Arkansas State Crime Laboratory

Medical Examiner Procedure Manual

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I INTRODUCTION

The main purpose of this document is to define policies and procedures followed by the Medical Examiner Section of the Arkansas State Crime Laboratory (ASCL). While the descriptions of policies and procedures contained in this document are intended to be as comprehensive as possible, occasional modifications to the manual will be necessary due to changes in personnel, resources, and medical/scientific knowledge. The complete procedure manual will be reviewed annually and revised when necessary. Any necessary changes will be made; Qualtrax will record when and where changes have occurred. This manual will be available electronically on Qualtrax.

The Medical Examiner Procedure Manual does not cover policies and procedures related to health and safety. The ASCL has a separate health and safety manual which all ASCL employees, including those in the ME Section, are expected to have read and follow. There is also a separate ASCL handbook that covers personnel issues. This also applies to employees of the ME Section. The health and safety manual, and the personnel handbook are both available electronically on Qualtrax.

II FACILITY

The Medical Examiner Section of the ASCL is located at #3 Natural Resources Drive in Little Rock, Pulaski County, Arkansas, 72215.

The facility is shared with ASCL Administration, and other forensic science disciplines. These include Toxicology, Forensic Chemistry, Physical Evidence, DNA, CODIS, Latent Prints, Firearms and Toolmarks, and Digital Evidence. There is also an Evidence Receiving Section responsible for receiving, storing, and release of evidence.

The Medical Examiner Section occupies portions of three floors within the facility.

- Medical Examiner and clerical offices are located on the first floor.
- The examination rooms, refrigerated storage, and body receiving areas are in the basement level.
- The histology laboratory is located on the third floor.

The facility is technically owned by the Arkansas Building Authority (ABA) and is leased on a biennial basis by the ASCL. The ABA is an independent agency of the Arkansas State Government. The ASCL is the only agency within the building.

A. BUILDING MAINTENANCE

i. Facility maintenance is provided by the ABA.
ii. This maintenance is comprehensive in nature, and includes the physical integrity of the building, heating and cooling systems, plumbing, electrical systems, lighting, phone lines, the security system, outdoor maintenance, and the morgue refrigerator and freezer.
iii. There is an assigned ABA employee who serves as the building manager.
iv. Any issues related to building maintenance are reported to ASCL administration, which then contacts the ABA building manager.

B. HOUSEKEEPING

i. Housekeeping services are provided by contract through ABA.
   a. These services included daily cleaning of restrooms, daily trash pick-up, weekly vacuuming of carpets, weekly power cleaning of the tile floors in the autopsy rooms and morgue cooler, and monthly waxing of tile floors.
   b. Individuals under contract by the ABA to provide housekeeping services for the ASCL must pass a background check prior to working in the facility.

C. FACILITY SECURITY

i. The ASCL is closed to the public. Visitors must enter through the secured front door, sign a visitor log, receive a visitor badge, and be escorted to their appointments.
ii. The security system includes recorded video surveillance of key interior locations, access areas to the ASCL, and parking lots.
iii. All ASCL employees are issued coded security/identification fobs and photo IDs.

iv. The security/identification fobs are personalized for each employee. ASCL administration determines where each individual employee is authorized to be present within the facility.

v. Access to the pathology examination area is limited to administration, Medical Examiners, morgue technicians, histotechnologists, field investigators, and others deemed necessary by the Executive Director. ME clerical staff and other ASCL employees do not have access to the examination area.

vi. The ME clerical area is open to all ASCL employees during normal business hours; during this time it can only be accessed by non-ME personnel through the clerical office. At all other times, it is locked and can only be accessed by ME personnel and ASCL administration.

vii. The histotechnology lab is accessible only to the histotechnologists, ME's, and administration.

viii. In the event of an emergency security breach, administration is to be immediately notified. If necessary, they will contact law enforcement for assistance.

ix. In the event of a nonemergency security breach, administration is to be immediately notified.

III STATUTES

Statutory authority for the establishment and functions of the ASCL are detailed in ACA 12-12-301 through 12-12-326. Copies of these statutes are included in Appendix 1.

IV STAFF

Current staffing for the Medical Examiner (ME) Section of the ASCL is described below. The organizational chart for the ME section is included in Appendix 2.

A. MEDICAL STAFF

i. Chief Medical Examiner

By statute (ACA 12-12-307), the Chief (or State) Medical Examiner has to be a US citizen and a licensed physician in the State of Arkansas. The Chief is also required to have at least three years of postgraduate training in human pathology and one year of experience in medicolegal practice. The Chief is also required to be certified by the American Board of Pathology in Forensic Pathology, or eligible for board certification. The Executive Director of the State Crime Laboratory shall appoint and employ a State Medical Examiner with the approval of the State Crime Laboratory Board. The executive director may remove the examiner only for cause and with the approval of the board.

ii. Assistant Chief Medical Examiner

Qualifications for the Assistant Chief Medical Examiner are the same as the Chief Medical Examiner. The Assistant Chief Medical Examiner is responsible for supervising the investigative functions of the Medical Examiner section. The Chief Forensic Investigator reports directly to the Assistant Chief Medical Examiner. In the absence of the Chief Medical Examiner, the Assistant Chief Medical Examiner supervises all functions of the Medical Examiner section.

iii. Associate Medical Examiners

According to ACA 12-12-307, the Associate Medical Examiners must be US citizens, and licensed to practice medicine in Arkansas. They are also required to have a minimum of three years postgraduate training in human pathology and a year of experience in medicolegal practice. Board certification or eligibility is not required by statute. It is the office policy that all Associate Medical Examiners must have successfully completed postgraduate training approved by the Accreditation Council of Graduate Medical Education (ACGME) in both anatomic and forensic pathology. Newly-hired Associate Medical Examiners are required to be certified by the American Board of Pathology in anatomic and forensic pathology, or achieve certification within 2 years of hire. Board certification is not a requirement for Associate Medical Examiners hired prior to initiation of the latter policy. One Associate Medical Examiner with board certification will be appointed Deputy Chief Medical Examiner.

Policies and procedures regarding professional functions of the Medical Examiners are described later in the manual.

B. INVESTIGATIVE STAFF

i. Chief Forensic Investigator

The investigative staff is headed by a Chief Investigator. It is required that the Chief Investigator have at least five years professional experience in death investigation, law enforcement, or a medical related field. The Chief Investigator is also expected to hold basic certification by the American Board of Medicolegal Death Investigators (ABMDI), or achieve such certification within a year of hire. If the Chief Investigator does not already have advanced certification by the ABMDI it must be obtained within 2 years after achieving basic certification. The Chief Investigator will be required to obtain continuing education and maintain advanced certification. Unless already trained to do so, the Chief Investigator, along with all the other forensic investigators, will receive specific instruction on how to collect and preserve evidence, including biological fluid evidence from cases of suspected sexual assault. The Chief Investigator is also required to successfully complete basic supervisory training provided to state employees.

ii. **Forensic Investigators**

Forensic investigators are required to have a high school diploma or equivalent. They must have prior experience as a death investigator, a forensic technician, or law enforcement officer. Experience in a medical-related field or formal higher education in an appropriate discipline will also qualify an individual for this position. The forensic investigators are required to either hold basic certification by the ABMDI or achieve basic certification within two years of hire. After achieving basic certification, the forensic investigators will be required to obtain continuing education and maintain basic certification. Unless already trained to do so, forensic investigators will be instructed to properly obtain and preserve evidence, including biological fluid samples from cases of suspected sexual assault. Forensic investigators are responsible for transporting bodies to the ASCL for examination. A good driving record is necessary; a candidate cannot be considered for this position if they have a prior DUI/DWI conviction or any moving traffic violations within three years. Candidates must pass a background check and be able to safely lift moderately heavy loads.

As of 7/1/2015, forensic investigators will be cross-trained to perform some tasks normally done by autopsy technicians. These tasks may include moving bodies, taking x-rays, taking photos, assisting with evidence collection, evidence processing, and cleaning. They will not be required to directly assist pathologists during autopsies, but may volunteer for training in this area if they desire.

Policies and procedures involving the forensic investigators are described later in the report.

C. CLERICAL STAFF

i. **Office Manager**

Clerical operations are supervised by the Office Manager. This individual must have, at minimum, a high school degree or equivalent. The office manager must also successfully complete basic supervisory training provided to state employees. The office manager supervises the transcriptionists, subpoena coordinator, and medicolegal secretary. This

individual also acts as the Administrative Assistant to the Chief Medical Examiner, and provides backup for other members of the clerical staff.

ii. **Transcriptionists**

The duties of the transcriptionists are to type the written autopsy protocols dictated by the Medical Examiners, type correspondence, and finalize autopsy reports.

iii. **Subpoena Coordinator**
This individual keeps the Medical Examiner subpoena calendar and coordinates other scheduled events, such as meetings, depositions, and time off. This individual also answers the phone, files documents, scans documents into JusticeTrax, and performs other duties as required.

iv. **Medicolegal Secretary**
This individual types death certificates, answers the phone, files documents, scans documents into JusticeTrax, and performs other duties as required.

v. **Public Relations Liaison**
This individual handles inquiries from the public regarding examinations performed by the Medical Examiner. This includes limited release of autopsy information to family members, and arranging discussion between the Medical Examiner and family members when appropriate. This individual is also responsible for mailing out autopsy reports. The liaison also provides backup for other members of the clerical staff, and performs other duties as required.

Policies and procedures involving the clerical staff are described later in this manual

D. HISTOTECHNOLOGISTS

The Medical Examiner Section has two histotechnologists. One functions as the head histotechnologist and supervises the other. The head histotechnologist must successfully complete basic supervisory training provided by the state.

The histotechnologists are required to have successfully completed an approved training program.

The histotechnologists are required to be certified in histotechnology by the American Society of Clinical Pathology (ASCP), or achieve certification within 2 years of hire.

Policies and procedures involving the histotechnologists are described in detail later in this manual.

E. MORGUE STAFF

i. **Chief Autopsy Technician**
Chief Autopsy Technician oversees the morgue staff and also assists the Medical Examiner during autopsies. This position does not require formal education beyond the level of high school graduate (or equivalent). It does require at least 6 months prior experience as a forensic autopsy technician, or prior experience in a medical-related field. This individual must successfully complete basic supervisory training provided by the state within a year of assuming the position. The Chief Autopsy Technician is also responsible for training

new autopsy technicians. The Chief Autopsy Technician may also act as the autopsy evidence technician, or elect to have one of the autopsy technicians perform this function.

ii. **Autopsy Technicians**

Autopsy technicians assist the Medical Examiners during autopsies. The technicians are all cross-trained to take autopsy photographs. Some are cross-trained to process evidence. As of 7/1/2015, the autopsy technicians will be cross-trained to perform some tasks typically performed by the investigators. These additional duties may include body transport, receiving bodies, releasing bodies, communicating with submitting agencies, generating reports, and data entry. An autopsy technician must be a high school graduate (or equivalent), and need not have a background in science, medicine, or investigation. Individuals without prior experience will be trained on the job.

The policies and procedures followed by autopsy technicians will be described later in this manual.

iii. **Forensic Autopsy Photographer**

This individual's primary responsibility is to take autopsy photographs. This individual must be a high school graduate or equivalent. Formal training in photography is not required. The photographer must also possess or acquire computer skills in order to archive and process digital images. This individual is supervised by the Chief Medical Examiner.

Responsibilities of the photographer are described later in this manual.

F. OUTSIDE EMPLOYMENT POLICY FOR ME PERSONNEL

i. All ME personnel are expected to comply with the general guidelines for outside employment set forth in section 2.1 of the ASCL Personnel Manual.

ii. For the Medical Examiners, there are additional guidelines if the employment involves the practice of medicine.

   a. The employment must be approved in advance by the Chief Medical Examiner.
   b. At the discretion of the Chief Medical Examiner, authorization from the ASCL Executive Director or ASCL Crime Lab Board may be required.
   c. Every 6 months, each ME will submit a summary of outside professional activities to the Chief ME for review. The summary will include the type of activity (e.g. autopsy, consultation) and the number of times said activity was performed during the 6 month period. These are due on 7/15 and 1/15.
   d. The ability to perform professional activities is a privilege, and not a right. This privilege may be revoked at any time by the Chief ME, the ASCL Executive Director, or the Crime Lab Board.

V DEATH INVESTIGATION SYSTEM

A. INTRODUCTION

Arkansas has what is commonly referred to as a mixed death investigation system. Each county has a coroner who may be either elected or appointed. The county coroners, along with law enforcement officials, are primarily responsible for the initial investigation of any sudden, unusual, or suspicious deaths. If local authorities believe that postmortem examination is necessary to satisfactorily complete a death investigation, the body may be referred to the Medical Examiner section of the Arkansas State Crime Laboratory for examination.

B. CORONER SELECTION, QUALIFICATIONS, AND DUTIES

i. Coroners are either elected to two year terms or are appointed.

ii. The decision to appoint the coroner is determined by a majority vote in the county Quorum Court.

iii. Appointed coroners are selected by the Chief Executive Officer of the county (the County Judge). Appointed coroners serve at the pleasure of the County Judge.

iv. By statute, when certain deaths take place within a county, the county coroner is to be notified. Such deaths are defined by statute (A.C.A. 12-12-315; see appendix 1).

v. For these reportable deaths, the coroner and/or other authorized individuals may request a forensic medical examination from the ASCL. Individuals and agencies authorized to request forensic medical examination are defined by statute (ACA 12-12-318; see Appendix 1). If forensic examination is necessary, the ASCL is then contacted.

vi. In cases where there is consensus that a forensic medical examination is not needed, the coroner is responsible for signing the death certificate and initial disposition of the body. This includes cases where the coroner has consulted with the State Medical Examiner.

vii. Local authorities authorized to submit bodies to the ASCL for forensic medical examination are required to provide the Medical Examiner with all pertinent investigative information (ACA 12-12-311).

