

# **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.

28  
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

91 **2 NORMATIVE REFERENCES**

92

93 Department of Justice, Office of Justice Programs, National Institute of Justice. *Death*  
94 *investigation: A guide for the scene investigator (technical update)*. Washington, DC. 2011.  
95 Available from: <https://www.nij.gov/pubs-sum/234457.htm>

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

#### 263 **4.2.4 Traffic related incidents**

264 4.2.4.1 MDI personnel should respond to all deaths that are on scene.

265 4.2.4.2 MDI personnel should respond to the location of death in an ED, and to the incident  
266 scene if it has not been cleared.

267 4.2.4.3 MDI personnel should respond to the location of death in the operating room (OR) for  
268 acute trauma or proximal to coming to the hospital, and to the incident scene if it has not been  
269 cleared.

270 4.2.4.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with  
271 an extended stay on a case-by-case basis, depending on the need to collect evidence from the  
272 decedent but generally response is not necessary.

273

#### 274 **4.2.5 Work related incidents**

275 4.2.5.1 MDI personnel should respond to all deaths that are on scene.

276 4.2.2.5 MDI personnel should respond to work-related deaths that occur in an (ED), and to the  
277 incident scene if it has not been cleared, unless they are a clearly witnessed event consistent with  
278 a natural death and the decedent has history to support the natural death.

279 4.2.2.5 MDI personnel should respond to the location of death in the operating room (OR) for  
280 deaths with trauma that is acute or proximal to coming to the hospital, and to the incident scene  
281 if it has not been cleared.

282 4.2.2.5 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with  
283 an extended stay on a case-by-case basis, depending on the need to collect evidence from the  
284 decedent but generally response is not necessary.

285

#### 286 **4.2.6 In Custody and/or during law enforcement interaction**

287 4.2.6.1 MDI personnel should respond to all deaths that are on scene.

288 4.2.6.2 MDI personnel should respond to the location of death in an ED, and to the incident  
289 scene if it has not been cleared.

290 4.2.6.3 MDI personnel should respond to the location of death in the operating room (OR) for  
291 acute trauma or proximal to coming to the hospital, and to the incident scene if it has not been  
292 cleared.

293 4.2.6.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with  
294 an extended stay on a case-by-case basis, depending on the need to collect evidence from the  
295 decedent but generally response is not necessary.

296

#### 297 **4.2.7 Suspected overdose or drug related**

298 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

#### 308 **4.2.8 Fire related deaths**

309 4.2.8.1 MDI personnel should respond to all deaths that are on scene.

310 4.2.8.2 MDI personnel should respond to the location of death in an ED, and to the incident  
311 scene if it has not been cleared.

312 4.2.8.3 MDI personnel should respond to the location of death in the operating room (OR) for  
313 acute trauma or proximal to coming to the hospital, and to the incident scene if it has not been  
314 cleared.

315 4.2.8.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with  
316 an extended stay on a case-by-case basis, depending on the need to collect evidence from the  
317 decedent but generally response is not necessary.

318

#### 319 **4.2.9 Surgical misadventures**

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

#### 323 **4.2.10 Contagious diseases**

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

#### 328 **4.2.11 Natural deaths**

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

#### 336 **4.2.12 Multiple deaths**

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

#### 340 **4.2.13 Suspicious deaths**

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

#### 394 **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

#### 403 **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

#### 409 **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

#### 413 **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

#### 418 **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

#### 423 **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

#### 429 **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

437 **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

447 **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

451 **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

456 **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

459 **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

463 **4.4.8 Hotels/Motels**

464 4.4.8.1 MDI personnel should respond to all deaths in hotels/motels.  
465

466 **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

469 **4.4.10 In Public View**

470 4.4.10.1 MDI personnel should respond to all deaths in public view.  
471

472 **4.4.11 Child Day Care Settings**

473 MDI personnel should respond to all deaths in children's day care settings  
474

475 **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

## 480 **5 Bibliography**

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