

ASB Best Practice Recommendation 193, First Edition
2025

**Best Practice Recommendations for Determining What
Scene and Death Locations a Medicolegal Death
Investigation Authority Responds to for an Investigation**



ASB
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Best Practice Recommendations for Determining What Scene and Death Locations a Medicolegal Death Investigation Authority Responds to for an Investigation

ASB Approved XXXXXXXX 2025

ANSI Approved XXXXXXXX 2025



ASB
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Foreword

A medicolegal death investigation (MDI) is an independent investigation for establishing the cause and manner of death. The MDI is parallel but separate to that conducted by any other agency, including the law enforcement investigating agency. The investigation is conducted by MDI personnel with specialized training in death scene investigation. These investigations focus on postmortem changes, injury documentation, circumstances of death, and collecting any pertinent investigative or medical history to assist with determining the cause and manner of death.

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

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

The American Academy of Forensic Sciences established the Academy Standards Board (ASB) in 2015 with a vision of safeguarding Justice, Integrity, and Fairness through Consensus Based American National Standards. To that end, the ASB develops consensus based forensic standards within a framework accredited by the American National Standards Institute (ANSI), and provides training to support those standards. ASB values integrity, scientific rigor, openness, due process, collaboration, excellence, diversity and inclusion. ASB is dedicated to developing and making freely accessible the highest quality documentary forensic science consensus Standards, Guidelines, Best Practices, and Technical Reports in a wide range of forensic science disciplines as a service to forensic practitioners and the legal system.

This document was revised, prepared, and finalized as a standard by the Medicolegal Death Investigation Consensus Body of the AAFS Standards Board. The draft of this standard was developed by the Medicolegal Death Investigation Subcommittee of the Organization of Scientific Area Committees (OSAC) for Forensic Science.

Questions, comments, and suggestions for the improvement of this document can be sent to AAFS-ASB Secretariat, asb@aafs.org or 401 N 21st Street, Colorado Springs, CO 80904.

All hyperlinks and web addresses shown in this document are current as of the publication date of this standard.

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Keywords: *coroner, death investigation, decedent, medical examiner, medicolegal death investigation, medicolegal death investigator, scene response*

Table of Contents *(to be finalized prior to publication)*

1 Scope.....

2 Normative References.....

3 Terms and Definitions.....

4 Recommendations.....

Annex A (informative) Bibliography.....

DRAFT

Best Practice Recommendations for Determining What Scene and Death Locations a Medicolegal Death Investigation Authority Responds to for an Investigation

1 Scope

This document provides best practice recommendations for determining when a response and investigation by a medicolegal death investigation authority are necessary. This document addresses which types of decedents, locations, and cases should be examined at the location of death, and at the incident scene. Details on how to conduct scene investigations are not addressed in this document.

2 Normative References

The following references are indispensable for the application of the standard. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

Department of Justice, Office of Justice Programs, National Institute of Justice. *Death investigation: A guide for the scene investigator* (technical update). Washington, DC. 2011^a.

ANSI/ASB Standard 125, *Organizational and Foundational Standard for Medicolegal Death Investigation*. 1st Edition 2021^b.

3 Terms and Definitions

For purposes of this document, the following definitions apply.

3.1 cause of death

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

3.2 certified medicolegal death investigator

Medicolegal death investigator who has completed the requirements for Certification (Registry or Board) by an accredited credentialing body; currently American Board of Medicolegal Death Investigators (ABMDI).

3.3 coroner

An elected or appointed official responsible for overseeing medicolegal death investigations, usually for a single county, and for certifying the cause and manner of death in these investigations; duties vary based on local enabling statutes.

^a Available from: <https://www.nij.gov/pubs-sum/234457.htm>

^b Available from: https://www.aafs.org/sites/default/files/media/documents/125_Std_e1.pdf

33 **3.4**

34 **death scene**

35 Location or site at which a death is pronounced, and at which the decedent's body is located. This
36 need not be the same location as the incident scene. May also be referred to as "location of death".

