2017

Tennessee Department of Health
Office of the State Chief Medical Examiner

County Medical Examiner Handbook

Office of the State Chief Medical Examiner
Andrew Johnson Tower – 7th Floor
710 James Robertson Parkway
Nashville, TN 37243-9093
1-844-860-4511

TN Department of Health

INTRODUCTION

This handbook is to provide the county medical examiners and death investigators in the state of Tennessee a guide to assist them in the performance of their duties. This document will act as a ready reference to answer questions that may arise during the course of a death investigation. It is not intended to be comprehensive.

The mission of the Tennessee Office of the State Chief Medical Examiner (OSCME), operating under the Department of Health, is to create statewide consistency of high quality medicolegal death investigation and forensic autopsy services. The purpose of the office is to serve its fellow citizens by protecting the public's health and safety, participating in the criminal justice system and providing data for vital statistics.

Tennessee has a mixed medical examiner system of death investigation with the state office primarily responsible for providing guidelines and training for the county medical examiners and their investigators and collecting and maintaining records of deaths investigated. County medical examiners, along with their investigators are responsible for conducting death investigations in coordination with various professionals and providing an opinion as to the cause and manner of death. Five regional forensic centers provide forensic autopsy services for the county medical examiners.

County medical examiners are uniquely qualified to investigate the deaths of individual citizens in their counties, not only because of their medical training, but also by virtue of the fact they usually live and work in the counties in which they serve. County medical examiners must maintain uncompromising honesty and integrity. They should be loyal to their community and their oath, regardless of any pressure they may receive from outside sources.

The Office of the State Chief Medical Examiner is committed to providing support, education and training, and consultation to each of the county medical examiners and their death investigators in order to assist them in the investigation of deaths throughout the state.

My staff and I hope this reference will be of help to the county medical examiners and their investigators.

Julia C. Goodin, MD, MPA
State Chief Medical Examiner

March 2017

ACKNOWLEDGMENTS

The State Medical Examiner's Office would like to acknowledge and thank the medical examiner working group who provided input in editing and updating the County Medical Examiner Handbook.

Medical Examiner Working Group

Knox County Regional Forensic Center,
Darinka Mileusnic-Polchan, M.D.
Chief Medical Examiner

Middle TN Regional Forensic Center
Feng Li, M.D., J.D., Ph.D.
Chief Medical Examiner

Northeast – William L. Jenkins Forensic Center
Laura Beth Parson, B.S., F-ABMDI
Director of Operations

Southeast TN Regional Forensic Center
James Metcalfe, M.D.
Chief Medical Examiner

West TN Regional Forensic Center
Benjamin J. Figura, PhD, D-ABFA
Director and Forensic Anthropologist

The State Medical Examiner would also like to acknowledge and thank the Medical Examiner Advisory Council for their input and review of these guidelines.

Contents

GENERAL INFORMATION

MEDICAL EXAMINER ADVISORY COUNCIL

The Tennessee Medical Examiner Advisory Council was established in 2008 and operates via Tennessee Code Annotated § 38-7-201.

"The council shall consist of nine (9) members, each of whom shall be residents of this state. The director of the Tennessee bureau of investigation shall be a permanent member of the council. The governor shall appoint one (1) district attorney general, one (1) district public defender, three (3) county medical examiners, one (1) from each grand division of Tennessee, one (1) licensed funeral director, and one (1) public citizen to the council. The commissioner of health or the commissioner's designee shall serve as an ex-officio, nonvoting member of the council. All regular appointments to the council shall be for terms of three (3) years each, with a maximum of two (2) consecutive terms. Each member shall serve until a successor is appointed. Vacancies shall be filled by appointment of the governor for the remainder of the unexpired term."

Meetings of the council are to be held at least annually, with additional meetings as frequently as may be required.

"(d) The Council shall have the power and duty to:

(1) Review candidates and make a recommendation to the commissioner of health on the appointment of the chief medical examiner and deputy state medical examiners;

(2) Assist the chief medical examiner in the development and updating of guidelines for death investigations and forensic autopsies in this state, to be promulgated as rules through the department of health; and

(3) Issue an annual report on death investigations in this state."

Current Membership:

Mark R. Gwyn – Director, Tennessee Bureau of Investigations
D. Mike Dunavant – District Attorney General
Gerald Melton – District Public Defender
Tony Emison, MD – Medical Examiner for Crockett and Madison Counties -- West Tennessee
Samuel Smith, MD – County Medical Examiner for Williamson County – Middle Tennessee
Vacant – County Medical Examiner – East Tennessee
Jacky Carver – Licensed Funeral Director
Vacant – Public Citizen
Julia Goodin, MD – State Medical Examiner – Ex-officio, nonvoting member serving as Commissioner of Health's designee

OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

Andrew Johnson Tower – 7th Floor
710 James Robertson Parkway
Nashville, TN 37243

Telephone: 844-860-4511
Fax: 615-401-2532
HEALTH.OSCME@TN.GOV

Julia C. Goodin, MD, MPA
State Chief Medical Examiner

Adele Lewis, MD
Deputy State Chief Medical Examiner

Margaret Hyder, MA
Deputy Director

Fran Wheatley, MA, ABMDI - F
Medicolegal Investigator

Andrew Wilson, ABMDI - F
Medicolegal Investigator

Satellite Office
Office of the State Chief Medical Examiner
State of Tennessee Department of Health
William L. Jenkins Forensic Center
Box 70431
Johnson City, TN 37614

Telephone: 423-439-8403
Fax: 423-439-8810

Please send all Reports of Investigation (ROI) to the main office (Nashville location), either by fax, mail, or email and all autopsy and other reports to the satellite office (Johnson City location).

****If you are currently entering all investigative information into a form or database (DIDI, MediLog, ME Sheet, etc.) consistent with the State's ROI you may print the preliminary or final report of investigation and e-mail, fax, or mail to the OSCME as a substitute for the State's ROI form.**

REGIONAL FORENSIC CENTERS

Autopsies are performed at one of the five regional NAME accredited laboratory facilities:

West Tennessee Regional Forensic Center
University of Tennessee Health Science Center
637 Poplar Avenue Memphis, TN 38105
Phone: (901) 222-4600
Fax: (901) 222-4645
http://www.uthsc.edu/forensic-center

Middle Tennessee Regional Forensic Center
Forensic Medical Management Services
850 R.S. Gass Blvd.
Nashville, TN 37216
Phone: (615) 743-1800
Fax: (615) 743-1890
Email: contact@forensicmed.com
http://forensicmed.com

Southeast Tennessee Regional Forensic Center
Hamilton County Forensic Center
3202 Amnicola Highway
Chattanooga, TN 37406
Phone: (423) 493-5175
Fax: (423) 493-5176
http://www.hamiltontn.gov/medicalexaminer

East Tennessee Regional Forensic Center
Knox County Regional Forensic Center
2761 Sullins Street
Knoxville, TN 37919
Phone: (865) 215-8000
Fax: (865) 215-8001
http://www.knoxcounty.org/rfc

Northeast Tennessee Regional Forensic Center
William J. Jenkins Forensic Center
P.O. Box 70425
Johnson City, TN 37614-1704
Phone: (423) 439-8038
Fax: (423) 439-8070
http://www.etsu.edu/com/dbms/toxicology/forensics.aspx

West Tennessee Regional Forensic Center

Autopsy cases can be reported to the West Tennessee Regional Forensic Center (WTRFC) 24-hours per day, 7 days per week, and 365 days per year including holidays. An investigator can be reached at any time by paging (800)204-9105. The on-duty investigator will return your call promptly. The death report should be made once it has been decided to send a decedent to the WTRFC for autopsy. Investigators will respond to scenes within Shelby County, and a medical examiner is on-call and available for consultation if needed.

All bodies being sent for autopsy at the WTRFC should be in a sealed body bag. The body bag should have the decedent's name written on the exterior. The body should be placed supine in a clean, white sheet (if available) then into the body bag. If identity of the remains is unknown, write "unknown (age/race)" on the body bag exterior. All clothing, jewelry and personal effects on the body should stay on the body. All EMS interventions and therapies should be left in place. Weapons and illicit drugs should be documented, photographed, collected and secured by law enforcement prior to removal of the body. If sharps or other hazardous items are being transported with the body, please notify the investigator prior to transport. If gunshot residue testing or trace evidence collection is requested, place the hands in paper bags, sealing them securely around the wrists with tape. Label each bag with the name of the person placing the bag and the date and time the bags were placed.

For ER and other hospital deaths, a copy of the chart should be send with the body to the WTRFC. Admission blood/urine should also be procured and sent with the body. Any prescription medications should be identified, photographed and inventoried on the scene, then tagged as evidence. Otherwise, they should be sent to the WTRFC for inventory and disposal.

Family members can be given our pager # to call a WTRFC investigator for more information. Viewing of remains at the WTRFC is not permitted. Law enforcement members and county medical examiner personnel should contact a WTRFC investigator if they wish to view the autopsy on their case.

All cases sent to the WTRFC for autopsy must be accompanied by a valid TN Order for Autopsy and a Report of Investigation by County Medical Examiner form.

Death certificates will be completed by the WTRFC once the examination is complete.

WILLIAM L. JENKINS FORENSIC CENTER
EAST TENNESSEE STATE UNIVERSITY

Northeast Tennessee Regional Forensic Center

When sending bodies to the William L. Jenkins Forensic Center place a call to the investigator on call to notify the forensic center of bodies that are being sent for autopsy. The investigator on-call number is (423) 439-6723; this line is manned 24 hours a day, 7 days a week and 365 days a year. This call should be made while the county medicolegal death investigator/medical examiner is on scene and once the decision has been made that the body will be sent for autopsy.

The William L. Jenkins Forensic Center investigator/forensic pathologist is also available to the county medical examiner/investigators in our jurisdiction for consultation and/or scene response 24 hours a day and 7 days a week.

All bodies that are being sent for autopsy must have an identification tag bearing the decedent's name if known. If the body is unidentified, but a presumptive identification is available, the identification tag must be labeled as presumed to be (PTB) "decedent's name". If the body is truly unidentified, label identification tag as applicable "unidentified", "unidentified female" or "unidentified male". The body identification tag must also include the medicolegal death investigators legible signature and date and time identification tag placed. Do not remove shoes or socks to place this identification tag.

All bodies sent for autopsy must be placed in a sealed body bag. The body bag must be sealed with an identification tag bearing the decedent's name, legible signature of person sealing the bag, date and time the bag was sealed. Ensure that body bag is sealed by either a pre-numbered seal or by gathering up the body bag at the zipper and taping around the gathered body bag. This tape must also be signed by the person sealing the bag, with the date and time the bag was sealed.

Whenever possible the body must be placed in the body bag in the supine position; placing a body face down may produce artifact or distortion to facial features. Do not include excessive bedding over the body as this will cause decomposition to occur more rapidly. If sharps or other hazardous items are being transported with the body please notify the forensic center prior to receipt of body.

Bodies can be admitted 24 hours a day, 7 days a week and 365 days per year. Forensic Center business hours are Monday-Friday, 8:00am-4:30pm. During business hours call (423) 439-6723 or (423) 439-8038 for body admittance. After hours call East Tennessee State University Public Safety for body admittance at (423) 439-4480. All bodies admitted to the forensic center must be submitted with the Order for Autopsy and Report of Investigation by County Medical Examiner.

DEFINITIONS AND ABBREVIATIONS

Autopsy: The complete postmortem examination and dissection of a dead body for the purposes of determining the cause and manner of death, confirming the clinical diagnosis, and/or identifying the deceased.

Cause of Death: The disease or injury that set in motion the chain of events that ultimately resulted in the death of an individual. Arteriosclerotic cardiovascular disease, gunshot wound of head, and multiple blunt force injuries are examples of causes of death. Cardiopulmonary arrest and shock are examples of mechanisms of death and should not appear alone, for the most part, in the cause of death section of the death certificate.

Certification of Death: Completing the death certificate. Only a physician may certify the cause and manner of death.

Child: A person of one year of age and up to, but not including, eighteen years of age.

County Medical Examiner (CME): Medical or osteopathic physician, licensed in the state of Tennessee and appointed by the county mayor.

County Medical Examiner Investigator (CMEI): An individual who is serving their county to assist in death investigations, working directly under the supervision of a physician county medical examiner for that county and is a licensed emergency medical technician (EMT), paramedic, nurse, physician assistant, or a person registered by or a diplomate of the American Board of Medicolegal Death Investigators; may also be referred to as a medicolegal death investigator (MDI).

Cremation: The reduction to ashes of a human body.

Death Affecting the Public Interest: Any death of a human being where the circumstances are sudden, unexpected, violent, suspicious, or unattended.

Embalming: The disinfecting or preserving of human remains, entire or in part, by the use of chemical substances, fluids, or gases in the body, or by the introduction of same into the body by vascular or hypodermic injections, or by direct application into the organs or cavities for the purpose of preservation or disinfection.

External Examination: A close inspection of the exterior of the decedent for the purpose of locating, describing and delineating any and all injuries or other abnormalities prior to or without an internal examination or autopsy.

Immediate Next-of-kin: Any available member of the following classes of person, in the order of priority listed, who may make funeral arrangements and order the final disposition of the decedent:

1. The attorney-in-fact pursuant to a durable power of attorney for health care.
2. The spouse of the decedent.
3. The decedent's surviving adult children. The adult child making the arrangements should make a reasonable effort to contact all other adult children and ensure agreement among those contacted on the choice for funeral arrangements.
4. A parent of the decedent.
5. An adult sibling of the decedent.
6. An adult grandchild of the decedent.
7. The grandparent of the decedent.
8. A guardian of the decedent at the time of the decedent's death.

Infant: A person of less than one year of age.

Manner of Death: The circumstances under which the cause of death occurred (includes Natural, Accident, Suicide, Homicide, and could not be determined as the only five possible final choices). Pending may be used when it is reasonably expected that additional forthcoming information will further clarify the circumstances. Pending must be changed to one of the five classifications once the investigation is complete.

Mass Fatality Incident: Any incident where the number of fatalities overwhelms and exceeds local resources.

Mechanism of Death: A physiologic derangement in the body through which the cause of death ultimately produces death (e.g., congestive heart failure, exsanguination, cardiac arrest, shock, etc.). Mechanisms of death need not be included in investigative reports, except in the narrative summary.

Medical Examiner (ME): Refers to the county medical examiner and/or deputies, or to the state medical examiner and/or deputies.

Pronouncement of Death: The statement of opinion that life has ceased for an individual.

Regional Forensic Center (RFC): A facility accredited by the National Association of Medical Examiners (NAME) in Tennessee where autopsies and other post-mortem examinations are performed.

State Chief Medical Examiner (SCME): The board certified forensic pathologist/physician appointed by the Commissioner of the Department of Health to direct the post-mortem examination division or service.

QUALIFICATIONS, DUTIES AND RESPONSIBILITIES

STATE CHIEF AND DEPUTY STATE CHIEF MEDICAL EXAMINER

"The commissioner of health, acting for the state and with the approval of the governor and considering the recommendation made by the Tennessee medical examiner advisory council, shall appoint a chief medical examiner to direct the division or service, and such other personnel as the commissioner may find appropriate to the enforcement of the duties and powers of this part. The commissioner is authorized and empowered to spend such funds as may be appropriated for the enforcement of this part, and to promulgate rules through the department of health to establish fees for autopsies, guidelines for death investigations and forensic autopsies, and other costs and services associated with this part." T.C.A. § 38 -7-102

The chief medical examiner is appointed for a five-year term and may serve unlimited consecutive terms. T.C.A. § 38 -7-103

The state chief medical examiner and the deputy state chief medical examiner are based in Nashville and have full-time administrative, record keeping and educational duties. The office of the state chief medical examiner is available to county medical examiners and investigators for consultation and guidance regarding all facets of medicolegal death investigation in the state. This includes, but is not limited to, questions concerning autopsies, external examinations, ancillary studies, interpretation of toxicology results, medical record reviews, other investigative reports, jurisdictional issues and scene responses.

Families and other agencies frequently will request review of cases and death certification, whether accepted under medical examiner jurisdiction or not. The staff of the Office of the State Chief Medical Examiner may offer case review in consultation with the relevant county medical examiner, but are not empowered to amend or re-issue death certificates, autopsy reports, or reports of investigation.

The primary responsibilities of the state chief medical examiner are:

- The keeping of records regarding death investigations in the state;
- Developing and providing initial training and regular continuing education to all county medical examiners and death investigators;
- Investigative authority over deaths that are in the interest of the state (e.g., mass fatalities; threats to public health or safety).

The chief medical examiner or the district attorney general may order an autopsy in the absence of the county medical examiner or if the county medical examiner has not ordered an autopsy.
(For exact wording see T.C.A. 38-7-106(a) in Appendix A)

Training: "The chief medical examiner's educational duties shall include developing and providing initial training and regular continuing education to all county medical examiners and medical investigators." T.C.A. § 38-7-103(a)

Deputies: "The chief medical examiner, in consultation with the advisory council and with the approval of the commissioner of health, shall appoint the three (3) deputy state medical examiners and any assistant state medical examiners needed for regional administrative, professional and technical duties. The deputy medical examiners shall be based in one (1) of the state forensic centers. These state medical examiners shall have the same qualifications as the chief medical examiner. In addition to their other administrative, professional and technical duties, the deputy and assistant state medical examiners may lecture to medical and law school classes and conduct such special classes for county medical examiners and law enforcement officers and other investigators." T.C.A. § 38 -7-103(b)

In the Absence of a County Medical Examiner: "If the county legislative body fails to certify a county medical examiner for a county or if the county medical examiner resigns or is unable to fulfill the duties of the office during the interim between county legislative body sessions and a deputy has not been appointed by the county medical examiner, the chief medical examiner shall have the authority to appoint a county medical examiner to serve until the next session of the county legislative body." T.C.A. § 38 -7-104(b)

Authority to Obtain Medical Records: "An authorized post-mortem official acting under the control or direction of the chief medical examiner or a county medical examiner or performing an investigation pursuant to a court order or an order of a district attorney general is authorized to obtain, upon written request, or may subpoena through the appropriate district attorney general, all medical or hospital records maintained by individuals licensed under title 63 or by facilities licensed under title 68 that pertain to a case under investigation." T.C.A. § 38 -7-117(a)

COUNTY MEDICAL EXAMINERS

Each county has a county medical examiner (ME or CME) who is a licensed physician appointed by the county mayor and confirmed by the county legislative body. A county medical examiner may appoint another physician or physicians as deputy medical examiners to act in his or her absence. If a county is unable to appoint a county medical examiner from their county, a physician from another county may assume this responsibility. If the county medical examiner cannot fulfill his or her duties, and no deputy has been appointed, the state chief medical examiner may appoint a licensed physician to act as the county medical examiner.

Qualifications

Tennessee Code provides, as the only legal requirement, that a county medical examiner be a physician, holding either a M.D. or D.O. degree licensed to practice his or her profession in

Tennessee. It is not mandatory that the medical examiner reside in the county. T.C.A. § 38-7-104 (a)

Appointment and Replacement

"A county medical examiner shall be appointed by the county mayor, subject to confirmation by the county legislative body, based on a recommendation from a convention of physicians resident in the county. A county medical examiner shall be a physician who is either a graduate of an accredited medical school authorized to confer upon graduates the degree of doctor of medicine (M.D.) and who is duly licensed in Tennessee, or is a graduate of a recognized osteopathic college authorized to confer the degree of doctor of osteopathy (D.O.) and who is licensed to practice osteopathic medicine in Tennessee, and shall be elected from a list of a maximum of two (2) doctors of medicine or osteopathy nominated by convention of the physicians, medical or osteopathic, resident in the county, the convention to be called for this purpose by the county mayor." T.C.A. § 38-7-104 (a)

Appointments are for a five-year term with eligibility for reappointment by the county mayor with confirmation by the county legislative body.

It is recommended that once nominated, the potential county medical examiner would be prudent to negotiate compensation and support to be provided by county government. The county may provide for actual case-by-case compensation of properly completed investigations, but a monthly stipend can also be provided. Support for services and materials such as computers, access to copier/scanner/fax equipment, telecommunications and storage for both paper and digital records, should also be negotiated prior to county legislative approval.

"If it is not possible to obtain an acceptance as a county medical examiner from a physician in a county, authority is given for the election of a county medical examiner from an adjacent or another county. A county medical examiner, when temporarily unable to perform the duties of the office, shall have the authority to deputize any other physician in the area to act as county medical examiner during the absence. If the county legislative body fails to certify a county medical examiner for a county or if the county medical examiner resigns or is unable to fulfill the duties of the office during the interim between county legislative body sessions and a deputy has not been appointed by the county medical examiner, the chief medical examiner shall have the authority to appoint a county medical examiner to serve until the next session of the county legislative body."

Duties and Responsibilities

The primary responsibility of the county medical examiner is "When a death is reported as provided in T.C.A. § 38-7-108, it is the duty of the county medical examiner in the county in which the death occurred to immediately make an investigation of the circumstances of the

death. The county medical examiner shall record and store the findings, and transmit copies according to the death investigation guidelines developed by the Tennessee medical examiner advisory council." T.C.A. § 38-7-109

The ultimate goal of this investigation is to provide information to determine a truthful, logical, and scientifically unbiased statement of the cause and manner of death.

The county medical examiner may issue the death certificate for deaths within their jurisdiction.

The county medical examiner determines if an autopsy is needed and may "order an autopsy on the body of any person in a case involving a homicide, suspected homicide, a suicide, a violent, unnatural or suspicious death, an unexpected apparent natural death in an adult, sudden unexpected infant and child deaths, deaths believed to represent a threat to public health or safety and executed prisoners." T.C.A. § 38-7-106 (a)

"The authority ordering the autopsy shall notify the next of kin about the impending autopsy if the next of kin is known or reasonably ascertainable. The sheriff or other law enforcement agency of the jurisdiction shall serve process containing such notice and return such process within twenty-four (24) hours." T.C.A. § 38-7-106 (a)

The county medical examiner shall issue permits as required by the county and/or state which are necessary for the disposition of a dead body (to include cremation permits). The county medical examiner may be called upon to issue a letter certifying that a decedent had no known contagious disease prior to transport of the body to a foreign country.

The duties of a county medical examiner can be quite time-intensive, as one must be available 24 hours per day, 7 days per week. Therefore, when the county medical examiner is temporarily unable to perform his or her duties, any other physician in the area may be deputized to act as a county medical examiner during the absence. County medical examiners may also appoint medical investigators to assist them in the fulfillment of their duties, including ordering medicolegal autopsies, pronouncing death, and investigation of death scenes.

A medical investigator (CMEI or MDI) shall be a licensed emergency medical technician (EMT), paramedic, registered nurse, physician's assistant or a person registered by or a diplomate of the American Board of Medicolegal Death Investigators (ABMDI) approved by the county medical examiner to serve as medical investigator.

"The county medical investigator may conduct investigations when a death is reported, as provided in T.C.A. § 38-7-108, under the supervision of the county medical examiner. The county medical investigator may make pronouncements of death and may recommend to the county medical examiner that an autopsy be ordered. However, the county medical investigator shall not be empowered to sign a death certificate. The county medical examiner

may delegate to the county medical investigator the authority to order an autopsy." T.C.A. § 38-7-104 (f) (3)

"County medical examiners and medical investigators shall be required to receive initial training and regular continuing education through the chief medical examiner and to operate according to the death investigation guidelines adopted by the department of health." T.C.A. § 38-7-104(g)

Notification of County Medical Examiner

Tennessee Code requires that any death which is suspicious, unusual or occurs under unnatural circumstances is to be reported to the county medical examiner. The mandatory reporters of such deaths are listed as "any physician, undertaker, law enforcement officer, or other person having knowledge of the death." T.C.A. § 38-7-108. Specifically, the county medical examiner of the county in which the death occurred is to be notified in all cases of:

1. Death resulting from violence or trauma of any type;
2. Sudden death when in apparent good health;
3. Sudden unexpected death of infants and children;
4. Deaths of prisoners or persons in state custody;
5. Deaths on the job or related to employment;
6. Deaths believed to represent a threat to public health;
7. Deaths where neglect or abuse of extended care residents are suspected or confirmed
8. Deaths where the identity of the person is unknown or unclear;
9. Deaths in any suspicious/unusual/unnatural manner;
10. Found dead; or
11. Where the body is to be cremated.

When determining if a death is reportable to the county medical examiner, keep in mind that many natural deaths should be reported, but **ALL** deaths in which the manner of death is **NOT** natural must be reported. Simply put, any death in which a discrete identifiable event or object external to the decedent (e.g., methamphetamine, in the case of acute methamphetamine toxicity; the floor, in the case of a residential fall) is not natural. The interval elapsed between the time of the injury or poisoning event and death is irrelevant.

Tennessee Code requires investigation by the county medical examiner of a fetal death occurring after 20 weeks' gestation or if the fetus weighs 350 grams or more without medical attendance at or immediately after the delivery, or when inquiry is required. T.C.A. § 68-3-504

Whenever law enforcement is involved in the investigation of any death the county medical examiner should also be notified. The county medical examiner should be notified if the death occurs outside a licensed setting such as a hospital or nursing home until it can be determined that a physician caring for the deceased is willing to certify the death. One of the services the county medical examiner can provide the community is to ensure all deaths are properly

certified either by a physician who is knowledgeable of the deceased's medical history or by themselves when other criteria for doing so are met.

If a body is to be cremated, the county medical examiner is to be notified and shall sign the permit for cremation.

If the death falls within those to be reported to the medical examiner, the body should not be moved or embalmed until the county medical examiner has been notified and determined if an autopsy or further investigation is necessary to determine the cause and manner of death.

Tennessee does not have a "24-hour" rule requiring hospitals to notify the medical examiner when a death occurs, unless they fall under unusual, unnatural, suspicious, or unexpected circumstances (T.C.A. § 38-7-108 (a)) in which case the hospital is required to immediately notify the county medical examiner. The appendix contains a printable flyer for hospitals delineating specific deaths which must be reported to the medical examiner of the county in which death occurred.

It is good practice for a county ME to establish with hospitals, nursing homes, hospice providers, first responders, and law enforcement in their areas when, how, and to whom notification is to be made.

Timeliness of Notification and Examination

The county medical examiner is to be notified immediately upon the discovery of death that legally requires his or her review. Deceased bodies cannot be moved without the county medical examiner's permission (T.C.A. § 38 -7-108 (b)) except to preserve the body from loss or destruction or to maintain the flow of traffic on a highway, railroad, or airport. The county medical examiner may delegate this to an investigator as defined above who acts as the county medical examiner's agent.

Because most Tennessee county medical examiners have their own practice or are employed by a hospital, clinic or group practice, which requires caring for patients commanding immediate attention, they should strive to establish reasonable expectations within their jurisdiction as to when they will initiate the examination to comply within reasonable standards. The use of deputy county medical examiners and medical investigators should ease the provision of timely scene investigation and examination of the body.

Availability of the Medical Examiner

There must always be a county medical examiner available 24 hours a day, seven days a week to receive calls for cases requiring review. When the county medical examiner is not available, arrangements must be made with the deputy medical examiner or a willing county medical

examiner from another county to provide coverage. Appropriate notification protocols should be established in the same manner as the clinical practice of medicine.

Notification of Next-Of-Kin

Often the next-of-kin have been notified of the death or are present at the death. If not, the medical examiner can help facilitate the notification process. The responsibility of notification of death rests with law enforcement; the responsibility of notification of an impending autopsy rests with the county medical examiner.

If the body is to be autopsied, "the authority ordering the autopsy shall notify the next of kin about the impending autopsy if the next of kin is known or reasonably ascertainable. The sheriff or other law enforcement agency of the jurisdiction shall serve process containing such notice and return such process within twenty-four (24) hours," T.C.A. § 38 -7-106(a).

The county medical examiner must make sure that the document containing the notice to the next-of-kin goes with the body to the regional forensic center.

T.C.A. § 62-5-703 defines next-of-kin in order of:

1. The attorney-in-fact pursuant to a durable power of attorney for health care.
2. The spouse of the decedent.
3. The decedent's surviving adult children. The adult child making the arrangements should make a reasonable effort to contact all other adult children and ensure agreement among those contacted on the choice for funeral arrangements.
4. A parent of the decedent.
5. An adult sibling of the decedent.
6. An adult grandchild of the decedent.
7. The grandparent of the decedent.
8. A guardian of the decedent at the time of the decedent's death.

Autopsy Authorization

"A county medical examiner may perform or order an autopsy on the body of any person in a case involving a homicide, suspected homicide, a suicide, a violent, unnatural or suspicious death, an unexpected apparent natural death in an adult, sudden unexpected infant and child deaths, deaths believed to represent a threat to public health or safety, and executed prisoners," T.C.A. § 38 -7-106 (a).

"All autopsies [ordered pursuant to the postmortem examination act] must be performed at a facility accredited by the National Association of Medical Examiners (NAME)." T.C.A. § 38 -7-105

In addition to notification of the next-of-kin, the county medical examiner must also notify the district attorney and the state chief medical examiner whenever he or she decides to order an autopsy. T.C.A. § 38 -7-106 (a)

The county medical examiner may permit the removal of the cornea or corneal tissues from the body "if a request is received from an authorized official of a not-for-profit corporation chartered under the laws of the state, or authorized to do business in the state and certified by the "Eye Bank Association of America to obtain, store and distribute donor eyes and eye tissues to be used for corneal transplants and for other medical purposes," T.C.A. § 38 -7-106 (b).

A set of guidelines on when an autopsy should be authorized can be found under the Guidelines for Death Investigation – Determining When to Order an Autopsy section.

Toxicology Specimen Processing and Reporting

Appropriate samples (see Guidelines for Death Investigation – Collection of Toxicology Specimens) of bodily fluids and/or tissues should be obtained by the medical examiner for toxicological analysis unless the body will be sent for autopsy, in which case the collection will be performed at the time of autopsy. The method of collection and containers used should be guided by the lab chosen to provide analysis of the specimens. The lab should be provided with enough information about the case to guide the process of analysis. The lab chosen should be made aware of any suspected poisons or toxins involved in the case.

Death Certification

The medical examiner is responsible for completing the death certificate for cases investigated in accordance with state law. County medical examiners are not responsible for signing death certificates in cases not under their jurisdiction, though they may opt to do so if the certificate would not otherwise be signed. In such a case, the medical examiner will complete a Report of Investigation (ROI) by County Medical Examiner as well as the death certificate and file the ROI as required with the Office of the State Chief Medical Examiner.

It is recommended that the death certificate for cases referred to the Regional Forensic Centers be completed by a forensic pathologist in order to protect the NAME accreditation of the facility and ensure the integrity of vital statistics.

Public Relations and Interaction with Other Agencies

County medical examiners are public officials; thus there is an expectation and demand from the general public and media for access to the public information generated by their investigations. A measure of availability, tact, diplomacy, and finesse will serve the county medical examiner well in this regard.

When responding to calls or inquiries from the public or the media provide only brief factual information as is documented in the Report of Investigation. Do not render speculative opinions about the case. Statements and quotes should also be carefully worded such that the reporter clearly understands the content and intent of the medical examiner.

When law enforcement is involved in the investigation it is essential to verify information provided would not hinder their investigation before responding to media calls.

The statistics and experiences generated by the medical examiner are of interest to and can be used to help educate the general public about the role of the medical examiner on matters of public health. Speaking at civic clubs, schools, churches, and professional organization meetings provides a much-needed service to the community.

Funeral homes are vital to the death process and serve the interest of the families of the decedent who pay for their services. Developing a good working knowledge of and relationship with local funeral homes enhances the services provided to grieving families.

In order to facilitate planning and preservation of the appearance of the body for showing, investigations and examinations should be completed in a timely fashion. Providing prompt completion of death certificates will assist the funeral directors in providing assistance to the families. Good funeral directors who understand the death investigation process can help allay the anxieties of families and can also provide valuable information to the county medical examiner.

County Medical Examiner Procedures

Once selected, all county medical examiners should establish their practice site and procedures. Listed below is a minimal list of procedures and protocols that the county medical examiner should implement:

ESTABLISHMENT OF A LOCATION TO SERVE AS A PRACTICE SITE
Each medical examiner should have a practice site. This is usually the same location as his or her clinical practice. Personnel within the office must be aware of the duties taken on by the medical examiner. Location and contact information should be provided to the county executive, local law enforcement, local health care facilities, and the state chief medical examiner. Care should be taken to perform the external examination in an area that is private and maintains the dignity of the decedent. External examination should not take place in an open or exposed area within the view of the general public.

APPOINTMENT OF A DEPUTY MEDICAL EXAMINER
It is unreasonable to believe that the county medical examiner can perform the necessary duties at all times without any personal time. A qualified physician willing to cover in one's absence should be selected. Notification of this person's name and contact information should be provided to the county executive, local law enforcement, local health care facilities, and the state chief medical examiner.

ESTABLISHMENT OF A LOCATION TO PERFORM THE FORENSIC INVESTIGATION
This is usually the morgue of the county's main hospital or other suitable facility. Appropriate privileges or permission should be obtained prospectively.

ESTABLISHMENT OF A PROCEDURE FOR NOTIFICATION OF THE COUNTY MEDICAL EXAMINER
Usually the dispatch center of the local law enforcement or ambulance service can perform this function. However, the physician's own private answering service or the county hospital or adjoining county hospital's 24-hour switchboard can suffice. These entities should be provided with all appropriate beeper and telephone numbers and an updated ongoing schedule of availability of medical examiner personnel.

NOTIFICATION OF CRITICAL PERSONNEL OF THE ABOVE PROCEDURES
Any physician, undertaker, law enforcement officer, hospital, outpatient facility, nursing home, treatment resource, clinic, district attorney, or other individuals having knowledge of deaths which may fall under medical examiner jurisdiction, or in which the body is going to be cremated shall notify the county medical examiner.

These entities should be provided with a general knowledge of notification protocols established above and the local standards of practice. Please see the appropriate portions of the death investigation section for information on establishing these policies. The appendices contain a printable document for easy reference for healthcare facilities to use when deciding if medical examiner notification is indicated.

ESTABLISHMENT OF LOCAL MEDICAL EXAMINER PRACTICE
It is prudent to establish with local hospitals, law enforcement, and funeral homes the medical examiner's standards of availability for performance of duties. General criteria for visits of crime or death scenes, examination of bodies, ordering of autopsies, and reporting of findings are best established prospectively with all involved individuals. For example, knowledge of general guidelines regarding when a body found at 2:00 a.m. will be examined will allow funeral homes to counsel family members not familiar with medical examiner practice. Written procedures disseminated to the above establish the professionalism of the medical examiner.

ESTABLISHMENT OF THE INVESTIGATIVE TEAM
The county medical examiner must establish procedures necessary to collect information needed for an investigation and coordinate it with local law enforcement personnel. The investigation can be done by the county medical examiner or designated to the medicolegal investigator(s) to assist with data collection.

ESTABLISHMENT OF A RELATIONSHIP WITH A REGIONAL FORENSIC CENTER
A relationship should be established with a regional forensic center to provide autopsy services by a board-certified or eligible pathologist for ongoing 24-hour consultation and subsequent performance of medicolegally indicated autopsies.

ESTABLISHMENT OF LABORATORY FACILITIES FOR PROCESSING OF FORENSIC SPECIMENS
The county medical examiner must establish a working relationship with a toxicology lab for collection, shipment, and processing of appropriate samples. The Tennessee Bureau of Investigation Crime Lab will perform forensic drug and alcohol testing free of charge whenever

law enforcement is involved in the case. For cases requiring accelerated handling, arrangements with a private lab meeting forensic specifications for performance of tests and testimony may facilitate expeditious evaluation of cases. Since the use of a private forensic laboratory will involve an additional cost, the county medical examiner should consult with the agency providing funding for the office for approval. If an autopsy is to be performed, the specimen should and will be obtained by the pathologist performing the autopsy.

ESTABLISHMENT OF PROCEDURES FOR CREMATION

The medical examiner must be prepared to expeditiously handle authorizations for cremations as required under T.C.A. § 38 -7-108. All deaths in which cremation is to be the final disposition of the body must be reported to the county medical examiner in the county where the death occurred. Information on approval of cremation permits is provided under the "Other Duties and Responsibilities" section.

ESTABLISHMENT OF PROCEDURES FOR DEATH CERTIFICATE AND TRANSIT PERMITS

The health department's policy and procedures for death certificate and transit permits should be obtained and understood. It is helpful to know the local registrar. The death certificate typically originates at the funeral home, and then is forwarded to the attending physician or county medical examiner to be completed and signed. From there the certificate is filed with the local registrar at the local health department and finally is filed with Vital Records at the Tennessee Department of Health.

ESTABLISHMENT OF LEGAL HELP

The county medical examiner should expect competent legal assistance through the county attorney for issues related to his or her official duties. The county medical examiner should also become acquainted with the local district attorney and feel comfortable in requesting professional assistance from that office in any investigations, especially with forensic issues for which the county medical examiner has direct responsibilities (i.e., disinterment, autopsy order).

ESTABLISHMENT OF RECORDS SYSTEM, REPORTING, AND STORAGE

A program of record maintenance, reporting, and retrieval should be established. Systems for dissemination to the general public and collection of state mandated funds should be established. The "Guidelines for Death Investigation" section contains more specific information about record keeping. All deaths reported to the CME/CMEI should be recorded on a Report of Investigation (ROI).*

*"*When a death is reported as provided in T.C.A. § 38 -7-108*,* it is the duty of the county medical examiner in the county in which the death occurred to immediately make an investigation of the circumstances of the death. The county medical examiner shall record and store the findings, and transmit copies according to the death investigation guidelines developed by the Tennessee medical examiner advisory council." T.C.A. § 38 -7-109 (a)

****If you are currently entering all investigative information into a form or database (DIDI, MediLog, ME Sheet, etc.) consistent with the State's ROI you may print the preliminary or final report of investigation and e-mail, fax, or mail to the OSCME as a substitute for the State's ROI form. (SEE MINIMUM INFORMATION REQUIREMENTS / COMPLETING THE ROI)**

The ROI may be submitted via postal mail to:

Office of the State Chief Medical Examiner
Andrew Johnson Tower – 7th Floor
710 James Robertson Parkway
Nashville, TN 37243

The ROI may be submitted via fax number: 615-401-2532 or email: OSCME.ROI@tn.gov.

The ROI may also be entered directly and submitted electronically via the current OSCME data system, for which you must be granted access as a user. To register as a user call 615-837-5039 or toll free 844-860-4511.

A copy of the "Medication Log" should also be included.

A copy of the ROI should also be sent to the district attorney general if there is evidence of foul play and/or if in the county medical examiner's judgement an autopsy should be performed.

The medical examiner must be prepared to expeditiously handle authorizations for cremations as required under T.C.A. § 38 -7-108. All deaths in which cremation is to be the final disposition of the body must be reported to the county medical examiner in the county where the death occurred. Information on approval of cremation permits is provided under the "Other Duties and Responsibilities" section.

The county medical examiner's office is responsible for maintaining copies of the records generated (ROI, Medication Log, photographs, Order for Autopsy, Autopsy Report, Toxicology Report, etc.) for each death investigated. A file should be created for each case (by case number, county number, etc.).

COUNTY MEDICAL EXAMINER INVESTIGATORS

Many, if not most, county medical examiners appoint county medical examiner investigators (also known as medicolegal death investigators or MDIs) to act as their "eyes and ears" at death scenes. A county medical examiner investigator must be a licensed emergency medical technician (EMT), paramedic, registered nurse, physician's assistant, or a person registered by the American Board of Medicolegal Death Investigators (ABMDI) and approved by the county medical examiner to serve as medical investigator. T.C.A. § 38 -7-104 (f) (1)

"The county medical investigator may conduct investigations when a death is reported, as provided in §38-7-108, under the supervision of the county medical examiner. The county medical investigator may make pronouncements of death and may recommend to the county medical examiner that an autopsy be ordered. However, the county medical investigator shall not be empowered to sign a death certificate. The county medical examiner may delegate to the county medical investigator the authority to order an autopsy." T.C.A. § 38 -7-104 (f) (3)
Both "county medical examiners and medical investigators shall be required to receive initial training and regular continuing education through the chief medical examiner and to operate according to the death investigation guidelines adopted by the department of health."
T.C.A. § 38 -7-104 (g)

FORENSIC PATHOLOGISTS AND REGIONAL FORENSIC CENTERS

All autopsies in cases in which medical examiner jurisdiction is assumed must be performed in a facility accredited by the National Association of Medical Examiners (NAME) (T.C.A. § 38 -7-105(a)). There are five such facilities in the state, known as regional forensic centers (RFC's). The facilities are located in Memphis, Nashville, Chattanooga, Knoxville, and Johnson City. A county medical examiner may choose the facility to which he or she refers cases as long as the RFC agrees to perform the examination.

Forensic pathologists are subspecialists, who after 4 years of medical school, undergo 4 to 5 years of residency training in pathology, followed by an intensive one-year fellowship in forensic pathology during which forensic principles, advanced autopsy techniques and death certification are mastered.

Upon receipt of a body on which an autopsy is to be performed, the pathologist should receive: (a) an order for the autopsy issued by either the county medical examiner or his or her investigator, district attorney general or the state chief medical examiner; (b) a copy of the Report of Investigation of the county medical examiner and, (c) a copy of any available medical records.

After completion of the autopsy the pathologist or regional forensic center may bill the county for the service. The pathologist shall forward to the state chief medical examiner the order for the autopsy, a copy of the autopsy report (with any included drawings, narratives, toxicology reports, microscopic reports, etc.) and a claim-for-fee for filing the report with the office of the state chief medical examiner. After reviewing this information the state chief medical examiner shall approve the claim-for-fee for payment and properly file the documents.

At the end of this process, the pathologist or regional forensic center must submit a copy of the autopsy report to the county medical examiner, the office of the state chief medical examiner and to the district attorney.

