Hospital Guidelines for Reporting Deaths to the Medical Examiner

Notification is required for the following types of deaths in Orange and Osceola Counties as stated in Florida Statutes, Chapter 406.11, Examinations, investigations, and autopsies:

1. Criminal violence
2. By accident
3. By suicide
4. Suddenly, when in apparent good health
5. Unattended by a practicing physician or other recognized practitioner
6. In any prison or penal institution
7. In police custody
8. In any suspicious or unusual circumstance
9. By criminal abortion
10. By poison
11. By disease constituting a threat to public health
12. By disease, injury, or toxic agent resulting from employment.

Although the law defines the Medical Examiner jurisdiction, confusion about reporting frequently arises when deaths occur in a hospital setting. The following guidelines will assist in assessing jurisdiction:

1) Intentionally absent from the statute is alleged malpractice or therapeutic misadventure. The Medical Examiner does not have a role to determine what is or is not malpractice.

2) Florida has no “24 hour rule”. A person who dies from known heart disease within 24 hours of hospital admission generally does not come under Medical Examiner jurisdiction. Conversely, if a trauma patient survives more than 24 hours in a hospital, they remain under the jurisdiction of the Medical Examiner.

3) Falls resulting in ultimately fatal hip fractures must be reported. Likewise, any trauma, which may have contributed to the death of an individual, must be reported.

4) All inmate deaths must be reported to the Medical Examiner by Statute.
5) Emergency room deaths should be reported to the Medical Examiner unless the person has a known medical history, there is no trauma involved in the death, and the primary physician is willing to sign the death certificate.

6) Operating room and anesthesia deaths, as well as, procedure deaths can be problematic. Two helpful determinants of the circumstances are useful in deciding jurisdiction: the death was sudden and unexpected coupled with the degree of risk of the procedure. Thus, a young woman who dies during the course of a D & C should be reported. Death occurring during emergent, high risk open heart surgery would probably not have to be reported if death were due to the reasonable and foreseeable consequence of the disease. A death caused by a wrong blood transfusion or surgery on the wrong patient, however, is not reasonable and foreseeable and should be reported. When in doubt, consult with the Medical Examiner.

The Orange/Osceola County Medical Examiner’s Office is manned 24 hours a day by our Medicolegal Investigators, who are trained to assist you. They can be reached at 407-836-9499. Please do not hesitate to contact them if you have any questions about a particular situation. In addition to our investigators, the investigators have access to an On-Call Medical Examiner to assist in the determination process if necessary.