

PRACTICE GUIDELINES
FOR
FLORIDA MEDICAL EXAMINERS

SPONSORED BY THE
Florida Association of Medical Examiners

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Introduction

Florida medical examiners have a four-tier system of statutes, rules, guidelines, and office policies that governs their practices.

Part I, Chapter 406, Florida Statutes, is the Medical Examiners Act. In it, the legislature creates the medical examiner system, charges the medical examiners with the duty to determine the cause of death under specified circumstances, empowers the medical examiners with the authority to perform autopsies at their own discretion, and broadly defines relationships with law enforcement agencies and the state attorneys.

Chapter 11G, Florida Administrative Code, is a set of rules written by the Florida Medical Examiners Commission and adopted by the Florida Department of Law Enforcement after public hearings. The code expands on the statutes. Like statute, code is written in absolutes (shall and shall not). It differs from statute in that it is more flexible and attuned to the current state of medical examiner practice. The rules in the Code must be read in conjunction with the text of Ch. 406, F.S.

The Practice Guidelines of the Florida Association of Medical Examiners further the aims of the Medical Examiners Act and the Florida Administrative Code. Compared to statute and code, the guidelines are usually crafted in language that is more discretionary. The guidelines are written to complement statute and code, and must be read in conjunction with the text of Ch 406, F.S., and Div. 11G, F.A.C.

In the Guidelines, the word “shall” is to be taken to mean that there is no discretion to deviate from the guideline unless it is stated explicitly in the text of the guideline. The word “should” is to be taken to mean that the guideline is to be observed unless there is a compelling reason not to do so, and that the guideline should be observed in the majority of instances.

The first Guidelines were adopted by FAME in 1999 in response to legislative interest in regulating specimen retention. The 2003 revision established professional guidelines to facilitate organ donation and transplantation. The 2006 version addressed a few topics pertinent to complaints investigated by the Commission for which the statutes, code, and guidelines were silent, and added some of the recently written standards of a nationally based organization of medical examiners. The 2007 revision made the guideline for completion of medical examiner reports more reflective of unavoidable delays caused by untimely reports from outside agencies. The 2009 revision added autopsy workload standards and furthered the F.A.C rule concerning required autopsies. The 2010 revision resulted from an initiative to better align the language in statutes, rules, and guidelines. The committee responsible for the 2010 revision also developed a draft revision of Div. 11G, F.A.C, for consideration by the Medical Examiners Commission.

The Medical Examiners Commission has caused each previous version of the Guidelines to be incorporated by reference in the Florida Administrative Code for the purpose of determining standards of professional practice in areas for which the statute and code are silent.

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Jurisdiction and Anatomical Gifts

ARTICLE 1. JURISDICTION.

(1) *Determination of jurisdiction* is the professional assessment by the medical examiner of whether and when the medical examiner is required to determine the cause of death or take charge of a dead body pursuant to §406.11, F.S.

(a) When the death meets one or more of the criteria in §406.11 (1)(a) or §406.11 (1)(b), the body is often brought to the medical examiner for an inspection or autopsy, and the medical examiner issues a death certificate. The usual term of art for this type of death is *medical examiner case*.

(b) If the death does *not* meet any of the criteria of §406.11 the medical examiner usually will not bring the body to the medical examiner facility for examination and will not issue a death certificate. Although the medical examiner does not usually issue a formal cause of death opinion for these deaths, he or she develops an implied opinion of the cause of death through the process of inquiry. For this type of death there is no term of art that is used consistently by Florida medical examiners. Some districts call them *jurisdiction declined* cases. Others term them *refused cases* or *no-case investigations*.

(c) When a death is referred to the medical examiner under §406.11 (1)(c), that is, because the body is to undergo destructive disposition by cremation, anatomical dissection, or burial at sea, the investigative process is commonly but incorrectly termed *cremation approval*. The medical examiner does not approve or disapprove of any method of disposition; what the medical examiner does is to take charge, if not custody, of the dead body until he or she has determined the cause of death, and then relinquishes charge of the body, as in any other death investigation. Often, the investigation is by inquiry without examination (usually by inspection of the death certificate signed by the attending physician). In some cases, as for example, when additional jurisdiction is found under 406.11(1)(a), the medical examiner will take charge *and* custody of the body and may exercise his or her discretion to perform an autopsy.

(d) In certain cases, when a death meets one or more of the criteria in §406.11 (1)(a) or (b) and has not been referred under §406.11 (1)(c), the medical examiner may issue a cause of death opinion based on inquiry without viewing the body. Among the terms used by various districts for such cases are *telephone, no view, no body, and record review cases*. The medical examiner can handle the provision of the death certificate in one of two ways:

1. Issue a medical examiner death certificate based on inquiry. This option is selected by those medical examiners who adopt an office policy that an attending physician should never certify an unnatural death.
2. Let the physician certificate stand, if there is one.

(e) The district medical examiner should have an office policy that specifies which classes of personnel can accept or decline jurisdiction (including cremation cases). If an employee other than an appointed medical examiner is permitted to decline jurisdiction, a medical examiner should review the decision in a timely enough fashion that the decision can be reversed and the body brought in for examination.

(2) *Onset of Jurisdiction.* For a death occurring in one of the circumstances listed in §406.11, medical examiner jurisdiction and charge of the body begins at the moment that death is known to have occurred, regardless of whether the death was determined by cardiorespiratory arrest or by cessation of brain activity under the provisions of §382.009 FS.

Adopted and amended: 2003, 2006, 2007, 2010.

ARTICLE 2. ANATOMICAL GIFTS.

(1) *Types of Anatomical Gifts.* There are two types of anatomical gifts, and two types of agencies overseeing explantation of organs and tissues from dead bodies:

(a) Organ procurement organizations oversee the explantation of organs from brain-dead donors with beating hearts. They refer to these donations as vascular organ donations. Examples of vascular organs explanted include the heart, lungs, liver, kidneys, pancreas, and gastrointestinal tract. Vascular organs are cross-matched for particular recipients and are implanted within hours of explantation. Often, the recipient is severely ill, and the transplant is lifesaving. Some organ procurement organizations also recover vascular organs for transplant within a few minutes of cardiac death. They term these donors “non-heart beating donors.” With respect to medical examiner involvement, the only difference between a beating-heart and a non-beating-heart donor is that in the latter case the medical examiner is notified by the organ procurement organization of an impending death rather than of a death that has occurred.

