

## **Death Investigation Standard Operating Procedures**

### **POLICY**

All deaths reported to the District of Columbia Office of the Chief Medical Examiner (OCME) shall be thoroughly investigated to determine jurisdiction, and, for those deaths that fall under the jurisdiction of OCME, to aid in the certification of the cause and manner of death. Death investigation in OCME is modeled on the National Guidelines for Death Investigation. Documentation is in OCME's automated case management system: Forensic Analytic Case Tracking System (FACTS).

Cases that are deemed Medical Examiner cases and require investigations are defined in accordance with District of Columbia Official Code §5-1405. The Chief Medical Examiner, other medical examiners, and Medicolegal Investigators licensed under subchapter V of Chapter 12 of Title 3, are authorized to make determinations of death.

### **CASES THAT REQUIRE INVESTIGATION<sup>1</sup>**

- (a) Violent or traumatic deaths, whether apparently homicidal, suicidal, or accidental regardless of the time elapsing between the time of injury and death. This includes but is not limited to motor vehicle collisions, firearm injuries, smoke inhalation and burns, sharp and blunt trauma, industrial accidents, falls, choking, drowning, climate-related (hypo or hyperthermia), deaths due to criminal abortion, whether apparently self-induced or not, and sports injuries;
- (b) Sudden, unexpected or unexplained deaths, when the deceased has been in apparent good health, not caused by readily recognizable disease or where the cause of death cannot be properly certified by a physician on the basis of his/her prior (recent) contact with the decedent. Sudden, unexplained infant deaths for infants one year of age and younger require investigation by OCME;
- (c) Deaths under suspicious circumstances, including but not limited to those where alcohol, drugs or other toxic substances may have a direct bearing on the death;
- (d) Deaths of persons who die outside a medical facility, i.e., at a private residence, group home, retirement home, etc. who do not have a primary care provider available to issue a death certificate, do not have funeral arrangements or family members cannot be discovered and/or notified;

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<sup>1</sup> Deaths that occur within the exclusive jurisdiction of WRAMC Main Post, whether of military personnel or civilians, are to be investigated first by the AFME or designee. If the AFME or designee determines that a forensic pathology investigation is not required the case then falls under the jurisdiction of OCME and the investigation is done as per usual procedures. See appendix

- (e) All cases of decomposed bodies;
- (f) Deaths of persons whose bodies are to be cremated, dissected, buried at sea or otherwise disposed of so as to be thereafter unavailable for examination;
- (g) Deaths related to disease resulting from employment or on-the-job injury or illness;
- (h) Deaths related to disease which might constitute a threat to public health;
- (i) Deaths of persons who are wards of the District of Columbia Government;
- (j) Deaths related to medical or surgical intervention, including operative, peri-operative, anesthesia, medication reactions or deaths associated with diagnostic or therapeutic procedures; all deaths during surgery or other procedures required for existing trauma;
- (k) Deaths of persons in legal custody of the District, including the stillborn fetuses of woman who are in custody;
- (l) Stillbirths that may be related to maternal trauma, including substance abuse and extra-mural deliveries;
- (m) Deaths for which the Metropolitan Police Department, or other law enforcement agency, or the Office of the Attorney General (including the General Counsel for OCME) requests, or a court orders investigation;
- (n) Deceased remains brought within the District without proper medical certification;
- (o) Clearances by OCME shall be required for all deaths occurring in the District for which cremations are requested, regardless of where the cremation will occur, and;
- (p) Deaths of persons whose remains have gone unclaimed at a medical facility in the District for at least 15 calendar days following the death, for whom medical facility is requesting OCME to store the remains pending public disposition and no family can be discovered and/or notified.

## **DEFINITIONS**

For the purpose of this document, the following definitions will apply.

**AFIP** – **Armed Forces Institute of Pathology**

**DDS** - **Department of Disability Services** (formerly known as MRDDA- Mentally Retarded Developmentally Disabled Administration)

**DC DOC** – **District of Columbia Department of Corrections**

**FACTS** – Forensic Analytic Case Management System, the automated case management system used in OCME.

**Forensic Investigator (FI)** - An individual formally trained in the forensic sciences, with an emphasis on death investigation, who is responsible for death investigations and evidence collection to aide in the determination of the cause and manner of death and the collection of evidence to determine the identification of deceased individuals. The Forensic Investigator works with the MLI and is guided by the ME.

**Mass Fatality Incident** – an event in which there are more human remains to be recovered and examined than can be handled by the usual resources of OCME, at least 40-50 fatalities. The event can result in either traumatic or non-traumatic deaths.

**Medical Examiner (ME)** – A Forensic Pathologist who is responsible for certification of cause and manner of death through autopsy, examination of microscopy specimens, review of records, interpretation of lab data and review of investigative reports of other investigative agencies and for testimony in a court of law regarding autopsy findings.

**Medical Examiner on-call (Doc of the Day- DOD)** – the ME who is assigned to the accepted cases to be certified for that day in OCME; the ME who is consulted by the MLI/FI regarding reported deaths where there is a question as to whether it falls under the jurisdiction of OCME; responds to death scenes where the ME is requested by law enforcement or other investigative agency. The ME on-call is assigned for a 24 hour period and is available to determine jurisdiction of reported deaths when no MLI/FI is available.

**Medicolegal Investigator (MLI)** - A Physician Assistant or Advanced Practice Registered Nurse, licensed in the District of Columbia, who, as part of an inquiry into a death of Medicolegal importance, examines the body, collects evidence, interprets data, and documents findings to aide in the determination of the cause and manner of death. The Medicolegal Investigator is guided by the Medical Examiner. The MLI is responsible for the processing of unclaimed remains, both identified and unidentified, for public disposition, the review of death certificates for cremation clearance and the processing of requests from medical facilities within the jurisdiction of the District for storage when family cannot make funeral arrangements or cannot be located.

**NIMS** – National Incident Management System -NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents.

**Non-scene investigation** – refers to those deaths reported by medical facilities, hospice programs and skilled nursing facilities where medical personnel are present at the scene of death and can relate pertinent information to the Medicolegal Investigator (MLI) allowing a disposition of the death to be made. These investigations are generally done via telephone interviews. This term also applies to those reported house or hospice deaths where there is well documented and

well known medical history, nothing suspicious about the death or circumstances reported by MPD, a physician consents to issuing an etiologically specific cause of death on a death certificate and family present who can make arrangements with a funeral director licensed in the District to have the decedent's remains removed from the scene of death.

**Non-traumatic Death** - Refers to an “apparent natural” death, there is no obvious evidence of traumatic injury to the decedent's body.

**Scene Investigation** – refers to those deaths occurring outside of a medical facility i.e., at home, workplace, in a public place, etc., usually reported to OCME by a member of the Metropolitan Police Department, to which the MLI/FI responds for the purpose of examination and photographing of the remains and the immediate environment, collection of information by interviewing witnesses, first responders, and law enforcement representatives and evidence collection to aide in the certification of cause and manner of death.

**SUID** - Sudden Unexpected Infant Death

**Traumatic Death** – Refers to a death where there is obvious evidence of some physical trauma to the decedent's body.

**WRAMC** – Walter Reed Army Medical Center

**WRTC** – Washington Regional Transplant Consortium

## **PROCEDURES**

### **TYPES OF INVESTIGATIONS**

Medicolegal/Forensic Investigators are the eyes and ears of the Medical Examiners. It is important that they obtain every possible piece of pertinent information to determining the cause and manner of death.

**I. Non-Scene Investigation** –Typically is the initial investigation of a death in a hospital, skilled nursing facility or in-patient hospice program. Proper telephone etiquette will be demonstrated at all times.

During investigations of death by telephone, the MLI/FI obtains the circumstances and chain of events that lead to the death. It may be necessary for the investigator to request certain hospital records for the purpose of evidence in aiding in the determination of the cause and manner of death.