37 **3.5**

38 **decedent**

39 Deceased person or any suspected human remains.

40 **3.6**

41 **external evaluation**

42 Physical assessment of the decedent by a medicolegal death investigator.

43 **3.7**

44 **external examination**

45 Diagnostic medical procedure conducted by a pathologist or other specially trained medical
46 personnel that consists of physical inspection of the decedent without internal examination; can
47 include ancillary tests.

48 **3.8**

49 **forensic pathologist**

50 Physician who is board-certified in forensic pathology by an accredited credentialing body;
51 currently American Board of Pathology and American Osteopathic Board of Pathology.

52 **3.9**

53 **incident scene**

54 Location at which a fatal injury or fatal sequence of events was initiated. This may or may not be the
55 death scene.

56 **3.10**

57 **jurisdiction**

58 (1) Legal authority to make legal decisions and judgments regarding a death, including
59 performance of autopsy, as well as investigation and certification of cause and manner of death.
60 (2) Geographic area in which a medical examiner's or coroner's authority applies.

61 **3.11**

62 **manner of death**

63 Classification system based on the circumstances under which death occurred; includes accident,
64 homicide, natural, suicide, and undetermined.

65 **3.12**

66 **medical examiner**

67 Appointed forensic pathologist whose duty is to oversee medicolegal death investigations, perform
68 postmortem examinations, and certify cause and manner of death.

69 NOTE In some jurisdictions, individuals with other qualifications hold the title "Medical Examiner", but for
70 purposes of this document those individuals are considered medicolegal death investigators.

71 **3.13**

72 **medicolegal death investigation**

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

76 **3.14**

77 **medicolegal death investigation authority**

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

81 **3.15**

82 **medicolegal death investigation system**

83 The statutorily established infrastructure (e.g., county coroner or state medical examiner) that
84 exists to conduct medicolegal death investigations within a defined geographic area.

85 **3.16**

86 **medicolegal death investigator**

87 Individual who performs medicolegal death investigations, and includes those who have not
88 completed the requirements for certification and is not certified.

89 **3.17**

90 **on scene**

91 When the location at which a death is pronounced and at which the decedent's body is located is the
92 same as the incident scene.

93 **3.18**

94 **organ procurement organization**

95 **OPO**

96 Organization that engages in various aspects of organ donation and recovery and supports organ
97 placement within their federally designated service area and the transportation of organs to other
98 regions.

99 NOTE 1 An OPO may also function in areas of tissue recovery, tissue banking, eye recovery, and eye banking.

100 NOTE 2 The OPO works with transplant centers and the United Network of Organ Sharing (UNOS) to
101 appropriately place organs with patients awaiting a transplant.

102 **3.19**

103 **tissue procurement organization**

104 **TPO**

105 Organization that engages in various aspects of tissue donation and is licensed, accredited, or
106 regulated under federal or state law to engage in the recovery, screening, testing, processing,
107 storage, or distribution of tissue.

108 4 Recommendations

109 4.1 General Scene Response

110 When a death is reported, the MDI authority determines whether to respond to the location of
 111 death or incident scene. MDI authorities should have supplies and qualified personnel to respond to
 112 the situations described in this document. Scene responses shall be investigated by medicolegal
 113 death investigators or forensic pathologists credentialed as required in ANSI/ASB Standard 125. A
 114 medicolegal death investigator or forensic pathologist in training for certification shall work under
 115 the supervision of a certified medicolegal death investigator or forensic pathologist as required in
 116 ANSI/ASB Standard 125. This document specifies when personnel should respond to the location of
 117 death or to the incident scene (if it has not been cleared).

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

126 Notwithstanding any conflicting state statutory issues, decedents should remain at the death
 127 location to allow the MDI personnel to respond to that location and evaluate and/or examine the
 128 decedent *in situ*. The MDI authority may make an exception if the decedent is in danger of being lost
 129 or damaged (e.g., in a structure fire or being washed out to sea by rising tides). MDI offices should
 130 have personnel available 24 hours a day for a timely response, preferably being en route to the
 131 scene within an hour.