C. CASE SELECTION

i. Individuals authorized to do so by ACA 12-12-318 may request a forensic medical examination, when the death belongs to one of the categories defined in ACA 12-12-315. If the State Medical Examiner is notified of a death which meets criteria defined by ACA 12-12-315, and the county coroner has not been notified, and the reporting party is not authorized to request an examination by ACA 12-12-318, then the State Medical Examiner will notify the county coroner.

ii. Firefighters and law enforcement officers who die in the line of duty are required to have a complete autopsy performed at the ASCL (Appendix 1; ACA 12-12-326); Arkansas Statutes otherwise do not mandate performance of an autopsy for any deaths defined by ACA 12-12-315.

iii. Since forensic medical examinations may be requested only by local authorities defined by ACA 12-12-318, it is vitally important that authorized parties understand and follow

guidelines set forth by the National Association of Medical Examiners (NAME) regarding cases that require autopsy.

iv. The State Medical Examiner has compiled and distributed a set of guidelines for coroners and other individuals defined by ACA 12-12-318. These guidelines indicate which cases should be sent for autopsy, and directly reflect NAME autopsy performance standard B3. (Appendix 3)

D. MEDICAL EXAMINER CONSULTS

i. On occasion, local authorities (usually county coroners) investigate deaths that may or may not need forensic medical examination at the ASCL. When this occurs, they are encouraged to call the ASCL and consult with one of the Medical Examiners.

ii. If forensic medical examination is necessary, arrangement for transport to the ASCL will be made.

iii. A Medical Examiner Consultation (MEC) is appropriate when the cause and manner of death are reasonably known, the death does not fall into any of the categories described in NAME Autopsy Standard B3, and forensic medical examination is unlikely to yield any additional significant information regarding the death. Essentially, if the available information indicates the case would only require an external examination if sent to the ASCL, an MEC is appropriate.

iv. If an MEC is performed, it is assigned an MEC number, and entered in a log book.

v. The consulting ME will prepare a report using the Medical Examiner Consultation Form (ME-FORM-37) located in Qualtrax. Information on the MEC report includes the date, the reporting party, the name, age, and sex of the deceased, a short summary of the history, and a recommendation for cause and manner of death. It is signed by the consulting ME and sent by fax or mailed to the reporting party. The original is kept on file at the State Medical Examiner's office.

vi. The MEC may also be used to assist coroners with interpretation of reports and assistance with death certification.

E. MEDICAL EXAMINER DUTIES AND RESPONSIBILITIES

i. The State Medical Examiner has no primary jurisdictional control over the investigation of any deaths that occur in Arkansas.

ii. The Medical Examiner's section of the ASCL serves as a referral agency for County coroners, law enforcement officials, and other entities authorized by statute to request postmortem examinations.

iii. The Medical Examiner section is required to perform a forensic medical examination in all instances where the requests have been made by individuals or entities authorized to do so by ACA 12-12-318. The Medical Examiner determines the appropriate type of forensic medical examination for each submitted case.

iv. Information from death scenes is provided by the submitting agency. Through ACA 12-12-311, local authorities are mandated to provide the State Medical Examiner with any requested investigative information. This includes investigative reports, scene diagrams, scene photos, videos, interview transcripts, or any other information deemed necessary by the Medical Examiner to determine the cause and manner of death.

v. A forensic medical examination may consist either of an external examination, a partial (or limited) autopsy, or a full autopsy.
vi. Because the Medical Examiner section functions as a referral agency with no primary investigative powers or jurisdictional control, scene investigation by the Medical Examiner or Medical Examiner's staff is only rarely performed. When done, it is at the request of agencies primarily responsible for the death investigation.
vii. In cases referred to the Medical Examiner for forensic medical examination, the Medical Examiner assumes the obligation of assigning cause and manner of death, completion of an appropriate death certificate, and production of an autopsy report.

F. OBJECTION TO EXAMINATION

i. Objection to postmortem examination may be based on a family's personal, religious, or cultural beliefs.
ii. When notified of an objection, the Medical Examiner staff is expected to respond with respect and sensitivity.
iii. The investigator assigned to the case will inquire as to the specific nature of the objection, determine how to contact a family representative, and notify the Chief Medical Examiner or the Deputy Chief Medical Examiner.
iv. The Chief Medical Examiner or the Deputy Chief Medical Examiner will assess the case and determine the necessary level of examination (i.e. full autopsy, limited autopsy, or external inspection).
v. The Chief Medical Examiner or Deputy Chief Medical Examiner will personally contact the family representative to explain the specifics of the examination process.
vi. After consultation with the family, if there is no longer an objection, the examination may then be conducted.
vii. If the family continues to object to the examination, the Chief Medical Examiner or the Deputy Chief Medical Examiner will contact the ASCL attorney and the prosecutor from the jurisdiction in which the death took place. After discussion, a decision will be made collectively regarding the level of examination.
viii. If an examination is to be conducted over family objections, the prosecutor must first provide written authorization to the State Medical Examiner.
ix. When a family has expressed concerns or objections regarding a postmortem examination, all reasonable accommodations will be made to honor their beliefs.

VI CASE NOTIFICATION

A. NORMAL WORKING HOURS

i. Investigators are on duty daily from 6:00 am to 5:00 pm, including holidays. During normal working hours, individuals authorized under ACA 12-12-317 to request transport and examination of bodies call the main Medical Examiner number (501-227-5936) and ask for a forensic investigator.

ii. The investigator will obtain basis case information, including:
   a. The name of the reporting party.
   b. Their local agency.
   c. Their phone number.
   d. The name, age, and sex of the deceased (if known).
   e. Current location of the body.
   f. Basic information regarding the type of case.

iii. If the case will obviously require an autopsy according to NAME performance standards, arrangements will be made immediately for timely pickup or transport of the body.

iv. If the case does not obviously require an autopsy according to NAME performance standards, or if the forensic investigator otherwise believes medical consultation is necessary, the reporting party will be asked to consult with a Medical Examiner. After discussion, the Medical Examiner may recommend:
   a. Transport and autopsy.
   b. Transport and external examination.
   c. A Medical Examiner consultation.

v. Under any circumstances, if local authorities insist on having a forensic medical examination, the body will be transported to the ASCL and an examination performed.

B. AFTER HOURS AND HOLIDAYS

i. At any time other than normal working hours, submitting agencies still call the Medical Examiner's main number (501-227-5936) and the call will automatically transfer to the Forensic Investigator's voicemail. Notification may also be made by faxing a completed body submission form (501-221-1653)
   a. The forensic investigator coming on duty at 6 a.m. will immediately check the fax machine and voicemail for any body submissions.
   b. In situations with a degree of urgency, the State Medical Examiner may be reached at any time by cell phone.
   c. On holidays, forensic investigators are on duty from 6 am to 5 pm. Unless out on a call, they are present at the ASCL during this time period.

VII BODY TRANSPORT AND HANDLING

A. INITIAL RESPONSE

i. Upon initial notification of a potential case, the forensic investigator will initiate the transport process if the case clearly requires examination according to NAME standard B3.

ii. If it is unclear as to whether or not the case requires forensic medical examination, the forensic investigator will consult with a Medical Examiner.

iii. Upon notification of a potential case, the forensic investigator will document information on a Case Contact Information Form (ME-FORM-07). The form will be filled out as completely as possible.

iv. The forensic investigator will remind the reporting party to fill out a Medical Examiner Body Submission Form (ME-FORM-01) and fax it to the ME office. If the case was a sudden, unexplained infant death, the reporting party will be reminded to fill out a Sudden, Unexplained Infant Death Investigation (SUIDI) Form (ME-FORM-20) and perform a doll reenactment. At this same time, the forensic investigator will request any other appropriate documentation including but not limited to:

   a. Medical records.
   b. Ambulance run sheet.
   c. Dental records.
   d. Prior X-rays.
   e. Scene diagrams and photos.
   f. Law enforcement/coroner investigation reports.

vi. The forensic investigator will then arrange an approximate time for body pickup or transport.

vii. At the earliest available time, a forensic investigator will respond to the site where the body is being stored, if the transport is done by ASCL personnel.

viii. Transport of bodies is performed utilizing ASCL vehicles or contract transporters. The ASCL transport vehicles are either pickup trucks with refrigerated shells, or a refrigerated van. A dedicated refrigerated trailer with a 24-body capacity is also available.

B. RESPONSE TIME

i. The issue of response time in individual cases is complex, as it involves multiple variables, including staffing, location of the body in the state, the type of case, whether or not the body is in a proper cooler, if there are other bodies that need transport, the time of year, etc.

ii. Known homicides will be given priority for transport.

iii. All other bodies will be picked up or transported at the soonest possible time.

C. BODY RECEIPT, TRANSPORT, AND LOGIN

i. Prior to arrival of the forensic investigator or prior to contract transport, coroners are expected to have wrapped the body in a clean sheet and place the decedent supine in a clean body bag, unless circumstances dictate an alternative form of body storage.

ii. If transport is done by ASCL personnel, upon arrival at the body storage site, the forensic investigator will open the body bag in the presence of the releasing party and confirm that the body is the one referred to the ASCL for exam. The investigator will take a digital image of the Forensic Investigator Photo Log (ME-FORM-10). The sheet is labeled with the decedent's name (if known), the date, the time, and the county. A digital image of the decedent is then taken; the image should show the face, if that area is visible. Additional photos may be taken if the face is not visible, or if there are items of evidence present

which should be photographically documented in situ. After photographing the body, another image of the photo log sheet is taken, with the word "END" written on the bottom.

iii. If transport is done by a contractor, the coroner will attach a seal to the body bag prior to transport. When the body is received at the ASCL, the seal will be broken by investigator and photos taken as described above.

iv. When receiving a body in the field or at the ASCL, the forensic investigator will fill out a Evidence Receipt Form (ME-FORM-21); it will list the body and any physical items known to be on or with the body, including clothing and personal effects. The form will be signed by the releasing party and the forensic investigator.

v. In cases that are not suspicious, the coroner is encouraged to remove and retain non-clothing items from the body, including jewelry, wallets, money, and prescription drugs.

vi. In cases where physical effects such as jewelry, wallets, money, or drugs are potentially of value as evidence, they should be removed by the investigating agency prior to transport and then submitted separately to the ASCL by the investigating agency.

vii. Clothing and medical equipment on the body should not be removed prior to contract transport or the arrival of the forensic investigator.

viii. If clothing with evidentiary value is removed prior to body transport to the ASCL, it should accompany the body for examination by the Medical Examiner, unless it has already been secured as evidence. This is particularly important in deaths involving penetrating wounds.

ix. Any other materials gathered by local authorities with relevance to the case, including investigative reports, medical records, X-rays, etc., will also be listed on the body receipt form and transported with the body.

x. In cases where death was immediately preceded by hospitalization, medical records from the terminal hospitalization are required to be with the body at the time of transport.

xi. Following receipt of the body, the forensic investigator or contract transporter will proceed directly back to the laboratory, unless stopping to pick up another case.

xii. Upon arrival to the ASCL, the forensic investigator will:

   a. Transfer the body from the transport gurney to a morgue gurney.
   b. Weigh the body on the scale and obtain a body length.
   c. Attach an identification tag directly to the body (usually to the right great toe).
   d. Close the body bag, and place the gurney into the cooler, unless examination is to be carried out that day.
   e. If not already done so, the case is then assigned a Medical Examiner case number, an ASCL number, and entered into JusticeTrax.
   f. The forensic investigator will then prepare an investigator's report utilizing all available investigative information (ME-FORM-22).
   g. The report will include a short narrative summary of the case.
   h. The completed case file is then delivered to the autopsy examination room.

xiii. When cases are transported to the ASCL by a coroner during normal working hours, the body will be received by a forensic investigator or an autopsy technician. The same procedure as outlined above will be followed, except digital images are not taken. The transporter will be given a copy of the body receipt form.

D. BODY HANDLING

i. Procedures involving body handling apply to all individuals with direct body contact, including forensic investigators, Medical Examiners, and autopsy technicians.

ii. It is vitally important that all ASCL personnel with direct body contact treat the deceased with dignity, respect, and consideration for the concerns of families.

iii. At the very minimum, disposable gloves shall be worn while handling bodies.

iv. Other personal protective gear such as disposable aprons, face masks, arm covers, shoe covers, and face shields may also be used if necessary.

v. Anyone handling bodies at the ASCL is expected to read, understand, and follow guidelines set forth in the ASCL safety manual regarding biohazardous materials and blood borne pathogens.

vi. A biohazard tag will be attached to the body bag when the decedent is believed to have died with an infectious disease. These bodies will be stored separately from the other cases, on the right (south) side of the morgue cooler. Decomposed bodies will also be stored in this same area.

E. BODY RELEASE

i. Following completion of the gross autopsy, when the body is deemed ready for release, the ME will fill out a Body Release Authorization Form (ASCL-FORM-23).

ii. Prior to body release, the ME section must receive written authorization for release from the next of kin (NOK) through a funeral home, or from a court of competent jurisdiction. The authorization must indicate to whom the body is to be released. The form may be faxed or delivered directly. If the NOK is unwilling or unable to make arrangements for the remains, and other options are not available, the body will be stored at the ASCL for 30 days and then released back to the coroner from the county of origin.

iii. The funeral home providing transport will arrange a pick-up time with one of the forensic investigators, after verification of the authorization.

iv. Body release may take place any time during normal business hours; the preferred release time is between 1:00 PM and 4:00 PM. Pick-up can be performed at other times by special arrangement. On arrival to the ASCL, the funeral home representative may either call the forensic investigator on their cell phone, the ME office main number, or use the outside phone in the loading dock area to announce their presence.

v. Prior to releasing the body, the forensic investigator or autopsy technician releasing the body will:

   a. Confirm that the ME has authorized the release.
   b. Confirm that the ME office has authorization from the next of kin or from a court of competent jurisdiction to release the body to the designated funeral home.
   c. Verify that the decedent's name, DOB, and NOK as listed on the release form are correct.
   d. Check the ID tags on the body bag and body in the presence of the funeral home representative to confirm the correct body is being released.
   e. Review the personal effects and clothing being released with the body to the funeral home representative.

f. Fill out and sign the body release form (ME-FORM-24), have the funeral home representative sign the form, provide a copy to the funeral home representative, and retain the ME copy for the case file.
g. Using Justice Trax, transfer the body from ME storage to ME staff, and then to funeral home/transporting agency.

vi. The Release of Body Form (ME-FORM-24) will include the following information:
   a. Decedent's name.
   b. ME case number
   c. Inventory of all clothing and personal effects released with the body.
   d. Signature and title of the ME employee.
   e. Signature of the funeral home representative, and the firm they represent.
   f. Date and time of release.

vii. Following body release, scan all relevant forms into Justice Trax, including ME-FORM-24, the Medical Examiner Release form, the Funeral Home Release, and the morgue inventory sheet (ACL-X-157).