The following data is to be obtained and documented in FACTS- Intake Initiation/Intake Information Review:

- Caller's (informant's) name, title, contact information and relationship to the decedent and name of facility.
- Admission date and time

- Reason for admission (obtain accident/fire investigation reports, etc. as needed)
  - traumatic vs. non-traumatic death
- Location from where the decedent was transported to the medical facility and the means of transport (Emergency Medical Services, private car, taxi or car service, walked in, etc).
- Date and time of death pronouncement
- Demographic information of the decedent i.e., date of birth, gender, race/ethnicity, social security number, veteran's status, marital status and name of surviving spouse, name of mother and father ( in pediatric/adolescent cases for example), estimated height and weight, home address and telephone number
- Name of person who pronounced death
- Name of primary care provider
- Next of kin/emergency contact and status of notification of death.
- AN OCME CASE NUMBER IS THEN GENERATED AND RELATED TO THE REPORTING ENTITY

The ***Investigative Report*** is the written documentation of the initial interview where preliminary information regarding the circumstances of death, description of the terminal event, past medical history, significant findings and next of kin or emergency contacts of the decedent are documented. This report shall include:

- Circumstances of terminal event, if injury, where and when did the event occur?
- Who accompanied decedent to facility?
- Medical, psychiatric and social histories:
  - medications including prescription, over the counter and herbal/natural remedies
  - past medical/surgical problems and allergies
  - history of tobacco use : type, amount, frequency, length of use, last use
  - history of ethanol use: type, amount, frequency, length of use, last use, history of treatment for ethanol abuse/dependency, history of delirium tremens
  - history of illicit drug use/dependency or illicit use/dependency of prescription medications: type, amount, frequency, length of use, last use, history/type of treatment, history of overdose in the past
  - if female, menstrual and pregnancy history
  - if pediatric/adolescent- prenatal, perinatal history, well baby/child care, vaccination/immunization history
  - history of trauma or falls and if positive, injuries sustained
  - history of recent travel, if so, where and when?
- Hospital course:
  - pre-hospital treatment
  - condition of decedent on presentation
  - significant findings on physical exam including presence of alcohol on breath (AOB), evidence of trauma (description and location), suspicion of illicit drug use, Glasgow coma scale scoring, etc.
  - medical or surgical interventions and outcome<sup>2</sup>

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<sup>2</sup> If this is a traumatic injury resulting in physical wounds, documentation of surgical alteration of such wounds and recovery of projectiles or other foreign objects and the disposition of such is to be documented.

- Disposition of case
  - A death that meets criteria for a medical examiner case is to be accepted and the Supervisor of Mortuary Affairs or his/her designee is to be notified to transport the remains from the scene of death to OCME.<sup>3</sup> Disposition and notification is to be documented in the appropriate areas of FACTS.<sup>4</sup>
  - All pertinent medical records, investigative reports from other agencies (law enforcement, fire, OSHA, etc.) are to be requested. When received, these documents are to be reviewed, marked with the case number and given to the assigned Medical Examiner for review. Documentation of record request/receipt is to be made in the appropriate area of FACTS. In the case of an infant or fetal death, it is important to consider requesting the birth/delivery records, placental pathology report if done or the placenta if not done and the metabolic testing card (if applicable) for the decedent.
  - The informant will be asked to inform the decedent's family/companion of the disposition and the need for identification of the decedent at OCME. The MLI/FI shall give their contact information to be passed on to the decedent's family/companion.
  - When the case is accepted but the hospital is given permission to do the autopsy, OCME will issue the death certificate based on the investigation AND the hospital's autopsy findings.
  - Deaths that do not fit the criteria for Medical Examiner cases can be declined. The name of the physician who is certifying the death shall be documented, Disposition is to be documented in the narrative report as well as the appropriate area of FACTS.

Endorsement for follow-up to subsequent OCME investigative staff, if needed, is to be documented at the end of this report.

The *Supplemental Report* is to be utilized for documentation of any additional information provided by family, care providers or investigative agencies that is important to the determination of the cause and manner of death, disposition, identification, etc. Endorsement for follow-up to subsequent OCME investigative staff, if needed, is to be documented at the end of this report.

**II. Non-scene investigation- Typically is the initial investigation of a death in at home or in an at-home hospice program.** Proper telephone etiquette will be demonstrated at all times. The following data is to be obtained and documented in FACTS- Intake Initiation/Intake Information Review:

- Caller's (informant's) name, title, contact information and relationship to the decedent
- If applicable, name of hospice program
- Address where death occurred or is apparent

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<sup>3</sup> Before accepting deaths due to potential therapeutic complications, the case is to be reviewed by the Medical Examiner on-call.

<sup>4</sup> In some, rare cases, the case is accepted and the hospital is given permission to do the autopsy with the understanding that the Preliminary Autopsy Diagnosis as well as the Final Autopsy report be made available as soon as possible, by fax ,to OCME for certification of cause and manner of death.

- Telephone number at this location
- Address and telephone number of decedent if different than above
- Date and time of death pronouncement (if applicable)
- Name of person who pronounced death (if applicable)
- Demographic information of the decedent i.e., date of birth, gender, race/ethnicity, social security number, veteran's status, marital status and name of surviving spouse, name of mother and father ( in pediatric/adolescent cases for example), estimated height and weight
- Next of kin/emergency contact and status of notification of death.
- AN OCME CASE NUMBER IS THEN GENERATED AND RELATED TO THE REPORTING ENTITY

***Investigative Report***

- Circumstances of terminal event
- Time when the decedent was last known to be alive
- Who made the discovery or was in attendance at the time death was apparent
- Primary care provider and contact information
- If home hospice, date and reason for admission/diagnosis and when was diagnosis of terminal condition made
- Medical, psychiatric and social histories:
  - medications including prescription, over the counter and herbal/natural remedies
  - past medical/surgical problems and allergies
  - history of tobacco use: type, amount, frequency, length of use, last use
  - history of ethanol use: type, amount, frequency, length of use, last use, history of treatment for ethanol abuse/dependency, history of delirium tremens
  - history of illicit drug use/dependency or illicit use/dependency of prescription medications: type, amount, frequency, length of use, last use, history/type of treatment, history of overdose in the past
  - if female, menstrual and pregnancy history
  - if pediatric/adolescent- prenatal, perinatal history, well baby/child care, vaccination/immunization history
  - history of trauma or falls and if positive, injuries sustained
  - history of recent travel, if so, where and when?
- History of trauma or falls
- Medications – all prescription, OTC, herbal/natural remedies
- Does the informant observe anything suspicious as the scene, i.e., door ajar or closed but not locked, weapons found, unexplained physical injuries of the decedent
- Is family present?
- Is there a funeral home to transport the decedent from the home/hospice
- Is the primary care provider willing to issue an appropriate death certificate?

A ***Supplemental Report*** is followed to provide any additional information including but not limited to documented contact with the primary care provider to confirm medical diagnosis, certification as to the cause and manner of death and the physician's agreement to issue the death certificate.

A death at home or in hospice that does not meet criteria for a medical examiner case AND has a physician to issue the death certificate AND a funeral home to transport the remains may be declined.

Disposition to be documented in the narrative report and in FACTS.

A death at home or in hospice that meets criteria for a Medical Examiner case AND/OR does not have a certifying physician AND/OR funeral home to transport remains requires a scene investigation.

