

**216-RICR-60-10-1**

## **TITLE 216 - DEPARTMENT OF HEALTH**

### **CHAPTER 60 - LABORATORIES AND MEDICAL EXAMINER**

#### **SUBCHAPTER 10 - MEDICAL EXAMINER**

##### **PART 1 - Medical Examiner System**

### **1.1 Authority**

These regulations are promulgated pursuant to the authority conferred by R.I. Gen. Laws § 23-4-2(a) and are established to provide minimum uniform standards governing the reporting, investigation, and disposition of reportable deaths to assist the Office of State Medical Examiners (OSME), the general public, law enforcement agencies, hospitals, and physicians to maintain an effective medical examiner system.

### **1.2 Definitions**

- A. Whenever used in these rules and regulations, the following terms shall be construed as follows:
1. "Chief Medical Examiner" means the person responsible for the immediate supervision of the Office of State Medical Examiners.
  2. "Assistant Medical Examiners" means a duly licensed doctor of medicine or osteopathy appointed to assist the Office of State Medical Examiners on a part-time basis.
  3. "The Medical Examiner" means the Chief Medical Examiner, or his/her duly authorized agent or representative.
  4. "Law Enforcement Agencies" means (not limited to) state or municipal organized police forces, and federal, state or municipal officers concerned with law enforcement investigations.
  5. "OSME" means the Office of State Medical Examiners.

### **1.3 Establishment of Office**

OSME is established in the Department of Health in accordance with R.I. Gen. Laws § 23-4-2.

## **1.4 Functions**

The OSME shall function as prescribed in R.I. Gen. Laws § 23-4-3.

## **1.5 Jurisdiction**

The OSME shall have jurisdiction as prescribed in R.I. Gen. Laws § 23-4-4.

## **1.6 Procedures for Autopsies Against a Family's Religious Beliefs**

Procedures shall follow those prescribed in R.I. Gen. Laws § 23-4-4.1

## **1.7 Staffing**

OSME staffing qualifications, descriptions, and responsibilities shall follow those prescribed in R.I. Gen. Laws § 23-4-5.

## **1.8 State Medical Examiners Commission**

A State Medical Examiners Commission shall be established and shall follow the organization, procedure, and duties prescribed in R.I. Gen. Laws § 23-4-6.

## **1.9 Death Reporting Requirements**

- A. Requirements for reporting deaths to the OSME shall follow those prescribed in R.I. Gen. Laws § 23-4-7.
- B. In addition to those prescribed in R.I. Gen. Laws § 23-4-7, the following types of occurrences must be reported:
  - 1. All maternal deaths in which there is reasonable evidence to suspect a criminal abortion, and those deaths during or following therapeutic abortion or delivery, and all maternal deaths up to six (6) weeks following normal or abnormal delivery, and those maternal deaths after six (6) weeks if thought to be due to or resulting from any procedure involving pregnancy, delivery, and postpartum treatment.
  - 2. All cases where the immediate cause of death may be natural disease, but where a history of an injury exists which may have been responsible for initiating the sequence of events leading to death.
  - 3. All deaths during or following anesthesia, diagnostic or therapeutic procedures regardless of the location, procedure, and circumstances, or regardless of survival time if death is thought to be directly related to the procedure or complications resulting from said procedure.

4. All fetal deaths occurring without medical attendance or after delivery of a live born fetus following therapeutic abortion, or when inquiry is required in accordance with R.I. Gen. Laws § 23-3-17(e).
5. All instances in which the environment of present or past employment may have caused or contributed to death by trauma or disease, including any consequence of any physical or toxic injury incurred while employed, and including all deaths during or related to employment.
6. All sudden, unexpected, traumatic or any unnatural death after long term confinement of patients suffering from mental and physical disorders in hospitals, or nursing or personal care homes in accordance with the rules and regulations for Licensing of Nursing Facilities (Part 40-10-1 of this Title).
7. All deaths in which there is reasonable evidence to suspect accident, suicide, homicide, or other unnatural process or unusual manner.
8. All deaths occurring unexpectedly where the decedent was not under continuous medical treatment for the disease or condition believed to be the cause of death including:
  - a. instantaneous death without obvious cause;
  - b. death during or after an acute, unexplained rapidly fatal illness, including "crib death" (SIDS) of young infants;
  - c. deaths occurring in public places, such as buildings, streets, parks or like areas;
  - d. sudden deaths occurring on flights of aircraft landing in the state;
  - e. sudden deaths occurring on board ship docked at piers in the state or in state territorial waters.
9. All deaths in which the decedent was:
  - a. unattended by a physician in accordance with R.I. Gen. Laws § 23-3-16(d),
  - b. found dead without obvious cause,
  - c. not under treatment for the apparent cause of death, or
  - d. not seen by the attending physician within two weeks prior to death.
10. All deaths occurring, whether directly or indirectly related, from a narcotic drug, medicinal substance, drug treatment modality and including ethyl

alcohol containing beverages, whether sudden, or whether short or long term survival has occurred.

11. All deaths (whether homicide, suicide, or accident) in which an external cause or agent contributes to the death irrespective of the period between injury and death. External agents may include mechanical, chemical, electrical, thermal or another trauma.
12. Deaths of newborns and stillbirths delivered or occurring outside of a hospital or when the mother was involved in a recent or past traumatic event (motor vehicle crash, suicide attempt, etc.) that may have precipitated the delivery and may have a causal relationship to the newborn death, and all infant deaths occurring within 24 hours of delivery without known reasonable cause of death, or if the cause is suspected to be traumatic before, during or after said delivery.
13. In-hospital deaths including:
  - a. all deaths suspected to be due to or contributed to by trauma or whatever type (physical, firearms, chemical abortion, etc.) including accidentally, suicidally, and homicidally inflicted trauma;
  - b. deaths occurring while under the influence of anesthesia, during the post anesthetic period without the patient regaining consciousness, or following long term survival if the original incident is thought to be related to the surgical procedure or the anesthetic agent;
  - c. all deaths occurring during or following therapeutic or diagnostic procedures, including blood transfusions, whether thought to be related to death or independent therefrom;
  - d. all deaths where the industrial environment is suspected as cause of the terminal disease or where illness began on the job or at place of employment; or
  - e. all deaths occurring within 24 hours of admission.
14. Hospital emergency room deaths including:
  - a. all cases "dead on arrival",
  - b. deaths due to or suspected from trauma in accordance with § 1.9(B)(11) of this Part, and
  - c. deaths occurring within 24 hours of entry into the emergency room.

15. In-hospital or emergency room deaths specified in §§ 1.9(B)(13) and (14) of this Part, where the attending physician has no adequate or reasonable explanation of the cause of death.
- C. It shall be the duty and responsibility of any person, be he or she a physician, law enforcement officer, funeral director, hospital official, relative of the deceased person responsible for burial or cremation, or other individual having knowledge of any person, the circumstances of whose death may be categorized in accordance with § 1.9 of this Part, to immediately notify OSME.
- D. Any person reporting a death to OSME shall submit the following data: the name, address, and age of the decedent, if known; the location of the body, a summary of the circumstances of death, and any pertinent medical information, such as names of doctor, hospital, prescription, etc.

## **1.10 Investigations**

- A. In those instances where a person has met death in any manner or circumstance as stated in § 1.9 of this Part, the Medical Examiner shall determine the medico-legal authority of the case, and if accepted, shall take charge at the scene, if appropriate, in accordance with R.I. Gen. Laws § 23-4-8, and shall be the first to examine the dead body.
- B. The body shall not be disturbed without authorization of the Medical Examiner except in those cases in which a possibility of life remains, whereupon, the law enforcement officer or appropriate rescue team personnel on the scene shall initiate and facilitate such lifesaving procedures as may be appropriate.
- C. The Medical Examiner shall initiate the necessary investigatory procedures, which may include but shall not be limited to:
  1. investigating circumstances surrounding the death;
  2. viewing the scene of death;
  3. reviewing past medical and other history;
  4. conducting toxicology and other laboratory tests;
  5. examining physical evidence; and
  6. performing postmortem examinations or autopsies.
- D. Any information required by the Medical Examiner to conduct investigations shall be made available to OSME. Such information may include but shall not be limited to:
  1. medical histories;

2. witnesses' statements; and
  3. hospital records including X-rays, pertinent body fluid and other specimens, clothing, personal effects, medications and prescriptions, and any other items having a possible bearing on the cause and manner of death.
- E. In all traffic death situations, the following evidence shall be made available to the Medical Examiner:
1. the brake and accelerator pedals in all motor vehicle driver deaths;
  2. helmets and other protective gear in all cyclist deaths;
  3. all clothing and personal effects of decedents from any vehicular death, especially those in which an offending vehicle has left the scene ("hit and run");
  4. a copy of the incident report and subsequent investigation of any vehicular accident resulting in death;
  5. any vehicle, such as auto, cycles, or other when pertinent; and
  6. any weapon, instrument or other modality possibly related to the cause and manner of death.
- F. In crime scene investigations, the body of the victim shall not be disturbed and any weapons, ligatures, drugs, and any other evidence possibly related to the death shall be preserved at the scene for examination by the Medical Examiner. Normal police procedures such as inquiries, dusting for fingerprints, (excluding fingerprinting the deceased) and scene photography may be carried out prior to the arrival of the Medical Examiner. The Medical Examiner shall take charge, examine the body of the victim, and cooperate with the law enforcement agency or agencies conducting the police investigation.
- G. In narcotic or drug overdose death investigations, all related paraphernalia including needles, syringes, suspected drugs, tourniquet, etc., shall be removed by the Medical Examiner from the scene of occurrence. Such evidence as may be warranted shall subsequently be submitted by the Medical Examiner for toxicological examination, analysis, and report. In addition, the requirements of § 1.10(H) of this Part shall apply.
- H. In all cases of hospital emergency room deaths, hospitals shall maintain the following practices:
1. All clothing, including shoes, from any case of trauma including those possibly due to a criminal act, shall be retained and not washed, cleaned or disturbed.

2. Any clothing, foreign materials or other debris lodged in wounds shall be preserved, when possible.
  3. Needle marks incurred before arrival at the hospital shall be marked to separate "marks" from those received in emergency room.
  4. All wounds of a serious nature shall be precisely documented by diagram and description in the hospital record.
  5. X-rays, medical records, and other reports, or copies thereof, shall be made available to the Medical Examiner as requested.
  6. One blood specimen (full 10cc, red-top tube) shall be retained where feasible and labeled "Medical Examiner" from any victim of mechanical, (e.g. auto accident) chemical, ("overdose") or other trauma who is a potential fatality referable to the Medical Examiner. This blood specimen shall be discarded by the hospital laboratory in those cases discharged alive. Other body fluid and tissue specimens, including gastric contents, shall likewise be retained at least in part, and made available to the Medical Examiner upon request in case of death and acceptance of authority.
- I. In all cases of death within the authority of the Medical Examiner, any drug dispensing agency or drug rehabilitation program or like agency having contact with the decedent or his or her agent shall furnish, upon request, all pharmaceutical prescriptions and other relevant information.

### **1.11 Removal of Body from Scene**

- A. The Medical Examiner shall authorize the removal of the body of the decedent including pertinent evidence on or about the body, and including instrumentalities which may be pertinent to the cause and manner of death, to the state morgue, or to whatever place is deemed appropriate by the medical examiner.
- B. In the event a person dies suddenly in a public place from apparent natural causes or from a highway accident, provisions described in R.I. Gen. Laws § 23-4-9 shall be followed.

### **1.12 Autopsies**

- A. The Medical Examiner shall perform autopsies in those cases where, in the judgment of the Medical Examiner, the cause of death cannot be established with a reasonable degree of certainty and in those cases where the actual pathological findings must be documented, and in those instances where indicated in support of the provisions of R.I. Gen Laws Chapter 23-4 or this Part. In such cases autopsies may be performed without requiring permission of next of kin or legal representative.

- B. Hospitals may request permission to perform autopsies on reportable death cases only upon completion of the investigation by the Medical Examiner or upon release of jurisdiction of the case by the Medical Examiner.
1. In some circumstances, the Medical Examiner may permit the hospital to perform the autopsy prior to issuance of the death certificate, provided that hospital obtains the proper permission from the next of kin or legal representative.
  2. Hospitals performing autopsies must meet the requirements of the rules and regulations for the Licensing of Hospitals (Part 40-10-4 of this Title).
  3. Copies of any autopsy reports performed by hospitals on cases referred to or released by the Medical Examiner shall, upon request, be submitted to OSME.

### **1.13 Effects and Property of Deceased**

All articles and property of a deceased shall be handled per the provisions of R.I. Gen. Laws § 23-4-11.

### **1.14 Disposition of Deceased Bodies**

- A. The disposition of deceased bodies shall follow the provisions of R.I. Gen. Laws § 23-4-10. The public notices described in this section shall be no less than fourteen (14) days.
- B. In addition, any funeral director receiving permission to remove a decedent shall provide a written communication from the next of kin to OSME prior to removal of said decedent.
- C. If a person dies suddenly on a public highway or elsewhere in the public view and the death appears to be from natural causes or the result of injuries received from a highway accident, the procedure shall follow those provisions described in R.I. Gen. Laws § 23-4-9.

### **1.15 Pronouncement of Death**

Pronouncement of death shall be made, if appropriate, at the scene of death by the Medical Examiner only in those cases where OSME has assumed authority for investigation in accordance with § 1.10 of this Part. This pronouncement shall be in accordance with the uniform determination of death described in R.I. Gen. Laws § 23-4-16.



## **1.16 Issuance of Death Certificate**

Following investigations, postmortem examinations, or autopsies, the Medical Examiner shall prepare the death certificate in medicolegal cases and including but not limited to cases referred to in § 1.15 of this Part.

## **1.17 Notification of Death**

Notification of the death of any individual to the next of kin shall be the responsibility of the law enforcement agency in whose authority the death occurred.

## **1.18 Transplantation of Organs from Decedent Bodies or Cadavers**

- A. All cases of transplantation of organs from decedent bodies or cadavers shall follow the provisions detailed in the Revised Uniform Anatomical Gift Act, R.I. Gen. Laws Chapter 23-18.6.1.
- B. OSME shall be notified of all cases in which the transplantation of organs from bodies of persons who have died within the State of Rhode Island is to be carried out. A copy of any "document of gift", in accordance with R.I. Gen. Laws Chapter 23-18.6.1, shall be made available for examination by the Medical Examiner.
- C. The Medical Examiner reserves the right to approve or disapprove the execution of a donor transplantation procedure in cases which would create conflict with the discharge of responsibilities of OSME. When approval is given, a copy of approval, signed by the next of kin or legal representative shall be forwarded to the Medical Examiner. In homicide, suspected homicide cases, or those where a criminal act may have occurred, transplant of (donor) organs shall be prohibited unless specifically authorized by the Medical Examiner and the Attorney General.

## **1.19 Cremation**

- A. No body shall be cremated in, or removed from the state for purposes of cremation without a cremation certificate obtained from OSME in accordance with R.I. Gen. Laws § 23-3-18(e).
- B. Whenever the death of a person whose body is to be cremated has occurred outside the state of Rhode Island, a cremation certificate shall be obtained from OSME, following investigation of the case from the state or county in which the death occurred. The physician, hospital, and any other or involved party shall, upon request of the Medical Examiner, supply appropriate information regarding the deceased. The funeral director shall provide, where feasible, a certified copy of the certificate of death to the OSME for their interpretation and records.

- C. In those cases which appear suspicious or at variance from the available information, the Medical Examiner may request additional examinations including postmortem investigation and autopsy.

## **1.20 Records and Reports**

- A. Information and reports obtained from law enforcement agencies, local or state institutions, agencies such as hospitals, and employers in relation to deaths reported in accordance with § 1.9 of this Part, which are deemed by federal or state law to be confidential, shall be kept confidential by the OSME and be released only to person(s) who can demonstrate a legal right to said information and/or records and then only pursuant to a valid subpoena.
- B. Autopsies and other reports and findings of OSME (except homicides and other criminal cases remaining under investigation and awaiting adjudication) shall be available to:
  - 1. the next of kin or authorized legal representative responsible for the disposition of the body,
  - 2. insurance carriers subject to the written consent of the next of kin or authorized legal representatives, and
  - 3. physicians who were responsible for the care of the decedent.
- C. Copies of autopsy reports shall not be provided for inclusion in hospital medical records.
- D. All requests for reports must be submitted in writing.
- E. Certified copies of death certificates are to be procured from the Division of Vital Statistics, Rhode Island Department of Health.
- F. Certified copies of "Proof of Death" are available from the Medical Examiner in lieu of a death certificate which has not been completed.
- G. For Rhode Island Deaths, cremation certificates shall be available from OSME.

## **1.21 Fees for Reports and Services**

OSME shall collect fees for reports and services performed by OSME in accordance with the fee schedule set forth in the rules and regulations pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title). Agencies of state government, cities and towns shall be exempt from payment of fees.

## **1.22 Violations and Penalties**

Violations and penalties shall be as set forth in R.I. Gen. Laws § 23-4-7.

## **1.23 Exception**

Modification of any individual standard of this Part, for experimental or demonstration purposes, or as deemed appropriate by the State Medical Examiners Commission, if such modification will not be contrary to the public interest and the public health, shall require advance written approval by the State Medical Examiners Commission.

**216-RICR-60-10-1**

**TITLE 216 - DEPARTMENT OF HEALTH**

**CHAPTER 60 - LABORATORIES AND MEDICAL EXAMINER**

**SUBCHAPTER 10 - MEDICAL EXAMINER**

**PART 1 - MEDICAL EXAMINER SYSTEM (216-RICR-60-10-1)**

Type of Filing: Refile Capabilities

**Department of State**

---

Regulation Effective Date

Original Signing Date

---

Department of State Initials

Department of State Date