



International Association of Coroners & Medical Examiners

Professionalism & Prevention

Dedicated to the promotion of excellence in medical-legal death investigation through annual educational seminars for over 70 years

A. Medicolegal Office Practices

1. Professional Membership

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|--|-----|----|-----|
| a. Verify that a member of the medicolegal staff is a member in good standing with the IAC&ME. + | Yes | No | N/A |
| b. Verify that the Chief Medicolegal officer (Coroner or Medical Examiner) is a member in good standing with the IAC&ME. | Yes | No | N/A |

2. Office Contact Information

- | | | | |
|---|-----|----|-----|
| a. Verify that the coroner/medical examiner office (C/ME) telephone number is published in the local/regional phone book. + | Yes | No | N/A |
| b. Verify that the C/ME contact information posted and labeled on the county website. | Yes | No | N/A |
| c. Verify that the office has a "general" email address. | Yes | No | N/A |
| d. Verify that the primary C/ME staff members have office email addresses. | Yes | No | N/A |

3. Office Space and Equipment

- | | | | |
|--|-----|----|-----|
| a. Verify that the office provides workspace for all administrative employees. | Yes | No | N/A |
| b. Verify that the office provides workspace for all investigative employees. | Yes | No | N/A |
| c. Verify that the office provides workspace for all forensic employees. | Yes | No | N/A |
| d. Verify that the office provides workspace for all morgue employees. | Yes | No | N/A |
| e. Verify that the office has access to gathering space for office functions (i.e., training, break rooms, restrooms, etc.). | Yes | No | N/A |
| f. Verify that the office has workspace for meeting with families. | Yes | No | N/A |



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|--|-----|----|-----|
| g. Verify that the office provides enough general storage space so that items are not stacked in hallways or open areas. † | Yes | No | N/A |
| h. Verify that the office provides lockable storage space separate from public areas. † | Yes | No | N/A |
| i. Verify that computers, fax/copy machines, and phones are available to staff. | Yes | No | N/A |
| j. Verify that the administrative staff is provided enough equipment to handle case load. † | Yes | No | N/A |
| k. Verify that the investigative staff is provided enough equipment to handle case load. † | Yes | No | N/A |
| l. Verify that the office has high-speed Internet access. | Yes | No | N/A |
| m. Verify that the office has a written policy covering Internet use and password protection. † | Yes | No | N/A |

4. Office Space Security and Safety

- | | | | |
|--|-----|----|-----|
| a. Verify that the facility has a security system in place. † | Yes | No | N/A |
| b. Verify that access to the office is controlled and limited for both staff and the public. † | Yes | No | N/A |
| c. Verify that a building diagram is posted with evacuation routes shown. | Yes | No | N/A |
| d. Verify that administrative and morgue areas are separated by sealed doors. † | Yes | No | N/A |
| e. Verify that a first aid kit is mounted, visible and accessible to office staff. | Yes | No | N/A |
| f. Verify that work areas are maintained in a safe and appropriate manner. | Yes | No | N/A |



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| g. Verify that the office provides 24-hour locked storage for evidence and property. + | Yes | No | N/A |
| h. Verify that case files are in a secured, lockable location. + | Yes | No | N/A |
| i. Verify that lighting in all work areas is appropriate. + | Yes | No | N/A |
| j. Verify that there is a preventative maintenance program for the facility (e.g. HVAC, electrical and mechanical). | Yes | No | N/A |
| k. Verify that the heating, ventilation and air conditioning system is appropriate for the size of the office and caseload. + | Yes | No | N/A |
| l. Verify that the office has a routine maintenance or cleaning schedule and contract (bonded agency). | Yes | No | N/A |

5. Office Policy and Procedures

- | | | | |
|---|-----|----|-----|
| a. Verify that the office has a policy/procedure manual that contains appropriate standards of internal operating procedures or guidelines. + | Yes | No | N/A |
| b. Verify that the office policy/procedure manual is accessible to staff members. + | Yes | No | N/A |
| c. Verify that the office policy/procedure manual includes currently applicable C/ME statutes. + | Yes | No | N/A |
| d. Verify that the office makes available the County/Office Human Resources guidelines. | Yes | No | N/A |
| e. Verify that the office has a written policy for reporting probable contagious diseases to Public Health Agencies. + | Yes | No | N/A |
| f. Verify that the office has a written policy for handling religious/ cultural sensitivity and autopsy objections. + | Yes | No | N/A |