(b) Tissue banks oversee the explantation of organs or tissue from dead bodies with no circulation of blood. They refer to these donations as *tissue* donations. This is possible with corneas, heart valves, skin, dura mater, fascia, and bones. Donated tissues are not cross-matched to a specific donor. Instead, they are added to the shelf inventory of the tissue bank for future use.

Adopted: 2003.

ARTICLE 3. VASCULAR ORGAN DONATION.

(1) When asked by an organ procurement organization for permission to explant vascular organs, the medical examiner must balance the competing interests of:

- (a) The patients whose lives hang in the balance.
- (b) The provision of a solid factual foundation for expert opinions that can withstand cross-examination in a court proceeding.
- (c) The need to fulfill the statutory mandate to provide a cause of death opinion.

(2) The medical examiner, as a physician and as a frequent expert witness in criminal prosecutions, is the person best able to balance the competing interests of medicine and law, and should not devolve the responsibility for deciding whether a body under medical examiner jurisdiction may be an organ donor, to treating physicians, organ procurement organizations, law enforcement agencies, or prosecuting attorneys.

(3) When permission is requested to proceed with a vascular organ donation, the paramount concern of the medical examiner is to save the life of the intended recipient(s).

(4) When explantation is contemplated, the organ procurement organization should specify exactly which organs it seeks to explant and the medical examiner should permit or deny donation of specific organs.

(5) In order to meet the needs of building a factual foundation, the medical examiner may ask the organ procurement organization to conduct extra tests beyond those normally contemplated for donor screening, if that is necessary to reasonably opine that an explanted organ was not the seat of lethal disease. Such tests could include coronary angiograms, computed axial tomograms of any body region, or other clinical tests of organ function or morphology.

(6) For vascular organ explantations, the balancing of the interests listed above is generally not met by denying permission to explant. However, the medical examiner can make the permission to explant contingent on any or all of the following requirements:

- (a) That the organ procurement organization perform extra tests beyond those normally contemplated for donor screening purposes.
- (b) That the organ procurement organization provide all known information concerning the circumstances and medical course of the decedent in order that the medical examiner may determine if jurisdiction exists.
- (c) That the medical examiner or the designee of the medical examiner perform an external examination of the body prior to explantation.
- (d) That the organ procurement organization take overall photographs of the body from anterior and posterior aspects prior to explantation.
- (e) That the medical examiner view the explantation procedure.
- (f) That the explant surgeon prepare and provide a written description of external and internal findings.
- (g) That the organ procurement organization share blood or other body fluids taken from the decedent at the time of admission to the hospital with the medical examiner in order that forensic tests may be completed.
- (h) That the organ procurement organization make its physician available as an expert witness for deposition or trial to testify as to the condition of the transplanted organs.

(7) The following reasons are generally not regarded as sufficient to deny permission for vascular organ explantation:

- (a) The death occurs in one of the circumstances listed in 406.11, F.S.
- (b) The injury or the death was unwitnessed.
- (c) A criminal prosecution is contemplated.
- (d) A person, other than the person legally authorized to claim the remains, objects to such permission.
- (e) A person objects to timely notifying the next-of-kin that the death has occurred.
- (f) The decedent was an infant.
- (g) The decedent was a notorious or famous person.
- (h) The explantation procedure might require the surgeon to collect foreign matter that would otherwise be collected by the medical examiner at autopsy.

(8) Organ procurement organizations, hospitals, or surgeons who maintain physiologic functions of decedents with beating hearts, perform diagnostic tests on same, or explant organs from same, must provide the medical examiner with copies of all records generated from activities conducted on such a body, including a description of the explantation procedures, an inventory of the organs explanted, and the results of tests later done on specimens taken before the body is relinquished to the medical examiner. Not only is provision of such records to the medical examiner required by 406.12, F.S., the provision of these records reduces the likelihood that the surgeon will be called to testify in a criminal trial.

(9) Those district medical examiners who prefer that the organ procurement organization approach the next of kin for permission to donate before referring the death to the medical examiner should make that preference known to the organ procurement organization and develop consistent policies on a local basis. Those district medical examiners who prefer that the organ procurement organization fulfill its duty to report deaths under sections 406.11 and 406.12, F.S. as soon as possible should make that preference known to the organ procurement organization and develop consistent policies on a local basis.

Adopted: 2003.

ARTICLE 4. POSTMORTEM TISSUE DONATION.

(1) When asked by a tissue bank for permission to explant an anatomical gift, the medical examiner must balance the interests of:

- (a) The need to provide a solid factual foundation for expert opinions that can withstand cross-examination in a court proceeding.
- (b) The need to fulfill the statutory mandate to provide a cause of death opinion.

(2) The medical examiner, as a physician and as a frequent expert witness in criminal prosecutions, is the person best able to balance the competing interests of medicine and law, and should not devolve the responsibility for deciding whether a body under medical examiner jurisdiction may be a tissue donor, to tissue banks, law enforcement agencies, or prosecuting attorneys.

(3) When permission is requested to proceed with a postmortem tissue donation, the paramount concern of the medical examiner is to determine the cause of death.

(4) When a donation is contemplated, the tissue bank should specify exactly which categories of tissue it wants to explant, and the medical examiner should permit or deny donation for specific tissues.

(5) The medical examiner may elect to permit corneal donation without first inspecting the body

(6) The medical examiner or designee should inspect the body before explantation of postmortem tissue such as skin, bones, dura, or heart valves, or cause photographs to be taken by the tissue bank as specified by the medical examiner.

(7) As a condition of access to medical examiner bodies, the medical examiner can require a tissue or eye bank to provide any or all of the following:

- (a) A written description of the external and internal findings.
- (b) External or internal photographs of the body or organs.
- (c) Video recordings of the body, organs, or the procedure.

(8) As a condition of access to medical examiner bodies, the medical examiner can require a tissue bank to share with the medical examiner samples of any blood or tissue taken by the tissue bank for testing, or acquired from a hospital where the decedent was treated.

Adopted and amended: 2003, 2010.

ARTICLE 5. RELATIONSHIPS BETWEEN MEDICAL EXAMINERS, AND ORGAN PROCUREMENT ORGANIZATIONS AND TISSUE BANKS.