In summary, the pathologist is authorized by the county medical examiner to perform an autopsy upon a body that is subject to a post-mortem examination.

The county medical examiner must communicate directly with the pathologist (written or orally) in order to provide clinical details. It is the duty of the county medical examiner to make clear to the pathologist what questions are to be answered. Without enough information about the circumstances surrounding the death prior to performance of the examination, it is difficult and sometimes impossible for the pathologist to provide the best autopsy service.

The pathologist must provide a report to the county medical examiner as soon as possible, using a standard autopsy format.

In cases referred to a regional forensic center for examination, it is preferred that the forensic pathologist responsible for the case complete the death certificate in order to ensure the collection of accurate and consistent death statistics and to protect the NAME accreditation of the regional forensic center.

DISTRICT ATTORNEY GENERAL

The District Attorney General is an elected Constitutional officer who is under an inherent duty to investigate, prosecute, and insure against all infractions of the public peace and all acts which are against the peace and dignity of the State of Tennessee. As such, and pursuant to T.C.A. § 8-7-103, each District Attorney General has a duty to prosecute in the Courts of his or her respective district all violations of the state criminal statutes, including any and all cases of criminal homicide under T.C.A. § 39-13-201, which is the unlawful killing of another person, and may be first degree murder, second degree murder, voluntary manslaughter, reckless homicide, criminally negligent homicide, aggravated assault resulting in death, or vehicular homicide.
In the performance of these prosecutorial duties and responsibilities, it is necessary in any homicide case for the District Attorney General to obtain evidence and put forth proof beyond a reasonable doubt regarding the facts, circumstances, proximate cause, and manner of death of the homicide victim. Therefore, the District Attorney General will request and expect the County Medical Examiner to order an autopsy on the body of any person and give notice to the District Attorney General in cases involving a suspected homicide, suicide, any violent, unusual, unnatural or suspicious death, an unexpected apparent natural death in an adult, sudden unexpected infant and child deaths, deaths believed to represent a threat to public health or safety, deaths of prisoners or persons in state custody, deaths on the job or related to employment, or deaths where neglect or abuse of extended care residents are suspected. T.C.A. § 38 -7-107 and T.C.A. § 38 -7-108.

The District Attorney General may order an autopsy “in the absence of the county medical examiner or the failure of the county medical examiner to act. The authority ordering the autopsy

shall notify the next of kin about the impending autopsy if the next of kin is known or reasonably ascertainable. The sheriff or other law enforcement agency of the jurisdiction shall serve process containing such notice and return such process within twenty-four (24) hours." T.C.A. § 38 -7-106

The District Attorney General may be asked to petition a judge to order a disinterment of a body falling under medical examiner jurisdiction if the person was buried before an autopsy could be performed, or if disinterment will assist in a pending criminal investigation. Such petition may be made by a state or county medical examiner or by a District Attorney General in the district in which death occurred, or in which the injury leading to death occurred, or in which the body is buried. T.C.A. § 38 -7-107(a) "Upon the presentation of the petition to the judge, the judge shall be authorized to consider the petition and in the exercise of sound judicial discretion, either make or deny an order authorizing the disinterment and an autopsy to be performed upon the body of the deceased. The cost of disinterment and autopsy shall be paid by the state as provided in T.C.A. § 38 -1-104." T.C.A. § 38 -7-107(b)

Upon written petition by the District Attorney General supported by affidavit and/or testimony under oath from a law enforcement officer that the release of portions of a report of a county medical examiner, toxicological report or autopsy report may seriously impede or impair the investigation of a homicide or felony, a court of record may order that such portions shall not be subject to disclosure as a public document and shall remain confidential, until the indictment and arrest of any and all suspects in the underlying homicide or felony, or upon the closure of the criminal investigation of the same by law enforcement. T.C.A. § 38 -7-110(d)

A County Medical Examiner, through the appropriate District Attorney General, may obtain through judicial subpoena any and all medical, hospital, or other licensed facility records pertaining to a case under post-mortem investigation or examination. T.C.A. § 38 -7-117

LAW ENFORCEMENT AGENCIES

Law enforcement agents are frequently present at death scenes. The best, highest quality death investigations occur when law enforcement and medical examiner personnel work collaboratively and in concert with one another. The county medical examiner (CME) or county medical examiner investigator (CMEI) must take care to not disturb the scene, and to follow directions of law enforcement in negotiating their scene presence. Law enforcement should bear in mind that the body and personal effects are not to be disturbed or moved without the consent of the CME or CMEI/MDI. Law enforcement maintains control over the scene; the CME or CMEI/MDI maintains control over the body.

FUNERAL DIRECTORS

The Board of Funeral Directors and Embalmers of the Tennessee Department of Commerce and Insurance licenses and regulates funeral directors, embalmers and funeral establishments in Tennessee. The funeral director may be the first to receive a call about a death that has occurred, especially if prior funeral arrangements have been made. The funeral director (undertaker) is responsible for notification of the medical examiner of any death that meets the criteria set forth in T.C.A. § 38 -7-108 (a) if the death has not already been reported by law enforcement or medical personnel. T.C.A. § 38 -7-108 (b) states that whenever a death meets the criteria set forth by this part the body shall not be moved or embalmed without authorization by the medical examiner for the county in which death occurred.

The funeral director is responsible for obtaining information from the family, completing the death certificate, and filing all completed death certificates and required permits (e.g., cremation permit, burial permit, and transit permit) with the registrar at the department of health of the county in which death occurred. The T.C.A. § 68 -3-502 (b) states, "The funeral director, or person acting as funeral director, who first assumes custody of the dead body shall file the death certificate. The funeral director shall obtain the personal data from the next of kin or the best qualified person or source available, and shall obtain the medical certification from the person responsible for medical certification, as set forth in subsection (c)." The death certificate should be filed within five (5) days of the death and prior to final disposition (T.C.A. § 68 -3-502 (a) (1)). The funeral director will complete the decedent's data based on information provided by the next of kin or other informant with knowledge of the decedent's personal information.

Funeral directors and their personnel also provide grief counselling and often serve as a liaison between the medical examiner and the family. County medical examiners and their investigators should work closely with the funeral home chosen by the family as they may assist in the gathering of information and facilitation of communication between different agencies.

GUIDELINES FOR DEATH INVESTIGATION

ESTABLISHING MEDICAL EXAMINER JURISDICTION

If a death meets the legal criteria for a reportable case as set forth in T.C.A. § 38 -7-108 (a) the county medical examiner may establish jurisdiction. The county medical examiner will direct the extent of their jurisdiction based on the type, circumstances, and location of death and the protocols established for their county.

JURISDICTION DECLINED

It is the county medical examiner's decision whether to accept or decline jurisdiction of a death and proceed with an investigation, not the reporting individual, health care facility or law enforcement agency.

Jurisdiction declined cases may be defined as:

- Deaths that are reported to the CME/CMEI but do not meet the criteria for medical examiner jurisdiction set forth as reportable by the T.C.A. § 38 -7-108; and
- the CME/CMEI declines to pursue the case any further and relinquishes death certification to another physician.

If the CME/CMEI pursues additional investigation, such as going to the scene or reviewing medical records, even if another physician will certify the death, or certifies the death certificate it should not be considered a Jurisdiction Declined case.

All deaths reported to the county medical examiner should be recorded on a report of investigation whether jurisdiction for the death was accepted or declined. The report should be maintained by the CME and submitted to the state chief medical examiner. (See Maintaining Records)

DEATH SCENE INVESTIGATION OVERVIEW

According to recommendations by the National Association of Medical Examiners (NAME) the medical examiner's investigation of a death must be autonomous and independent from law enforcement's investigation. Although independent, the medical examiner and on-scene law enforcement must work together with the common goal that all cases are investigated consistently and evidence is appropriately collected with the surety that it can be used in a criminal investigation if applicable. In lieu of the county medical examiner (CME) attending every death scene, the medicolegal death investigator (MDI) or county medical examiner investigator (CMEI), who serve as the eyes and ears of the medical examiner, can perform on-scene death investigations for deaths that fall under the jurisdiction of the medical examiner.

Deaths that are reportable to the medical examiner, per T.C.A. § 38 -7-108, include but are not limited to:

1. Death resulting from violence or trauma of any type;
2. Sudden death when in apparent good health;
3. Sudden unexpected death of infants and children;
4. Deaths of prisoners or persons in state custody;
5. Deaths on the job or related to employment;
6. Deaths believed to represent a threat to public health;
7. Deaths where neglect or abuse of extended care residents are suspected or confirmed
8. Deaths where the identity of the person is unknown or unclear;
9. Deaths in any suspicious/unusual/unnatural manner;
10. Found dead; or
11. Where the body is to be cremated.

Fetal Deaths: Any fetal death of three hundred fifty (350) grams or more or of twenty (20) completed weeks' gestation or more that occurs without medical attendance at or immediately after the delivery, or when inquiry is required as in the case of maternal trauma that led to the death (T.C.A.§68-3-504 (c)).

Scene Investigation and Accepting Jurisdiction

It is recommended that the CME/CMEI go to the scene of the death whenever possible. An inspection of the scene, and the body within that environment, can be of importance both in determining if an autopsy is necessary and in establishing the cause and manner of death. In many smaller jurisdictions the CME/CMEI will be well known to local law enforcement agencies so formal introductions may not be necessary. This however may not be true statewide. It is best practice for the CME to introduce themselves and their personnel (CMEIs, transport) to local law enforcement and other key officials in the county prior to arriving at their first scene.

In 2011, the National Institute of Justice updated their protocol, *Death Investigation: A Guide for the Scene Investigator*. The guidelines were a collaboration of best practices throughout the forensic community, for medical examiner and coroner systems, and were recommended as a standard for consistent, thorough death scene investigation. The guidelines can be found in their entirety at the website listed below.

http://www.nij.gov/topics/law-enforcement/investigations/crime-scene/guides/death-investigation/pages/welcome.aspx

The protocol as outlined consists of:

a. Ascertain the essential facts preceding and the circumstances surrounding the death. Obtain personal medical, social, psychiatric, or criminal history.

b. Photograph the body and the scene, document pertinent descriptive information, and establish identification.

c. Record the names and pertinent information of witnesses present.

d. Take custody of any evidence directly associated with the body with the exclusion of firearms, live ammunition, illicit drugs, or drug paraphernalia that may aid in the determination of the cause and manner of death. Ensure chain of custody.

e. Take custody and document prescription medication using the Medication Log. Ensure medication that has been prescribed to the decedent does not remain at the scene.

Death Notification

The CME/CMEI should confirm with law enforcement that death notification has occurred, so that notification of medical examiner jurisdiction can be made under T.C.A. § 38 -7-106, " . . . The authority ordering the autopsy shall notify the next of kin about the impending autopsy if the next of kin is known or reasonably ascertainable. The sheriff or other law enforcement agency of the jurisdiction shall serve process containing such notice and return such process within twenty-four (24) hours."

DETERMINING WHEN TO REQUEST AN AUTOPSY

To assist the county medical examiners, the following guidelines for determining when to order an autopsy have been established by the Office of the State Chief Medical Examiner. There are deaths in which an autopsy must be performed so that each county provides a minimum service and meets national standards. In other instances, while the recommendation is for autopsy, it is not required. County medical examiners must use knowledge of their county and their best judgement to establish policies and procedures.

An autopsy must always be requested in the following cases:

All cases of homicide or suspected homicide must be autopsied, including apparent "accidental" shootings. This includes homicide victims that may have lived for days, weeks, months, or years prior to succumbing to the injuries.

All cases in which the manner of death is listed as "Could not be determined" must have an autopsy. Note that this refers to *manner* of death rather than *cause* of death. The cause of death is the anatomic abnormality which initiated the events which eventually led to death; the manner of death is the circumstances under which that abnormality occurred.

All child and infant deaths in which there is no previously known diagnosis to reasonably account for death must be autopsied. The diagnosis of Sudden Infant Death Syndrome (SIDS) or

Sudden Unexpected Infant Death (SUID) requires an autopsy to exclude all other causes of death. Child abuse or neglect may also be difficult to detect and document without a complete autopsy. Chronically ill or special needs children are at higher risk for physical abuse or neglect, and may have a combination of natural disease and physical injury which can only be adequately documented and determined through autopsy.

All deaths in prison, jail or correctional institution or police custody, or involving police intervention, in the presence or suspicion of injury must have an autopsy. Deaths of long-term prisoners or those in state custody who have well-documented disease processes known to cause death (e.g., cirrhosis due to hepatitis C virus infection) do fall under medical examiner jurisdiction and at a minimum should have an external examination with photography performed by the county medical examiner or his or her investigator.

An autopsy is recommended in the following cases:

- All suicides unless the circumstances are very clear, no questions are pending, and the family has no reasonable objection.

- A complete autopsy is recommended for all deaths resulting from opiate, illegal or illicit drug overdose (Rule 1200-36-01-01), poison, or alcohol intoxication.

- All cases that involve drivers of a motor vehicle crash, unless it is a single motor vehicle accident or the injuries have been clearly documented radiographically or by a hospital stay. An accident victim who has had a hospital stay will most likely have ample documentation of injuries in the medical records. An autopsy may not provide any additional information, although it may be of benefit to test blood taken at the time of admission for common drugs of abuse.

- Deaths of celebrities or high-profile persons: The autopsy serves a public health purpose, and many questions or speculations arising after the death has occurred can be addressed if an autopsy has been performed.

- Deaths related to electrical/electrocution and lightning-related deaths, because the circumstances are often not straightforward, and because the external physical signs are very subtle or even undetectable.

- Burn victims or victims of smoke inhalation who are unidentified or who die at the scene of the fire should be autopsied. Questions arise as to identification of the decedent, time of death with respect to the time of the fire, and whether the death occurred before the fire started (the fire may be masking another type of death, such as a homicide).

- Deaths related to exposure, such as hypothermia and hyperthermia.

- Persons who die in their workplace from obvious injury should be autopsied. Many legal questions may arise as a result of such a death on the job, and deaths at the workplace or related to employment clearly fall under medical examiner jurisdiction (T.C.A. § 38 -7-108 (a)). These cases should always be reported to Tennessee Occupational Safety and Health Administration (TOSHA; 844-224-5818; www.tn.gov/workforce/section/tosha).

- Deaths due to a possible public health hazard, such as meningitis, when the disease has not been confirmed, should be autopsied.

- Deaths that may be related to failure of a consumer product should be autopsied, and if confirmed, a report made to the U.S. Consumer Product Safety Commission (800-638-2772; www.cpsc.gov).

The majority of deaths in any community are natural, and most deaths reported to and accepted for investigation by the medical examiner are due to natural causes. In cases where there is sufficient documentation of natural disease, an autopsy may not be needed.

In most cases the death of a person of advanced age of apparent natural causes, with or without a known medical history and when non-natural factors have been ruled out, does not warrant a medical-examiner requested autopsy. An external examination and toxicology is usually sufficient. The cause of death in these instances usually may be certified as atherosclerotic cardiovascular disease. This designation is intended to include deaths from atherosclerosis, coronary artery disease, ischemic cardiomyopathy, peripheral vascular disease, cerebrovascular accidents, ruptured aneurysms, and aortic or other vessel dissections. Although a complete autopsy might better define the specific nature of the immediate cause of death than history and external examination alone in such cases, determining the precise mechanism of death is not adequate justification for the expenditure of public funds to perform a forensic autopsy.

AUTHORIZING AN AUTOPSY

The county medical examiner may order an autopsy on any person whose death falls under medical examiner jurisdiction. That is, cases in which:

1. Death resulting from violence or trauma of any type;
2. Sudden death when in apparent good health;
3. Sudden unexpected death of infants and children;
4. Deaths of prisoners or persons in state custody;
5. Deaths on the job or related to employment;
6. Deaths believed to represent a threat to public health;
7. Deaths where neglect or abuse of extended care residents are suspected or confirmed
8. Deaths where the identity of the person is unknown or unclear;

9. Deaths in any suspicious/unusual/unnatural manner;
10. Found dead; or
11. Where the body is to be cremated.

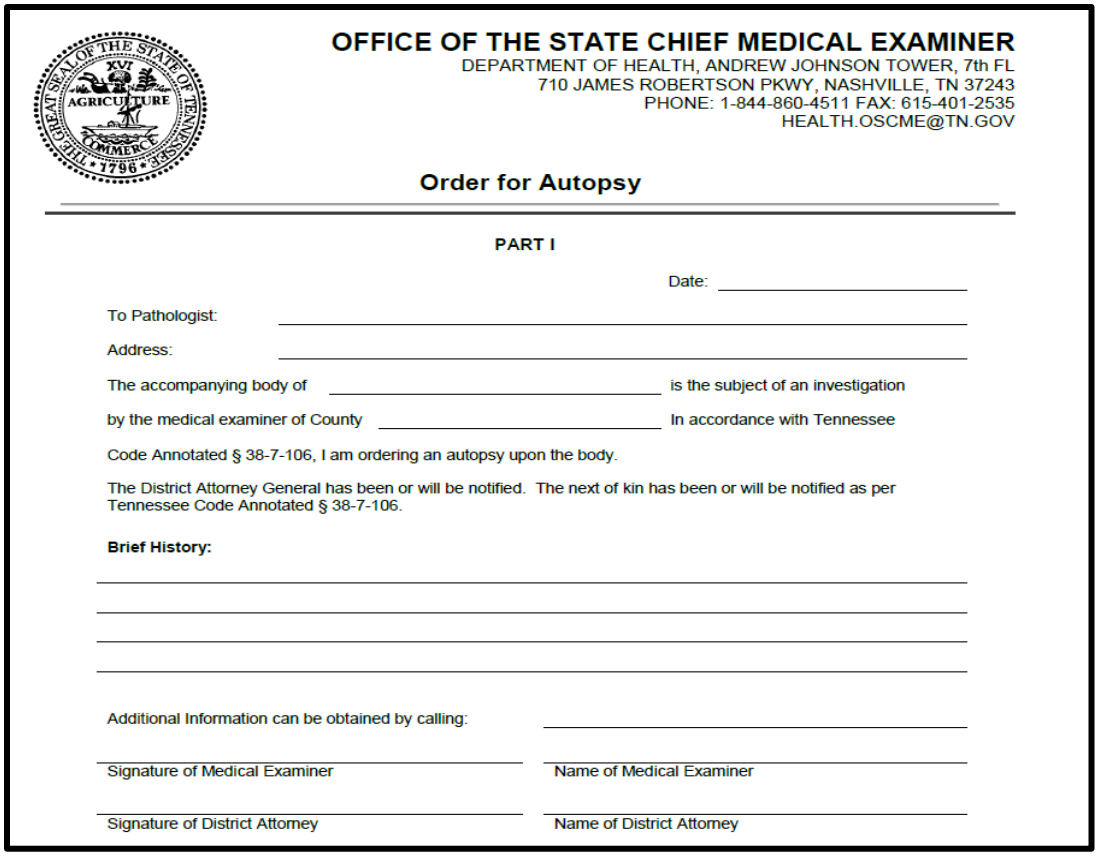
The county medical examiner may delegate the authority to a county medicolegal death investigator to order autopsies. (T.C.A. § 38 -7-104-(f)-3)

When the county medical examiner or investigator decides to order an autopsy, the county medical examiner or investigator shall notify the district attorney general and the office of the state chief medical examiner. The state chief medical examiner or the district attorney general may order an autopsy in such cases on the body of a person in the absence of the county medical examiner or if the county medical examiner has not ordered an autopsy. The law does not give the district attorney the authority to prevent an autopsy that is ordered by the county medical examiner or investigator. (T.C.A §38-7-106)

An autopsy may be ordered using the Report of Medicolegal Investigation form PH-4217, page 2, as shown below:

The accompanying body of Wile E. Coyote is the subject of an investigation by the medical examiner. In accordance with Tennessee Code Annotated 38-7-106, I am ordering an autopsy upon the body.
Order for Autopsy: ☒ Yes ☐ No
☒ Was served to the next of kin on January 1, 2016 at 0800
☐ Was unable to locate the next of kin by a diligent search and inquiry.
Authorizing Signature of Medical Examiner or Delegated Investigator: _____

An Order for Autopsy form PH-1907, shown below, may also be used to order an autopsy. However, county medical examiners are still required to submit the Report of Investigation form to the OSCME even when using the Order for Autopsy.



OFFICE OF THE STATE CHIEF MEDICAL EXAMINER
DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 7th FL
710 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243
PHONE: 1-844-860-4511 FAX: 615-401-2535
HEALTH.OSCME@TN.GOV

Order for Autopsy

PART I

Date: _____

To Pathologist: _____

Address: _____

The accompanying body of _____ is the subject of an investigation

by the medical examiner of County _____ In accordance with Tennessee

Code Annotated § 38-7-106, I am ordering an autopsy upon the body.

The District Attorney General has been or will be notified. The next of kin has been or will be notified as per Tennessee Code Annotated § 38-7-106.

Brief History:

_____

_____

_____

_____

Additional Information can be obtained by calling: _____

Signature of Medical Examiner | Name of Medical Examiner

Signature of District Attorney | Name of District Attorney

An autopsy may be ordered over the objections of the next-of-kin of the decedent. Frequently, if a medical examiner or forensic pathologist explains to the family the necessity for autopsy and that autopsy will not delay funeral arrangements or disfigure the decedent, they will assent to the examination. However, if a family or next-of-kin persists in "refusing" autopsy, it may be prudent for the county medical examiner or forensic pathologist to offer to delay the examination for a reasonable (for example, 72 business hours) period of time, during which the family may petition for a court order preventing the procedure.

IDENTIFICATION OF THE DECEDENT

Identification of unknown bodies is an important function of the county medical examiner's office and should be considered as important as determining cause and manner of death. Bodies should be identified using one or more methods that are widely recognized and accepted within the medicolegal community. If possible, identification should be determined prior to transport to a regional forensic center, but should be firmly established prior to release to a funeral home. If a body cannot be identified prior to transportation for autopsy, the tag placed on the body should indicate UNKNOWN MALE/FEMALE, COUNTY OF DEATH, and any other information routinely used by county medical examiner (CME) / medical examiner investigator (CMEI). If the CME/CMEI and/or law enforcement has a reasonable suspicion as to the identity of the decedent, that information should be included on the body tag (presumed to

be OR believed to be . . .). How a decedent is identified should be documented in the CME/CMEI Report of Investigation (ROI).

Identification of the decedent can be accomplished through use of one or more of the following methods:

Visual/Photographic Identification of the Deceased

Visual identification is the most common method currently used, however visual identification alone is considered the least reliable method of identification. Identification of the body may be made by showing a member of the family, a friend, or an individual who knew the decedent well, either the body or a photograph of the body/face. This method should only be used when the decedent is visually recognizable. Information about the person making the identification, to include name, address, contact phone number, and relationship to the decedent, should be documented. When a decedent is either positively or presumptively (tentatively) identified by a photograph from a driver's license or other official documents, it is encouraged that this document be sent with the body to the regional forensic center. CME(I)s should not use "identified by family" or "known to law enforcement" in their reports but should document with specific information who was the identifier and their contact information if questions arise in the future concerning the identification.

While visual identification is the most common method used for positive identification, it has the greatest potential for error. Persons, even close family members, can make errors in identifying a deceased body. Therefore it is best to include at least other circumstantial information such as "decedent found in own residence, or vehicle".

Scientific Identification of the Decedent

If the decedent is not readily identified by visual means, either due to decomposition or trauma, other scientifically recognized methods should be employed for positive identification. Alternative, accepted methods include fingerprints, antemortem dental records, antemortem medical x-rays, or genetic (DNA) studies.

Fingerprint Identification is an excellent method of identification as long as the person has a fingerprint record on file. Law enforcement records provide the most common sources for retrieving comparison fingerprints. The FBI fingerprint database contains a criminal file, a civil file for government employees, and a military file that covers the armed forces. When the decomposition process is advanced fingerprints may be difficult or impossible to obtain. Local law enforcement or the regional forensic center may be able to provide assistance in printing difficult cases. Fingerprints for homicide, suicide, or suspicious cases should not be collected prior to autopsy as the process of fingerprinting may destroy evidence. If a county ME(I) is petitioned by local law enforcement to fingerprint the body prior to autopsy, the CME(I) should contact the regional forensic center and speak with the case pathologist to discuss specifics.

Dental Identification of an unidentified body requires the presence of antemortem dental records, the written record, and dental x-rays (bite-wings, panoramic). The record of the known person can be compared to the dentition of the deceased for positive identification. As soon as it is suspected that dental identification may be required, a search for antemortem dental records should begin. Antemortem dental information should be forwarded to the regional forensic center performing the postmortem examination.

Radiographic Identification can be employed when antemortem x-rays are available and show remote skeletal fracture(s), unique skeletal anomalies, lesions, old and un-recovered projectiles, prior medical or surgical intervention and prosthesis. Antemortem x-ray information should be forwarded to the regional forensic center performing the postmortem examination. If the body is not sent for autopsy the assistance of a local radiologist may be needed for this type of identification.

DNA Identification can be used to establish the positive identification of a deceased person. Comparison can be made directly (for example, comparing DNA from the hairs contained on a hairbrush of a known person to a DNA sample obtained from the body), or by comparison with a relative's DNA. Specimens considered suitable for DNA comparison include dried blood, hair with roots, tissue, bone marrow, and sometimes from teeth. Blood dried on DNA blotter paper or an FTA bloodstain card is the specimen of choice.

Presumed Identification

If positive identification cannot be made via visual or scientific means, then a presumptive or circumstantial identification may be possible. Circumstantial evidence may include, but is not limited to, ID on body, jewelry, scars, and tattoos, location of body within a residence or vehicle, and anthropological data. Circumstantial evidence must be carefully considered and, if you feel the circumstantial evidence is not strong enough to be sure of identify, you can prepare the death certificate with the qualifying phrase "Presumed To Be".

UNKNOWN OR UNIDENTIFIED DECEDENT

A body that is unidentified should never be cremated until a positive identification has been established. A body that is unidentified can be embalmed and buried, once information has been collected that may aide in future positive identification. The list of information includes, but is not limited to : height, weight, approximate age, gender, race (ancestry), hair characteristics (color, length, style, etc.), eye color, description and color photos of all tattoos, amputations, scars, and prosthetics, clothing record (items, colors, labels, sizes) to include color photographs, jewelry descriptions to include color photographs, street names or nicknames, fingerprints, dental exam with chart and dental x-rays, other x-rays (if indicated), DNA specimen(s), and anthropology consultation (if available and indicated). Copies of all

information collected should be maintained as a part of the permanent medical examiner record until identification has been established.

NAMUS (National Missing and Unidentified Persons System) is a national database that attempts to match unidentified bodies with missing person's reports. Each regional forensic center has a person who can enter the profile. Potential matches in the NAMUS database will be referred back to the center for confirmation.

REPORT OF INVESTIGATION (ROI)

The medical examiner Report of Investigation Form (ROI) should be completed by the county medical examiner (CME) or medical examiner investigator (CMEI) for each death that is reported to the CME/CMEI, whether or not medical examiner jurisdiction is accepted. The ROI is the first record of the investigation of any death investigated by the CME/CMEI. The ROI form serves multiple roles in that it provides a single location for all demographic information, scene investigation, and narrative summary information needed by the regional forensic center providing autopsy service, it is the order for autopsy, documents next of kin notification of autopsy, and it is the record of the investigation to be sent to the OSCME to be maintained by the state.

The ROI is a two page form that is largely self-explanatory and can be completed by either the CME or CMEI with all available information. The full, complete, accurate, and timely recording of information on this report and its accompanying forms (SUIDI, SUDCR, Medication log) is necessary for all stakeholders in the medicolegal death investigation system to perform their duties as assigned by law. (See Appendix C – Medical Examiner Forms)

A signed copy of the form should be sent to the State Chief Medical Examiner's Office (OSCME) within 14 days of the date of death. This will allow the OSCME to review the deaths being reported throughout the state in a timely fashion. It should be emphasized again that a copy of this report should be submitted to the OSCME for all deaths that are reported to the medical examiner, regardless of whether or not an autopsy is requested or jurisdiction accepted or declined.

Address: Office of the State Chief Medical Examiner
Department of Health, Andrew Johnson Tower, 7th Floor
710 James Robertson Parkway
Nashville, TN 37243

Fax Submission: (615) 401-2532
Electronic Submission: OSCME.ROI@TN.GOV

NOTE:

If you are currently entering all investigative information into a form or database (DIDI, MediLog, ME Sheet, etc.) consistent with the State's ROI you may print the preliminary or final report of investigation and e-mail, fax, or mail to the OSCME as a substitute for the State's ROI form.

A signed copy of the form should also be sent with the body to the regional forensic center and will serve as the order for autopsy. Autopsies are conducted under the authority of the county medical examiner or District Attorney General and require a signed form.

The county medical examiner is required to maintain a record of all deaths reported to them as well as the archives of the previous county medical examiners from the jurisdiction. The county medical examiner should arrange the transfer of files to their successor, or if one has not been appointed, to the county government.

Minimum Information Requirements

Medical Examiner Cases

- County of Death
- Decedent Demographics (Name, DOB, Gender, Race)
- Type of Death
- Identification (Method, Viewed Information)
- Death Pronounced (Date, Time)
- Death in Jail / Police Custody
- Drugs Suspected (Yes/No)
- Brief Narrative of Circumstances Surrounding Death
- Body Viewed by Medical Examiner (Yes/No)
- Presumed Cause and Manner of Death
- Date of Investigation
- Name/Signature of CME/CMEI
- Order for Autopsy (Yes/No)

Jurisdiction Declined Cases

- County of Death
- Decedent Demographics (Name, DOB, Gender, Race)
- Type of Death (Indicate Jurisdiction Declined)
- Date Pronounced (Date, Time)
- Brief Narrative of Circumstances Surrounding Death
- Presumed Cause of Death
- Manner of Death
- Date of Investigation
- Name/Signature of CME/CMEI

Completing the ROI

The following line-by-line explanation of the meaning and the scope of each portion of the form is provided to encourage more consistent completion, which will increase the current and future value of the data.

Case Number: The case number assigned by the county medical examiner's office. If no case number is assigned, leave blank. Suggested format would include: 2 DIGIT YEAR - COUNTY NUMBER - FOUR DIGIT CONSECUTIVE NUMBER (e.g. 16-40-0001)

County of Death: Self-explanatory. ROI should be completed and submitted by medical examiner of record for the county where death was pronounced.

Demographic Information:

- NAME - Include legal name (first, middle, last) excluding nicknames. When possible submit official ID or a copy to the RFC if body sent for autopsy.
- RACE - Self-explanatory
- AGE - Chronological age; if less than two years can delineate in months
- SEX – Self-explanatory
- RESIDENTIAL ADDRESS – use full "911" permanent address of the decedent or their parents if a minor. Include zip code when possible.

Indication for Medical Examiner Investigation: Indicate most appropriate type of death/reason case was reported.

Identification of Body: Detail exact method of identification. If identified by a person, list full name, address, phone number, and relationship to deceased.

Information about Decedent and Description of Body:

- DATE OF BIRTH: Self-explanatory.
- MARITAL STATUS: Self-explanatory. While many laws concerning marriage have changed in the past several years, Tennessee still does not recognize common law marriage unless the marriage was legally contracted within a state or jurisdiction that recognizes common law.

- HISTORY OF DOMESTIC VIOLENCE: Self-explanatory. Indicate YES or NO.

- OCCUPATION: Self-explanatory. If the decedent's death was related to employment note type of job being performed in narrative.

- BODY TEMPERATURE: Judge temperature by touch in locations adjacent to ambient air (e.g., Not under blankets, against surfaces, etc.). Note exact temperature if rectal temperature is collected.

- DECOMPOSITION: Self-explanatory, check box EARLY, ADVANCED, or NONE.

- RIGOR MORTIS: Self-explanatory. Rigor can be defined as absent (0), easily broken (1), broken with moderate force (2), or cannot be broken at all or without considerable force (3).

- JAIL/POLICE CUSTODY: Self-explanatory, check box YES or NO.

- BLOOD/FROTH: Note the locations of obvious blood flow or froth (foam cone) from orifices of the head and on clothing, including the color.

- OTHER: In cases of suspected asphyxia make note (e.g., dirt, water, etc.).

- LIVOR MORTIS: Self-explanatory. Indicate presence, ABSENT, BLANCHABLE, FIXED, and position, ANTERIOR or POSTERIOR.

Information about Occurrence

- INJURY OR ONSET OF ILLNESS: This is the physical address of where the decedent was first injured or began to show the first signs of illness. Note whether the decedent was on the job and/or the premise type (e.g., mobile home, apartment, warehouse, highway, etc.).

- LAST KNOWN TO BE ALIVE: Location refers to location where decedent was last known alive. If contact via telephone, text, email, this should be noted.

- FOUND DEAD (BY): This is the first person to discover the victim deceased or believed to be deceased. In the narrative, describe the relationship between discovering party and the decedent if one existed. The address refers to where decedent was when discovered either deceased or believed to be deceased. Do not include hospital if decedent was transported for pronouncement of death.

- POLICE NOTIFIED: This should be when law enforcement was contacted about the death. Police Agency is the investigating law enforcement agency. Investigator/Phone

Number is the law enforcement agency investigator. This is especially important when follow-up information is required.

- EMS TRANSPORT TO ER: This will include EMS transport for death pronouncement. NOTE: Any Lab Specimens collected should be sent with body if autopsy service requested.

- DEATH PRONOUNCED: The exact time of death is known for certainty usually only in those cases of witnessed death. In most cases, "time since death" is an estimation based on when the individual was last seen alive or found dead, and the degree of postmortem change. For purposes of the ROI, pronouncement of death should be documented and include location of death pronouncement and by whom death was pronounced.

- TOXICOLOGY ORDERED: Do not draw toxicology specimens if sending for autopsy.

Means of Death (Agency or Object) – IF OTHER THAN NATURAL
Motor Vehicle – self explanatory
Gun – self explanatory
Other Instrument – self explanatory
Surgically Treated – self explanatory
Drug, Poison, Chemical (suspected) – self explanatory

Medical History
Condition – self-explanatory. Indicate all that apply.
Family Physician (Attending Physician) – List all known treating physicians. Please include as much information as available for case pathologist if autopsy service is requested.
Medications – The medication log should be used for a detailed list of prescribed medications and included with the ROI**.**

Next of Kin: T.C.A. § 62-5-703 defines next-of-kin in order of:

1. The attorney-in-fact pursuant to a durable power of attorney for health care.
2. The spouse of the decedent.
3. The decedent's surviving adult children. The adult child making the arrangements should make a reasonable effort to contact all other adult children and ensure agreement among those contacted on the choice for funeral arrangements.
4. A parent of the decedent.
5. An adult sibling of the decedent.
6. An adult grandchild of the decedent.
7. The grandparent of the decedent.
8. A guardian of the decedent at the time of the decedent's death.

Funeral Home: If known, list name and phone number of funeral home chosen by legal next of kin to whom the decedent is to be sent at the completion of all examinations and investigation.

Narrative Summary: Detail all factual information pertinent to this case that has not already been described in the previous questions. This narrative should give a clear description of the circumstances surrounding the death and how the death came about. A thorough report is better; remember WHO, WHAT, WHEN, and WHERE when describing the scene and circumstances.

Body Viewed by CME/CMEI: Indicate YES or NO.

Cause and Manner of Death:
Presumed Cause of Death: Indicate the preliminary or final cause of death.
Manner of Death: Five (5) choices include Natural, Homicide, Accident, Suicide, and Undetermined. Pending may be used as an interim manner of death but should be changed once investigation and testing are complete.

Medical Examiner/Investigator: For county where death occurred.

Physician Responsible for Death Certificate: Death certificate should be signed by medical examiner in the county of death or Forensic Pathologist if sent for autopsy.

Next of Kin Notification: Law Enforcement is responsible for notifying the Next of Kin (NOK) of the death; the CME/CMEI is responsible for notifying the NOK of the impending autopsy. Indicate if NOK was notified that an autopsy has been ordered.

Statement Order for Autopsy: Must be signed by authorized CME/CMEI requesting autopsy service.

THE BASIC MEDICAL EXAMINER KIT

A minimum of equipment is necessary to perform a scene investigation. The following items are recommended to be immediately available when a medical examiner call is received to assist with performing and documenting the scene.

The single most useful piece of equipment to have is a digital camera. Photography provides a permanent visual record that can be used to enhance the written scene description. Scene photographs should be submitted to the regional forensic center whenever a body is sent for autopsy. When possible, and appropriate, photos should include a scale and/or ruled measure. The CME/CMEI should not use their personal cell phones or tablets to document a scene or body. Personal cell phones or tablets can be hacked or, if not locked, photos or sensitive subject matter may be viewed by lay person(s) or unauthorized personnel.

Medical examiners may want to have the capability of obtaining specimens for toxicology collection at the scene for bodies not being sent for autopsy. Have available appropriate tubes for fluid and blood collection as recommended by the toxicology service used. The tubes should be stored appropriately and not expired.

Other equipment could include:

- Portable laptop
- Blank forms:
    - Report of Investigation (ROI)
    - Sudden Unexplained Infant Death Investigation (SUIDI)
    - Sudden Unexplained Child Death Investigation Report (SUCDIR)
    - Medication log
- Blank Paper (for notes or diagramming when indicated)
- Clipboard and Pens, Sharpie markers
- Clean, unused envelopes for possible trace evidence collection
- Writable tags for body (ankle or wrist)
- Body bags – clean and unused
- Numbered lock tag seals for body bag
- Clean, unused paper sacks for bagging hands (or feet) when indicated
- Roll of tape (masking tape) to secure paper sacks over hands or feet
- Flashlight or penlight (with extra batteries)
- Thermometer to measure environmental temperature
- Six-inch ruler and/or ABFO Scale
- Metal measuring tape
- Personal Protection Equipment:
    - Disposable gloves
    - Mask (N-95 or better)
    - Face shield
    - Shoe covers
    - Apron, disposable gown, or jumpsuit
    - Hair cover
- Cotton or disposable sheet to wrap body to protect evidence when indicated
- Toxicology Supplies:
    - 20 cc to 30cc plastic syringe
    - Large bore needles
    - Sharps container
    - Various tubes for fluid and blood collection (check with toxicology lab for preferences)

CONDUCTING AN EXTERNAL EXAMINATION

The county medical examiner (CME) or county medical examiner investigator (CMEI), depending on the county protocols set for CMEIs, will be tasked with determining whether or not an autopsy is ordered for a case. At the scene or location of death prior to that determination, an external examination of the body may be performed. A visual external examination is not an autopsy.

The extent of the external examination performed on scene should be dependent on whether or not an autopsy will be performed. Bodies with associated evidence and clothing sent for autopsy should remain intact as when found, with minimal manipulation, to enable the forensic pathologist to make accurate and appropriate conclusions. The CME/CMEI should allow evidence associated with the body to remain intact unless the fragile nature of the evidence requires special handling or the CME/CMEI is petitioned by law enforcement for on-scene collection. Any exception should be addressed on a case-by-case basis and may require the CME/CMEI to contact the regional forensic center for consultation. Any manipulation, changes, additions, subtractions, or instrumentations made to the body, clothing, or associated evidence should be well documented in the Report of Investigation (ROI) submitted at the time of autopsy.

For a body not sent for autopsy, performing an external examination allows the CME/CMEI to document information necessary to certify the death certificate and release the decedent directly to the funeral home of choice. The CME/CMEI should perform a careful external inspection to document injury, evidence, or indicators of disease. The external examination should include, if possible, measurements of height and weight; a general description of the body; hair color; presence of facial hair; eye color; circumcision (male); tattoos; and external congenital anomalies. All body surfaces should be examined and photographed, if relevant. This may require manipulation or removal of clothing. Documentation of medical therapies, scars, marks, or injuries should be noted on the body diagram (see ROI). The external examination should include inspection of the surface of the eye orb, inner aspect of the upper and lower eyelids, inner aspect of the lips, and inside the mouth when possible.

Rigor Mortis can be used as an indicator of time since death and can be estimated without undue manipulation of the decedent. Rigor is the stiffening (without actual contraction) of muscles after death and is due to a chemical process by which the actin and myosin fibers of the muscles are chemically cross-linked after death. The development and lysis of rigor mortis is slowed or hastened by many factors including ambient temperature, body mass, clothing, and health. Rigor mortis begins throughout the body at the same time but can be appreciated first in the smaller muscles of the fingers and hands, neck, jaw, and elbows. Rigor mortis is usually noted later in the larger muscle groups. A body, in general, will develop appreciable rigor within a few hours after death. The process will usually reach a maximum stage, or full rigor, between 12 and 24 hours and will then begin to lyse over the next 12 to 24 hours. When rigor is present, it may be “broken” by forcibly flexing or contracting the muscle, after which it

will move freely. The external inspection should include noting the intensity and distribution of rigor mortis, and whether it is appropriate for the position of the body. The location in which rigor is "broken" should be documented on the ROI. Once rigor mortis is "broken" it will not recur in the same location. Of note, early rigor is often broken during resuscitative efforts and may not provide an accurate time since death estimate.

Livor Mortis is the discoloration (red/blue spectrum) of the body due to the settling of blood with the force of gravity after death. The presentation and development of livor mortis can be extremely variable and may be hard to appreciate in dark-skinned individuals. In general, in the immediate postmortem period, livor mortis is not fixed, meaning that if the body is repositioned, the distribution of lividity will change. Livor mortis will eventually become fixed and will not redistribute if the body is moved. To evaluate livor mortis, apply digital pressure to the area of lividity. If the livor blanches, then it is not fixed. As the postmortem interval increases, Tardieu spots, pinpoint focal areas of livor similar in appearance to petechiae or small purpura within areas of lividity may occur. The color and appearance of livor mortis can be dependent on the cause of death and time elapsed since death. For example, in the case of carbon monoxide poisoning, livor mortis may be cherry-red in the skin and the organs of the body. As livor progresses it will deepen in color and take on a marbled appearance, usually initially in the torso and upper extremities.