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|--|-----|----|-----|
| g. Verify that the office has a written policy regarding media contact.+ | Yes | No | N/A |
| h. Verify that the office has an established policy/ procedure describing which cases receive partial autopsies.+ | Yes | No | N/A |
| i. Verify that the office has an established policy/ procedure describing which cases receive complete autopsies.+ | Yes | No | N/A |

6. Records, Property Storage, Release and Retrieval Policies and Procedures

- | | | | |
|--|-----|----|-----|
| a. Verify that the office has a written policy covering record storage, maintenance, retrieval, and security.+ | Yes | No | N/A |
| b. Verify that the record storage space is secure, with controlled access.+ | Yes | No | N/A |
| c. Verify that the office maintains retrievable records for data analysis for a minimum (5) years. | Yes | No | N/A |
| d. Verify that the office has a written policy describing property/ evidence collection, inventory, and disposition.+ | Yes | No | N/A |
| e. Verify that the office has written documentation created and maintained on all deaths reported to the office.+ | Yes | No | N/A |
| f. Verify that the office creates and maintains records on all investigations that occur within the jurisdiction.+ | Yes | No | N/A |
| g. Verify that all case reports describe how case jurisdiction (acceptance or declining of a case) was determined. | Yes | No | N/A |
| h. Verify that the office maintains a case numbering system that tracks case reports, receiving, examination and release of the body.+ | Yes | No | N/A |
| i. Verify that there is enough storage space to store 5 years worth of records in the office.+ | Yes | No | N/A |



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|--|-----|----|-----|
| j. Verify that the office has a written policy regarding case tracking, caseloads and completion times (including all reports).+ | Yes | No | N/A |
| k. Verify that the office has a written policy regarding chain of custody.+ | Yes | No | N/A |
| l. Verify that the office has a written policy regarding confidentiality.+ | Yes | No | N/A |
| m. Verify that the office has a written policy regarding release of information.+ | Yes | No | N/A |
| n. Verify that the office has a written policy regarding release of photographs.+ | Yes | No | N/A |
| o. Verify that the office has a written policy regarding release of documents.+ | Yes | No | N/A |
| p. Verify that the office has a written policy regarding prescription drug handling, secured storage, and disposition.+ | Yes | No | N/A |
| q. Verify that the office has a written policy regarding illicit drug handling, secured storage, and disposition.+ | Yes | No | N/A |
| r. Verify that the office has a written policy regarding the handling, secured storage, and disposition of money.+ | Yes | No | N/A |
| s. Verify that the office has a written policy regarding the collection and storage of specimens for DNA analysis. | Yes | No | N/A |

7. Annual Reporting

- | | | | |
|---|-----|----|-----|
| a. Verify that the office prepares an annual report with both descriptive and statistical data.+ | Yes | No | N/A |
| b. Verify that the annual report contains a narrative description of jurisdiction served, population and C/ME statutes. | Yes | No | N/A |
| c. Verify that the annual report contains a narrative description of office goals and objectives. | Yes | No | N/A |



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|---|-----|----|-----|
| d. Verify that the annual report contains the number of death reported to the office. | Yes | No | N/A |
| e. Verify that the annual report contains the number of cases accepted by the office. | Yes | No | N/A |
| f. Verify that the annual report contains the number of cases by manners of death. | Yes | No | N/A |
| g. Verify that the annual report contains the number of cases by "general" cause of death (within each MOD category). | Yes | No | N/A |
| h. Verify that the annual report contains the number of cases receiving scene investigation by C/ME investigator. | Yes | No | N/A |
| i. Verify that the annual report contains the number of bodies transported by the office. | Yes | No | N/A |
| j. Verify that the annual report contains the number of bodies transported to the office. | Yes | No | N/A |
| k. Verify that the annual report contains the number of external examinations performed. | Yes | No | N/A |
| l. Verify that the annual report contains the number of partial autopsies performed. | Yes | No | N/A |
| m. Verify that the annual report contains the number of full autopsies performed. | Yes | No | N/A |
| n. Verify that the annual report contains the number of hospital autopsies under C/ME jurisdiction. | Yes | No | N/A |
| o. Verify that the annual report contains the number of cases where toxicology was performed. | Yes | No | N/A |



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|--|-----|----|-----|
| p. Verify that the annual report contains the number of unidentified bodies. | Yes | No | N/A |
| q. Verify that the annual report contains the number of organ and tissue referrals and donations made to the organ procurement organization (OPO). | Yes | No | N/A |
| r. Verify that the annual report contains the number of unclaimed bodies. | Yes | No | N/A |
| s. Verify that the annual report contains the number of exhumations by the C/ME. | Yes | No | N/A |
| t. Verify that the annual report contains data table of categories of cause and manner of death. | Yes | No | N/A |
| u. Verify that the annual report is available to the public (i.e., published on the state/county website). | Yes | No | N/A |

