

OSAC 2022-N-0027

Medicolegal Death Investigation

Response to Death Locations and

Incident Scenes:

Best Practice Recommendations

Medicolegal Death Investigation Subcommittee

Medicine Scientific Area Committee

Organization of Scientific Area Committees (OSAC) for Forensic Science



Draft OSAC Proposed Standard

OSAC 2022-N-0027 Medicolegal Death Investigation Response to Death Locations and Incident Scenes: Best Practice Recommendations

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1 **OSAC 2022-N-0027**

2 **Medicolegal Death Investigation Response to Death Locations and Incident
3 Scenes: Best Practice Recommendations**

4

5 **FORWARD**

6 A medicolegal death investigation (MDI) should be an independent investigation with a scope
7 and focus of establishing cause and manner of death. The MDI is parallel but separate to that
8 conducted by any other agency, including the law enforcement investigating agency. The
9 investigation should be conducted by MDI personnel with specialized training in death scene
10 investigation. This investigation should focus on postmortem changes, injury documentation,
11 circumstances of death, and collecting any pertinent investigative or medical history to assist
12 with determining the cause and manner of death.

13

14 A MDI begins when a death is reported to the MDI authority. Initial decisions about the extent
15 of involvement and investigation by the MDI authority are important to ensure a thorough and
16 complete death investigation. One of the initial investigative decisions is whether the MDI
17 authority will respond to the location of death or incident scene to perform an investigation.
18 Recognizing that a response by the MDI authorities varies by state and local jurisdictions, best
19 practice is for a Medicolegal Death Investigator, credentialed by the American Board of
20 Medicolegal Death Investigators, or a Forensic Pathologist (FP), certified by the American Board
21 of Pathology or American Osteopathic Board of Pathology, to respond to the location where the
22 body was found, as well as to the incident scene (when it still exists) as specified in this
23 document.

24

25 Medical examiner/coroner offices should be adequately resourced with funding, supplies, and
26 qualified personnel to ensure adherence by the office to respond at a minimum to the types of
27 incidents, decedents and locations specified in this document.

29

30 **KEYWORDS**

31 *coroner, death investigation, decedent, medical examiner, medicolegal death investigation,
32 medicolegal death investigator, scene response*

33

34 **ABSTRACT**

35 This document presents best practice recommendations for the medicolegal death investigation
36 (MDI) authority, as when to examine decedents at the location of death and when to document
37 the incident scenes, when different than the location of death. General topics highlighted include
38 to which types of deaths the MDI authority should respond, to what types of scene and locations

- 39 the MDI authority should respond, and which decedents should be examined at the location of
- 40 death.

DRAFT

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52 **1 SCOPE**

53 Medicolegal death investigation (MDI) personnel may not respond to the death location or
54 incident scene for every death investigated or for which jurisdiction is assumed. This document
55 provides guidance for which death locations and/or incident scenes require a scene investigation.
56 Not only does scene investigation allow for in situ preliminary body evaluation, it provides an
57 opportunity to document and collect property and evidence (in accordance with jurisdictional
58 laws and regulations) and to collect important medical history and contextual information from
59 family and witnesses. Responding to these locations and scenes may also provide important
60 information to help triage cases, to assist with the decision whether or not a complete autopsy is
61 necessary, to request toxicology or other analyses, to document and collect evidence to help
62 determine the manner of death, and to document suspicious circumstances that necessitate
63 further investigation. Information gathered at the death location and/or incident scene may also
64 play an important role in public health, such as identifying emerging diseases, epidemics, or
65 novel drug trends.

66

67 The need for scene investigation depends on multiple factors such as decedent demographics,
68 location of death and suspected type of death. As such, a case may fall under multiple categories
69 specified in this document and should be analyzed from various angles to see if the best practice
70 is to respond to that scene and/or incident location. For purposes of this document, all deaths are
71 categorized by the initial suspected type of death, recognizing that until a complete investigation
72 (often with autopsy) is concluded, the type (or manner) of death is not finalized and is subject to
73 change. Personnel deciding if they should respond to a scene or incident location should always
74 err on the side of caution, and when in doubt should respond.