### **III. Scene Investigation – this is a death requiring the attendance of the MLI/FI at the scene of death.**

As with telephone (non-scene) investigations, the MLI/FI at the scene will gather as much information as possible including names and contact information of witnesses to the terminal event. While on the scene, photographs will be taken to create a relationship between the body and the scene. It must be recognized that a scene could be any type of incident from an apparent non-traumatic and natural death to a traumatic event with multiple fatalities including a mass fatality terrorists incident. It could also be in any type of geographical location within the District or any type of weather related or social environment. It is vital to remember that decedents, their families and other witnesses are to be treated with the utmost respect and dignity at all times no matter what the circumstances of the death or the emotional environment. MLI/FI will cooperate fully with representatives of other agencies and behave in a professional manner. Remember, **you** are OCME at a scene

In the event a body has been removed from a scene for medical treatment, such as in the case of SUID, DDS clients or inmates of the DC DOC, it may be necessary to do a “retrospective” scene investigation. Photographs of the scene are taken to assist with the comprehension of report details and circumstances.

Investigators are to be alert to their surroundings in order to provide detailed accounts of the circumstances surrounding death and for reasons of their own safety.

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1. The investigator will, with the proper licensing by the Department of Motor Vehicles, operate an agency issued vehicle to travel to and from the death scene location. It is the responsibility of the MLI/FI to obey all traffic and parking regulations, speed limits and signage. The OCME vehicle is NOT to be utilized for personal errands such as picking up meals or running other errands. Any violations/fines are the responsibility of the assigned MLI/FI.
2. The MLI/FI will document the required data in the vehicle log located in the assigned vehicle before departing to and upon return from a scene.
3. The MLI/FI will be responsible for maintaining an adequate fuel level in the vehicle.
4. The MLI/FI will be responsible for notifying the OCME Fleet Management Personnel of any issues relating to the functionality of the vehicle immediately upon discovery.

5. The MLI/FI will utilize issued clothing, outerwear, footwear and equipment and be responsible for the maintenance of each in good condition. Loss or breakage of equipment is to be reported immediately upon discovery to the Director of Forensic Investigations.
6. Loss or theft of issued digital camera equipment or laptop computers is to be reported immediately to the Director of Forensic Investigations and a police report is to be filed.
  - Determination is made that a reported death requires a scene investigation<sup>5</sup>
    - Verify the location of the death scene as well as any landmarks, cross-streets and names of buildings
    - Obtain only what information is needed to determine that a scene investigation is needed so as not to bias the investigator's investigative/observatory skills
  - Documentation of scene investigation findings is to be documented in FACTS
  - The MLI/FI will utilize PPE including but not limited to N95 masks, eye protection, latex gloves, hair covers, Tyvex suits or plastic aprons.
  - Clean, white sheets and human remains pouches with locks are to be stored in the MLI/FI's assigned vehicle
  - Paper bags and tape for covering hands, feet, etc of decedent to preserve evidence
  - **At the scene, any requests for same day forensic autopsy made by law enforcement/fire department personnel are to be communicated immediately to the DOD. The MLI/FI under no circumstances will make the assumption that the examination will be done with the next day's caseload. Any suspicious death is to be reported from the scene to the DOD so that decisions regarding a timely autopsy can be made. This will allow the involved law enforcement/fire department personnel to arrange to be in attendance at the OCME for the autopsy and for forensic evidence to be collected and secured.**

#### *A. Arrival at the Scene:*

- Secure vehicle and park as safely as possible.
- The MLI/FI introduces self to other official representatives at the scene.
  - Identify essential personnel and establish rapport.
  - Names, badge numbers, affiliations and contact information is collected and entered into FACTS
- The MLI/FI will get clearance from the officials who have jurisdiction of the scene that it is safe and that evidentiary material will not be disturbed upon the MLI/FI's entry.
- Identify EMS personnel, if present, to gather information of circumstances, medical intervention, if any, time of arrival and if started, when medical interventions were terminated and document in the appropriate areas of FACTS.
- Overall photographs of the scene location are taken as well as any entrance or egress from buildings or area.

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<sup>5</sup> The MLI/FI is to be sure that all required personnel protective equipment, paper and plastic bags, human remains pouches and locks, cameras and batteries, computer, tape, pocketknife, flashlight, thermometer, cell phone, personal comfort supplies, forms, government issued identification card, writing implements, etc. are available, in good working condition, and in adequate supply.

**B. Participate in a Scene Briefing** – allows for initial and factual information exchange including jurisdictional determination(s).

- Locate staging area
  - Confirm entry point
  - Confirm command post if circumstances require
- Document scene location
  - mile marker, cross streets, address, building name
- Observe and document scene environment, weather conditions, wind speed and direction, water temperature, tides, daytime or nighttime, etc. and document the reference(s) for this information
- Determine nature and scope of investigation
  - suspicious vs. non-suspicious
  - single fatality vs. multiple vs. mass fatalities
- Ensure that initial accounts of incident are obtained from first witnesses

**C. Conduct a scene walk through** – essential to minimize scene disturbance and to prevent loss and/or contamination of physical and fragile evidence; provides the MLI/FI the first opportunity to locate and view the decedent(s) while allowing the determination of initial investigative procedures and provides for a systematic examination and documentation of both the scene and the decedent(s).

- Assess scene boundaries and adjust if necessary
- Establish a path of entry and exit
- Identify physical and fragile evidence-photograph, document and collect if appropriate
- Locate and view the decedent noting body directional information (ex. Head north, feet south)
- Observe and document the decedent in relation to fixed objects in the scene such as furniture, walls, building edges, curbs and sidewalks, etc.

**D. Confirm or pronounce death (MLIs only)**

- Take an initial overall photograph of the body as first observed from several angles as well as close-up photo of the face (dependent on position of the remains).
- Check for pulse, respirations and reflexes as appropriate while maintaining the integrity of the body and any possible evidence<sup>6</sup>.
- Document date and time of declaration of death

**E. Examination of decedent(s)**- if the decedent is badly decomposed, the MLI/FI may choose to leave examination of the remains for last and interview witnesses, determine collection of evidence, etc. first.

A methodical approach will assure that nothing is missed. Start with the head in the position the remains are found and work caudally; turn the body over onto a clean, white sheet<sup>7</sup> then start

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<sup>6</sup> There are some deaths that are readily apparent and no further examination is needed. These would include but not be limited to decomposing human remains and decapitations.

<sup>7</sup> A decedent may be resting on an object, such as a blanket or bedspread, that might contain trace evidence. It is wise to use this as the first wrapping material and then place the decedent in the clean, white sheet.

from the head and work caudally. These findings are to be documented in FACTS both in the data entry fields and by photography

- Does the decedent appear to be stated age?
- Hair color and length
- Eye color
- Facial hair? Color, type and length
- Race
- Gender
- State of nutrition
- Observe clothing, or lack thereof, and document – is it appropriate for the environment, for the activity the decedent had been reportedly involved in, what is the condition of the clothing<sup>8</sup>
  - The MLI/FI is to document description of the clothing by color, size, condition, area of placement on the body, etc. into the appropriate area of FACTS.
  - The MLI/FI is to enter clothing that accompanies the remains to OCME onto the Property Form in FACTS as “left on body” , the status will be changed at the time of the autopsy/external exam. Print the form, sign it and place it in the case file.
- Jewelry/personal belongings (cell phones, iPods, wallets, etc.)
  - describe by color and element i.e. - white metal ring encircled with a single row of small, clear, colorless stones NOT platinum ring encircled with diamonds and document in the appropriate area of FACTS.
  - Location of property on body
  - removed or left in place?
  - When removed, document the name and badge number of the law enforcement agent it is given to. MLI/FIs are not to turn over personal belongings of the decedent to anyone other than the law enforcement officer at the scene. Law enforcement will return property to family/friend of the decedent or log it into law enforcement property. It is **not** the policy of OCME to take possession of a decedent’s personal property. Any articles which may be useful in determining the cause and manner of death or aiding in the confirmation of identity may be entered into evidence for that purpose. These items are to be documented in FACTS and secured in the area provided by OCME for such property. Law enforcement and/or the ME shall decide if such items are appropriate to return to the NOK once they are no longer considered evidence.
  - The MLI/FI is to enter personal property that accompanies the remains to OCME onto the Property Form in FACTS as “left on body” the status will/may be changed at the time of the autopsy/external exam. Print the form, sign it and place it in the case file
  - In suspicious deaths or when removal of personal property may cause the loss of fragile evidence, the property shall remain with the decedent, photographed and documented in FACTS.
- What kind of surface is the body on? Is it wet or dry?
- Assess for rigor mortis: degree and location; consistent with position found?
  - #0 - rigor is not present

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<sup>8</sup> It is important to note clothing size, especially in bloated remains, as it may help in the identification of unidentified decedents.

