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|  | **Title**: | POSTMORTEM EXAMINATION LEVEL | | **Policy #** | | MO.1.02 |
| **Division:** | Pathology, Investigation | | **Page:** | | Page 1 of 3 |
| **Coroner Signature:** | |  | **NAME Reference:** | | B1j,C6b | |
| **Approved/Revised Date:** | | **02-20-2024** | **IACME Reference:** | | A5d,A5f,A5g,C5b,C5w | |



**POLICY**:

Through the postmortem examination, the forensic pathologist shall document cause and contributory factors of death, disease and/or injury, to aid in determining the cause and manner of death. The forensic pathologist shall operate in accordance with the guidelines and standards set forth by the College of American Pathologists (CAP), the National Association of Medical Examiners (NAME), and the International Association of Coroners and Medical Examiners (IACME).

Consent of the decedent’s legal next of kin/personal representative is not required for an autopsy to be performed, nor will preference or religious affiliation dictate the forensic pathologist’s decision to perform an autopsy. However, consideration shall be given to a religious/cultural objection, with a final decision being made by forensic pathologist, in consultation with the Coroner, and/or Chief Deputy Coroner.

**PROCEDURE**:

1. **Criteria for Examination Level Determination** 
   1. Evidence of trauma
   2. Evidence of disease
   3. Evidence and/or suspicion of illicit substances
   4. Circumstances surrounding the death
   5. Infectious disease
   6. Medical history
   7. Lifestyle
   8. Religious/cultural objection
2. **Full Autopsy Examination Level:** *(not an exhaustive list)*
   1. Homicide or suspicion there of
   2. Suspicious deaths
   3. Unexplained deaths in infants and children
   4. Fetal deaths related to maternal trauma, unexplained and extramural deliveries
   5. Possible substance abuse or poisoning
      1. Unless delayed in hospital without adequate hospital specimen for testing
   6. Deaths in police custody
   7. Unexplained deaths as ward of the State
   8. Pilot deaths in aviation accidents
   9. Thermal injury
   10. Drowning (see ACCO Policy: *External Examination Level* for exceptions)
   11. Deaths related to work-place injury
   12. Suicide or suspicion there of (see ACCO Policy: *External Examination Level* for exceptions)
   13. Traffic fatalities (see ACCO Policy: *External Examination Level* for exceptions)
   14. Any accidental death in which the injuries are controversial or are not completely documented by a hospital
   15. As necessary for body identification
   16. As deemed necessary to determine cause and manner of death
3. **Partial Autopsy Examination Level**: *(not an exhaustive list)*
   1. Suicide (for the purpose of retrieving projectile)
   2. Undocumented, traumatic head injury
4. **External Examination Level:** (*not an exhaustive list)*
   1. Witnessed drowning, or delayed drownings in the hospital (with adequate medical records)
   2. Natural deaths at place of employment
   3. Traffic fatalities (documented injuries from hospital, documented lethal injuries from scene)
   4. Suicide (in the absence of suspicion, concern, or the need for evidence collection)
   5. Valid concerns for safety of autopsy personnel (danger of infection, chemical exposure)
   6. Delayed deaths with medical record documentation
   7. Religious/cultural objection
      1. As permitted without compromising the fulfillment of the ACCO mission.
      2. In the performance of duty, the Investigator shall document family preference. When objection to autopsy is expressed, the forensic pathologist shall be notified, and an *Admonition Opposing Autopsy* form shall be completed and included in the ACCO case management system.
5. **Remote Examination Level**:
   1. Over 65yo and benign scene
   2. Under 65yo with abundant comorbidities (may necessitate consultation between Investigator and Investigation Supervisor/on-call Senior Deputy)
   3. Over 65yo with mechanical fall(s) (to include extensive medical records)
      1. Investigator shall conduct a full body examination and documentation, to include photographs with and without clothing, and acquire all relevant medical records.