



Operating Procedure

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| Effective Date November 1, 2018 | Number 038.4 |
| Amended 12/1/18 | Operating Level Department |
| Supersedes Operating Procedure 038.4 (10/1/15) | |
| Authority COV §32.1-37.1, §32.1-263 §32.1-283, §32.1-309.2, §53.1-10, §53.1-25, §54.1-2900, §54.1-2972, §64.2-528 | |
| ACA/PREA Standards 5-6C-4395, 5-6C-4425; 4-4395, 4-4425; 4-ACRS-4C-21, 4-ACRS-7D-15; 2-CO-3B-02; 2-CO-4E-01 | |
| Office of Primary Responsibility Director of Security and Correctional Enforcement | |

Subject
**NOTIFICATION OF SERIOUS INJURY,
ILLNESS, OR DEATH**

Incarcerated Offender Access
Yes No

Public Access Yes No
Attachments Yes #2 No

I. PURPOSE

This operating procedure establishes procedures for the timely notification of appropriate individuals in the event of serious injury, illness, or death of an offender housed in a Department of Corrections facility. Protocols are provided for handling the remains of deceased offenders.

II. COMPLIANCE

This operating procedure applies to all units operated by the Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

III. DEFINITIONS

Death by Unknown Cause - Any death of an offender that is an unnatural death or not obviously a natural death as defined in this operating procedure

Emergency Contact - The person or persons designated by an offender to be contacted in an emergency

Immediate Family - Offenders' parents, step parents, grandparents, lawful spouse, biological, step or legally adopted children, and biological, half, step, or legally adopted siblings; appeals regarding an individual's status as immediate family will be decided by the Facility Unit Head.

Impending Death - In the independent judgment of the treating physician, death of the terminally ill offender is expected within a short period, generally a matter of days.

Life Threatening - A potentially fatal disease, illness or condition where there is a strong possibility that the disease, illness, condition, or situation is capable of causing death

Natural Death - Death of an offender occurring from illness, disease or old age rather than by accident, or by an act of violence

Serious Illness - A medical condition, other than injury, which requires immediate, unplanned admission to a hospital

Serious Injury - An injury, including self-injury, that requires urgent and immediate medical treatment and restricts the offender's usual activity; medical treatment should be more extensive than mere first aid, such as the application of bandages to wounds; it might include stitches, setting of broken bones, treatment of concussion, loss of consciousness, etc.

Unnatural Death - Homicidal, accidental, or suicidal death of an incarcerated offender

IV. PROCEDURE

A. All ill or injured offenders shall be given expedient medical attention and if indicated, transported immediately to an appropriate medical treatment center.

B. Facility responsibilities for a seriously ill or injured offender:

1. Protection of the area of illness or injury as a possible crime scene, if appropriate
2. Immediate notification of serious injury, as defined in this procedure, to an incarcerated offender shall be reported by telephone to the Operations and Logistics Unit (OLU) Operations Center (804-372-4447). (See Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.) The [Vital Information for Telephone Notification of Incident](#) 038_F1 may be used to gather critical facts for the initial telephone report.
3. In life threatening situations only, notification to the offender's emergency contacts in accordance with *Notification of Emergency Contact* Section of this operating procedure.
4. Filing of an Incident Report, if appropriate, as prescribed by Operating Procedure 038.1 *Reporting Serious or Unusual Incidents*
5. Inventorying and securing of the offender's personal property if the offender is transferred, hospitalized, or deceased.
6. Licensed Mental Health Units must report serious injury, illness, or death to the Department of Behavioral Health and Developmental Services, Department of Licensing within 24 hours of the event.