Algor Mortis is the cooling of the body after death until ambient temperature is reached. In general, the body temperature will decline at a steady rate, and there are formulas for calculating the postmortem interval based on the body temperature. However, both external factors and variables intrinsic to the body can have a significant effect on the rate of cooling introducing a large and incalculable margin of error. In most cases tactile perception of whether the body is hot, warm, cool, or cold is all that is required. In those few cases in which a temperature reading should be taken, generally homicide cases where law enforcement has time sensitive questions about time of death or suspected hyperthermia cases, a rectal temperature reading should be obtained. A rectal temperature should never be attempted in cases involving suspected sexual assault. It is neither necessary nor desirable to attempt to obtain a core temperature reading by inserting a thermometer into the liver or other organs.

COLLECTION OF TOXICOLOGY SPECIMENS

The collection of toxicology specimens is usually performed during the autopsy or external examination. Toxicology specimens may be collected at the scene, especially if the body is to be directly released from the scene to the funeral home. Toxicology specimens should not be collected if the body is to be sent for autopsy, as that is included in the process by the forensic pathologist, and doing so may introduce artifact to the body and potentially conflicting or confusing test results.

Typical specimens collected by the regional forensic centers at autopsy will include blood, urine, bile, vitreous humor, and sometimes stomach contents, and/or tissues from the organs

(most commonly brain and liver). It is not possible to collect most of these specimens at the scene or during an external examination. Nor is it necessary. During an external examination at the scene blood, vitreous, and urine (if available) can be collected which will fulfill most toxicological requirements.

Any drugs given during resuscitation efforts in decedents who have been transported by emergency medical providers can complicate the interpretation of antemortem drug use using postmortem toxicology results. When possible, obtain any blood or urine specimens that may have been collected at the time of hospital admission.

If the deceased has spent time in the hospital prior to death and is to be sent for autopsy, obtain admission blood and urine specimens if available. Most hospital labs, due to storage constraints, do not keep specimens for more than a few days. Blood banks are required by the College of American Pathologists to retain specimens for ten days; if a decedent has been evaluated for a blood transfusion, the blood bank is the most likely source to provide antemortem blood for toxicology testing.

Supplies

A clean, unused, large bore needle with a clean, unused, syringe and various tubes are needed for specimen collection. It is important to have a conversation with your toxicology service concerning the type of tubes/ preservative acceptable for testing, as different labs have different abilities and requirements. Ask the toxicology service if coagulated or hemolyzed blood can be used for postmortem toxicology.

Toxicological testing is usually performed on whole blood that is not clotted, so the test tubes will require some type of preservative that stabilizes the specimen. (For example, the Tennessee Bureau of Investigation requests blood and vitreous fluid for toxicology testing be placed in grey top (sodium fluoride), tubes, and urine to be collected in a sealable, leak-proof, container without preservative).

Specimens

Blood is often the specimen of choice for detecting, quantifying and interpreting drugs and other toxicants. The best source of blood for toxicology is the femoral artery. Collect as much blood as possible, enough blood to fill several tubes. The second best source for blood is the subclavian vein, although subclavian blood may be contaminated with pleural fluid. Blood should never be collected externally from the heart for toxicology testing, as the location makes it difficult to collect without contamination or dilution, and because the phenomenon of postmortem redistribution can confound the interpretation of toxicology results obtained from central blood.

Vitreous humor is the fluid within the eye and is a good specimen for toxicology (especially confirmation of blood alcohol level) because of its isolation from blood and other body fluids that are more readily affected by postmortem changes, including redistribution. Vitreous humor can also be useful in measuring some of the pre-terminal electrolytes. Again, it is prudent to establish with the laboratory performing the testing the preferred type of tube for electrolyte testing. Vitreous fluid can usually be collected from the eye up to four days post-death and can be collected from embalmed bodies where the eyes have remained intact. Vitreous humor can be obtained by inserting a needle at the lateral margin of the eye and using gentle suction on the syringe to draw the fluid up. A slow, steady suction will allow the collection of the clear, colorless fluid, free of contaminants. One (1) to two (2) milliliters of vitreous should be easily obtainable from each eye.

Urine is the most common sample used for drug testing in the living, but is not always available postmortem. Urine can be obtained by inserting a needle over the top of the pubic symphysis and aspirating (a suprapubic tap), or by catheterizing the patient. If there is urine in the bladder, it should be collected for toxicology. Urine samples can be used to screen for a relatively large number of drugs that could be cost- and sample-prohibitive using blood. Any positive result from urine screening should be confirmed by another method.

POSTMORTEM TOXICOLOGY INTERPRETATION

Most drug levels cannot be interpreted in the postmortem state in the same way as in the living. This is due to a number of factors, including the phenomenon of postmortem redistribution, in which drugs diffuse from areas of higher concentration to those of lower concentration after the cessation of blood flow. Drugs may also decompose after death, or may be generated postmortem in the body after death (examples include ethanol and gamma hydroxybutyrate).

The staff of the Office of the State Chief Medical Examiner is available for consultation by county medical examiners in the interpretation of postmortem toxicology results, as well as for any other concerns regarding medical examiner investigation of deaths, jurisdictional questions, and assistance in certification of death.

PRESERVATION AND COLLECTION OF EVIDENCE

The County Medical Examiner / Investigator (CME/CMEI), in conjunction with law enforcement, should safeguard evidence directly related to medicolegal investigations. This evidence will generally fall into three (3) categories: medical examiner evidence, death scene evidence, and personal property.

Personal property and evidence are important items in a death investigation. Evidence associated with the body must be protected and collected properly to ensure its availability if

needed for future evaluation and litigation. Personal property must be safeguarded to ensure its eventual distribution to appropriate agencies or returned to the legal next of kin.

It is important to remember that what is evidence to be collected is different on a case by case basis, from law enforcement agency to law enforcement agency, and between regional forensic centers. Often facilities do not have a "standard" evidence collection protocol. It is the responsibility of the CME/CMEI to communicate with their local law enforcement agency as to their expectations at autopsy.

At the Scene

Evidence located at the scene of a death not directly in contact with the body, in general, is the responsibility of law enforcement and should remain in their custody and control. The county medical examiner (CME) / investigator (CMEI) should cooperate with law enforcement's efforts to safeguard evidence. Death scene evidence which might be especially important to note in your report of investigation (ROI) would include suicide notes, illicit drugs, drug paraphernalia, weapons, and any item thought to be related to the cause of death (e.g., frayed electrical cord in suspected electrocution).

Prescription medications located at the scene may be treated differently than other related evidence. In many jurisdictions, the prescription medication, prescribed specifically to the decedent, is collected by the CME/CMEI for documentation, inventory, and disposal. Prescription medications, especially controlled substances, should be disposed of through safe, approved, methods. Many area pharmacies and police departments now have drug/pill drop boxes which are approved for disposal. Prescription medications, specifically prescribed for the decedent, should always be included in the medication inventory and should not be left at the death scene. Law enforcement should be aware that prescription medication removed from the scene goes through a disposal process. Depending on the preliminary cause and manner of death, the CME/CMEI may release the prescription medication, once documented, to law enforcement as evidence.

Evidence associated with the body at a death scene, in general, will stay with the body and is under the control of, and is the responsibility of, the CME/CMEI. Law enforcement should cooperate with your efforts to maintain the integrity of the body and any associated evidence contained on the body until the body is transported to the regional forensic center if autopsy is requested. Evidence on the body which might be especially important for the case forensic pathologist could include, but is not limited to, clothing of known or suspected homicide victims, ligatures, or any evidence of medical intervention. It is recommended that a body sent for autopsy receive minimal manipulation. In some instances the hands, and/or feet, may need to be "bagged" (See Preparing a Body for Transport pg. 52). It is recommended that evidence such as fingernail clippings, scrapings, or other invasive types of evidence be collected at autopsy.

Gunshot Residue (GSR)

Oftentimes law enforcement agencies will request GSR to be collected from the victim of gun violence. Due to changes with the policy of the TN Bureau of Investigation concerning gunshot residue, many forensic centers do not have the supplies necessary to collect GSR at autopsy. The CME/CMEI should speak with their local agencies and with the regional forensic center where autopsy are performed to develop a protocol for their county.

Fragile Evidence

Many items could be placed into the category of fragile evidence and should be addressed by the CME/CMEI and law enforcement on a case by case basis. Items identified at the death scene as fragile, such as a hair or a spot of blood that would be destroyed or lost during transport, may be collected prior to the body being sent for autopsy. Any evidence removed prior to submission to the regional forensic center should be documented with photography and the written record. The CME/CMEI may consult with the regional forensic center, or case pathologist, prior to any evidence collection at the death scene.

Ideally, all cases of suspected sexual assault, where a death has occurred, will be sent for autopsy. A sexual assault specimen collection kit can be collected by the case forensic pathologist, at the time of autopsy, for submission by law enforcement to the crime laboratory.

Chain of Custody

The chain of custody is a chronological documentation or paper trail that documents the collection of, transfer, custody, testing, or disposition of any items considered evidence. The integrity of evidence and admissibility in court is predicated upon an unbroken chain of custody. It is important to demonstrate that the evidence introduced at trial is the same evidence collected at the death scene, and that access was controlled and documented. Retain a copy of a signed chain of custody for the transfer of evidence either to the CME/CMEI, or from the CME/CMEI to the regional forensic center or law enforcement. Local law enforcement or the district attorney should have appropriate evidence transfer forms available.

DISPOSITION OF PERSONAL PROPERTY

Personal effects or valuables that are on the decedent fall under the same jurisdiction as the body. Pictures of the body as found, including clear views of jewelry and other valuables, provide documentation that can protect medical examiner personnel, law enforcement, transport, funeral home personnel, and other family members if accusations of missing property arise. Property removed from the decedent, prior to transport to a regional forensic center or funeral home, and released to law enforcement, legal next of kin, or others, should be accompanied by a receipt of the transaction. (Appendix C) This receipt will provide proof in case questions arise at a later date and should list the items released and be legibly signed by

both parties. Personal property could include clothing of decedents not sent for autopsy, jewelry, currency, wallet, purse, and/or other papers and personal items. Personal property would not include illicit drugs, controlled substances, or drug paraphernalia. A chain of custody form would suffice for this transaction. Note in the Report of Investigation (ROI) any property removed and released at the scene, especially if autopsy service is being requested.

PREPARING A BODY FOR TRANSPORT

Maintaining jurisdiction over the body allows the CME/CMEI to protect the chain of custody as the body is transported from the scene to a regional forensic center for specimen collection and autopsy. Proper preparation of the body for transport is crucial in preserving the integrity of any evidence that might be associated with the body.

When medical examiner jurisdiction has been assumed, every decedent should receive some form of identification tag listing known information such as name, date of birth, county of death, etc. Unidentified remains should be tagged as unknown male/female, county of death, date of death (or whatever verbiage is recognized and in use by the county). To maintain the integrity of chain of custody of the decedent, untagged bodies should not be transported to the regional forensic centers.

The body should be sealed in a clean, unused, body bag for transportation to the examination facility or regional forensic center if autopsy is ordered. Clothing and other personal effects that are on the body of the deceased should be left on the body and transported with the body. Sometimes the family or law enforcement will request removal of some or all of these items before transport. As the CME/CMEI you can be flexible but use discretion in following their wishes. Unless certain of the cause of death, these items may become important evidence in the future. Once the items are out of the control of the CME/CMEI, the chain of custody may be broken or evidence might be otherwise lost. Seal the body bag with a tamper proof, locking, seal (numbered plastic zip ties/lock) to ensure that the body has not been disturbed during transport and storage prior to examination.

In cases of homicide, suspected homicide, or other suspicious deaths, the hands should be “bagged” in order to preserve evidence. Use paper bags only (plastic does not breathe and moisture can develop inside of the bag and ruin any evidence that may be present). Secure the bags with tape about the forearms, wrapping tape at the level of the top of the bag without touching the skin. Sometimes it may be necessary to bag the feet as well. When in doubt, bag the hands to preserve any evidence or suspected evidence during transport. For cases of homicide or suspicious deaths, wrapping the body in a clean, white cotton or disposable sheet is recommended. Minimal handling of the body in these cases is crucial for preservation of evidence. Emphasis should be on maintaining the body and associated evidence for collection in a proper facility where trace evidence can be more easily visualized and collected.

If ballistics, other weapons, or evidence are noticed within a wound, every effort should be made to preserve the evidence in situ for transport to the examination facility.

In the event that there are multiple body parts, especially if it is believed that there may be more than one victim, each body part should be individually tagged and placed into a separate bag for transport. Do not attempt to match body parts on scene.

MAINTAINING RECORDS

"The department of health is authorized and empowered to create and maintain a post-mortem examination division or service. The division or service shall have as its functions the investigation of certain deaths as defined in this part, and the keeping of full and complete records of all reports on investigations and examinations made pursuant to this part." T.C.A. § 38 -7-102

"When a death is reported as provided in T.C.A.§38-7-108, it is the duty of the county medical examiner in the county in which the death occurred to immediately make an investigation of the circumstances of the death. The county medical examiner shall record and store the findings, and transmit copies according to the death investigation guidelines developed by the Tennessee medical examiner advisory council." (T.C.A. § 38 -7-109(a)). Findings should be recorded on the report of investigation (ROI) form, or other investigative form approved by the department. A copy should be submitted within 14 days of the report of death to the Office of the State Chief Medical Examiner (OSCME) on every death reported to the county medical examiner, regardless of whether medical examiner jurisdiction is accepted, along with a Claim for Fee form (Appendix C).

Not all cases occurring under the circumstances described within T.C.A. § 38 -7-108 require an autopsy. For the explanation on criteria and necessity for ordering an autopsy (see Determining When to Request an Autopsy pg. 32). If a decision is made to order an autopsy by either the CME/CMEI or the district attorney general, the ROI can serve as the Order for Autopsy and should be sent to the regional forensic center with the body if autopsy service is requested. A copy of the form must also be sent to the OSCME.

Following the completion of the autopsy report, the Regional Forensic Center / case pathologist will submit to the county medical examiner a copy of the autopsy report, including drawings as part of the autopsy report, narratives, toxicology reports, microscopic reports, etc. Following the completion of the autopsy report the Regional Forensic Center / case pathologist will submit to the OSCME:

A. Autopsy Report which shall include:
    1. Autopsy Report
    2. Microscopic description (if applicable)
    3. Toxicology report (if applicable)

4. Microbiology report (if applicable)

B. SUIDI or SUCDIR (if applicable)
C. Claim for payment for professional services

If these forms are not on file with the OSCME, then payment cannot be made.

Upon receipt of the ROI information from the county medical examiner, the OSCME is responsible for the following:

a. Maintaining the records
b. Approving and sending the invoice to the TN Department of Health for payment to the county

Upon receipt of the information from the pathologist / Regional Forensic Center, the OSCME is responsible for the following:

a. Making sure that all necessary forms and reports have been received by the OSCME and making sure the forms are properly completed.
b. Maintaining the records.
c. Approving and sending the invoice to the TN Department of Health for payment.

The county medical examiner is responsible for maintaining copies of the following forms for the county(ies) they serve:

a. Report of Investigation form
b. Order for autopsy (if applicable)
c. Autopsy report including toxicology or other laboratory reports, if applicable

and for submitting copies of the ROI along with a copy of the medication log and any other supporting documents to the OSCME within 14 days of the report of death. If the body is sent for autopsy a copy of all documentation and reports should be submitted to the regional forensic center.

Practice Area

The practice area for the county medical examiner may be either the morgue, usually located in one of the community hospitals, or may be a funeral home. Similarly, the forensic pathologist will maintain a practice area as prescribed in T.C.A. § 38 -7-105 (see Forensic Pathologists / Regional Forensic Center pg. 26). Each CME/CMEI / Regional Forensic Center must have a mechanism for maintaining records and a designated place to keep the records. For every contact the CME/CMEI has with a death, there must be a record completed. There must also be a means and a location to facilitate communication with the OSCME, case pathologist / Regional Forensic Center, and the many others with whom the county medical examiner must interact.

In the event the county medical examiner resigns or loses the position or dies, the records of such death investigations should be turned over to the county executive for storage until a new county medical examiner can be appointed.

Public Access to Records

Tennessee Code Annotated §38-7-110(c) states that the reports of the county medical examiners, toxicological reports, and autopsy reports shall be public documents unless restricted by court order (See T.C.A. § 38 -7-110(d)). The public can obtain these reports from the OSCME, the county medical examiner, or the Regional Forensic Center, depending on facility protocols. The OSCME and county medical examiner / Regional Forensic Center may charge a fee for copies of the autopsy report, toxicology report, and ROI. The T.C.A. Open Records Act does not stipulate a fee for records but does advise the fee should be "reasonable." T.C.A. § 10-7-503 (C)(i)

Forms

Several forms are required to be submitted to the Office of the State Chief Medical Examiner (OSCME). These forms will be case dependent but can include:

1. Report of Investigation by County Medical Examiner (Mandatory)
2. Order for Autopsy (if separate from ROI)
3. Autopsy Report (if applicable)
4. SUIDI or SUCDR (if applicable)
5. Medication log

HIPAA

The Health Insurance Portability and Accountability Act (1996) regulates the use and disclosure of protected health information (PHI), such as medical records, medication logs, and psychotherapy notes of an individual for 50 years following their date of death. 45 CFR §160.103 specifically permits the release of PHI by covered entities to coroners or medical examiners and funeral directors (HHS.GOV, §164.512(g)(2) without any signed consent or prior authorization of the decedent or next-of-kin. Any coroner, medical examiner, or funeral director who receives PHI becomes an agent of the covered entity and cannot release the protected information except through the covered entity.

SCENE PHOTOGRAPHY

Documenting a death scene photographically is an essential component of a death investigation. Scene photographs provide a detailed permanent visual record that others can refer to and interpret in the future. For the forensic pathologist good quality scene photographs can provide context to what they observe at autopsy.

Photographs of the scene and body should be done in a systematic way so the CME/CMEI is less likely to miss something and so the end user can follow along more easily. The photographs should have a clear primary subject and limit irrelevant background information. This may require asking others at the scene to step out of the photograph. The CME/CMEI should photograph the scene as they find it. If the body or item of evidence has been moved prior to the arrival of the CME/CMEI, this should be documented in the written report.

Overall, Midrange, and Close-up

Composing scene photographs systematically into Overall, Midrange, and Close-up photos will improve the quality and amount of detail recorded. Well composed Overall, Midrange, and Close-up photographs should follow the CME/CMEI through the scene to the decedent.

Overall photographs should be taken to document the relationship of the scene to the surrounding environment and orient the viewer. Overall photographs can be taken of the outside of a residence, a nearby intersection, and from all four corners of the room in which the decedent is found. Midrange or intermediate photographs establish a specific subject of interest and its context within the larger scene. Close-up photographs of a single item/subject provide an additional level of detail and should be taken with and without a scale.

Scene photographs of a deceased person are sensitive, confidential information and should be stored in a secure location. T.C.A. § 38 -7-110(c)

Equipment

For the CME/CMEI the digital camera is an essential piece of equipment for documenting the scene. The digital camera does not need to be a high end DSLR camera, a compact point-and-shoot will suffice in most situations. It is important the CME/CMEI know how to operate the camera they are working with and have knowledge of good photographic technique. Extra batteries and storage disks for the digital camera are essential. A small scale or ruler is necessary for close up photography.

It is not recommended to take or store scene photos on a cell phone.

SCENE SAFETY

Blood Borne Pathogens

As medical professionals the CME and CMEI should be aware of the risks at a scene when blood and bodily fluids are present. There are many blood borne pathogens that can be transmitted through contact with another person's blood or body fluids that can contain blood borne pathogens including, but not limited to, Hepatitis B, Hepatitis C, and HIV. Most exposures are caused by a lack of universal precautions, whether the failure to properly use personal protective equipment (PPE), or due to a sharp exposure. Investigators should utilize universal precautions at every death scene. Universal precautions are the practice to treat all human blood and bodily fluids as if they were known to be infectious.

Examination of the body will often require the removal of items from pockets. The CME/CMEI should not reach into pockets or beneath the body where visibility is limited. Pockets should be carefully pulled inside out to expose any items they may contain. Uncapped sharps should be photographed and removed from the scene and placed into a safety container for disposal or into an evidence container. Uncapped sharps should never be transported inside of the body bag.

In the case of an exposure to a first responder, law enforcement, or on-scene ME personnel the CME/CMEI may be requested to draw a blood sample for testing for blood-borne pathogens. If the body is to be sent for autopsy the request should be communicated to the regional forensic center. The release of results from such blood work to the health officer for the exposed employee is covered under the Health Insurance Portability and Accountability Act, HIPAA, 45 CFR §164.512(b)(1)(v), *Uses and disclosure for which an authorization or opportunity to agree or object is not required.*

CULTURAL/RELIGIOUS DIFFERENCES TO CONSIDER

Tennessee is a multicultural society made up of many different ethnic, racial, and religious groups from around the world; this is particularly true in more urban areas. Each of these groups has their own cultural traditions and customs related to death which can be in conflict with the work of CME/CMEI. Therefore to best serve families from these communities it is important the CME/CMEI have an understanding of the cultural diversity present in their jurisdiction and anticipate concerns family members may have regarding the handling of a body, delay of burial and attitudes concerning autopsy.

Individual attitudes towards autopsy vary within and between religious and cultural beliefs. Religious and cultural beliefs are often stated as reasons for opposing an autopsy; however, most major religions are accepting of autopsies, in particular those required by law. Early in the investigation the CME/CMEI should speak with family members to determine if they have any cultural or religious rituals or customs surrounding death or specific objections to the

investigation or autopsy. Prior to an autopsy being performed, the pathologist must be made aware if the family has questions, special requests, or oppose autopsy. In some cases the pathologist may be able to make some accommodations to meet all or part of a family's request. It is important to explain to the family why certain requests cannot be met. At all times families should be treated with respect and compassion.

Reassure the family that the performance of the autopsy will not mutilate the body or prevent an open casket service from being conducted. In many cases the family will withdraw their objection to the autopsy after they have heard an explanation for the necessity of the autopsy to answer questions for the protection of the public's health, for the purposes of the criminal justice and legal systems, and for the family who may not realize they have questions until days, weeks, or even years later.

If a family persists in refusing autopsy, consult the regional forensic center to which the body would be sent or the Office of the State Chief Medical Examiner. When an autopsy is warranted, but not performed due to the religious or cultural beliefs of the family, document the refusal, including the name and contact information of the person objecting, their reasons for doing so, and the information they have received from law enforcement and/or ME personnel regarding the potential consequences. Make sure the investigating law enforcement agency and/or DAG is aware of, and in agreeance with, the decision of the county medical examiner's office.

In some communities in Tennessee, people may live their entire lives without contact with a healthcare provider and be buried without the use of a funeral director. In such situations, it is the responsibility of the county medical examiner to complete and sign the death certificate. If such ethnic or religious communities are present in your jurisdiction, it is prudent to work with religious or community leaders to create policies that accommodate their cultural traditions while allowing the CME/CMEI to fulfill his or her legal responsibilities.

SPECIFIC CONSIDERATIONS:

The following is not intended as an exhaustive listing or absolute authority, but simply as a guide for the CME/CMEI. Each case must be considered individually.

Christianity: Catholics and most Protestant churches, including The Church of Jesus Christ of Latter-day Saints and Christian Scientists, do not forbid the performance of an autopsy.

Judaism: Orthodox and Conservative branches may object to an autopsy and may follow strict requirements to have the body buried within a short time frame. If an autopsy is allowed, specialized techniques may be required. Often Reform and Reconstructionist sects will allow an autopsy if they see it as an opportunity to help save another life either by organ or tissue donation or because of the opportunity the autopsy provides for learning. However, this may

vary greatly even within the same sect, therefore is always best to speak directly with the family and make an attempt to accommodate their specific wishes.

Islam: The practice of performing an autopsy is not automatically forbidden in Islam. The Islamic principle of consideration of human welfare justifies autopsies in most cases. Specific rituals of which the CME/CMEI should be aware include:

The eyes and mouth are to be closed and the limbs straightened;
The deceased should be buried as quickly as possible; and
The clothing should be removed by a person of the same gender.

Amish and Mennonite: The Amish and Mennonite communities do not forbid the performance of an autopsy, but may request the body be returned to the family as quickly as possible. Most will allow transport of the body in a motorized vehicle.

Jehovah's Witnesses: Jehovah's Witnesses believe that the soul dies with the body, but may object to autopsy based on the belief that the body as a creation of God should not be disturbed.

Buddhism: Autopsy is not forbidden by Buddhists.

Hinduism: After death, the limbs should be straightened and the eyes closed. Religious jewelry or sacred threads should not be removed from the body. Autopsies are not forbidden.

SCENE INVESTIGATION / SPECIFIC CASE GUIDELINES

DEATHS WITHIN HEALTH CARE FACILITIES

Hospital Deaths

Many deaths that are reported to the county medical examiner/investigator (CME/CMEI) come from health care facilities. In larger counties with multiple hospitals, specialized treatment centers, and level one trauma centers, patients will frequently be transported directly from an out of county incident or transferred from a local hospital or emergency department. For the majority of Tennessee counties there are usually fewer than two medical centers, while some do not have one at all. "The notification of death shall be directed to the county medical examiner in the county in which the death occurred." T.C.A. § 38 -7-108 (a)

The first decision point for the county medical examiner receiving a report of death occurring in a healthcare facility is to determine the probable manner of death. In cases of death in persons with a medical history of a disease process which could reasonably account for death and there is no non-natural process contributing in any way to the death, the physician treating the patient for that disease should complete and sign the death certificate. However, if the patient has not been seen or treated in the physician's practice within the four months prior to death, the clinician may by statute refuse to sign the death certificate. Emergency room physicians are also empowered to sign death certificates in apparent natural deaths. The chief medical officer of the facility in which the death was pronounced may be held responsible for certification of death in cases which clearly do not fall under medical examiner jurisdiction, yet the practicing physician refuses to sign the death certificate.

When a death occurs in a nursing home or long-term care facility, it is rarely reported to the county medical examiner. If a person dies while in a nursing home or care facility they are under the care and supervision of a physician, even if the physician was not there at the time of the death. The death is considered "attended". If no non-natural factors contributed to the admission or death the attending physician has the responsibility of death certification.

Care must be taken when eliciting the history of the terminal illness from the reporter of death. Admission to a hospital, nursing home, or long-term care facility does not automatically determine jurisdiction for death certification. For example, the deaths of many elderly people are the result of a gradual decline in health following a hip fracture. A good rule of thumb is to ask oneself, "Did this person return to their pre-injury level of function prior to death?" If the answer is no, the manner of death cannot be considered natural. In these instances, the county medical can decline to take custody of the decedent but, to ensure that the death certificate is appropriately certified as an "accident" should assume that responsibility. The best method to preserve the integrity of death statistics is for the county medical examiner to sign and complete the death certificate based on medical records review and/or the history provided by the reporter.

Rarely is a scene response necessary in deaths occurring in healthcare facilities. One notable exception is in cases of sudden unexpected deaths of infants or children, in which caregiver and witness interviews are best carried out in concert with law enforcement at both the scene in which the child was found ill or unresponsive and at the hospital. Protocols between the county medical examiner, healthcare facilities, emergency medical services, law enforcement, and the district attorney's office should be clearly established in advance. The county medical examiner should reach out to facility administrators, risk management, or chief medical officers and provide them with the relevant sections of the Tennessee Code. The Appendix contains a flyer developed by the OSCME which may be distributed to healthcare facilities detailing cases in which the county medical examiner must be notified.

After the county ME or MDI has been notified and has ruled that the death does fall under medical examiner jurisdiction, he or she has several choices regarding the next most appropriate course of action. For example, order an autopsy and relay relevant scene and medical findings to a regional forensic center; review medical records without examining the body and issue a death certificate; perform an external examination of the body, with or without ancillary testing; or order toxicology testing on an admission blood specimen in a person who dies in a healthcare facility hours or days after an acute drug intoxication, with or without examining the body. If medical examiner jurisdiction is accepted for a death occurring in a healthcare facility and an examination by the county medical examiner and/or a forensic pathologist at a regional forensic center is planned, all medical therapies should be left in place in the body unless removal is expressly permitted by the medical examiner or investigator. This practice minimizes the possibility of confounding therapeutic artifact with inflicted injury.

CHILD AND INFANT DEATH INVESTIGATIONS

Tennessee Code Annotated, §68-1-1101 to 1103, the Sudden, Unexplained Child Death Act, defines and directs the investigation into child and infant deaths in Tennessee. The county medical examiner shall investigate the circumstances surrounding any death of an infant or child in which the medical history does not document a previous diagnosis of natural disease that could account for the death. Very often there will be multiple agencies involved in a child death investigation, increasing the logistical challenges surrounding an already complex investigation. Also contributing to the difficulty of the investigation are the high emotions associated with an infant or child death and possible multiple scene locations (e.g., at the hospital and where the child was discovered unresponsive or ill).

When the CME/CMEI is notified of the death of an infant or child within a healthcare setting, he or she should ascertain prior or ongoing law enforcement or child services (DCS) involvement with the family or caregivers. Information provided by these agencies about circumstances prior to admission or transport to the hospital can direct the investigation and determination of jurisdiction for legal purposes. Hospital response by the CME/CMEI is dependent on circumstances of death and medical examiner jurisdiction. If the CME/CMEI accepts jurisdiction for the death, and initiates an investigation, the location of death pronouncement is where the

investigation should initiate. However, if injury occurred at another location or the infant or child was found unresponsive at another location, that scene should also be investigated.

In cases due to trauma, the investigation focuses on correlating the history of how the injury was reported to have occurred to the findings at the scene, the child's developmental abilities, and the injuries identified at autopsy. A high degree of suspicion for child abuse should be maintained, as evidence of external trauma on the body is often minimal to none.

All hospital records, including radiology, laboratory, and any consultation reports, should accompany the body to the regional forensic center for review by the case pathologist. Antemortem blood samples taken at the time of hospital admission should be acquired if available.

Sudden Infant Death Syndrome (SIDS), a subtype of Sudden Unexpected Infant Death (SUID), is defined as a death in a child below the age of one year whose death occurs suddenly and unexpectedly, with no known or apparent cause, and which remains unexplained after the performance of a complete investigation, including a thorough scene investigation, review of medical history, and an autopsy.

Neglect versus failure to thrive due to natural causes can be difficult to discern based solely on autopsy findings, except in extreme cases. Determination of neglect often entails investigation into the home environment, health of siblings, and reviewing the medical chronology of growth and medical interventions.

CME/CMEI interviews with family, caregivers, etc. should be completed in conjunction with law enforcement's investigation. Two fillable reporting forms, the SUIDI (Sudden Unexplained Infant Death Investigation) and SUCD (Sudden Unexplained Child Death Investigation) are available on the OSCME website: https://www.tn.gov/health/article/office-of-the-chief-medical-examiner-resources-for-the-medical-examiner

When investigating a child/infant death, and completing the SUIDI or SUDC, consider the following:

- Attend all scenes (emergency room, home of decedent, etc.) in partnership with law enforcement.

- Obtain medical and social history of decedent.

- Locate medical records for both decedent and mother, including labor / delivery, prenatal care records, well baby records, pediatrician/vaccination records, and newborn metabolic screening results.

- Document any history of Child Protective Services involvement with the family.

- Be familiar with developmental milestones of infants and children and at what age or stage of development these occur. Remember some children achieve some of the milestones earlier than others. Review of pediatrician records is important.

- Consider whether the explanations, history, and information obtained from caregivers, mother, father, significant other of parents, and grandparents, etc. are all consistent, and whether they corroborate with the clinical history and findings of how an injury occurred. Caregivers should be interviewed separately.

- Consider whether any injuries on the child corroborate with the findings at the scene. Scene photographs and diagrams can be very important.

- Document any evidence of drug or alcohol abuse at the scene.

- In cases of failure to thrive, documentation of medical consultations and follow-up should be recorded. Presence or absence of formula or food in the cabinets, refrigerator, or freezer should be documented.

- Infants can be significantly more sensitive to infections, toxins (carbon monoxide), and environments than older children and adults. The proximity of the infant to heating sources should be noted.

- Perform a doll re-enactment, preferably as soon as possible after the death. Photographs should be taken to document the doll re-enactment and should include images of the position of the child when last seen alive and when found.

- In a possible SIDS/SUID/SUCD investigation, the bedding should be examined along with the sleep surface, and a complete history of sleep position, bed sharing, recent illnesses, and/ prior sibling death(s) documented.

"All emergency medical technicians and professional firefighters shall receive training on the handling of cases of sudden, unexplained child death as a part of their basic and continuing training requirements. The training…shall include the importance of being sensitive to the grief of family members." T.C.A. § 68 -1-1102 (c) The course Prevention Through Understanding: Investigating Unexpected Child Death, is available through Middle Tennessee State University in conjunction with the TN Department of Health, TN Department of Children's Services and the OSCME at www.mtsu.edu/sids.

T.C.A. § 68 -1-1101 *et seq.* specifies that a "certified child death pathologist" must perform any autopsy on an infant or child under the authority of the postmortem act. The child death pathologist is a board-eligible or board-certified forensic pathologist who agrees to follow the autopsy protocol for child death investigation as prescribed by the state chief medical examiner. At a minimum, the autopsy and report should include:

- Complete external examination;
- Radiographs of the body prior to autopsy in cases of sudden unexpected death in infants;
- Complete autopsy, defined as at a minimum:

    - *In situ* examination and removal and dissection of organs from the cranial cavity, neck, thoracoabdominal cavities, and pelvis;

- Completion of a written narrative autopsy report, which must include:
    - descriptions of pertinent positive and negative external and internal findings;
    - external and internal injuries;
    - a review of organ systems, including histologic examination of major organ systems;
    - a summary of case findings or list of diagnoses, including review of medical record;
    - opinion regarding cause and manner of death; and
    - completed Sudden Unexplained Infant Death Investigation (SUIDI) reporting form or Sudden Unexplained Death of a Child (SUDC) reporting form as is appropriate for the age of the decedent

These guidelines are based on the Forensic Autopsy Performance Standards issued by the National Association of Medical Examiners, which can be accessed below:

https://netforum.avectra.com/public/temp/ClientImages/NAME/684b2442-ae68-4e64-9ecc-015f8d0f849e.pdf

LIVE BIRTH VS FETAL DEATH

A Report of Fetal Demise is to be filed in cases of spontaneous intrauterine fetal demise, meaning the fetus was born without any signs of life, if the body weighs 350 grams or more or is of 20 completed weeks of gestation or more. If a stillbirth as defined above occurs outside a medical institution, the physician in attendance at or immediately after the delivery shall prepare and file the report. However, if there is no medical attendance at or immediately following delivery, the county medical examiner shall investigate the case and file the report. T.C.A. § 68 -3-504

For induced terminations of pregnancies, regardless of gestational age or fetal weight, the physician in charge of the termination shall file a report with the office of vital records. However, medical examiner involvement is not required in such cases. T.C.A. § 68-3-505

If signs of life are present at birth but the baby subsequently dies, both a birth certificate and death certificate are to be filed with the office of vital records.

Disposition of Fetal Remains

Authorization for final disposition of a dead fetus, requires a cremation permit only if the fetus meets the definition and criteria listed above. Below 350 grams and/or 20 weeks the remains are considered products of conception and do not require a Report of Fetal Demise nor a cremation permit. T.C.A. § 68 -3-506

APPARENT NATURAL DEATHS AT HOME

A natural death occurring at home in which the decedent has been seen by a physician within the last four months for the condition resulting in death does not fall under the jurisdiction of the medical examiner. A natural death is a death caused exclusively (100%) by disease or age. A natural death where the decedent has a documented medical history and a physician willing to certify the death is not a medical examiner case, and may not require a scene visit (jurisdiction dependent) unless there are suspicious or unusual circumstances. Personal physicians should sign the death certificate of persons who die at home if they have been under prior medical treatment for a disease or condition capable of producing death, such as a cardiac arrhythmia or myocardial infarct occurring in a patient with coronary artery disease or hypertension.

An apparent natural death occurring at home when there is no physician who attended the decedent in the past 4 months, the decedent was not under hospice care, the death is unexpected, or when there is no available medical history may require a scene investigation. Many of these cases may be able to be released directly to the funeral director from the deceased person's home if examination of the body and investigation of the scene can exclude the possibility of any trauma or other factor that would make the death unnatural.

The CME/CMEI should be sensitive to the grief and sometimes shock the family of the decedent may be experiencing and conduct the investigation without adding to the family's grief if possible.

UNNATURAL DEATHS AT HOME

Deaths at home that are not exclusively due to natural causes will almost always require an investigation by the CME/CMEI of the county in which the death occurred. Examples would include homicides, suicides, accidents, drug overdoses, and combinations of natural and unnatural causes of death. It is frequently very difficult for a pathologist performing an autopsy on a body with injuries to draw a final conclusion without an adequate investigation. A thorough scene investigation is the forensic pathologists' equivalent of a medical history.

EXTRAORDINARY/HIGH-PROFILE DEATH INVESTIGATIONS

Extraordinary or high profile death investigations present special challenges for the CME/CMEI. Examples of extraordinary or high profile deaths include deaths in mass shootings, deaths resulting in mass casualties, terror-related fatalities, deaths of elected public officials or celebrities, deaths in custody or police-related deaths. These types of deaths can generate a great deal of outside scrutiny and media attention. CME offices should have policies and plans in place to ensure they are able to effectively manage these investigations. A high-quality comprehensive investigation and autopsy are necessary in these cases.

There can be high interest among members of the media in extraordinary or high-profile deaths. CME/CMEI's are public officials; thus there is an expectation and demand from the media and general public for access to the public information generated by their investigations. A measure of availability, tact, diplomacy, and finesse will enhance the professionalism of the CME/CMEI and promote the objectivity and reliability of the CME to the community.

Cooperation with local law enforcement is essential in preparing effective communication with the media. Statements and press releases should also be carefully worded such that the reporter or editor clearly understands the content and intent of the CME/CMEI.

CMEs must not forget that they are appointed by the county mayor and subject to confirmation by the county legislative body, both of which are political in nature. These officials by nature of their position must try and please their constituents. It is prudent to assist these individuals in explaining cases brought to their attention and not interpret their questions as personal attacks. Many commissioners will defend their CME/CMEI once they understand the details of the investigation.

HOSPICE DEATHS

The death of a patient while under the care of a hospice program, where the decedent has been under long-term care for a chronic terminal illness, does not automatically fall under the jurisdiction of the medical examiner. Often in these cases the attending physician or hospice medical director has previously agreed to certify the death after the patient expires. A registered nurse within a hospice program may make the actual determination and pronouncement of death of a hospice patient. (T.C.A. § 68 -3-511) The medical examiner is not a death pronouncement or death certification service for a hospice within that community. If this type of death is reported and the investigation does not reveal any non-natural factors that may have contributed to the death (for example, remote trauma), the death does not fall under medical examiner jurisdiction. In cases where Medical Examiner jurisdiction is declined a Report of Investigation (ROI) form should be completed. Check the Jurisdiction Declined box at the top of the ROI form, enter the decedent's basic demographic information, death pronouncement information, medical history, and cause of death information (manner is always natural). If

there are any questions about the manner of death then the case should be further investigated to determine the manner as in similar non-hospice deaths.

SPECIFIC CASE GUIDELINES

All-Terrain Vehicles (ATV)

The increased popularity of all-terrain vehicle (ATV) use in recent years has resulted in a rise in related accidents and injuries. Reconstruction of these types of accidents poses a unique challenge due to their nature and the lack of data available to investigators. Information provided by CME/CMEI is instrumental in the investigation of ATV accidents, especially if other investigative agencies are unable to accurately reconstruct the accident. The involvement of the CME/CMEI at the scene of an ATV accident is similar to that of a motor vehicle accident. Again, the main duty of the CME/CMEI is the evaluation and documentation of injuries sustained by the collision and the gathering of information about the circumstances surrounding the accident.

When investigating an ATV collision, consider the following:

- Was the operator or passenger(s) of the ATV wearing a helmet or protective clothing or safety restraints (if applicable)?
- What were the road (trail) conditions? (visibility, weather, etc.)
- What type of roadway or trail was the individual operating on? Was the trail maintained?
- What was the direction of travel for the vehicle(s)?
- What was the operator's experience level?
- Are there any signs of alcohol/drug use?
- Were there any passengers? How many passengers is the vehicle rated for?
- Was the vehicle pulling anything (sprayer, yard cart, a trailer for rock or dirt, etc.)?
- If the accident occurred on the roadway, was the vehicle rated for highway use (lights, turn signals, etc.)?
- Does the ATV have any roll bars, seatbelts, other safety features?
- What is the year, make, model, and serial number? Consumer Product Safety Commission may need to be notified.

Blunt Force Injury

The scene investigation of death due to blunt force injuries is a very important adjunct to the autopsy. Blunt force injuries (contusions, abrasions, lacerations, and fractures) result from a

blunt object impacting the body or when the body impacts a surface causing injury. A death related to blunt force trauma may occur in a variety of settings, such as falls, motor vehicle accidents, or assaults.

When investigating a death due to blunt force injuries, consider the following:

- Is trauma from impact with a moveable object, or a fixed object such as a wall?
- Document the size, shape and nature of the moveable object including any artifact found on the object.
- Are there blunt objects present at the scene that could have been used as a weapon or associated with the death? Document their location relative to the body.
- Does the object have fresh or dried blood on it, describe?
- Does the body of the decedent display any obvious pattern injuries?
- Is there a large pool of blood around the decedent? Estimate volume.
- Is the blood in several locations? Are there droplets that may represent cast-off?
- Is the weapon still at the scene? Any suspected weapon should be collected as evidence by law enforcement. The case forensic pathologist may request to view the suspected weapon at the time of autopsy. When collecting and transporting the weapon, it is imperative that it is handled carefully and correctly to preserve any latent prints and/or DNA evidence.

