathologic" fracture, that is solely the outcome of a natural disease process, then the case is NOT a Coroner's case.
3. The 30-day rule should not be used as an excuse to avoid doing an investigation. The 30-day rule is merely a rule-of-thumb and should not solely be used by an investigator to make a decision. All the data stated above needs to be acquired by the investigator prior to making a decision.
4. If, after the standard inquiries, the POSSIBILITY exists for the fracture to have caused or contributed to the death, or a complication of the fracture (pneumonia, etc.) to have caused or contributed to the death, then the case is a Coroner's case.
5. If the investigator is in doubt or has trouble interpreting the facts of the case, then the investigator should seek the counsel of another investigator or talk to the pathologist on call. Prior to this conversation, the investigator is required to have asked all the standard inquiries and to have talked to the attending physician.

The above Policy/Procedure regarding *Fractures of Bones and Cause of Death* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: HEAT EXPOSURE DEATHS	
ORIGINATION DATE: 08-15-02	DATE REVISED:
POLICY	
When a person is found in a high heat environment, either inside a building or outside, the physiological stress from the heat very likely played a role in the death, however, this is not always the case.	

PROCEDURE

There exists a solid minority of cases in which the decedent more than likely died of natural disease and the heat did not play a role in the death. Several examples include the following:

1. An 80-year-old male tells his wife he is going outside to sunbathe next to the pool. He is discovered 3 hours later dead lying in a deck chair next to the pool.
2. An elderly male tourist is found inside his locked van. The van is parked in an exposed parking lot and the internal van temperature is high.

In another type of case, it is very likely that exposure or a high heat environment contributed to the cause of death. Several examples include the following:

1. A middle-aged male is found dead in the desert. His car is found about one mile away. The temperature during the day has been well over 100 degrees. There is no source of drinking water either with the body or in the car. He was last seen alive by his son who stated that he often goes to the desert and just walks around.
2. An elderly female tells her daughter she is going into the backyard during the middle of the day to clean up the lawn. Her daughter finds her down in the backyard, several hours later. She is alive. At the hospital, her core temperature is 107 degrees. She subsequently dies.

Being able to distinguish between these two different types of cases should be relatively easy if you critically analyze the circumstances of death. Additionally, an investigator must have a medical knowledge of how relatively healthy people respond to environmental heat stress. Healthy people do not suddenly drop dead because they are exposed to the sun, especially when they could easily get out of the sun or cool off.

If the decedent is found alive and is taken to the Emergency Room (ER) and their core temperature is elevated, then there is no doubt that heat exposure will be a causal factor in the death.

In reporting the case, the investigator should refrain from using the phrase “exposure related death” or “exposure”. Because of the complexity of these cases, it is recommended that even a possible diagnosis of heat exposure or heat related should NOT be recorded.

If the investigator feels the need to classify the death, then the pathologists recommend the death be simply classified as an UNDETERMINED death.

Standard inquiries:

1. What is the cause of the elevated heat (inoperative air conditioning, motor vehicle that became disable)?
2. What did the decedent do to contribute to exposure to the heat (mental defect in personal care such as psychosis or senile dementia, extremely young age, caregiver negligence, drug intoxication, etc.)?
3. Does the decedent have a history of being acclimated to the heat (does not use an air-conditioner during the summer)?
4. Does the decedent have known natural disease, which would make them less tolerant to the heat?
5. How long was the deceased exposed to the hot environment?

The above Policy/Procedure regarding *Heat Exposure Deaths* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: MEDICAL EXAMINERS RESPONDING TO THE SCENE	
ORIGINATION DATE: 08-20-02	DATE REVISED:
POLICY	
<p>There are times and situations when an Investigator will request that a Medical Examiner respond to a scene. When this occurs, the Medical Examiner will be a representative of the office. Their observations, conclusions, comments and other things coming from the Medical Examiner are recorded in different reports filed by different people, especially the reports filed by the Investigator.</p>	

PROCEDURE

When a Medical Examiner goes to a scene, they have a responsibility to act as a representative of this office. Any concerns, comments, observations or conclusion they make at the scene will be made as though they came from the Coroner’s Office because that Medical Examiner is viewed by all present as representing the office.

If there are difficult forensic issues, then that Medical Examiner has the responsibility to either communicate those issues in a timely manner to the Medical Examiner who will be assigned the case the next day or they will come to the autopsy suite and handle the case themselves.

The Medical Examiner is viewed as a respected and knowledgeable member of the death investigation team. Thus, the Medical Examiner will ALWAYS act like it. If they choose to show up at a scene, it is never as a spectator or for their own reasons; it is always as a representative of the Coroner’s Office. Participation in the quality of work and responsibility for the quality of work is not negotiable. It is a fact.

The above Policy/Procedure regarding *Medical Examiners Responding to the Scene* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: PERSONAL PROPERTY	
ORIGINATION DATE: 12-18-01	DATE REVISED: 08-15-02
POLICY	
A Personal Property Receipt will be filled out on every case that falls under our jurisdiction. The receipt will list the property impounded or indicate that no property was taken or the property was left on the decedent due to policy.	

PROCEDURE

Every case that an investigator responds to will have a Personal Property Receipt filled out with a witness in attendance.

1. If there is no property taken, the receipt will indicate this and the office copy will be retained in the original case file.
2. In the event that the personal property was left on the decedent during transport and the body bag was sealed, the receipt will indicate "All property left on the body".
3. If the investigator is unable to remove a particular piece of property, the item will be listed on the Personal Property Receipt, designating such.

If the personal property was removed at CCOCME, the employee will fill out a Personal Property Receipt and it will be witnessed by an independent party, if at all possible.

For those cases that have personal property and that property has not yet been released to the family, the property custodian for the office receives both the property slips and the personal property described therein.

After this information has been verified, the property is placed in safekeeping and the property slips are retained until such time as the family claims the personal property.

Should it become necessary to mail the personal property to the appropriate party, any cash will be deposited in our departments Clark County Account and a Claim voucher will be processed and sent to the Clark County Treasurer's Office to request that they issue payment for said deposit. The property is packed and mailed by Certified Mail with a return receipt requested. Copies of the original receipt slips are sent as well to allow the receiving party the opportunity to verify the property upon receipt.

The above Policy/Procedure regarding *Personal Property* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: BABY/INFANT PERSONAL BEDDING	
ORIGINATION DATE: 02-13-02	DATE REVISED:
POLICY	
Normally all evidence should be impounded by the law enforcement agency who is handling the case, ie Abuse/Neglect, General Assignment, Homicide, etc. When the investigator is requested to take possession of potential evidence, it should be impounded appropriately.	

PROCEDURE

1. While investigating the death of a child six years of age or under, based upon the circumstances, the items in the immediate vicinity of the decedent may need to be taken into evidence by the investigator for examination by the Medical Examiner.
2. If the death or incident occurred at a residence or scene where the personal bedding may have a direct correlation to the cause and manner of the death and the law enforcement agency does not take the items into evidence, the investigator shall log the items onto a Property Receipt and transport the items to the office.
3. The items will be packaged properly and then placed inside an evidence locker, which will be secured. This information will be documented in the report narrative.
4. During the autopsy/examination, if the assigned Medical Examiner would like to examine the items, the circulating technician will contact the follow-up investigator or any full time investigator to gain access to the items.
5. After the Medical Examiner has examined the items, contact will again be made with the follow-up investigator or any full time investigator to have the items again placed in the evidence locker.
6. After the completion of the autopsy/examination and the Medical Examiner has deemed that the decedent is ready for release to the funeral home, the personal items are therefore ready for release to the family.
7. The full time investigative staff will make contact with the family and arrange for the items to be returned.
8. If for any reason, the Medical Examiner requests that the personal items remain in evidence, it will be their responsibility to notify the investigative staff and the property custodian.

The above Policy/Procedure regarding *Baby/Infant Personal Bedding* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: INVENTORY OF MEDICATIONS AT SCENE	
ORIGINATION DATE: 10-15-03	DATE REVISED: 11-28-03/12-19-03/ 03-2-07
POLICY	
All medications found at the scene and prescribed to the decedent will be listed on the Medication Activity Log, counted and disposed of at the scene.	

PROCEDURE

1. All current medications prescribed to the decedent within the 180 days prior to death and any medication that is pertinent to the decedent's death and appears to have been recently taken by the decedent will be listed on the Medication Activity Log, to include the name of the prescription, location found, amount filled, amount remaining, prescription date, Pharmacy, prescription number, prescribing physician and the frequency prescribed.
2. The medication will be counted in an attempt to determine if the decedent had been compliant. This is not an absolute as it is possible that the decedent had stored up the medications or picked up the prescription several days after the fill date.
3. After the medications have been listed on the Medication Activity Log and counted, they will be placed inside a medication disposal envelope with the label being properly filled out. A witness will sign that the medications have been counted, placed in the envelope and that it was sealed in their presence. The label will be affixed to the front of the envelope and the investigator will initial at least two sides of the label while affixed to the envelope to insuring that the label has not been removed or tampered with.
4. If the medications were prescribed to the decedent more than 180 days prior to death are deemed not pertinent to the death and the investigator determines the quantity of medication is such that logging the medication will significantly delay the investigation, the medication will be placed inside a secondary medication disposal envelope and marked "outdated medications" across the upper section of the label. A witness will sign the envelope indicating that medications have been placed in the envelope and that it was sealed in their presence. They do not need to be counted or an inventory done. The investigator will again initial at least two sides of the label while affixed to the envelope to ensure the label has not been removed or tampered with.
5. When an investigator is impounding outdated medication as described in section 4, a brief description indicating the contents of these bags shall be documented on the investigative report.
6. The medication envelope/s will then be transported to the office where the investigator will document on the label, the time that they are dropped in the secure

drop box. This will be documented in the medication screen and in the investigative report.