C. Notification of Emergency Contact (2-CO-4E-01)

1. At intake to the DOC, each offender should provide [Emergency Notification Information](#) 050_F11 (See Operating Procedure 050.1, *Offender Records Management*.) to identify their next of kin and other persons to be contacted in an emergency. The [Emergency Notification Information](#) 050_F11 shall be uploaded into VACORIS, updated as needed, and checked at each annual review to determine if the contact information is current.
2. If the offender does not have an emergency contact listed or the emergency contact cannot be reached, facility staff should review DOC records, visiting records, telephone calling lists and records, and search the offender's property to find next of kin or other persons the offender has contacted recently.
3. When life threatening injury, life threatening illness, of an offender occurs, whether a result of accident, violence, or other causes, the offender's emergency contact shall be notified unless security reasons dictate otherwise. In the event of an offenders death good faith efforts shall be made by designated staff to identify and to notify the next of kin of the offender as soon as practicable. If possible, permission for notification is obtained from the offender. (5-6C-4395; 4-4395; 4-ACRS-4C-21; 2-CO-3B-02)
 - a. Notification should be made as soon as practicable upon the determination that the offender has suffered a life threatening illness or injury or is deceased.
 - b. Notification of the life threatening injury or illness of an offender
 - i. The Facility Unit Head and the Health Authority should consult on specific cases they should report and what is to be left to the discretion of the offender.
 - ii. Notification shall include information concerning visiting, if visitation is permitted.
 - iii. If contact information is provided and authorized notification of life threatening illness or injury may be made initially by telephone. If the emergency contact cannot be reached by telephone, other reasonable efforts should be made.
 - iv. Voice mail should not be used to provide relevant details of an offenders life threatening injury, or life threatening illness. Staff making the notification call should leave the appropriate contact information, request a return call, and advise when they will attempt to call again.
 - v. Staff making the notification call should always exhibit ethical and professional behavior when contacting the emergency contact or family member. Staff must:
 - (a) Be prepared with all known information before initiating the notification call. Relate the situation directly and in plain language.
 - (b) Do not leave messages with any person other than the designated contact.

- (c) Be honest and objective. Relate only those details that have been verified and known to be accurate.
- (d) Do not speculate on unknowns.
- (e) Compassion is the most important resource you bring to a notification call.
- (f) Treat each person with respect and dignity.
- (g) Be careful not to state any personal religious beliefs you may hold.
- (h) Be alert for adverse reactions. The information you bring may be upsetting.
- (i) You may use, as a guide, the suggested phone script provided below.

Good (Evening, Morning, Afternoon), May I speak with (contacts name)?

My name is (callers' name) I am the (position title) at (facility name) where (offenders' name), your (relationship) is currently located.

You are listed by (offenders name) as the person to contact in case of an emergency. I need to inform you of the (serious illness or injury) of (offenders' name). I will attempt to keep you informed as to the condition of (offenders' name) as we know more information.

He (she) is currently located at (name of hospital, address). For further information as to his (her) condition, you may call the hospital at (telephone number) or contact my office at (telephone number) for updates. Please do not go to the hospital; offenders are not allowed to receive visitors without prior approval from the (Warden/ Superintendent) of (facility name).

Again, I regret the (illness, injury) of your (relationship).

- vi. A follow-up letter is to be sent to confirm the call. A suggested form for the letter of notification of life threatening injury or illness is:

(Mr. or Ms.) (Name of contact listed),

I regret to inform you of the (serious illness or injury) to (offenders' name) your (relationship) who is assigned to (facility name). I shall attempt to keep you informed as to the condition of your (relationship).

He (she) is currently located at (name of hospital, address). For further information as to his (her) condition, you may call the hospital at (telephone number) or contact my office for updates. Please do not go to the hospital; offenders are not allowed to receive visitors without prior approval from the (Warden/ Superintendent) of (facility name).

Again, I regret the (illness, injury) of your (relationship).

Sincerely,
(Facility Unit Head)

c. Notification of the death of an offender

- i. COV §32.1-283 requires that in addition to notifying the emergency contact, the facility shall make good faith efforts to identify and to notify the next of kin of the decedent. Identity of the next of kin, if determined, shall be provided to the Chief Medical Examiner upon transfer of the body.
- ii. The Facility Unit Head or designee should make notification of the death of an offender.
- iii. Staff making the notification call should always exhibit ethical and professional behavior when contacting the emergency contact or family member. Staff must:
 - (a) Be prepared with all known information before initiating the notification call. Relate the situation directly and in plain language.
 - (b) Do not leave messages with any person other than the designated contact.

