**Mortuary Technician Training Guide**

**WELCOME to the OCME!**

*This is your training manual and contains all work guidelines. If you are not sure of what to do—ASK! Ask a senior staff member or supervisor. There is always a ME on call 24/7 as well. Training and learning at the OCME (as in much of the medical field) is by seeing and doing. The old saying" see one, do one, and then teach one" applies. Confidentiality is key! You must not share any information learned from your work with anyone who does not work at the OCME or has a legitimate, legal reason to know this information.*

**MISSION STATEMENT OF THE MORTUARY UNIT**

*“To provide for at all times, regardless of circumstances, the performance of competent medicolegal death investigations, which are expedient, unbiased, comprehensive and accurate, for all of the people of Connecticut and to do so with respect and compassion for the families that we serve in a time of great need."*

***"If there is failure in the circumstantial investigation or failure to coordinate and correlate during the investigative phase, the chances for erroneous opinions on the part of the pathologist are enhanced."***

***--Medicolegal Investigation of Death, 4th edition.***

**FOREWARD**

This manual has been written to serve as the guide to operations within the Mortuary Unit.

It contains only general information and guidelines for Investigations

This manual and the information in it should be treated as confidential. No portion of this manual should be disclosed to others, except OCME employees and others affiliated with OCME whose knowledge of the information is required in the normal course of business.

**NOTHING IN THIS BOOK IS ENGRAVED IN STONE.**

**COMMON SENSE SHOULD ALWAYS PREVAIL.**

**If you choose a creative alternative, have a justification.**

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**I. MORTUARY STANDARD OPERATING PROCEDURES**

**A. GENERAL MORGUE PROCEDURES**

1. Attire for the Morgue Personnel and Medical Examiners (MEs)

a) All morgue personnel and MEs are to change into scrub suits upon reporting for duty in the morgue/autopsy area.

b) A white laboratory coat is to be worn over scrub suit when outside the morgue area. Shoes must be free of any blood and other biologic contaminants

2. Universal Precautions

a) During the performance of an autopsy morgue assistants and MEs are to wear:

* Eye protection
* N-95 masks
* Tyvek suits, blue gowns or apron with arm sleeves
* Arm sleeves, if needed
* Shoe covers (or specific autopsy shoes/boots)
* Gloves

NOTE: The above personal protection equipment (PPE), including jumpsuit, is not permitted outside the morgue area.

b) Hands are to be washed immediately with bactericidal soap upon removing gloves.

c) Morgue personnel and MEs are to be fitted for N-95 masks. d) All morgue personnel and MEs:

* Are offered a Hepatitis B vaccination.
* Undergo annual skin testing for Tuberculosis (PPD).
* Have cut resistant gloves (KEVLAR) available for their use.

3. Body Preparation

a) Following the case assignments to ME and Mortuary Technicians the pair determine what steps can occur. At the direction of the ME the following proceed:

* The body is weighed and measured.
* If the body requires radiographs mortuary personnel will transport the body to the x-ray room and table. Either consultants from Quinnipiac University or OCME Mortuary Technicians will perform the x-rays, according to the posted exposure guidelines
* Routine and standard digital photographs of the dressed body will be taken by the photographer, with the assistance of the Mortuary Technician
* The body will be undressed and clothing placed in a labeled plastic bag, to remain with the body.
* All personal property is removed and transferred to the Photographer for cataloging and photographing to maintain chain of custody.
* The ankle is tagged and labeled with the OCME case number.
* Routine and standard digital photographs of the undressed body will be taken by the photographer, with the assistance of the Mortuary Technician.
* Routine and standard identification photographer will be taken by the photographer, with the assistance of the Mortuary Technician.
* The body will be put on the appropriate autopsy table using two people (one to push, one to pull) or returned to the short-term refrigerated storage.
* For deaths with police interest the designated Police Officers may attend the examination and may take photographs and evidence. This is done at the discretion of the ME and in cooperation with the Mortuary Technicians and Photographer.
* The above steps require the ME be present or ME authorization to proceed.

4. Identification/Intake Digital Photographs

a) Standard photographs of the dressed body, including lateral right and left side are taken. The OCME Case Number is written on the dry erase board mounted on the wall.

b) Once the body is undressed, left and right lateral photographs of the full body are taken by the photographer.

c) The facial area is then prepared for the ID photograph.

* The ID image is taken with a background and OCME case number.
* The image should be appropriate for viewing by a family member.
* If an ID image is digitally enhanced in any way, it must be noted directly on the image itself.

d) Fingerprints are taken by the mortuary technicians at the discretion of the ME I Police Department. The technique utilized can be ink and paper or digital using the Fingers can device.

Note: Homicide cases, Steps b) through d) above do not occur until the medical examiner authorizes the procedure.

5. Mortuary Photographs:

a) Documenting Medical Examiner Cases

* All photos must have the medical examiner case number and scale in the photograph.
* Photographed area should be clean, free of body fluid and framed properly.
* All bite mark photographs must include an American Board of Forensic Odontology (ABFO) scale.

b) Gross Specimens Images

* ME should prepare specimen.
* Remove body fluids as best as possible, place on clean background appropriate in color with medical examiner case number, polarize the light source as needed.

6. Postmortem Radiology:

a) The mortuary technician or Quinnipiac University consultant takes radiographs of cases as directed by ME.

b) Base settings for exposures are 80 KVP, 160 mass @ 1 sec, @ 160 MA

* Enter requested data in digital x-ray system.
* Expose digital cassettes and process accordingly with digital x-ray system software (a right/left radiopaque marker is included in the field).
* Digital images are stored on the OCME Network and backed up the routine schedule.

c) A service contract for annual preventative maintenance is in place.

7. Label Printing

a) Once the paperwork is checked, the information is entered into the morgue computer and the daily case labels are printed.

b) One plain label is to be placed on bags containing clothing.

c) Extra labels are placed on the top of the body bag for use on body release paperwork.

d) Labels are placed on the appropriate Toxicology and Histology specimen containers and any valuables found with the body by the ME.

8. Morgue Table Set Up

a) At the start of each day, the routine autopsy station should be set up prior to the completion of the morning case meeting. This includes hoses and equipment properly placed and grates in place.

b) A representative of the morgue is to attend the morning organizational meeting at 9 a.m. to ascertain work distribution and special requests.

c) Routine Autopsy Set-Up (Work Table, Dissection Area) - Each autopsy station is to be equipped with a work table with the items listed below either on this table or the dissection area as appropriate:

* Scalpels with blades attached
* Craniotomy, "Dura Strippers" (Pituitary Rongeurs), "T" bar, Body Block
* Histology Cassettes and Histology Containers (gross tissue and cassette containers)
* Gloves
* Indelible Markers (e.g. Sharpie)
* 1 Syringe with needle
* Disposal container for "sharps"
* Toxicology collection kit
* Blood Spot Card (for Homicides)
* Clipboard with Case Verbal

d) Additional instruments and items routinely used by individual MEs and technicians are to be provided.

e) Open-mouth plastic-lined trash containers are to be at each work station.