7. If the case is handled in the North or South areas of our county and the body is being transported to the office, the investigator will have a mortuary attendant sign the label indicating that they are providing the transport. The envelope/s of medications will be placed inside a biohazard bag, just to keep it away for any body fluids and then placed inside the decedent's body bag, which will be sealed. The North/South investigator will call the office to advise the investigative staff of the above. When the body arrives, an investigator will break the seal and remove the envelope/s of medications and will sign the appropriate space on the label and will drop the medications into the drop box. If the body bag is being sealed for evidentiary purposes and the seal cannot be broken when it arrives at the office, the medication envelope/s will be hand transported by the mortuary personnel.
8. If the case is handled in the North or South areas of our county and the body is not being transported to our office, the investigator will secure the medication envelope/s in a safe provided in their location. The medications will later be transported to the office as determined and secured in the drop box.
9. If unidentifiable prescription medications are found at the scene, the investigator will contact the Poison Control Center in an attempt to identify the medications. If they are identified, they can then be listed on the Medication Activity Log and handled as above.
10. If medications cannot be identified, one of each will be listed on a property receipt with a description of such. They will be placed in a Property envelope and transported to the Coroner's Office and secured in a locker. The remaining unidentified medications will be listed on the Medication Activity Log with a description of such in the "medication name" column.
11. If prescription medication bottles are found at the scene that do not belong to the decedent but are identified as medications taken by the decedent, they will be documented in the investigative report. If there are remaining medications that belong to another family member, they will be left for that family member. If the medication is prescribed to an individual other than the decedent, that name will be listed in the investigative.
12. If these medications do not belong to any other individual with whom the decedent lives with, they will be listed on the Medication Activity Log, counted and handled as outlined in sections 1,2 and 3.
13. If the decedent is wearing a medication patch, it will remain on the decedent if that person is to be transported to the office. If the case is a Doctor Sign out or Medical Examiner Sign out, and the decedent is being released directly to a funeral home, the patch will be removed at the scene and the amount remaining listed on the Medication

Log will be adjusted to include the patch. The patch will then be placed in the Medication Disposal Envelope with other medications to be transported to the office for disposal.

14. If the case is handled as a medical examiner sign out, a copy of the medication activity log will be attached to the paperwork for the medical examiner review. The original handwritten medication activity log will be turned in for filing.

15. If the case is handled in any other way, the original handwritten Medication Activity Log will be placed in the bin for filing.

Note: on an as needed or warranted basis, a supervisor will conduct a spot check on any Medication Disposal Envelope to ensure that the count listed of the medications matches that of what is inside the envelope.

The above Policy/Procedure regarding *Inventory of Medications at the Scene* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: INTERACTION WITH LAW ENFORCEMENT AGENCIES	
ORIGINATION DATE: 12-18-01	DATE REVISED: 11-18-03

POLICY

It will be the policy of this office to maintain a close working and cooperative relationship with all local, state and federal agencies. It should be noted that this office will conduct a thorough medicolegal death investigation in determining the cause and manner of death. It will be the responsibility of the law enforcement agency to conduct the criminal investigation.

Prior to the commencement of the autopsy, a member of the forensic staff will contact the investigating law enforcement agency on any case that is considered suspicious or criminal and being investigated by a police agency.

PROCEDURE

HOMICIDES/SUICIDES/TRAFFIC OR FIRE-RELATED DEATHS

INVESTIGATIVE

1. When the investigator arrives at the scene, they are to have a Detective take them into the crime scene.
2. The investigator will make sure that they have a clear area before setting down any of their property.
3. The investigator will place their trash in the designated trash area. If there is no designated area, they will take their trash out with them.
4. Our report should coincide with that of the law enforcement agency, even if additional questions need to be asked.
5. Upon the arrival of the Mortuary, the investigator will lead their personnel into the crime scene, insuring that their equipment is placed in a location that will preserve the crime scene.
6. A body bag will be used and it will be secured with a Coroner Seal on all homicides, all fire related deaths and all traffic accidents where there is pending felony prosecution.
7. The mortuary will be released to transport the decedent to the office. The investigator will not need to follow the mortuary van back to the office.
8. Upon the arrival of the investigator, the Coroner Seal will be checked to ensure that it is still in tact. The investigator will document this information in their report. If

another investigator is receiving the decedent at the office, they will check the Coroner Seal and will relate the information to the documenting investigator.

9. If the body bag is sealed, verify that a representative of the law enforcement agency will be present at the autopsy and obtain a contact telephone number for that person.

FORENSIC

1. Unless instructed otherwise by either the investigative report or verbally via a pre-autopsy phone call, the Forensic Division will contact the police agency of jurisdiction prior to autopsy on any case which could potentially require evidence processing, police photography or police involvement. This insures that any potentially criminal case will be properly handled by the police agency of jurisdiction.
2. Scheduling of the autopsy will be done in consultation with the police agency and will take into account the resources and needs of the Coroner's Office and the police.
3. In the opinion of the assigned forensic pathologist, if at some point during the autopsy examination, it appears that the case involves a criminal act, then the police agency of jurisdiction will be immediately contacted for consultation and the autopsy is discontinued.

The above Policy/Procedure regarding *Interaction with Law Enforcement Agencies* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: USE OF CORONER SEAL ON BODY BAGS	
ORIGINATION DATE: 08-15-02	DATE REVISED: 11-18-03/12-19-03
POLICY	
The investigator will place a Coroner Seal on the body bag in such a manner as to prevent unauthorized access to the decedent.	
The Coroner Seal on a body bag is not to be broken until the law enforcement jurisdiction that is involved with the case has given permission to the forensic staff to remove the seal.	
<u>PROCEDURE</u>	

1. Based upon the circumstances of death, the Investigator will place a Coroner Seal on the two zipper tabs of the body bag, which prevents unauthorized access to the decedent. If the body bag has only one zipper tab, the Investigator will use whatever means are possible to secure the Seal to that zipper tab and to the body bag.
2. The Coroner Seal will be used on all homicide cases, fire deaths, in custody of law enforcement, officer involved or in presence cases, child deaths, deaths of staff family members, high profile and traffic fatalities where there is felony prosecution.
3. It will also be used on other cases deemed suspicious in nature, with documentation in the narrative as to why.
4. Each Seal is numbered and the number will be documented in the investigative report.
5. If a Coroner Seal is used for any of the above reasons, upon arrival at the Coroner's Office, the seal will not be broken nor removed by the Investigator for any reason. The Investigator will confirm that the original seal is still in tact and will document that in their report. The seal will remain in tact until time of examination/autopsy.
6. The Seal can also be used when it is not possible to remove the property without endangering the safety of the decedent or the Investigator due to the location of the scene, weather conditions, etc. If the seal is used solely for the purpose of a property issue and the Investigator feels that they can remove the property upon arrival at the office, the Investigator may break the seal for that reason only. The broken seal will be adhered to one of the fingerprint cards and documented in the report narrative.
7. If the body bag is sealed and it is considered a criminal case, a criminal evidence technician from the law enforcement agency that has jurisdiction will come to the Coroner's Office prior to the removal of the seal. At other times, permission can be obtained by the forensic staff via the telephone or verbally to remove the seal.
8. Prior to the removal, the Coroner Seal number will be verified with that of the written narrative.

9. Anytime there is doubt as to how to proceed the forensic division staff should consult the pathologist assigned to the case, the Coroner or his designee.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Use of Coroner Seal on Body Bags* on 01-07-04. The original copy with signatures is on file.

TITLE: WORKING WITH THE MILITARY	
ORIGINATION DATE: 12-18-01	DATE REVISED:
POLICY	
<p>Military reservations are Federal lands and therefore the military has total jurisdiction. If this office is contacted regarding and death and is requested to assist the military, an Investigator will respond. In doing so, the military will be obligated to conform to the policies and procedures of the Coroner's Office without exception.</p>	

PROCEDURE

1. All deaths that occur on the Nellis Air Force Base Reservation will be reported to the Las Vegas Metropolitan Police Department (LVMPD) Homicide Division by either the base Security Police or Office of Special Investigations (OSI). Per OSI, they will be handling all of these deaths as if they were homicides, regardless if they are active duty personnel or civilians.
2. The investigator taking the call will inquire if Homicide personnel are going to respond and if so, obtain a call back number in order to coordinate the investigation. If Homicide detectives are not responding, the investigator will handle the case in the normal manner.
3. Calls that are received from the Mike O'Callaghan Federal Hospital, regardless if the death occurs in the Active Duty Section or the Veteran's Section, will be handled as a normal case. However, a courtesy call should be placed to the Base Security Police informing them of the death.
4. In cases involving military aircraft on the military reservation will be handled by an Investigator at the discretion of the military.

The above Policy/Procedure regarding *Working with the Military* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: CONTACTING ATTENDING PHYSICIANS	
ORIGINATION DATE: 12-18-01	DATE REVISED:
POLICY	
Any person who has died from natural causes and had been seen by their attending physician within the previous ten days, it will be the responsibility of the attending physician to sign the Death Certificate.	

PROCEDURE

During the course of the investigation, if the Investigator can confirm that the decedent had been seen by a physician within the previous ten days, they will attempt to make contact with that attending physician.

The Investigator will advise the attending physician that it appears to be a natural death and explain the circumstances. If the attending physician confirms that they will sign the Death Certificate, the Investigator will ask what the physician will list as the cause of death and this information will be documented in the Investigative Report.

If contact is made with the attending physician and they indicate that they will not sign the Death Certificate, the Investigator will advise the attending physician that the on-call pathologist would like to speak directly to them and obtain a call back number. The Investigator will then make contact with the on-call pathologist and explain the circumstances. The Investigator will then either initiate a three-way conference call or will provide the on-call pathologist with the telephone number to the attending physician so that they can settle the disposition of the case. The on-call pathologist will advise the Investigator of the disposition so that it can be documented in the Investigative Report.

If the Investigator is not able to make contact with the attending physician by the morning meeting (held at 0800 hours), the case will be part of the morning meeting. The Medical Examiner assigned to the case may, at his/her discretion, request an Investigator to continue to try to contact the attending physician.

If the Investigator is not able to make contact with the attending physician by 1000 hours, then the disposition of the case will become the sole responsibility of the assigned pathologist.

Note: if the Investigator is only able to get through to the physician's staff or answering service, they will not contact the on-call pathologist.

The above Policy/Procedure regarding *Contacting Attending Physicians* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: PUBLIC ADMINISTRATOR	
ORIGINATION DATE: 12-18-01	DATE REVISED:
POLICY	
This office will utilize the services of the Clark County Public Administrator's Office (CCPA) to secure the decedent's personal property on an as needed basis.	

PROCEDURE

If while at a scene of death and the Investigator is not able to make contact with the decedent's legal next of kin and/or legal representative, the CCPA will be contacted and requested to respond to secure the decedent's personal property.

1. The role of the CCPA is to secure the decedent's personal property in the event that the legal next of kin and/or legal representative are not available.
2. Our office will not act as the witness for the CCPA, nor them for us. Another person whether it is a law enforcement officer, neighbor, friend or complex representative will stand by as the witness.
3. In the event that the CCPA response time exceeds the limits of the investigator, the residence will be secured and a Property Warning Seal will be affixed to the entrance to the residence.

The above Policy/Procedure regarding *Public Administrator* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: SELECTION OF ROTATION MORTUARIES	
ORIGINATION DATE: 12-18-01	DATE REVISED: 07-13-04

POLICY

This office will establish and update a plan that is to be used for all mortuaries that service the office. A rotation system will be established giving all mortuaries the opportunity to participate, providing they meet the standards and requirements established by this office.