(1) A medical examiner should cooperate with at least one tissue bank, but is not obligated to work with more than one tissue bank. The decision by the medical examiner as to which and how many tissue banks to work with will depend on the staffing and resources of the medical examiner. The medical examiner is not obligated to extend office hours or keep personnel on overtime to meet requests for tissue donation.

(2) Medical examiners on the one hand, and organ procurement organizations and tissue banks on the other, should have a general knowledge of the written policies and procedures of the other, and should consult each other when developing their internal policies and procedures. They may opt to have a formal written agreement but this is not necessary. Policies and procedures should be reviewed periodically.

(3) The medical examiner may require a tissue bank to be an institutional member in good standing of the American Association of Tissue Banks or the Eye Bank Association of America.

(4) Local organ procurement organizations are federally designated and mandated to be accredited by the federal government.

(5) If requested by an organ procurement organization or tissue bank, the medical examiner should provide the reason for his or her refusal to permit explantation of an organ or tissue.

(6) If a medical examiner conducts an autopsy, the medical examiner should incorporate autopsy tests such as histological studies requested by the organ procurement organization or tissue bank when it is reasonable to do so, or should make available tissue to the requesting agency samples of autopsy tissue or body fluids for testing by the agency.

Adopted: 2003.

Inquiry, Identification and Records

ARTICLE 6. INQUIRY.

(1) This section concerns elements of medical examiner investigations that are conducted by *inquiry*, as opposed to *view*. Inquiries can be conducted at the scene or at the office; in person by interviewing witnesses or investigators from other agencies; by electronic means; or by telephone, depending on the needs of the investigation and the resources of the medical examiner office. Some of the following data is necessary for every investigation, and some is necessary only for some investigations.

(2) Investigations, including inquiries into deaths where no medical examiner jurisdiction is ultimately found, should be focused to:

- (a) determine the underlying cause of death as an etiologically specific disease or injury, and
- (b) answer the anticipated questions.

(3) Investigations should include inquiry into the terminal circumstances, the medical history of the decedent, and the social history of the decedent, which can include any or all of the items below:

(a) *Terminal circumstances* (What was the decedent doing just before death?)

1. This information may be known by witnesses, or inferable from elements of the scene investigation.
2. Knowledge of the terminal circumstances helps in forming mechanism-of-death opinions (rapid cardiac death vs. slow death by respiratory depression). For example, terminal circumstances are well documented for deaths in hospitals generally, and intensive care units in particular, but must be inferred for deaths at home of persons living alone.
3. For most deaths it is useful to determine, if possible,
 - a. Decedent activities prior to death
 - b. Symptoms or signs of disease prior to death
4. For deaths in ambulances or hospitals, the circumstances can be learned by:
 - a. Interviewing treating paramedics or physicians OR
 - b. Obtaining and reading the treatment record.

(b) Medical History

1. The following should be sought:
 - a. A list of the decedent's diseases and operations
 - b. A list of medicaments prescribed to decedent
 - c. Family medical history, e.g. premature death by heart disease
 - d. Initial cardiac rhythm strip or report thereof, from terminal event
2. Sources of medical history can be one or more of the following, depending on the needs of the investigation:

- a. Inference from list of medicaments, scars and missing organs
 - b. Interview of family members, friends or neighbors
 - c. Telephonic interview of physicians, nurses or paramedics
 - d. Records of physicians, clinics, hospitals or nursing homes
3. Mental illness history should be sought for specific types of investigations, most notably possible suicides. Elements include:
- a. Diagnosis of depression
 - b. Suicidal ideation, gestures and attempts
 - c. Psychosis
 - d. Records of treatment and interviews with counselors

(c) Social History

1. The following elements should be sought in all cases:
 - a. Date of birth of decedent
 - b. Civil status (never married, married, widowed, divorced)
 - c. Florida address of decedent
 - d. Permanent address of decedent
 - e. Next of kin name, address and telephone number
 - f. Funeral home for decedent
2. The following elements of social history should be sought selectively for specific types of investigations:
 - a. Alcohol use or abuse
 - b. Drug abuse
 - c. Occupation and employment history
 - d. Daily routine
 - e. Criminal history
 - f. Swimming ability for bodies found in water
 - g. Training for operation or repair of equipment
 - h. Familiarity with firearms
 - i. Relationships with friends
 - j. Religious and ethnic affiliation
 - k. Education
 - l. Financial history
 - m. Sexual history

(4) Nothing precludes a district medical examiner from developing cooperative relationships with persons or agencies who can provide voluntary reports of impending deaths and set aside specimens for future testing by the medical examiner.

Adopted and amended: 1999, 2006, 2010.

ARTICLE 7. IDENTIFICATION

(1) *Policy.* Medical examiners should establish district policies as to which of the types of deaths listed below require definitive identification and which types require only putative or non-definitive identification.

- (a) Bodies with no *putative* identification initially
- (b) Bodies rendered unviewable by putrefaction or wounds

(c) Bodies viewed, identified and tagged by bracelet in a hospital before the onset of disfiguring facial edema

(d) Homicides

(e) All other bodies

(2) *Agents Making Identification.* Medical examiners should differentiate among:

(a) Decedent identification made to hospital employees

(b) Decedent identification made to police officers

(c) Decedent identification made to agents of the medical examiner.

(d) (Note: The body identified at the hospital or the scene may not be the body transported. In a non-criminal case, a body rendered unviewable by edema, which developed subsequent to admission, might be reasonably identified for routine office purposes by the hospital identification bracelet placed at the time of admission, if identity was reasonably ascertained at the time of admission.)

(3) Examples of *putative or non-definitive identification* methods include:

(a) Family member identifies decedent at scene to law enforcement, body is transported, and medical examiner accepts identity as given.

(b) Law enforcement using flashlight positively compares driver's license to decedent's bloody facies at scene, and medical examiner accepts identity as given.

(c) Hospital identification tag or nursing home tag is presumed to be correct.

(d) Decomposed body is found in house of missing decedent, wearing decedent's clothes and jewelry.