8. Quality Assurance Policies

- | | | | |
|--|-----|----|-----|
| a. Verify that the office has a written policy regarding office performance improvement. | Yes | No | N/A |
| b. Verify that the office has a written policy regarding office quality assurance. | Yes | No | N/A |
| c. Verify that the office has a written policy regarding case reviews. | Yes | No | N/A |
| d. Verify that the office has a written policy regarding report reviews (investigative and autopsy). | Yes | No | N/A |
| e. Verify that the office has a standard method/system to keep track case status (e.g., complete/incomplete cases).+ | Yes | No | N/A |
| f. Verify that the office has a targeted time-line for case report completion | Yes | No | N/A |



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|---|-----|----|-----|
| g. Verify that the office participates in national/state data collection efforts (e.g., violent death reporting, child fatality review, in custody deaths, etc.). | Yes | No | N/A |
| h. Verify that the office contacts OSHA or Consumer Product Safety when appropriate cases arise. + | Yes | No | N/A |
| i. Verify that the agency's policy/procedure manual require criminal background checks for all new employees. + | Yes | No | N/A |
| j. Verify that the office has a written policy for reviewing unidentified cases. | Yes | No | N/A |
| k. Verify that the office has a written policy for determining case jurisdiction. + | Yes | No | N/A |
| l. Verify that the office enters unidentified decedents into NamUs. + | Yes | No | N/A |
| m. Verify that the office works with law enforcement to report unidentified decedent data for NCIC. | Yes | No | N/A |
| n. Verify that the office has a written policy regarding notifying NOK. + | Yes | No | N/A |
| o. Verify that the office has a written policy regarding decedent identification methods. + | Yes | No | N/A |
| p. Verify that the office participates in local or state level child fatality review teams. | Yes | No | N/A |
| q. Verify that the office participates in local or state level elder death review teams. | Yes | No | N/A |
| r. Verify that the office participates in local or state level domestic fatality review teams. | Yes | No | N/A |
| s. Verify that the office completes death certificates consistent with CDC guidelines. + | Yes | No | N/A |



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9. Public Service

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|--|-----|----|-----|
| a. Verify that the office performs public education when requested by schools, clubs, hospitals, etc.. | Yes | No | N/A |
| b. Verify that the office participates in education programs for law enforcement, EMS and fire agencies. | Yes | No | N/A |
| c. Verify that the office has a website or webpage. | Yes | No | N/A |

10. Organ and Tissue Donation

- | | | | |
|--|-----|----|-----|
| a. Verify that the office has a written policy regarding organ and tissue procurement. + | Yes | No | N/A |
| b. Verify that the office cooperates with organ and tissue procurement organizations. | Yes | No | N/A |
| c. Verify that the office keeps statistics on organ and tissue donation cases. | Yes | No | N/A |

11. Mass Fatality Planning

- | | | | |
|--|-----|----|-----|
| a. Verify that the office implements a comprehensive disaster preparedness/mass fatality plan that is reviewed annually. + | Yes | No | N/A |
| b. Verify that the office has an MOU or Interagency Agreements for the access of needed equipment in the event of a mass fatality. | Yes | No | N/A |
| c. Verify that the chief/lead investigator is certified in the minimum Incident Command System courses offered by FEMA. + | Yes | No | N/A |
| d. Verify that the office participates in mass disaster drills, table top exercises and functional drills annually. | Yes | No | N/A |
| e. Verify that the office coordinates with surrounding jurisdictions regarding mass fatality planning. | Yes | No | N/A |



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|---|-----|----|-----|
| f. Verify that the contact information is readily available of pertinent officials and offices in case of a mass fatality incident. | Yes | No | N/A |
| g. Verify that the office mass fatality plan address the collection of data for missing persons reports (call center). | Yes | No | N/A |
| h. Verify that the office has a mass fatality case management process (e.g. manual or electronic). | Yes | No | N/A |
| i. Verify that the jurisdiction has a protocol for a family assistance center which includes the C/ME office. | Yes | No | N/A |

12. Employee Safety and Training

- | | | | |
|---|-----|----|-----|
| a. Verify that the office has a written policy to ensure compliance with government safety standards.+ | Yes | No | N/A |
| b. Verify that the office has a written policy regarding exposure to biohazards.+ | Yes | No | N/A |
| c. Verify that the office documents employee training.+ | Yes | No | N/A |
| d. Verify that the county/office conducts new employee orientation training.+ | Yes | No | N/A |
| e. Verify that the office has an employee training program. | Yes | No | N/A |
| f. Verify that the office keeps records of required staff vaccinations (e.g., Hepatitis B vaccinations accepted or refused). | Yes | No | N/A |
| g. Verify that the office has a documented "field training" program for new investigators.+ | Yes | No | N/A |
| h. Verify that the "chief/lead investigator" is registered by the American Board of Medicolegal Death Investigators (ABMDI) or its equivalent.+ | Yes | No | N/A |



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|--|-----|----|-----|
| i. Verify that the majority of the C/ME investigators are registered by the American Board of Medicolegal Death Investigators (ABMDI) or its equivalent. | Yes | No | N/A |
| j. Verify that the office requires investigative staff to receive formal continuing education (CE).+ | Yes | No | N/A |

B. Investigative Practices

1. Investigations

- | | | | |
|--|-----|----|-----|
| a. Verify that the office has a written policy covering case notification, acceptance of, and declining of cases.+ | Yes | No | N/A |
| b. Verify that the office has established scene investigation policies/procedures.+ | Yes | No | N/A |
| c. Verify that there is an investigator available 24hrs a day to respond to calls for service and scene investigation. | Yes | No | N/A |
| d. Verify that there is a staff member available 24hrs a day to field calls for investigative services.+ | Yes | No | N/A |
| e. Verify that the office has an established policy regarding infant death investigations (birth to 1 year - SUIDI Form).+ | Yes | No | N/A |
| f. Verify that the office has a established policy regarding death investigations of children. | Yes | No | N/A |
| g. Verify that the office has a established policy regarding the communication with NOK in cases of sudden unexplained pediatric deaths. | Yes | No | N/A |
| h. Verify that the office has a written policy regarding personal communication of final certification findings in cases of sudden unexplained pediatric deaths. | Yes | No | N/A |



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|--|-----|----|-----|
| j. Verify that the office has a written policy regarding NOK interaction (holding, touching, etc) in cases of non suspicious pediatric deaths. | Yes | No | N/A |
| k. Verify that doll re-enactments are performed on all sudden unexplained infant deaths (when possible). | Yes | No | N/A |
| l. Verify that run sheets from emergency medical technicians, ED records, and hospital charts are available to the investigator.+ | Yes | No | N/A |
| m. Verify that the office has a written policy regarding formal pronouncement or field declaration of death.+ | Yes | No | N/A |
| n. Verify that the office has a written policy regarding the transfer of case information across shifts or supervisors.+ | Yes | No | N/A |
| o. Verify that paper bags are used to secured hands on suspected homicide cases and suspicious deaths when indicated.+ | Yes | No | N/A |
| p. Verify that body bags are secured and/or sealed on all jurisdictional deaths by the scene investigator (as appropriate). | Yes | No | N/A |
| q. Verify that a policy is in place for communicating investigative findings with law enforcement agencies.+ | Yes | No | N/A |
| r. Verify that postmortem observations are performed and documented by the scene investigator.+ | Yes | No | N/A |
| s. Verify that the office has a written policy regarding the documentation, collection, transport, storage and disposition of money from the scene.+ | Yes | No | N/A |
| t. Verify that the office has a written policy regarding the documentation, collection, transport, storage and disposition of prescriptions medications from the scene.+ | Yes | No | N/A |



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|--|-----|----|-----|
| u. Verify that the office has a written policy regarding the documentation, collection, transport, storage and disposition of illicit drugs from the scene.+ | Yes | No | N/A |
|--|-----|----|-----|

2. Identification

- | | | | |
|--|-----|----|-----|
| a. Verify that the office has a written policy covering identification procedures.+ | Yes | No | N/A |
| b. Verify that the office has a written policy regarding the use of fingerprints, DNA, radiological or dental documentation to establish positive identification.+ | Yes | No | N/A |
| c. Verify that the office has a written policy regarding family members or friends to make positive visual identification.+ | Yes | No | N/A |
| d. Verify that there is a case body numbering system in place for labeling all bodies.+ | Yes | No | N/A |
| e. Verify that the "method" of identification is recorded.+ | Yes | No | N/A |
| f. Verify that the office requires a signed statement of identification by the individual performing the identification.+ | Yes | No | N/A |
| g. Verify that the source of identification (i.e., government identification, license, etc.) is recorded and retained in case file.+ | Yes | No | N/A |
| h. Verify that the office has a written policy describing case types where fingerprints, dental exams, body x-rays, anthropology, or DNA analysis experts should be used.+ | Yes | No | N/A |
| i. Verify that the office has access to conduct fingerprint comparison.+ | Yes | No | N/A |
| j. Verify that the office has access to conduct dental examination.+ | Yes | No | N/A |
| k. Verify that the office has access to conduct body x-rays.+ | Yes | No | N/A |