PROCEDURE

1. On or about October 1st of each year, a letter will be sent to each licensed mortuary in Clark County inquiring if they wish to participate in the rotation system. A time frame, to be set by the Coroner, will be established when the responses must be returned.
2. On or before November 1st, but no later than December 1st, an inspection will be done of all mortuaries requesting to be on the rotation list. A check list will be used that will include, but not be limited to the following:
 - a. An inspection of facilities to determine if all Federal, State, County and City regulations are adhered to.
 - b. The necessary vehicles and mortuary personnel are available to service our office on a 24-hour/7 days a week basis.
 - c. Proof of ownership/insurance on their vehicles.
 - d. The mortuary must be a full service firm meaning: they must have a preparation room for embalming, a chapel for visitation, a casket selection room and access to a cemetery and a crematorium and refrigeration for 40 bodies. They are also required to have in good standing a Nevada licensed embalmer and funeral director.
3. The Coroner will appoint office staff members who will conduct the inspections.
4. Once all inspections are made, the Coroner will determine which mortuaries are qualified to be on the rotation list. The Coroner will draft the rotation list for one year in advance, placing the qualified mortuaries on for one week at a time in sequence. There is no limit to the number of mortuaries that may be on the rotation list.
5. Inspections of the rotation mortuaries may be done at any time at the discretion of the Coroner. If the Coroner determines that the rotation mortuary is in violation of the criteria set by our office, the mortuary may be removed from the rotation list.
6. It will be the responsibility of each funeral home to insure that their employees have the proper training to include the appropriate use of body bags and gurney and dealing with biohazards.

7. They will also be responsible for all safety issues with regards to making the removals.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Selection of Rotation Mortuaries on 01/28/2005*. The original copy with signatures is on file.

TITLE: UTILIZATION OF MORTUARY	
ORINATION DATE: 12-18-01	DATE REVISED: 10-09-03
POLICY	
<p>A local funeral home/mortuary must be utilized regarding all deaths in Clark County, Nevada.</p> <p>The office will utilize a mortuary rotation system when a specific mortuary is not requested.</p>	

PROCEDURE

1. The office will establish a list of local mortuaries, which will be used on a rotation basis.
2. The wishes of the family will take precedence over the use of the rotation mortuary in determining which mortuary will be utilized to make the removal to our office.
3. The decedent will not be released to a specific mortuary unless the legal next of kin signs a Release of Remains form, gives verbal consent or a pre-need arrangement if available.
4. If there are no family members present or they do not have a preference on a funeral home, the rotation mortuary will be contacted.
5. A local funeral home must be contacted to make the removal either to our facility or to theirs, as the case may be. If the decedent is to be shipped out of state, a local funeral home must be used to prepare the body.

FUNERAL HOME'S ROLE

1. The funeral home representatives will respond to the scene, residence or hospital to make the removal. They should send two representatives on all cases except at a hospital or care facility where one representative may be used.
2. Upon the arrival of the funeral home representatives, the decedent will be either wrapped in a white sheet or placed in a body bag to make the removal. The decedent will then be placed on their gurney and transported out of the scene in a dignified manner.
3. When the rotation funeral home is used, their representatives can only obtain the decedent's name and the time of death. If a family request funeral home is used, they may be provided with additional information regarding the decedent.

The above Policy/Procedure regarding *Utilization of Mortuary* has been approved on
_____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: POSITIVE IDENTIFICATION	
ORIGINATION DATE: 12-18-01	DATE REVISED: 09-25-03/02-27-04/04-13-04
POLICY	
It is the responsibility of this office to ensure that the decedent's identity is accurate and confirmed prior to being released to a funeral home. The Forensic and Investigative staff will work together to positively identify decedents through the use of Investigative and Forensic standards.	

PROCEDURE

This office will use the resources available to ensure that a positive identification is made in a timely yet appropriate manner. The following means will be used to establish a positive identification:

FACIALLY RECOGNIZABLE

1. Physical viewing.
 - A. An Investigator will have one of the following sign an Affidavit of Identification form:
 1. At the location by a family member or long time friend of at least six months (no recent acquaintances).
 2. Medical personnel, if they have had direct contact with either the decedent or a family member.

2. Photograph.
 - A. A photograph viewed by a family member or long time friend if in the opinion of the investigator that the decedent resembles the decedent. (Photo ID's or postmortem photograph.)
 - B. The postmortem photograph must display the decedent's features and/or profile.
 - C. If there are injuries noted to the face/head, the investigator will take additional steps to ensure the quality and appropriateness of the photograph taken.
 - D. If a postmortem Polaroid photograph is used, the individual making the identification must sign the photograph with the date and time of identification, along with the Affidavit of Identification.
 - E. If a digital camera is used, the Affidavit of Identification will list the photograph number
 - F. The signed Polaroid postmortem photograph, a copy of the digital photograph or the ID card that is used to make the identification will be affixed to the signed Affidavit of Identification.

NOT FACIALLY RECOGNIZABLE

1. Distinguishable features (tattoos, scars, birthmarks, deformities or any other unusual attributes).

- A. If the decedent is identified based on a tattoo, a family member or close friend must sign a photograph of the tattoo and the Affidavit of Identification.
- B. In all cases, the signed photograph must be affixed to the Affidavit. A Senior Investigator and/or a Forensic Pathologist must approve the identification.

FINGERPRINT COMPARISON.

1. A comparison will be made between postmortem fingerprints and an outside agency's antemortem fingerprints by a qualified fingerprint examiner.
2. If this is accomplished at our office, the fingerprint examiner will complete the bottom portion of the fingerprint card by indicating the outside agency's name and the decedent's ID number, the date and time of identification, the examiner's name printed and the examiner's signature. The antemortem fingerprint card will be attached to the signed postmortem fingerprint card. These will then be distributed for filing in the decedent's case file.
3. If only a single print is available or the postmortem prints are decomposed, two fingerprint examiners must authenticate the identification prior to releasing the decedent to a local mortuary or to closing the file.
4. If a copy of the fingerprint cards has been faxed to an outside agency for comparison and a return reply is received indicating that they made the positive identification, the receiving investigator will attach the facsimile to one original fingerprint card, along with the copies that were sent. These will then be distributed for filing in the decedent's case file.

RADIOGRAPHS

1. Medical Examiners
 - A. If identification is going to be made by a x-ray comparison (either dental or body), the antemortem x-rays will be obtained from a medical facility and/or physician's office by an investigator and brought to the Coroner's Office.
 - B. The antemortem x-rays and a partially filled out Affidavit of Identification form will be given to a forensic technician who will then give them to the Medical Examiner, along with the postmortem x-rays, for a comparison.
 1. Whenever possible, the x-rays will be given to the Medical Examiner of Record.
 2. If he/she is not available, they will be given to the Medical Examiner on call for that day.
 3. If neither of the above is available, the x-rays will be given to any available Medical Examiner for comparison.
 - C. If a positive identification is accomplished, the Medical Examiner will complete the Affidavit of Identification, printing his/her name, date and time identification was made and his/her signature in the appropriate

locations. The x-rays and the signed Affidavit of Identification will be returned to the forensic technician who will update the computer with the identification, send out an e-mail of the identification to the office staff, file the x-rays and turn the Affidavit of Identification over to the administrative staff for filing.

- D. If the Medical Examiner is unable to make the positive identification, they will indicate that in the follow-up investigative report clarifying that either they were unable to make the identification or that they could not make the identification based upon the quality of the antemortem or postmortem x-rays.

2. Outside Radiologists

- A. The Medical Examiner will then confer with an outside radiologist. The Medical Examiner will arrange to have an investigator take the x-rays to the radiologist to examine them for identification. The investigator will complete an Affidavit of Identification and if identification is accomplished, the radiologist will sign the Affidavit of Identification with the investigator signing as the witness.
- B. If the outside pathologist has made the positive identification based upon the comparison but is not willing to sign the Affidavit of Identification, the investigator present will complete the Affidavit of Identification, indicating the name of the pathologist who made the identification and will then sign the Affidavit.
- C. The investigator will turn the antemortem and postmortem x-rays over to the forensic staff for filing. The investigator will update the computer, send out an e-mail and turn the Affidavit of Identification over to the administrative staff for filing.

3. Odontologists

- A. When an Odontologist is scheduled to examine dental x-rays for identification, the forensic staff will send an e-mail advising the entire staff (excluding the Coroner and Assistant Coroner) of such.
- B. When the Odontologists have completed their examination, they will physically give the x-rays, charting, etc. to a forensic technician who will hand deliver them to the follow-up investigator.
- C. The Odontologists will indicate on their form that the positive identification has been made based upon the comparison.
- D. The follow-up investigator will update all computer information, send out the e-mail notification to the staff and to contact the decedent's family. They will then turn the items over to the administrative staff for filing.
- E. In the event that the Odontologist are making the comparisons after forensic staff hours, they will hand deliver the above mentioned items to an investigator.
- F. If all investigators are out of the building at that time, the Odontologists will place the report in the wall file in the investigative work area. It will be the responsibility of the evening investigative staff to check this wall

file for the reports when they return from their calls and to update the computer, send out the e-mail notification to the staff and to contact the decedent's family.

DNA

1. A comparison will be made between the decedent and known first degree relatives. The DNA testing will be conducted at a nationally approved lab/agency and a report will be submitted from the agency that made the identification and retained in the decedent's file.

In cases where identification is not made, the decedent will remain a John/Jane Doe and the case will be turned over to the County for burial.

Decomposed bodies, mummified bodies, or bodies distorted due to severe injury usually prohibit accurate visual identification. The Investigative and Forensic staff will confer on cases, which are questionable and will jointly accept or reject the accuracy of visual identification. In the event any question arises, the staff is directed to proceed to the next logical form available.

No policy can or will address all issues that may arise. Numerous memorandum and documents have been created on this issue. The goal of this policy is to provide a flow of work and formalize work already being done. Common sense and good judgment must always prevail.

The above Policy/Procedure regarding *Positive Identification* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: NOTIFICATION TO THE LEGAL NEXT OF KIN	
ORIGINATION DATE: 12-18-01	DATE REVISED: 02-25-04/04-13-04/ 10-01-09
POLICY	
It is the responsibility of this office to locate and notify the legal next of kin of the deceased individual, as soon as possible.	

