



POLICY TITLE: ADULT RESIDENT DEATH		PAGE 1 OF 11
POLICY NUMBER: 18.21 (AF)		
CHAPTER 18: HEALTH CARE SERVICES		
	STATE of MAINE DEPARTMENT of CORRECTIONS Approved by Commissioner: 	PROFESSIONAL STANDARDS: See Section VIII
	EFFECTIVE DATE: August 15, 2003	LATEST REVISION: November 19, 2024

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Sections 1403 and 3040-A.

II. APPLICABILITY

All Departmental Adult Facilities

III. POLICY

It is the policy of the Department of Corrections in the event of an adult resident death to ensure the appropriate notifications are made, to evaluate, if appropriate, the circumstances surrounding the death, to make provision for the proper disposition of the body, and to distribute as appropriate the resident’s funds and personal property items.

5-ACI-6C-16

IV. DEFINITIONS

1. Health care provider - for purposes of this policy, physician, physician assistant, or nurse practitioner.

V. CONTENTS

- Procedure A: Preparation for the Anticipated Death of an Adult Resident
- Procedure B: Death of an Adult Resident in the Physical Custody of Department Staff
- Procedure C: Reviews of the Death of an Adult Resident in the Physical Custody of Department Staff
- Procedure D: Death of an Adult Resident Not in the Physical Custody of Department Staff
- Procedure E: Notification of Emergency Contacts and Disposition of the Resident’s Body
- Procedure F: Disposition of Resident’s Funds and Personal Property Items

VI. ATTACHMENTS

None

VII. PROCEDURES

Procedure A: Preparation for the Anticipated Death of an Adult Resident

1. If a resident's death is anticipated to occur in the relatively near future, e.g., the resident is in hospice care or has been diagnosed with a terminal illness or condition, the resident's case manager shall, at an appropriate time, meet with the resident, if they are willing, to discuss the following topics:
 - a. completing or updating an advance directive;
 - b. adding or updating emergency contacts;
 - c. information that may be released to their emergency contacts and/or the public in relation to the cause of their death;
 - d. a facility memorial service;
 - e. disposition of their body; and
 - f. disposition of their funds and personal property, including the possibility of completing or updating a will.
2. If the resident express their wishes on any of the above topics, and those wishes are consistent with this and other applicable Department policies, the case manager shall take appropriate steps to carry out those wishes and/or contact other staff with the ability to do so.
3. The case manager shall document the resident's wishes and any steps taken to carry them out in the Department's resident and client records management system.

Procedure B: Death of an Adult Resident in the Physical Custody of Department Staff

1. If a resident's death is expected e.g., the resident was in hospice care or had been diagnosed with a terminal illness or condition, and it appears that they died from the expected cause, only a facility health care provider, whether on scene or contacted by a facility registered nurse at the scene, may make the determination that an adult resident has died at a correctional facility.
2. If a resident's death is unexpected, only a facility health care provider who is at the scene or outside Emergency Medical Services (EMS) personnel may make the determination that an adult resident has died at a correctional facility.
3. Only EMS personnel or hospital personnel may make the determination that an adult resident in the physical custody of Department staff has died outside a correctional facility.
4. Until a determination of resident death has been made as set out above, facility staff shall initiate emergency life saving measures, unless the resident has suffered an injury which is absolutely and totally incompatible with life (e.g., the resident has been decapitated, their body is charred beyond recognition, etc.). Once initiated, non-medical staff shall continue emergency life saving measures until relieved by or told to discontinue by facility medical staff, outside EMS personnel, or hospital personnel.

