



## Orange County Emergency Services

### Standard Operating Guidelines

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**SOG Name:** Decedent Affairs

**SOG Number:** GEN-031

**Submitted By:** Darshan Patel

**Approved By:** F.R. Montes de Oca

**Date Effective:** December 1, 2012

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#### I. OBJECTIVE

1. To ensure the dignity, security, and chain of custody of unidentified bodies, unclaimed decedents, and cases on hold for the Medical Examiner as defined by state law or administrative code.

#### II. GOAL

1. To create uniform storage guidelines ensuring the dignity, security, and chain of custody of deceased bodies.

#### III. SCOPE

1. This guideline applies to all Orange County Emergency partner agencies.

#### IV. HANDLING THE BODY

1. When handling the body, gloves and a facemask are required. Extra equipment such as protective eye wear, and disposable aprons or gowns are used when at risk or have reasonable suspicion of biohazard exposure.
  - a. § 130A-395 states, "Persons handling bodies of persons who died and were known to have HIV infection, hepatitis B infection, Jakob-Creutzfeldt, or rabies shall be provided written notification to observe blood and body fluid precautions."

#### V. RECEIVING THE BODY

1. BEFORE the body can be accepted at OCES for storage, the body must be placed in a body bag and identified with a tag.
  - a. If an ME case, such as a homicide, suicide, or suspicious death, and the ME requests the County hold the body until an autopsy can be done, a clean white sheet must be put over the body to protect evidence or other procedure must be followed per ME instructions.
2. Bodies received by OCES must be accompanied by a law enforcement representative from the authority having jurisdiction (AHJ).
3. Body is assigned the OCA (Originating Case Agency) Number.

- a. The identification number, name of person (if known,) and time of storage are written on waterproof tags in waterproof ink by the AHJ representative.
4. The tags are attached to body's wrist and left toe. If this is not possible, the location of the tags placement will be documented on the intake form.
5. Body bags must be zippered and preserved with a tamper evident seal by the AHJ representative.
  - a. If the seal breaks this must be reported on the intake or release form by the AHJ representative.
6. Once in the facility, the body will be placed and locked inside the body cooler.
7. The intake form is completed and signed by both delivering contractor, receiving agent (OCES Representative), and by the AHJ representative.
8. All forms are filed and information is logged into a restricted board in WebEOC by an OCES representative.
  - a. All forms are scanned for in a restricted board in WebEOC.
9. Once the body has been stored the County Manager and the Director of Emergency Services should be notified of the situation.

#### **VI. RECEIVING AND RELEASING PERSONAL EFFECTS**

1. Personal effects will be catalogued in a tagged container with a tamper-evident seal when the body is taken to the storage unit. The AHJ representative will complete the personal effects form log.
2. If the case is a non-ME case, all personal effects will be stored securely in the same room as the body cooler until the release of the body.
  - a. The personal effects will be released under the direction of the AHJ representative to the transportation company who will then deliver them with the body.

#### **VII. CONTACTING NEXT OF KIN/UNKNOWN REMAINS**

1. After body is stored, if the identity of a decedent is unknown, involved law enforcement personnel have responsibility of finding next of kin and identity of the body.
  - a. If next of kin is not found within 10 days, follow Unclaimed Body Procedures (Section X).
2. OCES will cooperate with law enforcement if access to the cooler is necessary for identification.
3. The OCES Watch Officer shall contact the AHJ after 8 days to finalize disposition.
  - a. The OCES Watch Officer is responsible for notifying the next WO of the situation and providing all necessary information upon transition from one WO to the next.
4. The County Manager and the Director of Emergency Services should be informed of all notification operations and be continually updated on any findings.

#### **VIII. RELEASING THE BODY**

1. Releasing a body under the direction of the AHJ representative
  - a. All bodies will be released and transported via the selected contractor.
  - b. The AHJ representative, OCES, and the transport contractor must complete all release paperwork with signatures.
2. Toe and wrist tags are verified by the AHJ representative against the numbered folder paperwork before transferred into the vehicle
3. The AHJ representative will summarize any unusual circumstances to the Medical Examiner or Funeral Home.