Carbon Monoxide

Carbon monoxide or "CO" is a colorless, odorless gas that results from incomplete combustion of materials containing carbon. CO is produced when you burn fuel in cars, small engines, furnaces, grills, fireplaces, gas ranges, and in house fires. A deceased individual found within a closed space in a vehicle with the motor running may be readily identified as a CO poisoning. The more subtle cases, possibly due to a faulty heating system or an improperly vented gas generator, can be harder to diagnose and investigate.

In cases where the CO levels are high and considered lethal (in the range of approximately 50% to 80% saturation), pink or cherry red livor mortis becomes noticeable on the external examination. Lower carboxyhemoglobin concentration, however, can be lethal in individuals who are more susceptible. The very young, the very old, and individuals with cardiac and pulmonary disease fit into the category of susceptible individuals. Investigators should not enter the scene until professional personnel have assessed the safety of the environment through utilization of a carbon monoxide monitor, if appropriate.

In deaths due to carbon monoxide poisoning, consider the following:

- If the individual is in a motor vehicle, is the ignition on? Could the vehicle be restarted? Is the gas tank empty? Is the vehicle in a garage with the door closed? Is there stuffing around the garage doors? Is an apparatus connected to the tailpipe? Are there any vehicle defects to the exhaust system, holes in floorboard or firewall?
- Were resuscitation efforts (CPR) performed?
- Are any of the indicators of suicide present, such as a suicide note, comfort items, beverages, previous suicide attempts or threats, history of depression, financial or marital difficulties, etc.?
- If the individual is found in a residence, is the heater on? Does the heater involve combustion? Is the residence in need of repairs, including the gas appliances or heater? Are any pets dead? Is there an attached garage with a running vehicle?
- Is there a charcoal barbecue grill in a confined space near the decedent?
- Is there evidence of medications, drugs, or alcohol at the scene that may indicate the individual had increased susceptibility to carbon monoxide poisoning?
- Testing for carbon monoxide in the blood at autopsy remains the most reliable and efficient way to determine whether a fire victim died from smoke inhalation.
- An apparent carbon monoxide death may represent a homicide; thorough investigation is essential.

Consumer Product Related Deaths

A death scene that involves a product that may have caused or contributed to a death of an individual should be documented and reported to the **United States Consumer Product Safety Commission (CPSC)** and the OSCME. It is recommended that an autopsy be performed on such cases.

The CPSC is an independent federal regulatory agency that was created in 1972 by Congress in the Consumer Product Safety Act. In that law, Congress directed the Commission to "protect the public against unreasonable risks of injuries and deaths associated with consumer products."

Examples of common products that should be reported include toys, ATVs, bicycles, cigarette/charcoal lighters, cribs, fireworks, mattresses, portable generators, pack-n-plays, etc.

Visit www.cpsc.gov and click on the tab titled "Regulations, Laws & Standards", Voluntary Standards" for an alphabetized list of product categories.

The OSCME is a resource for consultation, as well.

When investigating a death involving a consumer product consider the following:

- Did the product contribute to or cause the death?
- Does this product fall under the U.S. Consumer Product Safety Commission's jurisdiction?
- Who is the manufacturer, and what is the model brand name and serial number of the product?
- Is the product available for examination? If so, where is it located?

To report an unsafe consumer product or a product-related death:

The CPSC can be contacted at www.cpsc.gov. Contact information is:

U.S. Consumer Product Safety Commission
4330 East West Highway
Bethesda, MD 20814
Phone: (800) 638-2772; TTY (301) 595-7054
Fax: (301) 504-0124 or (301) 504-0025

Hours: Monday–Friday 8:00 a.m. to 5:30 p.m. Messages can be left anytime

A report can be filed electronically with the CPSC at www.saferproducts.gov

To make a report, click on the green tab titled "Report an Unsafe Product." For item #1, select "Medical Examiner and Coroner" from the dropdown box. Complete the required fields and submit per the instructions. Prior to completing a CPSC report, it may be necessary to create an account (no cost). Have the case information ready for reference to assist in answering the questions required on the report.

Decomposed Remains

In cases of decomposed bodies, the same basic principles of scene investigation apply. However, the decomposition may present additional challenges to the investigation. Identification of injury may be difficult and proper identification may require scientific methods. Most decomposed bodies will need to be autopsied.

The rate of decomposition changes are dependent on a number of factors, including environmental temperatures and humidity, as well as factors unique to the individual, and can

be highly variable from one case to another. Thus, it is well advised to be extremely cautious or simply avoid offering estimations of time since death. Instead, document pertinent facts that would help estimate the postmortem interval, such as the time the individual was last seen alive and found dead. Attempt to determine and document the last collected mail or newspaper, last financial transactions, last phone call or text message, or last social media posting.

While the time frame may be variable the body will go through some typical changes during the decomposition process. Early in the decomposition process, the superficial layers of the skin may slough off from the body producing "skin slippage." "Marbling" is a green/purple discolored branching pattern due to decomposition of blood within dilated subcutaneous blood vessels. Green/black discoloration of the skin will begin. Gas producing bacteria can cause the abdomen and other areas to be distended, which is termed "bloating." Brown or red decomposition fluid ("purge") may exude from the nose and mouth. In drier climates, the skin may become dark and dried resulting in "mummification." In cool wet environments, fatty acids in the body convert to soaps, forming a white or tan waxy substance called "adipocere." After several weeks to months, the remains are reduced to the skeleton.

Since less may be learned from a decomposed body at autopsy, circumstantial evidence from the scene becomes important both in the investigation as well as identification. However, confirmation of the identity with scientific methods such as fingerprints, antemortem clinical radiographs, or dental comparison is often necessary. It should be determined whether there are antemortem fingerprints on file. The most recent dental X-rays should be obtained as soon as possible and sent to the pathologist/investigator. In the event that there are no dental records, medical X-rays revealing fractures or anomalies may be utilized. As a last resort, personal effects such as toothbrushes, hairbrushes, combs, and used feminine hygiene products can be submitted for use in DNA analysis.

Consider the following when investigating a decomposed body:

- Document the scene environmental information; temperature, clothed/unclothed, position of body, wet/dry, direct sun/shade, etc.
- Document the degree of decomposition.
- Are blowflies or maggots present?
- Is there evidence of postmortem insect or animal scavenging?
- Is the residence secured and valuables intact?
- Is there a history of depression, suicide attempts, or threats?
- Are medications at the scene appropriate for the prescribed doses? Complete a Medication Log.
- Note the last time the individual was last seen alive.

Drowning

The diagnosis of drowning is based on the circumstances surrounding the death in combination with the absence of any contradictory findings at autopsy. Information gathered at the scene is crucial to the correct determination of drowning as the cause of death because findings at autopsy are often minimal and non-specific. A complete autopsy is recommended in cases of suspected drowning.

The following should be considered in the investigation of drowning deaths:

- Is it logical that the decedent was in the water?
- Do scene findings and findings on the body make sense with the history (wetness of body, injuries or lack of injuries, postmortem changes, etc.)?
- How was the body found? Floating? Submerged? How deep is the water where the body was recovered?
- Could the decedent swim? How well? Was there a life guard?
- Did the decedent have a history of seizures or cardiac conditions? Is there a family history of sudden death?
- What is the type of body of water? Lake? Pool? River? What are the conditions of the water, including temperature, waves, and currents? Document weather at the time (electrical storms, etc.).
- What factors are present that could contribute to injuries or artifacts on the body (marine life predation, boat activity, etc.)?
- If the drowning is in a pool, are there lights or other electrical equipment that should be checked by an electrician?
- Is there a pool suction filter system? Where was the body found in relation to the components of the system?
- Had the decedent participated in any type of sport or activity such as jumping from a diving board or water skiing?
- What was the decedent wearing at time of incident (personal floatation device, swimming suit, etc.)?
- How did the decedent get to the body of water (car, walk, pool ladder, etc.)?

Drug Related

The diagnosis of drug overdose requires that drugs be detected, identified, and quantified in the body (preferably blood, but in some cases tissue may acceptable when blood or other fluids are not available). An autopsy should be performed on all suspected drug intoxications. Toxicological analysis of appropriately obtained specimens should be sent to a laboratory that is properly accredited (i.e., by the American Board of Forensic Toxicology) and that will perform

confirmation testing on all positive specimens. Hospital laboratories perform drug screens only, designed for triage of medical diagnoses, and are not the most appropriate for evaluation of forensic cases.

In cases of prescribed medication overdose, the toxicology testing can be greatly expedited if specific drugs can be identified from scene investigation. Document any medication found at the scene on the Medication Log form; information on this form is important in the work-up of overdoses.

In presumed overdose deaths, consider the following:

- In evaluation of medications found at the scene, to who are they prescribed? The date(s) of the prescription(s), the quantity prescribed, and the number remaining should be catalogued.
- Is the residence secured? Is there evidence of a struggle?
- Is there a history of drug or alcohol abuse?
- Is there drug paraphernalia at the scene? If so, send it with the body. The pathologist may want to send the paraphernalia for toxicological testing.
- Are there needle marks or track marks on the extremities?
- Are any of the indicators of suicide present (suicide note, previous suicide attempts or threats, history of depression, financial or marital difficulties, etc.)?
- Are there indicators of remedy revival such as ice packs or the decedent having been placed in the shower or bathtub?
- Is there paint or glue on the hands or at the scene (huffing)? Are cans of compressed air (keyboard cleaner) near the body?
- Complete a Medication Log by listing all medications, including herbal or alternative remedies and over-the-counter medication.
- If sending for autopsy, check with Regional Forensic Center to determine if medications should be sent with the body.

Elderly / Dependent Adult

Unexpected or unattended death of dependent adults and the elderly requires a complete death investigation. Although the majority of these cases are natural deaths, other non-natural conditions must be excluded. Autopsy is recommended whenever the manner of death is in question.

Types of elder or dependent adult abuse include physical abuse, sexual abuse, financial exploitation, psychological abuse, and neglect. The investigation of the death of a dependent adult should include a complete scene investigation with inquiry as to the degree of dependence of the decedent, understanding of the roles and responsibilities of the

caretaker(s), analysis of the living conditions with review of the decedent's activities of daily living, and evaluation of the decedent's access to food and proper shelter. The scene should be documented by photographs, and in some instances, scene re-creation.

Evaluate the role of the caretaker(s), their capabilities, and resources. Determine the degree of the decedent's independence. Self-neglect may complicate interpretation of scene and physical findings. Individuals who can make their own decisions have the right to refuse care and transport to a medical facility for care.

Questions concerning the need for autopsy or other concerns should be directed to a forensic pathologist.

In addition to what is asked for on the ROI form, consider the following:

- With whom did the decedent live and what is their relationship?
- Has there been a recent change in living conditions or caretaker?
- What is the condition of the residence?
- Are utilities in working order?
- Did the decedent have access to food and drink? If yes, by what means?
- Where, how, and how regularly did the decedent eat? Who prepared the meals?
- Where did the decedent sleep? Describe condition of decedent's clothing and bedding.
- Was the decedent able to communicate and have access to computer or telephone?
- Was the decedent diagnosed with dementia or other cognitive impairment?
- Does the decedent have a physical disability? If yes, describe.
- Did the decedent require the assistance of a wheelchair, walker, cane, eyeglasses, or hearing aids? Were they available to the decedent?
- Who managed the decedent's finances?
- Were any unemployed adults living with the decedent?
- Is there a history of law enforcement or Tennessee Department of Human Services/ Adult Protective Services involvement?
- Is there a history of domestic violence involving the decedent?

Environmental Exposure

Autopsy is recommended in cases of suspected hypo- or hyperthermia. The findings at autopsy in cases involving both extremes of temperature can be supportive, but not necessarily diagnostic, of the role of those extremes in the death. Therefore, the diagnosis depends on history and scene investigation, combined with autopsy findings.

Invasive documentation of body temperature is not recommended, although documentation by external methods can be helpful. Confer with the forensic pathologist before checking core or rectal temperature.

In cases of hypothermia, documentation of weather conditions and exposure of the individual is very important. An autopsy can rule out most other natural disease and trauma.
Similarly, hyperthermia also relies on environmental conditions and evidence that the individual was exposed to high temperatures. Testing of the vitreous fluids during autopsy can support the diagnosis of dehydration. Documentation of body temperature using a rectal thermometer in cases in which sexual assault is not suspected can help support the diagnosis.

When investigating exposure deaths consider the following:

- Is the individual properly clothed for the conditions? Paradoxical undressing is sometimes seen in cases of hypothermia.
- Is there a psychiatric history?
- Is there evidence of drug or alcohol use?
- Is the individual homeless?
- Is there evidence of a struggle?
- Is there a significant past medical history that would make the individual more susceptible to environmental conditions?
- What were the high and low temperatures during the interval that the decedent might have been exposed to the environment?
- What is the immediate temperature in the environment? Has the heat in the residence recently been turned off?

Fire

Deaths involving fire should be treated as suspicious until proven otherwise. Most deaths are the result of an accidental fire. But, some fires have also been started to conceal a prior crime, such as homicide or burglary. Some fires have been set as a means of suicide. Contrary to the destructive nature of fire, a lot of information can be gained by performing a thorough scene investigation and autopsy. Medical examiners and investigators MUST work closely with the assigned fire investigator. When a death occurs associated with fire, there are two active investigations occurring at the same time. There is an origin and cause of fire investigation and there is also a death investigation. The medical examiner must await the opinion of the fire investigator as to how the fire started to determine the manner of death.

All fire-related deaths should be autopsied with skeletal x-rays performed as needed. Toxicological analysis for the presence of alcohol, drugs, and carbon monoxide should be performed. A majority of deaths from fires are due to smoke inhalation. Testing for carbon

monoxide in the blood will confirm the diagnosis. Depending on fuel load and contents being burned, hydrogen cyanide may also be tested in the blood.

A major issue in any fire death is confirmation of identity of the decedent. By interviewing the NOK and other witnesses, information concerning the decedent's medical and social history may give clues to information that can be used to positively identify the decedent. Valuable information that needs to be collected for every fire death to help with identification includes:

- Name and location of decedent's dentist.
- Name and location of decedent's primary medical provider.
- History of any prior arrests to help locate fingerprints on file.
- Description of the decedent's tattoos, scars, marks, piercings, clothing or jewelry.

If information concerning the above items is very limited, then with the assistance of law enforcement, the collection of buccal swabs of the decedent's immediate biologically-related NOK may be necessary to perform DNA analysis.
If the use of an accelerant is suspected in starting a fire, clothing should be collected at the time of autopsy, and submitted for the detection and analysis of ignitable and flammable liquids.

When investigating fire related deaths consider the following:

- Can the body be visually identified or will scientific or circumstantial methods need to be employed to confirm identity?
- What are the circumstances of the fire (hence manner)? Investigation by the fire investigator is needed for this determination.
- Are there physical or medical impairments that would hinder the individual from escaping the fire? Were there structural alterations to the home or car preventing escape (bars on windows, doors locked, etc.)
- What is the location and position of the body in the house, car, etc? Document the position of the body at the scene.
- Examine area around and under body for weapons, gasoline cans, lighters, etc.

Gunshot Wounds

Investigations of firearm deaths are in essence a collaboration of scene investigation, ballistics and autopsy findings. From the autopsy, it is often possible to determine an estimated range of fire, potential for an intermediate target and trajectory relative to the body in the anatomic position. Ballistics can help determine the weapon that was used to fire the fatal bullet. Scene investigation then must fill in all the gaps to determine the sequence of events that led up to the fatal shooting.

Keep in mind when examining the body of a gunshot wound victim, determining wounds of entrance and exit may be difficult in certain cases, especially without the benefit of cleaning the wound, good lighting, etc. It is all right to be unsure, just note the general location, and autopsy will determine the type of wound. Avoid classifying the wound (e.g., "entrance gunshot wound," "graze wound," etc.) Instead, describe the wound (e.g., "circular defect to chest," "linear gaping defect to the neck," etc.).

- **Avoid touching or manipulating the wound. Do not clean the wound.**
- **Do not take possession of any firearm at the scene or send a firearm with the body.**
- **Ensure law enforcement secures and takes possession of any firearm found on scene.**
- **When moving the body for external examination or placing into a body bag, ensure projectiles do not fall from the decedent's clothing or possible exit wounds.**

When investigating gunshot wound deaths consider the following:

- Document the type and caliber of firearm.
- Do the number of casings found at the scene correlate with the number of entrance wounds and/or recovered bullets at the scene?
- Based on witness accounts, room dimensions, blood stain patterns, etc. is there an estimated range of fire?
- In cases of suicide: Where is the weapon in relation to the body? How many spent casings are in the cylinder or on the floor? Was the weapon owned by the decedent? Was the decedent familiar with the suspected firearm? Are there any known mechanical defects to the firearm? Does there appear to be a contact gunshot wound? Is the entrance wound in a location that could be reached by the decedent? Was the decedent right- or left-hand dominant?
- In cases of homicide: Are there multiple gunshot wounds? Are multiple shooters/weapons involved? Is there an intermediary target?
- Cover the hands with paper bags and secured with tape prior to transport?
- Does evidence of medical intervention exist? If so, ensure medical devices are not removed.
- Were clothes removed? If so, every effort should be made to retrieve the clothing and transport them with the body so that they may be examined by the pathologist at the time of autopsy.

Hanging

The overwhelming majority of hanging deaths are suicides. Accidental hangings can occur at work, but the more common "accidental" hangings are due to sexual asphyxia. The presence of an escape mechanism in the case of a male decedent with pornographic material nearby could indicate a sexual asphyxia death. Though it is very difficult to hang someone against their will,

special circumstances that should make the investigator suspicious of a homicide include an extremely intoxicated individual (i.e., BAC in coma range), female with history of domestic abuse, or evidence of a struggle. Hangings can take place in any position (e.g., fully suspended, standing kneeling, seated, etc.) and at any height. The body does not have to be fully suspended.

Transport the body to the morgue with the ligature remaining around the neck and send any remainder of the ligature with the body. **The ligature should not be removed unless there is any possibility of resuscitation.** If it is necessary to remove the ligature for this reason, the ligature should be preserved. This is best done by cutting the ligature away from the knot at the suspension point and securing the ends with string.

The usual indicators of suicide still apply:

- Absence of signs of a struggle.
- Suicide note or suicidal ideation.
- Previous suicide attempts.
- History of depression, stressors, or substance abuse.

Consider the following when investigating a hanging death:

- Are the grooves and marks in the neck consistent with the way the body is suspended? A horizontal or downward sloping groove on the lateral neck could indicate the possibility of ligature strangulation.
- How is the body suspended? Fully or partially suspended? Are livor patterns consistent? Measure the height of the feet from the ground and the height of the structure supporting the ligature from the ground. Document any furniture or boxes that may have been used as a platform.
- Are there any scratch marks around the ligature to indicate a struggle?
- Is there an escape mechanism, pornographic material, or previous markings where the ligature was secured (scratches on structural beam) to indicate sexual asphyxia?
- Has the body been cut down prior to arrival of CME personnel? If so, it is imperative to interview the person who found the body in order to document suspension information discussed above. If the person is obviously dead, do not cut the ligature from the supporting structure until photographs have been taken and the scene documentation is complete.

Homicide

Homicide is defined for medical examiner purposes as a death directly caused by the action of another person or a death that occurs during the commission of a felony. The death should

stem from some kind of deliberate or purposeful action, but intent to cause harm or death need not be present or proven for the medical examiner to rule a death as a homicide. Even this seemingly simple appearing category can become controversial for the medical examiner. Homicide, for the purposes of the medical examiner, is a medico-legal administrative ruling that may or may not equal murder. While all murders are homicides, not all homicides are murders.

A team approach is the preferred method when investigating a homicide. Several law enforcement personnel may be present at the scene, so it is imperative that cooperation is exercised. Obtain permission before entering a scene and practice scene preservation. Ensure law enforcement personnel are aware of the arrival and departure of medical examiner personnel.

In the case of a homicide in which the cause of death is relatively obvious, the investigation concentrates on determining the course of events that led up to the death. Evidence is collected; the scene is diagramed, measured and photographed. The CME/CMEI on the scene should identify the major areas of external trauma, document body position, and provide basic information for postmortem interval estimation from rigor and livor mortis. In homicide scene investigation, it is very important to accurately document scene findings and circumstances in an objective manner. It is also important to refrain from documenting speculative or inferred findings or information. Bullet entrance and exit sites can be difficult to determine even in the well-lit and controlled setting of the morgue. It is especially difficult in sub-optimal conditions at the scene. **Do not guess.** Since an autopsy will be performed, do not measure wounds or handle the body any more than necessary.

The suspicious death is made more difficult because the cause of death is less likely to be straightforward. The general rule is to treat the death as if it was a homicide. Collection of evidence, photographs, diagrams, etc. is still performed. The added burden in these ambiguous cases is to consider multiple possibilities for cause and manner of death and immediately incorporate that into the scene investigation.

With all homicide or potential homicide investigations, consider the following (some of these answers will be attainable through discussion with the investigating law enforcement agency):

- Have the circumstances and events (as they are understood at the time) leading up to the death been documented?
- Have the specific types and numbers of weapons as they are known been documented? Examples might include number and type of ammunition casings or recovered bullets at the scene, types of possible blunt instruments present at the scene that could have been used as a weapon or associated with the death (bat, fire extinguisher, etc.).
- Is there evidence of the body having been moved? Be sure to ask whether the body has been moved.

- Is livor pattern consistent with body position? Had EMS moved the body to initiate resuscitative measures or confirm death?
- Describe possible blood at the scene. What are the dimensions, quantities, and the location relative to the body? Is there possible blood on clothing?
- Is there evidence of a struggle? Examples might include knocked over furniture, possible defensive wounds of the hands, or broken fingernails.
- Has the body been inspected for trace evidence? If there is trace evidence that could be damaged or lost in transport, collect it and document specifically from where on the body or clothing it was recovered.
- Has another investigating agency or emergency medical personnel removed or collected any clothing? If so, this should be documented and every effort should be made to have the clothing available for examination by the pathologist at the time of autopsy.
- Are the hands or feet covered in paper bags prior to moving the body into the body bag?

In-Custody Death

The County Medical Examiner must be notified of all in-custody deaths. T.C.A. § 38 -7-108. Deaths that occur while a person is being pursued, apprehended, or incarcerated by law enforcement or involve medical detainees are usually considered high profile cases. These deaths require thorough and objective investigations in order to prove or disprove public scrutiny, family members' concerns, and questions raised by the media. These cases have a high likelihood for civil and criminal litigation and they often have the potential for creating allegations of police or institutional misconduct.

Any in-custody death that is other than natural should be sent to and autopsied by a forensic pathologist.

Questions that usually arise in these types of deaths include:

- Was excessive force used during restraint of a combative person?
- Was a prisoner/patient beaten or otherwise abused?
- Were suicidal precautions adequate given the decedent's history?
- Was a prisoner/patient abused by other inmates?
- Were the physical complaints of an inmate/patient attended to?
- Was the quality of medical care adequate?
- Is there a way to prevent deaths like this in the future?

Many of these questions can be answered following the performance of a thorough death scene investigation, forensic autopsy with toxicology, and collaborating with other investigative agencies.

The duties of the CME/CMEI in investigating in-custody deaths should include the following:

- Visit the scene (jail cell, prison yard, patient room, etc.) where the incident occurred, even if the decedent was removed and taken to a local hospital.
- Document the scene through photographs and scene sketches with dimensions.
- Obtain copies of reports from police, the institution (jail, prison, etc.), EMS reports, time logs, statements from fellow inmates/patients, and any hospital/medical records of the decedent.
- Ascertain the decedent's location, position, actions, and the timing of actions leading up to the death.
- If the decedent was removed prior to arrival, request officials who were present at the time of the incident or when the decedent was found to reenact what was observed.
- If a conducted electrical weapon (Taser, etc.) was used by law enforcement to help subdue the decedent, leave the barbs in place. If the barbs need to be removed for medical care or for other reasons, circle in permanent marker the location of the barbs, and initial and date the areas.
- Obtain copies of any police car dash cam videos, police body camera videos, and/or jail, prison and institutional videos documenting the scene and incident.
- Leave any clothing and other personal effects on the body, as they are considered evidence.
- Leave any ligatures in place, ***unless attempts are made to start life-saving procedures***. Do not disturb any knots along the entire length of the ligature.
- Ascertain any antemortem (admission) specimens immediately for toxicological analysis.
- If death occurred in a jail, prison, or mental health institute, obtain copies of any and all recent patient logs, medication administration logs, incident reports and medical records pertaining to the decedent.
- Examine the body and document rigor mortis, livor mortis, and any trauma to the body.
- In cases where drug-induced excited delirium is expected, a rectal temperature should be taken immediately (consult forensic pathologist performing the autopsy before doing so). Also, note the room or environmental temperature.
- Place and transport the body in a labeled and sealed body bag.

Remember...

- Avoid speculation and forming of premature conclusions.
- In all in-custody death cases, there should be prompt responses to inquiries; even if only to tell those inquiring that the case is pending the outcome of an investigation.
- It is considered best practice to have an independent law enforcement agency provide unbiased investigative services in these matters. The TBI may be brought into the investigation, but only at the request of local law enforcement or the county attorney.

- When investigating in-custody deaths, always remember to take into consideration underlying natural disease, prior alcohol or drug ingestion, hidden trauma that occurred prior to incarceration, induced trauma while in-custody, drug-induced excited delirium, psychosis, and deaths resulting from use of restraint procedures.

Institutional Deaths

Institutionalized adults may not be under the care of a physician and the death may fall under the jurisdiction of the county medical examiner. In Tennessee, the death of a person committed or admitted to a state mental health institute, a state resource center, a state training school, or other comparable institution, should be reported to and investigated by the county medical examiner. In addition to issues commonly investigated, particular concerns may arise with regard to the institution and their practices and processes involving care.

Consider the following for these investigations:

- Was the facility secure or non-secure?
- Did the decedent have any recent visitors just prior to death? If yes, who were the visitors?
- Immediately obtain copies of medical records, observation, and medication logs from the facility.
- Secure and obtain video/security camera recordings from the facility (indoor and outdoor), if available.
- Describe clothing and living conditions of the decedent.
- Describe the degree of cleanliness and orderliness of the facility.
- Note any use of restraints with other residents, as well as the decedent.
- Inquire about use of any procedure(s) or equipment to restrain the decedent (has the equipment been removed?)
- Was the institution/facility staff cooperative or evasive? Do they have concern for the decedent?
- What levels of training and education do care providers have? What certifications do they have?
- Is the institution or facility licensed? If yes, by who and is licensing current? Obtain copies of the most current inspection record.
- Has the institution or facility been reported to Tennessee Department of Mental Health & Substance Abuse Services in the last few years? If so, describe any founded and unfounded reports.

Motor Vehicle

The involvement of the county medical examiner at the scene of a motor vehicle collision should be part of a team approach with law enforcement. It is the duty of the law enforcement agency to reconstruct the scene or accident. The main duty of the medical examiner is the evaluation and documentation of injuries sustained by the collision. Evaluating injuries sustained in a motor vehicle collision requires the ability to recognize and distinguish between blunt and sharp force trauma. These are the two most common types of injury that occur in all types of motor vehicle accidents. Blunt force injuries sustained by occupants of a motor vehicle can be complex to interpret. Many victims of motor vehicle accidents, particularly drivers, should be autopsied. This is especially relevant when the collision is the result of illegal activity, collision in the course of employment, or when the cause of the accident is unknown, as well as when the cause of death is not externally obvious. An effort should be made to correlate injury patterns diagnosed at autopsy with object(s) impacted in or on the vehicle.

When investigating a motor vehicle collision, consider the following:

- Who was the driver of the vehicle? In some cases, the distinction is not clear. Some impaired or at-fault drivers have been known to report a deceased passenger as having been the driver.
- What were the road conditions (visibility, weather, etc.)?
- What type of roadway (concrete, asphalt, gravel, dirt, mud, etc.)?
- What type of traffic controls were in use (stop sign, electric signal, yield sign, etc.)?
- What was the speed limit? What was the speed of surrounding traffic? Was there sudden congestion or stop-and-go traffic?
- What was the direction of travel for the vehicle(s)?
- Is there evidence of alcohol/drug use?
- Were seatbelts in use?
- Was the decedent extricated from the vehicle?
- Was decedent ejected from the vehicle?
- Did airbags deploy?
- Was there evidence of distraction, such as a phone?

Natural

The investigation of natural deaths serves multiple purposes. However, foremost in priority in the scene investigation is to confirm that the death is really natural. Then information is collected to determine whether the death meets medical examiner jurisdiction and if so, whether an autopsy is warranted. In an unexpected and sudden death, especially in a young individual with no past medical history, an autopsy should be performed. The scene

investigation should focus on confirmation of identification, examination of the body, and the collection of the decedent's medical, social, and family history.

Natural death investigations should consider the following:

- Was the death witnessed or unwitnessed?
- Is there any trauma to the body?
- If found at home, was the residence secured? Signs of forced entry? Evidence of a struggle?
- If at work, what was the decedent doing at the time of death? Are there any potential dangers (potential electrical contacts, etc.) in the vicinity?
- Is there significant family or medical history? If so, what is that history?
- Are the medications present with the decedent appropriate in numbers for the prescribed dosage? To who are the medications prescribed?
- Any recent complaints about pains or illnesses?
- Is the body decomposed? If so, autopsy may be necessary to confirm identification of decedent.
- Is there a history of domestic violence?

If an individual is found deceased outside a healthcare setting (e.g., home, yard, etc.), then that individual's death is deemed to have been "unattended." A medical examiner or investigator should respond to the scene, perform an investigation, and complete the investigative form or ROI. Remember, the point of investigating apparent natural deaths is to confirm the death is indeed natural. The subsequent investigation will determine whether an autopsy is required. If a person died while in a healthcare setting and they were under the care of a healthcare provider (e.g., emergency room, hospital inpatient, nursing home, hospice, etc.), the death would be considered "attended." If this type of death is reported and the investigation reveals no non-natural factors that may have contributed to the death, the death then does not meet medical examiner criteria. The Report of Medicolegal Death Investigation form should be completed. The death certificate should be completed by the physician responsible for the patient's care.

Occupational / Farm

An occupational fatality is any fatal event that occurs at work, including death on a farm. The decedent may be an employer, employee, or self-employed person, farmer, or family member helping with a business. Any death, natural or otherwise, that occurs during work will fall under the jurisdiction of the medical examiner. Many factors can contribute to the cause of death of an individual on the job (thermal, electrocution, drowning, etc.). These deaths should be reported to and investigated by the CME.

Employers are required to report any on the job death the **Tennessee Occupational Safety and Health Administration (TOSHA) at (800) 249-8510**. This information is used to research and identify common hazards in workplaces and on farms.

In deaths that occur on the job, consider the following:

- Where was the decedent found with reference to any equipment in the area?
- Was the decedent moved by anyone? Who?
- What safety gear is generally required for working around this particular machinery or equipment? Was the proper equipment in use and secured properly?
- What was the decedent supposed to be doing at the time of the incident?
- Was the incident observed?
- Was the decedent performing a task he/she was trained to do?
- Were safety precautions posted in or around the machinery or equipment? Were precautions being followed?
- What was the decedent's medical history?
- Was any other person injured?
- Was there thought to be any medication, drug, or alcohol involvement?
- What was the current work schedule? Was the decedent working long hours or overtime that would cause fatigue?
- Was this the usual type of work for the decedent? Were any unconventional shortcuts utilized that would be considered dangerous?

Any involved equipment should be documented, including the year, make, model, and serial number for Consumer Product Safety Commission report. In some circumstances, the equipment should be sent with the decedent for autopsy the forensic pathologist should be consulted in this regard.

Pedestrian / Bicyclist

The CME/CMEI should work closely with law enforcement during these investigations. Vehicular crashes involving pedestrians/bicyclist can often be reconstructed with considerable accuracy by knowing characteristics of the person and the vehicle involved in the collision. Victims of pedestrians/bicyclist struck by motor vehicles should be autopsied. When a pedestrian/bicyclist is struck by a motor vehicle there may be transferred paint, plastic, glass, or imprints from the suspect vehicle to the decedents clothing, skin or bicycle. Pedestrians will commonly have blunt force contusions and crushing injuries of their legs, torso, and buttocks. An autopsy will help to provide information on whether the vehicle was braking or not at the time of impact and may correlate injury patterns with the suspect vehicle.

When investigating a pedestrian fatality consider the following:

- Was the pedestrian walking, standing or lying on the road at the time of the collision?
- What was the direction of travel of the vehicle? Of the pedestrian?
- For a bicyclist note the direction of travel and final position of the bicycle.
- Were the vehicles brakes being applied at the moment of impact?
- Did the driver see the pedestrians/bicyclist prior to the collision?
- Is there evidence from the vehicle on the body or clothing of the decedent, such as paint or grease?
- Is there evidence that the pedestrian was thrown up onto the vehicle (broken windshield, etc.)?
- Are there probable impact sites on the vehicle?
- Where did the pedestrian end up relative to the vehicle? Was he/she moved?
- What type of clothing was the pedestrian wearing? Were high visibility/reflective clothing worn?
- Did the vehicle stop at the scene? Are charges pending against the driver of the vehicle?
- If a bicyclist, were they wearing a helmet? Was the helmet damaged? Reflective clothing?
- If at night, was the bicycle equipped with front and rear lights/reflector?
- Was the bicycle using a bike lane?
- How badly was the bicycle damaged?

Suspected Sexual Assault

In cases of suspected sexual assault, it is critical to preserve evidence on the body. In order to do so, additional steps taken at the scene include:

-the hands should be placed in paper bags secured around the wrists;

-oral or rectal temperature should NOT be taken;

-manipulation of the body should be kept to a minimum; and

-the body should be wrapped in a clean white sheet prior to being placed in the body bag for transport.

If a CME/CMEI wishes for a sexual assault kit to be collected, it is paramount that this be relayed to the regional forensic center when the death is initially reported to them to avoid inadvertent loss of evidence.

If law enforcement wishes to retrieve fragile evidence from the body at the scene (e.g. a hair grasped in the hand; a paint chip on the clothing), the item to be collected should first be

photographed as it was found on the body, then placed into a sealed evidence container with proper documentation of chain of custody.

The regional forensic center to which the decedent is sent is the best location for the collection of hair and body fluids from the decedent. It is not appropriate to perform an examination for sexual assault at the scene. The clothing is considered evidence and should remain as it is on the body for transport.

The sexual assault kit typically consists of swabs to collect fluid from the mouth, anus, and vagina or penis; glass slides made using those swabs; pulled and combed head and pubic hairs; a blood sample from the decedent; and clippings and scrapings of the fingernails. These are collected by the forensic pathologist at the regional forensic center and appropriately handled and stored. Law enforcement may then submit the kit for analysis to a laboratory, again with strict documentation of the chain of custody.

Skeletal Remains

The medical examiner should become involved any time there is a discovery of skeletal remains. It must be determined whether the skeletal remains are human or non-human; seek assistance from a forensic pathologist, forensic anthropologist, or someone with experience in analyzing human and non-human skeletal remains in making this determination. In addition, it must be ascertained whether the skeletal remains are of medicolegal significance. Prehistoric bones and anatomical teaching specimens are generally not in the interest of law enforcement or the medical examiner. The location of the remains and any artifacts associated with them can be helpful in the determination of medicolegal significance.

The Regional Forensic Center in your area should be contacted if skeletal remains are determined to be human or suspected to be human and can assist with making arrangements for anthropological assistance, scene recovery and interpretation of human remains, as may be appropriate.

When investigating skeletal remains consider the following:

- An anthropologist may be available for consultation, identification of remains/burial site, and collection or excavation of the remains.
- The scene must be defined and documented. This could be confined to a single burial or cover a large surface scatter of skeletal remains.
- Systematic and comprehensive search techniques must be utilized to ensure maximal evidence recovery.
- Construction of a grid will assist in the systematic excavating and documentation of the area.

- Articles of clothing (buttons, zippers, man-made fabrics, etc.) and personal artifacts should be sought.
- Soil samples under fairly intact remains should be collected for potential toxicology testing.
- Document the location of a retrieved bone or piece of evidence photographically and by mapping, or scene sketch with measurements referenced to the location of at least two permanent fixtures, such as a large boulder, roadway, or telephone pole.
- Bones may be brittle, and should be cushioned and packaged with care for transport.
- Aerial photography may also be employed when human skeletal remains are found. This technique is used to document surface terrain / topography and the scene's relationship to the surrounding area and environment.

Sports Related

Sports related deaths usually occur suddenly and without warning and are almost certainly unexpected. These deaths usually occur in young and/or healthy individuals and therefore should be autopsied.

When investigating a sports related death, consider the following:

- What type of sport was the decedent involved in?
- Was the sport played indoors or outdoors?
- Describe the playing surface.
- If outdoors, describe the weather.
- Was the accident or injury caused by an instrument or piece of equipment used by the decedent or another player?
- Did the death occur while in contact with another player?
- If safety equipment is required for this sport, describe in detail, and indicate whether the decedent was dressed appropriately at the time of incident.
- What was the level of experience of the decedent in this sport?
- Was the decedent ever injured previously in this or any other sport? If yes, were they seen and released by a physician to continue activity? Specify dates and injuries.
- What is the school or team policy for post-injury re-entry?
- Was the decedent taking any medication, either legal or illegal?
- Was the decedent taking any homeopathic or natural supplements, using steroids, or consuming high-energy sports drinks?
- If this is a water sport, refer to section on drowning for further information if needed.
- Was protective clothing or gear used? Obtain make, model, and description.

Stab Wounds

The scene investigation of stab wounds is a very important adjunct to the autopsy. Some stab wounds do not necessarily injure a vital organ (e.g., a leg or arm is stabbed). The volume estimate of blood at the scene due to blood loss from the decedent can be very helpful. When investigating a stab wound death, consider the following:

- Are there defensive cuts on the upper extremities?
- Are there multiple superficial hesitation marks on the wrists or around the fatal wound?
- Is there a large pool of blood around the decedent? Estimate volume.
- Is the blood in several locations? Are there droplets that may represent cast-off?
- If there was emergency medical intervention, were clothes removed and were stab wounds altered or sutured (did the thoracotomy incision go through a stab wound, was a stab wound used for a chest tube insertion site, etc.)? Obtain all medical records that document the intervention and the location of the original wounds. Every effort should be made to retrieve the clothing and transport them with the body so that they may be examined by the pathologist at the time of autopsy.
- Is the weapon still at the scene? If so, it should be collected as evidence either by law enforcement or by the medical examiner and brought to the autopsy. When collecting and transporting the weapon, it is imperative that it is handled carefully and correctly to preserve any latent prints or DNA evidence.
- Cover the hands with paper bags and secured with tape to preserve evidence prior to transport?

Suicide

Suicides can be the most difficult and time-consuming cases facing the medical examiner. The strong emotions based on religious and moral objections to suicide combined with the loss of a loved one can make it very difficult for a family member to accept the determination of manner of death as suicide. In addition, some homicides may be staged to appear as suicides. Therefore, careful and complete investigation in the beginning can save a lot of trouble and time in the end.

Determining the manner of death as suicide relies on implicit evidence the individual had the means and intent to kill themself. It should be understood that a “suicide note” is found in only a minority of all suicide deaths. Additionally, evidence that contradicts the manner being suicide should be sought.

Consider the following when investigating a presumed suicide:

- Is there evidence of a struggle (room disarray, knocked over furniture, etc.)?
- Is the building or room secure? Document presence or absence of locks on doors and windows. Did police have to break in to gain entry into the room or building?
- Are weapons near the body? Document the position of any weapon in relation to the body.
- Is there a past psychiatric history? Be specific about recent versus remote histories of depression. Was the individual ever treated for depression or other psychiatric illness?
- Have there been any previous suicide attempts or threats? Method? Look for linear scars or hesitation marks on the wrists for physical evidence of previous suicide attempts.
- Is there a social history of financial difficulties, marital problems, poor work or school review, or anniversary of the death of a loved one?
- Is there a suicide note? Suicide notes may not necessarily be in the immediate vicinity or same address as the body. Consider the location of suicide notes on electronic devices, such as computers or cell phones. Be sure to make a copy of the note to retain. If necessary, the signature and writing may be compared with other known documents.
- Examine and photograph the hands. Bag the hands at the scene if necessary to preserve evidence.
- In the case of an overdose, are there paraphernalia or prescription medicine containers? Send paraphernalia with law enforcement so that the contents can be tested. Document all prescription drugs and determine whether pills remaining are appropriate for the prescription. Complete a Medication Log.

OTHER DUTIES AND RESPONSIBILITIES

CERTIFICATION OF DEATH

General Considerations

Death certificates are the source of data for regional, state, and national mortality statistics and are used to allocate funding for scientific research, direct public health efforts, and assess the efficacy of preventative initiatives. In addition, a completed death certificate is required before a body can be buried or cremated, and is necessary for survivors to collect insurance benefits, transfer property, and the like. Erroneously completed death certificates may result in denial of payments to the decedent's heirs. Certification of death by the county medical examiners and treating physicians should follow the guidelines established by the Tennessee Department of Health and the National Center for Health Statistics (NCHS). The NCHS keeps statistics on all deaths that occur in the United States.

Tennessee law dictates that the "physician in charge of the patient's care for the illness that resulted in death" in non-medical examiner cases complete and sign the death certificate if that physician had treated or evaluated the deceased within the four months prior to death. This holds true even if that physician was not physically present at the time of death. Of course, a treating physician may also certify deaths of patients which occur more than four months after the decedent was last seen by him or her. Supervising physicians are responsible for certifying natural deaths of patients treated by nurse practitioners or physicians' assistants under their supervision, even if the physician never treated the patient. Failure to comply can result in disciplinary action by the Board of Medical Examiners.