PROCEDURE

1. All family members are next of kin but the following is a chart regarding the order to use in determining the legal next of kin.
 - A. Spouse/Domestic Partner (Pursuant to Senate Bill 283 from the 2009 Nevada Legislature effective October 1, 2009).
 - B. Children - This office does not designate between the oldest and youngest, male or female, as long as they are over the age of 18. If the child/children are minor/s, the office will contact the next degree of consanguinity (kindred).
 - C. Parents.
 - D. Siblings
 - E. Other adult blood relatives.
2. The State of Nevada does not recognize a “common law” marriage even if it is recognized in the issuing state. However, pursuant to Senate Bill 283 domestic partners are treated just like a legal spouse.
3. If the decedent or a minor child of the decedent is the Ward of a government agency; notification should be made to the involved agency.
4. When the family members reside in the immediate area, the Investigator will respond in person to make the notification.
5. If the family members live outside of our jurisdiction, either a telephone call will be made or contact will be made with their local Law Enforcement agency to make the notification. The circumstances surrounding the death and/or age of the person being notified will be taken into consideration.
6. If the legal next of kin is deemed to be a child who is of legal age but young and the Investigator also has a telephone number for the decedent’s parents, a courtesy phone call can be made. Example, the legal next of kin is 18-25 years of age and the responsibility of funeral arrangements may fall to the decedent’s parents. The courtesy notification is not mandatory and the case will not remain open until made.
7. It is the policy of this office to assume the legal next of kin status of a claimant until and unless investigation and/or family disputes arise. The office does not require proof of marriage or domestic partnership unless there is a dispute. In the event of a dispute then request proof of consanguinity.

The above Policy/Procedure regarding *Notification to the Legal Next of Kin* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: FOLLOW-UP INVESTIGATION	
ORIGINATION DATE: 12-18-01	DATE REVISED: 08-15-02
POLICY	
If the decedent is not immediately identified or the legal next of kin is not notified, a Follow-up investigation report will be generated. This report will track all calls made and the investigation conducted.	

PROCEDURE

1. When positive identification cannot be made immediately or if the legal next of kin is not immediately available, a follow-up investigation will be initiated.
2. A follow-up board is present in the investigative work area. The case will be added to the board on any individual who is not identified and/or whose next of kin has not been notified.
3. A copy of the report will be attached and all follow-up actions will be documented into the computer in a timely manner.
4. In the event that an identification card/drivers license is available for the decedent, it will be properly affixed to an Affidavit of Identification and kept with the follow-up investigation until the positive identification is made. The form will then be placed in the permanent file.
5. The follow-up investigation regarding identification will include but not be limited to contacting the proper agency and obtaining copies of antemortem fingerprints, antemortem dental x-rays or antemortem body x-rays.
6. The follow-up investigation regarding notification to the legal next of kin will include but not be limited to contacting other family members and/or friends; conducting extensive Internet Searches; contacting previous places of employment or residency for any prior information; contacting other law enforcement agencies that have dealt with the decedent; responding to addresses, past or present; and contacting outside agencies for assistance with making the notification.
7. If after the identification is made and the legal next of kin cannot be located, the case will be turned over to the Clark County Public Administrator's Office (CCPA) or Clark County Social Services (CCSS) for review and final disposition.

The above Policy/Procedure regarding *Follow-up Investigation* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: OUTSIDE AGENCY DEATH NOTIFICATION	
ORIGINATION DATE: 12-02-03	DATE REVISED:
POLICY	
At the request of an outside agency, this office will make a death notification to the legal next of kin, regarding a death that occurred outside our jurisdiction wherein the legal next of kin resides within our jurisdiction.	
PROCEDURE	

1. When a request is received from an outside agency, it will be dispatched to an investigator who will ascertain the following information:
 - A. Decedent's name, address, date of birth, Social Security number if known.
 - B. Cause and manner of death.
 - C. Date of death.
 - D. Location of death.
 - E. Person to be notified, relationship, address if known.
 - F. Agency requesting the notification and call back telephone number.
2. The request will be received in writing to confirm the agency and information. If the request was received by telephone, the investigator will ask the agency to fax the information on their letterhead.
3. The investigator will respond in person to make the notification and will provide the legal next of kin with what information is available.
4. If there is no next of kin address provided, the investigator will attempt to obtain an address using the means available.
5. The investigator will enter the information into the computer as an Outside Death Notification case ("D") and the steps taken will be summarized in the Circumstance of Death section on the face sheet. If additional space is needed, the information will be entered in the Follow-up investigation screen and an entry will be made in the Circumstance of Death section to "See follow-up".

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Outside Agency Death Notification* on 12-09-03. The original copy with signatures is on file.

TITLE: PROCESSING OF BODIES	
ORIGINATION DATE: 12-18-01	DATE REVISED: 08-15-02
POLICY	
It will be the policy of this office to process all bodies that are received at this office.	

PROCEDURE

1. When a body is received in the office, the decedent will be transferred from the mortuary gurney onto our gurney. The Forensic staff member and/or Investigative staff member will then position the gurney on the in-floor scale and determine the weight of the decedent. The decedent's height will then be measured and these two figures will be written on the toe tag and in the appropriate section of the permanent logbook.
2. Two sets of fingerprints will be taken on all decedents, age 12 and older.
 - A. Under the age of 12, the decedent will be fingerprinted only if there are extenuating circumstances, i.e.; the decedent is involved in criminal activity or a victim of a crime where fingerprint comparison may be needed for identification purposes or by the law enforcement agency handling the case.
 1. If the infant/baby is brought into the office in a sealed body bag, one fingerprint card will be filled out so that the seal can be affixed to it.
 2. The fingerprint card will be placed in the regular fingerprint box in the receiving area.
 3. After the seal/s have been attached, the forensic staff will turn the card over to the administrative staff, so that it can be placed in the decedent's permanent file.
3. There are circumstances that prevent fingerprints from being obtained. They include but are not limited to decomposed and/or mummified hands, burn victims.
4. At other times, it may be necessary to perform specific techniques on the fingers in order to obtain fingerprints.
5. Depending upon the work shift involved, further processing by the forensic staff will continue including the removal of the decedent's clothing and photographs taken.

The above Policy/Procedure regarding *Processing of Bodies* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: MEDICAL EXAMINER'S ASSIGNMENT OF CASES	
ORIGINATION DATE: 07-03-02	DATE REVISED: 03-22-03
POLICY	
The Clark County Ordinance and NRS give the coroner the authority to determine whether or not an examination will be conducted and the type of examination.	

PROCEDURE

1. It has been the practice of this office to delegate the assignment of cases for autopsy or external examination to the pathology staff.
2. The Medical Examiner listed for "on-call" for the day will assign the cases for autopsy or medical examination.
3. It is the expectation of this office that based on the workload and the activities that the forensic staff is faced with for the day that the cases will be assigned in a fair and equitable manner.
4. The Coroner or his designee retains the right to override any decision for examination (autopsy or medical) made by the pathology staff.

Note: Any complaining or disagreements about how the cases are assigned are not to be aired in the morning meetings in front of other staff members. These issues are to be worked out initially between the deputy medical examiners involved. If the problem cannot be resolved at that level, then they are to bring them to the attention of the Coroner or his designee for resolution.

The above Policy/Procedure regarding *Medical Examiner's Assignment of Cases* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: MORNING REPORT PROTOCOL	
ORIGINATION DATE: 04-16-03	DATE REVISED:

POLICY

The on-call doctor will assign the cases during the morning meeting and will verbally review the case sheet. It will be the responsibility of all those in attendance to document who the case has been assigned to and what manner of examination will be conducted.

PROCEDURE

1. The on-call doctor assigning cases will verbally review the case sheet after a decision has been made as to what cases will be assigned to whom and what manner of examination will be conducted.
2. That information will be recorded on each person's report.
3. The investigator presenting the cases will at that time make a copy of their complete document and leave it with the administrative staff for archive purposes.
4. The forensic technician assigned as the circulating tech for that day will make a copy to be utilized by the forensic staff for their purposes.
5. The practice of making copies after cases have been assigned to be passed out will be discontinued in an effort to 1) reduce the use of paper, 2) reduce the time needed to assign cases and 3) increase communication at the morning meeting.

The above Policy/Procedure regarding *Morning Report Protocol* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: PROTOCOL FOR DOCTOR SIGN-OUTS	
ORINATION DATE: 04-16-03	DATE REVISED:
POLICY	
At times, an investigator may not be able to make contact with an attending physician at the time of death and these cases are brought into the office as possible sign-outs. A decision will be made during the morning meeting, if a sign-out is appropriate and if the investigative staff should pursue contacting the attending physician.	
<u>PROCEDURE</u>	

1. The investigator reviewing the cases for the day at the morning meeting will advise of any cases that may involve doctor sign-outs.
2. At that time, the on-call doctor of the day calling the cases will determine if the doctor sign-out is appropriate.
3. If the doctor sign-out is appropriate and the investigative staff is pursuing it, the forensic staff will push that case to the last of the day in an effort to allow the investigative staff the time to obtain a sign-out from the outside attending physician.
4. If, for some reason, autopsies and medical examination are completed in the forensic area and they have now reached the point where they are ready to do the case, the forensic staff, specifically the circulating tech or the doctor assigned to the case, will contact the follow-up investigator and make a determination if the case is going to be signed out or examined by this office.
5. On those instances where a case may or may not be a doctor sign-out, it will be decided at the morning meeting whether the investigators are to make further effort to pursue a doctor sign-out.
6. Investigators will notify the forensic staff immediately upon obtaining confirmation of a doctor sign-out.
7. Every effort should be made for communication to be open and effective between the forensic staff, the doctor calling cases and the investigative staff to ensure that those cases that can be properly signed out by the outside attending physician and those cases that need to be reviewed by our staff are handled in an appropriate and timely manner and that the work flow continues with as few interruptions and difficulties as possible.

The above Policy/Procedure regarding *Protocol for Doctor Sign Outs* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: PERFORMANCE OF AN AUTOPSY	
ORIGINATION DATE: 12-18-01	DATE REVISED: 11-18-03, 12-09-03, 07-10-07
POLICY	
Any case, which falls under the jurisdiction of the Coroner's Office, can be autopsied at the discretion of the forensic pathologist assigned to the case, the Coroner or his designee.	

PROCEDURE

Certain cases have autopsy requirements whereas, in other cases the performance of an autopsy is at the discretion of the assigned forensic pathologist.

After reviewing the investigative report (including photographs), all supportive investigative reports (police, fire, social agency, etc.) and all available medical records, the forensic pathologist assigned to the case will decide on the need for an autopsy. If the case is such that the assigned forensic pathologist cannot make a reasonable decision, then the Coroner or his designee will be consulted for the decision.

