

ASB Best Practice Recommendation 193, First Edition  
2025

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



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

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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](mailto: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

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# 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~~2024<sup>a</sup>.

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

## 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.

<sup>a</sup> Available from: <https://www.ojp.gov/pdffiles1/nij/308955.pdf>

<sup>b</sup> Available from: [https://www.aafs.org/sites/default/files/media/documents/125\\_Std\\_e1.pdf](https://www.aafs.org/sites/default/files/media/documents/125_Std_e1.pdf)

### **3.4 death scene**

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

### **3.5 decedent**

Deceased person or any suspected human remains.

### **3.6 external evaluation**

Physical assessment of the decedent by a medicolegal death investigator.

### **3.7 external examination**

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

### **3.8 forensic pathologist**

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

### **3.9 incident scene**

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

### **3.10 jurisdiction**

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

### **3.11 manner of death**

Classification system based on the circumstances under which death occurred; includes accident, homicide, natural, suicide, and undetermined and any available postmortem findings, as known to the MDI authority at the time of certification; usually consists of accident, homicide, natural, suicide, and undetermined. Manner of death classification is a statutory function of the medicolegal death investigation authority, as part of death certification for purposes of vital statistics and public health, and does not imply a legal or judicial conclusion.

### **3.12 medical examiner**

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

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

### **3.13**

#### **medicolegal death investigation**

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

### **3.14**

#### **medicolegal death investigation authority**

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

### **3.15**

#### **medicolegal death investigation system**

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

### **3.16**

#### **medicolegal death investigator**

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

### **3.17**

#### **on scene**

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

### **3.18**

#### **organ procurement organization**

##### **OPO**

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

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

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

### **3.19**

#### **tissue procurement organization**

##### **TPO**

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



## 4 Recommendations

### 4.1 General Scene Response

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

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

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

Because all human decision-making-including decisions such as whether or not to respond to a scene-are vulnerable to the effects of human factors, MDIs making the site-response decision should be aware of the risks that such factors can pose to decision-making.

### 4.2 General Considerations

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

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



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

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

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

#### **4.3.1 General**

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

#### **4.3.2 Homicide or Suspicious Circumstances**

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

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

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

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

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

#### **4.3.3 Suicide**

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

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

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

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

#### **4.3.4 Overdose or Drug Related**

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

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

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

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

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

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

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

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

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

#### **4.3.6 Work Related**

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

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

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

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

#### **4.3.7 Fire/Thermal Related**

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

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

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

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

#### **4.3.8 Accident, Not Otherwise Specified**

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

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

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

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

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

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

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

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

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

#### **4.3.10 Surgical Misadventure**

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

#### **4.3.11 Contagious Disease**

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

#### **4.3.12 Natural**

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

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

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

#### **4.3.13 Multiple Deaths**

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

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

#### **4.4.1 General**

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

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

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

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

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

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

#### **4.4.3 Persons in Custody**

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

#### **4.4.4 Bones/Specimens**

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

#### **4.4.5 Decomposed or Charred Remains**

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

#### **4.4.6 Unidentified Remains**

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

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

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

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

#### **4.4.8 High Profile Circumstances**

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

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

#### **4.4.9 Multiple Decedents**

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

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

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

#### **4.4.10 Hospice Patients**

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

#### **4.4.11 Without an Independent Physician**

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

#### **4.4.12 Unattended Deaths**

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

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

#### **4.5.1 General**

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

#### **4.5.2 Residence**

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

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

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

MDI personnel should respond to all unnatural or suspicious deaths.

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

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

#### **4.5.5 Drug/Alcohol Rehabilitation Facilities**

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

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

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

#### **4.5.7 In Vehicles**

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

#### **4.5.8 In Public View**

MDI personnel should respond to all deaths in public view.

#### **4.5.9 Day Care Settings**

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

#### **4.5.10 Hospital Related Deaths**

##### **4.5.10.1 Emergency Department (ED)**

###### **4.5.10.1.1 Natural**

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

###### **4.5.10.1.2 Unnatural**

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

##### **4.5.10.2 Operating Room (OR)**

###### **4.5.10.2.1 Natural**

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

###### **4.5.10.2.2 Unnatural**

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

##### **4.5.10.3 Inpatient (IP)**

###### **4.5.10.3.1 Natural**

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

###### **4.5.10.3.2 Unnatural**

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

#### **4.5.11 Other Locations**

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



## Annex A (informative)

### Bibliography

The following bibliography is not intended to be an all-inclusive list, review, or endorsement of literature on this topic. The goal of the bibliography is to provide examples of publications addressed in the standard.

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<sup>d</sup> Available from: <https://theiacme.com/page/accreditation>

<sup>e</sup> Available from: <https://name.memberclicks.net/assets/docs/NAME%20Accreditation%20Autopsy%20Facilities%20Checklist%202019%20-%202024.pdf>

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