- (c) Be honest and objective. Relate only those details that have been verified and known to be accurate.
- (d) Do not speculate on unknowns.
- (e) Compassion is the most important resource you bring to a notification call.
- (f) Treat each person with respect and dignity.
- (g) Be careful not to state any personal religious beliefs you may hold.
- (h) Be on alert for adverse reactions. The information you bring may be upsetting.
- (i) You may use, as a guide, the suggested phone script provided below.

Good (Evening, Morning, Afternoon), May I speak with (contacts name)?

My name is (callers' name) I am the (position title) at (facility name) where (offenders' name), your (relationship) is currently located.

You are listed by (offenders name) as the person to contact in case of an emergency. I need to inform you of the death of (offenders' name). Your (relationship), (Offenders name) passed away on (date and time). Please accept our condolences for your loss.

(Offenders name) remains have been released to (name of contracting mortuary, address and phone number of mortuary). They will be expecting your call for further instructions for the final disposition of (offenders' name). If not claimed within 48 hours, disposition must be made as provided by law. Please notify (contract mortuary) whether you will provide instructions. You may contact the Medical Examiner's Office at (XXX) XXX-XXXX if you have questions regarding the cause of death of your (relationship).

I will attempt to keep you informed as we learn more information. You will receive a follow up confirmation letter containing the information I just shared with you and which will contain additional resources.

Again, I extend our condolences in the passing of your (relationship).

- iv. The Facility Unit Head must send a follow-up letter of confirmation of death within one working day. The format for the letter should be similar to the sample provided below:

_(Mr. or Ms.) (Name of contact listed),

It is with regret that I must inform you of the death of (offenders name) your (relationship). He/she passed away at (time) on (day, date).

(Offenders' name) remains are currently at (funeral home, morgue, or medical examiner's office). They will be expecting your call for further instructions for the final arrangements for (offenders' name). If not claimed within 48 hours, disposition must be made as provided by law. Please notify (contract mortuary) whether you will claim the remains. You may contact the Medical Examiner's Office at (XXX) XXX-XXXX if you have questions regarding the cause of death of your (relationship).

We will be forwarding to you in a separate mailing a guide to community resources that you may find useful.

You may contact (name of Counselor) at (offenders' name) previously assigned facility, (name of facility/ telephone number) to provide information in relation to securing the (offenders' name) property and closing out any offender accounts.

Again, please accept our condolences to you and other family and friends of (offender's name).

Sincerely,
(Facility Unit Head)

- d. A copy of all letters of notification will be retained in the offender's facility record and the institution's administrative files and will be uploaded in to VACORIS as an external document.
4. The responsibility for notification of next of kin following the death of an offender is dependent upon their assigned facility at the time of death.
 - a. Death at a DOC Operated Hospital Security Ward (MCV Secure Care)
 - i. When a death occurs at the security ward, the notification call shall be made by the attending physician or the Secure Care Assistant Warden.
 - ii. The Secure Care Assistant Warden / designee will contact the Facility Unit Head of the offender's assigned facility to provide pertinent information and to advise that the next of kin has been notified.
 - iii. It shall be the responsibility of the offender's assigned facility to provide pertinent information to the family in relation to securing the offenders property and closing out any offender accounts.
 - iv. Appropriate notifications will be made as detailed in Operation Procedure, 038.1, *Reporting Serious or Unusual Incidents*.
 - b. Death at a Local Hospital - The Facility Unit Head or Administrative Duty Officer at the offender's assigned facility will ensure that the emergency contact/next of kin is notified.
 - c. For those offenders who have been transferred to and deceased at the Deerfield Medical Unit, Fluvanna Medical Unit, the Greensville Medical Unit, or the Powhatan Medical Unit regardless of the previously assigned facility, it will be the responsibility of the respective Facility Unit Head (Deerfield/Fluvanna/Greensville/Powhatan) to assure notification of the emergency contact/next of kin.