9. Histology Stock Containers

a) Plastic containers are to be half-filled with buffered formalin

b) Containers are labeled on the side and top with the OCME Case Number

10. Toxicology Kits and Containers

a) All specimen containers must be labeled appropriately. A clear plastic transport container is used for storing the toxicology jars and vials.

b) The outside of all containers (and the plastic transport boxes) must be free of blood and other fluids or tissue contaminants.

c) Cleaned and fully completed Toxicology Submission Forms must accompany the specimens. A copy of the verbal and two DNA stickers should be stapled to the submission form.

d) Specimens are placed in the morgue toxicology refrigerator immediately after the autopsy, to be picked up by Laboratory Assistant at a later time.

11. DNA/Blood Spot Card on Homicides or Other Criminal Cases

a) The blood spot card and corresponding envelope are labeled with computer- generated case labels.

b) The card is prepared at the beginning of the examination in accordance with the instructions

c) The card is air-dried during the examination.

d) At the end of the examination the Medical Examiner will close the card, place it in the sealed envelope, sign across the seal and place the card in the appropriate storage location for transport to the Crime Lab (DSS).

e) Routine blood cards are made and retained in the toxicology lab on all other autopsies (see below).

12. Neuropathology

a) When retaining brains for Neuropathology, the following procedure is to be used:

* Obtain a clear bucket (1 gallon) and lid from the Neuropathology cabinet and place a specimen label on each.
* Fill the bottom with 4" to 5" of 10% Buffered Formalin.
* Label the base of the brain with an OCME case number labeled tag (attached to vasculature). Once the ME places the specimen in the solution, add formalin if needed.
* Once a specimen is saved, place the specimen on the Neuropathology shelf and document the specimen on the morgue log.
* After two weeks fixation, the assigned ME is notified by the autopsy staff that a specific brain is adequately fixed for examination. A neuropathology conference will be scheduled once six brains are ready for examination.

b) Preparing for the Neuropathology conference

* Decant the formalin and rinse the brain for several hours with running water.
* Prepare storage bags labeled with the OCME case number, OCME case number labeled cassettes and a gross jar.
* Create a cutting station with large knife, scalpel handle with blade, forceps and cutting board for consultant neuropathologist.
* Following sectioning and histology section cutting the residual brain tissue is package in a storage bag and heat sealed.
* Brain tissue is retained in accordance with our tissue retention policy.
* Consultant neuropathologist will issue a gross and microscopic neuropathology report (see below).

13. Contract Laboratory for Clinical Testing

a) Occasionally a case will require testing that is not available in our facility (i.e., Carbon Monoxide, HIV, Vitreous Chemistry, Infectious work-up, etc.). b) If this is necessary, obtain the appropriate requisition slip and order tests as needed.

c) Follow the instructions for the proper tube(s), request form and submission instructions.

d) Once the samples are labeled and the request form filled out, both are put in the shipping envelope or plastic biohazard bag.

e) Notify the mortuary supervisor that specimens are ready for transport to the designated laboratory.

f) Stat CO testing is done at UCHC and is available 24/7.

14. Pediatric Metabolic Screening

a) If such testing is necessary, request the testing on the Toxicology Submission Form. Routinely this testing is performed on all deaths of persons < 1 year.

* You Will Need:
* Glass Pipette and Pipette Bulb o Request Form
* Glassine envelope
* Mailing envelope
* Procedure:
* The Laboratory Assistant will draw up some blood using the pipette
* One drop of blood is placed within the three circles on the requisition form.
* Once the blood dries, the form is placed inside the glassine envelope and then inside the mailing envelope and put in the outgoing mail.

15. Floors

a) A mop bucket with soapy water (changed daily} and a mop is to be kept in the morgue at all times for the technicians to clean drips and spills as they occur. At the completion of all autopsies, the entire morgue is to be mopped.

16. Wash/Wipe Down

a) All working surfaces and instruments (including lights and scale pans, rib cutters, etc.) are to be washed/wiped with soapy water and rinsed after each autopsy.

b) When no further autopsies are expected for the remainder of the day, surfaces and implements (including ME instruments) will be washed/wiped down with a dilute "Speedball" solution and rinsed with water.

c) Items to be put into drawers must be mechanically (towel) dried.

17. Supplies

a) All clerical forms, diagrams, towels, disposable protective clothing, formalin, specimen containers, gloves, culture tubes and bottles, etc. will be adequately stocked each morning before the commencement of post­ mortem examinations or autopsies.

18. Organ Weights

a) Mortuary technicians will weigh the individual organs and record their weights (unless otherwise instructed}, along with other information as directed by the ME, on a dry erase board.

b) This board will be cleaned after each autopsy after assuring that the ME has transcribed the information.

c) Laundry

* Scrubs and blue jumpsuits are to be washed separately from towels, sponges and other items used during an autopsy using the washing machine and dryer at the office dedicated for this use only.
* Laundering personal items is strictly prohibited.

19. Organ Containers

a) Upon evisceration, organs and tissues are to be placed on side table.

b) After dissection or examination, organs are to be placed in a plastic viscera bag and returned to the body.

20. Vascular Structures Needed for Embalming

a) Technicians will check the integrity of vascular structures typically used for embalming (especially carotid arteries and arteries leading to the extremities) by direct inspection and/or injection.

b) Areas of vascular damage (e.g. cut or severed artery) will be tied off with string, leaving long tags.

c) The ME and morgue assistant should be cognizant of any difficulties or potential problems for the undertaker/embalmer and communicate those to the Funeral Home in advance of body release.

21. Scales

a) Mechanical morgue scales are to be calibrated twice yearly and kept in good working condition and a log of maintenance is kept.

b) Calibration should be checked and corrected according to manufacturer's specifications or as needed. The zero or tare weight must be checked daily and corrected if needed.

22. End of Shift

a) At the end of each shift, the following will be done:

* The room will be surveyed for cleanliness.
* A check for overlooked clinical specimens and clothing will occur.
* The short term storage box is to have the door closed, internal temperature cool (36-39° F) and inside lights off
* All running water shut off with the exception of tissues rinsing.
* All stretchers left in hallway post-removal are to be placed in walk-in box so as not to impede safe passage through hallways by employees
* Outside doors (Morgue-Ramp Area) are to be closed to prevent unauthorized entry

**B. CASE OF INJURY**

1. Upon sustaining an injury such as a cut or needle-stick

a) Wash the area with soap and water and apply a dry sterile dressing

b) Notify your supervisor

c) Refer to the OCME Exposure Control Plan

d) During standard hours: call Occupational Health (860-679-2893)

e) After hours: proceed to the closest emergency department for evaluation

f) An incident report is completed

2. Following ocular mucus membrane exposure

a) Rinse the eyes at the eye wash station

b) Notify your supervisor

c) Refer to OCME Exposure Control Plan

* During standard hours: call Occupational Health (860-679-2893)
* After hours: proceed to the closest emergency department for evaluation

**C. DEMEANOR IN THE AUTOPSY ROOM**

1. During post-mortem examinations and autopsies, at least one technician should be present at all times.

2. Smoking, eating, and drinking are strictly prohibited at all times.

3. Personal telephone calls to or from the morgue are allowed only for emergencies.

4. Police Departments may attend examinations and may request to take photographs. This is done at the discretion of the ME.