- #1 - slight rigor- just the beginning in an extremity with only slight resistance to bending at a joint
- #2 - moderate rigor- extremity bends with some difficulty
- #3 - advanced rigor- extremity bends with much difficulty
- #4 - complete or full rigor- extremity will not bend
- Assess for livor mortis – is its location consistent with the position the body is found?
  - color (avoid using suffix “ish” to describe color, either it is red or it is not red, never “reddish”
  - blanching or fixed
  - location
  - consistent with position found?
- Assess for algor mortis
  - this is accomplished by touching the decedent in several areas and determining the temperature of the body surface: hot; warm; cool; cold<sup>9</sup>
- If apparent non-traumatic death, examine decedent for identifying marks, such as tattoos, scars, skin lesions, etc. If a traumatic death, limit examination of the body to what is readily apparent in an effort to preserve loss of fragile and/or valuable evidence
- Assess for evidence of decomposition
  - putrefaction, mummification, skeletonization, adipocere
  - discoloration of skin and location
  - bloating
  - skin slippage and/or bulla(e)
  - marbling
  - purging
- Assess for artifacts of death such as insects, feeding by rodents/pets/insects/marine animals, drying artifacts, Tardieu spots, Tache noir, immersion artifacts, etc.
- Document appearance and location of injuries, deformities and defects
- Blood patterns
  - should be consistent with gravity
  - photographed before the body is moved both with and without a measuring device in the photo
  - size of fluid pool measured as well as its consistency, color and degree of wetness documented
  - Odors of both the decedent and/or the environment are to be documented
  - Place the decedent in a zippered human remains pouch, take a Polaroid intake photo and mark the back with the date, case number and the initials of the MLI/FI providing the photo; mark the pouch with the case number and secure with remains pouch lock tag. Initial and date lock tag and document the lock tag number.
  - the pouch should not be opened again until the ME is ready to autopsy/examine. On a case by case basis, the pouch may be opened to take identification photos in cases where the degree of decomposition is such that waiting until exam by the ME may prohibit visual identification by photograph. In a case where an MLI

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<sup>9</sup> It is **not** the policy of OCME to evaluate algor mortis by the introduction of thermometers into the rectum or to make any incision to insert an instrument into the liver. Doing so may alter the integrity of possible evidence in/on the body

has not been to the scene and more than 3 hours will elapse before that decedent will be pronounced dead, the MLI may break the lock, pronounce death and relock the pouch, initialing along with date/time locked written on the lock. Documentation in FACTS is also required. Exceptions to this procedure will be considered on a case by case basis by the Director of Forensic Investigations or designee, the DOD or the CME.

- Notify Supervisor of OCME Mortuary Affairs or his/her designee that the remains are ready to be transported to OCME.
  - inform Mortuary of any necessary scene information i.e., name of building, unruly crowd, in public view, estimated height and weight of the decedent, scene conditions, special instructions for entering scene location, etc.

***F. Interviewing family members, friends, co-workers, etc. at death scene*** – allows for timely gathering of pertinent information regarding the decedent. Provides essential information for the investigative process. The MLI may opt, in cases of severely decomposed remains, to interview family and others before examining the remains in order to shield these individuals from any noxious odors or observations

- Determine who was the last person to know decedent was alive
- When was the decedent last known to be alive
- Was the decedent in the usual state of death? If not, what were the complaints, symptoms?
- Circumstance of death/terminal event
- Document names, relationships and contact information of all witnesses
- Decedent's primary care provider, contact information and last visit
- Decedent's medical, psychiatric and surgical history, hospitalizations, including environmental and/or drug allergies, vaccination/immunization histories<sup>10</sup>
- Decedent's social history
  - ethanol (ETOH) use – type, amount, last known use, duration of use, treatments, h/o seizures, blackouts, delirium tremens
  - illicit (street, RX) drugs – type, amount, route, last known use, duration of use, treatments, h/o overdose
  - tobacco – type, amount, duration of use, treatment
  - travel history – where and when
  - occupation
  - military history
  - marital status
  - education
- Known next of kin<sup>11</sup>, relationship and contact information
- Decedent's routines
  - times to go to bed and get up
  - sleeps clothed or in the nude
  - times to go to work
  - recreational activities

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<sup>10</sup> See outline in *Non-scene investigation- investigative report*

<sup>11</sup> It is imperative that the MLI/FI have a thorough understanding of NOK hierarchy

**G. Establish the Identification of the Decedent**- allows for notification of next of kin if not present, allows for the placement of the decedent's name on the death certificate.

- If decedent is visually identifiable, identification is accomplished at the scene, if appropriate<sup>12</sup>
  - photograph and document the identifying individual's own government issued picture
    - identification card.
  - present the identifying individual with the OCME *Medical History card* and *Decedent Survivor* forms to fill out
  - present the Polaroid photograph with the picture of the decedent's clean face to the identifying individual. The case number, date the photo was taken, MLI/FI's initial are to be written on the back. The identifying individual is to print the FULL, LEGAL name of the decedent, sign their own name and date on the back of the photo<sup>13</sup>
- If the decedent is not visually identifiable, availability of ante mortem x-rays, dental x-rays, fingerprints for comparison, reference specimens for identification by DNA analysis and comparison is to be established

**H. Photographing the scene and the decedent** – creates a permanent historical record and provides corroborating evidence that constructs a system of redundancy should questions arise. Accomplished through use of an agency issued digital and Polaroid cameras.

- Remove all nonessential personnel from the scene
- Obtain an overall view of the scene upon arrival Photograph scene from different angles
- Photograph specific areas of the scene, including but not limited to
  - entry ways such as doors, windows to demonstrate their state of security or non-security, apartment number, address
  - street signs
  - vehicles and license plates
  - contents of refrigerators, freezers and cabinets to establish decedent's eating/drinking and tobacco habits
  - toilets
  - medicine cabinets
  - containers holding prescription medication bottles
  - areas containing evidence of ETOH and use
  - weapons
  - official appearing mail with the decedent's name and address clearly visible
  - newspapers and mail left outside decedent's residence with dates clearly visible
  - sleeping quarters
  - heating and/or cooling appliances

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<sup>12</sup> When the decedent is an apparent homicide, the family/friend/co-worker seems to be under the influence of drugs or ETOH or the scene is emotionally charged, the visual identification is not to be done.

