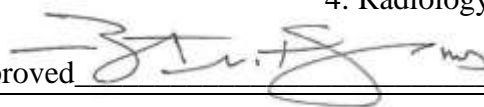


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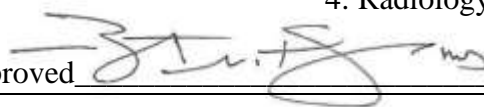
TITLE: POST-MORTEM EXAMINATION – PATHOLOGY SERVICE

- 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 adequate radiology and x-ray support for autopsy examination in accordance with the mission of the Office of the Chief Medical Examiner.
- Scope:** The following procedures are to ensure that Mortuary Staff and the Medical Examiner physicians have the proper forensic radiology support in a safe and secure environment.

1. POST MORTEM RADIOLOGY

- 1.1. An integral aspect of certain autopsy examinations is the performance of postmortem radiology. The decision for obtaining X-rays is the responsibility of the medical examiner performing the postmortem examination. The medical examiner should ensure, prior to the release of the decedent, the X-rays obtained are at a proper exposure level to allow for valid interpretation and are labeled with unique case number and are properly oriented to the viewer using a left or right designation on each radiograph.
- 1.2. Case that require postmortem X-ray
- 1.2.1. All Penetrating/Perforating Trauma
 - 1.2.2. Gunshot/Shotgun Wounds
 - 1.2.3. Sharp Force Injury
 - 1.2.4. All Decomposed Remains
 - 1.2.5. All Pediatric Cases
 - 1.2.5.1.1. In children, the entire body should be X-rayed paying close attention to the extremities.
 - 1.2.5.1.2. Directed X-ray for infant cases is strongly encouraged
 - 1.2.6. Cases where death is caused by an explosion device
 - 1.2.7. Charred Bodies
 - 1.2.8. Skeletonized Remains
- 1.3. X-rays may be obtained at the discretion of the attending pathologist

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1.4. All x-rays shall be completed by the mortuary staff immediately after completing the intake of remains procedures.

1.4.1. The mortuary staff must document that X-rays were completed in Forensic Automated Case Tracking System (FACTS).

1.4.2. Postmortem X-rays should be performed through the body bag prior seal being broken by the attending pathologist.

1.4.2.1.1. Postmortem X-rays should be repeated if artifacts obscure abnormalities

1.4.2.1.2. Directed post-mortem X-ray is encouraged upon body bag being opened in the presence of attending pathologist

2. Radiology Quality

2.1. Radiographs

2.1.1. Radiographs are taken using the Lodox or portable Carestream systems.

2.1.2. Radiographs are archived in two locations

2.1.3. OCME PACS system in dicom format

2.1.4. OCME server in jpeg format

2.2. Quality Inspection

2.2.1. Approximately 10% of the decedent radiographs, randomly chosen, are verified for quality and archiving. Verification is conducted by the forensic anthropologist or Forensic Investigator with radiography training.

2.2.2. Radiograph quality is visually verified. The following items are considered:

2.2.2.1. the L mark is present in the radiograph;

2.2.2.2. the skeletal elements are clearly observed.

2.2.3. Radiograph archiving is verified by accessing the radiograph through the IQ-WEBX interface and the case photo file.

2.3. Documentation of Quality Inspection

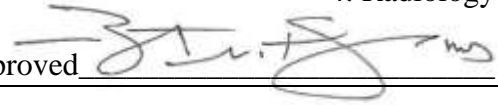
2.3.1. The result of each radiograph verification is documented in the Radiograph Inspection Log. The following information is recorded:

2.3.1.1. the case number;

2.3.1.2. verification date and time;

2.3.1.3. verifier;

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2.3.1.4. results: acceptable or unacceptable.

2.4. Unacceptable Radiographs

- 2.4.1. An unacceptable verification result is reported to the Mortuary Supervisor via email at the time of the verification.
- 2.4.2. The Mortuary Supervisor examines the radiograph to determine if it is operator error or equipment malfunction.
- 2.4.3. When the error is operator error, the Mortuary Supervisor addresses the error with the appropriate staff.
- 2.4.4. When the error is equipment malfunction, the Mortuary Supervisor works with internal and external technical support to correct the problem.
- 2.4.5. Following an unacceptable radiographs, all radiographs are verified over a five (5) day period to insure the problem is resolved.