5. Photographs and photographic materials taken/utilized during examination are property of OCME, regardless of who owns the camera, cellular telephone, or film. Non-professional display of such photographic material or photographs, or taking such items outside of OCME (e.g., Home, posting on social media) for non-professional purposes will result in severe disciplinary action, including dismissal.

**D. SUPPLIES**

1. It is the responsibility of the morgue assistants periodically to restock the supplies in the morgue. In addition to the items used daily (i.e., specimen containers, blades, formalin, blood and vitreous vacutainers, all body diagrams and test requests), those items not used every day should also be inventoried (i.e., post-mortem sexual assault kits, projectile containers, paper hair envelopes, fingernail clippers, evidence bags and tape, microbiology testing materials, etc.) and restocked as needed.

2. When the current supply of an item is noticeably low, this should be reported to the morgue supervisor to allow for reordering prior to the stock running out.

3. Also, the laundry must not be allowed to accumulate. This includes scrubs and jumpsuits, as well as soiled sheets, towels, and rubber-backed mats. Remember to wash the wearable items separately from the other linens.

**E. ADDITIONAL PHOTOGRAPHER DUTIES**

1. Digital Photographic Equipment Used:

a) Transparency Scanners & Flatbed Scanners

b) Digital Still Cameras and Digital Video Cameras

c) Large Format Ink Jet Printer for digital printing

d) CDs and DVDs

e) Service for the above equipment occurs on an as needed basis by photographers and outside vendors.

2. Storage of Media:

a) Digital Media is transferred as soon as possible to server.

b) All images are transferred to the local machine for one month. This acts as an additional short term backup

c) Server does daily and a weekly full system backup. Full systems back up tapes are stored off site.

3. Media Services:

a) Produce high quality images on different media for outside agencies as requested. This would include State Attorneys, Police Departments, Civil Attorneys, Defense Attorneys, as well as requests from other jurisdictions and individuals.

b) A fee schedule exists for requests for non-state agencies/individuals.

4. Security:

a) Maintain Medical Examiner office ID data base as well as Mass Disaster ID system for building security.

b) Computer system and server utilized by photographers is password protected and secure.

**II. FORENSIC PATHOLOGY- EXAMINATIONS**

**A. TYPE OF CASES**

1. Autopsy Examination

a) Autopsies are generally performed in the following situations:

* Unnatural deaths (excluding hip fractures in elderly persons, certain suicides, and deaths with prolonged interval of hospitalization between injury and death and sufficient documentation).
* Apparent natural deaths with inadequate history to explain the death in adults and children
* Suspicious circumstances
* Deaths in custody
* Deaths in persons that are wards of the State

2. Autopsy Procedure and Associated Procedures

a) Autopsy - includes a complete external and internal examination of the body (head, neck, thorax, abdomen and pelvis and other dissections as necessary (i.e. lower extremities, posterior neck, sinuses), with photo­ documentation and radiography when appropriate, and the acquisition of specimens for toxicology and microscopy.

* Rarely partial autopsies are performed in self-inflicted gunshot wounds of head for retrieval of ballistic evidence.
* Evisceration of organs is performed by the Medical Examiner or Mortuary Technician in the presence of the Medical Examiner.
* Ex-situ organ examination is performed only by the Medical Examiner (or rotating resident under direct supervision).

b) Radiologic Examination- in the following circumstances

* Children under six years of age
* Burned/charred bodies
* Victims of explosion
* Homicides (regardless of modality)
* Cases with penetrating and perforating injuries (e.g. gunshot wounds, stab wounds)
* Skeletal remains
* Unidentified remains
* Decomposed bodies that cannot be visually identified
* Trauma cases that are externally examined (i.e., autopsy objection)
* Police custody cases
* Pedestrian Motor Vehicle Collision bodies
* All religious objection cases wherein an external examination only is performed on a case that would otherwise be autopsied
* Other - at the discretion of the Medical Examiner (examples: air embolism, pneumothorax)

c) Photography

* All photographs contain the Medical Examiner case number and scale.
* Identification photograph of the face is obtained in all cases
* Overall body photographs are recommended in all police custody cases
* Overall body photographs are recommended in all cases wherein an external examination is performed in lieu of an autopsy (e.g. Jewish religious objection)
* Overall body photographs are obtained at the discretion of the Medical Examiner for the documentation of injuries and identifying marks (scars, tattoos, etc.).
* Close up photographs of injuries are obtained at the discretion of the Medical Examiner; photography of significant injuries on all cases is actively encouraged
* Close up photographs of organs, clothing and evidence are obtained at the discretion of the Medical Examiner
* The label is generally placed horizontal and inferior to the lesion according to the standard anatomical position.