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| l. Verify that the office has access to forensic anthropology.+ | Yes | No | N/A |
| m. Verify that the office has access to forensic serology and DNA analysis.+ | Yes | No | N/A |
| n. Verify that prior to disposition of unidentified bodies, the office performs the following tasks in order to permit potential future identification: fingerprint the body; photograph the body; examine and chart the dentition; take x-rays; store specimens for DNA and enters the data into NamUs.+ | Yes | No | N/A |
| o. Verify that the office establishes scientific identification on all homicides (if possible).+ | Yes | No | N/A |

3. Written Documentation

- | | | | |
|---|-----|----|-----|
| a. Verify that the office completes a comprehensive written investigative report on all jurisdictional cases.+ | Yes | No | N/A |
| b. Verify that a written report is generated on all reportable cases (i.e., hospice deaths, nursing homes deaths).+ | Yes | No | N/A |
| c. Verify that the office has a policy requiring investigators to document initial history of the fatal event, the essential facts and circumstances of the case, decedent "histories" (when appropriate), and make a record of any witness accounts.+ | Yes | No | N/A |
| d. Verify that significant circumstantial and physical observations are noted and recorded regarding the time of death, (including the presence, location and degree of rigor; the location, fixation, and color of postmortem livor; and, when indicated, the temperature of the body).+ | Yes | No | N/A |
| e. Verify that the investigative scene reports are available to the Forensic Pathologist before autopsy. | Yes | No | N/A |
| f. Verify that the cause and manner of death are recorded in the autopsy and/or investigative report consistent with what is stated on the death certificate. | Yes | No | N/A |



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|--|-----|----|-----|
| g. Verify that copies of the death certificate in all cases is in the case file and is available or somehow retrievable. | Yes | No | N/A |
| h. Verify that medical records are obtained on all jurisdictional cases (when necessary). | Yes | No | N/A |
| i. Verify that the office has a written policy regarding written record retention. | Yes | No | N/A |
| j. Verify that the office routinely obtains copies of first responders reports (e.g., EMS, Fire, Police, witnesses). | Yes | No | N/A |
| k. Verify that the office conducts an independent investigation separate from Law Enforcement or other investigative entities. † | Yes | No | N/A |
| l. Verify that the investigative reports include 911 call time, office contact time, and scene arrival/departure time. † | Yes | No | N/A |
| m. Verify that the office documents the notification of next of kin (who, where, when). † | Yes | No | N/A |

4. Photographic Documentation

- | | | | |
|--|-----|----|-----|
| a. Verify that the office has a written policy regarding the use, security, and storage of case photographs. † | Yes | No | N/A |
| b. Verify that the all photographic media is secured and retrievable by case number. † | Yes | No | N/A |
| c. Verify that investigative scene photographs are available to the Forensic Pathologist before autopsy. | Yes | No | N/A |
| d. Verify that the office has a written policy requiring investigators to obtain scene photographs. † | Yes | No | N/A |



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| e. Verify that close-up (identification) photographs are taken of all decedents. + | Yes | No | N/A |
| f. Verify that intermediate (orientation) photographs are taken at all scenes (e.g., to establish body condition/clothing and position in relation to the overall scene). + | Yes | No | N/A |
| g. Verify that distant photographs are taken at all scenes (e.g., to document the environment). + | Yes | No | N/A |
| h. Verify that the office takes photographs with and without scales in those cases when no frame of reference is present. + | Yes | No | N/A |
| i. Verify that the office has a digital media storage and secure backed up policy (off site storage). + | Yes | No | N/A |
| j. Verify that the office has a written policy regarding photograph retention. | Yes | No | N/A |

C. Morgue Facilities

1. Body Handling and Transport

- | | | | |
|--|-----|----|-----|
| a. Verify that the office has a written policy for identifying decedents/remains for transport. + | Yes | No | N/A |
| b. Verify that the office has a written policy regarding the release of personal effects from the body at the scene. + | Yes | No | N/A |
| c. Verify that the office has a written policy regarding body handling safety including biohazard precautions. + | Yes | No | N/A |
| d. Verify that bodies/bags are appropriately tagged and secured prior to transport (for chain of custody). + | Yes | No | N/A |
| e. Verify that in cases that fall under the jurisdiction of the office, that the office does utilize body bags. + | Yes | No | N/A |