AUTOPSY PROTOCOL

1. There are many known variations on autopsy procedure. At the Coroner's Office an autopsy is required to include an evisceration and examination of the organs of the torso and an examination of the cranial cavity. The body is opened through an anterior torso Y-incision with attention to preserve the skin integrity and blood vessels of the neck (exception in the case of decomposed or mummified bodies).
2. In all cases, the body will be dissected in only forensically accepted ways. The Coroner or his designee will be consulted on any non-standard or non-accepted dissection techniques prior to the technique being performed.
3. Radiographs prior to autopsy are at the discretion of the assigned forensic pathologist unless the type of case requires radiographs (see other sections in policy and procedures).
4. Samples of body fluids and tissues sufficient for toxicologic and histologic analysis will be obtained on all autopsies. Body fluids and tissues for other types of tests (microbiology, DNA, etc.) are at the discretion of the assigned forensic pathologist. All body fluids and tissue samples must be handled appropriately (labeling, documentation, etc.) in order to insure accuracy of testing and maintenance of the chain of custody.

NATURAL DEATHS

1. An autopsy will be performed on any apparent natural death coming under the jurisdiction of the Office if any one of the following is present:
 - A. Direct request by next of kin.
 - B. Direct request by the attending physician, if it falls within our criteria.
 - C. Inability of the assigned forensic pathologist for the case to make a reasonably certain medico-scientific inference as to the cause and manner of death.
2. If the assigned forensic pathologist is unsure about the decision to autopsy a case, then the assigned forensic pathologist shall consult the Coroner or his designee, as to the need for autopsy.

NON-NATURAL DEATHS

1. All non-natural deaths and any death considered suspicious for accident, suicide or homicide will be autopsied (see exception below). In addition, the forensic pathologist assigned the case will take appropriate samples from the body and order all appropriate tests in order to accurately certify the cause and manner of death. In cases where the forensic pathologist assigned the case is unsure of the need for autopsy, the Coroner or his designee shall be immediately consulted for a decision.
 - A. Homicide Exception: there is no exception for homicides; all homicides must be autopsies.
 - B. Suicide Exception: if in the opinion of the attending Forensic Pathologist, after careful external examination, cause and manner of death can be clearly determined, an autopsy will not be performed. Examples are hanging, gunshot wound to the head (through and through) and suicide by carbon monoxide inhalation with a stat Co test and results above lethal limits.
 - C. Accident Exception: if the deceased suffered lethal injuries clearly evident by external examination and/or radiographs, then an external examination is sufficient to accurately certify the cause and manner of death; however, the forensic pathologist assigned the case can appropriately perform an autopsy if the circumstances of the case merit such treatment.
2. Deaths that occur while in police custody or in the custody of any other state, county or city agency have special forensic and public health importance. As such, all deaths in custody will be autopsied.
3. In addition to performing an autopsy on an in custody death (and in addition to all basic autopsy policies and procedures), the assigned forensic pathologist will perform the following:
 - A. Blood, vitreous and solid tissue from at least one internal organ (liver, spleen, kidney or brain) shall be obtained for toxicologic analysis; if urine and bile are available, then these body fluids should also be submitted.

- B. Toxicology analysis and vitreous chemistry shall be ordered.
- C. Routine histology samples will be obtained from the brain, lungs, heart, liver, spleen and kidney.
- D. A complete investigative report and/or a complete scene investigation will be obtained.
- E. Total body radiographs including the extremities will be obtained.
- F. The body will be completely photographed in both a supine and prone position.

DEATHS ON THE JOB

1. All deaths that occur while at work will be autopsied. The assigned forensic pathologist will determine if the decedent is “on the job”.
2. Deaths during employment are special cases, which have a significant forensic and public health importance. A specific case can be excepted if the circumstances warrant, however, such a decision by the assigned forensic pathologist has to be made only after informing the Coroner or his designee.

BACKWARDS CASES

1. For cases in which the body is still available, the assigned forensic pathologist will make a decision as to the need for an autopsy examination. Such cases, which are delayed in reporting, can affect the accuracy of an autopsy examination.
2. In cases which are buried or cremated, the assigned forensic pathologist will make every effort to render a reasonable medical opinion as to the cause and manner of death based on the known circumstances of the death and the existing investigative and medical records. If such an opinion is not possible, the assigned forensic pathologist will consult the Coroner or his designee for guidance.

DEATHS OF INFANTS, CHILDREN AND ADOLESCENTS

1. Sudden and unexpected deaths in infants, children or adolescents are unusual and have special forensic and public health importance. All deaths in this age group will be autopsied, with exceptions as noted.
2. In addition to performing autopsies on all such deaths and in addition to all basic autopsy policy and procedures, the assigned forensic pathologist will obtain the following:
 - A. Blood, vitreous and solid tissue from at least one internal organ (liver, spleen, kidney or brain) for toxicologic analysis; if urine and bile are available, then these fluids should also be submitted.
 - B. Toxicology analysis and vitreous chemistry shall be ordered.
 - C. Routine histology samples from the brain, lungs, heart, liver, spleen and kidney.

- D. A complete investigative report and/or a complete scene investigation.
 - E. Total body radiographs including the extremities.
3. Infant deaths, in addition to the above studies, will also require:
- A. Quantitation of all drugs (prescription, illicit, non-prescription) found on toxicology screen.
 - B. Collection of vitreous fluid only after the cranial contents have been examined. This may be waived in those cases which require fixation and preservation of the globes for documentation of injury.
 - C. Completion of the post-mortem metabolic screening card.
 - D. Routine collection of cultures:
 - 1. Bacterial: from blood, spleen, and CSF.
 - 2. Viral: from lung.
4. Definitions
- A. SIDS:
 - 1. Age: 22 days to 270 days
 - 2. Safe sleep environment
 - 3. Death occurred during sleep
 - 4. Infant born at 38 weeks gestation or older
 - 5. No prior SIDS deaths in the family
 - 6. No unexplained/unexpected trauma, acute or remote
 - 7. No unexplained/unexpected neglect
 - 8. Negative autopsy and ancillary studies
 - 9. If a case meets the SIDS criteria, it will be signed out as such, with a comment indicating that, based on scene investigation, autopsy findings, etc. this case meets the office definition of SIDS.
 - 10. If a case fails to meet all of the above criteria, it shall be signed out as undetermined cause and manner, with a comment explaining how the case failed to meet the SIDS criteria.
 - B. Overlay: there must be positive physical evidence of overlay or asphyxia at autopsy in order for a death to be signed out as such. In the absence of such evidence, a case will be signed out as undetermined cause and manner, with a comment regarding the circumstances of death and lack of physical findings.
5. Addition of new testing modalities: if a new test is to be added to the standard repertoire, information about the test's benefits and costs must be reviewed by the medical staff before that test can be done on a routine basis.

The above Policy/Procedure regarding *Performance of an Autopsy* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: HOLDING CASES FOR EXAMINATION	
ORIGINATION DATE: 03-13-03	DATE REVISED:
POLICY	
The office will provide examination and autopsies in a timely manner and to further provided that service, within a 24 hour period, whenever possible.	

PROCEDURE

WORKLOAD

1. It is generally expected that the physicians will examine all bodies that are assigned to them on the day assigned. It is also the policy of the office that the forensic pathologists will work a minimum of 40 hours per week.
2. On those days when there are substantial workloads, the ability of a forensic pathologist to perform all the work assigned in a safe and quality manner, including court room testimony, civil depositions, and other meetings scheduled, may necessitate the need to hold over a case to the next day.
3. Quality of work and the ability to perform tasks in a timely manner should be the goal of every forensic pathologist. This policy is not created to lessen the quality of the autopsies and examinations that are performed, but to establish guidelines for the timely distribution and completion of work within the office.
4. The average case load based on historical data consists of 3.75 autopsies and 2.8 examinations, which is approximately three to four autopsies and two to three examinations per physician per day. However, it should be noted there are days where caseloads could be two to three times that norm.
5. Another issue relating to the time it takes to complete a case is the involvement of police and other evidence that may need to be gathered including photographic and trace evidence. Based on experience, autopsies on a homicide can take approximately 1.5 hours to process before the forensic pathologist can begin the examination. Processing of complex homicide cases generally takes 3-4 hours and can take up to 5-8 hours.
6. Based on experience and historical data, forensic pathologists generally take two hours to document, review, conduct external and internal examinations, dissection and dictation. This is just to complete the routine autopsy room component of the autopsy itself.

PROTOCOL

1. Based on a number of parameters, the forensic pathologists at the office each day can perform four routine autopsies and two examinations in one day. If the autopsies are routine, the time to complete these six cases is approximately 8.66 hours.
2. It is realized that complex cases take longer than routine cases and as far as time available, they are usually equivalent to two routine autopsies.
3. On days when a forensic pathologist cannot complete the assigned cases, the forensic pathologist must notify the Assistant Coroner or Coroner.
4. The forensic pathologist will send an all-coroner e-mail listing the cases approved to be held for examination for the following day. Under no circumstance will a case be held more than one day.
5. Documents relating to the case to be held should be placed in the airlock for reassignment for the next day. If the forensic pathologist is working the next day and wants to retain the documents and self-assign the case, then that pathologist should state this in the morning meeting on the next day before the cases are assigned. Every effort should be made to assign hold over cases to the original assigned forensic pathologist.
6. Held cases will be stored appropriately and examined the following day.
7. Cases that involve police jurisdiction should always be done on the day that they are assigned with few, if any, exceptions. The forensic pathologist must be aware of these cases and structure their days accordingly so that these cases are examined on the days assigned within the constraints that may be placed on the forensic group.
8. Families that have requested consideration due to their religious beliefs will usually ask the coroner's office to examine the body as soon as possible. With very few exceptions, the forensic group should comply with this request.
9. Notification must follow the appropriate chain of command.

No policy, procedure or protocol will address all of the issues, concerns, habits and practices of this office. Every effort should be made to complete all cases assigned on a given day. In the rare event that a case must be held over, common sense and sound judgment should be utilized in making decisions. If at any time the forensic pathologist or forensic staff has any questions, they should direct those questions to the appropriate supervisor for clarification immediately.

The above Policy/Procedure regarding *Holding Cases for Examination* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: QUALITY ASSURANCE/PEER REVIEW	
ORIGINATION DATE: 11-15-05	DATE REVISED:
POLICY	
Quality Assurance/Peer Review Meetings will be held on a regular basis and all Coroner Cases will be reviewed by a minimum of two Medical Examiners.	

PROCEDURE

ALL CORONER CASES WILL HAVE TWO MEDICAL EXAMINER'S INVOLVED WITH EACH CASE.

1. On each case presented on a daily basis if the cause and manner of death are determined, the assigned Medical Examiner will fill out the appropriate areas on the Record of Examination form.
2. The case will be reviewed with another Medical Examiner on duty who will review the case and will initial off on the Record of Examination, prior to the end of the shift.
3. The case will then be forwarded to the appropriate staff member for data entry.