Treating physicians, including consultants (e.g., cardiologists, oncologists) and emergency room physicians, may also certify death given knowledge of the medical history of the deceased. **Completion of the death certificate is the final act of care a treating physician can deliver to a patient; avoidance or failure to do so in a timely, accurate manner will cause undue distress to surviving family members.** The medical certification of death is to be completed within 48 hours of pronouncement of death. Physicians acting in good faith when completing death certificates are immune from civil suit. T.C.A. § 68-3-513

County medical examiners are responsible for completing the medical certification of death for cases falling under medical examiner jurisdiction as detailed in T.C.A. § 38-7-108(a), as well as for natural deaths in which the treating physician refuses to sign a death certificate because more than four months have elapsed since the decedent was last evaluated by him or her. The county medical examiner is not responsible for certifying deaths in cases in which a treating physician has failed to arrange coverage for clinical responsibilities while on vacation and is not to be used as a death certification service for natural deaths which do not fall under medical examiner jurisdiction.

In Tennessee, the date and time of death are determined by the date and time in which death is pronounced. That is, if a person is discovered in a state of advanced decomposition, the official date and time of death will be when death is officially pronounced and should not be estimated or otherwise approximated based on postmortem changes. Similarly, the place in which a body is found dead is to be listed as the place of death, even if the fatal injury or event occurred elsewhere. In cases in which a person is pronounced brain dead, the date and time of brain death is the official date and time of death. T.C. A. § 68-3-501 et seq.

The medical certification of death may only be amended once on a death certificate by the county medical examiner or the physician who originally certified death. To do so the physician or county medical examiner must file a notarized affidavit with the Tennessee Office of Vital Records (sample affidavit included in Appendix C).

Cause of Death versus Mechanism of Death

The cause of death statement is used to indicate the medical cause of death and should list the anatomic disease(s), injury or injuries that caused death. The cause of death and the

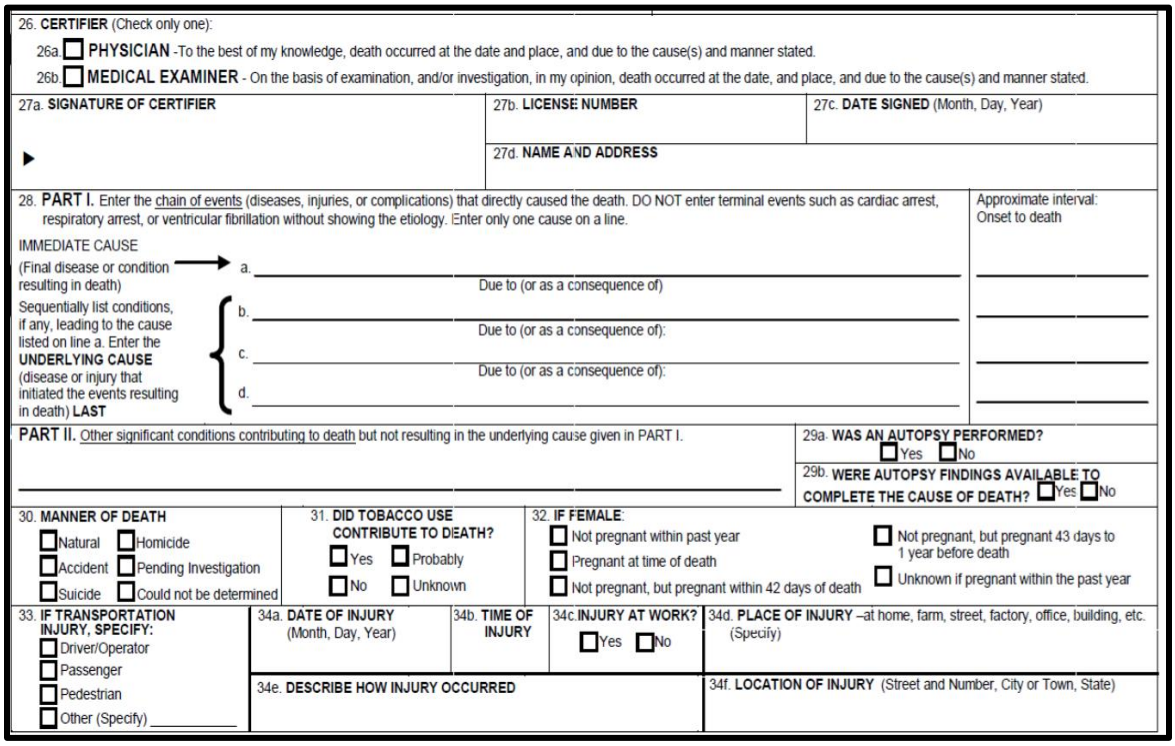
mechanism of death, the physiologic process leading to death, are often incorrectly used interchangeably on the death certificate. Mechanisms of death are not specific to any given disease process. For example, the *mechanism* of death for a person who is shot in the head may be exsanguination or hypoxic brain injury or ventricular dysrhythmia; the *cause* of death is simply gunshot wound of the head. A middle-aged cystic fibrosis patient may die with septic shock or right heart failure or a mucus plug; however, the underlying cause of death is correctly listed as cystic fibrosis. Many, if not most or all, cases of "aspiration pneumonia" occur in neurologically compromised patients; in this population, the disease process causing the neurologic impairment should be listed as the underlying cause of death (e.g., dementia, Alzheimer's type; amyotrophic lateral sclerosis; cerebrovascular accident due to atherosclerotic cardiovascular disease).

According to the Centers for Disease Control and Prevention, the below-listed diagnoses should not be listed on a death certificate as the underlying cause of death. If listed in Part I, an underlying cause of death must follow.

Abscess
Abdominal hemorrhage
Adhesions
Adult respiratory distress syndrome
Acute myocardial infarction
Altered mental status
Anemia
Anoxia/anoxic encephalopathy
Arrhythmia
Ascites
Aspiration
Atrial fibrillation
Bacteremia
Bedridden
Biliary obstruction
Bowel obstruction
Brain injury
Brain stem herniation
Carcinogenesis
Carcinomatosis
Cardiac arrest
Cardiac dysrhythmia
Cardiomyopathy
Cardiopulmonary arrest
Cellulitis
Cerebral edema
Cerebrovascular accident
Cerebellar tonsillar herniation
Chronic bedridden state
Cirrhosis
Coagulopathy
Compression fracture
Congestive heart failure
Convulsions
Decubiti
Dehydration
Dementia (when not otherwise specified)
Diarrhea
Disseminated intravascular coagulopathy
Dysrhythmia
End stage liver disease
End stage renal disease
Epidural hematoma
Exsanguination
Failure to thrive
Fracture
Gangrene
Gastrointestinal hemorrhage
Heart failure
Hemothorax
Hepatic failure
Hepatitis
Hepatorenal syndrome
Hyperglycemia
Hyperkalemia
Hypovolemic shock

Hyponatremia
Hypotension
Immunosuppression
Increase intracranial pressure
Intracranial hemorrhage
Malnutrition
Metabolic encephalopathy
Multi-organ failure
Multisystem organ failure
Myocardial infarction
Necrotizing soft tissue infection
Old age
Open (or closed) head injury
Pancytopenia
Paralysis
Perforated gallbladder
Peritonitis
Pleural effusions
Pneumonia
Pulmonary arrest
Pulmonary edema
Pulmonary embolism
Pulmonary insufficiency
Renal failure
Respiratory arrest
Seizures
Septic shock
Shock
Starvation
Subdural hematoma
Subarachnoid hemorrhage
Sudden death
Thrombocytopenia
Uncal herniation
Urinary tract infection
Ventricular fibrillation
Ventricular tachycardia
Volume depletion

Tennessee Death Certificate: Medical Certification of Death



26. **CERTIFIER** (Check only one):

26a. ☐ **PHYSICIAN** -To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.

26b. ☐ **MEDICAL EXAMINER** - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.

27a. **SIGNATURE OF CERTIFIER** ▶	27b. **LICENSE NUMBER**	27c. **DATE SIGNED** (Month, Day, Year)
	27d. **NAME AND ADDRESS**	

28. **PART I.** Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

Approximate interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of)

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST**

b. _____ Due to (or as a consequence of):

c. _____ Due to (or as a consequence of):

d. _____

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

29a. **WAS AN AUTOPSY PERFORMED?** ☐ Yes ☐ No

29b. **WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?** ☐ Yes ☐ No

30. **MANNER OF DEATH**
☐ Natural ☐ Homicide
☐ Accident ☐ Pending Investigation
☐ Suicide ☐ Could not be determined

31. **DID TOBACCO USE CONTRIBUTE TO DEATH?**
☐ Yes ☐ Probably
☐ No ☐ Unknown

32. **IF FEMALE:**
☐ Not pregnant within past year
☐ Pregnant at time of death
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to 1 year before death
☐ Unknown if pregnant within the past year

33. **IF TRANSPORTATION INJURY, SPECIFY:** ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____	34a. **DATE OF INJURY** (Month, Day, Year)	34b. **TIME OF INJURY**	34c. **INJURY AT WORK?** ☐ Yes ☐ No	34d. **PLACE OF INJURY** –at home, farm, street, factory, office, building, etc. (Specify)
	34e. **DESCRIBE HOW INJURY OCCURRED**			34f. **LOCATION OF INJURY** (Street and Number, City or Town, State)

Manner of Death

The manner of death represents the county medical examiner's opinion as to which category the death best fits into and is based on the circumstances surrounding the death. The manner of death is an objective assessment of the event(s) leading to death based upon facts of the individual case and the professional experience of the county medical examiner and should not be construed as a moral or ethical judgement of the decedent by the certifier. The medical examiner should follow consistent policies rather than change them to fit individual case circumstances. The five options for completion of the manner of death in Tennessee are Natural, Accident, Suicide, Homicide, and Could Not Be Determined. Pending Investigation, a sixth option on the Tennessee death certificate, should be considered only a temporary assignment of manner and should be changed as soon as the case investigation is complete. It is not necessary or appropriate to choose "Pending investigation" if the only information unavailable at the time of certification is whether criminal charges will be brought in a given case. That is, if death is due to injuries clearly inflicted by another person, even if in a case of self-defense or justifiable homicide, the death should be classified as Homicide regardless of prosecutorial intent. All deaths should be classified as to manner, and only one manner of death is to be chosen.

Natural

Natural deaths are those due *exclusively* (100%) to disease and/or the aging process. A death in which a discrete, unnatural act contributes in any way towards the death, regardles of the interval elapsed between the event and demise, cannot be considered a natural death. In general, if death is a result of a combination of natural disease and non-natural factors, preference is given to the non-natural factors in determining manner of death (e.g. cerebral hemorrhage associated with acute cocaine abuse).

Deaths due to chronic substance abuse (e.g. endocarditis in an intravenous drug abuser; cirrhosis in an alcoholic) in which a single or discrete intoxication event cannot be identified as directly leading to death are classified as natural.

Accident

Accident is defined as an unnatural death resulting from an inadvertent chance happening. Motor vehicle fatalities are considered an accident unless the driver deliberately uses the vehicle as a weapon or as a means to commit suicide. Classification of motor vehicle fatalities as accidents is done in the interest of uniformity for vital statistical purposes and bears no relation to the presence or absence of criminal charges arising from the motor vehicle fatality. Specifically, even in instances of driving while intoxicated, reckless driving, or hit-and-run fatalities, when the driver bears criminal responsibility, the county medical examiner should still classify such deaths as accidents in the interest of uniformity. Such a classification will not preclude criminal prosecution or civil charges.

Deaths due to acute drug intoxication or alcohol poisoning, in the absence of evidence specifically supporting the conclusion of the manner of death being homicide or suicide, should be classified as an accident. This is done as the presumed common intent to become intoxicated is not the same as having intent to die. The fatal outcome was unintentional.

The National Center for Health Statistics assigns ICD-10 codes to death certificates for vital statistics. As such, it is important to list each drug felt to be contributory to death on the death certificate [e.g., “acute combined drug toxicity (heroin, alprazolam, and ethanol)]” for improved data collection. Use of the terms “toxicity”, “intoxication”, “overdose”, “ingested”, “injected” or “inhaled” will be assigned a statistical code indicating that the event was non-natural. In contradistinction, the terms “abuse”, “addiction”, “dependence”, or “use” without other indication of an acute poisoning event on the certificate will be coded as natural.

Suicide

Suicide is defined for medical examiner purposes as a death from self-inflicted injury with some form of explicit or implicit evidence of intent to harm oneself. The burden of proof need not be “beyond any reasonable doubt” but should be “more likely than not”.

Death cases involving so called “games”, such as “Russian Roulette” can be highly controversial as the legal view of intent may differ from that of the medical examiner. The Merriam-Webster Dictionary defines “Russian Roulette” as “a dangerous game consisting of spinning the cylinder of a revolver loaded with one cartridge, pointing the muzzle at one’s own head, and pulling the trigger”. These types of “games” are most often ruled suicide because the act of placing a loaded gun to the head and pulling the trigger is a volitional act that carries a high risk of death and implies “subintent,” an understanding of the probable consequences.

Homicide

Homicide, for the purposes of the medical examiner, is simply “death at the hands of another” that may or may not have criminal liability attached to it. In other words, homicide does not equal murder. The intent to cause death need not be present or be proven for the medical examiner to rule as homicide. While all murders are homicides, not all homicides are murders. At controversy are deaths at the hands of law enforcement which may result from the discharge of a firearm or physical restraint used to subdue. These cases as should be classified as homicides.

Could Not Be Determined

Could not be determined should be a category that is rarely used and reserved for those cases in which an exhaustive investigation, including forensic autopsy, has been performed. An effort to develop sufficient information to classify an unnatural death as homicide, suicide, or accident should be made in every death case. If there is little available information about the circumstances surrounding the death, or the known information equally supports more than one manner of death, then it can be appropriate to use could not be determined. This category should not be used for cases that are controversial in an attempt to avoid a dispute or publicity caused by a more appropriate ruling on manner.

Pending Investigation

This temporary category should be used for cases where the results of the investigation, autopsy, and/or laboratory studies are not quickly available. This will fulfil the T.C.A. requirement that a death certificate be filed within five (5) days of death and will allow the next of kin to arrange burial or cremation, and to begin the legal and administrative routines when a death occurs. After completion of the investigation, a Delayed Report of Diagnosis – Death, with the actual cause and manner of death, should be promptly completed and filed with the health department of the county in which death occurred.

Standard Language for Cause of Death: Examples

Accidental

Acute drug/mixed drug (names of drug(s)) intoxication

Asphyxia due to …
Aspiration of (food bolus, foreign object)
Blunt force injuries of (head, chest, etc.)
Carbon monoxide poisoning
Drowning
Electrocution
Entrapment
Ethanol intoxication
Exsanguination due to…
Gunshot wound of …
Hanging
Head and neck injuries
Hyperthermia due to …
Hypothermia due to exposure
Multiple blunt force injuries
Pulmonary embolus due to deep venous thrombosis
Smoke and soot inhalation
Stab wound
Subdural hematoma
Thermal injuries
Thermal injuries and smoke inhalation

Homicide

Acute drug/mixed drug (type of drug(s)) intoxication
Asphyxia due to (manual strangulation, ligature strangulation, smothering, etc.)
Aspiration of (food bolus, foreign object)
Blunt force injuries of (head, chest, etc.)
Carbon monoxide poisoning
Dehydration
Drowning
Electrocution
Ethanol intoxication
Exsanguination due to (stab wounds, gunshot wounds)
Gunshot wound of …
Hanging
Head and neck injuries
Hyperthermia due to …
Hypothermia due to exposure
Multiple blunt force injuries
Smoke and soot inhalation / Thermal injuries
Stab wound
Subdural hematoma

Natural

Aortic dissection
Aortic aneurysm
Abdominal aortic aneurysm
Acquired Immune Deficiency Syndrome
Alzheimer's
Amyotrophic lateral sclerosis
Arteriosclerotic cardiovascular disease
Asthma
Blood disorders
Cancer of ... (be as specific as possible as to tumor type, stage, grade, and primary site)
Carcinoma
Cardiomegaly
Chronic alcohol abuse
Chronic obstructive pulmonary disease
Complications of ... (pre-existing condition)
Complications of premature birth due to placental abruption, etc.
Congenital defect (be as specific as possible, e.g., DiGeorge's syndrome)
Diabetes
Diabetic ketoacidosis
Emphysema
Hepatic failure due to …
Hodgkin's disease
Hypertension
Hypertensive heart disease
Influenza
Leukemia
Meningitis
Multiple organ failure due to …
Myocardial infarction
Myocarditis
Obesity
Obstruction of …
Pancreatitis
Parkinson's disease
Plague
Pulmonary edema
Pulmonary embolus due to deep venous thrombosis
Renal failure due to…
Reye's syndrome
Spontaneous hemorrhage due to …
Tuberculosis

Other

Non-human remains
Skeletal remains

Pending

Pending Anthropology
Pending Histology
Pending Investigation
Pending Receipt and Review of Medical Records
Pending Microbiology
Pending Neuropathology
Pending Odontology
Pending Other
Pending Police Report
Pending Radiology
Pending Toxicology

Suicide

Acute drug/mixed drug (type of drug(s)) intoxication
Asphyxia due to (suffocation, positional, etc.)
Aspiration of (foreign object)
Blunt force injuries of (head, chest, etc.)
Carbon monoxide poisoning
Drowning
Electrocution
Ethanol intoxication
Exsanguination due to…
Gunshot wound of …
Hanging OR Ligature hanging
Head and neck injuries
Hyperthermia due to …
Hypothermia due to exposure
Multiple blunt force injuries
Self-immolation
Smoke and soot inhalation
Stab wound
Subdural hematoma
Thermal injuries
Thermal injuries and smoke inhalation

Could Not Be Determined

Note: Sudden infant death syndrome or "SIDS" is not to be listed as the cause of death in the absence of a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the child's clinical history, or if a child is older than one year of age (T.C.A. § 68-1-1102 (l)).

Skeletal/mummified remains
Sudden death in infancy
Sudden unexplained infant death/sudden unexpected death in infancy
Undetermined
Undetermined after autopsy and/or toxicology

Standard Language for How Injury Occurred

These phrases should satisfy the purposes of item 34 on death certificate in the majority of non-natural deaths, but is not an exhaustive list. In natural deaths, there is by definition no injury, and so this section should be left blank.

Accident

Accidental discharge of (firearm type)
Accidental ligature strangulation
Accident-specify
Bitten/mauled/stung/kicked by (name agent)
Choked on (identify item)
Contacted electrical current via (identify source of current)
Crushed/suffocated by (identify mechanism)
Cut self with (name agent)
Cyclist (explain circumstances briefly)
Cyclist struck by (motor vehicle type)
Drowned in (non-recreational water accidents)
Drowned while swimming (recreational and rescue attempts) in (Center Hill Lake, family pool)
Fall from (identify origin of fall and approximate distance of fall)
Fall from back of pickup
Fall from standing height
Farm or Industrial machinery accident
Fell/thrown from (riding animal)
Ingested alcohol
Ingested and/or injected illicit drug(s)
Ingested and/or injected prescription medications
Inhaled (Name of product/Name of toxic agent) (Substance abused)
Inhaled (Name of product; Name of toxic agent) (Substances inhaled accidentally)

Medical treatment
Pedestrian struck by …
Pilot of (aircraft type) that crashed
Poisoning (name agent)
Received blow/collided with …
Remained outdoors exposed to (cold, heat)
Restrained/Unrestrained/Unknown restraint driver of (auto/truck/motorcycle) in single vehicle collision
Restrained/Unrestrained/Unknown restraint driver of (auto/truck/motorcycle), struck by train
Restrained/Unrestrained/Unknown restraint driver of auto in collision with (other fixed object)
Restrained/Unrestrained/Unknown restraint driver of auto in collision with …(motor vehicle type OR object)
Restrained/Unrestrained/Unknown restraint driver of auto that left roadway
Helmeted/Unhelmeted/Unknown if helmeted driver of motorcycle (explain circumstances briefly)
Helmeted/Unhelmeted/Unknown if helmeted driver of motorcycle in collision with (motor vehicle type)
Restrained/Unrestrained/Unknown restraint driver of pickup in collision with (fixed object)
Restrained/Unrestrained/Unknown restraint driver of pickup in collision with (motor vehicle type)
Restrained/Unrestrained/Unknown restraint driver of pickup that left roadway
Restrained/Unrestrained/Unknown restraint driver of truck in collision with (other fixed object)
Restrained/Unrestrained/Unknown restraint driver of truck in collision with …(motor vehicle type OR object)
Restrained/Unrestrained/Unknown restraint driver of truck that left roadway
Restrained/Unrestrained/Unknown restraint passenger of (auto/truck/motorcycle) in single vehicle collision
Restrained/Unrestrained/Unknown restraint passenger in (aircraft type) that crashed
Restrained/Unrestrained/Unknown restraint passenger in (motor vehicle type) struck by train
Restrained/Unrestrained/Unknown restraint passenger in auto in collision with (other fixed object)
Restrained/Unrestrained/Unknown restraint passenger in auto in collision with …(motor vehicle type OR object)
Restrained/Unrestrained/Unknown restraint passenger in auto that left roadway
Restrained/Unrestrained/Unknown restraint passenger in pickup in collision with (fixed object)
Restrained/Unrestrained/Unknown restraint passenger in pickup in collision with (motor vehicle type)
Restrained/Unrestrained/Unknown restraint passenger in pickup that left roadway

Restrained/Unrestrained/Unknown restraint passenger in truck in collision with (other fixed object)
Restrained/Unrestrained/Unknown restraint passenger in truck in collision with …(motor vehicle type OR object)
Restrained/Unrestrained/Unknown restraint passenger in truck that left roadway
Helmeted/Unhelmeted/Unknown if helmeted passenger on motorcycle
Helmeted/Unhelmeted/Unknown if helmeted passenger on motorcycle in collision with (motor vehicle type)
Restrained/Unrestrained/Unknown restraint passenger who fell from moving (motor vehicle type)
Scalded by (name agent)
Struck by flying/falling (identify moving object)
Struck by lightning
Victim of (type of device) explosion
Victim of (house, car, brush, etc) fire

Homicide

Assaulted by another person(s)
Beaten by assailant(s)
Ingested/injected/inhaled drugs/poisons
Neglect/Starvation
Pedestrian struck by (vehicle type)
Shot by other person(s) with firearm (specify type, if known)
Stabbed by another person
Strangled by another person
Victim of drowning
Victim of intentionally set fire

Suicide

As pedestrian stepped in front of (truck/car)
Burned self with
Driver of motor vehicle
Drowned self in (lake, swimming pool, etc.)
Hanged self
Ingested or injected medication
Ingested, injected or inhaled non-prescription medication
Inhaled (vehicle exhaust, etc.)
Jumped from (building, bridge)
Shot self with firearm (type if known)
Stabbed self with …
Suffocated self with …

NOTIFICATION OF NEXT OF KIN

When a person dies, the surviving family members must be notified in a timely manner. Notification of death is usually performed by law enforcement and, often, prior to the medical examiner's involvement with the case. However, there are circumstances in which the medical examiner can facilitate the notification process. The medical examiner must make sure that documentation of the notice to next of kin accompanies the body to the regional forensic center if autopsy is requested. T.C.A. § 38-7-106(a) states, The authority ordering the autopsy shall notify the next of kin about the impending autopsy if the next of kin is known or reasonable ascertainable. The sheriff or other law enforcement agency of the jurisdiction shall serve process containing such notice and return such process within twenty-four (24) hours.

T.C.A. § 62-5-703 defines next of kin in order of:

1. A person designated by the deceased in a written document executed during such persons lifetime;
2. Decedent's spouse;
3. Decedent's adult children;
4. Decedent's parent(s);
5. Decedent's sibling(s);
6. Decedent's extended family (grandchildren, grandparents);
7. The guardian of the decedent at the time of death, if one had been appointed; or
8. Any other person authorized or under obligation to dispose of the body.

ORGAN AND TISSUE DONATIONS

The Role of the CME and CMEI in Donation

Medical examiners and investigators play a crucial role in the donation process. It is estimated that as many as 70% of potential donors, fall under medical examiner jurisdiction. While not required to do so under the T.C.A., the medical examiner or investigator may have a direct impact on donation by referring deaths that occur outside of a hospital to Tennessee Donor Services or Mid-South Transplant Foundation. In doing so, they enable all Tennesseans to have the opportunity to participate in tissue and eye donation.

It is the position of the National Association of Medical Examiners and the Scientific Working Group for Medicolegal Death Investigation that the procurement of organs and/or tissues for transplantation can occur in almost all cases falling under their jurisdiction without a negative impact to the goals of medicolegal death investigation.

The Organ Procurement Organizations (OPOs) in Tennessee are committed to collaborating with medical examiner to ensure that all requirements for a medicolegal investigation are met while honoring the donation decisions of individuals and their families. OPOs in Tennessee will

work directly with county medical examiner offices to develop procedures to ensure that medical examiner needs are met while still preserving the opportunity for donation.

What organs/tissues can be donated?

Organs that can be donated for transplantation include the heart, lungs, kidneys, liver, pancreas, and small intestine. Tissue that can be donated for transplant includes corneas, bone, tendon, skin, veins, and heart valves.

What are the eligibility criteria for tissue donation?

Criterion for tissue donation eligibility changes frequently due to changes in tissue processor requirements and regulations. What may rule out donation today may not rule out donation tomorrow. Tissues can be recovered up to 24 hours after death when the body is cooled within 12 hours.

For more information on donation refer to the Revised Uniform Anatomical Gift Act T.C.A. § 68-30-101.
To contact Tennessee Donor Services visit http://tds.dcids.org , and Mid-South Transplant Foundation visit http://midsouthtransplant.org

UNCLAIMED BODIES

For the purposes of this section, "unclaimed" and "unidentified" are not equivalent terms.

Unclaimed decedents are those whose identification is known, but next of kin is either unknown, unable to be located, fail or refuse to make arrangements for final disposition.

Unidentified decedents are those whose identity cannot be established by medical examiners or law enforcement. Deaths in which "the identity of the person is unknown or unclear" be reported to the county medical examiner. T.C.A § 38-7-108

Medical Examiner Cases

Disposition of a decedent whose death was accepted under medical examiner jurisdiction is the responsibility of the county medical examiner in which death occurred or was pronounced. If the body is unclaimed after investigation by the county medical examiner, the body may be cremated or decently buried as directed under T.C.A. § 68-4-113 which requires "(1) proper notice given in accordance with § 68-4-103 (b)(2); and (2) the body is held for the time period provided in § 68-4-103 (c)".

If the body is unclaimed after investigation by the medical examiner investigator, it may be cremated or decently buried using funds from the county treasury or the proceeds of the sale of property found with the body. T.C.A. § 38-5-118

The chief medical examiner appointed pursuant to T.C.A. § 38-7-102, OSCME, in order to promote medical and surgical science, shall direct the disposition of unclaimed dead bodies of persons who die in any charitable or penal institution, or are to be buried at public expense, except those of honorably discharged veterans. "(a) The chief medical examiner, upon receiving the bodies or notification of the availability of the bodies as provided in this chapter, shall distribute them among the medical, dental and anthropologic institutions of this state regularly chartered and in active operation as prescribed in §§ 68-4-102 - - 68-4-109, and shall not give, sell or deliver any body to any other person, firm, society, association or corporation; (b) Bodies shall be distributed by the chief medical examiner to the institution that is closest to the location of the body and that has indicated a current need for bodies for the purposes authorized by this chapter." T.C.A. § 68-4-104

"(12) In the absence of any person listed in subdivisions (1)-(11), any other person willing to assume the responsibilities to act and arrange the final disposition of the decedent's remains, including the funeral director with custody of the body, after attesting in writing that a good faith effort has been made to no avail to contact the individuals listed in subdivisions (1)-(11)". T.C.A. § 62-5-703

Unidentified remains should not be cremated.

Non-Medical Examiner Cases

A decedent whose death does not meet the criteria as set forth in T.C.A.§ 38-7-108 for medical examiner jurisdiction does not automatically become a medical examiner case if they remain unclaimed by next of kin or if next of kin are unable to be located. T.C.A.§ 68-4-101 provides that if a person dies in a medical facility or public institution, and the next of kin are unavailable, unknown, or fail or refuse to summon an undertaker, after eight (8) hours have elapsed since death, the medical facility or public institution may do so.

If the body remains unclaimed by the next of kin for 96 hours or more the institution is to notify the Office of the State Chief Medical Examiner. The OSCME may make a demand for the body, decline to make a demand for the body or direct the body to be embalmed. The OSCME is responsible for reasonable compensation of the funeral home or embalmer in this circumstance.

If the OSCME fails to direct that the body be embalmed within 72 hours of notification, then the body may be cremated or buried as directed by T.C.A. § 68-4-113. The expense for burial or cremation is the responsibility of the institution where death occurred.

Veterans

Honorably discharged veterans, who are unclaimed by next of kin or whose next of kin is unable to be located, regardless of the circumstances or jurisdiction of death, shall be interred as directed by the commissioner of veterans services, or the commissioner's representative, superseding other provisions of T.C.A. § 68-4-102 - - 68-4-109.

National Missing and Unidentified Persons System (NamUS)

The National Institute of Justice's National Missing and Unidentified Persons System (NamUS) is a national central database and resource center for missing persons, unclaimed persons, and unidentified decedents. NamUS is a free online system that can be searched by anyone including medical examiners, coroners, law enforcement and the general public (NamUS.gov).

NamUS consists of three separate databases that are automatically cross-matched for similar cases or matches and can be searched by anyone including the general public. The Missing Persons database contains information that can be entered by anyone including the families of missing persons. The Unidentified Persons database contains information entered by medical examiner personnel for persons who, after the investigation, remain unidentified. The Unclaimed Persons database contains information entered by medical examiner personnel for person who are identified but next of kin is unknown or not located prior to disposition.

Medical examiner personnel who register for NamUS should register for all three (3) databases. For a decedent sent to a Regional Forensic Center for autopsy, consult with the RFC NamUS representative concerning case entry into the database. A decedent not sent for autopsy can be registered by the RFC NamUS representative or OSCME personnel.

County medical examiner personnel who wish to register for NamUS should contact:

Amy Dobbs - Regional Systems Administrator
National Missing and Unidentified Persons System (NamUS)
Phone:817-304-8873
E mail : Amy.Dobbs@unthsc.edu
Web: www.untfsu.com
Web: www.NamUs.gov

Appendix A

POST-MORTEM EXAMINATIONS T.C.A. § 38 -7-101 to 201

38-7-101. Short title.

This part shall be known and may be cited as the "Post-Mortem Examination Act."

HISTORY: Acts 1961, ch. 174, § 1; T.C.A., § 38-701.

38-7-102. Post-mortem examination division.

The department of health is authorized and empowered to create and maintain a post-mortem examination division or service. The division or service shall have as its functions the investigation of certain deaths as defined in this part, and the keeping of full and complete records of all reports on investigations and examinations made pursuant to this part. The commissioner of health, acting for the state and with the approval of the governor and considering the recommendation made by the Tennessee medical examiner advisory council, shall appoint a chief medical examiner to direct the division or service, and such other personnel as the commissioner may find appropriate to the enforcement of the duties and powers of this part. The commissioner is authorized and empowered to spend such funds as may be appropriated for the enforcement of this part, and to promulgate rules through the department of health to establish fees for autopsies, guidelines for death investigations and forensic autopsies, and other costs and services associated with this part.

HISTORY: Acts 1961, ch. 174, § 2; 1980, ch. 810, § 2; T.C.A., § 38-702; Acts 2008, ch. 969, § 1.

38-7-103. Chief medical examiner -- Deputies and assistants -- Duties and authority.

(a) The chief medical examiner shall be a physician with an unlimited license to practice medicine and surgery in the state of Tennessee, or who is qualified and eligible for such license, and shall be required to obtain a license within the six-month period after employment. The chief medical examiner shall be a pathologist who is certified by the American Board of Pathology and who holds a certificate of competency in forensic pathology. In addition to the chief medical examiner's other administrative duties, the chief medical examiner's educational duties shall include developing and providing initial training and regular continuing education to all county medical examiners and medical investigators. The chief medical examiner shall be appointed to a five-year term, and may serve unlimited consecutive terms.

(b) The Tennessee medical examiner advisory council shall recommend to the chief medical examiner three (3) deputy state medical examiners, one (1) from each grand division of the state. The chief medical examiner, in consultation with the advisory council and with the approval of the commissioner of health, shall appoint the three (3) deputy state medical examiners and any assistant state medical examiners needed for regional administrative, professional and technical duties. The deputy medical examiners shall be based in one (1) of the state forensic centers. These state medical examiners shall have the same qualifications as the chief medical examiner. In addition to their other administrative, professional and technical duties, the deputy and assistant state medical examiners may lecture to medical and law school classes and conduct such special classes for county medical examiners and law enforcement officers and other investigators.

(c) The chief medical examiner shall have investigative authority for certain types of death that are in the interests of the state, including mass fatality incidents, for the identification, examination and disposition of victims' remains, and instances that represent a threat to the public health or safety, or both.

HISTORY: Acts 1961, ch. 174, § 3; T.C.A., § 38-703; Acts 1994, ch. 775, §§ 1, 2; 2008, ch. 969, §§ 2-4.

38-7-104. County medical examiner.

(a) A county medical examiner shall be appointed by the county mayor, subject to confirmation by the county legislative body, based on a recommendation from a convention of physicians resident in the county. A county medical examiner shall be a physician who is either a graduate of an accredited medical school authorized to confer upon graduates the degree of doctor of medicine (M.D.) and who is duly licensed in Tennessee, or is a graduate of a recognized osteopathic college authorized to confer the degree of doctor of osteopathy (D.O.) and who is licensed to practice osteopathic medicine in Tennessee, and shall be elected from a list of a maximum of two (2) doctors of medicine or osteopathy nominated by convention of the physicians, medical or osteopathic, resident in the county, the convention to be called for this purpose by the county mayor.

(b) If it is not possible to obtain an acceptance as a county medical examiner from a physician in a county, authority is given for the election of a county medical examiner from an adjacent or another county. A county medical examiner, when temporarily unable to perform the duties of the office, shall have the authority to deputize any other physician in the area to act as county medical examiner during the absence. If the county legislative body fails to certify a county medical examiner for a county or if the county medical examiner resigns or is unable to fulfill the duties of the office during the interim between county legislative body sessions and a deputy has not been appointed by the county medical examiner, the chief medical examiner shall have the authority to appoint a county medical examiner to serve until the next session of the county legislative body.

(c) A county medical examiner shall serve a five-year term, and shall be eligible for reappointment by the county mayor with confirmation by the county legislative body.

(d) Whenever any county medical examiner shall be called as a witness in any proceedings before the grand jury or in any criminal case, the county medical examiner shall receive from the county as compensation for services as witness a fee as shall be determined by the court before which the proceedings are conducted, unless the fees are paid under provisions of § 38-7-111 [repealed].

(e) The county medical examiner may be suspended by the county mayor for good cause, which shall include, but not be limited to, malfeasance in the performance of the duties of a county medical examiner, criminal conduct, or behavior that is unethical in nature or that is in violation of a relevant code of professional medical responsibility. The suspension shall be for a period of ninety (90) days. At the end of the ninety (90) day period, the suspension shall terminate, unless the county mayor has recommended to the county legislative body in writing that they remove the county medical examiner from office. If the county mayor recommends removal of the county medical examiner, then the county legislative body shall vote on whether to remove the county medical examiner from office within ninety (90) days of the date of the written recommendation. A majority vote shall be required in order to remove the county medical examiner from office. If a majority of the county legislative body does not vote for removal of the county medical examiner from office, then the suspension of the county medical examiner shall terminate immediately.

(f) (1) A medical investigator shall be a licensed emergency medical technician (EMT), paramedic, registered nurse, physician's assistant or a person registered by or a diplomat of the American Board of Medicolegal Death Investigators and approved by the county medical examiner as qualified to serve as medical investigator.

(2) If the county has an elected coroner, the coroner shall serve as the medical investigator for the county; provided, that such coroner meets the qualifications for a medical investigator set out in subdivision (f)(1). If the coroner is not qualified to serve as medical investigator, then the county legislative body shall, by resolution, either authorize the county medical examiner to appoint a medical investigator subject to confirmation by the county legislative body, or provide for this function through a contract for service approved by the county medical examiner and the county legislative body; provided, however, that, if the county has an elected coroner who has served in that capacity for ten (10) years or more, such coroner shall serve as the medical investigator for the county, regardless of whether the coroner meets the qualifications set out in subdivision (f)(1).

(3) The county medical investigator may conduct investigations when a death is reported, as provided in § 38-7-108, under the supervision of the county medical examiner. The county medical investigator may make pronouncements of death and may recommend to the county medical examiner that an autopsy be ordered. However, the county medical investigator shall

not be empowered to sign a death certificate. The county medical examiner may delegate to the county medical investigator the authority to order an autopsy.

(g) County medical examiners and medical investigators shall be required to receive initial training and regular continuing education through the chief medical examiner and to operate according to the death investigation guidelines adopted by the department of health.

HISTORY: Acts 1961, ch. 174, § 4; 1967, ch. 399, § 1; 1969, ch. 21, § 1; 1971, ch. 246, § 1; 1977, ch. 141, § 1; impl. am. Acts 1978, ch. 934, §§ 7, 36; T.C.A., § 38-704; Acts 1983, ch. 12, § 1; 1994, ch. 775, § 3; 2003, ch. 90, § 2; 2004, ch. 651, §§ 1, 2; 2005, ch. 472, § 1; 2008, ch. 969, §§ 5-10.

38-7-105. Facility for performance of autopsies -- Deadline for accreditation in certain counties.

(a) All autopsies must be performed at a facility accredited by the National Association of Medical Examiners (NAME). A facility must receive accreditation from NAME within one (1) year of July 1, 2012, maintain accreditation and operate pursuant to NAME guidelines unless the facility operates in a county which qualifies for an extension under subsection (b).

(b) A facility must receive accreditation from NAME within one (1) year of July 1, 2014, maintain accreditation and operate pursuant to NAME guidelines if the facility is located in any county having a population of not less than three hundred thirty-six thousand four hundred (336,400) nor more than three hundred thirty-six thousand five hundred (336,500), according to the 2010 federal census or any subsequent federal census.

HISTORY: Acts 1961, ch. 174, § 5; 1967, ch. 399, § 2; 1968, ch. 626, § 1; impl. am. Acts 1978, ch. 934, §§ 7, 16, 36; T.C.A., § 38-705; Acts 1994, ch. 775, § 4; 1995, ch. 258, § 1; 2008, ch. 969, § 11; 2009, ch. 392, § 1; 2012, ch. 671, § 1; 2013, ch. 67, § 1.

38-7-106. When autopsies authorized -- Notice to next of kin -- Donor eyes and eye tissues.

(a) A county medical examiner may perform or order an autopsy on the body of any person in a case involving a homicide, suspected homicide, a suicide, a violent, unnatural or suspicious death, an unexpected apparent natural death in an adult, sudden unexpected infant and child deaths, deaths believed to represent a threat to public health or safety, and executed prisoners. When the county medical examiner decides to order an autopsy, the county medical examiner shall notify the district attorney general and the chief medical examiner. The chief medical examiner or the district attorney general may order an autopsy in such cases on the body of a person in the absence of the county medical examiner or if the county medical

examiner has not ordered an autopsy. The district attorney general may order an autopsy in such cases on the body of a person in the absence of the county medical examiner or the failure of the county medical examiner to act. The authority ordering the autopsy shall notify the next of kin about the impending autopsy if the next of kin is known or reasonably ascertainable. The sheriff or other law enforcement agency of the jurisdiction shall serve process containing such notice and return such process within twenty-four (24) hours.

(b) Notwithstanding subsection (a), if a request is received from an authorized official of a not-for-profit corporation chartered under the laws of the state, or authorized to do business in the state and certified by the Eye Bank Association of America to obtain, store and distribute donor eyes and eye tissues to be used for corneal transplants, for research and for other medical purposes, the county medical examiner may permit, at any time, the removal of the cornea or corneal tissue from the body of a deceased person in accordance with title 68, chapter 30, part 1.

HISTORY: Acts 1961, ch. 174, § 6; T.C.A., § 38-706; Acts 1984, ch. 917, § 1; 1991, ch. 356, § 1; 1994, ch. 775, § 5; 1995, ch. 258, § 2; 2007, ch. 428, § 2; 2008, ch. 969, § 12.

38-7-107. Disinterment to perform autopsy.

(a) (1) When a person's death occurs under any of the circumstances set out in this part, any of the following persons may request the district attorney general in the district where the body is buried or interred to petition the appropriate circuit or criminal court judge in the district where a body is buried or interred to order a body disinterred:

(A) A state or county medical examiner;

(B) The district attorney general of the district in which it is claimed the death occurred;

(C) The district attorney general of the district in which an act causing the death occurred; or

(D) The district attorney general of the district in which the body is buried or interred, in the general's own discretion.

(2) The grounds for disinterment under this subsection (a) are:

(A) The person's death occurred under one (1) of the circumstances set out in this part;

(B) The person was buried or interred before an autopsy could be performed; or

(C) The disinterment will substantially assist in the collection of evidence for a pending criminal investigation, regardless of whether an autopsy was previously performed, or DNA, scientific, or forensic evidence was collected.

(3) The petition shall specify whether the district attorney general is requesting disinterment for the performance of an autopsy, to collect scientific or forensic evidence, to collect a DNA specimen from the deceased, or any combination of the three (3).