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| f. Verify that the body transport vehicles are clean and properly maintained (regardless of who owns them).+ | Yes | No | N/A |
| g. Verify that stretchers in good working condition and cleaned on a regular basis (regardless of who owns them).+ | Yes | No | N/A |
| h. Verify that the removal of a body (from scene and vehicles) is handled in a dignified manner.+ | Yes | No | N/A |
| i. Verify that in cases that fall under the jurisdiction of the office, that the investigator controls the body (at the scene) until removal.+ | Yes | No | N/A |

2. Body Receiving Area

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|--|-----|----|-----|
| a. Verify that the office has a written policy regarding the receiving and releasing of bodies.+ | Yes | No | N/A |
| b. Verify that the body receiving and handling area is protected from public view. | Yes | No | N/A |
| c. Verify that the receiving area is of adequate size to accommodate the caseload.+ | Yes | No | N/A |
| d. Verify that all surface areas, floors and walls in the receiving area are clean.+ | Yes | No | N/A |
| e. Verify that body scales are available and operate. | Yes | No | N/A |
| f. Verify that the body scale is calibrated and maintained consistent with manufacturers specifications. | Yes | No | N/A |
| g. Verify that the stretchers and carts used to move the bodies are maintained and in good condition.+ | Yes | No | N/A |
| h. Verify that the receiving area is secured.+ | Yes | No | N/A |



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3. Refrigeration

- | | | | |
|---|-----|----|-----|
| a. Verify that the refrigerated storage is accessible to the autopsy and body receiving areas.+ | Yes | No | N/A |
| b. Verify that refrigerated storage space is sufficient to maintain a normal caseload.+ | Yes | No | N/A |
| c. Verify that temperature gauges are operable and checked regularly by staff.+ | Yes | No | N/A |
| d. Verify that temperatures are recorded/logged on a schedule by C/ME staff. | Yes | No | N/A |
| e. Verify that there is separate refrigerated storage available for decomposed bodies. | Yes | No | N/A |

4. Autopsy Facility

- | | | | |
|--|-----|----|-----|
| a. Verify that the office has written morgue policies available in the autopsy area.+ | Yes | No | N/A |
| b. Verify that the autopsy facility is accredited by a recognized accrediting agency (i.e., IAC&ME, JACO, NAME). | Yes | No | N/A |
| c. Verify that changing areas are provided with showers for both male and female employees. | Yes | No | N/A |
| d. Verify that the areas used for dissection (autopsy tables, body carts, etc.) are maintained and in good operating condition.+ | Yes | No | N/A |
| e. Verify that organ scales, scientific equipment, suction and other pieces of equipment are calibrated and maintained.+ | Yes | No | N/A |
| f. Verify that first aid kits, safety showers and eyewashes are available and in good working order.+ | Yes | No | N/A |
| g. Verify that the ventilation system adequately control odors.+ | Yes | No | N/A |



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|---|-----|----|-----|
| h. Verify that the appropriate personal protective devices including face protection, chest and arm protection, gloves, shoe covers, and N95 respirators and/or PAPRS are available to staff. + | Yes | No | N/A |
| i. Verify that the autopsy area is clean, with adequate lighting, cooling and heating. + | Yes | No | N/A |
| j. Verify that the autopsy surfaces are routinely cleaned and sanitized. + | Yes | No | N/A |
| k. Verify that there is adequate space and equipment provided for tissue cutting and histology preparation. + | Yes | No | N/A |
| l. Verify that there is a space designated for tissue storage and a method utilized to control odors. + | Yes | No | N/A |
| m. Verify that the autopsy area is able to accommodate a normal or peak case load, including the typical number of autopsies or external examinations; the standard complement of autopsy and laboratory personnel; and official participants or observers from cooperating agencies. + | Yes | No | N/A |
| n. Verify that the Material Safety Data Sheets (MSDS) sheets are posted in areas where chemicals are stored. + | Yes | No | N/A |
| o. Verify that safety showers, eye washes and first aid kits are located in the autopsy area. + | Yes | No | N/A |
| p. Verify that a building diagram is posted with evacuation routes clearly noted. + | Yes | No | N/A |
| q. Verify that all biological samples are stored in an appropriate well ventilated safe location. + | Yes | No | N/A |

5. Forensic Autopsy Procedures

- | | | | |
|--|-----|----|-----|
| a. Verify that the office has a written policy covering postmortem examination procedures. + | Yes | No | N/A |
|--|-----|----|-----|