D. Special Visits for Impending Death

1. The immediate family of an offender facing impending death as defined in this operating procedure may be considered for a special visit in accordance with Operating Procedure 851.1, *Visiting Privileges*.
2. Offenders assigned to Security Levels 4, 5, 6, or S are not eligible to have an impending death special visit unless approved by the Regional Operations Chief.
3. If the offender is housed at an institution and is not physically able to attend a visit in an area normally used for special visits, arrangements should be made for a bedside visit in an appropriate area such as infirmary or medical observation unit.
4. In the event of impending death of an offender who housed at a hospital, permission may be granted for a Special Visit for members of the immediate family.
 - a. Offenders are not normally allowed to receive visitors, including hospital staff, not directly involved in the offender's care.
 - b. The Facility Unit Head or Administrative Duty Officer, in the Facility Unit Head's absence, may authorize hospitalized offenders to receive visits from immediate family members.
 - c. In all cases, the judgment of the attending physician or other recognized medical authority may overrule the decision to authorize a Special Visit by the immediate family. Hospital policy will take precedent over Department of Corrections operating procedures.
 - d. Visitation approvals should be for specific members of the offender's immediate family to visit on a specific time and date. Visits should not exceed one hour or other limitations based on hospital policy.
 - e. Identification and dress requirements for hospital visits shall be the same as for institution visits.
 - f. Searches of visitors must be conducted in accordance with Operating Procedure 445.1, *Employee, Visitor, and Offender Searches*.
 - g. Visitors are not be allowed to bring any items to the offender or leave any items in the offender's room.
 - h. Purses, vehicle keys, coats, hats, and other such items should be placed in an area out of offender and visitor reach and under the supervision of Corrections Officers.

- i. The offender may be allowed a hug and a kiss with each visitor on arrival and departure of the visitors. No contact other than holding hands should be allowed during the visit.
- j. No more than two adult visitors may be allowed in the offender's room at any time. The Facility Unit Head or Administrative Duty Officer will determine the number of minor children allowed to visit at any one time with the offender.
- k. Corrections Officers will closely monitor all visits.
- l. Disruptive, unruly, or individuals who display behavior inconsistent with Operating Procedure 851.1, *Visiting Privileges*, will have their visit terminated. Due to the sensitive nature of the visit, the Facility Unit Head or Administrative Duty Officer is responsible for making notification to the family member that their visit is terminated.

E. Pronouncement of Death (2-CO-4E-01)

1. When an offender death occurs, the facility physician, if available, shall pronounce death.
2. If the facility physician is not available, the local Medical Examiner should direct the facility as to where the body will be pronounced.
3. Under the following circumstances, a registered nurse employed by DOC (including contract medical providers) can pronounce death: (Per COV §54.1-2972, all the following criteria must be met.)
 - a. The nurse is directly involved in the care of the patient.
 - b. Death has occurred.
 - c. The patient is under the care of a physician.
 - d. Death has been anticipated.
 - e. The physician is unable to be present within a reasonable time to determine death.
 - f. There is a valid Do Not Resuscitate order for the patient who died.
4. Once death has been pronounced, any restraints will be removed from the body. Under no circumstances will a body be transported or transferred to the Medical Examiner with handcuffs or leg irons.

F. Facility Responsibilities after Death of an Offender (5-6C-4425; 4-4425)

1. When an offender death occurs, the Facility Unit Head, or Administrative Duty Officer if the Facility Unit Head is unavailable, should insure proper handling of the body in accordance with this operating procedure and timely notification of required parties.
2. If an investigation is warranted, a deceased offender's body should not be moved, fingerprinted, or tagged until released by the investigator.
 - a. Exceptions may be made when the death has occurred in an area containing other offenders who cannot be easily secured.
 - b. When it cannot be determined if the offender is actually deceased, the person may be moved as necessary for medical care.
3. Following verification of a death, the facility should protect the site of discovery and surrounding area as a possible crime scene.
4. The following authorities shall be notified of the offender's death (5-6C-4425; 4-4425, 4-ACRS-7D-15)
 - a. Immediately notify the Operations and Logistics Unit (OLU) Operations Center (804-804-372-4447. (See Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.) The [Vital Information for Telephone Notification of Incident](#) 038_F1 may be used to gather critical facts for the initial telephone report.
 - b. In the event of apparent or actual suicide, notify the Chief of Mental Health Services no later than the next working day.
 - c. The Health Services Director and Chief Physician shall be notified by email and a copy of the