(e) Comparison of tattoos

(4) Examples of *definitive identification* include:

(a) Family member identifies viewable body to medical examiner representative, by view of remains or photograph of face

(b) Comparison of antemortem and postmortem somatic radiographs

(c) Comparison of antemortem and postmortem dental records and radiographs

(d) Fingerprints

(e) DNA tests

(5) *Persistently Unidentified Bodies.* When needed to effect identification, the medical examiner should assist the involved law enforcement agency in employing the following additional tools:

(a) *DNA match.* This can be done by providing a DNA specimen to an accredited DNA laboratory which then forwards the DNA profile to the FBI's Combined DNA Index System (CODIS), a national database of DNA profiles.

(b) *Dental, anthropological and clothing match by the FBI.* This is done by providing, via local law enforcement, a completed NCIC form to the FBI's National Crime Information Center. The NCIC maintains an unidentified persons file and a missing persons file. The files

are searched against each other each night for possible matches. It may be necessary to verify that local law enforcement has completed and sent in the form.

(c) *Fingerprint match by the FBI.* This is done when no match can be made by local law enforcement or the FDLE, and is accomplished by providing fingerprints to the national automated fingerprint information systems IAFIS (Integrated Automated Fingerprint Identification System). Because the FBI has in the recent past identified fingerprints for which FDLE was unable to make any match, the medical examiner should consider sending fingerprints directly to the FBI if no match is made at the statewide level.

(d) *Facial reconstruction.* This is done by employing a sculptor to build up the skull with clay to produce an artist's sketch of the reconstructed face, and then posting the sketch on a county, statewide, or nationwide internet database of unidentified remains.

Adopted and amended: 1999, 2006, 2010.

ARTICLE 8. RECORDS

(1) A uniquely identified record must be maintained for each death investigation in accordance with section 406.13, Florida Statutes

(2) Each record should contain, at minimum:

(a) Identifying information

(b) Chronology and location data:

1. Place, date and time of any injury that contributed to death
2. Places, dates and institutions of hospitalization pertinent to determination of cause of death
3. Place where death occurred OR place where body was found
4. Date and time found dead OR Date and time witnessed to die OR Date and time pronounced (hospital deaths only)
5. Place, date and time of scene investigation response
6. Place, date, time and type of examination of body
7. Date of signature on death certificate
8. Date of signature on reports by medical examiner

(c) Chain of custody documents.

(d) A description of the method of identification.

(e) Narrative investigative information.

(f) Reports of postmortem examinations and tests.

(g) Consultative reports

(h) Summaries of reports and records from other agencies utilized in determining the cause and manner of death

(i) Copy of the death certificate as completed by the medical examiner. According to Vital Statistics statutes, the cause-of-death portion of the death certificate is not public record. The medical examiner should be aware of and in compliance with this statute.

(j) Notes to the file from contacts or discussions with the family, medical personnel, law enforcement officers, attorneys, and other parties when applicable.

(3) Antemortem medical records obtained in the context of the death investigation retain their confidentiality. It may be helpful to maintain such records in a separate file or to discard them according to a retention schedule

(4) *Body logs.* The following data should be maintained in medical examiner records OR at the facility used to conduct medical examiner autopsies:

(a) Date and time body logged into autopsy facility

(b) Date and time body logged out of autopsy facility

(5) *Completion of autopsy reports.*

(a) *Guideline for a medical examiner district as a whole.* For all autopsies conducted within any specified one-year period, 90% of autopsy reports should be completed and signed within 90 calendar days of the prosecution, and 100% of autopsy reports should be completed and signed within 180 days of the prosecution.

(b) *Guidelines for individual reports.* An autopsy report should be completed and signed within 90 calendar days unless delayed by a report from an outside agency. An autopsy report not signed within 90 days should be completed and signed within 30 days of receipt of all such reports from outside agencies.

Adopted and amended: 1999, 2003, 2007, 2010.

Scene Investigation

ARTICLE 9. AGENCY RESPONSIBILITIES:

- (1) The division of duties between law enforcement and medical examiner staff at death scenes varies among medical examiner districts in Florida.
- (2) Law enforcement has the overall control and responsibility for the scene while the medical examiner has jurisdiction of the dead body at the scene.
- (3) For scenes involving environmental hazards, the fire department is in charge until the hazard has been brought under control.
- (4) Since it is not practical for the medical examiner to send personnel to every death scene, the medical examiner may choose, to delegate some or all authority over any given dead body to law enforcement officers at the scene.

Adopted: 1999.

ARTICLE 10. MEDICAL EXAMINER INVOLVEMENT IN SCENE INVESTIGATIONS:

- (1) *District Policy.* Each district medical examiner should have a policy that states which categories of death scenes warrant visits by personnel from the medical examiner office. Such a policy should take into consideration the following:
 - (a) The needs, customs, expectations and capacities of law enforcement in the particular district, and the resources of the medical examiner office.
 - (b) The competing values of effectiveness and efficiency: The ideal of having a pathologist medical examiner at every death scene would necessitate an inefficient allocation of public resources.
 - (c) A personal response to death scenes allows the pathologist to have first hand information concerning the circumstances of the death, and allows for first-hand correlation between the autopsy findings and the results of the subsequent investigative findings.
 - (d) The pathologist at the death scene provides law enforcement with preliminary information that may allow the criminal investigation to be focused at an early stage than would otherwise be the case.
 - (e) A trained non-pathologist investigator at a death scene should be able to adequately communicate information to the pathologist for his orientation and further correlation with the subsequent autopsy findings.
 - (f) A lay investigator employed by a medical examiner to investigate a scene of death should learn the medical and social histories of the decedent, and the circumstances of death. This may be accomplished indirectly through law enforcement investigators, or directly by interviewing witnesses and inspecting the scene, depending on the policy of the district medical examiner.

(g) Both pathologist and the non-pathologist investigators can make reliable observations of rigor, livor and algor mortis.

(2) *Levels of involvement* at the death scene by the medical examiner include:

(a) Personal response by a pathologist. A scene visit by a pathologist is generally indicated when there is a homicide, death suspicious for homicide, or a death occurring under unusual circumstances. A pathologist should respond to the scene whenever specifically requested by law enforcement.

(b) Personal response by a trained non-pathologist investigator. A non-pathologist investigator may be sent to a death scene whenever it is not practical for a pathologist to visit the scene.

(c) Telephonic communication in which the medical examiner may delegate all scene investigation duties to law enforcement.

Adopted and amended: 1999, 2006.