(4) The petition shall set forth the district attorney general's belief that the death in question is subject to post-mortem examination or autopsy as provided by this part and the reasons that support the district attorney general's belief as to the circumstances of the death. When known or reasonably ascertainable, a copy of the petition shall be served upon the next of kin of the deceased.

(5) The petition may be presented during a term of court or in vacation and in:

(A) The county in which it is claimed that the death occurred;

(B) The county in which the act causing the death occurred; or

(C) Any other county of a judicial district in which circumstances leading to the death were likely to have occurred.

(6) The judge hearing a petition under this subsection (a) shall have the power and authority to rule upon the petition in any county in which the judge has jurisdiction.

(b) Upon the presentation of the petition to the judge, the judge shall be authorized to consider the petition and in the exercise of sound judicial discretion, either make or deny an order authorizing the disinterment and an autopsy to be performed upon the body of the deceased. The cost of disinterment and autopsy shall be paid by the state as provided in § 38-1-104.

HISTORY: Acts 1961, ch. 174, § 6; 1965, ch. 136, § 1; 1967, ch. 399, § 3; 1973, ch. 195, § 2; T.C.A., § 38-707; Acts 1994, ch. 775, § 6; 2016, ch. 799, §1

38-7-108. Death under suspicious, unusual or unnatural circumstances.

(a) Any physician, undertaker, law enforcement officer, or other person having knowledge of the death of any person from violence or trauma of any type, suddenly when in apparent health, sudden unexpected death of infants and children, deaths of prisoners or persons in state custody, deaths on the job or related to employment, deaths believed to represent a threat to public health, deaths where neglect or abuse of extended care residents are suspected or confirmed, deaths where the identity of the person is unknown or unclear, deaths in any suspicious/unusual/unnatural manner, found dead, or where the body is to be cremated, shall immediately notify the county medical examiner or the district attorney general, the local police or the county sheriff, who in turn shall notify the county medical examiner. The notification shall be directed to the county medical examiner in the county in which the death occurred.

(b) Whenever a death occurs under the circumstances as set forth in this part, the body shall not be removed from its position or location without authorization by the county medical examiner, except to preserve the body from loss or destruction or to maintain the flow of traffic on a highway, railroad, or airport. No body subject to post-mortem examination as provided by this part shall be embalmed without authorization by the county medical examiner.

(c) (1) If a body is subject to post-mortem examination under this part, this part shall be suspended to the extent necessary for the preservation of any body or part of the body, as defined in § 68-30-102, where an anatomical gift of the body or part of the body has been made in accordance with the Uniform Anatomical Gift Act, compiled in title 68, chapter 30, part 1.

(2) Any physician, surgeon, undertaker, law enforcement officer, hospital, hospital personnel, or other person who acts in good faith in compliance with this subsection (c) for the purposes established shall be immune from civil or criminal liability for removing, transplanting, or otherwise preserving such body or part of a body.

(3) This subsection (c) shall govern and supersede any conflicting provisions of law.

(4) The chief medical examiner of the state and the organ procurement agencies serving the state shall develop a protocol for those instances in which this subsection (c) is applicable. The protocol shall be filed with the department of health and shall be reviewed and updated as necessary.

HISTORY: Acts 1961, ch. 174, § 7; 1967, ch. 399, § 4; T.C.A., § 38-708; Acts 1983, ch. 84, § 3; 1986, ch. 712, § 1; 2006, ch. 838, § 1; 2008, ch. 969, § 13.

38-7-109. Investigation by county medical examiner.

(a) When a death is reported as provided in § 38-7-108, it is the duty of the county medical examiner in the county in which the death occurred to immediately make an investigation of the circumstances of the death. The county medical examiner shall record and store the findings, and transmit copies according to the death investigation guidelines developed by the Tennessee medical examiner advisory council. In any event the county medical examiner is authorized to remove from the body of the deceased a specimen of blood or other body fluids, or bullets or other foreign objects, and to retain such for testing and/or evidence if in the county medical examiner's judgment these procedures are justified in order to complete the county medical examiner's investigation or autopsy.

(b) When an autopsy is ordered by the district attorney general, the county medical examiner shall notify the chief medical examiner and the county medical examiner may perform the autopsy or shall designate and authorize a pathologist to perform the autopsy as provided in § 38-7-105.

HISTORY: Acts 1961, ch. 174, § 8; 1965, ch. 320, §§ 1, 2; 1967, ch. 399, § 5; T.C.A., § 38-709; Acts 1994, ch. 775, § 7; 1995, ch. 258, § 3; 2004, ch. 595, § 1; 2008, ch. 969, §§ 14-16.

38-7-110. Records received as evidence -- Person preparing report may be subpoenaed as witness -- Reports as public documents -- Release of reports.

(a) The records of the division of post mortem examination, the county medical examiner, or transcripts of the records certified to by the chief medical examiner or the deputy medical examiner or the duly appointed representative of the chief medical examiner, and the reports of the toxicology laboratory examinations performed by the testing laboratory or transcripts of the reports certified to by the director of the testing laboratory or the director's duly appointed representative, shall be received as competent evidence in any court of this state of the facts and matters contained in the records or reports.

(b) The records referred to in this section shall be limited to the records of the results of investigation, of post mortem examinations, of the findings of autopsies and toxicological laboratory examinations, including certified reports of the toxicological laboratory examinations performed by the testing laboratory, and shall not include statements made by witnesses or other persons; provided, however, that persons who prepare reports or records given in evidence pursuant to this section shall be subpoenaed as witnesses, in either civil or criminal cases, upon demand by either party to the cause, or, when unable to appear as witnesses, shall submit a deposition upon demand by either party to the cause.

(c) Subject to subsection (d), the reports of the county medical examiners, toxicological reports and autopsy reports shall be public documents. Medical records of deceased persons, law enforcement investigative reports, and photographs, video and other images of deceased persons shall not be public records.

(d) (1) Upon written petition by the district attorney general, supported by affidavit or testimony under oath from a law enforcement officer that the release of portions of a report of a county medical examiner, toxicological report or autopsy report may seriously impede or impair the investigation of a homicide or felony, a court of record may order that those portions shall not be subject to disclosure as a public document and shall remain confidential. The court shall cause a record to be kept of any testimony given in support of the petition, which record and all related documentation shall be sealed by the court and open to inspection only by a court reviewing the proceedings.

(2) The court shall order to be held as confidential only those portions of the records the release of which would impede or impair any such investigation. The court may order public disclosure of any record that has previously been protected from disclosure, upon written application of the district attorney general; provided, that the court shall order that the records

shall be open to public inspection upon the indictment and arrest of all suspects in the underlying homicide or felony, or upon the closure of the investigation into the underlying homicide or felony. Upon any such closure of the investigation, the law enforcement agency shall immediately inform the district attorney general, who shall, in turn, promptly notify the court of the altered status of the investigation.

(3) Any person aggrieved by an order directing that any portion of a report of a county medical examiner, toxicological report or autopsy report shall remain confidential and not open for public inspection may petition the court having entered the order to set aside or modify the order. A copy of any such petition shall be served on the district attorney general. The court may order disclosure of the records previously sealed, upon the showing of a compelling reason for the disclosure. In any order granting a petitioner access to any such records, the court may make provisions as it deems necessary in the order limiting further disclosure of the records.

(4) Nothing in this subsection (d) shall be construed as limiting the right of any defendant in any criminal proceeding to obtain discovery of any report of a county medical examiner, toxicological report or autopsy report as provided in Rule 16 of the Tennessee Rules of Criminal Procedure.

(e) (1) If it is necessary to prepare a post-mortem examination report, then an authorized post-mortem official may obtain, in the manner prescribed in § 38-7-117, a needed medical, mental health or hospital record pertaining to a case under investigation pursuant to § 38-7-106.

(2) As used in this subsection (e), "authorized post-mortem official" means:

(A) The chief medical examiner;

(B) A county medical examiner;

(C) A medical investigator;

(D) A coroner;

(E) A deputy or assistant state medical examiner or forensic pathologist under the control or direction of the chief medical examiner; or

(F) A deputy or assistant county medical examiner or forensic pathologist under the control or direction of a county medical examiner.

HISTORY: Acts 1961, ch. 174, § 9; 1967, ch. 399, § 6; 1971, ch. 209, § 1; 1974, ch. 495, § 1; 1980, ch. 810, § 3; T.C.A., § 38-710; Acts 1994, ch. 775, § 8; 2000, ch. 766, §§ 1-3; 2008, ch. 969, §§ 17, 18; 2014, ch. 944, § 1.

38-7-111. [Repealed.]

38-7-112. Immunity of persons performing examinations and autopsies.

A person who in good faith performs a medical examination or an autopsy under this part is immune from civil or criminal liability in performing the authorized service.

HISTORY: Acts 1961, ch. 174, § 11; T.C.A., § 38-712; Acts 1994, ch. 775, § 9.

38-7-113. Refusal or neglect to comply with § 38-7-108 -- Penalty.

Any person who neglects or refuses to comply with § 38-7-108 commits a Class E felony.

HISTORY: Acts 1961, ch. 174, § 12; T.C.A., § 38-713; Acts 1989, ch. 591, § 111; 1994, ch. 775, § 10.

38-7-114. [Repealed.]

38-7-115. [Repealed.]

38-7-116. [Repealed.]

38-7-117. Subpoena of medical and hospital records.

(a) An authorized post-mortem official acting under the control or direction of the chief medical examiner or a county medical examiner or performing an investigation pursuant to a court order or an order of a district attorney general is authorized to obtain, upon written request, or may subpoena through the appropriate district attorney general, all medical or hospital records maintained by individuals licensed under title 63 or by facilities licensed under title 68 that pertain to a case under investigation.

(b) An authorized post-mortem official acting under the control or direction of the chief medical examiner or a county medical examiner or performing an investigation pursuant to a court order or an order of a district attorney general is authorized, through the appropriate district attorney general, to obtain, by judicial subpoena or through a court order in accordance with § 33-3-105, all records maintained by facilities licensed under title 33 that pertain to a case under investigation.

(c) As used in this section:

(1) "Authorized post-mortem official" means:

(A) The chief medical examiner;

(B) A county medical examiner;

(C) A medical investigator;

(D) A coroner;

(E) A deputy or assistant state medical examiner or forensic pathologist under the control or direction of the chief medical examiner; or

(F) A deputy or assistant county medical examiner or forensic pathologist under the control or direction of a county medical examiner; and

(2) "Case under investigation" means any time during which an authorized post-mortem official conducts an investigation into a case of death.

HISTORY: Acts 1994, ch. 775, § 15; 2014, ch. 944, § 2.

38-7-118. Delivery of remains to family following autopsy.

The body or remains of any dead human subject to an autopsy or pathology examination pursuant to this part shall be delivered to the next of kin as soon as practicable after the completion of the autopsy or pathology examination.

HISTORY: Acts 2004, ch. 643, § 1.

38-7-119. Unauthorized video or audio recordings of autopsies.

(a) (1) Except as provided in subsection (c), it is an offense for the chief medical examiner, a county medical examiner, or pathologist designated pursuant to § 38-7-105, or any agent or employee of the chief medical examiner, a county medical examiner, or pathologist, to contract with or grant authorization to an unauthorized person or an external entity to photograph, videotape, or otherwise capture visual images, or audio recordings in whatever form of a deceased human body, a human autopsy or a body immediately prior to, during or immediately following an autopsy.

(2) No person shall distribute, publish or otherwise disseminate any autopsy photographs, videotape or other visual image or any autopsy audio recording without the written consent of the next of kin or personal representative in the order established pursuant to subdivision (c)(1)(A), unless such use is consistent with subdivision (c)(1)(B), (c)(1)(C) or (c)(1)(D).

(b) Nothing in this section shall prevent the chief medical examiner, a county medical examiner, or pathologist designated pursuant to § 38-7-105, or any agent or employee of the chief medical examiner, county medical examiner, or pathologist, from carrying out training efforts or such person's statutory responsibilities.

(c) (1) A person is not considered "unauthorized" for purposes of subsection (a) if such person photographs, videotapes, or otherwise captures visual images, or audio recordings in whatever form of a deceased human body, human autopsy or a body immediately prior to, during or immediately following such an autopsy, if it is done with the express written consent or at the direction of:

(A) The next-of-kin or personal representative of the deceased in the following order of priority:

(i) Spouse;

(ii) Any adult child;

(iii) Parents;

(iv) Any sibling; or

(v) Administrator or executor, if appointed;

(B) A law enforcement agency or district attorney general, for official use only;

(C) A court order or subpoena; or

(D) An attorney representing a defendant in a criminal case where the original photographs, images or records of the chief medical examiner, a county medical examiner, coroner or pathologist designated pursuant to § 38-7-105 are not available through discovery or are otherwise not sufficient for the defense of such defendant.

(2) In determining whether the next-of-kin of the deceased is authorized to give consent, the chief medical examiner, county medical examiner, or pathologist designated pursuant to § 38-7-105 shall refer to the priority order in subdivision (c)(1)(A). If a next-of-kin higher on the priority lists consents, the lack of consent of any next-of-kin lower on the list is irrelevant. If a next-of-kin higher on the priority list refuses to give consent, consent by a next-of-kin lower on

the list is also irrelevant.

(d) A chief medical examiner, a county medical examiner, or pathologist designated pursuant to § 38-7-105, or any agent or employee of a chief medical examiner, a county medical examiner, or pathologist, shall incur no criminal or civil liability for permitting a person to photograph, videotape, or otherwise capture visual images, or audio recordings in whatever form of a deceased human body or a human autopsy or a body immediately prior to, during or immediately following an autopsy as a result of the consent to such conduct given by the next-of-kin, if such official is presented with the written consent of a next-of-kin of the deceased who is higher on the priority list set out in subdivision (c)(1)(A) than any next-of-kin who does not consent.

(e) To the extent that the chief medical examiner, a county medical examiner, or pathologist designated pursuant to § 38-7-105, or any agent or employee of the chief medical examiner, county medical examiner, or pathologist, is a covered entity under the privacy regulations promulgated pursuant to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), nothing in this section shall be construed to preempt any provisions of those regulations that provide greater protection of the deceased's privacy than does this section.

(f) (1) A violation of subdivision (a)(1) is a Class A misdemeanor punishable by fine only.

(2) A violation of subdivision (a)(1) is a Class A misdemeanor punishable by fine or imprisonment if the chief medical examiner, a county medical examiner, coroner or pathologist, or an agent or employee of the chief medical examiner, a county medical examiner, coroner or pathologist, receives compensation or other thing of value as an inducement to violate this section.

(3) A violation of subdivision (a)(2) is a Class A misdemeanor.

HISTORY: Acts 2005, ch. 216, § 1; 2009, ch. 276, §§ 1, 2.

38-7-201. Tennessee medical examiner advisory council -- Creation -- Members.

(a) There is created the Tennessee medical examiner advisory council. The council shall consist of nine (9) members, each of whom shall be a resident of this state. The director of the Tennessee bureau of investigation shall be a permanent member of the council. The governor shall appoint one (1) district attorney general, one (1) district public defender, three (3) county medical examiners, one (1) from each grand division of Tennessee, one (1) licensed funeral director, and one (1) public citizen to the council. The commissioner of health or the commissioner's designee shall serve as an ex-officio, nonvoting member of the council. All regular appointments to the council shall be for terms of three (3) years each, with a maximum of two (2) consecutive terms. Each member shall serve until a successor is appointed. Vacancies shall be filled by appointment of the governor for the remainder of the unexpired term.

(b) Each member of the council shall receive reimbursement for travel expenses in accordance with the comprehensive travel regulations promulgated by the department of finance and administration and approved by the attorney general and reporter.

(c) The council shall organize annually and select a chair and other officers as needed. Meetings shall be held at least annually with additional meetings as frequently as may be required.

(d) The council shall have the power and duty to:

(1) Review candidates and make a recommendation to the commissioner of health on the appointment of the chief medical examiner and deputy state medical examiners;

(2) Assist the chief medical examiner in the development and updating of guidelines for death investigations and forensic autopsies in this state, to be promulgated as rules through the department of health; and

(3) Issue an annual report on death investigations in this state.

HISTORY: Acts 2008, ch. 969, § 23.

ANATOMICAL GIFTS T.C.A. § 68 -30-101 to 402

68-30-101. Short title.

This part shall be known and may be cited as the "Revised Uniform Anatomical Gift Act."

HISTORY: Acts 2007, ch. 428, § 1.

68-30-102. Part definitions.

As used in this part, unless the context otherwise requires:

(1) "Adult" means an individual who is at least eighteen (18) years of age;

(2) "Agent" means an individual:

(A) Authorized to make healthcare decisions on the principal's behalf by a power of attorney for healthcare or an advance directive; or

(B) Expressly authorized to make an anatomical gift on the principal's behalf by any other record signed by the principal;

(3) "Anatomical gift" means a donation of all or part of a human body to take effect after the donor's death for the purpose of transplantation, therapy, research, or education;

(4) "Decedent" means a deceased individual whose body or part, if specified, is or may be the source of an anatomical gift. "Decedent" includes a stillborn infant and, subject to restrictions imposed by law other than this part, a fetus;

(5) "Disinterested witness" means a witness other than the spouse, child, parent, sibling, grandchild, grandparent, or guardian of the individual who makes, amends, revokes, or refuses to make an anatomical gift. "Disinterested witness" does not include a person to which an anatomical gift could pass under § 68-30-110;

(6) "Document of gift" means a donor card or other record used to make an anatomical gift. "Document of gift" includes a statement or symbol on a driver license, identification card, or

donor registry;

(7) "Donor" means an individual whose body or part is the subject of an anatomical gift;

(8) "Donor registry" means a database that contains records of anatomical gifts;

(9) "Driver license" means a license or permit issued by the department of safety to operate a vehicle, whether or not conditions are attached to the license or permit;

(10) "Eye bank" means a person that is licensed, accredited, or regulated under federal or state law to engage in the recovery, screening, testing, processing, storage, or distribution of human eyes or portions of human eyes;

(11) "Guardian" means a person appointed by a court to make decisions regarding the support, care, education, health, or welfare of an individual. "Guardian" does not include a guardian ad litem;

(12) "Hospital" means a facility licensed as a hospital under the law of any state or a facility operated as a hospital by the United States, a state, or a subdivision of a state;

(13) "Know" means to have actual knowledge;

(14) "Minor" means an individual who is under eighteen (18) years of age;

(15) "Organ procurement organization" means a person designated by the secretary of the United States department of health and human services as an organ procurement organization;

(16) "Parent" means a parent whose parental rights have not been terminated;

(17) "Part" means an organ, an eye, or tissue of a human being. "Part" does not include the whole body;

(18) "Person" means an individual, corporation, business trust, estate, trust, partnership, limited liability company, association, joint venture, public corporation, government or governmental subdivision, agency, or instrumentality, or any other legal or commercial entity;

(19) "Physician" means an individual authorized to practice medicine or osteopathy under the law of any state;

(20) "Procurement organization" means an eye bank, organ procurement organization, or tissue bank;

(21) "Prospective donor" means an individual who is dead or near death and has been determined by a procurement organization to have a part that could be medically suitable for transplantation, therapy, research, or education. "Prospective donor" does not include an individual who has made a refusal;

(22) "Reasonably available" means able to be contacted by a procurement organization without undue effort and willing and able to act in a timely manner consistent with existing medical criteria necessary for the making of an anatomical gift;

(23) "Recipient" means an individual into whose body a decedent's part has been or is intended to be transplanted;

(24) "Record" means information that is inscribed on a tangible medium or that is stored in an electronic or other medium and is retrievable in perceivable form;

(25) "Refusal" means a record under § 68-30-107 that expressly states an intent to bar other persons from making an anatomical gift of an individual's body or part;

(26) "Sign" means, with the present intent to authenticate or adopt a record:

(A) To execute or adopt a tangible symbol; or

(B) To attach to or logically associate with the record an electronic symbol, sound, or process;

(27) "State" means a state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States;

(28) "Technician" means an individual determined to be qualified to remove or process parts by an appropriate organization that is licensed, accredited, or regulated under federal or state law. "Technician" includes an enucleator;

(29) "Tissue" means a portion of the human body other than an organ or an eye. "Tissue"

does not include blood, unless the blood is donated for the purpose of research or education;

(30) "Tissue bank" means a person that is licensed, accredited, or regulated under federal or state law to engage in the recovery, screening, testing, processing, storage, or distribution of tissue; and

(31) "Transplant hospital" means a hospital that furnishes organ transplants and other medical and surgical specialty services required for the care of transplant patients.

HISTORY: Acts 2007, ch. 428, § 1.

68-30-103. Applicability.

This part applies to an anatomical gift or amendment to, revocation of, or refusal to make an anatomical gift, whenever made.

HISTORY: Acts 2007, ch. 428, § 1.

68-30-104. Who may make anatomical gift before donor's death.

An anatomical gift of a donor's body or part may be made during the life of the donor for the purpose of transplantation, therapy, research, or education in the manner provided in § 68-30-105 by:

(1) The donor, if the donor is an adult or if the donor is a minor and is:

(A) Emancipated; or

(B) Authorized under state law to apply for a driver license because the donor is at least fifteen (15) years of age;

(2) An agent of the donor, unless the power of attorney for healthcare, advance directive or other record prohibits the agent from making an anatomical gift;

(3) A parent of the donor, if the donor is an unemancipated minor; or

(4) The donor's guardian.

HISTORY: Acts 2007, ch. 428, § 1.

68-30-105. Manner of making anatomical gift before donor's death.

(a) A donor may make an anatomical gift:

(1) By authorizing a statement or symbol indicating that the donor has made an anatomical gift to be imprinted on the donor's driver license;

(2) In a will, any living will, durable power of attorney for healthcare or other instrument, signed by the individual complying with living wills under title 32, chapter 11 with durable powers of attorney for health care under title 34, chapter 6, part 2, or advance directives under chapter 11, part 18 of this title;

(3) During a terminal illness or injury of the donor, by any form of communication addressed to at least two (2) adults, at least one (1) of whom is a disinterested witness; or

(4) As provided in subsection (b).

(b) A donor or other person authorized to make an anatomical gift under § 68-30-104 may make a gift by a donor card or other record signed by the donor or other person making the gift, or by authorizing that a statement or symbol indicating that the donor has made an anatomical gift be included on a donor registry. If the donor or other person is physically unable to sign a record, the record may be signed by another individual at the direction of the donor or other person and shall:

(1) Be witnessed by at least two (2) adults, at least one (1) of whom is a disinterested witness, who have signed at the request of the donor or the other person; and

(2) State that it has been signed and witnessed as provided in subdivision (b)(1).

(c) Revocation, suspension, expiration, or cancellation of a driver license or identification card upon which an anatomical gift is indicated does not invalidate the gift.

(d) An anatomical gift made by will takes effect upon the donor's death whether or not the will

is probated. Invalidation of the will after the donor's death does not invalidate the gift.

HISTORY: Acts 2007, ch. 428, § 1.

68-30-106. Amendment or revocation of anatomical gift before donor's death.

(a) A donor may amend or revoke an anatomical gift, not made by will, by:

(1) A signed statement;

(2) An oral statement made in the presence of two (2) individuals;

(3) Any form of communication by a terminal patient addressed to a physician; or

(4) The delivery of a signed statement to a specified donee to whom a document of gift had been delivered.

(b) A donor who makes an anatomical gift in a will may amend or revoke the gift in the manner provided for amendment or revocation of wills or as provided in subsection (a).

HISTORY: Acts 2007, ch. 428, § 1.

68-30-107. Refusal to make anatomical gift -- Effect of refusal.

An individual may refuse to make an anatomical gift of the individual's body or part by a writing signed in the same manner as a document of gift or any other writing used to identify the individual as refusing to make an anatomical gift. A terminal patient may refuse to make an anatomical gift by oral statement or other form of communication.

HISTORY: Acts 2007, ch. 428, § 1.

68-30-108. Preclusive effect of anatomical gift, amendment or revocation.

(a) Except as otherwise provided in this part, in the absence of an express, contrary indication by the donor, a person other than the donor is barred from making, amending, or revoking an anatomical gift of a donor's body. An anatomical gift that is not revoked by the donor before death is irrevocable and does not require the consent or concurrence of any person after the donor's death.

(b) A donor's revocation of an anatomical gift of the donor's body or part under § 68-30-105 is not a refusal and does not bar another person specified in § 68-30-104 or § 68-30-109 from making an anatomical gift of the donor's body or part.

(c) If a person other than the donor makes an unrevoked anatomical gift of the donor's body or part, another person may not make, amend, or revoke the gift of the donor's body or part under § 68-30-109.

(d) A revocation of an anatomical gift of a donor's body or part by a person other than the donor does not bar another person from making an anatomical gift of the body or part under § 68-30-104 or § 68-30-109.

(e) In the absence of an express, contrary indication by the donor or other person authorized to make an anatomical gift under § 68-30-104, an anatomical gift of a part is neither a refusal to give another part nor a limitation on the making of an anatomical gift of another part at a later time by the donor or another person.

(f) If a donor who is an unemancipated minor dies, a parent of the donor who is reasonably available may revoke or amend an anatomical gift of the donor's body or part.

(g) If an unemancipated minor who signed a refusal dies, a parent of the minor who is reasonably available may revoke the minor's refusal.

HISTORY: Acts 2007, ch. 428, § 1.

(a) Subject to subsections (b) and (c), an anatomical gift of a decedent's body or part for purpose of transplantation, therapy, research, or education may be made by any member of the following classes of persons who is reasonably available, in the order of priority listed:

(1) A guardian or conservator of the person of the decedent at the time of death, if the court order authorizes the guardian or conservator to make healthcare decisions;

(2) An agent;

(3) The spouse of the decedent;

(4) Adult children of the decedent;

(5) Parents of the decedent;

(6) Adult siblings of the decedent;

(7) Adult grandchildren of the decedent;

(8) Grandparents of the decedent;

(9) A surrogate identified pursuant to § 68-11-1806;

(10) An adult who exhibited special care and concern for the decedent; and

(11) Any other person having the authority to dispose of the decedent's body.

(b) If there is more than one (1) member of a class listed in subdivisions (a)(4), (a)(5), (a)(6), (a)(7) or (a)(8) entitled to make an anatomical gift, an anatomical gift may be made by a member of the class, unless that member or a person to which the gift may pass under § 68-30-111 knows of an objection by another member of the class. If an objection is known, the gift may be made only by a majority of the members of the class who are reasonably available.

(c) A person may not make an anatomical gift if, at the time of the decedent's death, a person in a prior class under subsection (a) is reasonably available to make or to object to the making of an anatomical gift.

HISTORY: Acts 2007, ch. 428, § 1.

68-30-110. Manner of making, amending or revoking anatomical gift of decedent's body or part.

(a) A person authorized to make an anatomical gift under § 68-30-109 may make an anatomical gift by a document of gift signed by the person making the gift or by that person's oral communication that is electronically recorded or is contemporaneously reduced to a record and signed by the individual receiving the oral communication.

(b) Subject to subsection (c), an anatomical gift by a person authorized under § 68-30-109 may be amended or revoked orally or in a record by any member of a prior class who is reasonably available. If more than one (1) member of the prior class is reasonably available, the gift made

by a person authorized under § 68-30-109 may be:

(1) Amended only if a majority of the reasonably available members agree to the amending of the gift; or

(2) Revoked only if a majority of the reasonably available members agree to the revoking of the gift or if they are equally divided as to whether to revoke the gift.

(c) A revocation under subsection (b) is effective only if, before an incision has been made to remove a part from the donor's body or before invasive procedures have begun to prepare the recipient, the procurement organization, transplant hospital, or physician or technician knows of the revocation.

HISTORY: Acts 2007, ch. 428, § 1.

68-30-111. Persons that may receive anatomical gift -- Purpose of anatomical gift.

(a) An anatomical gift may be made to the following persons named in the document of gift:

(1) A hospital accredited medical school, dental school, college, or university, organ procurement organization, or other appropriate person for research or education;

(2) Subject to subsection (b), an individual designated by the person making the anatomical gift, if the individual is the recipient of the part; or

(3) An eye bank or tissue bank.

(b) If an anatomical gift to an individual under subdivision (a)(2) cannot be transplanted into the individual, the part passes in accordance with subsection (g) in the absence of an express, contrary indication by the person making the anatomical gift.

(c) If an anatomical gift of one (1) or more specific parts or of all parts is made in a document of gift that does not name a person described in subsection (a) but identifies the purpose for which an anatomical gift may be used, the following rules apply:

(1) If the part is an eye and the gift is for the purpose of transplantation or therapy, the gift passes to the appropriate eye bank;

(2) If the part is tissue and the gift is for the purpose of transplantation or therapy, the gift passes to the appropriate tissue bank;

(3) If the part is an organ and the gift is for the purpose of transplantation or therapy, the gift passes to the appropriate organ procurement organization as custodian of the organ; and

(4) If the part is an organ, an eye, or tissue and the gift is for the purpose of research or education, the gift passes to the appropriate procurement organization.

(d) For the purpose of subsection (c), if there is more than one (1) purpose of an anatomical gift set forth in the document of gift but the purposes are not set forth in any priority, the gift shall be used for transplantation or therapy, if suitable. If the gift cannot be used for transplantation or therapy, the gift may be used for research or education.

(e) If an anatomical gift of one (1) or more specific parts is made in a document of gift that does not name a person described in subsection (a) and does not identify the purpose of the gift, the gift may be used only for transplantation or therapy, and the gift passes in accordance with subsection (g).

(f) If a document of gift specifies only a general intent to make an anatomical gift by words such as "donor", "organ donor", or "body donor", or by a symbol or statement of similar import, the gift may be used only for transplantation or therapy, and the gift passes in accordance with subsection (g).

(g) For purposes of subsections (b), (e), and (f), the following rules apply:

(1) If the part is an eye, the gift passes to the appropriate eye bank;

(2) If the part is tissue, the gift passes to the appropriate tissue bank; and

(3) If the part is an organ, the gift passes to the appropriate organ procurement organization as custodian of the organ.

(h) An anatomical gift of an organ for transplantation or therapy, other than an anatomical gift under subdivision (a)(2), passes to the organ procurement organization as custodian of the organ.

(i) If an anatomical gift does not pass pursuant to subsections (a)-(h) or the decedent's body or part is not used for transplantation, therapy, research, or education, custody of the body or part passes to the person under obligation to dispose of the body or part.

(j) A person may not accept an anatomical gift if the person knows that the gift was not effectively made under § 68-30-105 or § 68-30-110 or if the person knows that the decedent made a refusal under § 68-30-107 that was not revoked. For purposes of this subsection (j), if a person knows that an anatomical gift was made on a document of gift, the person is deemed to know of any amendment or revocation of the gift or any refusal to make an anatomical gift on the same document of gift.

(k) Except as otherwise provided in subdivision (a)(2), nothing in this part affects the allocation of organs for transplantation or therapy.

HISTORY: Acts 2007, ch. 428, § 1.

68-30-112. Search and notification.

(a) The following persons shall make a reasonable search of an individual who the person reasonably believes is dead or near death for a document of gift or other information identifying the individual as a donor or as an individual who made a refusal:

(1) A law enforcement officer, firefighter, paramedic, or other emergency rescuer finding the individual; and

(2) If no other source of the information is immediately available, a hospital, as soon as practical after the individual's arrival at the hospital.

(b) If a document of gift or a refusal to make an anatomical gift is located by the search required by subdivision (a)(1) and the individual or deceased individual to whom it relates is taken to a hospital, the person responsible for conducting the search shall send the document of gift or refusal to the hospital.

(c) A person is not subject to criminal or civil liability for failing to discharge the duties imposed by this section, but may be subject to administrative sanctions.

HISTORY: Acts 2007, ch. 428, § 1.

68-30-113. Delivery of document of gift not required -- Right to examine.

(a) A document of gift need not be delivered during the donor's lifetime to be effective.

(b) Upon or after an individual's death, a person in possession of a document of gift or a refusal to make an anatomical gift with respect to the individual shall allow examination and copying of the document of gift or refusal by a person authorized to make or object to the making of an anatomical gift with respect to the individual or by a person to which the gift could pass under § 68-30-111.

HISTORY: Acts 2007, ch. 428, § 1.

68-30-114. Rights and duties of procurement organization and others.

(a) When a hospital refers an individual at or near death to a procurement organization, the organization shall make a reasonable search of the records of the department of safety and any donor registry that it knows exists for the geographical area in which the individual resides to ascertain whether the individual has made an anatomical gift.

(b) A procurement organization shall be allowed reasonable access to information in the records of the department of safety to ascertain whether an individual at or near death is a donor.

(c) When a hospital refers an individual at or near death to a procurement organization, the organization may conduct any reasonable examination necessary to ensure the medical suitability of a part that is or could be the subject of an anatomical gift for transplantation, therapy, research, or education from a donor or a prospective donor. During the examination period, measures necessary to ensure the medical suitability of the part may not be withdrawn unless the hospital or procurement organization knows that the individual expressed a contrary intent.

(d) Unless prohibited by law other than this part, at any time after a donor's death, the person to which a part passes under § 68-30-111 may conduct any reasonable examination necessary to ensure the medical suitability of the body or part for its intended purpose.

(e) Unless prohibited by law other than this part, an examination under subsection (c) or (d) may include an examination of all medical and dental records of the donor or prospective donor.

(f) Upon the death of a minor who was a donor or had signed a refusal, unless a procurement organization knows the minor is emancipated, the procurement organization shall conduct a reasonable search for the parents of the minor and provide the parents with an opportunity to revoke or amend the anatomical gift or revoke the refusal.

(g) Upon referral by a hospital under subsection (a), a procurement organization shall make a reasonable search for any person listed in § 68-30-109 having priority to make an anatomical gift on behalf of a prospective donor. If a procurement organization receives information that an anatomical gift to any other person was made, amended, or revoked, it shall promptly advise the other person of all relevant information.

(h) Subject to § 68-30-111(i), the rights of the person to which a part passes under § 68-30-111 are superior to the rights of all others with respect to the part. The person may accept or reject an anatomical gift in whole or in part.

(i) Neither the physician who attends the decedent at death nor the physician who determines the time of the decedent's death may participate in the procedures for removing or transplanting a part from the decedent.

(j) A physician or technician may remove a donated part from the body of a donor that the physician or technician is qualified to remove.

(k) Neither the person making an anatomical gift nor the donor's estate is liable for any injury or damage that results from the making or use of the gift.

(*l*) In determining whether an anatomical gift has been made, amended, or revoked under this part, a person may rely upon representations of an individual listed in § 68-30-109(a)(3), (a)(4), (a)(5), (a)(6), (a)(7), or (a)(8) relating to the individual's relationship to the donor or prospective donor, unless the person knows that the representation is untrue.

HISTORY: Acts 2007, ch. 428, § 1.

68-30-115. Immunity.

A person who acts in accordance with this part or with the applicable anatomical gift law of another state, or attempts in good faith to do so, is not liable for the act in a civil action, criminal prosecution, or administrative proceeding.

HISTORY: Acts 2007, ch. 428, § 1.

68-30-116. Law governing validity -- Choice of law as to execution of document of gift -- Presumption of validity.

(a) A document of gift is valid if executed in accordance with:

(1) This part;

(2) The laws of the state or country where it was executed; or

(3) The laws of the state or country where the person making the anatomical gift was domiciled, has a place of residence, or was a national at the time the document of gift was executed.

(b) If a document of gift is valid under this section, the law of this state governs the interpretation of the document of gift.

(c) A person may presume that a document of gift or amendment of an anatomical gift is valid unless that person knows that it was not validly executed or was revoked.

HISTORY: Acts 2007, ch. 428, § 1.

68-30-117. Effect of anatomical gift on advance healthcare directive.

(a) As used in this section, unless the context otherwise requires:

(1) "Advanced healthcare directive" means a power of attorney for healthcare or a record signed or authorized by a prospective donor containing the prospective donor's direction concerning a healthcare decision for the prospective donor;

(2) "Declaration" means a record signed by a prospective donor specifying the circumstances under which a life support system may be withheld or withdrawn from the prospective donor; and

(3) "Healthcare decision" means any decision regarding the healthcare of the prospective donor.

(b) If a prospective donor has a declaration or advance healthcare directive and the terms of the declaration or directive and the express or implied terms of a potential anatomical gift are in conflict with regard to the administration of measures necessary to ensure the medical suitability of a part for transplantation or therapy, the prospective donor's attending physician and prospective donor shall confer to resolve the conflict. If the prospective donor is incapable of resolving the conflict, an agent acting under the prospective donor's declaration or directive, or, if the agent is not reasonably available, another person authorized by law other than this part to make healthcare decisions on behalf of the prospective donor, shall act for the donor to resolve the conflict. The conflict shall be resolved as expeditiously as possible. Information relevant to the resolution of the conflict may be obtained from the appropriate procurement organization and any other person authorized to make an anatomical gift for the prospective donor under § 68-30-109. Before resolution of the conflict, measures necessary to ensure the medical suitability of the part may not be withheld or withdrawn from the prospective donor if withholding or withdrawing the measures is not contraindicated by appropriate end-of-life care.

HISTORY: Acts 2007, ch. 428, § 1.

68-30-118. Uniformity of application and construction.

In applying and construing this part, consideration shall be given to the need to promote uniformity of the law with respect to its subject matter among states that enact it.

HISTORY: Acts 2007, ch. 428, § 1.

68-30-119. Relation to Electronic Signatures in Global and National Commerce Act.

An electronic signature shall be valid as if written. This part modifies, limits, and supersedes the Electronic Signatures in Global and National Commerce Act, compiled in 15 U.S.C. § 7001 et seq., but does not modify, limit or supersede § 101(a) of the Electronic Signatures in Global and National Commerce Act, codified in 15 U.S.C. § 7001, or authorize electronic delivery of any of the notices described in § 103(b) of the Electronic Signatures in Global and National Commerce Act, codified in 15 U.S.C. § 7003(b).

HISTORY: Acts 2007, ch. 428, § 1.

68-30-120. Gift of entire body to medical school.

Nothing contained in this part shall be construed to supersede or revoke, by implication or otherwise, any valid gift of the entire body to a medical school.

HISTORY: Acts 2007, ch. 428, § 1.

68-30-201 -- 68-30-205. [Repealed.]

68-30-301. Authorization -- Conditions.

In the case of an autopsy performed by or under the authority of the chief medical examiner, county medical examiner or coroner having jurisdiction over the decedent's body, the medical examiner or coroner's physician may, for the purpose of medical research, education or therapy, remove and retain the pituitary gland at the time of autopsy in accordance with the following conditions:

(1) The removal is performed in conjunction with an autopsy under such official's jurisdiction;

(2) The removal will not impede or interfere with the investigation that gave rise to the autopsy, and will not significantly alter post mortem appearance; and

(3) (A) No objection to the removal of the pituitary gland was evidenced by the decedent prior to the decedent's death, nor was there objection on the part of the decedent's next of kin known to the official having jurisdiction over the autopsy.

(B) As used in this part, "next of kin" includes, in order, the decedent's spouse; or if no competent spouse, the decedent's adult children; or if no competent spouse or adult children, the decedent's parents; or if no competent spouse, adult children, or parents, the decedent's brothers and sisters.

(C) The decedent's next of kin shall be contacted by telephone or otherwise, and unless there is a specific objection from such kin, a telephone confirmation shall be consent within the requirements of this part.

HISTORY: Acts 1980, ch. 517, § 1; T.C.A., § 53-42-301.

68-30-302. Immunity from liability.

The chief medical examiner, county medical examiner, judge, or coroner permitting such pituitary gland removal, and any donee or agency acquiring such organ, shall be immune from civil or criminal liability incurred as a result of the removal in accordance with this part, if no objection was made by next of kin prior to the autopsy to the official having jurisdiction over the autopsy.

HISTORY: Acts 1980, ch. 517, § 1; T.C.A., § 53-42-302.

68-30-303. Persons excluded.

Persons professing a belief in or practicing the tenets of Christian Science shall be excluded from this part.

HISTORY: Acts 1980, ch. 517, § 1; T.C.A., § 53-42-303.

68-30-401. Restrictions on procuring human organs for consideration and for human transplantation purposes.

(a) It is unlawful for any person to acquire, receive or otherwise transfer any human organ for valuable consideration and for use in human transplantation if the transfer affects commerce.

(b) Any person, firm, board, corporation or association who violates subsection (a) commits a Class A misdemeanor.

HISTORY: Acts 1986, ch. 885, § 3; Acts 1989, ch. 591, §§ 1, 6.

68-30-402. Costs for evaluation and removal of donated organs and tissues.

Any costs incurred at the request of an organ procurement agency or eye bank related to the evaluation of a potential organ and tissue donor, maintenance of organ or tissue viability following a death declaration, and removal of donated organs and tissues will be paid in full by the receiving organ procurement agency or eye bank. The next of kin of the organ and tissue donor will not be responsible for these expenses.

HISTORY: Acts 1986, ch. 885, § 3.

ARCHAEOLOGY T.C.A. § 11-6-107

11-6-107. Discovery of sites, artifacts or human remains -- Notice to division, contractors and authorities.

(a) All state agencies, departments, institutions and commissions, as well as all counties and municipalities, shall cooperate fully with the division of archaeology.

(b) Where any sites or artifacts may be found or discovered on property owned or controlled by the state or by any county or municipality, the agency, bureau, commission, governmental subdivision, or county or municipality having control over or owning such property and which is preparing to initiate construction or other earth-moving activities upon such property, or is currently performing work of this type upon such property, the public body having custody of the land shall comply with subsection (d) and is directed to urge supervisors of such works to notify the division of the discovery and location of such sites or artifacts immediately, and to cooperate to the fullest extent practicable with the division, either to prevent the destruction of such sites and artifacts or to allow the division to obtain maximum information and artifacts before these locations are disturbed or destroyed.