- incident report shall be sent via e-mail or FAX.
- d. As soon as sufficient details are available, but within three hours, notify the offender's emergency contact.
 - e. Submit an Incident Report, if required by Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
 - f. Make appropriate entries in VACORIS to update the offender's status.
5. A "Toe Tag" should be affixed to the right, large toe of the deceased indicating the individual's full name, number, facility where death occurred, what infectious diseases, if any, the deceased was known to have had immediately prior to death, and the signature of the individual preparing the "toe tag".
- a. At the time of transferring the body of a dead offender to the Medical Examiner's Office or to a funeral home, they shall be notified if the offender has any one or more infectious diseases as defined by Board of Health, *Regulations for Disease Reporting and Control*, Section [12VAC5-90-90 F](#). At the time this operating procedure was written, the following conditions were included:
 - Creutzfeldt-Jakob disease
 - Human immunodeficiency virus infection
 - Hepatitis B
 - Hepatitis C
 - Monkeypox
 - Rabies
 - Smallpox
 - Syphilis, infectious
 - Tuberculosis, active disease
 - Vaccinia, disease or adverse event
 - Viral hemorrhagic fever
 - b. Notification should be made by writing on the dead person's toe tag that the person had, immediately prior to death, one of the diseases specified.
 - c. Notification of infectious diseases should also be made verbally prior to releasing the body of the deceased to the Medical Examiner, funeral home, or transport service.
 - d. Each facility is responsible for purchasing Post Mortem Hospital Body leak proof bags and toe tags for identification and transport of deceased offenders.
6. The Facility Unit Head of the facility responsible for notification of the emergency contact shall also be responsible to notify the Virginia State Police of the offender's death.
- a. Obtain a set of fingerprints
 - i. If the death is an unnatural death or death by unknown cause, Facility staff shall request that the Medical Examiner provide one set of fingerprints of the deceased offender.
 - (a) DOC staff SHALL NOT fingerprint a deceased offender in an unnatural death or death by unknown cause unless the Medical Examiner's Office declines to provide fingerprints.
 - (b) If the death is an unnatural death or death by unknown cause, DOC staff should place the deceased offender's hands in clean paper bags (one bag for each hand) prior to transportation to the Medical Examiner.
 - (c) At no time will plastic bags be used as a substitute for paper bags.
 - ii. If the death is a natural death, the facility is responsible for obtaining fingerprints. Each facility should have access to trained facility staff and equipment for fingerprinting deceased offenders.
 - b. A [Death Notice SP-172](#) 038_F2, will be completed in its entirety.
 - c. As soon as they are both available, the *Death Notice* and the fingerprints shall be forwarded together to: Department of State Police, Central Criminal Records Exchange, P. O. Box 27472,

Richmond, Virginia 23261-7472.

7. Inventory and secure the offender's personal property.
8. Distribute the offender's funds and personal property in accordance with Operating Procedure 802.1, *Offender Property*.