VIII INVESTIGATIONS

The State Medical Examiner or his designees are not authorized to respond to death scenes, unless a specific request is made by authorities listed in ACA-12-12-318.

When a request is made to have a forensic investigator or Medical Examiner respond directly to a scene, the Chief Medical Examiner or Deputy Chief Medical Examiner will be notified immediately.

If asked to a scene, the responder will subsequently provide a detailed report, including notification time, time of arrival at the scene, body location, postmortem changes, any apparent injuries, and other pertinent scene findings.

The primary function for the ASCL forensic investigator is to obtain and organize pertinent investigative information for presentation to the Medical Examiner. Acquisition of investigative information is typically a multi-step process.

i. Initial case information is acquired when notified of the case; pertinent information is detailed on the Case Contact Information Form (ME-FORM-07).
ii. Additional case information is made available when the body is received for transport to the ASCL.
iii. The ASCL Body Submission Form (ME-FORM-01) may be either faxed to the Medical Examiner's Office or submitted with the body itself.
iv. Prior to the forensic medical examination, the forensic investigator will utilize all available investigative information to produce an investigator's report. This will include basic demographic information, a short narrative description of the circumstances surrounding the death, and other potentially pertinent information.
v. The forensic investigator may be directed to obtain additional investigative information following morning rounds, or at any time thereafter.
vi. While forensic investigators are expected to have insight into the significance of investigative information, the ultimate responsibility for interpretation of all case-related information lies with the Medical Examiner. This includes review and interpretation of medical records.
vii. At any time during the investigative process, the forensic investigator may be directed by the Medical Examiner to obtain additional information from the investigating agency. This includes, but is not limited to:
    a. Scene diagrams and photos.
    b. Witness statements.
    c. Fire Marshal's report.
    d. Interviews of EMTs and other medical personnel.
viii. When requesting additional information from an investigating agency, the forensic investigator will fax or mail an Investigation Information Request Form (ME-FORM-25), if the required information is not urgently needed.
ix. When investigative information is urgently required, the forensic investigator or Medical Examiner will contact the investigating agency by phone and properly fill out a Telephone Conversation Sheet (ME-FORM-16). The phone records will include the name of the

forensic investigator or ME, the name of the individual contacted, the investigating agency, the date and time contact was made, and a summary of the conversation.

x. In cases where death was immediately preceded by hospitalization, records from the terminal hospitalization are required to be with the body at the time of transport. Additional medical or dental records may be requested on a case-by-case basis.

IX POSTMORTEM EXAMINATIONS - GENERAL

A. EXAM PREPARATIONS

i. Removal of clothing and other physical items from the body prior to autopsy

a. In most instances, clothing should not be removed from the body prior to examination by the pathologist. Forensic investigators may remove coverings on a foot in order to attach an identification tag. Personal Effects may be removed as described in VII.C.v.

b. On occasion, it may be necessary to remove clothing prior to the autopsy to recover biological evidence. Trace evidence may also be recovered from body surfaces prior to autopsy. Other items of potential evidentiary or monetary value may be removed and secured prior to autopsy. Before removal, the presence of such evidence or items will be documented with photographs.

ii. Digital X-rays

a. X-rays will be taken by the autopsy technicians in designated cases. In most instances, X-rays will be taken with the body still in the body bag. In cases involving trauma, X-ray examination will usually be limited to areas obviously affected by trauma. In the list below, it may be assumed that the X-ray examination will be limited to areas of interest, unless otherwise stated.

b. Cases requiring X-rays include gunshot related deaths, penetrating injuries, explosion (full body survey), infants (full body survey), transportation related fatalities, blunt force injuries, severely decomposed remains, skeletal remains (full body survey) and charred bodies (full body survey). X-rays will be taken either on weekends, in the morning prior to morning rounds, or in the afternoon of the day prior to the exam.

c. The X-rays will be available for viewing at morning rounds and during the autopsy.

d. The X-rays are electronically stored in Justice Trax with other case images, and are also available for viewing in Photovault.

e. Interpretation of the X-rays is the responsibility of the ME, unless consultation with a radiologist is necessary.

iii. As-is Photographs

a. A series of as-is photographs will be taken prior to manipulation of the body. These will document the position of the body in the body bag, as well as the general presence and positioning of clothing.

b. Additional pre-autopsy photographic documentation is at the discretion of the examining pathologist.

B. EVIDENCE COLLECTION PRIOR TO EXAMINATION

i. Trace Evidence

a. On occasion, it may be necessary for forensic investigators or autopsy technicians to collect or otherwise preserve trace evidence prior to manipulation of the body or commencement of the autopsy itself. In such instances, a pathologist should be consulted prior to removal of any physical material from the body surfaces. When removed, physical materials should be photographed in situ, and secured. If

possible, the pathologist should visually examine this material before submitting it as evidence.

ii. Sexual Assault Case

a. In cases involving suspected sexual assault, it may be necessary for the forensic investigator to obtain oral, vaginal, and rectal swabs and make appropriate smears. This should be done if there is going to be significant delay between the arrival of the body at the ASCL and the forensic examination. The forensic investigator should consult with a pathologist prior to obtaining the samples. During normal working hours, collection of such samples should be performed or directly supervised by a Medical Examiner.

C. CASE CONFERENCE

i. Case conference is held in the main examination room at 8:00 A.M., Monday through Friday, excluding State holidays. .

ii. At case conference, each submitted case is discussed by all available Medical Examiners. The discussion will include a brief outline of the investigation, along with concerns of the submitting authorities. Findings visible on the body surfaces may be considered during the conference.

iii. The individual case discussion provides an opportunity for all available medical staff to discuss any pertinent issues related to the case. Such issues may include the need for additional investigative information, the necessity for full autopsy, or the type and extent of ancillary studies.

iv. If pathology residents or medical students are in attendance, the individual case discussion provides an opportunity for instruction.

D. CASE ASSIGNMENT

i. A schedule for each month will be published in advance. For each week, one Medical Examiner will be designated "1st out". This pathologist will be responsible for performing examinations that week. Other Medical Examiners will be designated "2nd out", "3rd out" and "4th out", "5th out" and "6th out".

ii. The Medical Examiner schedule will shift every week. The ME who was "1st out" on the previous week will switch to "6th out", the ME who was "2nd out" on the previous week will switch to "1st out", and so on.

iii. The ME designated "1st out" in a given week is primarily responsible for the cases during that week. It is expected that the "1st out" ME will perform the most examinations during that given week.

iv. On any given day, the ME designated "1st out" is expected to perform the most challenging examinations. These will usually be homicides, but could involve other types of cases. Assignment of cases will be made during or after case conference. While all the Medical Examiners performing examinations can usually decide which cases they wish to perform, final decisions regarding case assignment are at the discretion of the Chief Medical Examiner or Deputy Chief Medical Examiner.

v. A Medical Examiner may not conduct more than two simultaneous examinations in the main autopsy room. If a Medical Examiner is performing an exam in the isolation room,

they may not conduct another examination in the main room until completion of the case in the isolation room.

vi. It is expected that on most days, the ME designated "2nd out" will perform examinations. Individuals designated "3rd out" or "4th out" may or may not need to conduct examinations, depending on daily caseload. The individual who are "5th out" and "6th out" should not have to perform examinations, except on Mondays, or if staffing needs otherwise requires their participation.

E. TYPE OF EXAMINATION

i. Autopsies

It is the policy of the ASCL Medical Examiner section to perform full autopsies in accordance with performance standard B3 set forth by the National Association of Medical Examiners (NAME). This list of mandatory examinations is reviewed in the Medical Examiner's Case Submission Guidelines (Appendix 3). For cases which do not fall into any of the categories set forth by the performance standards, an autopsy may not be necessary. In such instances, the depth of examination will be discussed during morning rounds. The final decision as to the type of examination is determined by the Chief Medical Examiner or the Deputy Chief Medical Examiner.

ii. Partial autopsy

On occasion, a limited or partial examination may suffice to satisfactorily answer any pertinent questions or recover vital evidence. Most of these will involve examination of the head and brain in order to recover bullets from self-inflicted gunshot wounds. Again, the final decision as to the depth of the examination is at the discretion of the Chief Medical Examiner or the Deputy Chief Medical Examiner. If the manner of death is in doubt, a full autopsy will be performed.

iii. Sign outs (external examinations/inspections)

Sign outs (external examinations) may be considered when a particular death does not fall into any of the categories set forth by NAME performance standard B3, and if the cause and manner of death are both known within a reasonable degree of medical and scientific certainty. A sign out will not be performed if either the cause or manner of death is not known with reasonable certainty. Sign outs will generally involve individuals who have succumbed to known, natural disease processes, or who have exhibited symptoms of a potentially fatal natural disease process prior to death. External examinations may also be performed in some instances involving suicides or accidents, provided the cause of death is reasonably apparent, and the manner of death is evident from the investigation. All potential homicides will receive a full autopsy, with possible, rare exceptions due to religious or cultural objection. All sign out cases will be immediately assigned a cause and manner of death, and a death certificate completed. Under no circumstances will an individual be inspected and have a pending death certificate issued while follow-ups studies are being conducted. Either the Chief Medical Examiner or Deputy Chief Medical Examiner will make the final decision whether or not a sign out will be performed in a given case.

F. AUTOPSY VIEWING-OUTSIDE AGENCY INVESTIGATORS

i. Investigators from outside agencies may observe an autopsy when:
   a. The case is a known homicide or a suspected homicide.
   b. The case is being actively investigated as suspicious, and information from the autopsy may aid in the investigation.

ii. County coroners and their deputies may not view autopsies on cases that they have referred for examination unless there is prior approval given by the prosecuting attorney or the investigating law enforcement agency.

iii. In other instances, autopsy viewing has to be approved by one of the Medical Examiners.

iv. Outside agency personnel who wish to be present at an autopsy, must inform the ME forensic investigator or chief forensic investigator.
   a. The forensic investigator's write-up will clearly state when observers are expected.
   b. The outside agency personnel will be instructed to be at the ASCL no later than 8:15 AM on the day of the exam, if the examination will start after rounds.
   c. All attempts will be made to prioritize cases with outside agency observers.

v. Anyone visiting the autopsy examination area while cases are being performed must observe all rules and regulations pertaining to health and safety, including use of personal protective gear.

vi. All visitors to the autopsy examination area must first sign the logbook in the lobby and receive a visitor's badge.
   a. The visitors are then escorted to the autopsy examination room, where they will sign a logbook, indicating their name, agency, the date, the time, and the decedent's name.

vii. Photography by non ASCL personnel is discouraged; if such photography is performed, the ME case ruler is to be taken out of the photographic field.

viii. The pathologist's notes are not to be copied for outside agency observers.
   a. If a diagram is desired, the ME can prepare one on a separate sheet.
   b. If this is done, it should be legible and understandable.
   c. A diagram made specifically for outside agency investigators should be signed by the ME, dated, and a copy made for the investigators; the original will be kept in the case file.

ix. At the completion of the examination, any visitors will be escorted to the lobby.

G. AUTOPSY VIEWING-CORONER CERTIFICATION DAY

i. The second Tuesday of each month is usually designated Coroner Certification Day.
   a. If that particular Tuesday is the first working day after a three-day weekend, Coroner Certification Day will be scheduled on the following Tuesday.

ii. Coroners are required to draw blood, urine, and vitreous humor for toxicology testing in certain cases that do not require examination at the ASCL.
   a. On Certification day, coroners and deputy coroners are instructed how to draw postmortem blood, urine, and vitreous samples under the supervision of a Medical Examiner.
   b. After viewing the sample collecting techniques from one of the autopsy technicians, the visiting coroners and/or deputy coroners are expected to successfully draw postmortem samples from an ASCL case.

c. After demonstrating they can successfully draw postmortem samples, the coroner/deputy coroners are provided with a certificate attesting that they have received instruction and are capable of procuring postmortem toxicology samples.

iii. On Coroner Certification Day, the visitors are encouraged to observe one or more autopsies in order to better understand this part of the death investigation process.

H. AUTOPSY VIEWING-OUTSIDE MEDICAL PERSONNEL

i. Medical students and pathology residents from The University of Arkansas for Medical Sciences (UAMS) are authorized to view or participate in autopsies under the supervision of a Medical Examiner.

ii. Medical students and pathology residents rotating from UAMS are issued a temporary security card in order to gain access to the building and examination areas.

iii. Other physicians or physicians in training who desire to observe an autopsy may do so after authorization from the Chief Medical Examiner or Deputy Chief Medical Examiner. Physicians or physicians in training, who are only going to be present for one day or a few days will sign in as visitors, and not be issued a security card.

iv. The ME does not authorize physicians or students to practice procedures not related to the forensic medical examination on the bodies of individuals sent to the ASCL for forensic examination.

I. AUTOPSY VIEWING-OTHER INTERESTED PARTIES

i. It is the policy of this office to not allow autopsy viewing when the requesting individual does not have a compelling professional need to observe an autopsy.

X POSTMORTEM EXAMINATIONS-EXTERNAL EXAMINATION

A. GENERAL

The external examination is conducted by the assigned Medical Examiner. The Medical Examiner either performs the actions described below, or directly supervises the technician or resident.

i. Prior to beginning the examination, the ME will review the investigative file.

ii. Recovery of evidence:

a. Recovery of evidence is performed as early as possible during the external exam, in order to insure maximal recovery and minimal potential contamination. Recovery of evidence should be conducted prior to any cleansing of body surfaces. All specimens are collected using clean gloves, clean instruments and appropriate personal protective equipment. Specimens that are already dry (e.g., hair, fingernails) are collected, folded into clean white paper, and subsequently placed in a manila envelope labeled by the autopsy technician or ME with the decedent's name, the ME case number, the type of specimen, and its source. Specimens that require drying, (e.g., swabs) are dried at room temperature, packaged in clean paper, and placed in envelopes labeled with the decedent's name, the ME number, the type of specimen, and its source. After packaging, the evidence is initialed by the Medical Examiner.