75

76 Notwithstanding any conflicting state statutory issues, decedents should be left at the death
77 location to allow the MDI personnel to respond to that location and examine the remains in situ.
78 Exceptions to this may be discussed with the MDI authority due to issues such as the remains
79 possibly being lost or in danger of being damaged (e.g. in a structure fire or being washed out to
80 sea by rising tides). MDI offices should have personnel available 24 hours a day for a timely
81 response, preferably being en route to the scene within an hour.

82

83 This document does not take into account taking custody of the remains and/or transporting the
84 remains, nor does it account for the specifics of the location and scene investigations, just best
85 practices for the MDI authority to respond to initially evaluate the body, location and scene.

86

87

88

89

90

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92

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94 *investigation: A guide for the scene investigator (technical update)*. Washington, DC. 2011.
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96

97 **3 TERMS AND DEFINITIONS**

98

99 **certified medicolegal death investigator**

100 Medicolegal death investigator who has completed the requirements for Certification (Registry
101 or Board) by an accredited credentialing body, currently American Board of Medicolegal Death
102 Investigators

103

104 **cause of death**

105 Medical opinion of the disease or injury that resulted in a person's death

106

107 **coroner**

108 Elected or appointed official whose duty is to oversee medicolegal death investigations, usually
109 for a single county, and ensure certification of cause and manner of death; duties vary based on
110 local enabling statutes

111

112 **death scene**

113 Location or site at which a death is pronounced, and at which the decedent's body is
114 located. This may or may not be the same location as the incident scene

115

116 **decedent**

117 Deceased person or any suspected human remains

118

119 **forensic pathologist**

120 Physician who is board-certified in forensic pathology by an accredited credentialing body,
121 currently American Board of Pathology and American Osteopathic Board of Pathology

122

123 **incident scene**

124 Location at which a fatal injury or fatal sequence of events happened. This may or may not be
125 the same location as where the death was pronounced

126

127 **jurisdiction**

128 (1) Legal authority to make legal decisions and judgments regarding a death, including
129 performance of autopsy, as well as investigation and certification of cause and manner of
130 death.

131 (2) Geographic area in which a medical examiner or coroner's authority applies.

132

133 manner of death

134 Classification system based on the circumstances under which death occurred; includes accident,
135 homicide, natural, suicide, and undetermined

136

137 medical examiner

138 Appointed forensic pathologist whose duty is to oversee medicolegal death investigations,
139 perform postmortem examinations, and certify cause and manner of death. In some jurisdictions,
140 individuals with other qualifications hold the title "Medical Examiner", but for purposes of this
141 document those individuals are considered medicolegal death investigators

142

143 medicolegal death investigation

144 Formal inquiry into the circumstances surrounding the death of a human being; investigative
145 information is considered with autopsy findings and adjunctive studies (if performed) to
146 determine the cause and manner of death

147

148 medicolegal death investigation authority

149 Person or persons whose duty it is to perform medicolegal death investigations for a
150 designated jurisdiction, and ensure certification of cause and manner of death; duties vary
151 based on local enabling statutes

152

153 medicolegal death investigation system

154 Varied jurisdictional structures used for medicolegal death investigations

155

156 medicolegal death investigator

157 Individual who has completed the requirements for Certification (Registry or Board) by an
158 accredited credentialing body or performs medicolegal death investigations

159

160 on scene

161 When the location at which a death is pronounced and at which the decedent's body is
162 located is the same as the incident scene

163

164 organ procurement organization (OPO)

165 Organization responsible for recovering organs from donors

166

167 **tissue procurement organization (TPO)**

168 Organization responsible for recovering tissues from tissue donors

169

170 **4 Recommendations**

171

172 **4.1 Background**

173 After an MDI authority has initially determined jurisdiction based on local and state statutes and
174 office policy, a thorough medicolegal death investigation often continues with response to the
175 death location and/or incident scene. This includes a preliminary body evaluation to document
176 findings that may be useful in aiding the determination of cause and manner of death,
177 identification of the decedent, or to help identify and locate next of kin. The principles of the
178 National Institute of Justice's *Death investigation: A guide for the scene investigator (technical*
179 *update*) should be followed once at the location(s). This includes providing written
180 documentation of all findings, as well as photographs and/or video to become part of the MDI
181 authority case file.