ARTICLE 11. GUIDELINES FOR DEATH SCENE INVESTIGATIONS.

(1) Medical examiner personnel responding to a scene should:

(a) Document by photography or writing:

1. The position of the body (supine, prone, lateral recumbent, etc.) and its proximity to nearby objects. The establishment of any grid patterns and the taking of any measurements is the responsibility of law enforcement;
2. Any pertinent:
 - a. patterns or fluid drainage or spatter;
 - b. trace evidence;
 - c. weapon locations;
 - d. derangement of clothing;
3. Items recovered by medical examiner personnel and placed in police custody;
4. Evidence of animal or insect predation
5. Evidence of insect activity or the presence of animals which may have had access to the body
6. Putrefaction, mummification, skeletonization, or other pertinent postmortem changes

(b) Search for and remove trace evidence such as fibers, if indicated, before removing clothing and jewelry.

(c) In cases where trace evidence is critical, consider:

1. Rolling the body onto a new sheet during examination of the body
2. Leaving the clothing on for later examination at the autopsy facility
3. Placing paper bags on the hands and feet.

(d) Transfer collected evidence to law enforcement. At the scene, the law enforcement agency is the impounding agency and originates the property receipt.

- (e) Assist law enforcement in swabbing the hands if there is an interest in documenting gunshot residue on the hands.
- (f) Remove jewelry or pocket contents if agreeable to law enforcement.
- (g) Decide to remove or not remove clothing based on the needs of the investigation and whether the body is in public view. In general, clothing should be removed at the scene only when the pathologist is at the scene;
- (h) Determine:
 1. The presence or absence of rigor, and if present, whether it is consistent with the position of the body.
 2. The presence or absence of livor, whether it is unfixed or fixed, and whether it is consistent with position;
 3. The presence of decompositional changes;
 4. The presence or absence of algor, by palpation (most forensic pathologists in Florida consider the numerical measurement of body temperature to be worthless for determining postmortem interval but sometimes helpful in determining hyperthermia);
 5. The presence of wounds, if possible, with preliminary observations. Detailed description of wounds at the scene is not necessary.

Adopted and amended: 1999, 2006.

Collection of Specimens and Evidence, Examination of Clothing, and Photography

ARTICLE 12. INTRODUCTION TO SPECIMENS AND EVIDENCE.

(1) Collaboration and cooperation between the medical examiner and law enforcement investigators and crime scene technicians is often desirable and mutually beneficial.

(2) Assignment of specific tasks of evidence collection, documentation, and the performance of special procedures vary among medical examiner districts.

Adopted: 1999.

ARTICLE 13. COLLECTION OF SPECIMENS AND EVIDENCE.

(1) Trace evidence from the clothing or body should be:

- (a) Collected in labeled containers.
- (b) Stored in a secure area if not immediately released to law enforcement or the crime laboratory.
- (c) Documented by photographs and written notes.
- (d) Tracked with a chain of custody document.

(2) *Special Procedures.* The medical examiner may, when indicated, choose to utilize special or extraordinary procedures pertinent to specific circumstances or investigations. Such procedures include, but are not limited to:

- (a) Collection of gunshot residues
- (b) Collection of pubic and head hair combings and exemplars, swabs of oral, vaginal, and rectal cavities, fingernail scrapings/clippings, and foreign fibers or stains in victims of suspected sexual assault.
- (c) Swabs of apparent fresh bite marks.
- (d) Ultraviolet laser or alternate light source examination to detect fibers, cosmetics, seminal fluid, and/or foreign materials.
- (e) Collection of insect specimens on and around decomposed bodies.
- (f) Palm and foot printing.
- (g) DNA profiling.
- (h) High contrast black and white photography for pattern injuries and computer directed image enhancement.
- (i) Infrared and ultraviolet photography of the body for identification and documentation of injuries, tattoos, contusions and pattern injuries.

(3) Containers

- (a) Clean containers should be available to hold solids, liquids and foreign bodies.
- (b) Specimen containers should be labeled with the following minimum information:
 - 1. Name and case identifiers of the decedent
 - 2. Type of sample collected.
- (c) Containers for specimens not collected at or about the stated time of autopsy or not by the autopsy pathologist should be additionally labeled with:
 - 1. Date collected
 - 2. Initials or other identifier of person collecting specimen

(4) *Specimens for toxicology testing*

- (a) Each district medical examiner should have a written protocol to serve as a guide to acquiring specimens including the preferred source, amount, and manner of acquisition.
- (b) Adequate samples of tissues and fluids should be collected and stored. Precautions should be taken to prevent mislabeling or misidentification.
- (c) Intravascular fluid samples should be obtained by aspiration.
- (d) The origin of blood specimens from central or peripheral vessels, or a cavity, should be documented.
- (e) Aliquots of blood, urine, and vitreous, and other appropriate fluids and tissues should be collected and preserved from each autopsy where available even if no immediate testing is contemplated. The actual specimens collected should be determined on a case by case basis at the discretion of the medical examiner.
- (f) A portion of blood samples collected for toxicological testing should be preserved with adequate amounts of preservative to prevent degradation of the sample.
- (g) No preservative should be added to any other type of sample unless required by the testing procedure.
- (h) When stomach contents are retained for toxicological analysis, the total volume should be measured and recorded.
- (i) Contamination of samples should be avoided.
- (j) All specimens should be stored below 4 degrees centigrade after completion of the autopsy. Prolonged storage may require freezing of the samples.

(5) *Histological testing*

- (a) Tissue samples from major organs should be preserved in formalin.

(6) DNA Testing

- (a) When indicated, blood samples for serologic or DNA testing should be collected as anticoagulated specimens or as air-dried samples. If decomposition is advanced, bone marrow, teeth, or hair may be the best available samples.
- (b) Care must be taken to avoid contamination from other sources of DNA during the collection and handling of the samples.

(c) Collection of DNA exemplars is generally required for unidentified bodies and is at the option of the medical examiner for identified bodies.

(7) Microbiological Testing

(a) The medical examiner should have access to a microbiology laboratory.

(b) Sterile containers and transport media should be available for aerobic, anaerobic, mycobacterial and viral testing as required.

(c) Bacterial and viral cultures and other types of microbiology testing should be performed at the discretion of the medical examiner when necessary to confirm or exclude suspect infectious agents.