- a. Pursuant to § 130A-395, funeral personnel must be notified if the decedent is known to have one of the previously mentioned conditions.
- 4. OCES oversees the sanitization of the body cooler by a contractor under the direction of the OC Department of Health.
  - a. OCES replaces forms in numbered folders in body cooler room.
- 5. The County Manager and the Director of Emergency Services should be notified upon releasing the body. Additionally, the County Manager and Director of Emergency Services should be notified when the case has been closed.

**IX. TRANSPORTATION PROCEDURES**

- 1. OCES will coordinate transportation of decedents through independent contractors.
- 2. OCES will contract with several different companies and rotate use of contractors.
- 3. Contractors, under the direction of the AHJ representative, will fill out all transportation forms.
- 4. The AHJ representative will supervise the contractor at all times.
- 5. The AHJ representative will call the receiving entity within 24 hours to confirm delivery.

**X. UNCLAIMED BODIES**

- 1. NC General Statute § 130A-415, defines the procedure for releasing unclaimed bodies that are NOT under Medical Examiner Jurisdiction.

**XI. FORMS**

- 1. The following is a list of forms with required information. All information is to be completed and signed by the AHJ representative and witnessed by all parties as identified above.
  - a. Intake Form Contents
    - i. Identification information including assignment of unique ID number
    - ii. Names of the AHJ representative and the OCES representative
    - iii. Physical characteristics (Height, Weight, Eye color, Hair color, etc)
    - iv. Number of storage container where body is placed
    - v. Time/Date placed and sealed in storage unit
    - vi. Witness signature
  - b. Release Form Contents
    - i. Name and information of funeral home and Funeral Director or Name and identification number.
    - ii. Number and Inventory of Items released with the body
    - iii. Next of Kin Information (Name, Contact Phone number, etc)
    - iv. Witness signature
  - c. Chain of Custody/Personal Effects Form Contents
    - i. Identification number of body
    - ii. Name of ME
    - iii. Names of the AHJ representative and the OCES representative
    - iv. Date and time
    - v. A complete numbered inventory of contents. (I.e. 1 brown wallet, 1 cell phone)
      - 1. Descriptions of items should not contain any words that could be valuable. For example, 1 gold ring should be catalogued as "1 yellow colored ring."
    - vi. Name of person relinquishing control of body or objects along with time, date, and location

- vii. Signature of the AHJ representative receiving body or objects along with time, date, and location
  - d. Transportation Form Contents
    - i. Identification of body being transported including unique ID number
    - ii. License tag of the vehicle
    - iii. Name and License Number of the Driver
    - iv. Date and Time of Departure
    - v. Destination information
    - vi. Signed statement of understanding that there are no detours, and assuming full responsibility of the body.
    - vii. Witness signature
    - viii. Next of Kin information (Name, contact phone number, etc)
    - ix. If applicable, Social Services Contact Information
- 2. A 5-slot folder holder will be hung on the back of the cooler room door.
  - a. In each slot there will always be a blank set of all forms. Intake, Chain of Custody, Release, and Transportation forms.
  - b. OCES staff will retrieve the forms and keep the whole set in the properly numbered folder throughout the storage duration.
  - c. All forms will be verified with the toe/wrist tag to assure a match of the decedent and the paperwork of the decedent.
- 3. Each form is to be filled out with the printed name and signature of the AHJ representative, OCES representative, and transportation company personnel.
  - a. No release of body will be completed until all forms are filled out and verified
  - b. Each form must be witnessed and signed by the AHJ representative, contractors, and OCES.
  - c. All forms will be entered into a restricted WebEOC board.



# Orange County Emergency Services



Colonel F. Rojas Montes de Oca, Jr.  
Director

## Decedent Intake Form

### AGENCY/CASE DATA

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Originating Agency: Agency Case Number:  
Decedent ID #: Cooler Slot #:  
Date Body was Found: Location Body was Found:  
Medical Examiner Case?: ME Name:  
ME ID Number:  
ME Phone Number:  
Law Enforcement Contact Name:  
Law Enforcement Phone Number:  
OCES Contact Name:  
OCES Contact Phone Number:

### BODY PART STATUS

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Complete Body or Skeleton:

Cranium:	Mandible:	Torso:
Right Upper Arm:	Right Forearm:	Right Hand:
Left Upper Arm:	Left Forearm:	Left Hand:
Right Upper Leg:	Right Lower Leg:	Right Foot:
Left Upper Leg:	Left Lower Leg:	Left Foot:

### INTAKE

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Contact Name: Case Number:  
Location: Telephone Number:  
Date of Intake: Time of Placement in Cooler:  
Cooler Number: State of Tamper Evident Seal:



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## PERSON DATA

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First Name:

Middle Name:

Last Name:

Identity Confirmed?:

Street Address:

City:

State:

Zip Code:

County of Residence:

Sex:

Race:

Height:

Weight:

Hair Color:

Eye Color:

Estimated Year of Birth:

Manner and Cause of Death:

Estimated Date of Death:

Scars, Marks, and Tattoos:

Finger Print Classification:

Foot Prints Available:

Blood Type:

X-Rays Available:

Jewelry Type and Description:

Miscellaneous:

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Report date: \_\_\_\_\_

Reporting personnel signature: \_\_\_\_\_

Receipt date: \_\_\_\_\_

Receiving officer signature: \_\_\_\_\_



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## Decedent Personal Effects Tracking Form

### AGENCY/CASE DATA

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Originating Agency: \_\_\_\_\_

Agency Case Number: \_\_\_\_\_

Decedent ID #: \_\_\_\_\_

Cooler Slot #: \_\_\_\_\_

Date Body was Found: \_\_\_\_\_

Location Body was Found: \_\_\_\_\_

### PERSONAL EFFECTS

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Number of Items	Item Description	Location Found	Person Receiving Items	Initial	Person Transferring Items	Initial	Date/Time

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Signature of AHJ Representative: \_\_\_\_\_

Signature of OCES Personnel: \_\_\_\_\_



# Orange County Emergency Services



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## Decedent Transportation Form

### AGENCY/CASE DATA

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Originating Agency: \_\_\_\_\_ Agency Case Number: \_\_\_\_\_  
Decedent ID #: \_\_\_\_\_ Cooler Slot #: \_\_\_\_\_  
Date Body was Found: \_\_\_\_\_ Location Body was Found: \_\_\_\_\_

### TRANSPORTATION INFORMATION

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Contractor Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Contractor License Number: \_\_\_\_\_ License Plate of Vehicle: \_\_\_\_\_  
Destination: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Transportation: \_\_\_\_\_ Time of Transportation: \_\_\_\_\_

### MEDICAL EXAMINER INFORMATION

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Medical Examiner Name: \_\_\_\_\_ ME ID Number: \_\_\_\_\_  
ME Phone Number: \_\_\_\_\_

### NEXT OF KIN INFORMATION

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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I hereby attest that I will not take any detours and will drive directly to the receiving agency.

Signature of Transportation Contractor: \_\_\_\_\_

Confirmed by:

Signature of AHJ Representative: \_\_\_\_\_

Signature of OCES Personnel: \_\_\_\_\_



# Orange County Emergency Services



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Director

## Decedent Release Form

### AGENCY/CASE DATA

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Originating Agency: \_\_\_\_\_ Agency Case Number: \_\_\_\_\_  
Decedent ID #: \_\_\_\_\_ Cooler Slot #: \_\_\_\_\_  
Date Body was Found: \_\_\_\_\_ Location Body was Found: \_\_\_\_\_

### FUNERAL HOME INFORMATION

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Name: \_\_\_\_\_ Director: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### NEXT OF KIN INFORMATION

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

### PERSONAL EFFECTS

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TRACKING FORM MUST BE ATTACHED TO THIS FORM.

Number of Items Released: \_\_\_\_\_ State of Tamper Evident Seal: \_\_\_\_\_

### SOCIAL SERVICES INFORMATION

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Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
OCES Contact Name: \_\_\_\_\_  
OCES Contact Phone Number: \_\_\_\_\_

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Signature of Transportation Contractor: \_\_\_\_\_

Signature of AHJ Representative: \_\_\_\_\_

Signature of OCES Personnel: \_\_\_\_\_