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| b. Verify that the office has a written policy specifying the criteria for determination of when complete autopsies, partial autopsies, or external examinations are to be performed. + | Yes | No | N/A |
| c. Verify that the office has a written policy covering evidence collection. | Yes | No | N/A |
| d. Verify that the office has a written policy covering tissue and body fluid specimen collection. | Yes | No | N/A |
| e. Verify that the office has a written policy covering evidence and specimen disposition and destruction. | Yes | No | N/A |
| f. Verify that the circumstances of death are reviewed prior to autopsy (if known). + | Yes | No | N/A |
| g. Verify that fingerprints or DNA cards are taken on all cases (if possible). | Yes | No | N/A |
| h. Verify that fingerprints, dental examinations, body x-rays, forensic anthropology or forensic serology and DNA analysis are performed on all unidentified cases (if possible). + | Yes | No | N/A |
| i. Verify that body x-rays are taken on all cases (if possible). | Yes | No | N/A |
| j. Verify that dental examinations, forensic anthropology or forensic serology and DNA analysis are performed on all cases (if appropriate). | Yes | No | N/A |
| k. Verify that all collected specimens are labeled and logged with the case number, name, date and time of collection. + | Yes | No | N/A |
| l. Verify that the office has a written policy regarding chain of custody utilized in the capturing of all biological specimens. + | Yes | No | N/A |
| m. Verify that autopsy photographs are taken to record the examination. + | Yes | No | N/A |



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|--|-----|----|-----|
| n. Verify that identification (close-up) photographs are taken, labeled and saved for all cases. + | Yes | No | N/A |
| o. Verify that autopsies are performed in greater than 95% of suspected homicides at the time of death. + | Yes | No | N/A |
| p. Verify that autopsies are performed in greater than 95% of all cases in which the manner of death is undetermined at the time an autopsy decision is made. + | Yes | No | N/A |
| q. Verify that a forensic pathologist personally examines all external aspects of the body before dissection. + | Yes | No | N/A |
| r. Verify that a forensic pathologist is responsible for the conduct of each postmortem examination, the diagnoses made, the opinions formed, and any subsequent opinion testimony. | Yes | No | N/A |
| s. Verify that all autopsy ex-situ dissections are personally performed by a forensic pathologist. | Yes | No | N/A |
| t. Verify that all pathology assistants, autopsy technicians, dieners, or others without medical training, work in the physical presence of and under the direct supervision of a forensic pathologist. + | Yes | No | N/A |
| u. Verify that specimens are routinely retained for toxicological and histological examination during autopsies. | Yes | No | N/A |
| v. Verify that the office has a written policy covering the retention and disposition of organ and tissue specimens taken at autopsy, that addresses whether, or under what circumstances, next-of-kin are to be notified of each retention. + | Yes | No | N/A |
| w. Verify that samples are routinely obtained for potential DNA analysis. | Yes | No | N/A |



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|--|-----|----|-----|
| x. Verify that autopsy tissue and fluid specimens are individually collected; adequately packaged; properly labeled; appropriately preserved; and archived using a consistent and logical specimen numbering system. | Yes | No | N/A |
| y. Verify that specimen containers are labeled with the case number and the date collected; the type of contents; the name of the deceased; the name of the responsible physician; and the name of the person securing the specimen. | Yes | No | N/A |
| z. Verify that specimens collected for microbiological evaluation are placed into appropriate transport media or sterile containers. | Yes | No | N/A |
| aa. Verify that microbiologic specimens are promptly transported to the service laboratory. | Yes | No | N/A |

6. Forensic Autopsy Procedures (suspected sexual assault)

- | | | | |
|---|-----|----|-----|
| a. Verify that sexual assault kits are available and specimens collected when necessary.† | Yes | No | N/A |
| b. Verify that control hair samples are collected from the decedent by plucking a representative number of hairs from various body areas, e.g., scalp and pubic areas. | Yes | No | N/A |
| c. Verify that in cases of suspected sexual contact that the pubic area is lightly combed to obtain loose and foreign hairs, and are native control hairs plucked and packaged separately. | Yes | No | N/A |
| d. Verify that in cases of suspected sexual contact swabbing of body orifices are obtained and examined for the presence of spermatozoa, the presence of seminal fluid, and DNA and/or serologic markers. | Yes | No | N/A |
| e. Verify that in cases of suspected sexual contact bite marks are processed according to procedures consistent with forensic Odontology practice (ABFO). | Yes | No | N/A |