1. If a clean work surface is required for evidence recovery, a clean morgue gurney or the cleaned X-ray table can be used. The gurney or table will be covered with a clean sheet for the recovery. The sheet will subsequently be folded and submitted for evidence as well.

iii. In cases of suspected sexual assault, swabs will be taken from the oral cavity, rectum, and vagina (if the decedent was female), unless they have already been obtained by the forensic investigator. Three swabs from each orifice will be obtained, and a smear made from each swab. Pubic hair combings or tape lifts will also be collected.

iv. Fingernail clippings (if available) will be obtained on all suspected homicide cases, including cases of suspected sexual assault.

v. In all cases of suspected homicide or sexual assault, if the ME identifies any foreign hairs, fibers, or possible biological stains, their presence is documented, and the material preserved in an appropriate manner, as described above.

vi. On suspected cases of homicide or sexual assault, saline swabs will be taken on body surfaces with suspected biological stains or bite marks. In homicide cases involving possible direct contact between the suspect and the decedent, saline swabs will be taken from the suspected contact areas. Control swabs from uninvolved areas will also be taken.

vii. Head and pubic hair exemplars are taken and retained on all cases, when available.

B. PRELIMINARY PROCEDURES--DOCUMENTATION, REMOVAL, AND DISPOSITION OF CLOTHING, PERSONAL EFFECTS, MEDICAL DEVICES, AND DRUGS

i. Prior to removal from the body, the ME will document the presence of clothing on or with the body. The documentation will include the type of clothing, its color, location on the body, and any observations relevant to the case. When clothing is removed, all attempts will be made to avoid cutting or tearing. The autopsy technician assisting the ME will independently inventory the clothing and list it on their autopsy worksheet.

ii. Personal effects on or with the body, such as jewelry or bedding, will also be documented and described by the ME. The assisting autopsy technician will independently list the personal effects on their worksheet.

iii. Medical devices on or with the body will be documented by the ME and removed. Unless a particular piece of disposable medical equipment has evidentiary value, it will be discarded in biohazard waste bins. Unless they are needed for evidence, pacemakers and internal defibrillators will be removed and released with the body. Internal defibrillators will be deactivated when removed from the body. Other non-disposable medical equipment that was on or with the body and not needed as evidence may be released back to its owner.

iv. Any prescription medications on or with the body will be documented. The State Medical Examiner is not authorized to destroy or discard prescription medications submitted with bodies. Depending on the case, the medications may be:

   a. Inventoried and returned to the submitting agency.
   b. Submitted to the ASCL Drug section for analysis.

v. Any apparent illicit drugs found on or with a body will be documented, and submitted to the ASCL Drug section for identification and analysis.

vi. After removal from the body, clothing and personal effects, non-disposable medical devices, and drugs will be returned with the body, sent back to the investigating agency, or placed into evidence.

vii. Items placed into evidence will be submitted from the ME with a request for specific analysis.

viii. Clothing which is either being sent back to the agency or placed into evidence will be completely dried before packaging.

ix. Personal effects with obvious intrinsic value will be secured in a safe located in the morgue receiving office, until ready for release.

Body surfaces are cleansed (if necessary) following recovery of evidence and removal of physical objects from the body surfaces.

C. EXTERNAL EXAMINATION--ROUTINE OBSERVATIONS

i. The body is first place into a prone position; two or three overall digital photographs of posterior body surfaces are made. The ME examines the posterior body surfaces, and records any pertinent findings. Close up photos of any injuries or other significant findings are made.

ii. The body is then placed in a supine position; two or three overall digital pictures of the anterior body surfaces are made, along with a facial (ID) photo. The ME then examines the anterior body and records any pertinent findings. Close-up photos of any injuries or pertinent abnormalities are taken as needed.

iii. The ME will routinely describe and record findings which reflect postmortem changes. These include:
   a. Rigor mortis.
   b. Livor mortis.
   c. Postmortem changes.
   d. Embalming.
   e. Decomposition.

iv. The Medical Examiner will routinely describe physical characteristics, providing they can be assessed. These include:
   a. Body weight and length.
   b. Apparent age.
   c. Sex.
   d. Race or racial characteristics.
   e. Hair length and color.
   f. Eyes.
   g. Abnormal body habitus.
   h. Scars, tattoos, skin lesions, and amputations.
   i. Dentition.
   j. The head, neck, torso, extremities, and hands.
   k. Posterior body surfaces and genitals.
   l. Any evidence of medical or surgical intervention.

D. EXTERNAL EXAMINATION-DOCUMENTATION OF INJURIES.

i. The ME will, in general, document and describe injuries by:
   a. Type.
   b. Location.
   c. Size.
   d. Shape.
   e. Pattern.

ii. Gunshot injuries will be:
   a. Generally located in an anatomic region.
   b. Specifically located on the head, neck, torso, and lower extremities, by measuring from the top of the head or sole of the foot, and from the anterior or posterior midline.
   c. Specifically located on the upper extremities by measuring from anatomic landmarks.
   d. Measured.
   e. Described as to shape.
   f. Described as to the presence or absence of soot or stippling.
   g. Described as to the presence of an abrasion ring, searing, muzzle imprint, or lacerations.

iii. In cases involving sharp force injuries, the following documentation will be made:

a. The location of the wound in an anatomic region.
b. A description of the wound's shape, orientation, and length.

iv. In cases involving burn injuries, the following documentation will be made:
a. The appearance of the burn will be described.
b. The distribution of the burn will be described.

v. In cases involving patterned injuries, the ME will:
a. Measure injury size.
b. Describe the location of the injury.
c. Describe the injury pattern.

vi. Under direction of the ME, all major injuries will be photographed.
a. If need be, a reference photo will be taken to establish the location of the injury.
b. Photos will be taken with a ruler, that displays the ME case number.
c. Photographs of injuries are taken with the area unobstructed by clothing, blood, foreign matter, or hair.

XI POSTMORTEM EXAMINATIONS-INTERNAL EXAMINATIONS

A. GENERAL

i. Some technical aspects of the internal examination are usually carried out by an autopsy technician. Such activities are always performed under the supervision and at the direction of the forensic pathologist. It is expected that in some instances, the forensic pathologist may have to carry out a part of the procedure typically performed by a technician, if particular care has to be taken during that part of the dissection, or there is a chance that the forensic pathologist may otherwise not observe a critical finding.

ii. Most typically, the autopsy technician will perform the initial thoracoabdominal and intermastoid incisions, to expose deep internal structures. The forensic pathologist will directly supervise this part of the exam.

iii. Following exposure of internal organs and tissues, the forensic pathologist will:
   a. Examine internal organs in situ.
   b. Describe any adhesions or abnormal fluid collections.
   c. Document any abnormal positioning of medical devices.
   d. Describe any evidence of surgery.
   e. Attempt to determine wound tracks prior to removal of internal organs.

iv. Under the supervision of the forensic pathologist, the autopsy technician will routinely:
   a. Remove and measure any fluid collections in the body cavities. These may or may not be retained for additional testing.
   b. Collect appropriate samples of peripheral blood and/or heart blood for toxicology testing.
   c. Remove and measure all urine from the bladder with a syringe and save an appropriate amount for toxicology testing.
   d. Remove and measure any stomach contents by volume and retain an appropriate amount for toxicology testing.
   e. Remove and retain vitreous humor (if available) by syringe and retain for toxicology or chemistries.
   f. Label all tissue and fluid containers are initially labeled with the specimen source.

v. Depending on the type of case, other tissues and fluids may be retained by the forensic pathologist for toxicology testing, bacterial cultures, or chemistries.

vi. The autopsy technician or examining pathologist then removes each major organ from its respective anatomic location.
   a. Each organ is weighed and the weight recorded on the board or in the pathologist's notes.
   b. The organs are then dissected by the forensic pathologist, a pathology resident, or a medical student under the direct supervision from the forensic pathologist.
   c. The forensic pathologist will document any evidence of injury, disease, therapy, or other pertinent observations in the internal examination notes.

vii. With respect to the head, the forensic pathologist will:
   a. Describe scalp, skull, and meninges.
   b. Describe any epidural, subarachnoid, or subdural hemorrhage.
   c. Inspect the brain in situ prior to removal.

d. Document the presence of any abnormal fluids.
e. Examine the inner table of the skull following removal of the dura.

viii. With respect to the neck:
a. All internal examinations will include removal and examination of the tongue, larynx, hyoid bone, strap muscles, and thyroid gland.
b. A layerwise dissection of the anterior neck will be performed in cases of suspected neck trauma.
c. A posterior neck dissection will be performed when occult injury is suspected.

B. INJURIES

i. Any internal injuries will be described as to anatomic location and extent. They will also be correlated with any external injuries.
ii. Penetrating injuries will be tracked from the entry site to either their terminal point of injury or to an exit wound.
iii. A direction of travel will be determined for penetrating injuries.
iv. For penetrating sharp force injuries, a depth of penetration will also be determined with as much accuracy as possible.
v. Defects in organs and tissues associated with penetrating injuries will be measured when potentially meaningful.
vi. Internal blunt force injuries will be correlated with externally visible injuries.
vii. Any injury to skeletal structures will be documented through direct observation and/or radiographs.

C. EVIDENCE RECOVERED DURING INTERNAL EXAMINATION

i. Bullets or bullet fragments recovered externally or internally will be photographed with the case ruler and a manila folder bearing:
a. The name of the deceased (if known),
b. The ME case number,
c. The date,
d. Where the projectile was discovered, and
e. The name of the pathologist.

Following photography, the pathologist will place the bullet or bullet fragments into the corresponding manila envelope, seal the envelope, and initial the seal.

ii. Other physical evidence recovered during the internal examination will be photographed with the case ruler and processed as described previously.

XII POSTMORTEM EXAMINATIONS – FOLLOW UP PROCEDURES AND STUDIES

A. DISPOSITION OF EVIDENCE, AUTOPSY SPECIMENS, AND PERSONAL EFFECTS

i. Following the internal examination, biological samples and physical items recovered from the external and internal examinations are processed. These items are either:
   a. Submitted to another section of the ASCL for analysis.
   b. Sent to an outside laboratory for analysis.
   c. Returned to the submitting agency.
   d. Released with the body.
   e. Stored or processed in the ME section. This includes specimens processed for histology.

ii. The disposition of the samples and physical items is decided by the Medical Examiner assigned to the case. All ancillary testing is at the discretion and direction of the ME.

iii. Following the autopsy, the Medical Examiner confirms that the specimen containers and evidence are properly labeled and sealed. The Medical Examiner will initial the evidence seal(s). The specimens are placed in a plastic container ("tox box") along with the toxicology request form and the autopsy technician's worksheet. The specimens, evidence and paperwork are then submitted to the ME evidence technician.
   a. Specimens submitted to other areas of the Arkansas State Crime Laboratory are entered into JusticeTrax by the ME evidence technician, labeled with the previously assigned ASCL number, the ME case number, bar code, the decedent's name, date collected and the type of contents. They are then subsequently transported either to Evidence Receiving or directly to Toxicology.
   b. Specimens sent for outside analysis are entered into JusticeTrax, labeled as described above, and sent directly from the ME evidence technician. The one exception to this regards send-out toxicology testing. Toxicology specimens that are going to be sent to an outside toxicology lab will initially be sent to the ASCL toxicology section.

iv. Clothing and other physical items that are being released with the body are placed in plastic bags and kept with the body.
   a. If any items to be released with the body have obvious intrinsic value, the item will be stored in a safe located in the morgue receiving office.

v. If clothing or other fabric materials are being submitted as evidence, they are tagged with the decedent's name, the ME case number, and the ASCL number by the evidence technician; they are dried in the evidence drying cabinet if needed. They are then wrapped in clean white paper, placed in a suitable container, assigned a bar code, and transported to Evidence Receiving. Clothing and other fabric materials being sent back to the agency are processed in the same manner, except individual clothing items are not individually tagged and wrapped.
   a. Evidence Receiving mails back items to be returned to the agency.
   b. Evidence Receiving holds items until they are checked out by the assigned analyst.

vi. Physical items other than clothing or fabric that are to be submitted for analysis or returned to the agency are tagged with the decedent's name, the ME case number and the ASCL case number. They are then wrapped in clean white paper, placed in an appropriate storage

container, entered into JusticeTrax, given a bar code, and transferred to Evidence Receiving.

vii. Blood matrix cards are collected during the autopsy on all individuals, unless a blood sample is not available. The card is submitted by the assisting autopsy technician to the ME evidence technician with other specimens obtained during the examination. The card is labeled with the decedent's name and ME case number, and entered into JusticeTrax by the ME evidence technician. All matrix cards are submitted to the CODIS section for processing. If blood is not available for a matrix card, another suitable sample for potential DNA analysis (e.g. fingernail, bone marrow) will be collected and retained.

viii. Certain samples obtained during the forensic medical examination are typically retained in the ME Section unless needed for analysis.

a. Fingernail clippings are processed as described above and stored by ME case number in the ME cooler, unless the ME wants them processed immediately.
b. Scalp and pubic hair exemplars are folded in white paper and placed in manila envelopes. They are processed as described above and stored by case number in the autopsy cooler.
c. A set of tissues is routinely collected during examinations of sudden unexplained infant deaths. These tissues are stored in a freezer for a minimum of 3 years prior to disposal.
d. Disposition of formalin fixed tissues samples is discussed separately.

B. TOXICOLOGY TESTING

i. The majority of toxicology testing is performed by the Toxicology Section of the ASCL; routine exceptions will be noted below.

ii. Specimens for analysis are typically collected during the autopsy.

a. In cases where analysis of antemortem blood may be of value, a forensic investigator will be directed to inquire whether such a sample exists and obtain it if it does.

iii. Sample Containers:

a. Fluid samples are placed into 60 mL glass containers with screw top lids.
b. Sodium fluoride is added to containers that are used for blood and urine samples.
c. Solid tissue samples are retained in 60 mL glass containers.
d. Small volumes of fluid samples may alternatively be retained in red-top tubes.
e. Tissue samples being submitted for volatile chemical analysis are collected and stored in gas tight containers.

iv. Routine samples obtained for toxicology testing include:

a. Peripheral blood.
b. Central (Heart) blood (if peripheral blood insufficient in quantity).
c. Urine.
d. Stomach contents.
e. Vitreous humor.

v. If necessity arises, other fluids and tissues may be retained for toxicology testing.

vi. At the conclusion of the autopsy, the ME will fill out a ME Toxicology Submission Form (TOX-FORM-01).

a. The form will list the decedent's name, the autopsy number, the ME responsible for the case, and the date.
b. The form will document the specimens obtained.

c. The ME may add additional information (including drug/alcohol history) which may be potentially useful to the toxicologist.
d. The ME determines the toxicology tests to be performed and checks the appropriate boxes on the request form.
e. The request form accompanies the specimens to the ME evidence technician; the technician types the information on the form into JusticeTrax, labels the specimens, and transports them to the Toxicology Section.
f. Guidelines for ordering toxicology testing are described below.

vii. The autopsy technician assisting the ME independently records the submitted toxicology specimens on their worksheet.