d) Evidence

* Medical examiners submit evidence from all potentially prosecutable cases including homicides, hit and runs, motor vehicle collisions with criminal charges, and instances involving a questionable death that requires additional investigation. Evidence is collected as determined by the medical examiner based on the details of the case or as requested by the investigating agency. All evidence is to be collected prior to cleaning the body. All evidence is packaged, labeled and submitted to the Crime Lab (DSS).
* Items suspected of containing illicit drugs that are recovered from clothing or within the body should be packaged in a paper bag labeled with an OCME generated case label or hand written case information and submitted to the investigating police department. The ME (or evidence clerk or Medical Forensic Investigator) should notify the detective investigating the case that these items have been recovered and are awaiting transfer to their custody. When the police department representative attends the autopsy they will assume custody at that time. The evidence is temporarily stored in a locked box in the Grand Room.
* Clothing:
* Individual articles of clothing are examined and photographed as relevant.
* Clothing is packaged and recovered by the investigating police department in attendance at the examination.
* Clothing which is recovered from a fire related death is to be placed in canisters or KAPAK bags to preserve possible accelerants.
* An evidence receipt is issued by OCME processing technicians to the investigating police department recovering the clothing.
* Ligatures:
* Ligatures with multiple revolutions should be tied securely with string before being cut so as to preserve configuration.
* Knotted ligatures should be secured and removed by cutting the ligature opposite the knot. Ligature knots should never be untied.
* Ligatures must be tagged and labeled with an OCME generated case label or hand written case information before placed in a paper package.
* Ligatures are transferred to the custody of the investigating police agency if they are in attendance at the examination. An evidence receipt is issued and maintained in the case folder.
* If not in attendance the ligature is temporarily stored in locked evidence cabinet by a processing technician.
* Ballistics:
* Projectiles recovered from the body are photographed and placed in a bullet tube (plastic conical tube) or envelope. The tubes are sealed with evidence tape and labeled with the OCME case label. The ME signs across the seal.
* Projectiles are most often immediately transferred to the custody of the attendant investigating police department. An evidence receipt is issued to the police department by the processing technician and retained in the case folder in medical records.
* If no police department is in attendance the projectile is placed is temporary storage in a locked Evidence storage box in the Grand Room.
* Biological Samples
* DNA (Routine)
* A blood spot card is prepared for every post-mortem examination. The cards are retained indefinitely.
* The blood spot card is labeled with the computer-generated case label, prepared in accordance with the card instructions, air dried and placed in a sealed envelope that is signed across the seal by the Laboratory Assistant.
* In routine cases the blood spot cards are stored in a file box in the 3'd floor evidence room. Full storage boxes are externally labeled with the Medical Examiner case numbers of the contents.
* For criminal/potentially prosecutable cases the blood spot cards are delivered by the Mortuary technicians to the Crime Lab (DSS) Evidence Intake for processing/storage.
* Hair:
* Scalp: Approximately 10 scalp hairs should be collected from the front, center, back, and right and left side of the head. Hair is to be pulled from the roots and not cut.
* Pubic: Pubic hair should be combed and the combings wrapped in a clean paper and placed in a manila envelope. A sample should then be pulled from the root, not cut; air dried and placed in a separate manila envelope.
* Sexual Assault Kit:
* A sexual assault kit should be performed at the discretion of the medical examiner based on the details of the case and requests of the investigating agency.
* Items are to be collected and secured in accordance with kit instructions.
* Swabs:
* Swabs of dried material may be moistened with saline prior to collection.
* Swabs should be air dried and packaged in a paper box or manila envelope.
* Swabs of ligatures and other body (e.g., neck) may be collected for suspected perpetrator DNA.
* Fingernail Scrapings and Clippings:
* Fingernails from each hand are to be scraped using a wooden stick. The stick and scrapings are to be wrapped in clean paper and placed in a manila envelope.
* Fingernails from each hand should be clipped with sharp nail clippers that have been autoclaved by Crime Lab (DSS). Clippings should be placed in paper envelopes appropriately labeled "Left" and "Right".
* Dental Evidence:
* The forensic dentist on call should be contacted for all dental based evidence including the processing of bite barks or teeth impressions.
* Evidence should be collected and secured as instructed.
* Anthropology:
* Anthropology consultants should be contacted for the processing of all osteological evidence.
* Evidence should be collected and secured as instructed.
* Trace Evidence:
* The medical examiners at any time during the autopsy examination may collect additional trace evidence. The evidence is to be wrapped in clean paper and placed in a manila envelope.
* Tape lifts can also be utilized for trace evidence and the tape placed in a manila envelope.
* All evidence is labeled with OCME case label, sealed and signed and transported to the Crime Lab (DSS).

e) Evidence Packaging, Labeling and Submission

* Each package submitted to the Crime Lab (DSS) should be labeled with a OCME generated adhesive case label; and/or written case information including, at a minimum, decedent's name, autopsy number, identification number of the investigating agency, autopsy date, medical examiner name, and package contents.
* Each package must be sealed and the seal signed with the submitting medical examiners name or initials.
* An inventory of Evidence for the Crime Lab is completed by the ME. The form should note all samples that are submitted as well as all samples that are not submitted. A copy of the OCME telephone notice of death should accompany the submission form.
* Specimens for the Crime Lab are placed in the transportation box in the mortuary refrigerator.
* The mortuary technician supervisor arranges at least one transfer of specimens to the Crime Lab. Additional transports will occur as needed to keep current.
* The delivering mortuary technician will sign off on the chain of custody receipt and will return the receipt to OCME for retention in the medical record.
* The copy of the inventory form and Crime Lab receipt must be retained in the medical examiner case folder in medical records.
* Medical examiner may, at their discretion, collect evidence from cases that are not potentially prosecutable such as suicides, Motor Vehicle (MV) collisions without criminal charges, and non-MV accidents. Evidence collected in this regard is to be packaged and labeled in accordance with the evidence packaging, labeling and submission procedure. The inventory form should be attached to the package and the package retained in the secure temporary evidence areas.
* At the completion of the case, evidence retained in the secure morgue temporary evidence areas are to be either submitted to the Property Bureau of the respective investigating agency or disposed of as biological waste after consultation with the investigating agency to determine case status.
* Evidence can be recalled from the property bureau or crime lab via request. Submitted through the Crime Lab. Once the examination of such evidence is complete the evidence may be resealed in the original packaging or may be repackaged. The voucher which accompanies the evidence from the property bureau must be returned with the package.

f) Toxicology

* Specimens are to be collected on all autopsy and external examination cases. Toxicology specimens are to be collected in appropriate containers, labeled with an OCME generated adhesive case and specimen specific label and sent directly to the toxicology storage refrigerator at the conclusion of the autopsy or external examination.
* External examinations: Specimens to be collected include vitreous fluid, blood (central [i.e. chest/heart], and peripheral [i.e. femoral]. Urine may be collected if available.
* Internal examinations: Specimens to be collected include but are not limited to vitreous fluid, peripheral blood, heart blood, urine, liver, brain, and gastric contents.
* At the discretion of the medical examiner and under the advisement of the toxicology staff additional specimens may be collected based on the details of the case.
* Blood for STAT Carboxyhemoglobin saturation in green top tube
* Small intestinal contents in possible ingestion cases
* Volatile kit for inhalants
* Specimens for heavy metals (kidney)
* Hair, fat, and fingernails
* Drug screening quick tox kits
* Utilizing the toxicology inventory form specimens must be designated for testing (Toxicology indicated for or not for DC), or for holding until case completion (Toxicology not indicated). Currently, the ME will designate the place of testing (NMS or crime lab).
* Toxicology analysis is ordered on all autopsy and external examination samples except cases of delayed death. In cases of delayed death toxicology can be performed on appropriate ante mortem samples when available.