132 4.2 General Considerations

133 After an MDI authority has initially determined jurisdiction based on local or state statutes and
 134 office policy, a thorough medicolegal death investigation should continue with response to the
 135 death location and/or incident scene. This includes a preliminary external evaluation to document
 136 findings that may be useful in aiding the determination of cause and manner of death, identification
 137 of the decedent, or to help identify and locate next of kin. The principles of the National Institute of
 138 Justice's *Death investigation: A guide for the scene investigator (technical update)* shall be followed
 139 once at the location(s). This includes providing written documentation of all findings, as well as
 140 photographs and/or video to become part of the MDI authority's case file.

141 The MDI should consider several factors when determining if a scene or incident response is
 142 necessary. These include the initial presumptive case manner/circumstances (as described in 4.3)
 143 the category of decedent (as described in 4.4) and the type of location of the death (as described in
 144 4.5). Guidance for each of these categories are presented in this section to be used to determine if a
 145 scene response is warranted.

146 A death may not be reported in a timely manner to the MDI authority, occurring after the body has
 147 been moved to a mortuary or funeral home. These cases should be evaluated on a case-by-case
 148 basis, depending on the need to collect evidence.

149 The MDI authority should work closely with law enforcement personnel to gain access to incident
150 scenes, as the scene can provide valuable information for the medicolegal death investigation.

151 **4.3 Considerations for Scene Response Based on Initial Presumptive Case Type or** 152 **Circumstances**

153 **4.3.1 General**

154 Once an MDI authority has determined case jurisdiction, one of the next steps in a death
155 investigation is to determine if a scene response is needed. A scene response should occur in a
156 timely manner due to concerns of postmortem changes, as well as concerns of loss of evidence or
157 changes in the scene environment. The timeliness of response will be affected by resources and
158 geography, but offices should take steps to minimize response times. This section provides the best
159 practice recommendations for evaluating MDI personnel response based on the suspected type of
160 death.

161 **4.3.2 Homicide or Suspicious Circumstances**

162 **4.3.2.1** MDI personnel should respond to all deaths that are on scene.

163 **4.3.2.2** MDI personnel should respond to the location of death in an emergency department (ED),
164 and to the incident scene if it has not been cleared.

165 **4.3.2.3** MDI personnel should respond to the location of death in the operating room (OR) for
166 acute trauma or soon after coming to the hospital, and to the incident scene if it has not been
167 cleared.

168 **4.3.2.4** MDI personnel should evaluate delayed deaths of inpatients (IP) and patients in the OR on
169 a case-by-case basis for the need to collect evidence from the decedent or document injuries that
170 may be altered due to additional treatment interventions (i.e., impending organ donation).

171 **4.3.2.5** In addition to the recommendations in 4.3.2.1 through 4.3.2.4, response should include
172 anytime investigating agencies express a concern that the death might have been related to
173 homicidal violence.

174 **4.3.3 Suicide**

175 **4.3.3.1** MDI personnel should respond to all deaths that are on scene.

176 **4.3.3.2** MDI personnel should respond to the location of death in an ED, and to the incident scene
177 if it has not been cleared.

178 **4.3.3.3** MDI personnel should respond to the location of death in the OR for acute trauma or soon
179 after coming to the hospital, and to the incident scene if it has not been cleared.

180 **4.3.3.4** MDI personnel should evaluate delayed deaths of IP and patients in the OR on a case-by-
181 case basis for the need to collect evidence from the decedent or document injuries that may be
182 altered due to additional treatment interventions (i.e., impending organ donation).

183 **4.3.4 Overdose or Drug Related**

184 **4.3.4.1** MDI personnel should respond to all deaths that are on scene.

185 **4.3.4.2** MDI personnel should respond to the location of death in an ED, and to the incident scene
186 if it has not been cleared.