182

183 There are several factors to consider when determining if a scene or incident response by the
184 MDI personnel is necessary. These include the initial presumptive case manner/circumstances
185 (as described below in section 4.2) the category of decedent (as described below in section 4.3)
186 and the type of location of the death (as described below in section 4.4). Guidance for each of
187 these categories are presented in this section to be used to determine if a scene response is
188 warranted in that particular case.

189

190 Recognizing at times that a death is not reported proximal to the death and/or injury, and the
191 body may have been moved and/or evidentiary issues are no longer a concern, the following
192 caveats apply as exceptions to the procedures described below-

193

194 Delayed deaths (days to years following release from the initial hospitalization) –

195 Evaluate case-by-case, but generally unless in a long-term medical facility, MDI
196 personnel should respond to evaluate and ensure no competing issues; also applying the
197 guidelines in sections 4.2 and 4.3.

198

199 Cases with a delay in reporting to the MDI authority, often after the body has been moved to a
200 mortuary or funeral home (sometimes called backwards cases) –

201 Evaluate case-by-case, depending on the need to collect evidence (i.e. sexual assault kit),
202 but generally response is not necessary.

203

204 Nothing in this document is intended to prohibit the MDI authority from allowing the staff of an
205 operating room to move a decedent to another secure location within the hospital in order to
206 utilize that operating room for additional procedures. The MDI authority should have
207 agreements with hospitals that establish guidelines for this to happen, and should consider
208 formalizing the agreements.

209

210 In jurisdictions where law enforcement personnel at the incident scene do not permit access to it
211 by the MDI personnel, the MDI authority should develop MOUs with these jurisdictions to gain
212 this access, as it can provide valuable information for the death investigation.

213
214 The decision to respond or not does not relieve the MDI authority of responsibility to respond to
215 collect admission blood samples when available. MDI authorities should consider developing
216 MOUs with their local hospitals to address retention of admission blood samples.

217
218 **4.2. Considerations for scene response based on initial presumptive case manner or**
219 **circumstances**

220 Once an MDI authority has determined case jurisdiction, one of the next steps in a death
221 investigation is to determine if a scene response is needed. A scene response should occur in a
222 timely manner due to concerns of postmortem changes, as well as concerns of loss of evidence or
223 changes in the scene environment. The timeliness of response will be affected by resources and
224 geography, but offices should take steps to attempt to minimize response times. This section will
225 provide best practice recommendations for evaluating MDI personnel response based on the
226 suspected type of death.

227
228 **4.2.1 Deaths by homicide or with suspicious circumstances**
229 4.2.1.1 MDI personnel should respond to all deaths that are on scene.
230 4.2.1.2 MDI personnel should respond to the location of death in an emergency department (ED),
231 and to the incident scene if it has not been cleared.
232 4.2.1.3 MDI personnel should respond to the location of death in the operating room (OR) for
233 acute trauma or proximal to coming to the hospital, and to the incident scene if it has not been
234 cleared.
235 4.2.1.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with
236 an extended stay on a case-by-case basis, depending on the need to collect evidence from the
237 decedent (i.e. sexual assault kit).
238 4.2.1.5 This would include anytime other involved agencies express a concern that the death
239 might have been related to homicidal violence.

240
241 **4.2.2 Deaths by suicide**
242 4.2.2.1 MDI personnel should respond to all deaths that are on scene.
243 4.2.2.2 MDI personnel should respond to the location of death in an ED, and to the incident
244 scene if it has not been cleared.
245 4.2.2.3 MDI personnel should respond to the location of death in the operating room (OR) for
246 acute trauma, or proximal to coming to the hospital, and to the incident scene if it has not been
247 cleared.
248 4.2.2.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with
249 an extended stay on a case-by-case basis, depending on the need to collect evidence from the
250 decedent but generally response is not necessary.

251
252 **4.2.3 Accidents, to include drowning and electrocution**
253 4.2.3.1 MDI personnel should respond to all deaths that are on scene.