<sup>13</sup> The same procedure is used if the identifying individual views the decedent's remains to identify them

- apparent suicide notes, books, DVDs and videos that may aid in the certification of the cause and manner of death
- Photograph the decedent from different angles in the position found and when the body is turned over
- Photograph evidence of resuscitative efforts
- If necessary, take additional photographs after removal of objects/items that interfere with the photographic documentation of the decedent
- Photograph even if the body or other evidence has been moved<sup>14</sup>
- Use scales in some photographs to document relative size of specific evidence such as injuries, scars, etc.
- A close up photograph, using the Polaroid camera, of the decedent's face, as it is first observed by the MLI/FI
- A second close up photograph, using the Polaroid camera, of the decedent's face, after wiping away secretions, etc, to use as an identification photograph, if appropriate.
- Photograph the area underneath the decedent once the body is moved
- When personal property is not removed, it is to be photographed in place<sup>15</sup>
- Hands, feet are to be photographed before and after placing in paper bags
- Identifying information such as government issued photo ids to aid in the identification of the decedent

***I. Evidence collection, inventory and safeguarding*** –ensures availability and integrity for further evaluation

- Prescription medications are to be examined and documented in FACTS as follow
  - Medication name
  - Strength
  - Administration schedule and route
  - Prescribed by
  - Prescription number
  - Date filled
  - Number of pills dispensed
  - Number remaining in bottle
- Syringes containing fluids are to be collected in sharps containers, labeled and submitted for toxicological evaluation
- All medications found and associated with the scene are to be documented, packaged, labeled and submitted to the Chief of Toxicology or their designee.
- Maintain chain of custody
- Upon arrival back at OCME, evidence is to be documented in the appropriate area of FACTS as “evidence”, the form is to be printed, signed and placed in the case file. The evidence is to be placed in an evidence locker located in the Evidence room off the autopsy suite. The locker number the evidence is placed in is to be noted in FACTS in the “Evidence Collected at Scene” field of the scene investigation report.

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<sup>14</sup> If evidence or the body has been moved, that information is to be documented in the report.

<sup>15</sup> Every effort is to be made NOT to bring personal property back to OCME except in cases where removal will disturb evidence, i.e. homicides or suspicious deaths.

**J. Property-** It is **not** the policy of OCME to take possession of personal property of a decedent <sup>16</sup>

**K. Exiting the Scene/Scene Debriefing-** Allows for family/friends/co-workers to get information about Making funeral arrangements, getting grief counseling, etc. Provides opportunity for agency Representatives to review scene findings and for input regarding special requests for assistance, Additional information, special examinations, etc.

- The MLI/FI will provide their own contact information to witnesses at the scene in case they have further information to provide or to relate to anyone who may be able to present to OCME for the purpose of the positive identification of the decedent.
- The MLI/FI will answer, to the best of their ability, any questions family/friends have regarding release of decedent to a funeral director
- The MLI/FI will offer the printed cards supplied by RECOVER so that family/friends have the opportunity to request grief counseling/support
- The MLI/FI will ask if there are any further questions or any further assistance that can be offered.
- The MLI/FI will obtain names, agency, badge numbers and contact information for all other agency representatives at the scene
- The MLI/FI will arrange to receive any other agency's reports to provide a complete forensic investigative report

## **SPECIAL INVESTIGATIONS**

**I. Mass Fatality Incidents** – reference OCME Mass Fatality Plan (framework for the further development of this SOP). Under the District Response Plan, OCME is responsible for coordinating mass fatality efforts within the District. These responsibilities include the sanitary transportation of remains; securing and preservation of evidence; establishing a temporary morgue; identifying remains; performing postmortem examinations; certifying cause and manner of death; issuing death certificates and arranging for the release of remains.

It should be noted that jurisdictional responsibility has to be decided for OCME to be involved in certifying deaths in some circumstances, i.e. Federal vs. local jurisdiction. For example, if the incident were deemed a natural disaster by the federal government, the Federal Emergency Management Agency (FEMA) would become the lead agency. Reporting of a mass fatality event will initiate the Mass Fatality module of OCME's automated case management system, FACTS. Incident response teams will be assembled so that investigation and recovery of a mass fatality event as well as the usual business of OCME can go forth. Multiple agencies on both the District and Federal levels may be involved in these investigations. It is the decision of the Chief Medical Examiner to request the need for Federal (DMORT) assistance for a mass fatality event that falls under District jurisdiction.

**A. Mass fatalities as a result of natural disease (example: Pandemic Influenza outbreak)** -Mass fatalities due to natural disease are not, in and of themselves, deaths that fall under the jurisdiction of OCME.

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<sup>16</sup> See **III. Scene Investigation** section E – Examination of Decedent(s)

- Deaths reported to OCME will be investigated as non-scene or scene investigations dependent on circumstances of the death
- The first deaths reported will be accepted as OCME cases to establish the cause and manner as index cases
- Investigations of subsequent deaths and jurisdictional decisions will follow standard operating procedures

***B. Mass fatalities as a result of terrorist release of biological agents (example- anthrax)*** – these would be, in effect, natural diseases, however the fact that the biological agent was released to cause disease results in this type of mass fatality event falling under the jurisdiction of OCME.

- Initial evaluation and documentation, both written and photographically, of event site(s) is done by the OCME evaluation team
- Involves cooperative work of multiple agencies on both District and Federal levels
  - recovery of remain
  - overall photographing of the scene
  - certification of cause and manner
  - identification of remains
  - personal effects
  - release of remains to funeral homes
- Recovery of remains is done at a point in time specified by termination of rescue efforts and when the area is deemed safe for OCME personnel to enter the site(s)
- Recovery of remains is dependent on the decontamination of same under the watch of OCME

***C. Mass fatalities as a result of terrorist inflicted traumatic injuries- (examples -bombings, shootings, building collapse, chemical or radiological release).*** Will have both intact and fragmented remains

- Initial evaluation and documentation, both written and photographically, of event site(s) is done by the OCME evaluation team
- Involves cooperative work of multiple agencies on both District and Federal levels
  - overall photography of the scene
  - recovery of remains
  - certification of cause and manner
  - identification of remains
  - personal effects
  - release of remains to funeral homes
- Recovery of remains is done at a point in time specified by termination of rescue efforts and when the area is deemed safe for OCME personnel to enter
- Recovery of remains is dependent on the decontamination of same under the watch of OCME

***D. Mass fatalities as a result of transportation wreckage- (examples- airline crash, train derailment, multiple motor vehicle collisions)*** Will have both intact and fragmented remains

- Initial evaluation and documentation, both written and photographically, of event site(s) is done by the OCME evaluation team

- Involves cooperative work of multiple agencies on both District and Federal levels
  - overall photographing of the scene
  - recovery of remains
  - certification of cause and manner
  - identification of remains
  - personal effects
  - release of remains to funeral homes
- Recovery of remains is done at a point in time specified by termination of rescue efforts and when the area is deemed safe for OCME personnel to enter the site(s)
- Recovery of remains may be dependent on the decontamination of same under the watchful eye of OCME

***E. Mass fatalities as a result of acts of Nature – (examples – floods, tornadoes, hurricanes)***

May have both intact and fragmented remains

- Initial evaluation and documentation, both written and photographically, of event site(s) is done by the OCME evaluation team
- Involves cooperative work of multiple agencies on both District and Federal levels
  - recovery of remains
  - certification of cause and manner
  - identification of remains
  - personal effects
  - release of remains to funeral homes
- Recovery of remains is done at a point in time specified by termination of rescue efforts and when the area is deemed safe for OCME personnel to enter

**II. WRTC Requests**

- All cases that are determined to be OCME cases are to be reported to OCME **by the involved hospital where the death occurred or is imminent** before WRTC can begin to request permission to approach family of the decedent for permission to procure organs.
- Once jurisdiction has been made, and all clinical and circumstantial information is obtained, the MLI/FI will note the organ/tissues that WRTC wants to recover.
- The MLI/FI will contact the ME on-call to obtain consent for WRTC to approach family for permission to recover organs/tissues<sup>17</sup>
- The MLI/FI will then relate the decision and organs/tissues/bones/cornea approved for recovery to WRTC who may then approach the family for permission to recover. WRTC will be requested to relate to OCME whether family was approached, gave permission to recover and what organs/tissues were recovered.
- All information is to be entered on the ***WRTC spreadsheet*** located on the “P” drive.

**III. Sudden Unexplained Infant Deaths**

- Refer to the attached CDC guidelines (Appendix I) including doll re-enactment, photography and the ***SUIDI Top 25***

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<sup>17</sup> Should the ME on-call be unavailable, any Deputy ME can be consulted; should no Deputy ME be available, the Chief Medical Examiner may be contacted.

- The MLI/FI is to report to the hospital, if child has been transported for medical intervention, to examine the remains of the decedent as well as to the site from where the decedent was transported (if inside the District's jurisdiction) for a retrospective scene investigation. This is to be in conjunction with a member of the Metropolitan Police Department/Special Victims Unit<sup>18</sup>
- Interviewing of the placer and finder of the decedent is to be done separately if more than one individual is involved.
- As with other death investigations, attention is to be paid to medical, including pre and peri natal histories, social and environmental factors. Any and all information regarding the last 72 hours of the decedent's life is to be gathered and documented in FACTS (SUIDI module under construction).

### **Department of Disability Services (formerly Mental Retardation Developmental Disability Administration or MRDDA)**

- the MLI/FI is to report to the hospital, if one indicated, to examine the remains of the decedent as well as to the residence (if inside the District's jurisdiction) for a retrospective scene investigation. This is to be in conjunction with a member of the Metropolitan Police Department/Special Victims Unit
- the Director of Forensic Investigations is to be notified of the death by telephone or email
- whether or not the decedent is part of the Evans-Pratt population is to be documented
- Again, as with other death investigations, attention is to be paid to medical, social and environmental factors, and the number of residents or family members who live at the location. Pay special attention to obtaining the cause of the Developmental Disability and/or Mental Retardation if one is known.
- If the residence is a group home, documentation of licensure and expiration date as well as ownership of the group home is to be included in the documentation
- Ward of occurrence (if in the District) is to be documented

### **Cremation Clearance (MLIs only)**

- a faxed copy of the decedent's death certificate is to be received by OCME and a Cremation number assigned
- the MLI is to review the certificate and be sure the following is documented
  - decedent's name
  - date of death
  - an etiologically specific, correctly spelled out cause of death
  - the appropriate manner of death for non-ME physicians
  - the certifying physician's signature
- If all information is correct, the faxed copy of the certificate is to be marked "approved" with the MLIs initials, date and time and the funeral home where the faxed copy originated is to be notified
- If the cause of death is not etiologically specific, misspelled or abbreviated, the certifying physician is to be contacted and the cause discussed. The MLI is to assist

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<sup>18</sup> An event occurring outside the District resulting in a death inside the District is to be reported to the local law enforcement agency and their investigative reports requested. When received, those reports are to be marked with the OCME case number and brought to the attention of the assigned ME.

the certifying physician with the appropriate wording so that the cause of death is etiologically specific. Correction of the certificate is arranged with the certifying physician and the funeral home where the faxed copy originated is informed.

- Should this investigation reveal that this is a death that falls under the jurisdiction of OCME, then the case is issued an OCME number and jurisdiction is accepted and the death is investigated as any other death report.

### **Storage of Unclaimed Remains (MLIs only)**

- The requesting facility is to fax to OCME<sup>19</sup>
  - death certificate
  - letter requesting storage stating reason for request
  - proof of due diligence in searching for/contacting next of kin
  - copy of payment of storage fee payable to the DC Treasurer
- An OCME case number is to be assigned
- The MLI is to review the death certificate and be sure the following is documented
  - decedent's name
  - date of death
  - an etiologically specific, correctly spelled out cause of death
  - the appropriate manner of death
  - the certifying physician's signature
  - demographic information in anticipation of decedent becoming a public disposition
- If all information is correct the storage request may be approved
- If there is missing information, the storage is declined. The requesting facility is informed and instructions for corrective action(s) discussed.
- For corrections to cause of death see **Cremation Clearance**
- When storage of unclaimed remains is accepted, transport of the remains is to be arranged per OCME transport policy
- Cases where there is evidence that family cannot be contacted to claim remains for funeral arrangements are to have the Public Disposition process initiated immediately

### **Public Disposition of Unclaimed Remains (MLIs only) - OCME policy follows DCMR 28DCMR§5004.2\_ stating unclaimed remains are not to be held longer than 30 days**

#### ***Identified, unclaimed decedents***<sup>20</sup>

- Three (3) days after the decedent is identified, the public disposition process is initiated; where visual identification is not done within three (3) days of the decedent arriving at OCME, the other biometrics, fingerprints, x-rays and DNA are to be requested and the public disposition process initiated as soon as ID is accomplished or when information is received that the ID cannot be accomplished.

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<sup>19</sup> In the cases of facilities that do not have storage facilities for decedent remains, the letter of request will also include this information as well as contact information for the next of kin or party responsible for making funeral arrangements.

<sup>20</sup> ***Identified, unclaimed US Military Veterans***- verification of this status and eligibility for burial in Quantico National Cemetery will be established. Arrangements will be made with the contracted funeral director for transport to Quantico for direct burial.

- A letter is sent to the appropriate next of kin of the decedent stating OCME's intent to cremate and bury the decedent 15 calendar days from the date of the letter (see Public Disposition letter) if not claimed and released to a funeral home.
- The decedent's information is to be entered into the Public Disposition Spread sheet on the P drive
- The Public Disposition checklist is to be printed, filled out and placed in the case file
- The Director of Forensic Investigations is to be notified when the decedent is ready to go out as a Public Disposition
- Arrangements will be made with the contracting funeral home to transport identified, unclaimed decedents for cremation and burial

### ***Unidentified, unclaimed decedents<sup>21</sup>***

- Remains determined to be unclaimed that have not been identified will have the following biometric evidence obtained and archived
  - photograph of decedent's face
  - fingerprints, if printable
  - body radiographs
  - dental radiographs
  - specimens for DNA analysis
- The Director of Forensic Investigations is to be notified when the decedent is ready to go out as a Public Disposition
- Arrangements will be made with the contracting funeral home to transport unidentified, unclaimed decedents for burial

### ***Requesting, Receiving and Reviewing Reports***

- Requests for medical records or investigative reports of other agencies are made via fax to hospitals and other providers using the requisition form in the word document area of FACTS
- Documentation of this request/receipt is to be made in the ***Record Requests*** area of FACTS
- Upon receipt of requested records or other information, the case number is to be written on the received document.
- The records are to be reviewed for information pertinent to the case and a summary of such information is to be written in a **supplemental report**
- The assigned ME is to be notified the records have been received
- The records are a permanent part of the case file

**Identification of Decedents-** identification of deceased individuals is an important and vital activity in OCME. It is the means of providing the full, legal name of the decedent and is

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<sup>21</sup> Decedents who are not positively identified but have strong circumstantial evidence supporting a presumptive identification will be discussed with the Chief Medical Examiner. In approved cases, the name will be typed on the death certificate and "presumptive identification typed in the remarks section of the death certificate. This decedent will be buried.

entered on the death certificate. In some cases, it may help in identifying and notifying family members of these deceased individuals.

### ***Visual Identification***

- Generally, identification is accomplished by a family member or close associate of the deceased by the viewing of a Polaroid photograph of the decedent's face.
  - the family member/close associate must come to OCME and present their own valid, government issued picture identification
  - family/close associates are to be instructed not to come to OCME to do this until after 10:00 AM on the day after the decedent is transported to OCME
- The viewer then prints the decedent's full, legal name on the back of the photograph and the identification card and form.
- The family member/close associate is to fill out the ***Decedent Survivor*** form
- This information is entered in the ***Identification*** area of FACTS

***Alternative Identifications***- to be utilized when visualization of the decedent's face is not practical or when the decedent is reported as "unidentified" or when no one comes forward to make a positive identification

### **Fingerprints**

- The need for fingerprints is documented in the appropriate area of FACTS
- The Supervisor of Mortuary Affairs is to be informed in writing of the need for the decedent to be fingerprinted
- When available, the fingerprint card, properly filled out, is to be forwarded to MPD, Latent prints division (AFIS) for analysis and comparison
- Should negative print results come from MPD, the print card is then forwarded to the FBI
- When a positive result is received, that name is to be typed onto the death certificate by OCME Communications staff. Any alias is to be noted and documented on the death certificate
- If family is available, they are to be notified that the identification has been completed and they can authorize release of the remains to a funeral director
- Information is to be documented in a **supplemental report**
- The Director of Forensic Investigations will be made aware and kept informed of this

### **Body radiographs**

- The need for body radiographs is documented in the appropriate area of FACTS
- Any available radiograph of the decedent's chest, head, surgically repaired extremity is to be requested using the requisition form in FACTS and documenting such request in the ***Record Requests*** area of FACTS
- Upon receipt of requested x-rays the physician/ME/radiologist that will do the comparative study for identification will be contacted

- The Supervisor of Mortuary Affairs is to be informed, in writing via FACTS case note, of the need for the decedent to be x-rayed and the areas to be x-rayed with the required views
- When available, the post mortem x-ray is to be examined for quality and appropriate angles, repeats are to be requested if indicated
- When a positive result is received, that name is to be typed onto the death certificate by OCME Communications staff. Any alias is to be noted and documented on the death certificate
- If family is available, they are to be notified that the identification has been completed and they can authorize release of the remains to a funeral director
- Information is to be documented in a **supplemental report**
- The Director of Forensic Investigations will be made aware and kept informed of this alternative identification

### Dental radiographs

- The need for dental radiographs is documented in the appropriate area of FACTS
- The Supervisor of Mortuary Affairs is to be informed, in writing via FACTS case note, of the need for the decedent to have dental x-rays done.
- The decedent's original dental x-rays and dental charting are to be requested using the requisition form in FACTS and documenting such request in the ***Record Requests*** area of FACTS
- Upon receipt of requested x-rays and charting, the forensic odontologist will be contacted to come to OCME to do the identification procedure or will request that the films and charting be delivered to their office
- The post mortem x-rays are to be examined for quality and appropriate angles, repeats requested if indicated
- When a positive result is received, that name is to be typed onto the death certificate by OCME Communications staff. Any alias is to be noted and documented on the death certificate
- If family is available, they are to be notified that the identification has been completed and they can authorize release of the remains to a funeral director
- Information is to be documented in a **supplemental report**
- The Director of Forensic Investigations will be made aware and kept informed of this alternative identification

### DNA

- The need for a post mortem specimen for DNA analysis is documented in the appropriate area of FACTS
- The Supervisor of Mortuary Affairs is to be informed, in writing via a FACTS case note, of the need for post mortem specimens for DNA analysis
- The appropriate blood relative(s) are to be asked to submit to a buccal swab for DNA analysis and comparison to the decedent's specimen in an attempt to establish identification
- Appropriate consent forms are to be filled out and signed by family member(s)

- Buccal mucosa is to be swabbed with sterile cotton-tipped applicators, air dried, placed in a paper envelope or box, labeled with OCME case number, date of sampling, name of donator and the MLI's initials
- Family member specimens and decedent's specimens are then appropriately packaged and labeled
- The Director of Forensic Investigations is to be informed so that all specimens may be forwarded to the assigned laboratory for processing
- When results are received, they are to be reviewed with the assigned ME to determine if a positive identification of the decedent has been obtained
- When a positive result is received, that name is to be typed onto the death certificate by OCME Communications staff. Any alias is to be noted and documented on the death certificate
- If family is available, they are to be notified that the identification has been completed and they can authorize release of the remains to a funeral director
- Information is to be documented in a **supplemental report**
- The Director of Forensic Investigations will be made aware and kept informed of this alternative identification

#### **BASIC SUPPLIES TO BE CARRIED IN MLI/FI GEAR BAG**

- Latex gloves
- Several of the N95 masks the individual MLI/FI FIT tests for
- Eye protection
- Tyvex suit
- Plastic aprons –full with sleeves and bib type
- Shoe covers
- Head covers
- Digital camera kit with extra batteries and memory card
- Polaroid camera and film
- Cellular telephone
- Assigned 800 MHz digital radio
- Various forms for identification
- Environmental thermometer<sup>22</sup>
- Notebook and clipboard
- Pens/pencils/permanent markers
- Sharps containers
- Plastic biohazard bags
- Paper envelopes both coin sized and larger sized
- Hand sanitizer
- Contact information cards for Recover
- Personal items as needed

#### **BASIC SUPPLIES TO BE CARRIED IN OCME MLI/FI RESPONSE VEHICLE**

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<sup>22</sup> This thermometer should be one that can measure air and water temperatures (such as in possible scalded baby investigations) and should cover a wide range of temperatures.

- Red Biohazard Bags
- Several Human Remains Pouches
- Several clean white sheets
- Paper bags for bagging hands and other body parts as needed
- Tape for securing bags
- Doll for sleep re-enactments
- Human Remains Pouch Locks

# **APPENDIX**

## **APPENDIX I**

### **CDC: Infant Death Investigation: Guidelines for the Scene Investigator**

## **Appendix II – Documentation in FACTS**

**FACTS (FORENSIC ANALYTIC CASE TRACKING SYSTEM)** was created with several purposes in mind. These forms are to record your observations (whether seen or heard) and NOT to document conclusions or theories as to how/why something may have occurred. Data is extracted from FACTS for several types of reports, statistics, etc. If it is not documented, it is not done and therefore, reporting/statistics may be skewed.

When taking a death report, be sure to request all the information indicated by the fields provided in the **INTAKE INFORMATION**, and **INTAKE INFORMATION REVIEW** screens. The **NEXT OF KIN** screen needs to be accessed and that information entered in the required fields. Date and time of disposition, name of person making disposition as well as notification of mortuary, if accepted case, is to be documented in the appropriate fields of these screens.

### **Special Documentation**

**Records Request** – This area is to be utilized to document the request and receipt of any kind of record on the decedent from an outside entity. It is a way of tracking as well as a reminder for the investigator that records have not been received. This can be used to document requests and receipts for medical records, admission blood, copies of x-rays, Preliminary Autopsy Diagnoses (PAD) and final Autopsy Reports, for example.

### ***Word Documents***

#### **Hospital Death Report (may also include Nursing Home and in-patient Hospice) – Initial Investigation**

Decedent's age, race and gender

Admission date and time

Reason for Admission (obtain accident/fire investigation reports, etc as needed)

Location from where the decedent was transported to hospital and means of transport (EMS, private car, cab, walked, etc.)

Date and time of death pronouncement

Circumstances of terminal event; if an injury is involved, the time, place and date and any other pertinent information (witnessed vs. unwitnessed) must be included

Medical and Social histories, medications including Rx, OTC and herbal/natural remedies

Hospital course/procedures/ findings on physical exam; if there is a surgical intervention, was there any alteration of a wound? Were projectiles found? If so, what was done with them?

Suspicion of illicit drug or ETOH (alcohol) use? Was a tox or ETOH serum level done?

Significant findings on physical exam (evidence of trauma, intravenous drug use, EOB (alcohol on breath), etc.)

Approximate height and weight

Name of primary care physician

Who will sign the death certificate (if appropriate?)

NOK- notification made?

Request appropriate records as needed (toxicology or other lab reports, radiology reports, etc.)  
End report with disposition (accepted, declined, pending further investigation)  
Date/time and to whom final disposition is related (Communications)

### **House or Hospice Death– Initial Investigation**

Decedent's age, race and gender

Last seen or known to be alive, who made discovery/was in attendance at the time death was apparent?

Circumstances of death/ **Circumstances of terminal event; if an injury is involved, the time, place and date and any other pertinent information (witnessed vs. unwitnessed) must be included**

Medical and social history, history of trauma or falls, medications including Rx, OTC and herbal/natural remedies

Primary care physician – if on hospice, when admitted and reason

Anything suspicious observed (door ajar or closed but not locked; weapons found; ETOH or illicit drugs and/or drug paraphernalia)

NOK?

MD to sign?

Funeral home?

End report with disposition as above including endorsement to another MLI for scene investigation or direct pick-up and why.

Approximate height and weight

Name of apartment building, whether it is commercial or residential

### **Supplemental Report – for any type of investigation**

Any additional information that is provided by family or care providers that is important to the determination of the cause and manner of death that is obtained after the initial investigative report.

### **Scene Investigation**

Print the entire scene investigation report when completed and place in case file; initial and date every page.

Enter demographic information, times notified, dispatched, arrived and left scene, date and time and person in mortuary when contact is made to transport remains from the scene to OCME and time of death, if appropriate and please check the box if the WARN was not available, meaning you attempted to connect to FACTS via WARN and were not successful. This is NOT to reflect an incident where the Toughbook was not brought to the scene.

### **Scene Investigation Report**

**Detailed circumstances of death** – refer to description of initial investigative report

**Scene description** – describe the area where the body is found, i.e. not only the immediate surroundings but the general location as well. If outdoors, describe the weather conditions, the

surface the body is on, etc. If in a building, the type of structure, the neighborhood it is in, the condition, etc. Lighting and other factors should be described. In some cases, description of the person's in attendance behavior may be needed.

**Body position** – medical personnel should be using medical language to describe the position, MPD should use common terms to describe position not only of the body in general but head and extremities, too.

**Clothing/Personal Property**- description of any clothing or personal property on the decedent at the time of your observation. It is not the policy of OCME to bring personal property to OCME. If appropriate, it is to be documented, removed from the remains, bagged, labeled and handed over to a member of MPD. That MPD member's name, badge number and MPD district is to be documented here. Clothing and personal property that is left on the remains for transport to OCME is to be entered in the Chain of Custody/Intake area of FACTS and the type is "left on body". That type will be amended at the time of autopsy/external exam. The form is to be printed signed and placed in the case file.

**Evidence collected at scene** – Any items that are not personal property and are necessary, in your opinion, to be collected to aid in the determination of cause and manner are to be listed here. They may include but are not limited to, syringes, hospital records, prescriptions, unlabeled pills or tablets. Illicit substances cannot be collected as evidence by OCME, only by MPD or other law enforcement. Please be careful to have a sharps container for transporting syringes or other sharp evidence. Label with the name and case number (if no preprinted labels yet available). Items to be tested for tox should be forwarded to the tox lab; other evidence can be put into an evidence locker in the Evidence Room off the Autopsy suite for safekeeping. Please note the locker number in this area of FACTS. Be sure to endorse submission of this evidence to another MLI if the lab is not open when you return from the scene. This is where documentation of the locking mechanism for the human remains pouch is made. Document lock number and be sure to write the OCME case number, date locked and your initials on the lock in the area provided. Evidence transported to OCME is to be entered in the Chain of Custody/Intake area of FACTS and the type is "evidence". The evidence type may be amended at the time of autopsy/external exam. The form is to be printed signed and placed in the case file

### **MLI Body Examination Report – (remember this is a preliminary exam at the scene)**

All fields should have data entered. As far as body temperature, the field will accept text. As we are not checking body temperatures with a thermometer of any type, you can enter your perception of temperature by touch, i.e. – cool, cold, hot, warm.

**Livor Description** – color, location, blanched or fixed, appropriate to the position found by the investigator? If the investigator is unable to determine for some reason, that fact should be documented. This could be due to the state of decomposition, lighting, skin tone, etc.

**Rigor Description** – location, can it be broken and if so with how much force, is it appropriate to the position found by the investigator? If the investigator is unable to determine for some reason, that fact should be documented.

**Identifying Marks/Features** – a description of any scars, tattoos, significant moles, "birthmarks", etc. and their location. Facial hair should be described as well as scalp hair. This means color, texture and length. If none apparent, document to that effect. If the investigator is unable to determine for some reason, that fact should be documented. This would also be a place

to document your observation of whether the decedent appears to be their stated age (or older than or younger than).

**Trauma description** – exactly that, the shape, location, and distribution...not classifying as a stab or GSW, that is the responsibility of the ME via autopsy. If the investigator is unable to determine for some reason, that fact should be documented.

**Artifacts** – a description of findings that are a result of the body being dead, i.e., drying of the eyes (Tache noir), submersion artifacts (washer woman), insect/animal feeding - the extent, location and size or activity (eggs, maggots, pupa cases, adults, etc) – location and size. If the investigator is unable to make a determination for some reason, that fact should be documented.

**Decomposition Description** – again, your observation, bloating, bulla, skin slippage, color changes, drying, fluids, etc. If the investigator is unable to determine for some reason, that fact should be documented.

## **Medical History**

Despite the fact that you may have documented this elsewhere, it is important to utilize this form. Use the check off boxes for reported substance abuse and tobacco use. the notes section for other medical history. This box can also be used to document that this information is unknown, not known or decedent has nothing significant. It is also a field where the absence of a medical provider can be documented or the names/contact info of additional providers can be entered. Statistical information is pulled from this page. Should you not find any medications at the scene, that information can be documented in this section

## **Medication Inventory**

Self explanatory, use this form. Enter **all** requested data. Again, statistical information is pulled from this page.

## **Identification/Decedent Survivor**

Whenever possible and appropriate, have the decedent identified at the scene. The person,(someone who knows the decedent well enough to provide the full, legal name and decedent survivor information) making the identification should fill out a medical history card, and a decedent survivor form as well as signing the Polaroid photo of the decedent's face. With the digital camera, capture the image of the identifying person's own acceptable form of id. Enter all this information on the identification screen of FACTS as well as the Decedent Survivor form. Be sure you witness the identification and enter the date and time the id was completed.

\*\*\* should the decedent be decomposed to the point where a visual id is not possible, request that fingerprints, dental and body x-rays and a specimen for DNA analysis be obtained. These are check-off lists in FACTS on the Intake Information Review Screen.

## **Contacts**

The use of this page is just as critical as any other. Anyone who is a participant at the death scene should be included in this report: MPD, DCFD, family, friend, landlord, caseworker, bystander, etc. Again, statistical reporting and follow-up contact information is readily available.

## **Digital photography**

Upload photos from each and every scene; be sure to compress them and link them to FACTS (see appendices III and IV). Scene photos may be subpoenaed, be sure they are part of your scene investigation.

## **Finally**

When all data is entered, all sections of the scene investigation report should be printed and placed in the file. Initial and date each page, as there is no place for a signature on the printed copies.

## **In addition:**

**All homeless deaths** are to be reported to the MLI/FI in charge of tracking these deaths via email. Give name of decedent, case number, date of death, name of MLI, place of death, homeless notification made (yes/no), NOK and shelter name if known

**DDS (formerly MRDDA) deaths** are to be reported to the Director of Forensic Investigations via email with the following info: Case number, decedent name, date of death

**WRTC info** is to be entered by the individual MLI/FI on the Excel spread sheet located on the P drive. It is self explanatory and it is not pass word protected.

**The Director of Forensic Investigations is to be notified by email when identification other than visual (i.e. Alternative Identification) is required.** The case number, type of biometric being used, when the request was made and when, by whom and what method the id was accomplished. The MLI/FI is to make notification to the awaiting family when the id has been established and to be sure documentation of the name as it is to be typed on the death certificate is part of the case file.

**Appendix III – (need to get electronic copy from Maxine)**

**Uploading from camera (Kodak) to FACTS**

**Appendix IV – (need to get electronic copy from Maxine)**

# **Procedures of Uploading Digital Photos from Canon Camera to Computer**

**Appendix V – Memorandum of Understanding  
between OCME and AFIP**