187 **4.3.4.3** MDI personnel should respond to the location of death in the OR for acute trauma or soon
188 after coming to the hospital, and to the incident scene if it has not been cleared.

189 **4.3.4.4** MDI personnel should evaluate delayed deaths of IP and patients in the OR on a case-by-
190 case basis for the need to collect evidence from the decedent or document injuries that may be
191 altered due to additional treatment interventions (i.e., impending organ donation).

192 **4.3.5 Transportation Related (motorized or non-motorized)**

193 **4.3.5.1** MDI personnel should respond to all deaths that are on scene.

194 **4.3.5.2** MDI personnel should respond to the location of death in an ED, and to the incident scene
195 if it has not been cleared.

196 **4.3.5.3** MDI personnel should respond to the location of death in the OR for acute trauma or soon
197 after coming to the hospital, and to the incident scene if it has not been cleared.

198 **4.3.5.4** MDI personnel should evaluate delayed deaths of IP and patients in the OR on a case-by-
199 case basis for the need to collect evidence from the decedent or document injuries that may be
200 altered due to additional treatment interventions (i.e., impending organ donation).

201 **4.3.6 Work Related**

202 **4.3.6.1** MDI personnel should respond to all deaths that are on scene.

203 **4.3.6.2** MDI personnel should respond to work-related deaths that occur in an (ED), and to the
204 incident scene if it has not been cleared, unless they are a clearly witnessed event consistent with a
205 natural death and the decedent has history to support the natural death.

206 **4.3.6.3** MDI personnel should respond to the location of death in the OR for acute trauma or soon
207 after coming to the hospital, and to the incident scene if it has not been cleared.

208 **4.3.6.4** MDI personnel should evaluate delayed deaths of IP and patients in the OR on a case-by-
209 case basis for the need to collect evidence from the decedent or document injuries that may be
210 altered due to additional treatment interventions (i.e., impending organ donation).

211 **4.3.7 Fire/Thermal Related**

212 **4.3.7.1** MDI personnel should respond to all deaths that are on scene.

213 **4.3.7.2** MDI personnel should respond to the location of death in an ED, and to the incident scene
214 if it has not been cleared.

215 **4.3.7.3** MDI personnel should respond to the location of death in the OR for acute trauma or soon
216 after coming to the hospital, and to the incident scene if it has not been cleared.

217 **4.3.7.4** MDI personnel should evaluate delayed deaths of IP and patients in the OR on a case-by-
218 case basis for the need to collect evidence from the decedent or document injuries that may be
219 altered due to additional treatment interventions (i.e., impending organ donation).

220 **4.3.8 Accident, Not Otherwise Specified**

221 **4.3.8.1** MDI personnel should respond to all deaths that are on scene.

222 **4.3.8.2** MDI personnel should respond to the location of death in an ED, and to the incident scene
223 if it has not been cleared.

224 **4.3.8.3** MDI personnel should respond to the location of death in the OR for acute trauma or soon
225 after coming to the hospital, and to the incident scene if it has not been cleared.

226 **4.3.8.4** MDI personnel should evaluate delayed deaths of IP and patients in the OR on a case-by-
227 case basis for the need to collect evidence from the decedent or document injuries that may be
228 altered due to additional treatment interventions (i.e., impending organ donation).

229 **4.3.9 In Custody and/or During Law Enforcement Interaction**

230 **4.3.9.1** MDI personnel should respond to all deaths that are on scene.

231 **4.3.9.2** MDI personnel should respond to the location of death in an ED, and to the incident scene
232 if it has not been cleared.

233 **4.3.9.3** MDI personnel should respond to the location of death in the OR for acute trauma or soon
234 after coming to the hospital, and to the incident scene if it has not been cleared.

235 **4.3.9.4** MDI personnel should evaluate delayed deaths of IP and patients in the OR on a case-by-
236 case basis for the need to collect evidence from the decedent or document injuries that may be
237 altered due to additional treatment interventions (i.e., impending organ donation).