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
18.21 (AF) Adult Resident Death	18. Health Care Services	Page 2 of 10 11/19/24R

5. Facility medical staff shall direct the discontinuation of emergency life saving measures if a determination of death has been made as set out above or if the resident has a current Department approved Advance Directive or a health care provider's order to not resuscitate (DNR order), unless it appears to be a suicide attempt or the result of other self-injurious behavior.
6. Once the determination of death has been made as set out above, facility medical staff (or, if the death of a resident in the physical custody of Department staff has occurred outside a correctional facility, the staff with custody) shall immediately inform the Shift Commander that a death has occurred and whether the death appears to have been of natural causes.
7. If the death might have been by suicide or otherwise might not have been of natural causes, the death scene shall not be disturbed. The resident's body shall not be disturbed, and the area shall be considered a potential crime scene in accordance with Departmental Policy (AF) 13.9, Emergency Situations, General Guidelines.
8. The Shift Commander shall immediately:
 - a. notify the duty officer;
 - b. notify the Chief Administrative Officer, or designee; and
 - c. ensure that the resident's identity is confirmed by the taking of fingerprints (after the Maine State Police or the Investigation Division of the Attorney General's Office has given authorization to move the body, if applicable), with the fingerprints to be confirmed by other appropriate means.
9. The facility duty officer shall ensure that the Maine State Police and the Office of the Medical Examiner are notified.
10. If the death might not have been of natural causes, the facility duty officer shall ensure that the Investigation Division of the Attorney General's Office, the facility correctional investigative officer (detective) or other facility law enforcement officer, and the Department's Director of Operations, or designee, are notified as soon as possible.
11. The Chief Administrative Officer, or designee, shall immediately notify:
 - a. the Commissioner, or designee;
 - b. the Department's Director of Operations, or designee;
 - c. the Department's Director of Classification, or designee; and
 - d. the Department's Director of Victim Services, or designee.
12. The Chief Administrative Officer, or designee, shall notify by the next business day:
 - a. the facility classification staff;
 - b. the facility business office staff; and
 - c. the Department's legal representative in the Attorney General's Office.
13. The facility classification staff shall document the fact of the resident's death in the Department's resident and client records management system.

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
18.21 (AF) Adult Resident Death	18. Health Care Services	Page 3 of 10 11/19/24R

14. In the case of a resident death at a correctional facility, the health care provider making the determination of death or, if death was determined by outside EMS personnel, the most qualified facility medical staff, shall document the death in the resident's electronic health care record, including the evidence supporting death, the time of the death, the circumstances surrounding the death, any emergency life saving measures taken, and, if possible, the apparent cause of death. If the death is determined by outside EMS personnel, facility medical staff shall ensure a copy of their documentation is obtained for inclusion in the resident's health care record.
15. If the death of a resident in the physical custody of Department staff occurs outside the correctional facility, the staff with custody shall document the circumstances surrounding the death, any emergency life saving measures taken, and any other actions taken, including, but not limited to, efforts to obtain the assistance of EMS personnel or hospital personnel. Facility medical staff shall ensure a copy of any documentation by EMS personnel or hospital personnel is obtained for inclusion in the resident's health care record.
16. In any case of the death of a resident at a correctional facility or otherwise in the physical custody of Department staff, a printed copy of the health care record shall be made by facility health care staff, with a notation as to who printed the copy and when. The printed record shall be sealed, secured, and delivered to the Chief Administrative Officer, or designee. If any additional health care document is found or received after the record has been printed, it shall be labeled as to the date and circumstances of its discovery or receipt and forwarded to the Chief Administrative Officer, or designee.

Procedure C: Reviews of the Death of an Adult Resident in the Physical Custody of Department Staff

1. The facility Health Services Administrator (HSA), or designee, shall complete an initial mortality review within thirty (30) days of the death of any adult resident who died at a correctional facility or otherwise in the physical custody of Department staff, which shall include a review of the resident's health care record and the Medical Examiner's Report, which the HSA, or designee, shall request a copy of.
2. If additional time is needed for this initial mortality review because, for example, the death was unexpected and the Medical Examiner's Report is not yet available, the HSA, or designee, may request the Department's Health Care Services Manager, or designee, to approve an extension of time to complete the review.
3. In completing the initial mortality review, the HSA, or designee, shall consider health care related conditions and events leading up to, contributing to, or otherwise related to the death, including, but not limited to, any health care interventions. The HSA, or designee, shall look for any emerging patterns that might be relevant to the death.
4. The HSA, or designee, shall present the completed initial mortality review at the next Mortality and Morbidity meeting which appropriate staff are able to attend.
5. If the resident death was by suicide, the Department's Director of Behavioral Health, or designee, shall conduct a psychological autopsy for consideration at the meeting.