g) Histology and Microscopy

* A medical examiner case labeled stock/gross jar containing buffered formaldehyde is created for each autopsy. The jar contains representative samples of organs and tissues examined at autopsy.
* Sections of tissues for microscopy are taken as needed by the ME.
* Tissue must be of appropriate size in order to allow for proper fixation.
* Tissue is to be submitted in medical examiner case labeled cassettes with a block number designation.
* Tissue requiring decalcification that does not fit into a cassette on the day of the autopsy may be submitted to histology in a formalin filled container labeled "TISSUE FOR DECAL". Histology technologist will alert the medical examiner when the tissue is ready to be cut into an appropriate cassette.
* Histochemical and immunohistochemically stains are available by request through Yale New Haven Hospital and Hartford Hospital Pathology Departments.
* Histology storage and disposition:
* Samples of all tissue examined at the time of autopsy is to be retained in a formalin filled gross jar for storage and additional microscopic examination. These stored gross jars are retained for 3 years.
* Current space allows for indefinite storage of all slides and paraffin blocks at this time.
* It is not this office's policy to notify next of kin regarding tissue retention.

h) Microbiology

* Swabs, tissue and fluid cultures are obtained at the discretion of the Medical Examiner in appropriate containers/media labeled with the medical examiner case number and type of tissue/culture. These are submitted by requisition to a contract laboratory
* Cultures are typically performed in the cases of infant death, presumed mycobacterium infection, public health concerns (i.e. influenza) and where an infection is the cause of death.

i) Vitreous Chemistry

* A portion of the vitreous fluid volume can be submitted in an appropriate medical examiner case number labeled container by requisition to a contract laboratory at the discretion of the Medical Examiner for electrolytes, glucose, and renal function testing
* Vitreous fluid studies are typically performed in cases with a history or suspicion of Diabetes Mellitus, kidney disease, or dehydration

j) Metabolic Screening

* Metabolic screening cards are available for send-out to a contract laboratory at the discretion of the Medical Examiner
* Metabolic screening is typically performed in cases of sudden unexplained infant death

k) Consultations

* Neuropathology - At the time of autopsy the brain may be fixed in buffered formaldehyde for a minimum of two weeks to allow for better demonstration of certain injuries or disease processes
* Neuropathology Consultant is contacted at regular intervals to schedule an examination conference.
* The consultant examines retained brains at OCME. During the examination the gross findings are dictated and transcribed. Histology sections are submitted on all cases.
* The microscopic examination findings are issued by the consultant and the report finalized and signed.
* Immunohistochemically and Histochemical stains are utilized as needed.
* Medical devices
* Functional assessment of medical devices may be performed at the discretion of the Medical Examiner.
* Evaluation of the device is typically performed by the device manufacturer; can be done by manufacturer representative at the OCME, or the device can be sent to the manufacturer.
* Faulty medical devices are reported to FDA MedWatch
* SCUBA equipment
* Functional assessment of SCUBA equipment may be performed at the discretion of the Medical Examiner
* Contact: Robert Wass- cell 631-463-1997
* Anthropology
* Most of the skeletal remains examined at OCME are determined to be of non-human origin by the Medical Examiner or Forensic Anthropologist.
* Comprehensive anthropology evaluation is performed in-house by the Forensic Anthropologist on skeletonized remains and unidentified remains.
* Forensic Odontology
* Forensic dentists are available to the OCME for the following:
* Identification by dental comparison
* Dental examination for establishment of missing person profile.
* Bite Mark Analysis
* Contact: Dr. Alan Freeman ((203) 247-1923)

**3. External Examination Only**

a) External examinations are performed in the following cases:

* Natural circumstances with adequate history to explain death
* Non-homicidal trauma with a prolonged, well-documented hospital course
* Non-homicidal trauma where the cause of death is externally apparent (suicidal gunshot wounds of head, hangings, certain asphyxia deaths)
* Religious or personal objection to autopsy where the Medical Examiner sustains the objection (Family may be required to sign appropriate waiver).

b) External Examination Procedure

* A thorough examination of the outside of the body with documentation of injuries, markings and identifying features
* DNA/Blood Spot Card (see Autopsy section)
* Radiologic Examination as needed, (see Autopsy section)
* Photography, (see Autopsy section)
* Toxicology, (see Autopsy section)

**4. Investigator Death Certificate Case**

a) "Investigator Death Certificates" are deaths that are investigated by the OCME, without an autopsy or external examination, where the death certificate is signed by a Medical Examiner

b) The circumstances of the death and medical history are obtained by a Medical Forensic Investigator (MFI)

c) Medical records are requested by the MFI at the direction of the ME

d) Antemortem blood and urine samples are requested as relevant and available

e) Investigator Death Certificate cases are typically:

* Hip fractures in elderly persons
* Non-homicidal traumatic death with prolonged, well-documented hospital course
* A "No Case" (see below) where the body has already been transported to the funeral home and the previously designated certifying physician is no longer available.

**5. "No Case"**

a) A "No Case" is a death that has been reported to OCME with non­suspicious circumstances and adequate medical history to explain the death

b) A certifying physician (decedent’s primary doctor, oncologist, etc.) is available and willing to sign the death certificate

c) The case is reviewed by a MFI and is cleared by a Medical Examiner.

d) If death is at a scene family or authorizing party must available to retain a funeral home for removal of remains.

**6. "No Case/Storage Only"**

a) See No Case (above). However, if no family or authorizing party is present, the remains are transported to OCME for storage at the expense of the town of death. The private doctor issues the death certificate.

b) If next of kin are found by the police department then the remains are claimed and the final disposition is at their request/arrangement with a funeral home.

c) If next of kin cannot be located by the police department, the police issue a letter to the OCME indicating that an exhaustive search for next of kin was performed and was unsuccessful. OCME then refers the unclaimed decedent to a funeral home in or near the town of death. The funeral home will proceed to Probate court to gain custody of the remains. OCME requires a copy of the Probate documentation before release of remains.

**7. *Cremation Clearance***

a) A "cremation clearance" is for a natural death that has been reported to the OCME for the purposes of approving the cremation of the remains, burial at sea, or medical school donation

b) The signed death certificate is obtained for review

c) The case is reviewed by a MFI and if necessary, for additional clarification or review of medical records, a Medical Examiner.