C. HISTOLOGY

i. Specimens for histology are most typically collected during the autopsy.
   a. On occasion, it will be necessary to acquire tissues obtained from surgery or during delivery. In such cases, the forensic investigator will be assigned to locate and obtain such specimens if they did not accompany the body.

ii. Most histology specimens will be placed immediately into buffered 10% formalin solution. Exception to this includes specimens for frozen section, touch preparations, or smears.

iii. In cases where it is known immediately that tissue sections are needed, the ME will submit samples small enough for immediate processing in the small "section" container.

iv. In every autopsy, appropriate samples of all major organs will be routinely taken and retained, unless tissues are no longer available. These are placed in the larger "stock" container. The pathologist will save only enough tissue for a comprehensive histologic survey.

v. In addition to tissues that are routinely saved, the ME will submit and/or save formalin fixed tissue samples that illustrate injuries or disease processes which caused or contributed to death. The pathologist will save enough tissue to adequately demonstrate the injury or disease.

vi. The autopsy technician assisting the ME independently documents histology specimens on their worksheet. This documentation is not detailed, but simply indicates when "stock" and "section" samples were obtained.

vii. The histology sample containers are taken to the ME evidence technician, who logs them into JusticeTrax. The samples are then placed into double sealed disposable plastic bags labeled with the decedent's name, the ME case number, the ASCL case number, and a bar code.

viii. Specimens submitted for immediate sectioning are transported to the histology lab where they are stored until processing into slides.

ix. Specimens submitted for histology are processed in chronological order unless the histotechnologists are directed to expedite a case.

x. Routinely, tissue sections are stained with hematoxylin and eosin (H&E). Additional recuts and special stains are available on request.

xi. Specimens retained as "stock" are placed in secured storage in the basement storage room.

xii. Long term tissue storage is located across Natural Resources Drive in the annex building.

xiii. Formalin fixed tissue samples are retained a minimum of one year in all cases.. Paraffin tissue blocks and tissue slides from all cases are currently being stored indefinitely.

xiv. Guidelines for submission of tissue for histology are addressed later in this manual.

XIII GUIDELINES FOR ANCILLARY TESTING

A. HISTOLOGY

i. For purposes of definition, the term "histological screening" means appropriate amounts of randomly selected tissues from major internal organs are selected for microscopic examination. When such examination is performed, at minimum, sections of brain, lung, heart, liver, and kidneys will be reviewed.

a. Histological screening will be performed in all instances where gross examination and investigation does not indicate or suggest an anatomic cause of death.

b. Tissue selection in cases of sudden unexplained infant death will be covered elsewhere.

c. In cases where an anatomic cause of death is suggested by the gross examination, histological tissue examination may be limited to the area of interest to confirm the gross diagnosis. Any additional histologic sampling of grossly unremarkable tissues is at the discretion of the Medical Examiner.

d. In cases with a conclusive, gross cause of death, histology may not be necessary for medical reasons. It should be remembered that tissue sections may be necessary in such instances for legal reasons.

e. In cases with a conclusive, gross anatomic cause of death, histologic sections may be processed out of professional interest and the necessity of maintaining competency in microscopic pathologic diagnosis.

f. In cases where an immediate histologic diagnosis is desired, a sample of fresh tissue may be submitted to histology for a frozen section.

g. When requesting a frozen section, the ME will place and appropriately sized tissue sample in a plastic container bearing the ME case number and the decedent's name. The autopsy evidence technician may either take the specimen directly to the histology lab, or have the histotechnologist come to the exam room to retrieve the sample.

h. The histotechnologist will produce the frozen section, and stain it with H&E stain, unless directed otherwise by the ME.

i. The processed and labeled slide will be delivered to the ME's office as soon as it is completed.

j. On occasion, the ME may need to do touch preparations or smears. In such cases, the touch preps or smears are made by the ME using glass slides labeled with the ME case number. The specimens are either air dried or placed in alcohol for fixation. If urgently needed, they may be transported immediately to histology; otherwise, they may be submitted with other histology specimens. When touch preps or smears are submitted, an H&E stain will be performed, unless the ME requests another staining method.

k. Slides from sexual assault cases are submitted to the Physical Evidence section for examination.

l. Each autopsy report will contain a list of all histology sections taken and examined.

B. TOXICOLOGY

i. Toxicology testing at the ASCL currently offers the following analyses:

a. Volatile screen – detection of ethanol, methanol, acetone, isopropanol and other volatile hydrocarbons utilizing head space analysis. This is most commonly performed using blood, but any sample, including solid tissues, can be tested. If ethanol is detected, it is then quantitated.

b. Immunoassay drug screen – detection of benzodiazepines, opiates, and common drugs of abuse. This test may be performed on urine or blood. If necessary, these qualitative results can be confirmed with liquid chromatography mass spectroscopy (LCMS) and/or gas chromatography mass spectroscopy (GCMS).

c. Comprehensive blood screen – comprehensive drug screening utilizing LCMS. If necessary, this can be followed up with quantitation.

d. Carboximetry – checks for carboxyhemoglobin in blood.

e. Rapid urine screen – can detect benzodiazepines, barbiturates, cocaine, THC, methadone, opiates, oxycodone, PCP, methamphetamine, and amphetamine. Use of this test will be described below (VIII.B.iii.).

ii. In ordering toxicology testing, the ME should carefully consider the needs of the case and should select samples which are most likely to yield meaningful results. Peripheral blood should always be used for analysis in preference to heart blood. There are some general guidelines which should be followed when ordering toxicology testing.

a. In cases where the cause of death may have resulted from substance use, a volatile screen and drug screening will typically be ordered. Depending on case specifics, the screen could be comprehensive or an immunoassay. If necessary, quantitation can be done by GCMS or LCMS.

b. A volatile screen and comprehensive drug screen will be routinely ordered in cases of cases of sudden unexplained infant death, cases involving injury at the workplace, cases involving police action, and any case where gross examination does not yield an anatomic cause of death. Depending on case specifics, any results can be subsequently quantitated.

c. Cases of apparent homicides usually require a volatile screen and drug screen. Depending on case specifics and results of preliminary testing, additional testing may be appropriate.

d. Fatalities involving drivers of vehicles will require a volatile screen and drug screen with confirmation. Depending on circumstances, drug quantitation may be performed.

e. Qualitative drug testing, either through immunoassay or extraction, may be performed in cases where only the presence or absence of drugs needs to be addressed.

f. Specific requests for toxicology testing from submitted agencies will be honored, unless the ME determines that the testing is not needed for the death investigation and communicates directly with the agency official regarding the requesting testing.

iii. The rapid urine screen is performed at the time of the autopsy. The test is performed by the Medical Examiner, following instructions on the test kit package. The test results are recorded in the case notes, and the test card is photographed. If further testing is required from the toxicology section, the Medical Examiner will include the urine screen results on

the toxicology submission form. Use of this test was started after a concordance study conducted in the ASCL.

C. BIOCHEMICAL TESTING

i. Postmortem chemistries may be ordered when testing results will potentially add significant information affecting the cause, manner, or circumstances of death.
ii. Postmortem chemistries may be ordered on serum, urine, CSF, or vitreous humor.
iii. Routine electrolytes and glucose quantitation is performed by UAMS.
iv. Other chemistries (including heavy metal screening) require that the specimen be sent out to a reference laboratory.
v. Routine glucose and electrolytes may be ordered at the discretion of the ME; send outs to reference labs must be authorized by the Chief Medical Examiner or the Deputy Chief Medical Examiner.

D. MICROBIOLOGY

i. Microbiology studies may be performed whenever test results may affect the cause, manner, or circumstances of death. Testing will also be performed if a reportable, communicable disease is suspected, or if there are other significant public health concerns. Specimens for bacterial cultures are sent to UAMS. Specimens for viral cultures are sent to the Arkansas Department of Health (ADH).
ii. Fluid samples are drawn into a sterile syringe; the autopsy technician or the Medical Examiner properly labels the specimen. It is sealed by the Medical Examiner and submitted to the ME evidence technician. The ME evidence technician labels the specimen with the decedent's name, ME case number, date collected, type of contents and enters it into JusticeTrax. The specimens are transported on that day to the ADH or UAMS for analysis.
iii. Tissue samples are collected using sterile technique and placed in a sterile container. They are subsequently processed in the same manner as fluid samples.

E. GENETIC TESTING

i. The DNA section of the ASCL processes samples for suspected criminal cases. The CODIS section processes samples for identification.
    a. Specimens from the ME section may be submitted for DNA identification when necessary.
    b. In all homicide cases, the blood matrix card will be submitted to CODIS if a specimen is available. Any specimens with potential DNA evidence collected during the examination of a suspected homicide victim, including nail clippings, hair, cutaneous swabs, sexual assault swabs, and clothing will be submitted to DNA for processing and potential analysis.
    c. In cases other than suspected homicide (e.g. fetal paternity) submission for DNA identification is at the discretion of the ME or will be done if requested by the submitting agency.
ii. Specimens for genetic diseases may be submitted for analysis.
    a. Such testing is performed by reference laboratories and must be approved in advance by the Chief ME or the Deputy Chief ME.

b. Such testing may be performed when the history, autopsy, and other testing strongly indicates the presence of genetic disease and if the suspected genetic disease would have caused or contributed to death.
c. In instances where the medical history, autopsy findings, and other testing do not suggest genetic disease or if the suspected genetic disease would not have caused or contributed to death, testing will not be performed at the expense of the ASCL. In such instances, however, if family members wish to have such testing performed, the ASCL will send appropriate samples to a reference laboratory for testing at family expense.

F. ANTHROPOLOGY

i. Anthropology consultation will be considered whenever skeletonized or partly skeletonized remains are submitted to the ASCL for examination.
   a. Remains that are clearly nonhuman in origin will be treated like any other case submission. They will be assigned an ME case number, examined, and photographed. At the discretion of the submitting agency, the ME may either dispose of the nonhuman remains or return them to the submitting agency.
   b. Remains that are equivocal as far as human origin are concerned will be logged in as a case, examined, photographed, and sent to the anthropologist consultant for examination.
   c. When human skeletal remains are submitted for examination and the remains show evidence of aging consistent with historical remains, they will be submitted to the Arkansas Archeological Survey for analysis.
   d. Human skeletal remains that appear to represent anatomical specimens will be examined by the ME and returned to the agency.
   e. In cases where investigation and examination of skeletonized or partly skeletonized human remains yields a definitive cause and manner of death, and anthropologic examination is not otherwise needed for identification, submission for anthropologic examination is at the discretion of the ME.
   f. Human skeletal remains that are of recent origin will be examined by the ME and subsequently sent to the anthropology consultant for examination if the identity of the deceased is unknown and/or the cause of death is unknown.
   g. Upon completion of the exam, the anthropologist will issue a written report and return the remains to the ASCL.

G. ODONTOLOGY

i. Odontology consultation will be considered in all cases where identification of the deceased is not known and other identification methods have been unsuccessful.
   a. In cases where there are highly characteristic dental findings such that the ME can confidently establish identity through comparison with known records, odontology consultation is not necessary. In such cases, the ME will document the findings that established identity in the autopsy report.
   b. In cases requiring identification by the odontologist, the maxilla and mandible will be removed by the autopsy technician and transported as soon as possible to the odontologist office for X-rays, examination, and charting.

c. If X-rays and charting from a suspected decedent are available, they will be sent along with the teeth for comparison.
d. Upon completion of the examination, the odontologist will prepare a written report that is returned to the ME. If the odontologist establishes identity, this is reflected in the report. The maxilla and mandible are returned to the ASCL.

ii. Odontology consultation will also be considered in cases involving suspected bite marks.
a. All suspected bite marks will be swabbed for potential amylase and DNA analysis prior to any cleansing or other exam, unless the suspected bite mark has already been swabbed or cleansed. Control swabs will be taken from other uninvolved skin surfaces.
b. In cases of suspected bite marks, the odontologist will be consulted by phone. Based on initial information, the odontologist may elect to personally examine the suspected bite marks at the ASCL and take photographs and impressions. Alternatively, the odontologist may only need to view photographs taken by the ME.
c. When assessing bite marks, the odontologist will issue a report that is made a part of the ME case file.

XIV RETENTION AND DISPOSITION OF SAMPLES OBTAINED AT AUTOPSY

A. TOXICOLOGY SPECIMENS

i. Toxicology samples obtained at autopsy are retained:
   a. For at least six months following completion of the toxicology testing if the case was not a homicide.
   b. For at least one year following completion of the toxicology testing if the case was a homicide.
   c. Indefinitely at the direction of the ME or ASCL Executive Director.

B. TISSUE SAMPLES

i. Formalin-fixed tissue samples obtained at autopsy are retained:
   a. For at least one year following completion of the autopsy report.
   b. Indefinitely at the direction of the ME or ASCL Executive Director.

ii. Tissue blocks and histology slides on all cases are retained indefinitely.

C. NEXT OF KIN (NOK) NOTIFICATION

i. The ASCL does not automatically notify the NOK that toxicology and tissue samples have been retained.

ii. This includes instances where an entire organ (usually the brain) was retained for later exam.

iii. If the NOK inquires whether toxicology and/or tissue samples were retained, they will be immediately notified of the ME retention policy and given a general description of the retained samples.

iv. If the NOK desires more information, the ME of record should speak directly with the NOK to address their specific concerns and give more detailed information.

v. If the NOK wishes to have retained tissues and samples returned, it can only be done after completion of all necessary scientific testing.
   a. Tissues from homicides may be considered evidence and usually cannot be returned. Consultation with the prosecuting attorney or the Attorney General's Office may be necessary if the family is insistent.
   b. Tissues and samples from non-homicide cases may be released if all necessary testing has been performed.
   c. Tissues and samples may not be directly released to the NOK, but may be released to a funeral home or legal representative if the NOK plans a burial or cremation.
   d. If the NOK intends to have additional testing performed on samples or tissues retained at the ASCL, they will provide a mailing address for the laboratory performing the analysis, and the specimen will be sent directly to that laboratory. The specimens will not be released directly to the NOK under these circumstances.

D. DISPOSITION OF SAMPLES OBTAINED AT AUTOPSY

i. Samples are disposed according to the time guidelines outlined above.

ii. Samples slated for disposal are placed in biohazard waste containers and transported by contractor to their facility for sterilization and disposal..

XV INFANT DEATHS

A. GENERAL

In general, previously described policies and procedures regarding body transport, investigation, autopsy procedures, and ancillary testing also pertain to investigation of sudden, unexplained infant deaths (SUID). The purpose of this section is to address additional aspects of the overall investigative process which pertains to SUID.

B. INVESTIGATION

i. Coroners and/or law enforcement are expected to provide the ME with investigative information regarding cases of SUID.
ii. All cases of SUID require examination of the scene and other investigative information.
iii. Coroners and/or law enforcement are expected to complete a Sudden, Unexplained Infant Death Investigation (SUIDI) Form (ME-FORM-20).
iv. Ideally, the SUIDI form would accompany the body and be available prior to autopsy. In some instances, completion of the SUIDI form may not be practically possible prior to body submission. In such instances, the submitting agency should provide as much information as possible on the form, with the understanding that they are still responsible for obtaining the remainder of the information required by the form.
v. A copy of the form is included with the ME case submission guidelines, and is also on the ASCL web site.

C. AUTOPSY AND ANCILLARY TESTING

In general, autopsies in cases of SUID are conducted according to NAME performance standards. The following will detail additional steps routinely performed in cases of SUID. If organ or tissue donation has occurred prior to autopsy, some of the steps detailed below may no longer be performed.

i. External examination.
   a. Growth parameters, including metric weight, head circumference, chest circumference, abdominal circumference, crown-rump length, and body length will be taken after removal of medical devices.
ii. Internal examination and ancillary testing.
   a. A spinal puncture will be performed under sterile conditions to removal cerebrospinal fluid (CSF). This sample may either be submitted for microbiology, chemistries, or toxicology.
   b. As much peripheral and heart blood will be obtained as possible.
   c. An aerobic blood culture may be obtained, if sufficient quantities of blood are present, and if the history and/or external examination suggest bacterial infection.
   d. At the discretion of the ME, a sample of lung tissue may be obtained under sterile conditions and submitted for bacterial culture.
   e. Vitreous humor will be collected at the end of the internal examination, only after the ME determines that the ocular globes do not need to be removed for pathologic exam. If taken, the vitreous will be submitted for chemistries.

f. The ocular globes will be removed for pathologic exam in cases where blunt force head trauma is suspected.
g. Appropriate amounts of representative tissues from major organs and structures will be collected and placed in formalin for potential microscopic examination. These include brain, tongue, epiglottis, larynx, salivary gland, thyroid, trachea, lung, heart, liver, pancreas, spleen, adrenals, esophagus, stomach, small bowel, colon, urinary bladder, uterus and ovary (if female), testis (if male), bone marrow from rib and vertebral body, and middle ears.
h. Samples of brain and/or liver will be saved for potential toxicology testing unless the ME elects to fix the brain for later examinant.
i. One or more radiographs of the body will be taken and reviewed prior to autopsy.
j. When there is no gross cause of death in a case of SUID, microscopic examination will routinely be performed on the following tissues, unless they have been previously removed for donation: heart, lungs, trachea, liver, brain and meninges. Microscopic examination of other tissues and organs is at the discretion of the ME.

iii. Certification of SUID.

a. Following completion of the autopsy, review of investigative findings, and review of ancillary testing, the ME will certify the cause and manner of death in cases of SUID.
b. In cases where findings indicate SUID, the ME will follow published guidelines for certification of such deaths.
c. The published guidelines, “A Functional Approach to Sudden, Unexplained Infant Deaths”, are included in ME-DOC-04.

XVI IDENTIFICATION PROCEDURES

A. GENERAL

Most cases submitted to the ASCL for examination already have established identity. In cases where identification is equivocal, unknown, or otherwise needs confirmation, identity must be established through investigation and/or scientific testing.

In cases where identification is presumptive, the ME will assess the validity of the identification based on the autopsy findings and investigative information, and, if necessary, decide how best to confirm identity.

In cases where identification must be scientifically established, the ME should choose the method that will provide the timeliest possible results.

Direct viewing by family members is not considered a valid scientific means of identification. For this reason, direct viewing by family members is not permitted. In lieu of direct viewing, a digital image of the decedent's face may be taken and shown to family members. In rare instances, arrangements can be made for direct viewing through the window between the basement hallway and the morgue intake area. This may be done when authorized by the Chief Medical Examiner, ASCL Executive Director, or their respective designees.

B. FINGERPRINTS

i. Identification by fingerprints is performed by the Latent Print Section of the ASCL.
ii. In cases of unknown or uncertain identity, fingerprint comparison will usually be the first attempted method used to establish identity, assuming that suitable prints can be obtained from the body.
iii. Fingerprints for ID may be taken by the autopsy technician and submitted to the Latent Print Section through the ME evidence technician.
iv. Fingerprints can also be taken directly by an analyst from the Latent Print Section.
v. In cases where marked desiccation of the fingers has occurred, the autopsy technician may remove a fingertip. The Latent Print analyst will then take that tissue and re-hydrate it in order to obtain a suitable latent print.
vi. For results of the latent print comparison, the Latent Print analyst will notify the ME or the ME Investigator verbally and submit a report in JusticeTrax.

C. MEDICAL/RADIOLOGIC IDENTIFICATION

i. In cases where fingerprint identification is unsuccessful or unfeasible, medical or radiologic identification may be employed.
ii. Medical identification is based on autopsy confirmation of medical conditions and /or past surgeries known to have been associated with a given individual. The ME determines if the information generated by the autopsy is sufficiently specific enough to establish identification.
iii. Radiologic identification involves comparison of postmortem X-rays with antemortem X-rays of presumptive decedents. Total body X-rays will be taken on all charred bodies, on

some decomposed bodies, and on bodies that remain unidentified after other methods are unsuccessful. When attempting to establish radiologic identification, forensic investigators will be directed to inquire about available antemortem X-rays, and obtain them if necessary. The ME compares the postmortem and antemortem films, and determines if the radiologic findings are conclusive enough to establish or rule out identification. When making such comparisons, the ME will make written notes regarding the comparison.

D. DENTAL

i. Dental comparison may be utilized when fingerprint ID is unsuccessful or impossible, and if there are comparison dental X-rays or records available for the presumptive decedent.

ii. In cases where dental ID is attempted, the mandible and maxilla are removed, placed in a sealed, labeled container, and transported to the odontology consultant by an autopsy technician or forensic investigator, along with dental records, and/or antemortem dental X-rays.

iii. The odontologist then compares the dentition of the decedent with records and/or X-rays.

iv. The odontologist provides a written report on all exams, regardless of whether or not identity was established.

v. When identification is established by dental means, the odontologist will provide a statement in writing. It is the responsibility of the ME to review the odontologist's findings before ID is officially established.

vi. In cases where all other means of identification have been attempted and failed, the maxilla and mandible will be removed and submitted to the odontologist for examination. The odontologist will chart the teeth so that the dental information may be entered into the National Missing and Unidentified Persons System (NAMUS).

vii. The odontologist will return the teeth to the ASCL upon completion of the dental examination.

E. DNA

i. Samples removed at autopsy may be submitted for identification through DNA comparison.
   a. Identification through DNA comparison may be considered when other methods are not applicable or more time consuming.

ii. Samples for DNA comparison are collected at autopsy and submitted in the usual manner.
   a. In cases where samples from family members or the decedent's personal effects are required for comparison, it is the responsibility of the submitting agency to obtain the comparison samples and submit them to the ASCL.

iii. Upon completion of the comparison studies, the DNA analyst will submit a written report.
   a. The written report will include statistical information and address the likelihood of identification.
   b. It is the responsibility of the Medical Examiner to review the DNA results and officially determine identification.

F. UNIDENTIFIED HUMAN REMAINS

i. In cases where all available means to establish identity have been unsuccessful, steps will be taken to ensure future identification.

a. Specimens will be processed for nuclear DNA at the ASCL, and entered into CODIS. If nuclear DNA cannot be obtained, an appropriate sample will be sent to a reference laboratory for mitochondrial DNA.
b. Fingerprints will be entered into AFIS and missing persons database.
c. Total body X-rays will be taken.
d. Skeletonized human remains will be examined by a physical anthropologist.
e. If dentition is present, the mandible and maxilla will be removed and the teeth charted by the forensic odontologist.

ii. All data generated by the various analyses will be entered into NAMUS.

iii. Unidentified human remains will remain in the custody of the ASCL for at least 6 months following case submission.

iv. After 6 months and entry of all information into NAMUS, the coroner in the county of origin will be contacted to arrange for the final disposition of the remains.

v. Final disposition of the remains in cases of unidentified and unclaimed bodies is the responsibility of the county of origin.

vi. Unidentified or unclaimed bodies will be released in the usual manner.

XVII RELEASE OF INFORMATION

A. STATUTES

i. ACA12-12-312 (a.) (1) (A) (i): "The records, files, and information kept, obtained, or retained by the State Crime Laboratory under the provisions of the subchapter shall be privileged and confidential".

ACA12-12-312 (a) (1) (A) (ii): "The records, files, and information shall be released only under and by the direction of a court of competent jurisdiction, the prosecuting attorney having jurisdiction over the case, or the public defender appointed or assigned to the case".

a. At first glance, these parts of the ME statutes would appear to severely restrict release of <u>any</u> information generated by examinations performed at the ASCL. In actual practice, however, this part of the statute is only strictly applied to homicides and suspected homicides; in most instances, the entities cited in the statute above are disinterested in release of information in cases of natural death, accident, or suicide. Discretion should be used in releasing information on cases which are not homicides and if there is any question, the prosecutor should be consulted.

ii. ACA12-12-312 (a) (2): "However, a full report of the facts developed by the State Medical Examiner or his or her assistants shall be promptly filed with law enforcement agencies, coroner, and prosecuting attorney of the jurisdiction in which the death occurred".

a. This provides the legal basis for issuing cause of death statements and autopsy reports to law enforcement investigators, coroners, and prosecuting attorneys on all ME cases.

iii. ACA12-12-317 (a): "The certificate of death of any person whose death is investigated under the provisions of this subchapter shall be made by the State Medical Examiner or by his or her designee or by the coroner, whoever shall have conducted the investigation".

ACA12-12-317 (b): "However, when a postmortem examination has been performed, the certification of death shall be made and signed by the examiner or his or her associates or assistants, whoever shall have performed the postmortem examination".

a. This section authorizes the ME to certify cause and manner of death in all cases examined at the ASCL. It should be remembered that death certification, by its inherent nature, involves release of information. While the ME is authorized to complete the DC, there may be instances where individuals cited in ACA12-12-312 (a) (1) (A) (ii) may wish to delay release of a final death certificate in order to facilitate investigation. The ME will comply with such requests under these circumstances.

B. DEATH CERTIFICATES

i. Death certificates are completed by the pathologist who conducted the examination or by the supervising pathologist if the examination was performed by a UAMS resident.

a. Upon completion of the autopsy, the ME will fill out a death certificate template with the decedent's name, the cause of death, the manner of death and other information requested from the certifier.

b. Information from the template is entered into the Electronic Registration of Arkansas Vital Events (ERAVE).

c. The pathologist will then certify the death in the ERAVE system.

d. If the cause and or manner of death are not initially known following the autopsy, they will be listed as "pending".
e. The medicolegal secretary will also complete a Cause of Death (COD) Form (ME-FORM-26).
f. The COD form will be signed and returned to the medicolegal secretary.

ii. In assigning a final cause of death, the Medical Examiner will use terminology consistent with ICD-10 classification.

iii. A pending death certificate or a death certificate with the final cause and manner of death is not released with the body. The death certificate is available on iResults.

iv. In cases amended from pending status either a supplemental form is sent to the ADH with the final cause and manner of death, or the certificate is completed electronically through ERAVE.

v. Information on the death certificate, including the cause and manner of death, can be released over the phone to the prosecuting attorney, the investigating agency, the coroner, the individual listed as the next of kin, or an individual authorized to receive the information by the next of kin. All other inquiries regarding information on the death certificate, including those from the media, should be referred to the coroner, prosecuting attorney, or investigating law enforcement agency.

C. AUTOPSY REPORTS

i. When autopsy reports are completed, they are available electronically on iResults to the prosecuting attorney, coroner, and investigating law enforcement agency in the jurisdiction where the incident and death occurred.

ii. In cases where an incident that led to death took place in a jurisdiction different from the one in which death took place, the coroner in the county of death will have access to the autopsy report in iResults; the coroner, law enforcement agency, and prosecutor in the jurisdiction where the incident took place will also have access to the autopsy report on iResults.

iii. Next of kin (NOK) or persons authorized by the NOK may request an autopsy report by submitting a written request to the Medical Examiner. The letter must describe the relationship of the requesting party to the deceased, and a $25.00 check (made out to the ASCL to cover clerical costs) is also required. Insurance companies requesting autopsy reports must provide a letter of consent from the NOK, and include a $25.00 check.
    a. In cases of homicide or undetermined cause, the NOK or insurance company must seek and obtain authorization for release of the report through the office of the prosecuting attorney with jurisdiction in the case.
    b. Authorization from the prosecutor for release of the report to the NOK or their representative is not required in cases where death has been attributed to natural causes, suicide, or accident, unless the ME has otherwise been directed not to release the information.

iv. Defense Counsel.
    a. Upon request from a full time public defender or an appointed public defender, the full autopsy report will be provided; authorization from the prosecutor is not required.
    b. When a private attorney requests an autopsy report, the release has to be authorized from the prosecuting attorney having jurisdiction in the case.

v. Active Duty Military Personnel.
   a. Autopsy reports on active duty military personnel will be sent to the military OSI and/or the Armed Forces Medical Examiner, after authorization from the prosecutor is received

vi. Hospitals and Treating Physician.
   a. Hospitals and treating physicians may receive autopsy reports upon their request, unless the manner of death has been determined to be homicide or undetermined. In those instances, release of the report must be authorized by the prosecuting attorney having jurisdiction.

vii. Other governmental agencies (FAA, VA, Department of Corrections, etc.)
   a. Other governmental agencies may receive autopsy reports, unless the manner has been ruled homicide or undetermined. In these instances, release of the report has to be authorized by the prosecutor.

viii. Individuals other than the NOK or those authorized by statute, including the media, may not be sent an autopsy report, unless it is authorized by the prosecutor or by court order.

D. AUTOPSY IMAGES/PHOTOGRAPHS.

i. Images taken during autopsy examination are not routinely distributed.
   a. In cases where the manner of death is homicide, the prosecuting attorney having jurisdiction in the case will be mailed all of the case images on digital media (CD-rom) when requested.
   b. Prosecutors and law enforcement will be provided with a copy of case images on CD-rom when they make a request, regardless of the manner of death.
   c. Coroners will be provided case images only on authorization from the prosecuting attorney.

ii. Due to their sensitive nature, autopsy photos are not released directly to family members.
   a. The ASCL will release autopsy photos to the NOK's legal counsel, provided counsel has obtained written authorization from the prosecuting attorney or a court order for their release.

iii. Autopsy images will not be released to the media, unless authorized by the prosecuting attorney having jurisdiction or by a court order.

E. CASE FILE

i. Material in the case file, including the autopsy report, photos, and laboratory test results are not subject to release through the Freedom of Information (FOI) Act.

ii. A copy of the entire case file will be provided on request to the prosecuting attorney having jurisdiction over the case.

iii. A copy of the entire case file will be provided to anyone who has obtained a court order from a court of competent jurisdiction.

F. MEETINGS AND TELEPHONE CONVERSATIONS

i. The ME may meet at any time with a coroner, law enforcement investigator, or prosecuting attorney regarding a case, providing they have jurisdiction.

ii. In cases where a defendant is represented by a public defender who wishes to meet with the ME, it is not necessary to seek or obtain authorization for the meeting from the prosecuting attorney who has jurisdiction in the case.

a. This includes full time public defenders, as well as private attorneys who have been appointed to be a public defender for that case.

iii. In cases where a defendant is represented by a private attorney who is not an appointed public defender, a meeting to discuss autopsy findings has to be authorized by the prosecuting attorney having jurisdiction in the case, or by a court order.

iv. Next of kin may seek a meeting with the ME regarding autopsy findings.

a. If a case involves a natural cause of death, suicide, or accident, authorization from the prosecuting attorney is not necessary.

b. If the manner of death has been ruled homicide or undetermined, the NOK must obtain written authorization from the prosecuting attorney before meeting with the ME.

v. For cases that are known to be homicides, or are being actively investigated as suspicious, verbal information regarding initial autopsy findings other than the cause and manner of death may be given only to the law enforcement agency involved in the case and the prosecuting attorney having jurisdiction on the case. All other individuals who request verbal investigation, including county coroners, must have authorization from the prosecuting attorney prior to release of verbal information other than cause and manner of death.

vi. For all other non-natural and natural deaths, initial autopsy findings can be verbally released to law enforcement, prosecuting attorneys, and county coroners.

vii. When initial autopsy findings conclusively indicate death was from natural causes, the NOK or their representative may be given verbal information regarding the death.

G. MEDIA RELATIONS

i. It is recognized that examinations performed at the ASCL often generate considerable interest by the public and the media. Cases which most typically generate interest include homicides or suspicious deaths. In such cases, there may be a legitimate need to restrict early dissemination of information about the case. It is not the duty of the Chief Medical Examiner or the Medical Examiner staff to determine if case related information may be released to the media.

ii. Media inquiries regarding active cases should be politely turned down, and the requesting party reminded that ACA12-12-312(A) prohibits release of information generated by the Medical Examiner to parties other than those listed in the statute.

iii. If the prosecuting attorney having jurisdiction in the case provides authorization, the Medical Examiner may discuss specifics of a given case with the media, if approved by the Executive Director or Assistant Director.

iv. Even with authorization from the prosecutor, the Medical Examiner is under no obligation to discuss a case with a media representative. If proper authorization has been granted, the Medical Examiner is expected to use discretion regarding release of information to media. The Medical Examiner should remember that there may be issues involved in a given case which would potentially cause embarrassment or distress to family members if released.

v. Media inquiries regarding issues that are not specifically case related should be referred to the Chief Medical Examiner or Deputy Chief Medical Examiner for response.

XVIII PRODUCTION OF AUTOPSY REPORTS AND ARCHIVING OF CASE FILES

A. DICTATION SYSTEM

i. The ME is encouraged to dictate the rough draft of an autopsy report on the day of the examination. It is recognized that this may occasionally not be feasible, but a dictated rough draft should be complete within 72 hours of the gross examination. The Chief ME or designee will be notified by clerical staff regarding non-dictated cases older than 72 hours.

ii. Case dictations are made on hand-held, digital voice recorders.

iii. The software system currently used for the digital recorders is DSS Player Pro Dictation Module (version 4.10.3).

iv. Following case dictation, the ME transfers the voice file to the recording cue.

v. The ME identifies the recording by case number when the data transfer is made.

B. NORMAL PROCEDURES

i. Voice files from the recording queue are obtained by the transcriptionists. For off-site transcription, the transcriptionist accesses the electronic voice files and transfers the rough dictation back to the laboratory when it is completed.

ii. The rough draft is transcribed in the form of a Microsoft Word Document.

iii. Voice files are maintained in the system until the autopsy report is completed.

iv. Upon completion of the rough draft, the report is electronically available to the pathologist for review and revision. Alternatively, a rough draft may be printed and given to the pathologist for revision.

v. At any time during the process, additional case findings (e.g., Neuropathology, Histology, Toxicology, Chemistries) may be added to the report.

vi. Revisions to the report may be made directly by the ME, or by a transcriptionist using notes or dictation.

vii. Additional draft reports may be requested by the pathologist.

viii. When the ME is satisfied as to the content and quality of the report, it will be transferred into JusticeTrax.

ix. The final draft is reviewed by the pathologist of record and electronically signed ('draft completed'). Another pathologist technically reviews the completed report and electronically signs it.

x. All final reports are administratively reviewed and electronically signed either by the Chief Medical Examiner or another Medical Examiner.

C. TRANSCRIPTIONIST DUTIES

i. The primary responsibility of the transcriptionist is to transform the Medical Examiner's oral case dictation into written documents.

ii. On occasion, transcriptionists may also be asked to produce other documents at the discretion of the Office Manager, Chief Medical Examiner, Deputy Chief Medical Examiner, or Associate Medical Examiners.

D. TRANSCRIPTIONIST SCHEDULING

i. In-House:

a. While working in-house, transcriptionists are expected to work normal work hours.

ii. Off-site transcription:
   a. The option for transcriptionists to work from home is a privilege. This privilege can potentially be withdrawn at any time.
   b. Only individuals with a satisfactory or better work performance are eligible to work off-site. Individuals who are still in their probation period are not eligible.
   c. Participation in this program is voluntary.
   d. If working from home, program participants must still work a full 40 hour week, and be on duty during normal working hours.
   e. When working from home, program participants are expected to be accessible through their home phone.
   f. Scheduling involving offsite transcription is to be arranged by the participants and the Office Manager to their mutual satisfaction.
   g. At least one transcriptionist will always be on duty at the ASCL during normal working hours.
   h. When working offsite, transcriptionists must maintain or improve their already established levels of productivity.
   i. While working offsite, transcriptionists will work only on rough drafts.
   j. Following completion of the rough draft, it will be transferred electronically to the ASCL network.

E. TRANSCRIPTIONIST-WORK PERFORMANCE

i. Work performance is based on the quantity of typing produced, as well the quality of the work.
ii. While it is expected that a certain basic level of work quantity and quality is absolutely necessary, it is recognized that job performance will vary from individual to individual, based on ability, experience, and training.
iii. The Medical Examiner Office Manager will establish criteria for satisfactory, above average, and exceptional work performance.

F. ARCHIVING OF AUTOPSY REPORTS, RECORDS AND PHOTOGRAPHS

i. The electronically signed autopsy report is kept in the JusticeTrax case file. A signed copy is kept in the paper case file.
ii. Current paper case files, and files from approximately four preceding years are stored in the clerical areas of the ME office.
iii. Paper case files approximately four to fourteen years old are stored in the Annex building across Natural Resources Drive.
iv. Paper case files which are fifteen years old or greater are currently being stored indefinitely at a secure, off-site storage center.
v. Since 2008, all information generated by the Medical Examiner's Office in relation to a given case, including investigator's notes, pathologist's notes, autopsy reports, submission and release forms, and ancillary testing results are scanned into electronic form, and saved in JusticeTrax. All data in JusticeTrax is backed up on tape and taken to an off-site location.
vi. Autopsy photos (specifically digital images) are stored in individual case files on JusticeTrax. Digital images are also stored electronically in photovault. Digital images are also archived on permanent media and stored in the Forensic Photographer's office.

G. OVERDUE CASES

i. Monitoring for overdue case reports is discussed in the section on quality control.

XIX ORGAN AND TISSUE DONATION

A. POLICY ON ORGAN AND TISSUE DONATION

i. It is the policy of the Medical Examiner section to facilitate organ and tissue donation in cases which are submitted or are going to be submitted to the ASCL for examination, providing that the donation will not negatively affect the quality of the forensic medical examination.

ii. Revised Uniform Anatomic Gift Act (UAGA).
   a. According to this statute, in cases where a body is going to be submitted to the ASCL for forensic examination, the Medical Examiner determines whether or not donation may take place (Appendix 4).

B. CASE NOTIFICATION

i. Most donor requests will come from Arkansas Regional Organ Recovery Agency (ARORA). Requests from other agencies will be addressed below.

ii. During normal business hours, ARORA may either call the Medical Examiner assigned to screen requests, or email an Organ/Tissue Donation Request Form (ME-FORM-27) to the assigned ME.

iii. ARORA will supply core information on the request form. This includes:
   a. Name and agency of the reporting party
   b. The decedent's name
   c. The current location of the decedent
   d. Their life status (i.e. pronounced dead with no life support, pronounced brain dead but on life, brain death anticipated).
   e. A brief synopsis of the case.
   f. A brief description of any known injuries or medical problems.
   g. The requested organs and/or tissues.

iv. The Medical Examiner will consider the available information and decide:
   a. That more case information is needed
   b. That the request is reasonable, and that all requested organs and tissues may be recovered prior to autopsy.
   c. That some of the requested organs and tissues may be recovered, but that recovery of some organs or tissues may compromise the forensic medical examination or
   d. That tissues or organs may be recovered prior to autopsy since it would compromise the forensic medical examination.

v. In deciding whether or not to release organs or tissues prior to autopsy, each individual case should be carefully considered as to whether recovery of any or all of the requested organs or tissues would eliminate or obscure findings vital to the determination of the cause, manner, or circumstances of death. If all of the case related information is provided to the Medical Examiner, an informed decision can be made. Although organ and tissue recovery is important, the Medical Examiner must recall that their primary responsibility is death investigation. If there is any question regarding whether or not to release organs and tissues for donation, the Medical Examiner should err on the side of caution, and deny the request.

vi. The Medical Examiner will complete ME-FORM-27, and send it back to ARORA by email. A copy will be stored electronically in the case file.

vii. After hours, weekends, and holidays, ARORA may either email ME-FORM-27 to the assigned ME, or contact them directly by phone.

viii. Requests are occasionally received from Mid America Transplant Foundation and Mid South Transplant Foundation. Any such requests will be forwarded to the assigned ME for consideration. After obtaining the requisite background information, the ME may give verbal consent, and will complete ME-FORM-27 as soon as possible for inclusion in the case file.

ix. In some instances, local authorities may be reluctant to approve organ/tissue release in any cases. Although the UAGA clearly indicates that the ME has the authority to release organs and tissues for donation, such concerns on the part of local authorities should not be simply dismissed. In some instances, local reluctance to approve organ or tissue releases is based on misperceptions regarding the recovery process and how it will impact the forensic medical examination. The Medical Examiner may need to directly contact the concerned parties to educate and reassure them. Medical Examiners occupy a unique professional niche that allows them to understand both the medical aspects of a case and any issues related to its forensic science workup.

XX QUALITY ASSURANCE PLAN

A. GENERAL

i. The Quality Assurance Plan is comprehensive, and encompasses medical, investigative, and clerical functions.

B. QUALITY ASSURANCE GOALS

i. One primary goal for every case submitted to the Medical Examiner is to produce a report that is thorough, accurate, and delivered in a timely manner.

ii. The major focus of the quality assurance program is to insure cases are performed in a professionally acceptable and timely manner.

iii. The quality and quantity of investigative information accompanying the bodies must also be thorough and accurate.

iv. The written autopsy report should be well written, organized, understandable, and free of factual, grammatical, and typographical errors.

B. QUALITY ASSURANCE OF FORENSIC EXAMINATIONS AND INVESTIGATIONS

i. Policies and procedures outlined in this manual are intended to ensure that autopsies are performed when necessary, that appropriate diagnostic steps are taken during the exam, that documentation is thorough, and that appropriate amounts of investigative information have been obtained.

ii. At morning rounds, each case is individually reviewed. For each case, the main considerations are:

   a. The level of examination (full autopsy, partial autopsy, or external examination).
   b. The main diagnostic considerations, based on the available information.
   c. Appropriate ancillary testing.
   d. The quality and quantity of investigative information.

iii. In many instances, the necessary level of examination will be obvious, as will be the diagnostic considerations, the necessary ancillary testing, and the amount of investigative information. Such cases will not require considerable discussion. In cases where these factors are less clear, more discussion will be required.

iv. The forensic investigators present during rounds will be directed to obtain any urgently needed investigative information as soon as possible.

v. Information from each Medical Examiner case is entered into the ASCL's Laboratory Information Management System evidence, JusticeTrax. The information is entered by the clerical staff or by the investigators.

vi. An annual statistical report will be generated upon completion of all cases from the previous calendar year.