238 **4.3.10 Surgical Misadventure**

239 An incident or scene response may not be necessary in a hospital setting, but MDI personnel should
240 respond to the incident location if it is in an outpatient setting on a case-by-case basis.

241 **4.3.11 Contagious Disease**

242 An incident or scene response may not be necessary except for other reasons stated in this
243 document. These decisions should be coordinated with relevant public health agencies in cases of
244 outbreaks or new/emerging diseases.

245 **4.3.12 Natural**

246 **4.3.12.1** MDI personnel should respond to all deaths in public view.

247 **4.3.12.2** MDI personnel should respond to the location of death in the ED if there is not a
248 physician to certify the death and a witnessed terminal event consistent with natural disease
249 process, and to the incident scene if it has not been cleared.

250 **4.3.12.3** It may not be necessary to respond to the OR or for IP death except for other reasons
251 stated in this document.

252 **4.3.13 Multiple Deaths**

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

255 **4.4 Considerations for Scene Response Based on the Decedent(s)**

256 **4.4.1 General**

257 A death might not fall under one of the categories in 4.3, but in some cases MDI personnel should
258 still respond. This section provides best practice recommendations for determining MDI personnel
259 response based on the type or profile of the decedent.

260 **4.4.2 Child/Infant (Through Age 17)**

261 **4.4.2.1** MDI personnel should respond to all on scene deaths in this classification unless the child
262 is under hospice care for a natural disease or has fatal health conditions and a physician is able to
263 certify the death certificate.

264 **4.4.2.2** MDI personnel should respond to all deaths in this classification in the ED, and respond to
265 the incident scene if it has not been cleared.

266 **4.4.2.3** MDI personnel should respond to the location of death in the OR for acute trauma or soon
267 after coming to the hospital, and to the incident scene if it has not been cleared.

268 **4.4.2.4** MDI personnel should evaluate deaths of IP or patients in the OR on a case-by-case basis
269 for the need to collect evidence from the decedent and/or interview family. MDI personnel should
270 respond to the incident scene for a doll reenactment and scene visit, even for delayed deaths on
271 infants.

272 **4.4.3 Persons in Custody**

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

275 **4.4.4 Bones/Specimens**

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

279 **4.4.5 Decomposed or Charred Remains**

280 **4.4.5.1** MDI personnel should respond to all decomposed and charred decedents where the level
281 of disfigurement prevents visual identification.

282 **4.4.6 Unidentified Remains**

283 **4.4.6.1** MDI personnel should respond to all unidentified decedents to assist in identification.

284 **4.4.6.2** MDI personnel should respond to hospital IP only if hospital personnel have been unable
285 to make a positive identification (such as through personal effects or other means of scientific
286 identification).

287 **4.4.7 Organ Donor/OPO or TPO Involvement (pre procurement)**

288 **4.4.7.1** MDI personnel should respond to perform an external evaluation prior to procurement if
289 the case would otherwise require any examination by the office. Prior arrangements may be made
290 with OPO/TPO so that their personnel may obtain photographs and specimens on behalf of the MDI
291 authority in lieu of a response.

292 **4.4.8 High Profile Circumstances**

293 **4.4.8.1** MDI personnel should respond to the death scene and to the incident scene if it has not
294 been cleared.

295 **4.4.8.1.1** The definition of high profile may differ by jurisdiction, but consideration should be
296 given to government officials; political, entertainment, athletic, or controversial figures; or scene
297 circumstances.

298 **4.4.9 Multiple Decedents**

299 **4.4.9.1** MDI personnel should respond when there are two or more decedents at a location, other
300 than a hospital or long-term care facility.

301 **4.4.9.2** MDI personnel should respond to the ED when there are two or more decedents brought
302 in from the same location.

303 **4.4.9.3** If there are multiple victims known, even if only a single fatality, best practice should still
304 be for MDI personnel to respond to the death location and to the incident scene if it has not been
305 cleared.