(c) It is the responsibility of the state agencies to have the provisions of this chapter made known to contractors who are to perform work upon any such public lands, and contractors shall be required to comply with this chapter.

(d) (1) Any person who encounters or accidentally disturbs or disinters human remains on either publicly or privately owned land, except during excavations authorized under this chapter, shall:

(A) Immediately cease disturbing the ground in the area of the human remains; and

(B) Notify either the coroner or the medical examiner, and a local law enforcement agency.

(2) Either the coroner or the medical examiner shall, within five (5) working days, determine whether the site merits further investigation within the scope of such official's duties.

(3) If the coroner or the medical examiner, and law enforcement personnel, have no forensic or criminal concerns with regard to the site, then the coroner or the medical examiner shall notify the department.

(4) Human remains and burial objects reported to the division shall be treated as provided in §§ 11-6-104 and 11-6-119, and/or title 46, chapter 4, if applicable.

(5) A person who violates subdivision (d)(1)(A) or (d)(1)(B) commits a Class A misdemeanor;

(6) This section does not apply to:

(A) Normal farming activity, including, but not limited to, plowing, disking, harvesting and grazing; provided, that if human remains are discovered or disturbed, a report should be made to the officials specified in subdivision (d)(1)(B); or

(B) Surface collecting.

(7) Nothing in this chapter shall be construed to grant a right of access or occupation to the public without the landowner's permission.

(e) All archaeological site clearance work carried out pursuant to this section shall, in as far as practicable, be scheduled so as not to interfere with construction activities, and such clearance work shall only be conducted at sites which have the potential to yield information significant to the scientific study of Tennessee's aboriginal and historic past.

HISTORY: Acts 1970, ch. 468, § 7; T.C.A., § 11-1507; Acts 1990, ch. 852, §§ 8, 9.

CHILD SEXUAL ABUSE T.C.A. § 37-1-605

37-1-605. Reports of known or suspected child sexual abuse -- Investigations -- Notification to parents of abuse on school grounds or while under school supervision -- Confidentiality of records.

(a) Any person including, but not limited to, any:

(1) Physician, osteopathic physician, medical examiner, chiropractor, nurse or hospital personnel engaged in the admission, examination, care or treatment of persons;

(2) Health or mental health professional other than one listed in subdivision (1);

(3) Practitioner who relies solely on spiritual means for healing;

(4) School teacher or other school official or personnel;

(5) Judge of any court of the state;

(6) Social worker, day care center worker, or other professional child care, foster care, residential or institutional worker;

(7) Law enforcement officer;

(8) Authority figure at a community facility, including any facility used for recreation or social assemblies, for educational, religious, social, health, or welfare purposes, including, but not limited to, facilities operated by schools, the boy or girl scouts, the YMCA or YWCA, the boys and girls club, or church or religious organizations; or

(9) Neighbor, relative, friend or any other person;

who knows or has reasonable cause to suspect that a child has been sexually abused shall report such knowledge or suspicion to the department in the manner prescribed in subsection (b).

(b) (1) Each report of known or suspected child sexual abuse pursuant to this section shall be made immediately to the local office of the department responsible for the investigation of reports made pursuant to this section or to the judge having juvenile jurisdiction or to the office of the sheriff or the chief law enforcement official of the municipality where the child resides. Each report of known or suspected child sexual abuse occurring in a facility licensed by the department of mental health and substance abuse services, as defined in § 33-2-403, or any hospital, shall also be made to the local law enforcement agency in the jurisdiction where such offense occurred. In addition to those procedures provided by this part, § 37-1-405 shall also apply to all cases reported hereunder.

(2) If a law enforcement official or judge becomes aware of known or suspected child sexual abuse, through personal knowledge, receipt of a report or otherwise, such information shall be reported to the department immediately and the child protective team shall be notified to investigate the report for the protection of the child in accordance with this part. Further criminal investigation by such official shall be appropriately conducted.

(3) Reports involving known or suspected institutional child sexual abuse shall be made and received in the same manner as all other reports made pursuant to this section.

(c) Any person required to report or investigate cases of suspected child sexual abuse who has reasonable cause to suspect that a child died as a result of child sexual abuse shall report such suspicion to the appropriate medical examiner. The medical examiner shall accept the report for investigation and shall report the medical examiner's findings, in writing, to the local law enforcement agency, the appropriate district attorney general, and the department. Autopsy reports maintained by the medical examiner shall not be subject to the confidentiality requirements provided for in § 37-1-612.

(d) (1) Notwithstanding § 37-5-107 or § 37-1-612 or any other law to the contrary, if a school teacher, school official or any other school personnel has knowledge or reasonable cause to suspect that a child who attends such school may be a victim of child abuse or child sexual abuse sufficient to require reporting pursuant to this section and that the abuse occurred on school grounds or while the child was under the supervision or care of the school, then the principal or other person designated by the school shall verbally notify the parent or legal

guardian of the child that a report pursuant to this section has been made and shall provide other information relevant to the future well-being of the child while under the supervision or care of the school. The verbal notice shall be made in coordination with the department of children's services to the parent or legal guardian within twenty-four (24) hours from the time the school, school teacher, school official or other school personnel reports the abuse to the department of children's services; provided, that in no event may the notice be later than twenty-four (24) hours from the time the report was made. The notice shall not be given to any parent or legal guardian if there is reasonable cause to believe that the parent or legal guardian may be the perpetrator or in any way responsible for the child abuse or child sexual abuse.

(2) Once notice is given pursuant to subdivision (d)(1), the principal or other designated person shall provide to the parent or legal guardian all school information and records relevant to the alleged abuse or sexual abuse, if requested by the parent or legal guardian; provided, that the information is edited to protect the confidentiality of the identity of the person who made the report, any other person whose life or safety may be endangered by the disclosure, and any information made confidential pursuant to federal law or § 10-7-504(a)(4). The information and records described in this subdivision (d)(2) shall not include records of other agencies or departments.

(3) For purposes of this subsection (d), "school" means any public or privately operated child care agency, as defined in § 71-3-501, preschool, nursery school, kindergarten, elementary school or secondary school.

HISTORY: Acts 1985, ch. 478, § 6; 1987, ch. 145, §§ 2, 11; 1988, ch. 953, § 14; 1993, ch. 439, § 2; 1994, ch. 901, § 2; 2000, ch. 947, §§ 6, 8M; 2008, ch. 1011, § 2; 2009, ch. 283, §§ 4, 5; 2010, ch. 1100, § 54; 2012, ch. 575, § 1; 2014, ch. 761, § 1.

SUDDEN, UNEXPLAINED CHILD DEATH ACT T.C.A. § 68 -1-1101 to 1103

68-1-1101. Short title -- Legislative findings -- Definitions.

(a) This part shall be known and may be cited as the "Sudden, Unexplained Child Death Act."

(b) The legislature finds and declares that:

(1) Protection of the health and welfare of the children of this state is a goal of its people and the unexpected death of a child is an important public health concern that requires legislative action;

(2) The parents, guardians, and other persons legally responsible for the care of a child who dies unexpectedly have a need to know the cause of death;

(3) Collecting accurate data on the cause and manner of unexpected deaths will better enable

the state to protect children from preventable deaths, and thus will help reduce the incidence of such deaths; and

(4) Identifying persons responsible for abuse or neglect resulting in unexpected death will better enable the state to protect other children who may be under the care of the same persons, and thus will help reduce the incidence of such deaths.

(c) As used in this part and in § 68-3-502, unless the context otherwise requires:

(1) "Certified child death pathologist" means a pathologist who is board certified or board eligible in forensic pathology, and who has received training in, and agrees to follow, the autopsy protocol, policies and guidelines for child death investigation, as prescribed by the chief medical examiner for the state of Tennessee;

(2) "Chief medical examiner" means the individual appointed pursuant to title 38, chapter 7; and

(3) "Sudden infant death syndrome" means the sudden death of an infant under one (1) year of age that remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.

HISTORY: Acts 2001, ch. 321, § 1.

68-1-1102. Purpose -- Training -- Notice and investigation -- Autopsy.

(a) The purpose of this part is to help reduce the incidence of injury and death to infants by accurately identifying the cause and manner of death of infants under one (1) year of age. This shall be accomplished by requiring that a death investigation be performed in all cases of all sudden, unexplained deaths of infants under one (1) year of age.

(b) The chief medical examiner shall develop and implement a program for training of child death pathologists. The protocol and policies shall be based on nationally recognized standards.

(c) All emergency medical technicians and professional firefighters shall receive training on the handling of cases of sudden, unexplained child death as a part of their basic and continuing training requirements. The training, which shall be developed jointly by the departments of health and children's services, shall include the importance of being sensitive to the grief of family members.

(d) All law enforcement officers shall receive training on the investigation and handling of cases of sudden, unexplained child death as part of their basic training requirements. The training, which shall be developed jointly by the departments of health and children's services, shall include the importance of being sensitive to the grief of family members and shall be consistent with the death scene investigation protocol approved by the chief medical examiner.

Additionally, whenever changes occur in policies or procedures pertaining to sudden infant death syndrome investigations, the department of health shall promptly notify the various law enforcement associations within the state. Such changes shall then be communicated in a timely manner to the respective law enforcement agencies for dissemination to their enforcement personnel.

(e) In the case of every sudden, unexplained death of an infant under one (1) year of age, the attending physician or coroner shall notify the county medical examiner, who shall coordinate the death investigation.

(f) The county medical examiner shall inform the parent or parents or legal guardian of the child, if an autopsy is authorized.

(g) The county medical examiner shall ensure that the body is sent for autopsy to a child death pathologist as defined in this part. Parents or legal guardians who refuse to allow an autopsy based on the grounds of religious exemption shall personally file a petition for an emergency court hearing in the general sessions court for the county in which the death occurred.

(h) The county medical examiner shall contact the appropriate local law enforcement personnel to conduct a death scene investigation according to the protocol developed by the chief medical examiner. The investigation shall be initiated within twenty-four (24) hours of the time the local law enforcement personnel are contacted by the county medical examiner.

(i) The county medical examiner shall send a copy of the death scene investigation and the medical history of the child to the pathologist conducting the autopsy.

(j) A copy of the completed autopsy, medical history, and death scene investigation shall be forwarded to the chief medical examiner.

(k) The cause of death, as determined by the certified child death pathologist, may be reported to the parents or legal guardians of the child. A copy of the autopsy results, when available, may be furnished to the parent or parents or legal guardian of the child, upon request, within forty-eight (48) hours of the request, except where the cause of death may reasonably be attributed to child abuse or neglect, in the judgment of the certified child death pathologist.

(*l*) Sudden infant death syndrome shall not be listed as the cause of death of a child, unless the death involves an infant under one (1) year of age that remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the child's clinical history.

(m) Any individual or entity providing information pertinent to the investigation and related autopsy in a suspected case of sudden, unexplained infant death syndrome shall not be civilly liable for breach of confidentiality concerning the release of the information.

HISTORY: Acts 2001, ch. 321, § 2; 2002, ch. 591, §§ 1, 2.

68-1-1103. Implementation.

In order to implement this part, the commissioner of health shall:

(1) Promulgate rules and regulations in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, as may be necessary to obtain in proper form all information relating to the occurrence of a sudden, unexplained child death that is relevant and appropriate for the establishment of a reliable statistical index of the incidence, distribution and characteristics of cases of sudden, unexplained child death;

(2) Promulgate rules and regulations in accordance with the Uniform Administrative Procedures Act that establish minimum standards for conducting and completing an investigation, including an autopsy if deemed necessary, into the sudden, unexplained death of any child from birth to age seventeen (17). Initial rules promulgated pursuant to this subdivision (2) are authorized to be promulgated as emergency rules, pursuant to § 4-5-208. In promulgating the rules, the commissioner may rely, in whole or in part, on any nationally recognized standards regarding such investigations. Compliance with the rules shall make county governments eligible for reimbursement, to the extent authorized by those rules, of the costs of any autopsy deemed necessary;

(3) Collect factual information from physicians, coroners, medical examiners, hospitals, and public health officials who have examined any child known or believed to have experienced sudden, unexplained death; provided, that no information shall be collected or solicited that reasonably could be expected to reveal the identity of the child;

(4) Make information collected pursuant to subdivision (3) available to physicians, coroners, medical examiners, hospitals, public health officials, and educational and institutional organizations conducting research as to the causes and incidence of sudden, unexplained child death;

(5) Cause appropriate counseling services to be established and maintained for families affected by the occurrence of sudden infant death syndrome; and

(6) Conduct educational programs to inform the general public of any research findings that may lead to the possible means of prevention, early identification, and treatment of sudden infant death syndrome.

HISTORY: Acts 2001, ch. 321, § 3; 2005, ch. 356, § 1; 2009, ch. 566, § 12.

CHILD FATALITY REVIEW AND PREVENTION T.C.A. § 68 -142-101 to 109

68-142-101. Short title.

This part shall be known as and may be cited as the "Child Fatality Review and Prevention Act of 1995."

HISTORY: Acts 1995, ch. 511, § 1; 2007, ch. 588, § 2.

68-142-102. Child fatality prevention team.

There is created the Tennessee child fatality prevention team, otherwise known as the state team. For administrative purposes only, the state team shall be attached to the department of health.

HISTORY: Acts 1995, ch. 511, § 1.

68-142-103. Composition.

The state team shall be composed as provided in this section. Any ex officio member, other than the commissioner of health, may designate an agency representative to serve in such person's place. Members of the state team shall be as follows:

(1) The commissioner of health, who shall chair the state team;

(2) The attorney general and reporter;

(3) The commissioner of children's services;

(4) The director of the Tennessee bureau of investigation;

(5) A physician nominated by the state chapter of the American Medical Association;

(6) A physician to be appointed by the commissioner of health who is credentialed in forensic pathology, preferably with experience in pediatric forensic pathology;

(7) The commissioner of mental health and substance abuse services;

(8) A member of the judiciary selected from a list submitted by the chief justice of the Tennessee supreme court;

(9) The executive director of the commission on children and youth;

(10) A representative from a professional organization working to prevent abuse of children;

(11) A team coordinator, to be appointed by the commissioner of health;

(12) Two (2) members of the house of representatives to be appointed by the speaker of the house of representatives, at least one (1) of whom shall be a member of the health committee;

(13) Two (2) senators to be appointed by the speaker of the senate, at least one (1) of whom shall be a member of the health and welfare committee;

(14) The commissioner of education or the commissioner's designee; and

(15) The commissioner of intellectual and developmental disabilities.

HISTORY: Acts 1995, ch. 511, § 1; 1996, ch. 1079, § 152; 2007, ch. 588, § 3; 2010, ch. 1100, §§ 129, 130; 2011, ch. 410, § 3(hh); 2012, ch. 575, § 2; 2013, ch. 89, § 3; 2013, ch. 236, § 57.

68-142-104. Voting members -- Vacancies.

All members of the state team shall be voting members. All vacancies shall be filled by the appointing or designating authority in accordance with the requirements of § 68-142-103.

HISTORY: Acts 1995, ch. 511, § 1.

68-142-105. Duties of state team.

The state team shall:

(1) Review reports from the local child fatality review teams;

(2) Report to the governor and the general assembly concerning the state team's activities and its recommendations for changes to any law, rule, and policy that would promote the safety and well-being of children;

(3) Undertake annual statistical studies of the incidence and causes of child fatalities in this state. The studies shall include an analysis of community and public and private agency involvement with the decedents and their families prior to and subsequent to the deaths;

(4) Provide training and written materials to the local teams established by this part to assist them in carrying out their duties. Such written materials may include model protocols for the operation of local teams;

(5) Develop a protocol for the collection of data regarding child deaths;

(6) Upon request of a local team, provide technical assistance to such team, including the authorization of another medical or legal opinion on a particular death; and

(7) Periodically assess the operations of child fatality prevention efforts and make recommendations for changes as needed.

HISTORY: Acts 1995, ch. 511, § 2; 2007, ch. 588, § 4.

68-142-106. Local teams -- Composition -- Vacancy -- Chair -- Meetings.

(a) There shall be a minimum of one (1) local team in each judicial district.

(b) Each local team shall include the following statutory members or their designees:

(1) A supervisor of social services in the department of children's services within the area served by the team;

(2) The regional health officer in the department of health in the area served by the team, who shall serve as interim chair pending the election by the local team;

(3) A medical examiner who provides services in the area served by the team;

(4) A prosecuting attorney appointed by the district attorney general;

(5) An employee of the local education agency, to be appointed by the director of schools; and

(6) The interim chair of the local team shall appoint the following members to the local team:

(A) A local law enforcement officer;

(B) A mental health professional;

(C) A pediatrician or family practice physician;

(D) An emergency medical service provider or firefighter; and

(E) A representative from a juvenile court.

(c) Each local child fatality team may include representatives of public and nonpublic agencies in the community that provide services to children and their families.

(d) The local team may include non-statutory members to assist them in carrying out their

duties. Vacancies on a local team shall be filled by the original appointing authority.

(e) A local team shall elect a member to serve as chair.

(f) The chair of each local team shall schedule the time and place of the first meeting, and shall prepare the agenda. Thereafter, the team shall meet no less often than once per quarter and often enough to allow adequate review of the cases meeting the criteria for review.

HISTORY: Acts 1995, ch. 511, § 3; 1996, ch. 1079, § 152; 2007, ch. 588, § 5.

68-142-107. Duties of local teams.

(a) The local child fatality review teams shall:

(1) Be established to cover each judicial district in the state;

(2) Review, in accordance with the procedures established by the state team, all deaths of children seventeen (17) years of age or younger;

(3) Collect data according to the protocol developed by the state team;

(4) Submit data on child deaths quarterly to the state team;

(5) Submit annually to the state team recommendations, if any, and advocate for system improvements and resources where gaps and deficiencies may exist; and

(6) Participate in training provided by the state team.

(b) Nothing in this part shall preclude a local team from providing consultation to any team member conducting an investigation.

(c) Local child fatality review teams may request a second medical or legal opinion to be authorized by the state team in the event that a majority of the local team's statutory membership is in agreement that a second opinion is needed.

HISTORY: Acts 1995, ch. 511, § 4; 2007, ch. 588, § 6.

68-142-108. Powers of local team -- Limitations -- Confidentiality of state and local team records.

(a) The department of health, state team and local teams are public health authorities conducting public health activities pursuant to the federal Health Insurance Portability and Accountability Act (HIPAA), compiled in 42 U.S.C. § 1320d et seq. Notwithstanding §§ 63-2-

101(b) and 68-11-1502, and regardless of any express or implied contracts, agreements or covenants of confidentiality based upon those sections, the records of all health care facilities and providers shall be made available to the local team for inspection and copying as necessary to complete the review of a specific fatality and effectuate the intent of this part. The local team is authorized to inspect and copy any other records from any source as necessary to complete the review of a specific fatality and effectuate the intent of this part, including, but not limited to, police investigations data, medical examiner investigative data, vital records cause of death information, and social services records, including records of the department of children's services.

(b) The local team shall not, as part of the review authorized under this part, contact, question or interview the parent of the deceased child or any other family member of the child whose death is being reviewed.

(c) The local team may request that persons with direct knowledge of circumstances surrounding a particular fatality provide the local team with information necessary to complete the review of the particular fatality; such persons may include the person or persons who first responded to a report concerning the child.

(d) Meetings of the state team and each local team shall not be subject to title 8, chapter 44, part 1. Any minutes or other information generated during official meetings of state or local teams shall be sealed from public inspection. However, the state and local teams may periodically make available, in a general manner not revealing confidential information about children and families, the aggregate findings of their reviews and their recommendations for preventive actions.

(e) (1) All otherwise confidential information and records acquired by the state team or any local child fatality review team in the exercise of the duties are confidential, are not subject to discovery or introduction into evidence in any proceedings, and may only be disclosed as necessary to carry out the purposes of the state team or local teams and for the purposes of the Sudden, Unexplained Child Death Act, compiled in chapter 1, part 11 of this title.

(2) In addition, all otherwise confidential information and records created by a local team in the exercise of its duties are confidential, are not subject to discovery or introduction into evidence in any proceedings, and may only be disclosed as necessary to carry out the purposes of the state or local teams and for the purposes of the Sudden, Unexplained Child Death Act. Release to the public or the news media of information discussed at official meetings is strictly prohibited. No member of the state team, a local team nor any person who attends an official meeting of the state team or a local team, may testify in any proceeding about what transpired at the meeting, about information presented at the meeting, or about opinions formed by the person as a result of the meeting.

(3) This subsection (e) shall not, however, prohibit a person from testifying in a civil or criminal action about matters within that person's independent knowledge.

(f) Each statutory member of a local child fatality review team and each non-statutory member of a local team and each person otherwise attending a meeting of a local child fatality review team shall sign a statement indicating an understanding of and adherence to confidentiality requirements, including the possible civil or criminal consequences of any breach of confidentiality.

HISTORY: Acts 1995, ch. 511, § 5; 2001, ch. 321, §§ 5, 6; 2007, ch. 588, §§ 7, 8.

68-142-109. Staff and consultants.

To the extent of funds available, the state team may hire staff or consultants to assist the state team and local teams in completing their duties.

HISTORY: Acts 1995, ch. 511, § 6.

68-142-110. Immunity from civil and criminal liability.

Any person or facility acting in good faith in compliance with this part shall be immune from civil and criminal liability arising from such action.

HISTORY: Acts 2007, ch. 588, § 9.

68-142-111. Child death investigations and reviews.

Nothing in this part shall preclude any child death investigations or reviews to the extent authorized by other laws.

HISTORY: Acts 2007, ch. 588, § 10.

VITAL RECORDS T.C.A. § 68 -3-501 to 504, 507

68-3-501. Uniform Determination of Death Act.

(a) This section may be cited as the "Uniform Determination of Death Act."

(b) An individual who has sustained either:

(1) Irreversible cessation of circulatory and respiratory functions; or

(2) Irreversible cessation of all functions of the entire brain, including the brain stem;

is dead. A determination of death must be made in accordance with accepted medical

standards.

(c) This section shall be applied and construed to effectuate its general purpose to make uniform the law with respect to the subject of this section among states enacting it.

68-3-502. Death registration.

(a) (1) A death certificate for each death that occurs in this state shall be filed with the office of vital records or as otherwise directed by the state registrar within five (5) days after death and prior to final disposition, or as prescribed by regulations of the department. It shall be registered, if it has been completed and filed in accordance with this section.

(2) If the place of death is unknown but the body is found in this state, the death certificate shall be completed and filed in accordance with this section. The place where the body is found shall be shown as the place of death. If the date of death is unknown, it shall be determined by the date the body was found.

(3) When death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in this state, the death shall be registered in this state and the place where it is first removed shall be considered the place of death. When a death occurs on a moving conveyance while in international waters or airspace or in a foreign country and the body is first removed from the conveyance in this state, the death shall be registered in this state; but the certificate shall show the actual place of death insofar as can be determined.

(b) The funeral director, or person acting as funeral director, who first assumes custody of the dead body shall file the death certificate. The funeral director shall obtain the personal data from the next of kin or the best qualified person or source available, and shall obtain the medical certification from the person responsible for medical certification, as set forth in subsection (c).

(c) (1) The medical certification shall be completed, signed and returned to the funeral director by the physician in charge of the patient's care for the illness or condition that resulted in death within forty-eight (48) hours after death, except when inquiry is required by the county medical examiner. In the absence of the physician, the certificate may be completed and signed by another physician designated by the physician or by the chief medical officer of the institution in which the death occurred. In cases of deaths that occur outside of a medical institution and are either unattended by a physician or not under hospice care, the county medical examiner shall investigate and certify the death certificate when one (1) of the following conditions exists:

(A) There is no physician who had attended the deceased during the four (4) months preceding death, except that any physician who had attended the patient more than four (4) months preceding death may elect to certify the death certificate if the physician can make a good faith determination as to cause of death and if the county medical examiner has not

assumed jurisdiction; or

(B) The physician who had attended the deceased during the four (4) months preceding death communicates, orally or in writing, to the county medical examiner that, in the physician's best medical judgment, the patient's death did not result from the illness or condition for which the physician was attending the patient.

(2) Sudden infant death syndrome shall not be listed as the cause of death of a child, unless the death meets the definition set forth in chapter 1, part 11 of this title.

(3) (A) In addition to this section, prior to signing medical certification of the cause of death, the physician, chief medical officer or medical examiner shall require screening x-rays of the skull, long bones and chest of any child who was not subject to an autopsy and who died of unknown causes or whose death is suspected to be from sudden infant death syndrome.

(B) The physician, chief medical officer or medical examiner who orders the x-ray examinations pursuant to this section shall be entitled to a reasonable fee as set by the commissioner of health for the costs of the x-ray examinations, to be paid from the funds allotted to the postmortem examiners program in the department of health.

(d) When inquiry is required, the medical examiner shall determine the cause of death and shall complete and sign the medical certification within forty-eight (48) hours after taking charge of the case. On or before January 1, 2013, the commissioner of health shall establish by rule a protocol for use by medical examiners in cases involving death resulting from opiate, illegal or illicit drug overdose, that requires an appropriate report under § 38-7-108. The commissioner is authorized to promulgate such rules in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

(e) If the cause of death cannot be determined within forty-eight (48) hours after death, the medical certification shall be completed as provided by regulation. The attending physician or medical examiner shall give the funeral director, or person acting as funeral director, notice of the reason for the delay; and final disposition of the body shall not be made until authorized by the attending physician or medical examiner.

(f) If the death occurs in a military or veteran's hospital or in a state veteran's home in the state of Tennessee, the death certificate may be signed by the attending physician who holds a license in another state.

(g) In the event a person is dead on arrival at a military or veteran's hospital or at a state veteran's home in the state of Tennessee, the death certificate may be signed by a physician who is employed by one (1) of these institutions and who holds a license in another state.

(h) The form for a certificate of death shall contain a place for the recording of the deceased's

social security number and the social security number shall be recorded on the certificate and on any forms necessary to prepare the certificate.

68-3-503. Delayed registration of death.

(a) When a death occurring in this state has not been registered within the time period prescribed by § 68-3-502, a certificate may be filed in accordance with the regulations of the department. The certificate shall be registered subject to such evidentiary requirements as the department shall, by regulation, prescribe to substantiate the alleged facts of death.

(b) Certificates of death registered six (6) months or more after the date of death shall be marked "delayed."

68-3-504. Reports of fetal death.

(a) (1) Each fetal death of three hundred fifty (350) grams or more or of twenty (20) completed weeks' gestation or more, that occurs in this state, shall be reported to the office of vital records within ten (10) days after delivery.

(2) When a dead fetus is delivered in an institution, the person in charge of the institution, or the person's designated representative, shall prepare and file the report.

(3) When a dead fetus is delivered outside an institution, the physician in attendance at or immediately after the delivery shall prepare and file the report.

(b) The name of the father shall be entered on the fetal death report, in accordance with § 68-3-305.

(c) When a fetal death required to be reported by this section occurs without medical attendance at or immediately after the delivery, or when inquiry is required, the medical examiner shall investigate the cause and shall prepare and file the report.

68-3-507. Moving body from place of death.

With the consent of the physician or medical examiner who is to certify the cause of death, a body may be moved from the place of death for the purpose of being prepared for final disposition.

DISPOSITION OF DEAD BODIES T.C.A. § 68 -4

68-4-101. Notice of death occurring while receiving medical attention or in institution -- Action taken upon expiration of eight hours -- Penalty.

(a) When any person dies in a doctor's office, or any clinic, hospital or state, county or city institution, it is unlawful for any doctor, nurse, attendant, orderly, janitor or bookkeeper, or anyone, to call an undertaker without first making an effort to contact a relative of the person, if the person has any known kin in the county where the person died, so as to give the kin or relative the right to call an undertaker or crematory of the next of kin's or relative's choice.

(b) In the event kin or relatives are not available or are not known, or should the next of kin fail or refuse to summon an undertaker or crematory or to dispose of the body in some manner within eight (8) hours after the death of the person, then the doctor, hospital, clinic or other institution may summon an undertaker to take over the body.

(c) In the event the next of kin refuses to summon an undertaker or crematory or dispose of the body in some manner immediately, then the doctor, hospital, clinic or institution may summon some undertaker to take over the body.

(d) Any doctor, nurse, attendant, orderly, janitor or bookkeeper or anyone connected with the office, hospital, clinic or institution violating subsection (a) commits a Class C misdemeanor.

HISTORY: Acts 1953, ch. 152, §§ 1-3 (Williams, § 5717.39); T.C.A. (orig. ed.), §§ 53-501 -- 53-503; Acts 1989, ch. 591, § 113.

68-4-102. Disposition of unclaimed bodies of persons dying in charitable or penal institutions or to be buried at public expense.

(a) In order to promote medical and surgical science, and to provide for the disposition of unclaimed bodies of persons who die in any charitable or penal institutions, or are delivered to a public official for the purpose of burial at public expense, the chief medical examiner appointed pursuant to § 38-7-102 shall direct the disposition of unclaimed dead bodies, except those of honorably discharged veterans, which shall be interred as directed by the commissioner of veterans services, or the commissioner's representative, superseding other provisions of §§ 68-4-102 -- 68-4-109.

(b) All reimbursement for travel expenses shall be in accordance with the comprehensive travel regulations as promulgated by the department of finance and administration and approved by the attorney general and reporter.

68-4-103. Persons dying in publicly-supported institutions or to be buried at public expense -- Notice to relatives -- Notice to chief medical examiner -- Removal of body -- Embalming -- Infectious or contagious cases.

(a) Whenever a person dies in any hospital, infirmary, mental health institute, poorhouse, penitentiary, house of correction, workhouse, jail, or other charitable or penal institution that is supported in whole or in part at public expense, or whenever a body is delivered to a public official for the purpose of determining the cause of death or for the purpose of burial of the body or the cremated remains at public expense, it is the duty of the public official or of the custodian, superintendent or active head of such institution to immediately notify the nearest relative of the person, if any relative be known, of the person's death.

(b) (1) After the notification pursuant to subsection (a), the custodian, superintendent or active head of the institution or public official shall then hold the body of the deceased person not less than ninety-six (96) hours, and if at the end of that time no relative claims the dead body and no provision has been made for its interment by burial of the body or the cremated remains other than at public expense, then the custodian, superintendent or active head or public official shall notify the chief medical examiner or the chief medical examiner's representative that the custodian, superintendent or active head or public official has the body, and, upon demand by the chief medical examiner or the chief medical examiner's representative, shall deliver or surrender the body to the chief medical examiner or the chief medical examiner's representative or to either of their order.

(2) Notification shall be made in any manner that the chief medical examiner shall direct and all the expense of notification and delivery or surrender of the body shall be at the expense of and shall be borne by the institution obtaining the dead body.

(c) If the chief medical examiner or the chief medical examiner's representative, upon receipt of the notification, does not, within seventy-two (72) hours, make a demand for the body, then the body or the cremated remains shall be buried as provided by law or cremated in accordance with § 68-4-113. The public official or the custodian, superintendent or active head of such institution as referred to in subsection (a) may, in such person's discretion, choose to have the body cremated prior to burial.

(d) No custodian, superintendent or head of a charitable or penal institution or public official shall charge, receive or accept money or other consideration for any body.

(e) The chief medical examiner may, by proper instructions, have the body embalmed by such person as the chief medical examiner may direct, and, to the person performing this work under the chief medical examiner's instructions the institution receiving the body shall pay a reasonable compensation.

(f) No person who has died of any contagious or infectious disease shall be held to be within §§

68-4-102 -- 68-4-109, unless proper precautions, as prescribed by the chief medical examiner, are taken to prevent the spread of contagions or infections.

68-4-104. Distribution of bodies among medical, dental and anthropologic institutions -- Receiving institution to pay expense.

(a) The chief medical examiner, upon receiving the bodies or notification of the availability of the bodies as provided in this chapter, shall distribute them among the medical, dental and anthropologic institutions of this state regularly chartered and in active operation as prescribed in §§ 68-4-102 -- 68-4-109, and shall not give, sell or deliver anybody to any other person, firm, society, association or corporation.

(b) Bodies shall be distributed by the chief medical examiner to the institution that is closest to the location of the body and that has indicated a current need for bodies for the purposes authorized by this chapter.

(c) The institution receiving any body shall bear all the expense incident to the transportation of the body from the institution where death occurred, and its delivery to the institution receiving it.

68-4-108. Expenses to be borne by medical, dental and anthropologic institutions.

No expense that may be incurred in the execution of any part of §§ 68-4-102 -- 68-4-109 shall be a charge upon the state or any county or municipality, or any officer or agent thereof, but all such expenses, whether for compensation, salary, transportation or otherwise shall be borne by the medical, dental and anthropologic institutions as provided in this chapter.

68-4-111. Autopsy by consent of persons having custody of body.

(a) A physician holding an unlimited license to practice medicine under the laws of Tennessee is deemed to have been legally authorized to perform an autopsy upon the body of a deceased person, when the autopsy has been consented to by the person assuming custody of the body for the purposes of burial, such as the surviving spouse, the father, the mother, a child, a guardian, next of kin, or in the absence of any of the foregoing, such governmental agencies as charged by law with the responsibility for burial. If two (2) or more such persons assume custody of the body, the consent of one (1) of them shall be deemed sufficient legal authorization for the performance of the autopsy.

(b) Nothing contained in this section shall be construed as repealing, amending or in any way affecting § 38-1-104, which prescribes the procedure by which district attorneys general may petition for an autopsy, nor § 38-5-107, which prescribes the procedure by which coroners may

summon as a witness a surgeon or physician to make examination of a dead body, including the performing of an autopsy.

68-4-113. Cremation of unclaimed dead body.

Notwithstanding any law to the contrary, the coroner, medical investigator or county medical examiner may direct the cremation of an unclaimed dead body; provided, that:

(1) Proper notice is given in accordance with § 68-4-103; and

(2) The body is held for the time period provided in § 68-4-103.

SEXUALLY TRANSMITTED DISEASES T.C.A. § 68 -10-117

68-10-117: Possible exposure of emergency workers to airborne or bloodborne diseases -- Testing.

(a) If, in the course of performing normal, authorized professional job duties, or rendering emergency care as a good samaritan under the Good Samaritan Law, codified in § 63-6-218, a member of one of the categories of individuals listed in subsection (d) reasonably believes that the member may have been exposed to potentially life-threatening airborne or bloodborne diseases, including, but not limited to, tuberculosis, HIV or hepatitis B, the person has the right to request, in writing, that the individual who may have exposed the person be evaluated to determine the presence of such disease or diseases. The request shall be made to the designated exposure control officer of the responding agency or county medical examiner, who shall conduct the evaluation pursuant to the rules provided for in subsection (c).

(b) Any evaluation pursuant to subsection (a) shall include all medical records held by the department of health, any health care provider, or health care facility pertaining to the individual who is the subject of the evaluation. Any information provided shall be made available in accordance with the rules provided for in subsection (c) and shall be used only for the purpose of performing the evaluation and shall be otherwise confidential. Any cost related to the evaluation shall be paid by the responding agency.

(c) Any evaluation provided for in subsection (a) shall be conducted pursuant to emergency rules promulgated by the commissioner of health consistent with federal regulations for such determination of exposure experienced by emergency response workers. Any agency, individual, or facility providing any assistance or information necessary for completing the evaluation shall not incur any civil or criminal liability as a result of providing assistance or information consistent with the rules promulgated pursuant to this subsection (c).

(d) The categories of individuals who may request evaluations are paramedics, emergency

response employees, fire fighters, first response workers, emergency medical technicians, and volunteers making an authorized emergency response. The evaluations may also be requested by any person rendering services as a good samaritan under the Good Samaritan Law.

DISPOSITION OF HUMAN REMAINS T.C.A. § 62-5-704

62-5-704. Circumstances under which rights forfeited.

A person entitled under § 62-5-703 to the right of disposition shall forfeit that right, and the right shall pass on to the next person in accordance with § 62-5-703, in the following circumstances:

(1) Any person convicted of an offense described in § 39-13-202, § 39-13-210, or § 39-13-211, in connection with the decedent's death, and whose conviction or convictions are known to the funeral director; or

(2) Any person who does not exercise the right of disposition within seventy-two (72) hours of notification of the decedent's death or within one hundred and sixty-eight (168) hours of the decedent's death, whichever is earlier.

HISTORY: Acts 2012, ch. 828, § 2.

APPENDIX B

USEFUL LINKS FOR THE MEDICAL EXAMINER

A Guide for Manner of Death Classification, National Association of Medical Examiners:
https://netforum.avectra.com/public/temp/ClientImages/NAME/4bd6187f-d329-4948-84dd-3d6fe6b48f4d.pdf

Funeral Directors Handbook:
https://www.tn.gov/assets/entities/commerce/attachments/FuneralDirectorsHandbook-2012.pdf

Tennessee Department of Health Rules (Vital Records):
http://share.tn.gov/sos/rules/1200/1200-07/1200-07-01.201506328.pdf

The Centers for Disease Control and Prevention:
http://www.cdc.gov/nchs/nvss/writing_cod_statements.htm

Winek's Drug and Chemical Blood Level Data 2001
http://www.abmdi.org/documents/winek_tox_data_2001.pdf

NAME I and A checklist
https://netforum.avectra.com/public/temp/ClientImages/NAME/50bd792b-7ad8-4f8b-b0d4-2dbbe5a91f99.pdf

LexisNexis – Tennessee Code Annotated
http://www.lexisnexis.com/hottopics/tncode/

Appendix C

MEDICAL EXAMINER FORMS

OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 7th FL
710 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243
FAX: 615-401-2532 EMAIL: OSCME.ROI@TN.GOV

Case Number: _____

Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION

County of Death	Last Name	First Name	Middle	Race	Age	Sex

Residential Address	City	County	State	Zip

INDICATION FOR MEDICAL EXAMINER INVESTIGATION

Type of Death: ☐ Violence or Trauma ☐ Suddenly when in apparent health ☐ Prisoner or person in state custody
☐ On the job or related to employment ☐ Threat to public health ☐ Suspected abuse/neglect of extended care resident
☐ Identity is unknown or unclear ☐ Suspicious/unusual/unnatural manner ☐ Found dead ☐ Cremation request
☐ Sudden unexpected death of infants/children (USE SUIDI/SUDC) ☐Jurisdiction Declined (Skip to Narrative Summary)

IDENTIFICATION OF BODY

Preliminary ☐	Viewing ☐	☐ Need Scientific Identification Will need dental records, antemortem x-rays.	Dentist:	
Positive ☐	Photograph ☐		Dentist #:	( )

If by viewing, viewed by:

Name:		Relationship:		Is decedent known to have fingerprints on file?
Address:		Phone #:	( )	☐Yes ☐No

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

Date of Birth: | Marital Status: ☐Single ☐Married ☐Divorced ☐Widowed ☐Unknown

History of Domestic Violence: ☐Yes ☐No | Occupation: Type of Work | Industry: N/A☐

Body Temperature: ☐Cold ☐Warm ☐Refrigerated ☐Other: | Decomposition ☐ Early ☐Advanced ☐None

Rigor Mortis: ☐ 0 ☐ 1 ☐ 2 ☐ 3 | '0' = Absent, '3' = Full | **JAIL/POLICE CUSTODY** ☐Yes ☐No

Livor Mortis: ☐ Absent ☐ Blanchable ☐ Fixed ☐ Anterior ☐ Posterior

Blood/Froth: ☐Nose ☐Mouth ☐Ears ☐Clothing ☐ None ☐Color:

Other: (Dirt, water etc.): ☐Nose ☐Mouth ☐Ears ☐ None

INFORMATION ABOUT OCCURRENCE

ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES (House, Trailer, Apt, Farm, Roadway, Hospital, etc.)
INJURY OR ONSET OF ILLNESS			(Where: Address) (By whom: Name & Phone Number)		
LAST KNOWN TO BE ALIVE			(Where: Address) (By whom: Name & Phone Number)		
FOUND DEAD			(Where: Address) (By whom: Name & Phone Number)		
POLICE NOTIFIED			POLICE AGENCY:	INVESTIGATOR/PHONE NUMBER:	
EMS TRANSPORT TO E.R.		Arrive	HOSPITAL:	BLOOD, URINE obtained in Emergency Room ☐Yes ☐No (**Obtain admission blood/urine & send with the body.**)	
DEATH (PRONOUNCED)			(By Whom/Where: Name & Address)	TOXICOLOGY Ordered: ☐No ☐Yes, specimen site: **(Do not draw toxicology if sending for autopsy.)**	

MEANS OF DEATH (Agency or Object) – IF OTHER THAN NATURAL

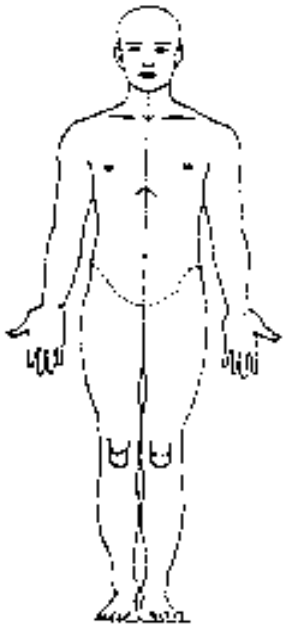
☐	MOTOR VEHICLE INVOLVED	☐Driver (If known) ☐Passenger (If known) ☐Pedestrian ☐Other	☐Lap Belt Used ☐Shoulder Belt Used ☐Helmet ☐Child Restraint	☐Hit-Run ☐Air Bag Deployed ☐Other	☐Passenger Car ☐Truck ☐Motorcycle ☐Bicycle	☐Farm Vehicle ☐Train ☐ATV ☐Other:

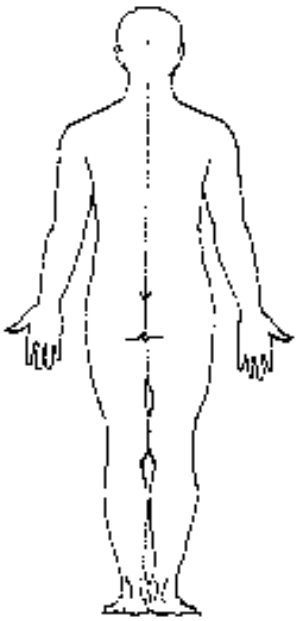
☐	GUN ☐Rifle – Cal. ☐Handgun – Cal. ☐Shotgun – Cal. ☐Unknown Type	☐	OTHER INSTRUMENT: ☐Blunt ☐Sharp ☐Unknown	SURGICALLY TREATED: ☐ Yes: ☐ No	☐	DRUG, POISON, CHEMICAL (Suspected)	☐Alcohol ☐Other Drug, Poison, or Chemical: _____ ☐Unknown	☐ Ingested ☐ Injected ☐ Inhaled ☐ Topical ☐ Unknown

MEDICAL HISTORY

CONDITION: ☐Alcoholism ☐Fractures ☐Cancer ☐Heart Disease ☐Diabetes ☐Seizure ☐Drug Abuse ☐Recent Fall/Injury ☐Lung Disease ☐Other:	FAMILY PHYSICIAN – DOCTOR: ADDRESS: PHONE #: MEDICATIONS (Please use attached Medication Log)
NEXT OF KIN Address and Phone #:	
FUNERAL HOME Address and Phone #:	

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add Sheet if Needed):





Body Viewed by Medical Examiner or Medicolegal Death Investigator: ☐ Yes ☐ No

CAUSE AND MANNER OF DEATH

Presumed Cause of Death:	Date:	☐ NATURAL ☐ HOMICIDE ☐ ACCIDENT ☐ SUICIDE ☐ UNDETERMINED ☐PENDING

I hereby declare that after receiving notice of death described herein, I took charge of the body and made inquiries regarding the cause of death in accordance with Section 38-7-109 Tennessee Code Annotated and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

Medical Examiner/Investigator:	Physician Responsible for Death Certificate:

The accompanying body of _____ is the subject of an investigation by the medical examiner. In accordance with Tennessee Code Annotated 38-7-106, I am ordering an autopsy upon the body.

