

CONSIDERATIONS:

1. State and/or local regulations supersede any procedure identified here.
2. The coroner makes a decision to visit/not visit the home based on information received regarding the death.
3. All information that can be given to the coroner to reassure him/her that there was no evidence of foul play, etc., will be helpful in facilitating the timely removal of the body from the home with minimal trauma to the family.
4. Although this is a function usually performed by the mortuary or cremation society, anyone may make the initial contact with the coroner's office, e.g., physician, agency staff member or family member.
5. The coroner must be notified and approval given before a body can be removed from the home.
6. Check on regulations and policies for pronouncements with your agency.
7. Regardless of who makes the initial contact, the coroner will need to speak to at least one other party to corroborate information regarding the death. This may mean that the coroner will speak with either a family member or, preferably, an agency staff member if present.
8. Follow your state's reporting requirements that refer to communicable diseases – refer to MA and NH attachments.
9. Un-witnessed: Some victims may have advanced directives, Medical Orders for Life Sustaining Treatment (MOLST) or Do Not Resuscitate (DNR) orders. In most instances, you should honor the wishes of the patient expressed in writing. State and local laws may vary. If you are in doubt about validity of advanced directives, attempt to resuscitate. The general rule is to always resuscitate a body that feels warm.

EQUIPMENT:

Personal protective equipment (PPE)

PROCEDURE:

1. Un-witnessed death, rigor mortis present:
 - a. Adhere to Standard Precautions
 - b. Contact physician and coroner
 - c. Assess if family has made mortuary arrangements
 - d. Contact mortuary
 - e. Whenever possible, stay with family until body removed
 - f. Notify clinical supervisor of death
2. Un-witnessed death, no rigor mortis present:
 - a. Adhere to standard precautions
 - b. If no MOLST/DNR, begin CPR
 - c. Activate the 911 emergency system
 - d. When possible, notify physician

- e. When possible, notify clinical supervisor
- f. Contact family
- g. Notify supervisor of death

AFTER CARE:

1. Document in patient's record:
 - a. Contact information of coroner
 - b. Physician contact
 - c. Disposition of body
 - d. Emergency medical care provided
 - e. Family/caregiver response
2. Complete Incident Report.

Recommended Reportable Deaths To Coroner:

1. No physician in attendance.
2. The deceased has not been attended by a physician in the 20 days prior to death.
3. Physician unable to state the cause of death.
4. Known or suspected suicide.
5. Known or suspected homicide.
6. Involving any criminal action or suspicion of a criminal act.
7. Related to or following known or suspected self-induced or criminal abortion.
8. Associated with known or alleged rape or crime against nature.
9. Following an accident or injury, primary or contributory, occurring immediately or at some remote time.
10. Drowning, fire, hanging, gunshot, stabbing, cutting, starvation, exposure, alcoholism, drug addiction, strangulation or aspiration.
11. Accidental poisoning (food, chemical, drug, therapeutic agents).
12. Occupational diseases or hazards.
13. Known or suspected contagious disease, constituting a public hazard.
14. All deaths where a patient has not fully recovered from an anesthetic, whether in surgery, recovery room or elsewhere.
15. All deaths in which the patient is comatose throughout the period of physician's attendance, whether in home or hospital.
16. Solitary deaths (unattended by physician or other persons in period preceding death).
17. All deaths of unidentified persons.



COMMUNICABLE AND OTHER INFECTIOUS DISEASES REPORTABLE IN MASSACHUSETTS BY HEALTHCARE PROVIDERS*

*The list of reportable diseases is not limited to those designated below and includes *only* those which are *primarily* reportable by clinical providers.

A full list of reportable diseases in Massachusetts is detailed in 105 CMR 300.100.

REPORT IMMEDIATELY BY PHONE!

This includes both suspect and confirmed cases.

All cases should be reported to your local board of health;

if unavailable, call the Massachusetts Department of Public Health:

Telephone: (617) 983-6800 Confidential Fax: (617) 983-6813

● **REPORT PROMPTLY (WITHIN 1-2 BUSINESS DAYS).**

This includes both suspect and confirmed cases.

