



**HEALTH CARE SERVICES  
DIRECTIVE-ADULT  
Manual of Policies and Procedures**

Title

**PROCEDURE IN THE EVENT OF THE DEATH OF AN  
INCARCERATED INDIVIDUAL**

Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
IC 11-8-2-5	01-02-101 01-04-101 01-04-105	National Correctional Healthcare Standards

I. PURPOSE:

The purpose of this Health Care Services Directive (HCSD) is to provide direction regarding actions taken after the death of an incarcerated individual. This HCSD is not applicable in the event of an execution.

II. PROCEDURE:

In all cases of medical emergencies when CPR is indicated 911 must be called and the clinician notified.

When clear signs a patient has expired (i.e., rigor mortis or lividity) are present upon arrival of a medical emergency at a facility, the facility Health Services staff may call the clinician with this report and verify the time of death without calling 911 or initiating CPR.

In the event that clear signs of death are present but CPR was initiated, CPR must continue until time of death is called by a practitioner.

- A. Upon learning that a time of death was called for a patient (on-site or off-site), the nurse in charge shall:
1. Notify the highest ranking on-site Operations employee and the facility physician;
  2. Document immediately and fully in the patient's health record;
  3. Inform other Health Services staff as appropriate;
  4. Secure the health record, and
  5. Notify the CMO, Executive Director of Physical Health, and the Epidemiologist.

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B. The Warden or designee shall:

1. Inform the patient's next of kin using the procedure outlined in HCSD 1.21 , "Notification in Emergencies;"
2. Request the Coroner's Office or Medical Examiner (depending on the locality) and the Indiana State Police to review the circumstances surrounding the death, if the death occurred on-site and was unexpected or under suspicious circumstances (the Medical Examiner acts as an agent of the Coroner). Until the Coroner's/Medical Examiner's Office and State Police permit otherwise, the area in which the death occurred shall remain secure and intact (unless safety and security considerations make this impossible);
3. May request through the Coroner's/Medical Examiner's office that an autopsy be performed; however, the Coroner's/Medical Examiner's office has final authority regarding whether an autopsy is performed. In the event that an autopsy is completed a copy of the coroner's report is to be forwarded to the facility's Health Services Administrator, the Health Services vendor's Regional Director of Nursing, and Executive Director of Physical Health.
4. If the death occurred in a hospital or other location, the Coroner/Medical Examiner responsibilities are accomplished by the hospital. Autopsies are always encouraged by the Department; and,
5. Upon receipt of a copy of the official Certificate of Death and/or Autopsy Report (if applicable), the Warden shall provide a copy of each document with a corresponding cover letter addressed to the Executive Director of Classification and the Executive Director of Physical Health that summarizes the patient's sentencing information, cause of death, and any additional information deemed relevant in the matter.
6. If the deceased patient was a foreign national, the Warden or designee shall ensure that the nearest embassy or consulate of the deceased's home nation is notified.

C. All employees are expected to fully cooperate with the Coroner's/Medical Examiner's office and the Indiana State Police. Access to the health record as necessary for investigation shall be provided, within the limits of the applicable rules and regulations.

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- D. The Health Services Administrator shall alert the Health Services' Division Leadership; including the appropriate Executive Directors, Quality Assurance Managers and CMO in regards to the death, including time of death, patient name, date of birth, DOC number, past medical history, and circumstances surrounding the death (the Warden carries out a similar notification through the Warden's chain of command), and schedule a clinical critical incident review in compliance with HCSD 2.24, "Clinical Critical Incident Reviews"). After the Critical Clinical Incident review is completed, the paper health record shall be prepared for record storage.

### III. APPLICABILITY:

This HCSD is applicable to all facilities housing and providing health care for incarcerated adults.

signature on file

\_\_\_\_\_  
Kristen Dauss, MD  
Chief Medical Officer

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Date