Adopted and amended: 1999, 2006.

ARTICLE 14. CLOTHING.

(1) Clothing should be:

(a) Removed carefully without unnecessary tearing or cutting.

(b) Inventoried along with personal effects.

(c) Described in detail sufficient to correlate with wounds and provide evidence for identification when necessary.

Adopted: 1999.

ARTICLE 15. PHOTOGRAPHS.

(1) Photographs should be supplemented with notes, and should include:

(a) The body as received.

(b) The body following removal of clothing.

(c) The face, after cleaning, for identification.

(d) Wounds, unobstructed by blood, foreign matter, or clothing.

(e) For deaths by criminal agency at least one photograph of major wounds should include an internal scale. Internal scales are otherwise optional.

(f) Scars, marks, tattoos, deformities, or other unique features when needed for identification.

(g) Damage to or physical evidence present on the clothing when pertinent to the investigation or to correlation with injuries on the body.

Adopted and amended: 1999, 2006.

Retention of Autopsy Specimens

ARTICLE 16. RATIONALE FOR RETENTION GUIDELINES.

- (1) The next of kin have a common-law right to claim a body for the purpose of burial.
- (2) The medical examiner has a statutory right to perform autopsies and retain organs and tissues for the purposes of determination of cause of death, manner of death, identification of the deceased, presence of disease, and preservation of evidence.
- (3) The rules in Section 11G-2.004, F.A.C. serve to minimize potential conflicts between these rights. 11G-2.004 provides definitions for *body part*, *organ*, *tissue*, and several other terms.
- (4) The material in the following paragraphs supplements the rules in the Florida Administrative Code.

Adopted: 1999.

ARTICLE 17. RETENTION GUIDELINES

(1) *Body Parts* - Because of the customs of viewing, wakes and funeral rites, most next of kin in Western cultures have stronger emotional objections to postmortem dissections involving the externally visible parts of the body than to the dissection of viscera. Therefore, as specimens, the head and extremities should be treated differently from viscera. Retention schedules are in the FAC.

(2) Organs

(a) Organs are retained in selected death investigations to document cause of death or presence of disease. Most retained organs are fixed in formalin for subsequent special examination. Organs commonly retained for fixation and special study are the heart, brain, eyes, and spinal cord. Other organs are retained less frequently.

(b) Retained organs are not customarily returned to the body for burial.

(c) Retained organs are biomedical waste as defined by S381.0099 (2) (a), F.S., and should be destroyed by the medical examiner by any legal means when the examination of the organs has been completed and/or when no further testing is contemplated. Samples of tissue are customarily retained from organs to be destroyed.

(3) Tissues and Fluids

(a) Representative tissue samples from major organs are customarily retained in formalin in all autopsies from which viscera are available even if no microscopic slides are prepared. Formalinized tissue is retained so that other tests can be performed or additional microscopic slides can be prepared if that later becomes necessary for diagnosis of disease, for determination of the cause and/or manner of death or for quality control of the histology laboratory.

(b) Fluids and tissue samples from some organs are often retained in the refrigerated or frozen state, at the option of the medical examiner, even if no toxicological or other testing is immediately contemplated.

(c) Medical examiners who opt to retain tissue and fluid specimens for longer periods than those specified in FAC should develop district-specific retention schedules for these specimens.

(d) If a person with legal standing (next of kin or attorney in civil or criminal lawsuit) requests that the medical examiner retain a specimen beyond the time specified by the office retention schedule or statute, the medical examiner should either retain the specimen as requested or instruct the person to take custody of the specimen, preferably by sending the specimen directly to a laboratory.

(e) Tissues and fluids are not customarily returned to the body for burial.

(f) Tissues are biomedical waste as defined by S381.0099 (2) (a), F.S., and should be destroyed by the medical examiner by any legal means, when the retention schedule has been met and no further testing is contemplated.

(g) Fluids are discarded by the medical examiner by any legal means, when the retention schedule has been met and no further testing is contemplated.

Adopted and amended: 1999, 2003.

ARTICLE 18. RESEARCH, TEACHING AND NON-STATUTORY TESTING

(1) *Permission* of the next of kin is required and should be documented prior to:

(a) Complying, in the absence of a court order, with requests to release retained tissues or fluids for independent examination or analysis for purposes unrelated to the determination of cause of death, manner of death, presence of disease, or identification of the deceased, such as paternity testing or additional or repeat toxicological testing not deemed necessary for statutory purposes by the medical examiner

(b) Donating specimens to medical schools or other educational institutions for educational purposes.

(2) By mutual agreement, the local organ procurement organization may act on behalf of the medical examiner to obtain permission to retain or donate specimens

(3) Permission of the next-of-kin is not required for:

(a) The use of fixed organs or tissues to demonstrate normal or pathological anatomy for the education of medical students or other health care professionals.

(b) Participation by the medical examiner's office in teaching affiliations with colleges of medicine or other health care professions including participation in autopsies by pathology residents or medical students.

(4) As provided in 11G-2.004 (6), F.A.C., irreplaceable, non-duplicable, and non-divisible physical evidence shall not be released for independent analysis and examination unless compelling reasons dictate. Retention of a specimen for a period of time in excess of its mandated retention schedule would constitute a compelling reason.

(5) *Confidential Records.* The medical examiner should be familiar with and responsible for compliance with statutes governing confidentiality in order to insure that the use of medical

examiner records for teaching or research does not compromise active criminal investigations or reveal the identities of victims of sexual battery or child abuse as described in 119.07 F.S.

Adopted and amended: 1999, 2003.

Autopsies: Performance and Documentation

ARTICLE 19. DEFINITIONS

(1) *Cause of death*: The underlying disease or injury responsible for setting in motion a series of physiologic events culminating in death. For the purposes of the Guidelines, a temporary death certificate entry such as “pending further studies” or “pending police investigation” is not be construed as a cause of death opinion in an autopsy report.

(2) *Manner of death*: A simple system for classifying deaths based in large part on the presence or absence of intent to harm, and the presence or absence of violence, the purpose of which is to guide vital statistics nosologists to the correct external causation code in the International Classification of Disease. The choices are natural, accident, homicide, suicide, and undetermined.

(3) *Autopsy*: Same as in section 872.04(1), FS.