All cases should be reported to your local board of health;

if unavailable, call the Massachusetts Department of Public Health:

Telephone: (617) 983-6800 Confidential Fax: (617) 983-6813

- Anaplasmosis
- ☎ Anthrax ⇨ ☒
- ☎ Any case of an unusual illness thought to have public health implications
- ☎ Any cluster/outbreak of illness, including but not limited to foodborne illness
- ☎ Botulism ⇨ ☒
- ☎ Brucellosis ⇨ ☒
- Chagas disease
- Creutzfeldt-Jakob disease (CJD) and variant CJD
- ☎ Diphtheria
- Ehrlichiosis
- Encephalitis, any cause
- Food poisoning and toxicity (includes poisoning by ciguatera, scombrototoxin, mushroom toxin, tetrodotoxin, paralytic shellfish and amnesic shellfish)
- Glanders ⇨ ☒
- ☎ Group A streptococcus, invasive
- ☎ *Haemophilus influenzae*, invasive ⇨ ☒
- Hansen's disease (leprosy)
- ☎ Hantavirus
- ☎ Hemolytic uremic syndrome
- ☎ Hepatitis A (IgM+ only)
 - HBsAg+ pregnant women
- ☎ Influenza, pediatric deaths (<18 years) ⇨ ☒
- ☎ Infection due to influenza A viruses that are different from currently circulating human influenza A H1 and human influenza A H3 viruses, including those subtyped as non-human in origin and those that cannot be subtyped with standard methods and reagents ⇨ ☒
- Leptospirosis
- Lyme disease
- ☎ Measles
- Melioidosis ⇨ ☒
- ☎ Meningitis, bacterial, community acquired
 - Meningitis, viral (aseptic), and other infectious (non-bacterial)
- ☎ Meningococcal disease, invasive (*Neisseria meningitidis*) ⇨ ☒
- ☎ Monkeypox or other orthopox virus
- Mumps
- Pertussis
- ☎ Plague ⇨ ☒
- ☎ Polio
 - Psittacosis
 - Q fever
- ☎ Rabies in humans
 - Reye syndrome
- ☎ Rheumatic fever
 - Rickettsialpox
 - Rocky Mountain spotted fever
- ☎ Rubella
- ☎ Severe acute respiratory syndrome (SARS)
- ☎ Smallpox
- ☎ Tetanus
 - Toxic shock syndrome
 - Trichinosis
- ☎ Tularemia ⇨ ☒
- ☎ Typhoid fever ⇨ ☒
- Varicella (chickenpox)
- ☎ Viral hemorrhagic fevers

Animal bites should be reported **immediately** to the designated local authority.

⇨ ☒ Isolates should be submitted to Hinton State Laboratory Institute.

Important Note: MDPH, its authorized agents, and local boards of health have the authority to collect pertinent information on all **reportable** diseases, including those not listed on this page, as part of epidemiological investigations (M.G.L. c. 111, s. 7).



COMMUNICABLE AND OTHER INFECTIOUS DISEASES REPORTABLE IN MASSACHUSETTS BY HEALTHCARE PROVIDERS*

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Report Directly to the Massachusetts Department of Public Health, Bureau of Communicable Disease Control 305 South Street, Jamaica Plain, MA 02130

• **HIV infection and AIDS** (617) 983-6560

• **Sexually Transmitted Diseases** (617) 983-6940

Chancroid
Chlamydial infections (genital)
Genital warts
Gonorrhea
Gonorrhea, resistant to fluoroquinolones or
ceftriaxone
Granuloma inguinale
Herpes, neonatal (onset within 42 days after birth)
Lymphogranuloma venereum

Ophthalmia neonatorum:
a. Gonococcal
b. Other agents
Pelvic inflammatory disease
a. Gonococcal
b. Other agents
Syphilis

⇒ Isolates
should be
submitted to
Hinton State
Laboratory
Institute.

Tuberculosis suspect and confirmed cases ⇒

Report within 24 hours to (617) 983-6801 or
Toll Free (1-888) MASS-MTB (627-7682) or
Confidential Fax (617) 983-6813

• **Latent tuberculosis infection**

Confidential Fax (617) 983-6220 or mail report to
address above

Reportable Diseases Primarily Ascertained Through Laboratory Reporting of Evidence of Infection

Please work with the laboratories you utilize for diagnostic testing to assure complete reporting.

- Amebiasis
- Babesiosis
- Campylobacteriosis
- Cholera
- Cryptococcosis
- Cryptosporidiosis
- Cyclosporiasis
- Dengue

Eastern equine encephalitis ⇒

- *Escherichia coli* O157:H7, and other shiga-toxin
producing *E. coli* ⇒
- Enteroviruses (from CSF)
- Giardiasis
- Group B streptococcus, invasive
- Hepatitis B
- Hepatitis C
- Hepatitis – infectious, not otherwise specified
- Influenza (⇒ if antiviral resistant)
- Legionellosis ⇒

- Listeriosis ⇒
- Lymphocytic choriomeningitis
- Malaria
- Norovirus
- Pneumococcal disease, invasive (*Streptococcus pneumoniae*) (⇒ if patient <18 years)
- Pneumococcal disease, invasive, penicillin-resistant
- Salmonellosis ⇒
- Shiga toxin-producing organisms ⇒
- Shigellosis ⇒
- *Staphylococcus aureus*, methicillin-resistant (MRSA),
invasive
- ***Staphylococcus aureus*, vancomycin-intermediate (VISA)
and vancomycin-resistant (VRSA)** ⇒
- Toxoplasmosis
- Typhus
- Vibriosis ⇒
- **West Nile** ⇒
- Yellow fever
- Yersiniosis ⇒

New Hampshire Communicable Disease Report Form 2011

DISEASE: _____

NH RSA 141-C and He-P300 mandate reporting of the listed communicable diseases by all physicians, labs, and health care providers. We request prompt reporting of suspect and confirmed cases as well as any suspect outbreaks of illness. All reports are handled under strict confidentiality standards.

Patient Name _____
(Last) (First) (M.I.)

Date of Birth _____ Age _____ Male Female

Address _____

City/Town _____ State _____ Zip _____

Home/Cell Phone _____ Work Phone _____

Occupation/Employment _____

Race

- White
- Black
- Asian
- Pacific Islander
- Native Am./Alaskan Native
- Other
- Unknown

Miscellaneous Information

- (check all that apply)*
- Pregnant # of weeks _____
 - Healthcare Worker
 - Nursing Home Resident / Worker
 - Day Care Child / Worker
 - Food Service Worker
 - Deceased
 - Hospitalized (if yes, where?) _____

Ethnicity

- Hispanic
- Not Hispanic
- Unknown

Symptom Onset Date _____

Diagnosis Date _____

Date of Test _____

Type of Test _____

TB (PPD) mm _____

Chest X-ray Date: _____

Chest X-ray: Abnormal Normal

Specimen Source

- Blood Cervix
- Stool Urethra
- Urine Rectum
- Pharynx Unknown
- Other *(specify)* _____

Treatment

Date _____

Drug _____

Dosage _____ Days _____

Patient aware of diagnosis?

- YES NO
- Unknown

If reporting a Vaccine Preventable Disease, please indicate if patient was previously vaccinated for this infection:

NO YES Date Administered: _____

Healthcare Provider Information Date of Report _____

Reported by _____ Phone _____

Healthcare Provider _____ Phone _____

Name of Facility _____

City/Town _____ State _____ Zip _____

**Diseases with an (*) must be reported within 24 hours of diagnosis
 All others must be reported within 72 hours of diagnosis**