**8. Forensic Medicine Consultations (Clinical Case)**

a) Acquiring the Forensic Consult on a Living Person:

* The forensic medical consultation on a living person is most often requested by the State's Attorney or Detective investigating the case. The case will be assigned to the Chief, Deputy Chief or On Call Medical Examiner on the day that the call/request has been received. Once the case has been received it will be followed by the same Medical Examiner until the completion of the case.
* Acquiring a Case Consultation Number
* Once it has been maintained that a formal consult will be required, i.e., potential testimony in court, the case is to be given a case number, accessioned as a Clinical Case.
* Maintaining Case Records
* The case file folder is to be kept in the medical records department. The record should summarize the investigating agency, the agency requesting the examination/opinion and the items reviewed (photographs, physical examination).
* Examination of Alleged Victim or Defendant
* A meeting is arranged with the individual to perform a physical examination. This meeting is usually scheduled by the State Attorney or Detective investigating the case.
* Written consent from the victim must be obtained prior to examination; the responsibility of obtaining the consent falls to the State Attorney assigned to the case. If the patient does not consent to examination, a court order is necessary prior to examination; in this situation, the date and time of the examination, the persons in attendance, as well as any additional authorizations will be determined as per the court mandate.
* Arrangements to take photographs may be made with a Medical Photographer, Medical Forensic Investigator or police photographer; additionally, the Medical Examiner may obtain their own photographs for documentation. Discussion with the necessary hospital/law enforcement/guardian personnel must occur prior to examination of a hospitalized/institutionalized patient.
* It is recommended that the Medical Examiner bring equipment as needed, including: gloves, ruler/tape measure, penlight, etc.
* Requesting Medical Records
* Copies of the medical record may be obtained by the State Attorney or Detective at the request of the Medical Examiner.
* When the necessary information has been gathered, and a determination has been made by the Medical Examiner, the case should be presented for discussion at the 2:00 pm doctor's meeting.
* The Medical Examiner’s formal opinion on the case may be communicated to the necessary parties via telephone conversation or face-to-face meeting. A written statement of opinion may be offered.
* Ideally, the Medical Examiner prepares a written report of opinion on the consult; however, the necessity of such a report should be determined on a case by case basis, after a discussion with the SA. If a written report has been rendered, a copy must be kept in the case file.
* Written reports include a list of the materials reviewed, a summary of the circumstances, and the opinions.

**9. Skeletal Remains**

a) Skeletal remains are examined by the Medical Examiner or Forensic Anthropologist in order to determine human vs. non-human origin.

* Photographs and Radiographs are obtained
* Non-human skeletal remains are discarded.
* Human skeletal remains are triaged to be of forensic or historical interest.
* Following that determination an anthropological assessment tailored to the case specific details is undertaken.
* Assessment can range from focused trauma evaluation to full assessment with stature, sex, race and trauma evaluation.

**B. CASELOAD OPERATIONS/MEDICAL EXAMINER RESPONSIBILITIES**

1. **On Call Medical Examiner:**
2. A designated Medical Examiner is on-call 24 hours a day as assigned on the monthly calendar. Call begins and ends at 8 A.M.
3. The on-call Medical Examiner has the following duties:

* Assigns post-mortem examinations to the ME(s) on autopsy duty on a given day.
* Liaison with MFis for reported cases and appropriate disposition
* Reviews all "No Cases", "Investigator Death Certificate Cases", some "Cremation Clearances" and "Skeletal Remains" examinations.
* Becomes the Medical Examiner responsible for cases prepared by previously employed Medical Examiners when inquiries from outside parties on these cases are received during their assigned on-call day.
* If the Chief (Deputy) Medical Examiner is not available, the on-call ME is assigned Forensic Medical Consultations that are requested during their on-call day.
* Approval of requests for organ/tissue procurement.
* Scene investigation for Homicides, Suspicious Deaths and other scenes by request of the MFI or Police Department.
* Autopsies and external examinations on Saturday and Sunday during weekend call assignments.
* Performance of Homicide autopsies for which a scene examination occurred as part of on-call duties (case continued).
* Covers autopsy duty in the event of the absence (sick, court) of autopsy duty assigned Medical Examiner(s).
* Holds a supervisory role in the absence of the Chief (Deputy) Medical Examiner.

1. **Case Assignment:**
2. Daily case review conference takes place at 9 A.M. in the Conference room.
3. The cases are presented by a MFI; the MEs and representatives from Mortuary also are present.
4. The Medical Examiners not “on-call” have a designated autopsy day/paper day schedule for each week.
5. Following the case review the MFis will follow-up on the Medical Examiner's requests for additional information pertinent to each case, including:

* Family communications - for purposes of information gathering, conveying the outcome of a decision on an autopsy objection; coordination of identification of the body and obtaining additional circumstantial information and medical history
* Communication with organ/tissue procurement organization for purposes of conveying authorization.
* Obtaining medical records and hospital blood samples.

1. **Death Certification/Autopsy Paperwork:**
2. Following the autopsy/external examination, the case paperwork is given to the Processing Technicians/Medical Records department

* Death Certificate information is entered into CaseManager by the ME.
* Requests for additional medical records are initiated.
* A Death Certificate is generated, reviewed by the Medical Examiner and signed by the Medical Examiner on the same day the examination is performed.
* A copy of each death certificate is made for review by the Chief Medical Examiner.

1. **Autopsy/External Examination Reports:**
2. On the same day of the autopsy/external examination, a dictated or typed examination draft report is created

* The first part of the report is to include an outline-formatted list of final diagnoses and the cause and manner of death
* The body of the report is to include the external and internal examination findings with a separate section entitled "injuries"

1. Drafts are edited and finalized as soon as all necessary information is available to the Medical Examiner
2. **Microscopic Examination Report:**
3. Microscopic slides for each autopsy are delivered to the Medical Examiner within a week of submission.
4. Microscopic examination reports are generated as soon as all necessary information is available to the Medical Examiner
5. **Turn-Around Time for Medical Examiner Generated Reports:**
6. Medical Examiners are required to complete the following reports per the below schedule:

* Dictations of autopsy reports are done on the day of examination. OR computer generated drafts (word documents) of autopsy reports are prepared the day of autopsy
* External Examinations are due to be finalized within 30 days of the examination.
* Uncomplicated homicide final reports are due within thirty days after examination.
* Final autopsy and microscopic reports are due sixty days after examination, unless they are pending additional investigation or examinations.
* Cases that are incomplete at ninety days will be considered "overdue", and require discussion with the Deputy Chief Medical Examiner/Chief Medical Examiner.

1. **Case Conference:**
2. Daily case conference takes place at 2 P.M. in the front Conference Room

* The examination findings are presented by the Medical Examiners and the death certification is discussed.
* Pending cases also are presented by Medical Examiners for discussion.