- 254 4.2.3.2 MDI personnel should respond to the location of death in an ED, and to the incident
255 scene if it has not been cleared.
256 4.2.3.3 MDI personnel should respond to the location of death in the operating room (OR) for
257 acute trauma or proximal to coming to the hospital, and to the incident scene if it has not been
258 cleared.
259 4.2.3.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with
260 an extended stay on a case-by-case basis, depending on the need to collect evidence from the
261 decedent but generally response is not necessary.

262

4.2.4 Traffic related incidents

- 263 4.2.4.1 MDI personnel should respond to all deaths that are on scene.
264 4.2.4.2 MDI personnel should respond to the location of death in an ED, and to the incident
265 scene if it has not been cleared.
266 4.2.4.3 MDI personnel should respond to the location of death in the operating room (OR) for
267 acute trauma or proximal to coming to the hospital, and to the incident scene if it has not been
268 cleared.
269 4.2.4.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with
270 an extended stay on a case-by-case basis, depending on the need to collect evidence from the
271 decedent but generally response is not necessary.

272

4.2.5 Work related incidents

- 273 4.2.5.1 MDI personnel should respond to all deaths that are on scene.
274 4.2.5.2 MDI personnel should respond to work-related deaths that occur in an (ED), and to the
275 incident scene if it has not been cleared, unless they are a clearly witnessed event consistent with
276 a natural death and the decedent has history to support the natural death.
277 4.2.5.3 MDI personnel should respond to the location of death in the operating room (OR) for
278 deaths with trauma that is acute or proximal to coming to the hospital, and to the incident scene
279 if it has not been cleared.
280 4.2.5.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with
281 an extended stay on a case-by-case basis, depending on the need to collect evidence from the
282 decedent but generally response is not necessary.

283

4.2.6 In Custody and/or during law enforcement interaction

- 284 4.2.6.1 MDI personnel should respond to all deaths that are on scene.
285 4.2.6.2 MDI personnel should respond to the location of death in an ED, and to the incident
286 scene if it has not been cleared.
287 4.2.6.3 MDI personnel should respond to the location of death in the operating room (OR) for
288 acute trauma or proximal to coming to the hospital, and to the incident scene if it has not been
289 cleared.
290 4.2.6.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with
291 an extended stay on a case-by-case basis, depending on the need to collect evidence from the
292 decedent but generally response is not necessary.

293

4.2.7 Suspected overdose or drug related

- 294 4.2.7.1 MDI personnel should respond to all deaths that are on scene.

- 299 4.2.7.2 MDI personnel should respond to the location of death in an ED, and to the incident
300 scene if it has not been cleared.
301 4.2.7.3 MDI personnel should respond to the location of death in the operating room (OR) for
302 acute trauma or proximal to coming to the hospital, and to the incident scene if it has not been
303 cleared.
304 4.2.7.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with
305 an extended stay on a case-by-case basis, depending on the need to collect evidence from the
306 decedent but generally response is not necessary.

307

4.2.8 Fire related deaths

- 308 4.2.8.1 MDI personnel should respond to all deaths that are on scene.
309 4.2.8.2 MDI personnel should respond to the location of death in an ED, and to the incident
310 scene if it has not been cleared.
311 4.2.8.3 MDI personnel should respond to the location of death in the operating room (OR) for
312 acute trauma or proximal to coming to the hospital, and to the incident scene if it has not been
313 cleared.
314 4.2.8.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with
315 an extended stay on a case-by-case basis, depending on the need to collect evidence from the
316 decedent but generally response is not necessary.

317

4.2.9 Surgical misadventures

- 318 320 4.2.9.1 Generally an incident or scene response is not necessary in a hospital setting, but MDI
321 personnel should respond to the incident location if it is in an outpatient setting.

322

4.2.10 Contagious diseases

- 323 324 4.2.10.1 Generally an incident or scene response is not necessary except for other reasons stated
325 in this document. These decisions should be coordinated with relevant public health agencies in
326 cases of outbreaks or new/emerging diseases.