- Acquired Immune Deficiency Syndrome (AIDS)
- Anaplasmosis [*Anaplasma Phagocytophilum*]
- Anthrax [*Bacillus anthracis*]*
- Arboviral infection, including EEE & WNV*
- Babesiosis [*Babesia microti*]
- Botulism [*Clostridium botulinum*]*
- Brucellosis [*Brucella abortus*]*
- Campylobacteriosis [*Campylobacter* species]
- Chlamydial infection [*Chlamydia trachomatis*]
- Cholera [*Vibrio cholerae*]*
- Coccidioidomycosis [*Coccidioides immitis*]
- Creutzfeldt-Jakob Disease*
- Cryptosporidiosis [*Cryptosporidium parvum*]
- Cyclospora infection [*Cyclospora cayetanensis*]
- Diphtheria [*Corynebacterium diphtheriae*]*
- Ehrlichiosis [*Ehrlichia* species]
- Escherichia coli* O157 infection and other Shiga toxin producing *E. coli*
- Giardiasis [*Giardia lamblia*]
- Gonorrhea [*Neisseria gonorrhoeae*]
- Haemophilus influenzae*, invasive disease, sterile site*
- Hantavirus Pulmonary Syndrome [Hantavirus]*
- Hemolytic Uremic Syndrome (HUS)
- Hepatitis, viral: A*, B, E, G
- Hepatitis, viral: positive B surface antigen in a pregnant woman
- Human Immunodeficiency Virus (HIV), including perinatal exposure
- Human Immunodeficiency Virus-related CD4+ counts and all viral loads
- Legionellosis [*Legionella pneumophila*]
- Leprosy, Hansen's disease [*Mycobacterium leprae*]
- Listeriosis [*Listeria monocytogenes*]
- Lyme disease [*Borrelia burgdorferi*]
- Malaria [*Plasmodium* species]
- Measles [Rubeola]*
- Mumps*
- Neisseria meningitidis*, invasive disease, sterile site*
- Pertussis [*Bordetella pertussis*]*
- Plague [*Yersinia pestis*]*
- Pneumococcal disease, invasive [*Streptococcus pneumoniae*]
- Pneumocystis pneumonia [*Pneumocystis jiroveci* formerly *carinii*]
- Poliomyelitis [Polio]*
- Psittacosis [*Chlamydia psittaci*]*
- Rabies in humans or animals*
- Rocky Mountain Spotted Fever [*Rickettsia rickettsii*]
- Rubella, including Congenital Rubella Syndrome*
- Salmonellosis [*Salmonella* species] (report *S. Typhi** within 24 hours)
- Shigellosis [*Shigella* species]
- Streptococcus Group A/B, invasive disease [*S. pyogenes/agalactiae*]
- Syphilis, including Congenital Syphilis Syndrome [*Treponema pallidum*]
- Tetanus [*Clostridium tetani*]
- Toxic-Shock Syndrome (TSS) [streptococcal or staphylococcal]
- Trichinosis [*Trichinella spiralis*]
- Tuberculosis disease [*Mycobacterium tuberculosis*]*
- Tuberculosis infection, latent
- Tularemia [*Francisella tularensis*]*
- Typhoid fever [*Salmonella Typhi*]*
- Typhus [*Rickettsia prowazekii*]*
- Varicella*
- Vibriosis [any *Vibrio* species]*
- Vancomycin Resistant Enterococci (VRE)
- Vancomycin Resistant *Staphylococcus aureus* (VRSA)*
- Yersiniosis [*Yersinia enterocolitica*]
- Any suspect outbreak, cluster of illness, or unusual occurrence of disease that may pose a threat to the public's health must be reported within 24 hours of recognition (please call reports in by phone)*

Reporting a Communicable Disease

Phone: 1-603-271-4496 or 1-800-852-3345 ext. 4496
 Hotline: 1-888-836-4971
 After Hours Response: 1-603-271-5300
 Toll Free After Hours: 1-800-852-3345 ext. 5300
 Fax: 1-603-271-0545 **DO NOT FAX HIV reports**
 Mail: NH Department of Health and Human Services
 Division of Public Health Services
 Bureau of Infectious Disease Control
 29 Hazen Drive, Concord, NH 03301-6504

