

**TITLE: CONDUCTING THE EXTERNAL EXAMINATION**

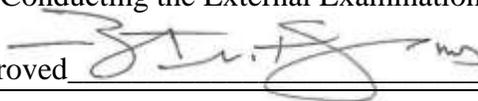
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- Policy:** The Office of the Chief Medical Examiner (OCME) is assured adequate supporting services, equipment and facilities to perform autopsy examinations pursuant to DC Code § 5-1403 and 1409.
- Purpose:** To ensure proper post-mortem examination procedures in accordance with the mission of the Office of the Chief Medical Examiner. All tests conducted as a part of the forensic autopsy by or for the medical examiner/coroner office shall be performed per standard operating procedure.
- Scope:** The following procedures are to assist Medical Examiner physicians to perform proper post-mortem examinations in a safe and secure environment.

**1. Postmortem examination procedures**

**1.1. Examination Preparation**

- 1.1.1. The attending pathologist MUST personally examine all external aspects of the body in advance of dissection.
- 1.1.2. Body bags should be opened by or in the presence of the medical examiner.
- 1.1.3. Initial “First Round/As Is” photographs are taken of the body as received.
- 1.1.4. Ensure correct identification of the body by checking OCME and Hospital ID tags and bands and comparing name/ case number to the case list.
- 1.1.5. Collection of trace evidence from clothing or body
  - 1.1.5.1. The medical examiner and/or members of the homicide unit of the appropriate Police department determine evidence collection.
- 1.1.6. The medical examiner collects the evidence, after photographic and written documentation, following appropriate forensic guidelines (labeled containers, chain of custody)
- 1.1.7. Removal of Clothing
  - 1.1.7.1. Remove carefully, without unnecessary cut or tear.
  - 1.1.7.2. Open all pockets and document photographically and in writing any found object.
  - 1.1.7.3. Weapons and substance of abuse are submitted as evidence to the appropriate police unit.
  - 1.1.7.4. Therapeutic drugs are transferred to the Toxicological Unit of OCME following chain of custody.



1.1.8. All non-clothing properties are placed in the designated property safe in the autopsy suite. The ME or designee placing the evidence in the safe should sign the designated log. Retrieval of such property from the scene requires that the investigator retrieve in the presence of a witness with both the investigator and witness signing in the designated log.

## 2. External Examination

- 2.1. After removal of the clothing, the body surfaces are surveyed for the presence of any additional evidence. The evidence is collected as outlined above.
  - 2.1.1. Bite mark protocol
  - 2.1.2. Describe the bite as per anatomic location, shape, presence of associated contusion, abrasion, laceration
  - 2.1.3. Photograph the bite mark from different angles including perpendicular viewpoint using the appropriate scale (American Board of Odontology Ruler)
  - 2.1.4. Consult with the Forensic Odontologist
  - 2.1.5. Swab the bite for DNA analysis: use sterile gauze pad moistened with saline solution, follow with cotton swab, air-dry both and place in proper labeled sterile tubes.
  - 2.1.6. If the forensic odontologist is not immediately available, depending on the location of the bite on the body, it can be excised and preserved.
- 2.2. The body is then cleaned and photographed as “Second Round” photography
- 2.3. An identification picture is taken, labeled and transferred to the Communication/Case Processing Unit.
- 2.4. Reassess body length and weight.
- 2.5. Assess state of nutrition, hydration, and development.
- 2.6. Evaluate the state of preservation of the body (degree of decomposition, embalmment), extent of rigor mortis, distribution and state of livor mortis, stigmata of insect or animal activity.
- 2.7. Record age, (compare appearance to given age), sex, race/ethnicity.
- 2.8. Note the presence and location of any medical devices or sequelae of therapeutic measures.
  - 2.8.1. Medical devices are removed only upon permission of the medical examiner.
    - 2.8.1.1. Ascertain the correct location of any device.
    - 2.8.1.2. Implantable Cardioverter Defibrillator (ICD) and some cerebral electrical implants present risk of electrical shock. Call 1-800-CARDIAC for deactivation of such devices before proceeding with the autopsy.

- 2.8.1.3. Alternatively, deactivate the device according to the Guidant ACID deactivation procedure (a description of the procedure is posted in the autopsy room).
  - 2.8.1.3.1. Secure the device and return to the manufacturer.
- 2.8.1.4. Caution should be taken whenever there is a history of therapy with radioisotopes. Ascertain that the level of remaining radioactivity is safe before proceeding with the autopsy.
- 2.8.1.5. The same precaution should be taken regarding prostatic implants.
- 2.9. Record any tattoo, or scar
- 2.10. Describe:
  - 2.10.1. Hair: describe color, texture, style, length, distribution
  - 2.10.2. Eyes: state of eyelids, presence or absence of petechial hemorrhages or ecchymosis over scleral or palpebral conjunctivae, presence of any dryness, discoloration.
  - 2.10.3. Nose and nasal passages.
  - 2.10.4. Mouth: lips, frenula, teeth, gums, tongue, oral cavity
  - 2.10.5. Neck: any mark, injury, furrow, mass
  - 2.10.6. Torso, anterior and posterior, breasts
  - 2.10.7. External Genitalia: pubic hair, perineum, anal region
  - 2.10.8. Extremities: deformities, fractures, antecubital fossa
- 2.11. Fingernail clippings/scrapings **MUST** be performed on **ALL** potential Homicides
  - 2.11.1. Photography of hands occurs prior to cleaning and prior to clippings/scrapings
  - 2.11.2. Clippings/scrapings occurs after photography before cleaning

### 3. Description of External Findings

- 3.1. This section may either be paragraph style or individual sections may be used at the discretion of the Pathologist. This section must contain documentation and comments on the following areas:
  - 3.1.1. Document apparent age; establish sex, and apparent race or racial characteristics
  - 3.1.2. Describe hair, eyes, and body habitus
  - 3.1.3. Describe rigor mortis, livor mortis, and condition of body (postmortem changes and embalming)
  - 3.1.4. Document presence or absence of dentition
  - 3.1.5. Describe head, neck, thorax, abdomen, back, genitals, and extremities
  - 3.1.6. Document prominent scars, tattoos, skin lesions, and amputations
  - 3.1.7. Clothing and personal effects are to be listed in this section