1. **Un-pending/Amending Certificates:**
2. All previously pending death certificates are reviewed and signed-off by (in successive order, depending on availability), the Chief Medical Examiner; Deputy Chief Medical Examiner or the "On-Call" Medical Examiner following a case presentation at the 2 P.M. conference.
3. All pending/amended cases are ultimately reviewed by the Chief Medical Examiner.
4. **Letters of Necessity:**
5. Medical Examiners receive requests from insurance companies for letters indicating no "foul play" or beneficiary involvement in the death. These letters are created by Medical Records and reviewed and signed by the Medical Examiner.
6. Families may request transportation of the body out of the country for the purposes of burial. In this circumstance the Medical Examiner will sign a letter indicating the absence of communicable disease and the area in which the body was found.
7. **Court/Testimony:**
8. In association with Medical Examiner casework, the Medical Examiner may be required to provide civil or criminal testimony at a trial, grand jury/probable cause hearing or deposition.
9. Medical Examiners are available for pre-trial consultation with Assistant State Attorneys, Defense Attorneys of indicted defendants, and Civil Attorneys
10. All attorney conferences are to be held in confidence and are only to involve OCME-investigated cases (i.e., no private consulting)
11. Civil action-related consultations/testimony are subject to Civil Fee billing by State Regulations.
12. **Weekend Coverage:**
13. Two MEs are assigned to weekend and Holiday duty. One ME is designated as "on-call" and the other only performs post-mortem examinations. The weekend MEs should perform no more than 4 full autopsies per ME; unlimited external examinations can be performed.
14. The on-call ME should be available in-house from 8 AM to 4 PM.
15. The other weekend ME will perform assigned autopsies. Upon completion of autopsies this ME has no additional duties.
16. **Continuing Medical Education:**
17. The State of Connecticut requires CME for maintenance of licensure. The American Board of Pathology requires CME for maintenance of certification.
18. Medical Examiners are encouraged to obtain continuing education in subjects relevant to Forensic Pathology
19. Educational/administrative leave can be granted for CME. d) Some funding is available to reimburse a ME for CME.
20. **Teaching/Outreach:**
21. Pathology Assistant 2nd year students from Quinnipiac spend one month at OCME for autopsy exposure. PA Students are supervised by the Deputy Chief Medical Examiner. The Deputy Chief Medical Examiner coordinates the visiting students.
22. Pathology Assistant 1st year students from Quinnipiac rotate through the weekend coverage of autopsy at OCME.
23. Physician Assistant 1st year students from Sacred Heart University rotate one time through OCME for anatomy exposure. 2nd year students may elect for additional time. The Deputy Chief Medical Examiner coordinates the visiting students.
24. Medical students from UConn, Quinnipiac, and Yale Schools of Medicine may elect to rotate at OCME. Medical Students from non-CT Medical schools may request an elective through UConn Medical School. The Deputy Chief Medical Examiner coordinates the visiting students.
25. Child Fatality Review - meets monthly at the OCME. A ME must be in attendance.
26. Trauma Review at Bridgeport Hospital- meets monthly. Chief or Deputy Chief discuss autopsy findings of traumatic deaths.
27. Pathology resident teaching - Lecture series provided to Pathology residents by Chief Medical examiner or designated ME.
28. Death certification instruction - Lectures provided on request to hospitals/care facilities across the state for instruction on death certification
29. CT Funeral Directors Association- twice yearly meeting. Chief or Deputy Chief often present a year in review of the OCME, or other pertinent topics for review.
30. Miscellaneous Outreach - Department of Development Services (DDS), Department of Transportation (DOT) - representative from OCME participates to present findings from deaths of interest. Supervisor of Investigations routinely attends/corresponds.
31. Department of Public Health: Involved with NVDRS reporting and participation in emergency preparedness.
32. Pathology residents from Danbury Hospital, Hartford Hospital and Yale New Haven Hospital rotate through the Medical Examiner's office for a mandatory Forensic Pathology rotation. Some residents may also select additional Forensic Pathology exposure with elective time.

* Residents are supervised by the Medical Examiners on autopsy duty for the day.
* Residents may be assigned to a Medical Examiner's autopsy.
* Residents eviscerate and examine organs with the oversight of the Medical Examiner
* Residents preview the autopsy microscopic slides and sit with the Medical Examiner to sign-out
* Medical Examiners are responsible for death certification, autopsy report, and microscopy report

**III. CERTIFICATION OF DEATH**

A. The definitions of the cause of death and the manner of death are as follows:

1. **CAUSE OF DEATH:** The disease and/or injury that, directly or indirectly, results in a death.
2. **MANNER OF DEATH:**  The circumstances causing or producing a death. "Manner of death" shall be classified into one of the following categories:
3. Natural
4. Accident
5. Traumatic
6. Homicide
7. Suicide
8. Therapeutic Complication
9. Undetermined

B. Both determinations are required for the issuance of a medical examiner death certificate.

C. In all circumstances, Medical Examiners are required to determine the proximate cause of death, and to precisely and clearly delineate the proximate cause of death on the death certificate. All death certificates that fail to do so will be returned to the issuing Medical Examiner for correction and re-issuance.

1. **PROXIMATE CAUSE OF DEATH:** That which, in a natural and continuous sequence, unbroken by any efficient intervening cause, produces the injury/death, and without which the death would not have occurred.

D. Death certificates must be issued and signed by the examining Medical Examiner on the day of the examination. Pursuant to CT State Law, no bodies can be released from our facility without a signed death certificate.

E. The day of the autopsy, a significant fraction of death certificates are certified as "Pending Further Studies" as the cause of death, and/or the manner are pending. The death certificates are amended as soon as the assigned Medical Examiner has all the information needed to certify the death. Currently, the amended death certificate worksheet itemizes all required case specific information and includes the amended cause of death, manner of death, and the incident information, if applicable. The amended death certificate has a reverse side that requires a secondary signature of Chief (Deputy) Medical Examiner.

**IV. IDENTIFICATION OF HUMAN REMAINS**

A. Confirming identification of the body prior to the release to the funeral director is the responsibility of the OCME.

B. The majority of the time this can be accomplished by a family member (or if not available, another individual who is well acquainted with the individual) viewing the remains. This can be done by showing the family member a digital photograph taken of the face, or less often, viewing of the remains (typically at the scene).

C. The investigating police departments are responsible for the identification of remains at scenes of death. OCME requires the police departments to submit statements of identification in all homicides.

D. The following steps are executed:

1. For scene cases: whenever possible, identification of the remains should be confirmed by the Medical Forensic Investigator (MFI) while at the scene. This is accomplished by a family member at the scene by either viewing the face of the body at the scene, or by viewing a digital photograph of the face taken by the MFI at the scene. Proper identification should be shown to the investigator by the person making the identification, and that person should sign the identification form. The MFI notes what form of identification was shown to him/her.
2. Occasionally, a family member asks to see the body of the deceased at the OCME; this is a common request when there will be no wake and the body will be directly interred, or cremated. The assistance of morgue staff/investigators is necessary to prepare and drape the body in such a fashion to minimize any viewable post mortem changes. The body is positioned behind the large glass window in the family room, where the family can view the body privately.
3. When there is no scene, or when no one is present at the scene to confirm identification
4. The MFI corresponds with the Police Department to follow up on identification, circumstantial information, and strength of evidence. If necessary, the MFI will arrange for a visual identification.
5. It is the ME's responsibility to determine the strength of the method of identification and can request other modalities as needed (fingerprints, dental, x-ray, DNA)
6. Identifications made using antemortem clinical X-rays are done by the ME assigned to the case.
7. Dental comparisons are typically done by the ME if restorations are simple and sufficiently unique. A dental consultant is available as needed.
8. Fingerprint comparison is done by State Police Bureau of Investigation and the Crime Lab Latent Print Examiners. Fingerprints are submitted either digitally or with ink/paper.
9. Samples for DNA identifications are handled by the Crime Lab. OCME submits postmortem samples. The investigating police agency submits exemplars from next of kin (preferably biological parents and/or child) to the Crime Lab.