(4) *Outside agency*. A laboratory, consultant, or investigator not under the supervision and control of the medical examiner.

Adopted and amended: 2006, 2007, 2010.

ARTICLE 20. STRUCTURE OF AUTOPSY REPORT

(1) The gross findings should be described in sufficient detail to support the diagnoses, opinions, and conclusions.

(2) Inclusion of the manner of death or a tabular list of diagnoses or findings is optional.

(3) Objective observations may be distinguished from opinions in an autopsy report by their placement on separate pages, by the setting off of minor opinions within the objective text by parentheses, or by other editorial devices of the medical examiner’s choosing.

Adopted and amended: 2006, 2010.

ARTICLE 21. SCHEDULING OF EXAMINATIONS

(1) Autopsies should be scheduled to facilitate attendance by interested law enforcement investigators and crime scene technicians.

Adopted: 1999.

ARTICLE 22. EXAMINATION AND DESCRIPTION OF THE EXTERNAL SURFACES OF THE BODY

(1) The external examination must be conducted by the pathologist before the internal examination.

(2) *General Description*. A general description of the head, neck, torso, external genitalia, extremities, and orifices following collection of evidence, removal of clothing, clean-up, and photographic documentation should be given in sufficient detail to meet specific case requirements. The general description typically includes:

- (a) Age (apparent relative to given), measured length and weight, sex, race and/or skin color.
- (b) Hair (color, consistency, distribution).
- (c) Eyes (color, presence, absence and distribution of petechiae, conjunctival hemorrhage, drying or discoloration.)
- (d) State of nutrition and muscular development.
- (e) Presence and condition of teeth and dental appliances (supplemented when necessary for identification by additional documentation including photographs, radiographs, and dental chart.)
- (f) Extent of livor mortis (blanching or fixed) and rigor mortis (oncoming, fully developed, or passing) when the body is examined prior to refrigeration and otherwise at the discretion of the medical examiner.
- (g) The state of preservation or decomposition of the body, including changes of embalming.
- (h) Distribution and extent of perimortem/postmortem injuries caused by insect or animal activity.
- (i) Congenital anomalies and acquired deformities, including tattoos and prominent scars.
- (j) Presence or absence of cutaneous trauma.
- (k) An indication that the posterior aspects of the body were inspected.
- (l) An inventory of body parts if the body is dismembered, skeletonized, or partly skeletonized. A description of skeletal remains should include findings pertinent to the estimation of age, sex, race, disease, and trauma.

(3) *Medical devices and iatrogenic injuries:*

- (a) The condition of the deceased should not be altered unnecessarily from the condition at the time of death by the hospital, emergency services, or law enforcement personnel.
- (b) Medical devices present at the time of death should not be removed prior to inspection of the body by the medical examiner.
- (c) It is permissible by universal or case specific permission of the medical examiner to trim nasal or oral tubes or otherwise conceal devices to facilitate viewing by the family at the hospital.
- (d) Information about resuscitative efforts or medical therapy from paramedics and emergency room personnel should be sought when questions exist concerning the differentiation between injury and therapy.
- (e) Therapeutic devices and iatrogenic injuries should be documented photographically and by diagram or written notes ~~with~~ sufficient to differentiate them from inflicted wounds.

Adopted and amended: 1999, 2006, 2010.

ARTICLE 23. INTERNAL EXAMINATION AND DESCRIPTION

- (1) The internal examination:

- (a) Ordinarily includes the inspection and dissection of the viscera of the head, anterior neck compartment, thorax, abdomen and pelvis.
 - (b) Optionally includes inspection and dissection of the posterior neck compartment, cranio-cervical articulation, lateral neck compartment, spinal column and cord, or the extremities.
- (2) Before the removal of the viscera, the undisturbed thoracic and abdominal cavities should be examined for blood or other fluids.
 - (3) Major organs should be weighed, dissected, and described. The absence of injury or disease should be documented when pertinent. The pathologist should dissect the organs pertinent to the cause of death.
 - (4) Bones visible after removal of the viscera (skull, vertebral bodies, clavicles, sternum, ribs, and pelvis) should be inspected for trauma or deformity.
 - (5) The dura mater should be stripped from the calvarium and base of the skull to facilitate examination for fractures or other lesions.
 - (6) The brain may be dissected fresh or after fixation at the discretion of the medical examiner.

Adopted and amended: 1999, 2006.

ARTICLE 24. WOUNDS

- (1) All surfaces of the body including the soles of the feet, genital area, axillae, and the external orifices should be examined for injuries, blood, or foreign materials. The skin of the extremities should be examined for needle punctures as indicated
- (2) The absence of injury is often important, and significant negative findings should be documented.
- (3) Radiographic examinations, which are helpful in documenting venous air embolism and in identifying radiodense foreign objects such as weapons fragments or projectiles, should be utilized prior to and during dissection as needed.
- (4) Wounds that have evidentiary value, whether recent or remote, should be documented by written protocol, diagram, and photography. Photographs should be composed so as to document the location and orientation of wounds and to demonstrate detail.
- (5) Wounds, including those of the integument, skeleton, and viscera, should be described with sufficient clarity and organization to distinguish between blunt impact, sharp, and projectile, and surgical wounds.
- (6) It is usual to describe each wound separately, but tightly spaced injuries of like kind may be grouped or clustered for purposes of description. In homicides, the description of such a group or cluster should include a count of the wounds comprising the group.
- (7) Correlations between external and internal wounds should be evident from the descriptions. Correlation can be accomplished by the inclusion of a separate section for wounds, or by any other stylistic device of the pathologist's choosing.
- (8) Examination and documentation of specific wound types
 - (a) Blunt impact wounds

1. For apparent homicides, wound measurements are desirable along with location relative to recognized anatomic landmarks for abrasions, contusions and lacerations. For apparent non-criminal cases, lacerations should be measured and non-patterned abrasions and contusions can be described as small, medium or large relative to the body area in which the wound is located.

2. Patterned wounds that have evidentiary value should be described in more detail than non-patterned wounds, and more detailed measurements or special photographic procedures should be considered for them.

(b) Projectile and other penetrating wounds

1. The location of entrance and exit wounds should be documented by name of body region; and by measurements from fixed anatomical landmarks such as the top of the head or shoulder, the bottom of the feet, and the sagittal midline.