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
18.21 (AF) Adult Resident Death	18. Health Care Services	Page 4 of 10 11/19/24R

6. The HSA, or designee, shall notify relevant Department and facility health care staff of their need to attend the meeting and may invite other staff as appropriate. Staff who attend may provide input at the meeting.
7. After the Morbidity and Mortality meeting, the HSA, or designee, shall complete a written initial mortality report, including any relevant input from other staff.
8. Any pending information not included in the initial report that is received at a later date (e.g., toxicology results) shall be incorporated into a final report. If no other information is pending that would be relevant to the death, the initial report shall stand as written, with a notation being made to this effect.
9. The final report or the initial report noted to constitute the final report shall be forwarded to the Department's contract health care services provider, and the Department's Health Care Services Manager, the facility Chief Administrative Officer, and the Commissioner, or their designees.
10. The resident's health care record and the mortality report(s) shall be maintained in a secure location at the facility for seven (7) years following the resident's death unless otherwise advised by the Attorney General's Office. At the end of that time period, the record and reports shall be handled in accordance with Department Policy (AF) 18.9, Health Care Records.
11. In addition, unless the resident's death was expected, e.g., the resident was in hospice care or had been diagnosed with a terminal illness or condition, and they died from the expected cause, the Department's Director of Operations, or designee, shall complete within sixty (60) days of the death an operational death in custody review to consider whether any non-health care related events occurring at the facility or otherwise while the resident was in the physical custody of Department staff might have contributed to the death.
12. The Director of Operations, or designee, may take additional time to complete the review if the Medical Examiner's Report is not yet available.
13. In completing the operational review, the Director of Operations, or designee, shall consider all relevant non-health care related matters, including, but not limited to, staff training, staffing patterns, staff actions, physical plant, security practices, compliance with relevant policies, etc. The Director of Operations, or designee, shall look for any emerging patterns that might be relevant to the death.
14. The written report of the review shall be forwarded to the Department's Director of Operations (unless completed by the Director), the facility Chief Administrative Officer, or designee, and the Commissioner, or designee.
15. The operational death in custody review report shall be maintained in a secure location for seven (7) years following the resident's death unless otherwise advised by the Attorney General's Office. At the end of that time period, the report shall be handled in accordance with applicable department policy.

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
18.21 (AF) Adult Resident Death	18. Health Care Services	Page 5 of 10 11/19/24R

Procedure D: Death of an Adult Resident Not in the Physical Custody of Department Staff

1. When any Department staff are informed by any person of the death of an adult resident not in the physical custody of Department staff (e.g., while on furlough or work release, on a work crew supervised by staff of another state agency, in the custody of a deputy sheriff at court, in the custody of staff of a jail or correctional facility in another jurisdiction to which the resident has been transferred, etc.), the staff shall immediately inform the Shift Commander that a death has occurred.
2. The Shift Commander shall immediately notify:
 - a. the duty officer; and
 - b. the Chief Administrative Officer, or designee, who shall notify the Commissioner, or designee.
3. The Commissioner, or designee, shall take the appropriate steps to verify the resident's death and to ensure, if applicable, that the appropriate criminal justice agencies have been notified of the death.
4. Once the death has been verified, the Chief Administrative Officer, or designee, shall immediately notify:
 - a. the Department's Director of Operations, or designee;
 - b. the Department's Director of Classification, or designee; and
 - c. the Department's Director of Victim Services, or designee.
5. Once the death has been verified, the Chief Administrative Officer, or designee, shall notify by the next business day:
 - a. the facility classification staff;
 - b. the facility business office staff; and
 - c. the Department's legal representative in the Attorney General's Office.
6. The facility classification staff shall document the fact of the resident's death in the Department's resident and client records management system.
7. Facility medical staff shall ensure a copy of any documentation by EMS personnel or hospital personnel is obtained for inclusion in the resident's health care record.
8. If requested by the Commissioner, or designee, a mortality review shall be conducted to consider whether any health care related events occurring at the facility might have contributed to the death.
9. If requested by the Commissioner, or designee, an operational review shall be conducted to consider whether any non-health care related events occurring at the facility might have contributed to the death.

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
18.21 (AF) Adult Resident Death	18. Health Care Services	Page 6 of 10 11/19/24R

Procedure E: Notification of Emergency Contacts and Disposition of the Resident's Body

1. The Unit Manager of the resident's housing unit, or other staff designated by the Chief Administrative Officer, or designee, shall be responsible to notify the resident's emergency contacts as listed in the Department's resident and client records management system about the resident's death. However, unless an emergency contact is a spouse or one of the relatives listed below, the contact shall not be allowed to claim the body of the resident or the resident's funds or personal property items.
2. The Unit Manager of the resident's housing unit, or other staff designated by the Chief Administrative Officer, or designee, shall be responsible to notify the resident's spouse, if any, and, if there is no spouse, then at least one of the following in this order: child(ren), parent(s) or legal guardian, if applicable, sibling(s), or other nearest relative.
3. The staff shall also confirm whether the person notified intends to claim the resident's body (after the Medical Examiner's Office releases the body, if applicable). If the person states an intention to claim the body, the staff shall inform the person that claiming the body also includes assuming financial and other responsibility for the final disposition of the body, including cremation or burial.
4. The staff shall document contact or efforts to make contact and any decisions made as a result of the contact in the Department's resident and client records management system.
5. If the body is claimed, the Chief Administrative Officer, or designee, shall arrange with the funeral director or the Medical Examiner's Office, as applicable, for the body to be released to that person.
6. If none of the above persons wishes to claim the body, one of the following shall occur, as determined by the Chief Administrative Officer, or designee:
 - a. cremation of the body and delivery of the remains to an appropriate person, unless the resident has indicated an objection to cremation in writing, the nearest relative objects to cremation, or the resident is known to be a member of a religion that prohibits cremation;
 - b. cremation of the body and burial of the remains at the pauper's gravesite, unless the resident has indicated an objection to cremation in writing, the nearest relative objects to cremation, or the resident is known to be a member of a religion that prohibits cremation;
 - c. burial of the body in the pauper's gravesite; or
 - d. donation of the body to a medical school, if the resident gave advance written permission.
7. The Department shall not pay for or use resident funds to pay for a memorial service or arrange a memorial service, except that the Chief Administrative Officer, or designee may allow a memorial service at the facility to be attended by residents, staff, volunteers, and student interns only.

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
18.21 (AF) Adult Resident Death	18. Health Care Services	Page 7 of 10 11/19/24R

8. The disposition that was made of the resident's body shall be documented in the Department's resident and client records management system.

Procedure F: Disposition of Resident's Funds and Personal Property Items

1. The duty officer shall arrange to have the resident's personal property items immediately secured, inventoried using the Resident Property Inventory form (Attachment B to Department Policy (AF) 10.1, Resident Allowable Property), packed and delivered to the facility property room or other designated location for storage, unless the area in which the property is located is considered a potential crime scene or the facility duty officer or a facility law enforcement officer determines that the property might relate to an investigation of the death.
2. If the area in which the property is located is considered a potential crime scene or the facility duty officer or a facility law enforcement officer determines that the property might relate to an investigation of the death, then the relevant property items shall be secured as evidence in accordance with Department Policy (AF) 14.16, Preservation of Evidence.
3. Upon notification of a resident's death, the facility business staff shall transfer all funds in the resident's phone account to the resident's general account and cease processing resident-initiated expenditures but shall continue to collect and disburse funds for obligations as provided in the Collection Priority List (Attachment A to Department Policy 2.12, Resident Accounts).
4. If a personal representative has been appointed by a probate court to administer the resident's estate upon death, the funds in the resident's general account and personal property items not secured as evidence shall be turned over to the personal representative upon the presentation to the facility Chief Administrative Officer, or designee, of the court order of the appointment and verification of the personal representative's identity.
5. The representative shall be told in writing of any obligations still owed by the resident to persons or agencies outside the Department, including, but not limited to, court-ordered restitution, court fines and back taxes, as well as any outstanding funeral director's bill.
6. If no probate court-appointed personal representative has come forward, once thirty (30) days have passed since the resident's death, the funds in the resident's general account and personal property items not secured as evidence, up to a maximum value of \$40,000.00 for both the funds and property items, shall be turned over to any person who produces to the facility Chief Administrative Officer, or designee, a sworn affidavit that states the following:
 - a. the value of the entire estate less liens and encumbrances does not exceed \$40,000;
 - b. thirty (30) days have elapsed since the death of the decedent;
 - c. no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction; and
 - d. the person making the affidavit is entitled to the funds and other property.

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
18.21 (AF) Adult Resident Death	18. Health Care Services	Page 8 of 10 11/19/24R

7. The person presenting the affidavit shall be told in writing of any obligations still owed by the resident to persons or agencies outside the Department, including, but not limited to, court-ordered restitution, court fines and back taxes, as well as any outstanding funeral director's bill.
8. If no probate court-appointed personal representative has come forward and if no affidavit has been produced, once sixty (60) days have passed since the resident's death, the balance of the funds in the resident's general account shall be used toward the payment of the funeral director's bill, if not already paid by the family or other outside source, up to a maximum of \$1000.00.
9. If no probate court-appointed personal representative has come forward and if no affidavit has been produced, once sixty (60) days have passed since the resident's death, the balance of the funds in the resident's general account up to a maximum of \$1000.00 minus any amount that has been used toward the payment of the funeral director's bill, as well as any personal property items, shall, if claimed, be turned over to the resident's spouse, if any, and, if there is no spouse, then one of the following in this order: child(ren), parent(s) or legal guardian, if applicable, sibling(s), or other nearest relative.
10. The spouse or other relative shall be told in writing of any obligations still owed by the resident to persons or agencies outside the Department, including, but not limited to, court-ordered restitution, court fines and back taxes.
11. If funds in the resident's general account are disbursed under paragraphs 8 and/or 9, the maximum that may be disbursed in total is \$1000.00.
12. In the event there are personal property items to be turned over, the Chief Administrative Officer, or designee, shall arrange to have the property items picked up or mailed, with any mailing costs to be deducted from funds in the resident's account, if any.
13. In any situation not covered above, the Department's legal representative in the Attorney General's Office shall be contacted for further instruction, including, but not limited to, when:
 - a. a document that purports to be the resident's will is found or produced;
 - b. there is a question about a court order of appointment of the personal representative;
 - c. there is a question about an affidavit;
 - d. there is an affidavit, but the value of the personal property items and the funds exceeds \$40,000.00;
 - e. there is more than one relative who might be entitled to and is claiming the resident's funds or personal property items, e.g., no spouse and more than one child asking for the funds;
 - f. \$1000.00 has been disbursed from the resident's account under paragraphs 8 and/or 9, but there still remain funds in the account; or
 - g. there has been no claim made for the resident's funds and/or personal property items and more than ninety (90) days has passed since the resident's death.

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
18.21 (AF) Adult Resident Death	18. Health Care Services	Page 9 of 10 11/19/24R

14. Personal property items or funds of a deceased resident shall not be treated as abandoned or unclaimed property to be turned over to the Treasurer's Office or otherwise disposed of without consultation with the Department's legal representative in the Attorney General's Office.
15. The disposition that was made of the resident's funds and personal property items shall be documented in the Department's resident and client records management system.

VIII. PROFESSIONAL STANDARDS

ACA

- 5-ACI-6C-16** **Authorities having jurisdiction are promptly notified of an offender's death. Procedures specify and govern the actions to be taken in the event of the death of an offender.**

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
18.21 (AF) Adult Resident Death	18. Health Care Services	Page 10 of 10 11/19/24R