**E. "PRESUMED TO BE"**

1. If all of the above does not result in a confirmed identification of the body, the case details will be reviewed by an MFI with the assigned ME on the case, and consideration should be given to issuing a death certificate indicating "A Presumed to Be" identification, if enough information supports the designation. Bodies with "Presumed to be" identification cannot be cremated, and can only be interred in a cemetery burial.

**F. DISPOSITION OF UNIDENTIFIED BODIES**

1. If all scientific and investigatory methods/efforts fail to identify a body, a request to provide funding/support for burial is forwarded to the Probate Court. There is no "pauper's burial" cemetery for unidentified or unclaimed bodies. Final disposition (burial or cremation) is arranged on an individual basis.
2. Prior to disposition of unidentified remains, the following items must be obtained and filed/stored for possible future identification efforts:
3. Fingerprints
4. Whole body photographs
5. Dental Examination (charts and X-rays)
6. Whole body X-rays
7. Samples of fluids and/or tissues for DNA analysis

V. BODY TRANSPORT

**Procedure**:

1. Bodies are primarily transported by forensic technicians who operate State-owned vehicles.
2. If OCME staff are occupied performing autopsies or transporting other remains, a contracted Trade Service is available for transportation of remains.
3. Outside normal business hours, the telecommunications and investigations staff contact the forensic technician on-call to schedule a pick-up from a scene. If OCME technician staff are unavailable the contracted Trade Service will be contacted.
4. Once a decision is made that OCME staffing is not available, **the assigned OCME staff person will then contact the Trade Service.** OCME staff **MAY NOT** refer the caller to CTS or CMT.
5. If a certified contractor is making the removal, OCME must make an entry into the case file noting the date and time the call was made, and initial the note.
6. If the trade contractor was occupied handling OCME calls and OCME staff were also unable to attend another scene, a Funeral Home in the town of death could be contacted for assistance with the removal.
7. The following information is required **PRIOR** initiating a transport dispatch:
8. OCME case number;
9. Name of deceased;
10. Location of remains;
11. Information concerning access to the scene (directions, landmarks);
12. Estimated height and weight of deceased;
13. **Name and telephone number of contact at scene;**
14. Estimated time when body will be released for transport.
15. Dispositions are separated into three categories at the discretion of the OCME pathologist on-call or designated staff person:
16. Circumstances of death require direct transportation to OCME, transport will be made by either OCME staff or trade;
17. Circumstances require transportation from a funeral home or hospital for later examination and/or investigation by OCME, transport will be made by either OCME staff or certified contractor;
18. Circumstances are such that OCME has no further jurisdiction. In this case, custody of remains is released to next of kin and their funeral home of choice. OCME is NOT responsible for transport cost.
19. Circumstances are such that OCME has no jurisdiction, however next of kin are not available. OCME will store the remains - however the transportation will be arranged by the police department on scene and the town in which the death has occurred. The OCME is NOT responsible for the transport cost.

VI. RADIOLOGY

Radiology should be performed prior to 9:00 AM unless of a late arrival of a body that will be autopsied that same day.

|  |  |
| --- | --- |
| **CASE TYPE** | **SITES OF X-RAY EXAMINATION** |
|  |  |
| All Infants | Full body (per Quinnipiac protocol) |
| All decomposed remains with loss of identifying features or when decomposition may obscure injuries. | Head and Torso, Lateral of Head |
| All cases of suspected child abuse | Full body (per Quinnipiac protocol) |
| All Explosion victims | Full body |
| Fire Victims with extensive burns/charring | Full body, Lateral of Head |
| All suspected homicides | Head and Chest, at minimum |
| All gunshot victims | Head and Chest and areas with wounds, **with lateral views** |
| All stabbing/penetrating/neck injuries | Head and Chest and areas with wounds |
| Pedestrians | Lower extremities from waist down (if not done in hospital) |
| Prisoners/Police Custody | Head and Chest, + extremities if external injuries |
| Others as needed, at discretion of pathologist |  |

For all x-rays please be sure that the **case number** label and a "right (R)" or "left (L)" designation are in the film.

Mandibles and maxilla should no longer be removed for radiographs. If detailed dental radiographs are needed, contact Dr. Adam Freeman who can use special radiology equipment to image these.

VII Crime Lab Specimens

Lavender top tubes

Place barcode sticker labels on the tube and barcode sticker labels on the tube holder with red evidence tape sealing the top of the tube holder which they provide for us.

The tube and tube holder must be put into an evidence bag and sealed.

Place a barcode sticker on the evidence bag.

Hair samples and Fingernail Clippings

1. Put in their own evidence envelopes, sealed with a bar code label, and signed by the doctor.

2. Each individual envelope has to be put into its own evidence bag with a bar code label on it.

3. All evidence bags from that case are then put into one evidence bag with a bar code label on it with an evidence form completely filled out with the doctor's signature and a bar code label on the evidence form.

4. One evidence form per case is filled out and signed by the doctor with a barcode label along with the Telephone Death Notice Report (Verbal) and put in a clear plastic zip-lock bag stapled to the outside of the evidence bag.

We should not open Rape Kits to get fingernail clippers.

There is a bag of sterile fingernail clippers and red evidence tape located in the tech supply cabinet in the autopsy room next to the cameras.

VIII. Cleaning

Dissection of bodies and organs is performed on stainless steel tables. Tables are washed and disinfected every day after use to maintain clean and safe work areas.

**Procedure**:

1. Forensic Technicians will wash tables after bodies and organs from the day's autopsies have been removed.
2. Technicians wipe the tables with a solution of Spitfire® power cleaner.
3. The cleaning solution (a pink liquid) is decanted from bulk containers into plastic squeeze bottles labeled with “Spitfire”.
4. Spitfire® active ingredients include benzyl alcohol, diethylene glycol monoethyl ether, sodium xylene and alcohol.
5. Technicians will follow instructions for safe handling and use of the product that are printed on the Safety Data Sheet. Specifically, they avoid product contact with their eyes and skin, they wear face shields whenever splashing is possible and they wear gloves whenever prolonged contact with Speedball® is expected.
6. Additionally Hypochlorite bleach solution may be applied to the cutting boards and autopsy tables during viral pandemics.
7. Technicians rinse the washed surfaces with water running from a hose. Rinse water is flushed down floor drains in the Autopsy Suite.
8. Technicians initial the Morgue Operations Daily Quality Control checklist after completing the task.
9. Surfaces are allowed to air-dry.
10. Spitfire® power cleaner is stored according to manufacturer's instructions.

Check-off list for new Employees:

