Policy: To facilitate the transportation of accepted cases from the scene and healthcare facilities by the Medical Examiner Transportation Team (METT) to The District of Columbia Office of the Chief Medical Examiner (DC OCME).

Purpose: Cases that are deemed Medical Examiner cases will require prompt transport to the DC OCME facility in a respectful and dignified manner, in accordance with transport standard operating procedures. The DC OCME utilizes both contracted transportation services and in-house staff to provide transport.

Scope: The following procedures are to assist the Investigators to arrange for transportation of accepted cases, and provide guidance on the interface between the forensic staff of the transport team (METT) and the Investigator.

Definitions and Abbreviations

CMS- Case management system

ENS- Everbridge Notification System used to notify agency staff of decedent transport status

ETA- Estimated time of arrival

METT- Medical Examiner Transportation Team

OOS- Designated time frame that decedent transport by METT is temporarily suspended

OCME- DC Office of the Chief Medical Examiner

1. Medical Examiner Transportation Team (METT) Hours of Operation

1.1. The Medical Examiner Transportation Team (METT) is available to respond to cases daily for a 24 hour operational period.

1.1.1. Daily METT shall be available to facilitate transport of all accepted cases from facilities (hospitals, funeral homes, nursing homes, etc.) and scene locations.

1.2. All investigations staff and supervisors shall be notified at morning meeting as to the status of the METT, as well as primary and secondary contacts. On days where no meeting is held, this information shall be communicated in person to investigations by the METT.

1.3. Beginning at 0500 hours daily, Investigators shall notify the on-coming METT via Everbridge Notification System (ENS) of all accepted hospital cases awaiting transfer to OCME. The notification shall include the total number of accepted cases and the
number of cases pending transport from hospitals. The Investigator shall confirm receipt of the notification verbally from the METT when they arrive for duty.

1.4. If the METT is not operating or will be out-of-service (OOS), the Investigator will be advised by the METT supervisor, or their designee, to coordinate alternate resources for assistance with transport.

1.5. Daily the METT shall contact investigations immediately at the start of their shift to confirm the number and location of cases requiring transport.

1.6. Once the transportation request(s) has been made to the METT, investigations shall document the dispatch time in CMS and the METT shall respond to the location(s) without delay.

2. Requests for Transport
2.1. The METT shall be requested for accepted cases only. Investigators shall delay notification until confirmation that the case is accepted.

2.2. Upon acceptance of the case, the Investigator shall request the METT verbally (either person-to-person, or via phone).
2.2.1. Investigators shall notify the primary METT contact of the need for transport; if no response, leave a voicemail message.
2.2.2. After 5 minutes, if no communication has been made to the primary contact, the Investigator shall notify the secondary METT contact.
2.2.3. Requests for METT using portable 800MHz radio should be restricted to those instances where person-to-person or phone contact is not practical.

2.3. If METT personnel fail to respond to a request within 10 minutes, the scene Investigator shall call the Supervisory Medicolegal Investigator or Lead Medicolegal Investigator to determine if the METT is available.

3. Scene Response Triage
3.1. During the initial intake of a case, the Investigator obtains information that is used to make decisions regarding decedent transport including;
3.1.1. The exact location of the decedent(s),
3.1.2. Decedent’s height and weight,
3.1.3. Condition of the decedent(s) (decomposed, fragmented, etc.), special instructions for accessing the scene (i.e.: special PPE, transport equipment, etc.).
3.1.3.1. This information shall be relayed to the METT for logistics and resource purposes.

SOP #: Mort 1.001
Approved by: Roger A. Mitchell, Jr. MD
Date Approved: 2/6/2018 10:18:11 AM
3.2. High-priority cases are those that are outdoor, in public view, homicide (or potential) scenes, and high-profile scenes. The Investigator shall prioritize these cases over all other cases. In the event that the METT service has been dispatched to lower priority cases (hospital cases, home case), the Investigator may divert transport to the higher-priority case at their discretion.

3.2.1. Unless there is a delay in accessing a high-priority scene (such as law enforcement/crime scene investigations activities, difficult scene access, etc.), immediate dispatch and response is required for high-priority cases. The Investigator shall notify the METT supervisor, or their designee immediately if the METT has a greater than 1 hour ETA to any high-priority case.

3.3. In cases where the METT is on a case and another case has been accepted, the Investigator shall immediately contact the METT to establish an ETA for response to the case by the primary or secondary (if available) METT. If the METT is unavailable or cannot respond within 1 hour, the Investigator shall immediately notify the METT supervisor, or their designee.