D. Laboratory Services



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1. Radiologic Services

- | | | | |
|--|-----|----|-----|
| a. Verify that the office has access to radiographic equipment.+ | Yes | No | N/A |
| b. Verify that the radiographic equipment is installed in a convenient location near the autopsy room. | Yes | No | N/A |
| c. Verify that the radiographic equipment is shielded in accordance with radiation safety standards.+ | Yes | No | N/A |
| d. Verify that the radiographic equipment and x-ray viewing devices are available to the Forensic Pathologist.+ | Yes | No | N/A |
| e. Verify that all radiographic equipment is operational and personnel are properly trained to operate it.+ | Yes | No | N/A |
| f. Verify that exposure tags (dosimeters) are mandatory to all personnel working in the immediate area of radiographic equipment.+ | Yes | No | N/A |

2. Toxicology Laboratory Services

- | | | | |
|---|-----|----|-----|
| a. Verify that the C/ME office has access to a forensic toxicology laboratory.+ | Yes | No | N/A |
| b. Verify that the toxicology laboratory is accredited by the American Board of Forensic Toxicology (ABFT).+ | Yes | No | N/A |
| c. Verify that a toxicology laboratory report is issued for each case that receives analysis.+ | Yes | No | N/A |
| d. Verify that the office has a written policy regarding the collection and storage of toxicology specimens.+ | Yes | No | N/A |
| e. Verify that the histology services are performed by a certified laboratory. | Yes | No | N/A |
| f. Verify that the office has a written policy describing criteria for toxicology orders.+ | Yes | No | N/A |



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|---|-----|----|-----|
| g. Verify that the office maintains statistics regarding toxicology turnaround times. | Yes | No | N/A |
| h. Verify that 90% of all toxicology examinations are completed within 90 calendar days of case submission. + | Yes | No | N/A |
| i. Verify that 90% of all toxicology examinations are completed within 60 calendar days of case submission. | Yes | No | N/A |

3. Crime Laboratory Services

- | | | | |
|---|-----|----|-----|
| a. Verify that the office has a written policy covering the crime laboratory's roles and responsibilities. | Yes | No | N/A |
| b. Verify that laboratory services are available to perform fingerprinting; serologic and/or DNA testing; ballistics; and trace evidence examination. | Yes | No | N/A |
| c. Verify that the crime laboratory is accredited by the American Society of Crime Laboratory Directors - Laboratory Accreditation Board (ASCLD-LAB). + | Yes | No | N/A |

E. Forensic Specialists

1. Forensic Pathologists

- | | | | |
|--|-----|----|-----|
| a. Verify that the forensic autopsies are performed by board-certified forensic pathologists (ABP). + | Yes | No | N/A |
| b. Verify that the forensic pathologist(s) is/are licensed to practice medicine in the state in which they practice. + | Yes | No | N/A |
| c. Verify that the licensure of the forensic pathologist(s) is verified annually. + | Yes | No | N/A |
| d. Verify that an autopsy report is prepared on each case autopsied. + | Yes | No | N/A |
| e. Verify that 90% of all autopsy reports are completed within 90 calendar days of autopsy performance. + | Yes | No | N/A |



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|--|-----|----|-----|
| f. Verify that 90% of all autopsy reports are completed within 60 calendar days of autopsy performance. | Yes | No | N/A |
| g. Verify that the medical staff is of sufficient size so that no forensic pathologist is required to perform more than 325 autopsies/year (total by pathologist, inside AND outside cases included).+ | Yes | No | N/A |
| h. Verify that the medical staff is of sufficient size so that no forensic pathologist is required to perform more than 250 autopsies/year (total by pathologist, inside AND outside cases included). | Yes | No | N/A |
| i. Verify that the office has a written policy regarding contracting with additional forensic pathologists (as needed). | Yes | No | N/A |

2. Other Forensic Specialists

- | | | | |
|--|-----|----|-----|
| a. Verify that the office has a written policy covering forensic specialist support services. | Yes | No | N/A |
| b. Verify that the office has a written policy describing cases which require contacting forensic specialists. | Yes | No | N/A |
| c. Verify that the office is affiliated with a board certified forensic odontologist (ABFO). | Yes | No | N/A |
| d. Verify that the office is affiliated with a board certified forensic anthropologist (ABFA). | Yes | No | N/A |
| e. Verify that the office has access to other forensic specialists (i.e., botany, radiology, neuropathology, entomology, etc.).+ | Yes | No | N/A |
| f. Verify that all forensic specialists are certified by an accredited agency/association (i.e., FSAB accredited). | Yes | No | N/A |
| g. Verify that all forensic specialists are required to submit a written report.+ | Yes | No | N/A |