G. Transfer of the Body

1. Per COV §32.1-283, the death of any offender incarcerated in a DOC facility shall be investigated by the Medical Examiner.
2. The facility shall contact the District Office of the Chief Medical Examiner (see Attachment 1) for instructions on handling the body.
3. The District Office of the Chief Medical Examiner will instruct that the body be transported to the District Office of the Chief Medical Examiner for further examination (including autopsy) or that the body may be released to a funeral home as determined by the emergency contact/next of kin or the facility if no one claims the body.
4. The Department of Corrections does not require an autopsy. The facility physician or Chief Physician may request one, but the decision rests solely with the Medical Examiner.
5. If the body is sent to a District Office of the Chief Medical Examiner, it must be accompanied by a copy of relevant information from the offender Health Record.
6. Bodies should be transported in a Post Mortem Hospital Body leak proof bag with appropriate tags.
7. The facility should make arrangements with a local funeral home or a transport service for transfer of the body. The facility may transport the body if a vehicle is available that is designed for the purpose and properly equipped with a gurney, stretcher, or cot.
8. Per COV §32.1-263, the Medical Examiner will issue the death certificate for the deceased offender and until the death certificate is available, the body cannot be released to the family.
9. Per COV §32.1-309.2 B, in the case of an offender who has been received into a DOC facility and died prior to release, whose body is unclaimed, the Department of Corrections shall bear the reasonable expenses for cremation or other disposition of the body.
 - a. The facility to which the deceased was assigned shall procure the services of a local funeral service for disposition of the remains by cremation.
 - i. The facility shall be responsible for all reasonable expenses associated with the transportation, cremation, and disposal of ashes.
 - ii. If the DOC pays for cremation, the ashes should be disposed of instead of given to the family.
 - iii. COV §32.1-309.2 E and §64.2-512 provide for seizure of assets from the deceased person's estate out of which burial expenses can be paid, either in whole or in part.
 - iv. Under this law, the Trust Account balances for a deceased offender could be used to help pay certain costs if his body was unclaimed.
 - b. In the case of a person who has been received into the state correctional system and died prior to his release and whose claimant is financially unable to pay reasonable expenses of disposition, the expenses shall be borne by the county or city where the claimant resides. The locality may submit a claim against the offender's account for reimbursement of costs incurred by the locality.
 - c. When a decedent's next of kin indicates they will claim the body, the Facility Unit Head or designee should check with the Medical Examiner's office within 30 days of notification to emergency contact/next of kin to determine if the body has been claimed.
 - i. If not claimed in 30 days after release by the Medical Examiner, the Facility Unit Head or designee should contact the emergency contact/next of kin to determine the circumstances. The emergency contact/next of kin should be advised to contact local or city authorities where the claimant lives if the reason is financial.
 - ii. The emergency contact/next of kin should be advised that they are responsible to determine

- the disposition of remains and that if appropriate arrangements are not completed within 30 days, the Department of Corrections will complete disposition.
- iii. The emergency contact/next of kin should be requested to inform the facility designee with contact information of the party who will be arranging for disposition.
 - iv. If the emergency contact/next of kin is not going to arrange for claim of the body, an attempt should be made to obtain documentation of this decision and then proceed as for an unclaimed body.
 - v. If unable to notify the decedent's next of kin despite good faith efforts, the Facility Unit Head or designee shall document such efforts and notify the primary law enforcement agency for the locality who will then attempt to notify the decedent's next of kin. If the primary law enforcement agency for the locality is unable to identify and notify the decedent's next of kin within ten days of initial contact by the Department of Corrections, the Facility Unit Head or designee shall proceed with disposal of the decedent's remains as unclaimed in accordance with COV §32.1-309.2 and this operating procedure.
- d. After notification to the emergency contact/next of kin of the need to arrange disposition of the remains, the Facility Unit Head/designee should continue to check with the Medical Examiner's office as appropriate to assess status of disposition of remains. If disposition of remains has not been completed within 30 days, the Office of Health Services should be notified and the Facility Unit Head/designee should proceed with completion of disposition of remains as an unclaimed body.

H. Health Records/Office of Health Services Investigation/Reports (added 12/1/18)

1. Upon receiving information of an offender's death, the DOC Chief Physician or designee will contact facility medical staff and obtain current, pertinent information regarding circumstances of death.
2. The facility physician and nurse will make a summary medical note in the Health Record to include antecedent causes of death, if known; medical diagnosis; last time seen by medical personnel; offender's complaint; current medications and other pertinent information.
3. After closing out the Health Record, it should be delivered immediately to the Office of Health Services, attention Chief Physician or designee.
4. The Office of Health Services will collect all pertinent data, (i.e., Incident Reports, health records, autopsy reports, etc.), for review by the Chief Physician or designee. The Chief Physician or designee will prepare a report of his findings for the Chief of Corrections Operations.
5. The Office of Health Services will keep a log of all deaths. All background data on offender deaths will be kept on file in the Office of Health Services.
6. The Chief Physician or designee should review/discuss offender deaths at physicians' meetings. The facility physician where the death occurred may be required to discuss circumstances and associated health care.