Order for Autopsy: ☐Yes ☐ No

☐ Was served to the next of kin on _____ at _____

☐ Was unable to locate the next of kin by a diligent search and inquiry.

Authorizing Signature of Medical Examiner or Delegated Investigator: _____

OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 7th FL
710 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243
FAX: 615-401-2532 EMAIL: OSCME.ROI@TN.GOV

Case Number: ___________

Medication Log

Name:		RX#
Pharmacy:	MD/DO:	
Medication:		Dosage:
Date:	# issued:	# left:
Instructions:		

Name:		RX#
Pharmacy:	MD/DO:	
Medication:		Dosage:
Date:	# issued:	# left:
Instructions:		

Name:		RX#
Pharmacy:	MD/DO:	
Medication:		Dosage:
Date:	# issued:	# left:
Instructions:		

Name:		RX#
Pharmacy:	MD/DO:	
Medication:		Dosage:
Date:	# issued:	# left:
Instructions:		

Name:		RX#
Pharmacy:	MD/DO:	
Medication:		Dosage:
Date:	# issued:	# left:
Instructions:		

Name:		RX#
Pharmacy:	MD/DO:	
Medication:		Dosage:
Date:	# issued:	# left:
Instructions:		

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
Division of Reproductive Health
Maternal and Infant Health Branch
Atlanta, Georgia 30333

CDC

Sudden Unexplained Infant Death Investigation

SUIDI Reporting Form

INVESTIGATION DATA

Infant's Last Name	Infant's First Name	Middle Name	Case Number

Sex: ____ Date of Birth: ____ Age: ____ SS#: ____

Race: ☐ White ☐ Black/African Am. ☐ Asian/Pacific Isl. ☐ Am. Indian/Alaskan Native ☐ Hispanic/Latino ☐ Other

Infant's Primary Residence:

Address: ____ City: ____ County: ____ State: ____ Zip: ____

Incident Address: ____ City: ____ County: ____ State: ____ Zip: ____

Contact Information for Witness:

Relationship to deceased: ☐ Birth Mother ☐ Birth Father ☐ Grandmother ☐ Grandfather

☐ Adoptive or Foster Parent ☐ Physician ☐ Health Records ☐ Other Describe: ____

Last: ____ First: ____ M.: ____ SS#: ____

Address: ____ City: ____ State: ____ Zip: ____

Work Address: ____ City: ____ State: ____ Zip: ____

Home Phone: ____ Work Phone: ____ Date of Birth: ____

WITNESS INTERVIEW

1 **Are you the usual caregiver?**

☐ No ☐ Yes

2 **Tell me what happened:**

3 **Did you notice anything unusual or different about the infant in the last 24 hrs?**

☐ No ☐ Yes Specify:

4 **Did the infant experience any falls or injury within the last 72 hrs?**

☐ No ☐ Yes Specify:

5 **When was the infant LAST PLACED?**

Date: ____ Military Time: ____ : ____ Location (room): ____

6 **When was the infant LAST KNOWN ALIVE(LKA)?**

Date: ____ Military Time: ____ : ____ Location (room): ____

7 **When was the infant FOUND?**

Date: ____ Military Time: ____ : ____ Location (room): ____

8 **Explain how you knew the infant was still alive.**

9 **Where was the infant - (P)laced, (L)ast known alive, (F)ound** (write **P**, **L**, or **F** in front of appropriate response)**?**

☐ Bassinet	☐ Bedside co-sleeper	☐ Car seat	☐ Chair
☐ Cradle	☐ Crib	☐ Floor	☐ In a person's arms
☐ Mattress/box spring	☐ Mattress on floor	☐ Playpen	☐ Portable crib
☐ Sofa/couch	☐ Stroller/carriage	☐ Swing	☐ Waterbed
☐ Other - describe:			

WITNESS INTERVIEW (cont.)

10 **In what position was the infant LAST PLACED?** ☐ Sitting ☐ On back ☐ On side ☐ On stomach ☐ Unknown
Was this the infant's usual position? ☐ Yes ☐ No What was the usual position? ☐

11 **In what position was the infant LKA?** ☐ Sitting ☐ On back ☐ On side ☐ On stomach ☐ Unknown
Was this the infant's usual position? ☐ Yes ☐ No What was the usual position? ☐

12 **In what position was the infant FOUND?** ☐ Sitting ☐ On back ☐ On side ☐ On stomach ☐ Unknown
Was this the infant's usual position? ☐ Yes ☐ No What was the usual position? ☐

13 **Face position when LAST PLACED?** ☐ Face down on surface ☐ Face up ☐ Face right ☐ Face left

14 **Neck position when LAST PLACED?** ☐ Hyperextended (head back) ☐ Flexed (chin to chest) ☐ Neutral ☐ Turned

15 **Face position when LKA?** ☐ Face down on surface ☐ Face up ☐ Face right ☐ Face left

16 **Neck position when LKA?** ☐ Hyperextended (head back) ☐ Flexed (chin to chest) ☐ Neutral ☐ Turned

17 **Face position when FOUND?** ☐ Face down on surface ☐ Face up ☐ Face right ☐ Face left

18 **Neck position when FOUND?** ☐ Hyperextended (head back) ☐ Flexed (chin to chest) ☐ Neutral ☐ Turned

19 **What was the infant wearing?** *(ex. t-shirt, disposable diaper)* ☐

20 **Was the infant tightly wrapped or swaddled?** ☐ No ☐ Yes - describe: ☐

21 **Please indicate the types and numbers of layers of bedding both over and under infant (not including wrapping blanket):**

Bedding UNDER Infant	None	Number	Bedding OVER Infant	None	Number
Receiving blankets			Receiving blankets		
Infant/child blankets			Infant/child blankets		
Infant/child comforters (thick)			Infant/child comforters (thick)		
Adult comforters/duvets			Adult comforters/duvets		
Adult blankets			Adult blankets		
Sheets			Sheets		
Sheepskin			Pillows		
Pillows			Other, specify:		
Rubber or plastic sheet					
Other, specify:					

22 **Which of the following devices were operating in the infant's room?**
☐ None ☐ Apnea monitor ☐ Humidifier ☐ Vaporizer ☐ Air purifier ☐ Other - ☐

23 **In was the temperature in the infant's room?** ☐ Hot ☐ Cold ☐ Normal ☐ Other - ☐

24 **Which of the following items were near the infant's face, nose, or mouth?**
☐ Bumper pads ☐ Infant pillows ☐ Positional supports ☐ Stuffed animals ☐ Toys ☐ Other - ☐

25 **Which of the following items were within the infant's reach?**
☐ Blankets ☐ Toys ☐ Pillows ☐ Pacifier ☐ Nothing ☐ Other - ☐

26 **Was anyone sleeping with the infant?** ☐ No ☐ Yes

Name of individual sleeping with infant	Age	Height	Weight	Location in relation to infant	Impairment (intoxication, tired)

27 **Was there evidence of wedging?** ☐ No ☐ Yes - Describe: ☐

28 **When the infant was found, was s/he:** ☐ Breathing ☐ Not Breathing
If not breathing, did you witness the infant stop breathing? ☐ No ☐ Yes

WITNESS INTERVIEW (cont.)

29 **What had led you to check on the infant?**

30 **Describe the infant's appearance when found.**

Appearance	Unknown	No	Yes	Describe and specify location
a) Discoloration around face/nose/mouth				
b) Secretions (foam, froth)				
c) Skin discoloration (livor mortis)				
d) Pressure marks (pale areas, blanching)				
e) Rash or petechiae (small, red blood spots on skin, membranes, or eyes)				
f) Marks on body (scratches or bruises)				
g) Other				

31 **What did the infant feel like when found?** *(Check all that apply.)*

☐ Sweaty ☐ Warm to touch ☐ Cool to touch ☐ Limp, flexible ☐ Rigid, stiff ☐ Unknown

☐ Other - specify:

32 **Did anyone else other than EMS try to resuscitate the infant?** ☐ No ☐ Yes

Who? Date: Military time: :

33 **Please describe what was done as part of resuscitation:**

34 **Has the parent/caregiver ever had a child die suddenly and unexpectedly?** ☐ No ☐ Yes

Explain:

INFANT MEDICAL HISTORY

1 **Source of medical information:** ☐ Doctor ☐ Other healthcare provider ☐ Medical record ☐ Family

☐ Mother/primary caregiver ☐ Other:

2 **In the 72 hours prior to death, did the infant have:**

Condition	Unknown	No	Yes	Condition	Unknown	No	Yes
a) Fever				h) Apnea (stopped breathing)			
b) Diarrhea				i) Decrease in appetite			
c) Excessive sweating				j) Cyanosis (turned blue/gray)			
d) Stool changes				k) Vomiting			
e) Lethargy or sleeping more than usual				l) Seizures or convulsions			
f) Difficulty breathing				m) Choking			
g) Fussiness or excessive crying				n) Other, specify:			

3 **In the 72 hours prior to death, was the infant injured or did s/he have any other condition(s) not mentioned?**

☐ No ☐ Yes - describe:

4 **In the 72 hours prior to the infants death, was the infant given any vaccinations or medications?** ☐ No ☐ Yes

(Please include any home remedies, herbal medications, prescription medicines, over-the-counter medications.)

Name of vaccination or medication	Dose last given	Date given Month	Day	Year	Approx. time (Military Time)	Reason given/comments:
1.						
2.						
3.						
4.						

5 **At any time in the infant's life, did s/he have a history of?**

Medical history	Unknown	No	Yes	Describe
a) Allergies *(food, medication, or other)*				
b) Abnormal growth or weight gain/loss				
c) Apnea *(stopped breathing)*				
d) Cyanosis *(turned blue/gray)*				
e) Seizures or convulsions				
f) Cardiac (*heart*) abnormalities				

6 **Did the infant have any birth defects(s)?** ☐ No ☐ Yes

Describe:

7 **Describe the two most recent times that the infant was seen by a physician or healthcare provider:**
(Include emergency department visits, clinic visits, hospital admissions, observational stays, and telephone calls)

	First most recent visit	Second most recent visit
a) Date		
b) Reason for visit		
c) Action taken		
d) Physician's name		
e) Hospital/clinic		
f) Address		
g) City		
h) State, ZIP		
i) Phone number		

8 **Birth hospital name:** Discharge date:

Street address:

City: State: Zip:

9 **What was the infant's length at birth?** inches or centimeters

10 **What was the infant's weight at birth?** pounds ounces or grams

11 **Compared to the delivery date, was the infant born on time, early, or late?**

☐ On time ☐ Early - how many weeks? ☐ Late - how many weeks?

12 **Was the infant a singleton, twin, triplet, or higher gestation?**

☐ Singleton ☐ Twin ☐ Triplet ☐ Quadrupelet or higher gestation **Birth Order?**

13 **Were there any complications during delivery or at birth?** *(emergency c-section, child needed oxygen)* ☐ Yes ☐ No

Describe:

14 **Are there any alerts to the pathologist?** *(previous infant deaths in family, newborn screen results)* ☐ Yes ☐ No

Specify:

INFANT DIETARY HISTORY

1 **On what day and at what approximate time was the infant last fed?**

Date: Military Time: :

2 **What is the name of the person who last fed the infant?**

3 **What is his/her relationship to the infant?**

4 **What foods and liquids was the infant fed in the last 24 hours** (include last fed)**?**

Food	Unknown	No	Yes	Quantity (ounces)	Specify: (type and brand)
a) Breastmilk (one/both sides, length of time)					
b) Formula (brand, water source - ex. Similac, tap water)					
c) Cow's milk					
d) Water (brand, bottled, tap, well)					
e) Other liquids (teas, juices)					
f) Solids					
g) Other					

5 **Was a new food introduced in the 24 hours prior to his/her death?** No Yes
If yes, describe *(ex. content, amount, change in formula, introduction of solids)*

6 **Was the infant last placed to sleep with a bottle?** Yes No - if no, skip to question **9** below

7 **Was the bottle propped?** (i.e., object used to hold bottle while infant feeds) No Yes

If yes, what object was used to prop the bottle?

8 **What was the quantity of liquid (in ounces) in the bottle?**

9 **Did the death occur during?** Breastfeeding Bottle-feeding Eating solid foods Not during feeding

10 **Are there any factors, circumstances, or environmental concerns that may have impacted the infant that have not yet been identified?** *(ex. exposed to cigarette smoke or fumes at someone else's home, infant unusually heavy, placed with positional supports or wedges)*

No Yes

If yes, - describe:

PREGNANCY HISTORY

1 **Information about the infant's birth mother:**

First name: Last name:
Middle name: Maiden name:
Birth date: SS#:

Street address: City: State: Zip:

How long has the birth mother been at this address? Years: Months:

Previous Address:

2 **At how many weeks or months did the birth mother begin prenatal care?** No prenatal care Unknown

Weeks: Months:

3 **Where did the birth mother receive prenatal care?** *(Please specify physician or other healthcare provider name and address.)*

Physician/provider: Hospital/clinic: Phone:

Street address: City: State: Zip:

PREGNANCY HISTORY (cont.)

4 **During her pregnancy with the infant, did the mother have any complications?** ☐ No ☐ Yes
(ex. high blood pressure, bleeding, gestational diabetes)

Specify:

5 **Was the birth mother injured during her pregnancy with the infant?** *(ex. auto accident, falls)* ☐ No ☐ Yes

Specify:

6 **During her pregnancy, did she use any of the following?**

	Unknown	No	Yes	Daily		Unknown	No	Yes	Daily
a) Over the counter medications					d) Cigarettes				
b) Prescription medications					e) Alcohol				
c) Herbal remedies					f) Other				

7 **Currently, does any caregiver use any of the following?**

	Unknown	No	Yes	Daily		Unknown	No	Yes	Daily
a) Over the counter medications					d) Cigarettes				
b) Prescription medications					e) Alcohol				
c) Herbal remedies					f) Other				

INCIDENT SCENE INVESTIGATION

1 **Where did the incident or death occur?**

2 **Was this the primary residence?** ☐ No ☐ Yes

3 **Is the site of the incident or death scene a daycare or other childcare setting?** ☐ Yes ☐ No - If no, skip to question **8**

4 **How many children (under age 18) were under the care of the provider at the time of the incident or death?**

5 **How many adults (age 18 and over) were supervising the child(ren)?**

6 **What is the license number and licensing agency for the daycare?**

License number: Agency:

7 **How long has the daycare been open for business?**

8 **How many people live at the site of the incident or death scene?**

Number of adults (18 years or older): Number of children (under 18 years old):

9 **Which of the following heating or cooling sources were being used?** *(Check all that apply)*

☐ Central air ☐ Gas furnace or boiler ☐ Wood burning fireplace ☐ Open window(s)
☐ A/C window unit ☐ Electric furnace or boiler ☐ Coal burning furnace ☐ Wood burning stove
☐ Ceiling fan ☐ Electric space heater ☐ Kerosene space heater ☐ Floor/table fan
☐ Electric baseboard heat ☐ Electric (radiant) ceiling heat ☐ Window fan ☐ Unknown

☐ Other - specify:

10 **Indicate the temperature of the room where the infant was found unresponsive:**

☐ Thermostat setting ☐ Thermostat reading ☐ Actual room temp. ☐ Outside temp.

11 **What was the source of drinking water at the site of the incident or death scene?** *(Check all that apply.)*

☐ Public/municipal water ☐ Bottled water ☐ Well ☐ Unknown ☐ Other - Specify:

12 **The site of the incident or death scene has:** *(check all that apply)*

☐ Insects ☐ Mold growth ☐ Smoky smell *(like cigarettes)*
☐ Pets ☐ Dampness ☐ Presence of alcohol containers
☐ Peeling paint ☐ Visible standing water ☐ Presence of drug paraphenalia
☐ Rodents or vermin ☐ Odors or fumes - Describe:

☐ Other - specify:

13 **Describe the general appearance of incident scene:** *(ex. cleanliness, hazards, overcrowding, etc.)*

Specify:

INVESTIGATION SUMMARY

1 **Are there any factors, circumstances, or environmental concerns about the incident scene investigation that may have impacted the infant that have not yet been identified?**

2 **Arrival times** Military time

Law enforcement at scene:	:
DSI at scene:	:
Infant at hospital:	:

Investigator's Notes

1 **Indicate the task(s) performed**

- ☐ Additional scene(s)? (forms attached)
- ☐ Materials collected/evidence logged
- ☐ Notify next of kin or verify notification
- ☐ Doll reenactment/scene re-creation
- ☐ Referral for counseling
- ☐ 911 tape
- ☐ Photos or video taken and noted
- ☐ EMS run sheet/report

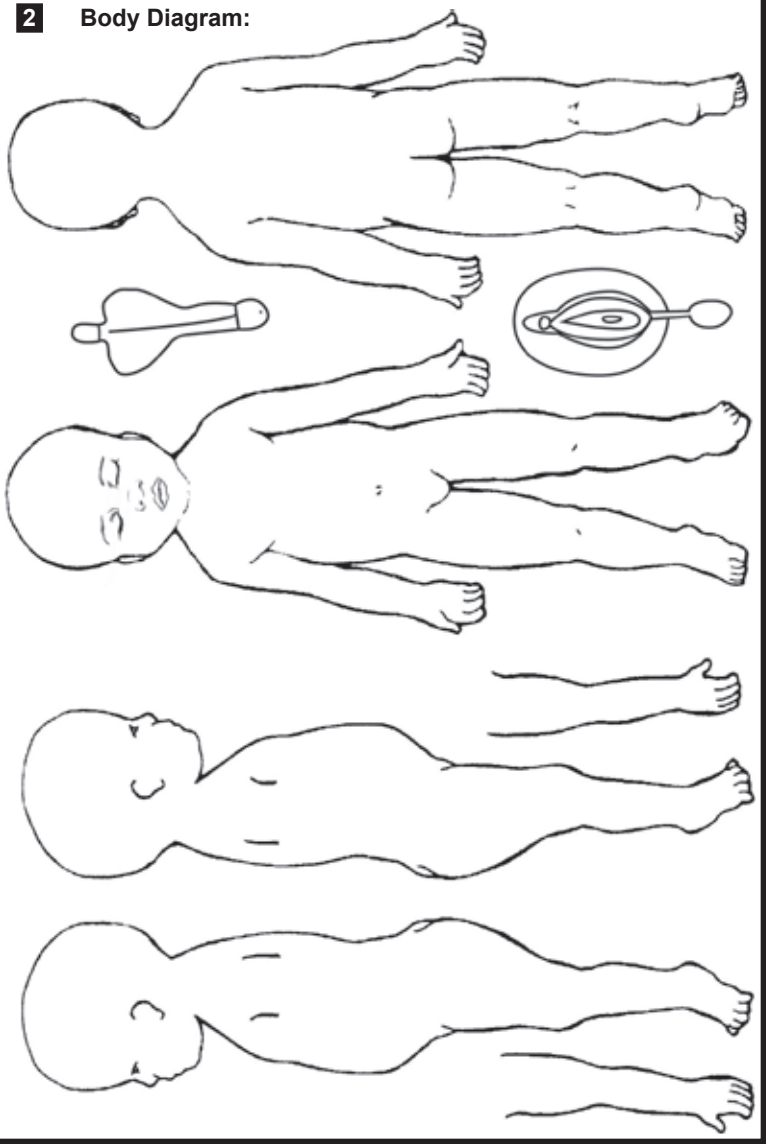
2 **If more than one person was interviewed, does the information differ?** ☐ No ☐ Yes

If yes, detail any differences, inconsistencies of relevant information: *(ex. placed on sofa, last known alive on chair.)*

INVESTIGATION DIAGRAMS

1 **Scene Diagram:**

2 **Body Diagram:**



SUMMARY FOR PATHOLOGIST

Case Information

1 **Investigator information** Name: Agency: Phone:

	Date	Military time
Investigated:		:
Pronounced dead:		:

2 **Infant's information:** Last: First: M: Case #:

Sex: Male Female Date of Birth: Age:

Race: White Black/African Am. Asian/Pacific Islander

Am. Indian/Alaskan Native Hispanic/Latino Other:

Sleeping Environment

1 **Indicate whether preliminary investigation suggests any of the following:**

Infant History

Family Info

Exam

Investigator Insight

Yes	No	
		Asphyxia *(ex. overlying, wedging, choking, nose/mouth obstruction, re-breathing, neck compression, immersion in water)*
		Sharing of sleep surface with adults, children, or pets
		Change in sleep condition *(ex. unaccustomed stomach sleep position, location, or sleep surface)*
		Hyperthermia/Hypothermia *(ex. excessive wrapping, blankets, clothing, or hot or cold environments)*
		Environmental hazards *(ex. carbon monoxide, noxious gases, chemicals, drugs, devices)*
		Unsafe sleep condition *(ex. couch/sofa, waterbed, stuffed toys, pillows, soft bedding)*
		Diet (*e.g., solids introduced, etc.*)
		Recent hospitalization
		Previous medical diagnosis
		History of acute life-threatening events *(ex. apnea, seizures, difficulty breathing)*
		History of medical care without diagnosis
		Recent fall or other injury
		History of religious, cultural, or ethnic remedies
		Cause of death due to natural causes other than SIDS *(ex. birth defects, complications of preterm birth)*
		Prior sibling deaths
		Previous encounters with police or social service agencies
		Request for tissue or organ donation
		Objection to autopsy
		Pre-terminal resuscitative treatment
		Death due to trauma (injury), poisoning, or intoxication
		Suspicious circumstances
		Other alerts for pathologist's attention

Any "Yes" answers above should be explained in detail (description of circumstances):

Pathologist

2 **Pathologist information** Name:

Agency: Phone: Fax:

State of Tennessee
Department of Health

Sudden Unexplained Child Death Investigation Report

For use in children aged 1 year and older

-Investigation Data-

Child's Information:

Last Name:	First Name:		M.
Sex: ☐ M ☐ F	DOB: / /	SS#:	Case#:
Race: ☐ White ☐ Black/African Am. ☐ Asian/Pacific Islander ☐ Other			Ethnicity: ☐ Hispanic/Latino
Primary Address:	City:	St:	Zip:
Incident Address:	City:	St:	Zip:

Contact Information for Witness:

Relationship to the deceased: ☐ Birth Mother ☐ Birth Father ☐ Grandmother ☐ Adoptive or Foster Parents ☐ Physician			
☐ Health Records ☐ Other:_____			
Last Name:	First Name:	M.	SS#
Home Address:	City:	St:	Zip:
Place of work:	City:	St:	Zip:
Phone (H): ( )	Phone (W): ( )	Date of Birth: / /	

-Witness Interview-

1. Tell me what happened:

2. Did you notice anything unusual or different about the child in the last 24 hours? ☐ No ☐ Yes → Describe:

3. Did the child experience any falls or injury within the last 72 hours? ☐ No ☐ Yes → Describe:

4. When was the child **LAST KNOWN ALIVE (LKA)**?	/ /	:	
	Month Day Year	Military Time	Location (Room)
5. When was the child **FOUND**?	/ /	:	
	Month Day Year	Military Time	Location (Room)

6. Explain how you knew the child was still alive.

7. Describe the child's appearance when found.

		Describe and specify location:
a) Discoloration around face/nose/mouth	☐Unknown ☐ No ☐Yes	
b) Secretions (foam, froth)	☐Unknown ☐ No ☐Yes	
c) Skin discoloration (livor mortis)	☐Unknown ☐ No ☐Yes	
d) Pressure marks (pale areas, blanching)	☐Unknown ☐ No ☐Yes	
e) Rash or petechiae (small red blood spots on skin, membranes, or eyes)	☐Unknown ☐ No ☐Yes	
f) Marks on body (scratches or bruises)	☐Unknown ☐ No ☐Yes	
g) Other	☐Unknown ☐ No ☐Yes	

8. What did the child feel like when found? (Check all that apply)

☐ Sweaty ☐ Limp, flexible ☐ Warm to touch ☐ Rigid, stiff ☐ Cool to touch ☐ Unknown

☐ Other, specify:

9. Did anyone else other than EMS try to resuscitate the child? ☐ No ☐Yes Who:_____ When: / / (Month Day Year) : (Military Time)

10. Please describe what was done as part of the resuscitation:

11. Has the parent/caregiver ever had a child die suddenly and unexpectedly? ☐ No ☐ Yes → Describe:

-Child Medical History-

1. Source of medical information:

☐ Doctor ☐ Other health care provider ☐ Medical record ☐ Parent/primary caregiver ☐ Family ☐ Other

2. In the 72 hours prior to death, did the child have:

a) Fever	☐Unknown ☐ No ☐Yes	h) Diarrhea	☐Unknown ☐ No ☐Yes
b) Excessive sweating	☐Unknown ☐ No ☐Yes	i) Stool changes	☐Unknown ☐ No ☐Yes
c) Lethargy or sleeping more than usual	☐Unknown ☐ No ☐Yes	j) Difficulty breathing	☐Unknown ☐ No ☐Yes
d) Fussiness or excessive crying	☐Unknown ☐ No ☐Yes	k) Apnea (stopped breathing)	☐Unknown ☐ No ☐Yes
e) Decrease in appetite	☐Unknown ☐ No ☐Yes	l) Cyanosis (turned blue/gray)	☐Unknown ☐ No ☐Yes
f) Vomiting	☐Unknown ☐ No ☐Yes	m) Seizures or convulsions	☐Unknown ☐ No ☐Yes
g) Choking	☐Unknown ☐ No ☐Yes	n) Other, specify:	

3. In the 72 hours prior to death, was the child injured or did s/he have any other condition(s) not mentioned? ☐No ☐Yes →Describe:

4. In the 72 hours prior to death, was the child given any medications or vaccinations? ☐ No ☐ Yes → List Below: (please include any home remedies, herbal medications, over-the-counter medications)

Name of medication or vaccination	Dose last given	Date given (Month Day Year)	Approx. Time (Military Time)	Reason given/comments:
		/ /	:	
		/ /	:	
		/ /	:	
		/ /	:	

5. At any time in the child's life, did s/he have a history of?		Describe
a) Allergies (food, medication or other)	☐Unknown ☐ No ☐Yes →	
b) Abnormal growth or weight loss/gain	☐Unknown ☐ No ☐Yes →	
c) Apnea (stopped breathing)	☐Unknown ☐ No ☐Yes →	
d) Cyanosis (turned blue/gray)	☐Unknown ☐ No ☐Yes →	
e) Seizures or convulsions	☐Unknown ☐ No ☐Yes →	
f) Cardiac (heart) abnormalities	☐Unknown ☐ No ☐Yes →	
g) Other	☐Unknown ☐ No ☐Yes →	

6. Did the child have any birth defects? ☐ No ☐ Yes → Describe:

7. Describe the two most recent times that the child was seen by a physician or health care provider: (Include emergency department visits, clinic visits, hospital admissions, observational stays, and telephone calls)

	First most recent visit	Second most recent visit
a) Date	_____/_____/_____ Month Day Year	_____/_____/_____ Month Day Year
b) Reason for visit:		
c) Action taken:		
d) Physician's Name:		
e) Hospital/Clinic:		
f) Address:		
g) City, Zip code:		
f) Phone number:	( ) -	( ) -

8. Birth Hospital Name:

Street Address:					
City:		State:		Zip code:	

-Incident Scene Investigation-

1. Where did the incident or death occur?

2. Was this the primary residence? ☐ No ☐ Yes

3. Is the site of the incident or death scene a daycare or other childcare setting? ☐ Yes ☐ No → Skip to question **8** below

4. How many children were under the care of the provider at the time of the incident or death? _____ (Under 18 years old)

5. How many adults were supervising the child(ren)? _____ (18 years or older)

6. What is the license number and licensing agency for the daycare?

License Number:		Agency:	

7. How long has the daycare been open for business?

8. How many people live at the site of the incident or death scene?

Number of adults (18 years or older):		Number of children (under 18 years old):	

9. Which of the following heating or cooling sources were being used? (Check all that apply)

☐ Central air	☐ Window fan	☐ Electric (radiant) ceiling heat	☐ Open window(s)
☐ A/C window unit	☐ Gas furnace or boiler	☐ Wood burning fireplace	☐ Wood burning stove
☐ Ceiling fan	☐ Electric space heater	☐ Coal burning furnace	☐ Unknown
☐ Floor/table fan	☐ Electric baseboard heat	☐ Kerosene space heater	
☐ Other, specify:			

10. Describe the general appearance of the incident scene: (ex. Cleanliness, hazards, overcrowding, etc.)

-Investigation Summary-

1. Are there any factors, circumstances, or environmental concerns about the incident scene investigation that may have impacted the child that have not yet been identified?

2. Arrival times:

Law enforcement at scene:	: Military time	DSI at scene:	: Military time	Child at hospital:	: Military time

-Investigator's Notes-

Indicate the task(s) performed:

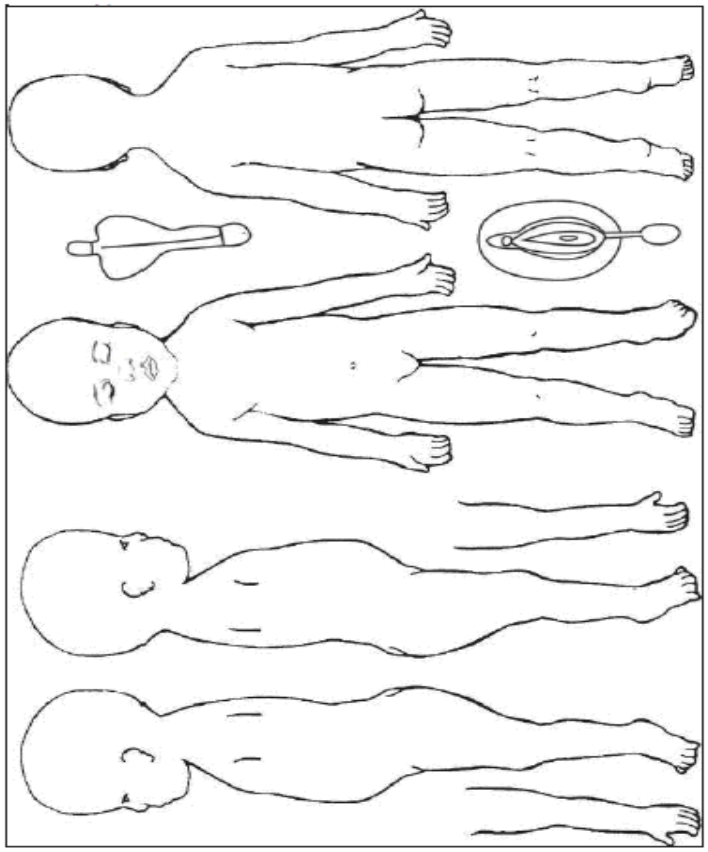
☐ Additional scenes(s)? (Forms attached)	☐ Doll reenactment/scene re-creation	☐ Photos or video taken and noted
☐ Materials collected/evidence logged	☐ Referral for counseling	☐ EMS run sheet/report
☐ Notify next of kin or verify notification	☐ 911 tape	
☐ Other (explain)		

If more than one person was interviewed, does the information differ? ☐ No ☐ Yes → Detail any differences, inconsistencies of relevant information: (ex. Placed on sofa, last known alive on chair)

-Investigation Diagrams-

Scene Diagram:

Body Diagram:



Lead Death Investigator or Designee:

Signature:	Title:	Date:
Signature:	Title:	Date:

-Summary for Pathologist-

Case Information

Investigator Information:

Name:	Agency:	Phone:

Investigated:	/ /	:	Pronounced dead:	/ /	:
	Month Day Year	Military Time		Month Day Year	Military Time

Child Information:

Last Name:	First:	M.	Case#
Sex: ☐ Male ☐ Female	Date of Birth: / /	Age: _____Years _____Months	
Race: ☐ White ☐ Black/African Am. ☐ Asian/Pacific Islander ☐ Other		Ethnicity: ☐ Hispanic/Latino	

Sleeping Environment

1. Indicate whether preliminary investigation suggests any of the following:

☐ Yes ☐ No	Asphyxia (ex. Wedging, choking, nose/mouth obstruction, neck compression, immersion in water)
☐ Yes ☐ No	Hyperthermia/Hypothermia (ex. Hot or cold environments)
☐ Yes ☐ No	Environmental hazards (ex. Carbon monoxide, noxious gases, chemicals, drugs, devices)

Child History

☐ Yes ☐ No	Recent hospitalization
☐ Yes ☐ No	Previous medical diagnosis
☐ Yes ☐ No	History of acute life-threatening events (ex. Apnea, seizures, difficulty breathing)
☐ Yes ☐ No	History of medical care without diagnosis
☐ Yes ☐ No	Recent fall or other injury
☐ Yes ☐ No	History of religious, cultural, or ethnic remedies
☐ Yes ☐ No	Cause of death due to natural causes other than SIDS (ex. Birth defects, complications of pre-term birth)

Family Info

☐ Yes ☐ No	Prior sibling deaths
☐ Yes ☐ No	Previous encounters with police or social service agencies
☐ Yes ☐ No	Request for tissue or organ donation
☐ Yes ☐ No	Objection to autopsy

Exam

☐ Yes ☐ No	Pre-terminal resuscitative treatment
☐ Yes ☐ No	Death due to trauma (injury), poisoning, or intoxication

Investigator Insight

Any "Yes" answers should be explained and detailed. Brief description of circumstances:

Pathologist

2. Pathologist Information:

Name:	Agency:
Phone: ( ) -	Fax: ( ) -

OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 7th FL
710 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243
PHONE: 1-844-860-4511 FAX: 615-401-2532
HEALTH.OSCME@TN.GOV

Order for Autopsy

PART I

Date: _____

To Pathologist: _____

Address: _____

The accompanying body of _____ is the subject of an investigation

by the medical examiner of County _____ In accordance with Tennessee

Code Annotated § 38-7-106, I am ordering an autopsy upon the body.

The District Attorney General has been or will be notified. The next of kin has been or will be notified as per Tennessee Code Annotated § 38-7-106.

Brief History:

_____

_____

_____

_____

Additional Information can be obtained by calling: _____

_____ _____

Signature of Medical Examiner | Name of Medical Examiner

_____ _____

Signature of District Attorney | Name of District Attorney

PART II
NEXT OF KIN NOTIFICATION
(To be completed by person serving notice)

This notice came to hand on _____ at _____ and:

☐ Was served to the next of kin on _____ at _____
☐ Was unable to locate the next of kin by a diligent search and inquiry.

_____ _____

Name | Title

_____ _____

Signature | Date Signed

OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 7th FL
710 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243
FAX: 615-401-2532 EMAIL: OSCME.ROI@TN.GOV

Case Number: _____

Evidence/Chain of Custody

DEMOGRAPHIC INFORMATION				
County of Death	Last Name	First Name	Middle	CME/CMEI

EVIDENCE INVENTORY

CHAIN OF CUSTODY			
Printed Name/Agency From	Printed Name/Agency To	Date	Time

Released by (Signature)_____ Received by (Signature)_____

NOTARIZED AFFADAVIT OF CHANGE

Tennessee Office of Vital Records
First Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243

Please correct the death certificate for _____, date of death _____,

which occurred in _____ County, as specified below:

Item _____: As reads, "_____"

Change to "_____"

Reason for change: _____

Signed _____

Sworn and subscribed before me, this _____ day of _____, 20____, in the County of

_____, State of Tennessee.

Deaths Which Must Be Reported to the County Medical Examiner

Deaths due to or related to any type of violence or trauma

Deaths due or related to acute overdose of legal or illegal drugs and/or alcohol

Sudden, unexpected deaths of infants and children

Deaths of adults lacking a medical diagnosis which could reasonably result in death

Deaths due to drowning

Deaths due to thermal or chemical burns, or smoke inhalation

Death by disease, injury, or toxicity resulting from employment

Deaths of prisoners

Deaths due to hypo– or hyperthermia

Death of a fetus greater than 20 weeks gestation or weighing at least 350 grams resulting from maternal trauma or acute drug use

Deaths due or related to any of the above or any other non-natural event, **regardless of the time elapsed between the injury and death. If death is related in any way to a discrete injury or poisoning event, the period of time between the non-natural event and the death is irrelevant.** Examples of delayed deaths include:

* An elderly person who dies months after becoming bedridden from a fall
* A person who dies of urosepsis due to paraplegia following a car crash years before
* A person who develops pneumonia as the result of anoxic brain injury after choking on food

Tennessee Code Annotated § 38-7-108-a :

Any physician, undertaker, law enforcement officer, or other person having knowledge of the death of any person from violence or trauma of any type, suddenly when in apparent health, sudden unexpected death of infants and children, deaths of prisoners or persons in state custody, deaths on the job or related to employment, deaths believed to represent a threat to public health, deaths where neglect or abuse of extended care residents are suspected or confirmed, deaths where the identity of the person is unknown or unclear, deaths in any suspicious/unusual/unnatural manner, found dead, or where the body is to be cremated, shall immediately notify the county medical examiner or the district attorney general, the local police or the county sheriff, who in turn shall notify the county medical examiner. The notification shall be directed to the county medical examiner in the county in which the death occurred.

TN Department of Health

Invoice #_____
State Use Only

CERTIFICATION AND CLAIM FOR MEDICAL EXAMINER SERVICE
UNDER THE POSTMORTEM EXAMINATION PROGRAM

CLAIM FOR FEE(S) – Report of Investigation (ROI)

Claim for payment for services rendered is made to the Tennessee Department of Health through its postmortem examination program in accordance with the established fee schedule. This form is to claim reimbursement for expenses associated with Reports of Investigation completed under the postmortem examination program. A copy or copies of invoice(s) from the Medical Examiner Office should be attached to this claim.

DA	1751645
Allotment Code:	343.01-010700
Total Amount of Claim:	$
Time Period Covered: (Date of Deaths)	-
Date of Claim:	
Please Make Check Payable To:	
Edison Vendor ID:	
Signature of County Mayor or Designee:	
Mail Payment To:	
Approved for Payment: (State use Only)	Fran Wheatley ☐ Andrew Wilson ☐

For ACCOUNTS MANAGEMENT OFFICE USE ONLY		
PO# LINE# RECEIPT#		TDOH AGENCY INVOICE#
EDISON CONTRACT#		
EDISON VENDOR#	EDISON ADDRESS LINE#	VOUCHER#

OFFICE OF THE STATE CHIEF MEDICAL EXAMINER
DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 7th FL
710 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243
PHONE: 615-837-5039 FAX: 615-401-2532
HEALTH.OSCME@TN.GOV

_____COUNTY

Invoice #:

Invoice Date:

ROI - INVOICE

Case Number	Date of Death	Last Name (Decedent)	First Name (Decedent)	CME/CMEI	Fee $25	Received by OSCME (State use Only)

Total:

OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

STATE OF TENNESSEE, DEPARTMENT OF HEALTH
BOX 70431, JOHNSON CITY, TN 37614-1704
PHONE: 423-439-8403 FAX: 423-439-8810
HEALTH.OSCME@TN.GOV

Autopsy Report Request Form

To obtain a copy of the autopsy report, please send the following information to:
Office of the State Chief Medical Examiner, Box 70431, Johnson City, TN 37614-1704

Name of Deceased: _____

County of Death: _____

Date of Death: _____

Please mail a copy of the report to:
(Mailing address/print clearly):

_____
Printed Name of Requestor

_____
Street Address

_____
City, State and Zip Code

_____
Email Address

☐ Check box if preferred method of autopsy report is electronic.

_____
Signature (REQUIRED)

_____
Relationship to Deceased

_____
Phone Number

PLEASE NOTE:

The requestor needs to send completed request to:

Office of the State Chief Medical Examiner
C/O Margaret Hyder
State of Tennessee Department of Health
P.O. Box 70431
Johnson City, TN 37614-1704
Office: (423) 439-8403 Fax: (423) 439-8810 Email: Health.OSCME@TN.Gov