QUALITY ASSURANCE/PEER REVIEW MEETING

1. A Quality Assurance/Peer Review Meeting will be held each week on Tuesday, Wednesday and Thursday mornings, in the Training Room immediately following the morning meeting.
2. All Medical Examiner's who are on staff for each of those days will attend the meeting to review the cases.
3. At the request of a Medical Examiner, the Investigative supervisor, Investigative designee or the Investigator who handled the case (if on shift and available) will attend the meeting.
4. All pending cases that are ready to be ruled on will be presented for review.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Quality Assurance/Peer Review* on 11-15-05. The original copy with signatures is on file.

TITLE: UNDETERMINED CAUSE OF DEATH	
ORIGINATION DATE: 08-21-03	DATE REVISED:
POLICY	
It shall be the policy of this office to provide additional review of cases that are listed with cause or manner as UNDETERMINED.	

PROCEDURE

The Clark County Office of the Coroner/Medical Examiner will provide additional review of all cases that are listed with cause or manner as UNDETERMINED.

1. Each medical examiner will present such cases to the Quality Assurance/Peer Review as soon as possible.
2. Once that has been completed, if the case is still listed with cause or manner as UNDETERMINED, the case will be forwarded immediately to either the Coroner or Assistant Coroner for additional review.
3. Upon review by the Coroner or Assistant Coroner, if additional work is required, the case will be returned to the appropriate medical examiner, or if the need for additional investigative work is required, the Coroner or Assistant Coroner will assign the appropriate personnel to accomplish that task.
4. Upon completion of any additional reports or investigations and final review by the Coroner or Assistant Coroner, the case may be reclassified.
5. In the instance that the case is not to be reclassified and all resources have been utilized to remove the cause or manner of UNDETERMINED; the Coroner or Assistant Coroner will indicate on the record of examination sheet (kill sheet) that it has been approved for final disposition as UNDETERMINED and will be submitted to administration for immediate processing.

The above Policy/Procedure regarding *Undetermined Cause of Death* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: INFECTIOUS DISEASES AND THE DECISION TO AUTOPSY	
ORINATION DATE: 12-18-01	DATE REVISED: 03-21-03
POLICY	
The safety of the forensic staff and all visitors to the morgue is the first and foremost consideration in relations to the decision to perform an autopsy.	

PROCEDURE

1. In any case where a communicable infectious disease is suspected or documented (including but not limited to tuberculosis, hepatitis, meningitis, AIDS, etc.), the risk to the forensic personnel in performing an autopsy is weighed against the benefits to the public interest.

2. If the assigned forensic pathologist suspects such risk, then all participating personnel in the autopsy and visitors in the room will be immediately informed of the risk. If the risk is controllable and confinable, then the pathologist can proceed with the autopsy. However, if the risk is significant and potentially not controllable, then the existence of the risk will be communicated to the Coroner or his designee, prior to the commencement of the autopsy.

The above Policy/Procedure regarding *Infections Diseases and the Decision to Autopsy* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: INVENTORY OF MEDICATIONS AT EXAMINATION	
ORIGINATION DATE: 10-15-03	DATE REVISED: 11-17-03/12-19-03
POLICY	
Any drug infusing patches and/or medications discovered on or about the decedent at the time of examination at the Coroner's Office, will be inventoried.	

PROCEDURE

1. Any drug infusing patches (such as Duragesic, Nicotine, etc.), medications, loose pills and/or vials of liquid medications discovered on or about the decedent at the time of examination will be inventoried and verified by the examining Medical Examiner and technician.
2. The inventory must be recorded on a Property Receipt form. The description must be specific, ie: Duragesic patch, 25mg, quantity 3. The Forensic technician will fill out the form, sign the form and the Medical Examiner will sign as the witness.
3. The items inventoried will be placed inside an evidence bag with the decedent's case label adhered to it. The technician and/or Medical Examiner will initial the evidence bag seal.
4. The Property Receipt original copy and the yellow copy will be stapled to the evidence bag and will be hand delivered to the appropriate administrative employee by the technician.
5. If this is done after administrative hours and/or weekends, the evidence bag and Property Receipt are to be secured in a locker and an e-mail sent to the appropriate administrative employee stating the location of the evidence bag.
6. Upon receipt of the evidence bag, the administrative employee will verify receipt of the evidence bag and its contents, sign the attached Property Receipt, and sign the evidence bag in the appropriate area, showing receipt of same.
7. The yellow copy of the Property Receipt will be removed and placed in the decedent's file.
8. At the designated time of destruction, the administrative employee and a supervisor will sign off on the remaining copy of the Property Receipt as the contents being sent for destruction. This original will then be placed in the decedent's file.

The above Policy/Procedure regarding *Inventory of Medications at Examination* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: EVIDENCE RECOVERY BY THE FORENSIC STAFF	
ORIGINATION DATE: 12-18-01	DATE REVISED: 12-09-03/02-26-04
POLICY	
Any tangible evidence identified by the forensic division and assessed as important by the forensic division and which the law enforcement agency involved with the case does not want to taken into their custody, can be taken into the custody by the Coroner's Office.	

PROCEDURE

The following items are routinely stored at our facility and are eventually destroyed:

- Tissue from Autopsy.
- Projectiles and Ligatures not impounded by law enforcement agencies.
- Miscellaneous items such as medical devices.
- Body fluid specimens not submitted to off site laboratory.

TISSUE

1. Tissue from autopsy is to be retained for two full years from date of examination. A computerized list of all tissue retained will be generated at the end of the retention cycle as a record of what was destroyed.
2. It is the responsibility of each pathologist to notify the forensic staff via e-mail of any tissue hold request.
3. At the end of each quarter, notice will be given to all pathologists of impending quarterly destruction of expired tissue previously held by request. The pathologists are to advise the senior forensic technician, in writing, of any tissue to be retained beyond the destruction date. Each pathologist will have two weeks to respond.
4. The written request for retention of expired tissue must also include a new review date as we cannot indefinitely hold all items due to space constraints (ie: please hold tissue on case # for review at end of next quarter, for one additional year, etc.).
5. Once written notifications to hold tissue beyond the scheduled destruction date are received, any tissue slated to be retained will continue to be held in a secure area and an inventory log of that tissue will be maintained on the "P" drive.
6. The tissue scheduled to be destroyed will be appropriately packaged in viscera bags and placed into biohazard waste receptacles. One of the rotation mortuaries will be contacted to cremate the tissue. Mortuary personnel will sign a standard release form indicating tissue destruction pick up. The release form will be attached to the lists of tissue destroyed and then maintained in the histology file until such time as that year is microfilmed.

7. Tissue destruction will take place quarterly, ie: 1st quarter of 2001 will be slated for destruction at the end of the 1st quarter of 2003.

LIGATURES, PROJECTILES AND MISCELLANEOUS EVIDENCE

1. Items are to be held for two full years from date of impound. Each pathologist will be advised of the impending destruction.
2. It is the responsibility of each pathologist to notify the forensic staff via e-mail of any evidentiary material requested to be held.
3. At the end of each quarter, notice will be given to all pathologists of impending destruction of expired evidentiary materials previously held by request. The pathologists are to advise the senior forensic technician, in writing, of any evidentiary materials to be retained beyond the destruction date. Each pathologist will have 2 weeks to respond.
4. The written request for retention of expired evidentiary materials must also include a new review date as we cannot indefinitely hold all items due to space constraints (ie: please hold evidentiary materials on case # for review at end of next quarter, for one additional year, etc.).
5. Once written notifications to hold evidence beyond the scheduled destruction date are received, any evidence slated to be retained will be secured in the histology refrigerator and noted on an inventory log maintained in that refrigerator.
6. The remaining evidence scheduled to be destroyed will be disposed of in an biohazard container and the list of the destroyed items will be maintained in the histology file until such time as that year is microfilmed.

BODY FLUIDS RETAINED IN HOUSE

1. From time to time, a pathologist may elect to store body fluid samples in our facility. This will be the exception rather than the rule. Whenever possible, body fluids are to be sent to the laboratory for testing and/or storage. Currently the off site laboratory stores body fluid samples for one year from date of submission.
2. Body fluids retained in house will be kept for one full year from date of impound.
3. It is the responsibility of each pathologist to notify the forensic staff via e-mail of any body fluid specimens requested to be held.
4. At the end of each quarter, notice will be given to all pathologists of impending destruction of expired body fluid specimens previously held by request. The pathologists are to advise the senior forensic technician, in writing, of any body fluid specimens to be retained beyond the destruction date.

5. The written request for retention of body fluid specimens must also include a new review date as we cannot indefinitely hold all items due to space constraints (ie: please hold body fluid specimens on case # for review at end of next quarter, for one additional year, etc.).
6. Once written notifications for retention of expired body fluid specimens beyond the scheduled destruction date are received, any body fluid specimens slated to be retained will be secured in the histology refrigerator and noted on an inventory log maintained in that refrigerator.
7. The remaining body fluid specimens will be disposed of in a biohazard container and the list of the destroyed items will be maintained in the histology file until such time as that year is microfilmed.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Evidence Recovery by the Forensic Staff* on 12-09-03. The original copy with signatures is on file.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the revised version, dated 02-26-04. The original copy with signatures is on file.

TITLE: REQUEST FOR CASE REVIEW FROM OUTSIDE PHYSICIANS	
ORIGINATION DATE: 04-25-05	DATE REVISED:
POLICY	
At times, the office will be contacted by a private physician requesting a review of a case or to re-examine a case for possible change in cause and manner of death or to assist a private physician in review of casework performed by a Medical Examiner.	
PROCEDURE	
<u>CASES NOT PREVIOUSLY TAKEN UNDER THE JURISDICTION OF THE CCOCME:</u>	
1. When a written request is made: <ol style="list-style-type: none">a. The Coroner/Assistant Coroner will determine if additional investigative information must be obtained.b. If all the information has been compiled, a case number will be assigned and the Coroner/Assistant Coroner will assign the case to the On-Call Medical Examiner for review.c. The Medical Examiner assigned will in a timely manner review <u>all</u> information available to determine the cause and manner of death.d. The Medical Examiner will present the case in peer review with a minimum of one additional Medical Examiner and the Coroner/Assistant Coroner.e. The Coroner/Assistant Coroner will, if appropriate, issue or authorize the Medical Examiner to process an Affidavit to change the Death Certificate.f. The Coroner/Assistant Coroner will compile a document advising the family with a copy to the private physician of the decision determined by the CCOCME.	
<u>CASES TAKEN UNDER THE JURISDICTION OF THE CCOCME:</u>	
2. When the CCOCME staff is advised that a private physician want to review a case completed by a CCOCME Medical Examiner, the following procedures will be adhered: <ol style="list-style-type: none">a. Only those reports available for public dissemination may be provided to the physician reviewing the case. Appropriate fees must be paid. Additional reports that would be available to the legal next-of-kin may be provided with appropriate authorization. Again, appropriate fees must be paid.b. The private physician must provide a letter signed by the legal next-of-kin indicating that they have been retained.c. The investigator assigned to the case will confirm the family's request. If the investigator is not readily available, the investigative shift supervisor will contact the family.d. The Medical Examiner assigned to the case will contact the private physician to schedule a meeting with the private physician at the convenience of CCOCME but in a timely manner.e. If it is established that the CCOCME Medical Examiner does not need to meet with the private physician, the private physician may <u>review</u> the autopsy	

photos, histology slides and toxicology reports, etc. in the presence of a CCOCME staff member.

