



Deaths in Custody, 2009: NPS-4A Reporting Instructions

Item 1. What was the inmate's name?

While BJS publications and datasets do not include the names associated with any of these death records, the collection of this item was still required by the *Death in Custody Reporting Act of 2000* (DICRA) statute. Names are used to sort and identify these records internally, and when discussing them with the State reporters involved.

Item 2. On what date did the inmate die?

Item 3. What was the name and location of the correctional facility involved?

Please note that this item does not refer to the location where the inmate expired, but rather to the correctional facility that last had custody of the inmate. If an inmate is transferred to an outside hospital for treatment of a medical problem and dies there, the name of the correctional facility should appear here. The fact that the inmate died in an outside medical facility can be recorded in item 10 below.

Item 4. What was the inmate's date of birth?

If the inmate's exact date of birth is not known, please provide the year of birth or note the inmate's estimated age in the "notes" field at the end of the form.

Item 5. What was the inmate's gender?

If the inmate's gender is not known, please leave blank.

Item 6. What was the inmate's race/ethnic origin?

Any Hispanic inmates should be recorded as "3-Hispanic or Latino", regardless of whether their race is white, African-American, Asian, American Indian, or Native Hawaiian. If the deceased's ethnic origin had any combination of non-Hispanic categories, please record them as "7-Two or more races (not of Hispanic origin)". These categories comply with guidance set forth by the White House Office of Management and Budget (OMB).

Item 7. On what date had the inmate been admitted to one of your correctional facilities?

This admission date refers to the inmate's original admission to prison for their current sentence. Please do not enter the date on which the inmate may have re-entered prison after court appearances or receiving medical or substance abuse services outside of the prison facility.

Item 8. For what offense(s) was the inmate being held?

Please record the five most serious offenses for which the inmate was sentenced. If the inmate was sentenced for multiple counts of the same offense, please enter that offense on a single line. If the inmate was sentenced for more than five offenses, please select the five most serious offenses.

Item 9. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

Please exclude any time spent in such a unit that is part of routine screening done at intake.

Item 10. Where did the inmate die?

Unlike item 3, this item collects the location where the inmate expired. If the inmate died as the result of a violent trauma (homicide, suicide, or accidental injury), the location of these violent events is recorded in item 16. In the event that an inmate suffered a violent trauma in one location and then later died at another location (such as a medical unit within the prison or an outside hospital), please record the final location here.

Item 11. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, post-mortem exam or review of medical records) available in order to establish an official cause of death?

BJS understands that a final determination of death causes and other circumstantial data can sometimes take months due to delays in processing forensic evidence or producing autopsy reports. If you are currently waiting for such an evaluation (or the results), please indicate the status of these records here in item 11. Please do not complete any items on the cause of death or the circumstances of the death (items 12 through 16) until a final determination is made. This will ensure that our records are consistent with the final records maintained by State authorities. BJS will follow up on these records several months later, in order to obtain complete information.

Item 12. What was the cause of death?

This item asks for a description of the circumstances of the death rather than the strict medical cause of death. For instance, a medical cause of death of "blunt force trauma" could be the result of many different circumstances. (See examples below):

- \$ accidental injury by other (inmate is killed in an auto accident while in transport, inmate is killed by an accidental blow to the head working with heavy equipment)
- \$ accidental injury to self (an inmate slips and falls down a staircase)
- \$ suicide (an inmate jumps from a height)
- \$ homicide committed by other inmate (an inmate is struck on the head by another inmate during an assault)
- \$ homicide incidental to use of force by staff (an inmate is struck on the head by guards during a violent altercation).

Given the final determination of the cause and manner of death, please select the category that best describes the cause of death in item 12. Where indicated, please provide additional details about the events. For instance, if an inmate dies from an illness, please provide the fatal medical condition(s). Likewise, if the inmate dies in an accident, homicide, or suicide, please indicate how these events occurred.

Finally, please take special care when reporting the cause of death in cases that involve the use of illegal drugs. In cases where the cause of death is determined to be an intentional drug overdose, record these cases as “6” on item 12 (suicide). If an overdose death does not indicate an intentional act by the inmate, these deaths should be recorded as “3” (accidental alcohol/drug intoxication). In such cases, please indicate the drugs involved in the overdose in the “specify type” field. Finally, if an inmate dies from ingesting illegal drugs as a means of concealment, (i.e., balloons of drugs burst in their stomach), these deaths should be recorded as “4” (accidental injury to self) because their fatal exposure to these drugs occurred as a result of concealment, not use of the drugs.

Item 13. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission?

If the fatal medical condition indicated in item 12 was detected during intake screening, please mark “1” (pre-existing medical condition) here in item 13. Likewise, a review of the medical records of the inmate could also indicate the presence of a pre-existing medical condition. For example, medical records could show that an inmate housed for six months died from a form of cancer that typically takes years to prove fatal. In cases where neither medical intake data nor the medical records of the inmate make this determination clear, record “8” here (could not be determined).

Item 14. Had the inmate been receiving treatment for the medical condition after admission to your correctional facilities?

This question refers back to the fatal medical condition(s) listed in item 12. For each type of medical treatment described, please indicate whether the inmate received this type of care for the medical problem(s) causing the death. In cases where the provision of such care is not known, record “8” (don’t know). For all types of medical treatment, please exclude any emergency care

provided at the time of the death itself.

Item 15. When did the incident (e.g., accident, suicide, or homicide) causing the inmate's death occur?

This item does NOT refer to the time the inmate actually expired or was declared dead. Instead, it refers to the time at which a fatal event occurred. For example, suppose an inmate was injured in a cafeteria at 8:00 AM, but did not die until hours later at a hospital. In that case, this item refers to the 8:00 AM event.

Item 16. Where did the incident (e.g., accident, suicide, or homicide) take place?

As with item 15, the location of the fatal event should be recorded here. Please do not record the location where the inmate actually expired (which is recorded in item 10 above). Please note that BJS has added more specific categories for your responses for the 2009 collection.

Notes.

This is an open text area, where you can include any other information that you feel is relevant regarding the circumstances of the death.