327

4.2.11 Natural deaths

- 328 329 4.2.11.1 MDI personnel should respond to all deaths in public view.
330 4.2.11.2 MDI personnel should respond to the location of death in the ED If there is not a
331 physician to certify the death and a witnessed terminal event consistent with natural disease
332 process, and to the incident scene if it has not been cleared.
333 4.2.11.3 It is generally not necessary to respond to the operating room (OR) or for in-patient (IP)
334 death except for other reasons stated in this document.

335

4.2.12 Multiple deaths

- 336 337 4.2.12.1 MDI personnel should respond to all deaths where two or more are deceased, regardless
338 of the circumstances, unless unrelated and in different rooms of a care facility.

339

4.2.13 Suspicious deaths

- 340 341 4.2.13.1 MDI personnel should respond to the location of the decedent anytime other involved
342 agencies (such as law enforcement or hospital staff) have a concern that the death might be due
343 to other than natural causes

344 **4.3 Considerations for scene response based on the decedent(s)**

345 A case may not fall under one of the above listed types of cases but still should have MDI
346 personnel respond. This section will provide best practice recommendations for evaluating MDI
347 personnel response based on the type or profile of the decedent.

348

349 **4.3.1 Child/infant (through age 17) unless the child is under hospice care for a natural
350 disease or has fatal health conditions and a physician is able to certify the death certificate.**

351 4.3.1.1 MDI personnel should respond to all on scene deaths in this classification.

352 4.3.1.2 MDI personnel should respond to all deaths in this classification in the emergency
353 department (ED), and respond to the incident scene if it has not been cleared.

354 4.3.1.3 MDI personnel should respond to all deaths in this classification in the Operating room
355 (OR) if it is proximal to just coming to the hospital.

356 4.3.1.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with
357 an extended stay on a case-by-case basis, depending on the need to collect evidence from the
358 decedent and/or interview family. Best practice includes still responding to the home for a doll
359 reenactment and scene visit, even if delayed, on infants.

360

361 **4.3.2 Persons in custody**

362 4.3.2.1 MDI personnel should respond to all deaths in which the decedent was in either direct or
363 indirect contact with law enforcement such as during incarceration, apprehension, or pursuit.

364

365 **4.3.3 Bones/specimens**

366 4.3.3.1 MDI personnel, which may include a forensic anthropologist, should respond to all found
367 bones/specimens, unless by looking at clear photographs with a scale it is obviously non-human
368 (e.g. tail, wing, not biologic material).

369

370 **4.3.4 Decomposed or charred remains**

371 4.3.4.1 MDI personnel should respond to all decomposed and charred decedents.

372 4.3.4.1.1 The standard for the level of decomposition that requires a response is if visual
373 identification of the decedent is questionable or they are visually unidentifiable.

374

375 **4.3.5 Unidentified remains**

376 4.3.5.1. MDI personnel should respond to all unidentified decedents.

377 4.3.5.1.1 On Hospital IP, only if hospital social workers/personnel have been unable to make
378 positive identification (such as through property/evidence or law enforcement assistance with
379 fingerprints).

380

381 **4.3.6 Organ donor/OPO or TPO involvement (pre procurement)**

382 4.3.6.1 MDI personnel should respond to document the remains prior to procurement if it is a
383 case where the office will be accepting jurisdiction of the remains.

384 4.3.6.1.1 Arrangements may be made with OPO/TPO that their personnel may obtain
385 photographs and specimens on behalf of the MDI authority in lieu of a response.

386

387 **4.3.7 High profile circumstances**

388 4.3.6.1 MDI personnel should respond to the death location and to the incident scene if it has not
389 been cleared.

390 4.3.7.1.1 The definition of high profile may differ by jurisdiction, but consideration should be
391 given to high level government officials, and high profile political, entertainment, athletic or
392 controversial figures, or scene circumstances.

393

4.3.8 Multiple decedents

395 4.3.8.1 MDI personnel should respond when there are two or more decedents at a location, other
396 than a hospital or long term care facility.

397 4.3.8.2 MDI personnel should respond to the ED when there are two or more decedents brought
398 in from the same location.

399 4.3.8.3 If there are multiple victims known, even if only a single fatality, best practice should
400 still be for MDI personnel to respond to the death location and to the incident scene if it has not
401 been cleared.