- f. Under no circumstances will any documents, slides, evidence, etc. be copied or taken by a private physician without court order.

It is the goal of CCOCME to represent decedents and provide service to families of the decedents.

It is also the goal to treat all persons with respect and dignity. When a request is made to review a case, every effort will be made to provide timely professional interaction and review with both professionals and laypersons within the legal scope and requirements of statutes and established policy.

While no policy can address every issue, common sense and professional standard will dictate our action. If need exists for further clarification, please contact a supervisor for additional direction.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Request for Case Review from Outside Physicians* on 04-25-05. The original copy with signatures is on file.

TITLE: DECONTAMINATION OF THE MORGUE	
ORIGINATION DATE: 12-18-01	DATE REVISED:
POLICY	
All surfaces contaminated by body fluids or tissue shall be decontaminated using accepted techniques, which can be modified depending on the known facts of the case.	

PROCEDURE

1. All work surfaces contaminated by body fluids or tissue in the morgue will be decontaminated by the end of every workday using an accepted decontamination solution.

2. In cases of resistant transmissible agents such as prion-related spongiform encephalopathy (Crutzfeld-Jakob’s disease, etc.) a full strength bleach solution will be substituted.

The above Policy/Procedure regarding *Decontamination of the Morgue* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: DUPLICATION OF RADIOGRAPHS	
ORINATION DATE: 12-18-01	DATE REVISED: 03-21-03
POLICY	
Any radiographs taken by the Coroner's Office can be duplicated and the duplicate can be released to the family or other competent agency at the written request of the family or other competent agency.	
PROCEDURE	

1. Under no circumstances should the family or other competent agency be given the original postmortem radiographs. Radiographs taken by the Coroner's Office and stored on-site at the Coroner's Office can be duplicated and the duplicate released to the family or other competent person provided the following conditions have been met:
 - A. The forensic pathologist assigned the case is informed and gives permission.
 - B. The family or other competent agency presents a written request.
2. Antemortem radiographs in the custody of the Coroner and taken by another agency (physician, hospital, dentist, etc.) will be duplicated by the Coroner's Office to assist with identification and at the request of the assigned pathologist to be retain for significant forensic findings.
3. The original antemortem radiographs will not be duplicated for release. The requesting party for such radiographs will be referred to the original agency that took the radiographs. This can be accepted depending on the circumstances and only after consultation with the Coroner or his designee.

The above Policy/Procedure regarding *Duplications of Radiographs* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: ON-SITE STORAGE OF BODY FLUIDS AND TISSUE	
ORIGINATION DATE: 12-18-01	DATE REVISED:
POLICY	
The forensic pathologist assigned to the case usually retains tissue samples from any autopsy performed. In addition, the pathologist can order the on-site storage of body fluids for future toxicology analysis.	

PROCEDURE

1. In accordance with other policies and procedures of the office of the Coroner, the forensic pathologist assigned to the case obtains tissue samples from all forensically important organs. These samples are maintained in preservative and in a secure location for a period of three years.
2. In addition, body fluids can also be stored on-site if the forensic pathologist assigned to the case orders such. These stored fluids are maintained and retained as per standard accepted practice.
3. At the end of this time period, such body fluids and tissue are evaluated for their forensic importance and may either be retained or destroyed.
4. Off-site storage of body fluids and tissue is done through a chain of custody method, which transfers all responsibility for the fluids and tissue to the storing facility whether it is a toxicology laboratory, histology laboratory, paternity testing laboratory, etc.

The above Policy/Procedure regarding On-site *Storage of Body Fluids and Tissue* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: RELEASE OF BODY FLUIDS AND TISSUE	
ORIGINATION DATE: 12-18-01	DATE REVISED:
POLICY	
Any body fluids or tissue in the custody of the Coroner's office can be released to the family or other competent agency at the written request of the family or other competent agency.	

PROCEDURE

1. Body fluids and tissue stored on-site at the Coroner's Office can be released to the certified laboratory designated by the family or other competent person provided the following conditions have been met:
 - A. The forensic pathologist assigned the case is informed and gives permission.
 - B. The family or other competent agency presents a written request.
 - C. At the time of release, a chain of custody form is executed.

2. Under no circumstances should the family or other competent agency be given ALL the amount of any body fluid or tissue. The Coroner's Office should always retain part of the sample. This rule can be excepted by the forensic pathologist assigned to the case.

The above Policy/Procedure regarding *Release of Body Fluids and Tissue* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: RELEASE OF BODIES	
ORIGINATION DATE: 12-18-01	DATE REVISED: 09-01-04
POLICY	
Bodies received in this office will be released to a local funeral home. If there is a Release of Remains form signed by the legal next of kin, the decedent will be released as soon as possible following the examination/autopsy.	
PROCEDURE	

1. On a daily basis, the release forms will be checked, removing any “tentative identification” cases that are to be held until positive identification has been made.
2. The computer will be checked to insure that all necessary information has been entered and the decedent is cleared to be released.
3. Upon completion of examination, all cases that have been previously identified and have a completed Record of Examination will be released to the funeral homes.
4. The releases will be sorted by mortuary and contact will be made with each mortuary, advising them of how many releases are present. Record the date, time and to whom you spoke on the appropriate area of the release form.
5. When the mortuary arrives, remove the information slip from the back of the release. Check the toe tag for accuracy. Check the decedent to insure that fingerprints have already been obtained. Check for ID on leg and viscera bag.
6. Check the clothing and/or any other items listed on the release form against what is with the decedent.
7. Have the mortuary representative write and sign their name on the release form and turn the information slip over to them.
8. Record the time of release on the form and enter the data into the computer.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Release of Bodies* on 09-01-04. The original copy with signatures is on file.

TITLE: RELEASE OF UN-IDENTIFIED BODIES	
ORIGINATION DATE: 12-18-01	DATE REVISED:

POLICY

Any unidentified body that is released from the Coroner's Office to the local funeral home and submitted to the County for burial, will have on file in the Coroner's Office all photographs, radiographs, autopsy reports and descriptions required to make an identification.

PROCEDURE

1. A good number of deceased people who come under the jurisdiction of the Coroner's Office are unidentified and, unfortunately, remain unidentified even when they are to be released for burial at County expense.
2. Prior to release to the local funeral home, all pertinent data concerning an unidentified body will be taken in the event that in the future, the data can be used to make a positive identification, should antemortem radiographs, reports, etc. become available. All radiographs, photographs, etc. will be of the quality needed to make a positive identification and will be retained indefinitely.
3. Thus, any unidentified bodies will have the following studies performed prior to release to the local funeral home for burial:
 - a. Total body radiographs.
 - b. Dental charting and/or dental photography (with maxilla and mandible intact or removed).
 - c. Dental radiographs (with maxilla and mandible intact or removed).
 - d. Fingerprints.
 - e. Anthropometric Data (sex, race, approximate age and height, etc.).
 - f. Fluids and/or tissue for DNA.
 - g. Documentation and/or photographs of distinguishing characteristics such as scars, tattoos, medical treatment, deformities, marks, etc.
4. Should it be required to remove the jaws (maxilla and mandible), the fingers or any other body part, these removed body parts will be returned to the body prior to release and no body will be released without these items placed back with the body.
5. The pathologist of record will review all data prior to release.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Release of Un-Identified Bodies on 01/28/2005*. The original copy with signatures is on file.

TITLE: REVIEW OF COLD CASES	
ORIGINATION DATE: 07-13-04	DATE REVISED:

POLICY

Due to the ever-changing available technologies, all cases that remain unidentified or where positive identification was made but the next of kin has not been contacted will be reviewed at least once every two years.

All unidentified case files in their entirety will be maintained indefinitely and are not subject to the microfilm process.

All DNA samples will be kept indefinitely.

PROCEDURE

POSITIVE IDENTIFICATION

1. The case file will be reviewed to determine what steps were taken at the time of death regarding the positive identification.
2. If postmortem fingerprint cards are available, they will be searched through the currently available technologies in an attempt to make the positive identification.
3. Missing Person's Reports and web pages will be searched and compared to the available information regarding the decedent.
4. If information regarding the decedent was not distributed to the local law enforcement agencies at the time of death, it will be at the time of review.
5. Pertinent information regarding the decedent, including the Case number, date of death, sex, approximate age, height and weight will be posted on the Clark County Coroner's webpage, along with clothing and/or jewelry descriptions. If the decedent is facially recognizable, a photograph will also be posted.

NEXT OF KIN NOTIFICATION

1. The case file will be reviewed to determine what steps were taken at the time of death regarding the notification of the legal next of kin.
2. At the time of review, the decedent's name, date of birth, Social Security number and any other pertinent information will be searched through the currently available technology in an attempt to obtain additional information.
3. At the time of review, any information that was previously available regarding possible family members will be searched through the currently available technology in an attempt to obtain additional information.

4. All leads will be followed; all possible family members will be called or contacted in person.
5. The funeral home of record will be contacted to ascertain if any family member has made contact.
6. The Clark County Public Administrator's Office (CCPA) will be contacted to ascertain if any further family information has become available or if their office has been contacted by a family member.
7. Pertinent information regarding the decedent including name, age, sex, race and date of death will be posted on the Clark County Coroner's webpage.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Review of Cold Cases* on 07-19-04. The original copy with signatures is on file.

TITLE: RESPONSIBILITIES OF THE FORENSIC DIVISION	
ORIGINATION DATE: 12-18-01	DATE REVISED:
POLICY	
The main responsibility of the forensic division is to perform all required examinations and tests in order to accurately identify the body and certify the cause and manner of death.	

PROCEDURE

The following general functions describe the responsibilities of the forensic division. See other sections of the Policy and Procedure Manual for more detailed descriptions.