306 **4.4.10 Hospice Patients**

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

311 **4.4.11 Without an Independent Physician**

312 MDI personnel should respond to all deaths if the decedent is not under the care of an independent
313 physician; this physician should not be related to the decedent in any way i.e., a family member or
314 friend.

315 **4.4.12 Unattended Deaths**

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

319 **4.5 Considerations for Scene Response Based on the Type of Location of Death**

320 **4.5.1 General**

321 A death might not fall under one of the categories in 4.3 or 4.4 but in some cases MDI personnel
322 should still respond. This section will provide best practice recommendations for evaluating MDI
323 personnel response based on the type of location of the death.

324 **4.5.2 Residence**

325 **4.5.2.1** MDI personnel should respond when someone dies alone at a residence.

326 **4.5.2.2** MDI personnel should respond when someone dies at a transitional or supportive
327 residence (e.g., halfway house, sober living, group home).

328 **4.5.3 Assisted Living/Board and Care/Hospice**

329 MDI personnel should respond to all unnatural or suspicious deaths.

330 **4.5.4 Jail, Prison, or Other Incarceration Settings**

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

332 **4.5.5 Drug/Alcohol Rehabilitation Facilities**

333 MDI personnel should respond to all deaths within drug/alcohol rehabilitation facilities.

334 **4.5.6 Hotels/Motels/Short-term Rentals**

335 MDI personnel should respond to all deaths in hotels, motels, or other types of short-term rental
336 properties.

337 **4.5.7 In Vehicles**

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

339 **4.5.8 In Public View**

340 MDI personnel should respond to all deaths in public view.

341 **4.5.9 Day Care Settings**

342 MDI personnel should respond to all deaths in child or dependent adult day care settings.

343 **4.5.10 Hospital Related Deaths**

344 **4.5.10.1 Emergency Department (ED)**

345 **4.5.10.1.1 Natural**

346 For natural deaths, MDI personnel should respond if there is not a physician to certify the death or
347 the witnessed terminal event is not consistent with a natural disease process.

348 **4.5.10.1.2 Unnatural**

349 In the case of suspected unnatural death, MDI personnel should respond, and also respond to the
350 incident scene if evidence remains that would provide information surrounding the circumstances
351 of death.

352 **4.5.10.2 Operating Room (OR)**

353 **4.5.10.2.1 Natural**

354 For natural deaths, the MDI personnel should only respond if there is a need to collect evidence, or
355 as determined on a case-by-case basis.

356 **4.5.10.2.2 Unnatural**

357 In the case of suspected unnatural death, if soon after initial presentation to the hospital, MDI
358 personnel should respond, and also respond to the incident scene if evidence remains that would
359 provide information surrounding the circumstances of death.

360 **4.5.10.3 Inpatient (IP)**

361 **4.5.10.3.1 Natural**

362 For natural deaths, the MDI personnel should only respond if there is a need to collect evidence, or
363 as determined on a case-by-case basis.

364 **4.5.10.3.2 Unnatural**

365 In the case of suspected unnatural death, MDI personnel should respond, and also respond to the
366 incident scene if evidence remains that would provide information surrounding the circumstances
367 of death.

368 **4.5.11 Other Locations**

369 Assuming no other category in section 4.5 applies, when a death is in another type of location, the
370 MDI should handle the scene response according to established office policy, which may be dictated
371 by jurisdiction or state mandates.

372
373
374

Annex A (informative)

Bibliography

- 375 The following bibliography is not intended to be an all-inclusive list, review, or endorsement of
376 literature on this topic. The goal of the bibliography is to provide examples of publications
377 addressed in the standard.
- 378 1] Centers for Disease Control and Prevention (CDC). *Death Scene Investigation After Natural*
379 *Disaster or Other Weather-Related Events Toolkit*: First edition. Atlanta (GA): CDC; 2017.
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