402

4.3.9 Hospice patients

404 4.3.9.1 MDI personnel should respond to all unnatural deaths if the event was not the reason for
405 their admission to hospice (i.e. hospice patient dies by suicide, has a fall or other traumatic event,
406 or suspected euthanasia if not legal and medically supervised), or if hospice personnel has
407 concerns the death is not directly related to the condition for which they are on hospice care.

408

4.3.10 Without an independent physician

410 4.3.10.1 MDI personnel should respond to all deaths if the decedent is not under the care of a
411 non-related healthcare provider; either by blood, marriage, or intimate friendship.

412

4.3.11 Unattended deaths

414 4.3.11.1 When a death is outside of a healthcare setting, the scene response should be handled
415 according to established office policy, which may be dictated by jurisdiction & state mandates,
416 assuming no other category in this best practice recommendation applies.

417

4.4 Considerations for scene response based on the type of location of death

419 A case may not fall under one of the above listed types of cases but still should have MDI
420 personnel respond. This section will provide best practice recommendations for evaluating MDI
421 personnel response based on the type of location of the death.

422

4.4.1 Emergency Department (ED)

424 4.4.1.1 In the case of suspected unnatural death, MDI personnel should respond to all deaths in
425 the ED and also respond to the incident scene, if any evidence remains and it has not been
426 cleared. For natural deaths, MDI personnel should respond if there is not a physician to certify
427 the death and a witnessed terminal event consistent with natural disease process.

428

4.4.2 Operating Room (OR)

430 4.4.2.1 For natural deaths and/or surgical misadventures, there is generally no need for MDI
431 personnel to respond to the OR. For non-natural deaths, if proximal to initial presentation to the
432 hospital, then MDI personnel should respond to the death scene, as well as respond to the

433 incident location, if potential evidence remains. If, after an extended stay, there is an OR death,
434 it is only necessary to respond if there is potential evidence to be collected or the location to be
435 assessed.

436

4.4.3 Inpatient (IP)/Outpatient (OP) following IP stay

438 4.4.3.1 It is generally unnecessary for MDI personnel to respond to these deaths, unless there is
439 evidence to be collected, such as admission blood, or it is believed that the injury (such as
440 overdose or fall) occurred at the hospital, and was proximal to the death. An example of
441 evidence that would necessitate a response would be if a sexual assault kit is indicated but not
442 already collected, or any other evidence necessary to be collected in a timely manner or any
443 evidence not securely contained within the body itself (i.e., a screwdriver in the head that might
444 need to be examined in case it is dislodged during transportation, and as part of the examination
445 can also be better secured to protect it during transportation).

446

4.4.4 Residential

448 4.4.4.1 MDI personnel should respond when someone dies alone at a residence.

449 4.4.4.2 Transitional or supportive residences would be handled accordingly

450

4.4.5 Assisted living/board & care/hospice

452 4.4.5.1 MDI personnel should respond to all unnatural deaths, no matter how remote the death
453 from the incident, when there are potential criminal implications or if there are any concerns
454 about care provided to the decedent.

455

4.4.6 Jail, prison or other incarceration settings

457 4.4.6.1 MDI personnel should respond to all deaths within a custodial setting.

458

4.4.7 Sober living and/or drug/alcohol rehabilitation facilities

460 4.4.7.1 MDI personnel should respond to all deaths within sober living and/or drug/alcohol
461 rehabilitation facilities.

462

4.4.8 Hotels/Motels

464 4.4.8.1 MDI personnel should respond to all deaths in hotels/motels.

465

4.4.9 In Vehicles

467 4.4.9.1 MDI personnel should respond to all deaths in vehicles and other forms of transportation.

468

4.4.10 In Public View

470 4.4.10.1 MDI personnel should respond to all deaths in public view.

471

4.4.11 Child Day Care Settings

473 MDI personnel should respond to all deaths in children's day care settings

474

4.4.12 Other Locations

476 4.4.12.1 Assuming no other category in this best practice recommendation applies,

477 when a death is in another type of location, handle the scene response according to established
478 office policy, which may be dictated by jurisdiction & state mandates.

479

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