1. Obtain and interpret all pertinent antemortem reports and records such as medical records, police reports, radiographs, dental records, etc.
2. Obtain and interpret all investigative reports concerning the circumstances of death.
3. Perform postmortem radiographic procedures as needed.
4. Perform scene investigation and follow-up investigation as needed.
5. Submit body fluid, tissue and any other important samples for toxicologic tests, and histologic tests and/or any other tests as needed.
6. Obtain specialized consultations (e.g. forensic odontology, forensic anthropology, etc.) as needed.
7. Maintain chain of custody in all evidence submitted to outside agencies.
8. Perform postmortem fingerprinting as needed.
9. Document by a combination of written report, body diagrams, radiographs or photographs all-important forensic findings.
10. Competently interpret all pertinent facts and findings in order to render an accurate opinion as to the cause and manner of death in each and every case under the jurisdiction of the Coroner.
11. Maintain the physical condition of the morgue facility, the autopsy suites and all other physical structures used by the forensic division.

The above Policy/Procedure regarding *Responsibilities of the Forensic Division* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: RESPONSIBILITIES OF INDIVIDUALS WITHIN THE FORENSIC DIVISION	
ORIGINATION DATE: 12-18-01	DATE REVISED: 03-21-03
<p style="text-align: center;">POLICY</p> <p>The Forensic Division is currently composed of Deputy Medical Examiners, Forensic Pathology Technicians I and II and Forensic Assistants. The work responsibilities of these job titles are basically identified by the job descriptions of file with the Clark County Human Resources Department. However, the Coroner or his designees, reserve the right to modify work responsibilities as the need arises within the rules and regulations of the Clark County Human Resources Department.</p>	
<p style="text-align: center;"><u>PROCEDURE</u></p> <p>Due to the complexity of the forensic work, any member of the forensic division can be asked to perform work that is not specified in his or her job description. Such work assignments are subject to the rules and regulations of the Clark County Human Resources Department and any current labor agreements.</p> <p>Any formal change in work responsibilities will be communicated to the affected members of the Forensic Division through written documentation.</p>	

The above Policy/Procedure regarding *Responsibilities of Individuals within the Forensic Division* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: FORENSIC TESTIMONY (INCLUDING CORONER'S INQUESTS)	
ORIGINATION DATE: 12-18-01	DATE REVISED: 03-22-03
POLICY	
<p>A medical examiner is a forensic pathologist (a medical specialist) and as such is available and able to give expert testimony regarding the cause and manner of death for any case certified by the Clark County Office of the Coroner/Medical Examiner.</p> <p>All other members of the forensic division (including forensic technicians, forensic assistants, etc.) can be required to testify within their knowledge and expertise in relation to any case certified by the Clark County Office of the Coroner/Medical Examiner.</p>	

PROCEDURE

A medical examiner should be able to give expert testimony in any legal forum (including Coroner's Inquests) regarding any case which he/she certified as to cause and manner of death. If the medical examiner that certified the case is not available, then another forensic pathologist assigned by the Coroner or his designee will be available and able to give expert testimony informed by the archived records of the case.

If a forensic division employee other than a medical examiner is subpoenaed to testify, then that employee will notify the Coroner or his designee of the case and the date of the testimony as soon as possible so arrangements can be made for the employee to leave the premises for the testimony. The forensic employee will be on county time for as long as it takes to complete the testimony.

The above Policy/Procedure regarding *Forensic Testimony (including Coroner's Inquests)* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: OUTSIDE COUNTY AUTOPSIES (DEATHS IN COUNTIES OTHER THAN CLARK COUNTY)	
ORIGINATION DATE: 12-18-01	DATE REVISED:
POLICY	
Counties in the environs of Clark County are often in need of professional forensic pathologists. The Clark County Office of the Coroner/Medical Examiner will accept such cases for examination on a case by case basis.	

PROCEDURE

1. The initial call will be taken by a Coroner Investigator.
2. The case will be reviewed as to why the Clark County Office of the Coroner/Medical Examiner should be involved.
3. The investigator will use the criteria that is the normal Clark County procedures to determine if the office should become involved or deny the case.
4. The investigator will contact the on-call Investigative Supervisor and review the case with him/her.
5. If there is doubt about the case, contact will be made with the on-call Medical Examiner. If no ME is available, then the Coroner will be contacted.
6. The investigator will place a return call to the agency and advised them of the decision that was made regarding the case.
7. If the case has been accepted, request that a report be faxed to our office with as much information as available.
8. Make arrangements for the decedent to be transported to the office, no later than 0830 hours on the day of examination. If this cannot be done, contact the ME on call and inform him/her. The body should arrive in a sealed body bag.
9. Assign the Case a number from our regular logbook and enter the data onto the face sheet in the computer CME system. Use the designation "X" in the "type" field for "other cases".
10. Utilize the "Circumstances of Death" field for a brief synopsis of the case.
11. It is not necessary to type the narrative into the computer, just attach the face sheet to the faxed report from the agency.
12. Inform the entire staff via e-mail of the case.

13. Our office will not be responsible for making the death notification (unless it is in our jurisdiction) nor the positive identification.

14. The outside agency will be responsible for the Death Certificate.

15. Our office will file out all other paperwork, as per our normal procedures.

Any radiographics or photographs generated in relation to a private autopsy or any tissue or body fluids recovered will be treated in accordance with the policies and procedures adopted by the Coroner's Office. Management of such specimens, including storage, destruction and release to third parties, must be in accordance with the adopted policies and procedures of the Coroner's Office.

The above Policy/Procedure regarding *Outside County Autopsies* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: ANTHROPOLOGY CONSULTATION	
ORIGINATION DATE: 03-21-03	DATE REVISED:

POLICY

At times, this office will use the services of an anthropologist and the Forensic Division will use the following steps in order to obtain anthropology services. This process is in steps and should be followed each time. The CME Case number will be included in the subject line of all e-mails.

PROCEDURE

1. Send an e-mail to the Coroner or his designee, asking for anthropology consultation.
2. If the consultation is approved, then you will receive an e-mail back stating the approval.
If the consultation is not approved, then you will receive an e-mail back advising you what to do.
3. If the request is approved, send an e-mail or call directly either of the following anthropologists:
 - a) Barbara Holz
895-0400 (office)
290-8238 (cellular)
856-3030 (home)
bholz@dri.edu
 - b) Stephanie Fox
565-2026 (work)
567-3635 (home)
sf@ci.henderson.nv.us
cunningfox1031@yahoo.com

The e-mail should state that you need to know what day and time they are coming to our office, so you can have the case ready. It would be best to ask for times in the mornings when our photographers and other staff members are available. It would not work to ask for times after 1400 hours, since the Forensic Division staff members start leaving at 1430 hours.

4. The anthropologist will send an e-mail back, indicating what day and time they are coming to the office to look at the case.
5. Forward the e-mail from the anthropologist to the Senior Forensic Technician and the Forensic Division, so they will know the anthropologist is coming and can have the remains available to evaluate.
6. Keep the appointment with the anthropologist on the designated day and at the designated time and bring with you the chart with all the information currently available. You can consult with the anthropologist at that time for any special needs.

7. Be sure and ask the anthropologist to submit a written report to you via mail, fax or e-mail and to included the case number on the report.
8. It is expected that the forensic pathologist who is assigned the case will file a separate report shortly after the case is examined at the Coroner's office. Additionally, the assigned forensic pathologist will be expected to give expert testimony to whatever degree they area comfortable regarding any case for which an anthropologist consults.
9. The Forensic Division staff should be mindful that the anthropologists are volunteers and every effort should be made to accommodate their needs within the resources allotted.

GUIDELINES FOR THE ANTHROPOLOGISTS

1. The Forensic Division will provide notification of the cases, which you are asked to consult upon.
2. Through dialogue with the requesting physician, you can obtain the best date and time for all those involved.
3. On the day of the consult, you will have the case and all the information required. Photography help will be available.
4. The requesting physician will provide you with all the information we have for the case at the time of the consult. Please note the case number on the remains to make sure the remains you are examining match the case number on the chart and case information.
5. After the consult, please submit a written report in an understandable format with the case number on the report. The report should include at minimum a biological profile (sex, age, height and race) and a postmortem interval. Statements about any injuries should also be present if pertinent.
6. Send the report via mail, fax or e-mail specifically to the pathologist that requested your consultation. The pathologist will provide you with mailing address, fax or e-mail address. It is recommended that you save the e-mail requesting consultation as it will have the physician's e-mail address.

The above Policy/Procedure regarding *Anthropology Consultations* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: DISASTER	
ORIGINATION DATE: 12-18-01	DATE REVISED:
POLICY	
This office will maintain a disaster plan that conforms to office policies and does not conflict with the Clark County Disaster Plan.	

PROCEDURE

This office will maintain a disaster plan which will be reviewed on a normal basis to ensure that all employees are kept up to date with any changes.

The above Policy/Procedure regarding *Disaster* has been approved on _____ by:

P. Michael Murphy, Coroner

John Fudenberg, Assistant Coroner

TITLE: USE OF FACILITY FOR PURPOSE OF CLINICAL AUTOPSIES	
ORIGINATION DATE: 01-25-04	DATE REVISED:
POLICY	
The Clark County Office of the Coroner/Medical Examiner (CCOCME) has entered into a Memorandum of Understanding with the University Medical Center (UMC) to provide them with access to our facility to conduct clinical autopsies on an as needed basis.	

PROCEDURE

1. UMC will provide CCOCME with a list of authorized personnel. This list will be maintained in the receiving area with visitor check in. The list will be updated as needed.
2. UMC personnel will check in and out as visitors. UMC personnel may wear their UMC Badges while in the building.
3. UMC will generally have two employees to work their case, however; the number of employees may occasionally increase to five or six for training purposes.
4. UMC will store their personal protective equipment in the wall mounted gray cabinet marked "UMC".
5. UMC is required to give CCOCME as much notice as possible of their need to conduct an autopsy. The minimum notice will be one day.
6. If UMC is scheduled to conduct an autopsy on any given day and due to the needs of the CCOCME or the needs of revenue generating agencies, and the room is unavailable, UMC will re-schedule for the following day.
7. UMC will make all arrangements to have their case transported to CCOCME for their autopsy and transported from CCOCME upon completion of their autopsy.
8. Prior to and immediately following UMC autopsies, UMC cases will be stored in a refrigerated area separate from CCOCME daily caseload.
9. UMC cases will have the legend "UMC" clearly marked on the toe tag.
10. CCOCME will provide access to appropriate cleaning supplies to UMC to facilitate terminal disinfection at the conclusion of their autopsy.
11. A separate calendar in the "P" drive will be maintained to show scheduling of the UMC cases.
12. A separate logbook of UMC cases will be maintained to show the decedent's names, arrival times and departure times.

Coroner, P. Michael Murphy and Assistant Coroner, John Fudenberg approved the above Policy/Procedure regarding *Use of Facility for purpose of Clinical Autopsies* on 02-19-04. The original copy with signatures is on file.