2. Wounds should be documented by measured size and shape or configuration.

3. The presence or absence of fouling should be described and documented.

4. Abrasion collars should be described in terms of color, shape, and symmetry.

5. The wound path should be described including the names of major organs and tissues penetrated or perforated, the direction of wound paths with respect to standard anatomical position, and associated findings such as bloody effusions, hematomas, and air emboli.

(c) Penetrating non-missile wounds

1. The location of the cutaneous wound should be described in terms of its distance from standard anatomical landmarks.

2. The description should include measured size, shape or configuration, and presence or absence of abrasions.

3. The direction and depth of each penetrating wound should be documented and described as well as the internal structures penetrated or perforated and associated findings.

(d) Incised, stab and chop wounds

1. The location of cutaneous wounds should be documented relative to recognized anatomical landmarks.

2. The description should include measured surface dimensions, orientation, configuration (straight, angular, dovetailed, etc.) and presence or absence of marginal abrasions.

3. The estimated depth and direction of the wound track should be described along with internal structures penetrated or perforated and associated findings such as bloody effusions or hematomas.

4. Any foreign material within the wound track should be described and, if it has evidentiary value, packaged and preserved.

5. If a cartilaginous structure is penetrated or perforated, consideration should be given to preserving the injury for tool mark analysis.

(e) Burns

1. Burns should be described as to pattern, degree, and extent relative to total body surface area.
2. Related findings such as cherry red lividity, flexion contractures, artifactual fractures, or epidural blood accumulations should be described in such a way as to make the correlation with thermal injury obvious.

(9) *Recovery of bullets, shot, and weapon fragments.*

- (a) Recovery of bullets or buckshot should be accomplished with non-metallic instruments to avoid damage.
- (b) The recovery of a representative sample of birdshot is sufficient.
- (c) Recovered missiles should be inventoried along with a description of the locations from which they were recovered including, for subcutaneous bullets, measurements relative to anatomical landmarks.
- (d) Recovered evidence should be packaged, labeled, and documented with a chain of custody form prior to release to law enforcement or crime laboratory personnel. Internally recovered physical evidence should be cleaned prior to packaging unless the cleaning would remove material of evidentiary value.

Adopted and amended: 1999, 2006.

ARTICLE 25. TESTS ANCILLARY TO THE AUTOPSY

(1) Toxicology

- (a) When the circumstances and history indicate a reasonable probability that a person may have died from intoxication, and appropriate specimens in sufficient quantities are available, the medical examiner shall perform tests for suspected intoxicants.
- (b) In cases where the decedent has been treated in a hospital during the interval between an ultimately lethal injury and death, the medical examiner should impound any potentially useful specimens from the hospital that approximate the date of injury.
- (c) When interpreting the results of toxicological testing, consideration should be given to the type of specimen tested, the collection site, the condition of the body, and the preservation of the sample.

(2) Histology

- (a) The extent of histological examination is left to the discretion of the medical examiner.

Adopted and amended: 2006, 2010.

Infant Deaths

ARTICLE 26. REQUIREMENTS FOR INVESTIGATION

(1) This article and all paragraphs in it concern infants under the age of one year whose deaths are apparently non-violent and that occur suddenly and unexpectedly while the infants are in apparent good health. This article shall serve as the protocol required by section 383.3362(4)(b), FS.

(2) *Scene.* The medical examiner must be familiar with the circumstances and place of discovery of a dead body, including sleep site, bed clothes, position at time of discovery, any sharing of the bed with others, and any thermal, chemical, and physical hazards. Familiarity with the scene may be determined by personal inspection on the part of the medical examiner or by an investigator. Familiarity with the sleep site may be aided by a doll re-enactment of the circumstances conducted with the aid of witnesses.

(3) *Inquiry.* The clinical history review shall attempt to include determination of prenatal, delivery and postnatal medical information and should include, history of familial disease, mental illness and social setting pertinent to exclusion of illnesses or child abuse. During the investigation, contact shall be made with the Department of Children and Family Services for information in its records of abuse or neglect of children within the family or family setting.

(4) *Autopsy.* The gross narrative description in the autopsy report shall consider external features including integrity of all orifices, status of internal organs and tissues, body cavities, and the contents of hollow viscera. A skeletal x-ray survey should be reviewed and appropriate photographs taken. Histological slides should include major viscera sufficient to exclude readily diagnosable disease processes. Bacterial cultures and viral cultures should be performed when needed to document or exclude suspect infectious agents. Appropriate tissues and fluids should be preserved for toxicological study and analyzed with quantification when indicated.

Adopted and amended: 2006, 2010.

Management of Operations

ARTICLE 27. PERSONNEL

(1) Personnel positions under the control of the medical examiner should have position descriptions setting forth the skills, knowledge, education and training required of the potential hire. Skills, knowledge, education and training should be verified.

(2) The average yearly autopsy workload for each full-time associate medical examiner should fall in the range of 225 plus or minus 50. The lower limit of this range may be adjusted downward if the number of associate medical examiners is only one. The upper limit of the range may be temporarily raised in the circumstance of a mass fatality incident or a vacant medical examiner position that is under active recruitment.

(3) Professional staff should have the opportunity to participate in continuing education.

Adopted and amended: 1999, 2009.

ARTICLE 28. MANAGEMENT:

(1) Facilities, equipment and supplies should be sufficient for the workload.

(2) When deficiencies are noted, corrective actions should be taken and documented.

Adopted: 1999.

ARTICLE 29. POLICIES AND PROCEDURES

(1) Current written procedures, including the area of safety, should be accessible to the staff.

(2) Visitors and staff in the autopsy room should wear protective garb and follow safety procedures in accordance with office policy. Office policy should be compliant with regulations for the Florida Department of Labor (medical examiners whose operations are operated by county government) or the Federal Occupational and Safety Administration (medical examiners operating under contract to county governments).

(3) The medical examiner should develop jurisdiction-specific guidelines defining who may or may not be present at an autopsy.

Adopted: 1999.

Other Standards and Guidelines

ARTICLE 30. NON-APPLICABILITY

(1) Where the laws and administrative rules of Florida and these Guidelines are silent, the medical examiner has complete professional discretion, notwithstanding any standards or guidelines promulgated by other governments, by foreign councils, or by professional societies.

Adopted: 2006.

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