I. Medical Certification Portion of Death Certificate for Released Offenders

1. In accordance with COV §32.1-263, when the Medical Examiner has refused jurisdiction for an offender who dies after release from a DOC facility and the facility physician is the last physician to furnish medical care, the facility physician is responsible for completing and signing the medical certification portion of the Death Certificate.
2. The medical certification shall be completed and signed in black or dark blue ink, and returned to the funeral director within 24 hours after notification of the death.
3. In the absence of the facility physician or with their approval, the certificate may be completed and signed by the following:
 - a. Another DOC affiliated physician
 - b. A physician assistant supervised by the physician
 - c. A nurse practitioner practicing as part of a patient care team as defined in COV §54.1-2900

d. Chief Physician

e. Individual to whom the physician has delegated authority to complete and sign the certificate if death is due by natural causes and if such individual has access to the medical history of the case.

4. If the death is a natural death and a death certificate is being prepared in accordance with COV §54.1-2972, and the individual designated to sign the certification is uncertain about the cause of death, they shall use their best medical judgement to certify a reasonable cause of death or contact the health district physician director in the district where the death occurred to obtain guidance in reaching a determination as to the cause of death and document the same.
5. An individual designated to sign the certification, who in good faith, signs a certificate of death or determines the cause of death shall be immune from civil liability, only for such signature and determination of causes of death on such certificate, absent gross negligence or willful misconduct.
6. If the cause of death cannot be determined within 24 hours after death, the medical certification shall be completed as provided by regulations of the Board of Medicine and the funeral director shall be given notice of the reason for the delay.

J. Notification of the death of a Foreign National

1. At the time of initial intake, the county of origin of a foreign national must be established.
 - a. This responsibility rests with the initial DOC reception facility.
 - b. The county of origin information will be documented in VACORIS.
2. Upon the death of a foreign national, the offender's consular officials must be notified.
3. Notification to consular officials to should be made as soon as practicable, no later than 72 hours after the offender's death.
4. In the event of death, efforts are to be made to contact consular officials outside of normal hours.
5. If a voice message is left on an answering machine, a follow-up call during normal business hours to ensure that it was received should be made. The voice message should only leave contact information and a request that the call be returned.

K. *Virginia Department of Corrections Bereavement Guide for Family and Friends* (Attachment 2)

1. At the occurrence of an offender death, the Facility Unit Head or designee makes notification to the deceased offender's next-of-kin or emergency contact informing them of the death of an offender.
2. A follow up notification letter is also to be sent to the deceased offenders designated contact.
3. A copy of Attachment 2, *Virginia Department of Corrections Bereavement Guide for Family and Friends* is to be included with the letter of notification.

L. Staff Training

1. The Academy for Staff Development (ASD) shall cause training to be developed based on this operating procedure.
2. This training will place emphasis on facility administrative and supervisory staff demonstrating an understanding of the processes defined in this operating procedure and ensuring that all staff are conscious of the need to be empathic in their dealings with the family and friends of the deceased offender.

V. REFERENCES

Board of Health, Regulations for Disease Reporting and Control, Section [12VAC5-90-90 F](#)

Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*

Operating Procedure 050.1, *Offender Records Management*

Operating Procedure 445.1, *Employee, Visitor, and Offender Searches*

Operating Procedure 802.1, *Offender Property*

Operating Procedure 851.1, *Visiting Privileges*

VI. FORM CITATIONS

[Vital Information for Telephone Notification of Incident](#) 038_F1

[Death Notice SP-172](#) 038_F2

[Emergency Notification Information](#) 050_F11

VII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years after the effective date.

Signature Copy on File

10/5/18

A. David Robinson, Chief of Corrections Operations

Date