C. QUALITY ASSURANCE OF AUTOPSY REPORTS

i. The Medical Examiner who performed the examination is responsible for timely dictation of the report, proofreading the rough draft, correcting any typographical or grammatical errors, and submitting the report for final form.

ii. The Medical Examiner of record rereads the final report, corrects any remaining errors, and electronically signs the report in JusticeTrax.

iii. All examination reports are technically reviewed by one other Medical Examiner. The technical reviewer is not necessarily expected to read the entire report, but is expected to read those parts which pertain to the cause, manner, and circumstances of death. Review criteria are listed on Autopsy Report Review Form (ME-FORM-28). This form is filled out and signed by the technical reviewer. If there is no need for discussion, the reviewer will then electronically sign the report. If there is a need to discuss any diagnostic issues or grammatical/typographical errors, the reviewer will notify the Medical Examiner of record for discussion and resolution. After any necessary changes are made, the ME of record and the reviewer will electronically sign the final report.

iv. After review and signature from the Medical Examiner of record and the reviewer, the report is submitted to the Chief Medical Examiner for administrative review. When the Chief ME is not available, the Deputy Chief ME or an Associate ME is authorized to perform the administrative review. The administrative reviewer completes the Report Review form, electronically signs the report and returns the paper file to the public relations liaison.

v. Cases performed by the Chief ME are technically and administratively reviewed by the Deputy Chief ME or an Associate ME.

vi. Since each report is peer reviewed by 2 other pathologists prior to release, an annual quality review would be redundant. A performance evaluation of each Medical Examiner is conducted annually. The Chief Medical Examiner evaluates the Deputy Chief ME and the ASCL Executive Director evaluates the Chief ME. One of the evaluation criteria is "Quality of Work"; this encompasses many aspects, but the major consideration here is autopsy performance.

D. OVERDUE TOXICOLOGY AND AUTOPSY REPORTS

i. Toxicology reports are considered overdue if incomplete within 60 calendar days of submission to the Toxicology Section. Autopsy reports are considered overdue if incomplete within 90 calendar days of the autopsy.

   a. Every other Monday, the officer manager or clerical staff will generate an incomplete autopsy case list for each ME. The list will include all incomplete cases for that particular ME, and indicate the status of toxicology testing for each case. The Chief ME will receive a copy of each ME's list, and other staff members will receive a copy of their own list.

   b. On the following Thursday afternoon, incomplete cases will be reviewed at the weekly Medical Examiner staff meeting. Emphasis will be placed on completion of the oldest cases, especially those older than 60 days. Any discussion regarding a given case will be documented. The disposition of all cases discussed will be documented and filed.

E. CONSULTS

i. Consultation with colleagues is a vital part of forensic medical practice. When consultation has been performed, it should be documented as part of the quality assurance program. Most consultations will be "in-house," that is, with another member of the Medical Examiner staff.

ii. When in-house consultation takes place, the ME who has been consulted will record the date and nature of the consultation on the ME Examination Report Review form.

iii. On occasion, it may be necessary to consult with other practitioners outside of the Medical Examiner Section. When outside consultations are informal, i.e., with no report produced by the consultant, the ME will document the consultation. The ME is responsible for documenting the date, time, consulting party, and the results of the consultation.

XXI MASS FATALITY PLAN

A. INTRODUCTION

i. The Arkansas Department of Health (ADH) is responsible for management of mass fatality events in Arkansas, and for producing the state's mass fatality plan.

ii. In the event of an incident with mass fatalities, the Medical Examiner Section of the ASCL is considered a support agency, and may be called upon for assistance.

iii. As with any other deaths in Arkansas, the State Medical Examiner does not have primary jurisdictional control over deaths occurring as a result of a mass fatality event. The State Medical Examiner may only be involved when asked to do so by local, state, or federal authorities.

iv. Many mass fatality events will automatically be investigated and managed by federal agencies. These include mass transportation disasters, terroristic acts, and events which take place on federal lands. Other mass fatality events, including natural disasters such as earthquakes, floods, tornadoes, etc. would likely fall under local or state jurisdiction.

v. For purposes of this manual, a mass fatality incident is defined as any situation in which there are more human bodies to be recovered than can be handled by the usual local resources.

vi. The procedures outlined below essentially assume that the event falls under local or state jurisdiction, and that these authorities have relegated some aspects of the response to the State Medical Examiner. In a real situation with mass fatalities, local, state, or federal officials may elect to assume overall responsibility for management of the mass fatalities, but request the assistance of the State Medical Examiner for certain aspects of the operation, e.g., transportation and storage of the bodies, decedent identification, and performance of autopsies. In such a circumstance, only parts of the procedures outlined below may apply. The State Medical Examiner will cooperate fully with any government entity to help insure that victims of mass fatalities are identified and examined in the timeliest possible manner.

vii. As with any other cases referred to the ASCL for examination, if decedents of mass fatalities are examined by the State Medical Examiner, the State Medical Examiner assumes responsibility for assigning cause and manner of death, completion of death certificates, and identification of the deceased.

viii. The mass fatality plan will be reviewed annually with all critical ASCL staff.

B. INITIAL EVALUATION

i. Evaluation team.

   a. When notified of a mass fatality event, the evaluation team will meet at the ASCL immediately.

   b. The team consists of the Chief Medical Examiner, the Executive Director of the ASCL, and the Chief Forensic Investigator (or their respective designees).

   c. The team may elect to mobilize the portable body cooler, or may be directed to do so by the appropriate authorities.

ii. If the scene is in reasonably close proximity to the ASCL, i.e. within a 50 mile radius, the team may elect to proceed directly there.

iii. If farther away, the team may attempt to obtain some basic information regarding the event in order to ascertain if their direct presence is required.

iv. Before entering a scene, it must be assessed for safety, and the team be given clearance by the appropriate agency.

v. At the scene (or by phone), the team will assess the following:
   a. The approximate number of fatalities.
   b. The condition of the bodies.
   c. The level of difficulty in recovering bodies.
   d. The accessibility of the incident scene.
   e. Any potential chemical, biological, physical, or radiologic hazards.

vi. After evaluating the scene, the team will begin to formulate a plan for documentation, body recovery, and transportation.

vii. After evaluating the scene, the team will select a site for a temporary morgue, including estimation of personnel needs. The temporary morgue serves as a holding area until the examination center is prepared to receive additional bodies.

viii. The evaluation team will select a site for the examination center, and estimate its personnel needs.
   a. In most instances, the examination center will be the ASCL.
   b. Additional examination space is available in the Natural Resources Complex, specifically, the examination area at the Livestock and Poultry Commission, and at the ASCL annex building.
   c. In certain circumstances, it may be preferable to establish an examination center closer to the incident scene. If a local examination center is preferable, the State Medical Examiner will select an appropriate examination site.

ix. The evaluation team will select a site for the family assistance center, and estimate its personnel needs.

x. The evaluation team will consider whether assistance from DMORT (Disaster Mortuary Operational Response Team) is advisable. The official request for such assistance must come from local or state authorities.

xi. The evaluation team will assess the need for establishing a long-term examination site for processing biological specimens and evidence not originally accessed at the scene or examination center.

C. SCENE RESPONSIBILITIES

i. If delegated authority to do so, the State ME will develop a plan for scene processing in conjunction with police, fire fighters, and rescue personnel. The incident command system (ICS) will be instituted.

ii. Equipment.
   a. An equipment/supply officer will be designated.
   b. Protective clothing/gear for workers will be provided, as dictated by the situation. This may include, but is not limited to: gloves, boots, coats, hard hats, rain suits, and respirators.
   c. Body bags of sufficient quantity and type will be made available.
   d. If needed, refrigerated truck trailers with metal floors may be used for body storage. Up to twenty bodies may be stored in a 40 foot trailer.
   e. Transportation for personnel, equipment, and bodies will be made available.

f. Tents and storage areas will be made available.
g. Paint for numbering, flags for marking locations, plastic toe tags, permanent pens, biohazard bags/boxes will be made available.
h. Photography equipment will be made available.
i. Materials necessary to establish a grid system will be made available. Alternatively, a GPS system may be employed.
j. Communication devices such as radios or cell phones will be made available.
k. Writing and/or computer equipment for scene log maintenance will be made available.
l. Equipment necessary for worker health and safety will be made available. This includes first aid stations, any necessary immunizations, and stress debriefing.
m. Rest stations and food will be made available for workers.

iii. Body recovery teams-general.
a. A team approach will be used to recover bodies or body parts.
b. Recovery teams, at minimum, will consist of an ME investigator or coroner investigator, an assistant to the investigator (possibly fire, police, or military personnel), a scribe, and a photographer. Depending on the needs of the situation, the teams could also include a physical anthropologist, an evidence technician, and a scene registrar.
c. For each team, a supervisor will be appointed.
d. Prior to search and recovery, an adequate search pattern will be established. Use of a grid or aids such as GPS for each body or body part discovered shall be considered when establishing a search plan.
e. Prior to search and recovery, a uniform system of documentation will be established.
f. Utilization of engineering or surveying consultants may also be considered.

iv. Body recovery teams-search, recovery, transport.
a. Prior to search and recovery, security in the area must be assured.
b. The recovery teams will deploy to designated areas to begin search and recovery.
c. When found, bodies and/or body parts will be assigned a recovery number according to the predetermined plan.
d. The body or body part will be photographed in situ, have a tag attached with the recovery number, and be photographed once more with the tag.
e. The scribe is responsible for maintaining the scene log. The log will record the type of remains that are recovered (i.e. intact body, body part, and what type of body part), its location in the grid, the time of recovery, and any other information deemed necessary by the team supervisor.
f. The recovered body or body parts will be placed in body bags and taken from the recovery site to the temporary morgue.

v. Scene registrar.
a. The scene registrar is responsible for entering scene data into the total record system.
b. The registrar must have a system in place to track used supplies.
c. The registrar also assesses issues related to equipment replenishment and billing.

D. TEMPORARY MORGUE/EXAMINATION CENTER

i. The following implies in part to the temporary morgue and the examination center.
ii. Equipment and faculties-early considerations.

a. Site selection for temporary morgue and examination center is based on findings of an evaluation team.
b. Security badges will be issued; these display different colors which reference function and access.
c. A unique numbering system different from usual ME case numbers will be used to identify remains.
d. If necessary, refrigerated trucks with ramps for access will be employed for body storage.
e. Protective clothing-gloves, scrubs, aprons, shoes, shoe covers, masks, overalls, head gear, and respirators will be made available.
f. Communication equipment such as cell phones, land lines, radios, fax, and public address will be made available if needed.
g. An adequate number of computers and computer operators will be available for data entry and transfer. Information on the computer should be backed up daily.
h. Certain records will be maintained. A morgue/examination center registrar will be responsible for managing the records. The registrar will be assisted by data entry operators and data analysts. The registrar is responsible for maintaining a personnel log which includes the name, agency, social security number, and in and out time of all individuals working in the morgue/examination center. The registrar is also responsible for providing any necessary antemortem and postmortem formats and forms.
i. Any necessary office equipment and supplies will be provided.
j. Each examination station will have all the forms and paperwork necessary for compiling a disaster victim packet.
k. The station processing plan should be flexible to fit the situation.
l. Provisions necessary for worker safety and comfort will be available. These include all necessary health care provisions, immunizations, rest areas, nutritional needs, and stress debriefing.

iii. Station system and personnel-registration of body and body receiving area.
a. Receipt of a transportation log or like document is completed at the temporary morgue.
b. Log in documentation from the temporary morgue includes the date, time, and number from the scene.
c. A permanent body tracker is assigned in the receiving area.
d. At this time, transfer of the chart and all required documentation (the disaster victim packet) is made to the individual tracker.

iv. Station system and personnel-screening station
a. At this station, personal effects and clothing are documented, and anatomic charting begun. Evidence may also be collected at this station. This is the point at which a decision can be made for a specimen (body part, fragmented remains, or partial body) to take a long path through all subsequent stations or a shorter path with an examination at the morphology station and DNA only retrieved. Criteria for the long and short paths need to be established before the disaster.
b. Personnel required for the screening station include a Medical Examiner, an assistant to the Medical Examiner, a scribe, a photographer, and a personal effects technician.

Depending on circumstances, an evidence technician, an anthropologist, and other specialists may be part of the screening team.

c. All paperwork generated at this station (the disaster victim packet) must be placed in the case file to go with the tracker and body to the next station. This procedure is repeated at every station.
d. At this station, there is the option of DNA or other specimen procurement (this requires a lab technician for transmission).

v. Station system and personnel-print station.
   a. This station requires a print specialist (latent print section of ASCL, local law enforcement, FBI disaster squad).
   b. Prints of all bodies will be taken.
   c. The proper documentary forms will be completed.
   d. Hands or fingers may be removed at the discretion of the Chief Medical Examiner.

vi. Station system and personnel-radiology/X-ray station.
   a. Personnel at this station include a radiologist and an X-ray technician.
   b. Necessary equipment includes portable X-ray units, film, developers, and viewers.
   c. Full body X-rays are mandatory.
   d. Dental X-rays may be part of this operation, or alternatively may be performed at the dental station.
   e. All films are logged with the morgue ID number, the date and time, the radiograph number, the number of films taken, and the initial signature of the technician.

vii. Station system and personnel-dental station.
   a. Required personnel at this station include an odontologist, a dental assistant, a photographer, an evidence technician, and a scribe.
   b. Dental X-rays are performed at this station, if not performed previously.
   c. Dental charting is performed at this station, utilizing the universal numbering system.
   d. As soon as data is available, it is entered into WIN ID 2.
   e. Jaws are removed only on non-viewable bodies at the discretion of the Chief ME or chief odontologist. If removed, the maxilla and mandible are to be placed in a properly identified container and ultimately placed back with the body after processing.

viii. Station system and personnel-autopsy station.
   a. The decision for complete or partial autopsy resides with the Chief ME or his designee. Full autopsies will always be performed in deaths resulting from suspected terrorism, when the manner of death is indeterminate, on all flight crew members, unidentified remains, at the request of federal officials, or if the deaths are likely to be ruled homicides. On autopsies involving flight crew members, the same pathologist should do all of the autopsies.
   b. Necessary personnel at the autopsy station include the forensic pathologist, an autopsy assistant, an evidence technician, a scribe, and a photographer. Additional personnel, including a bomb technician or a lab technician may be used as needed.
   c. Specimen for DNA will be obtained at this station. This can be 4 ml of blood in a purple top tube, 5-10 grams of skeletal muscle, spleen, liver, bone, and/or teeth.
   d. Appropriate toxicology specimens will be removed at this station.
   e. Any material of evidentiary value will be collected at this station.

f. Upon completion of the exam, forms designating preliminary autopsy findings will be completed and returned to the tracker.
g. Histology and toxicology specimens recovered at autopsy will be turned over to the lab tech for transmission.

ix. Station system and personnel-anthropology/morphology station.
a. Necessary personnel include an anthropologist, an anthropology assistant, a scribe, an evidence technician, a photographer, a radiographer, and a forensic pathologist.
b. This station deals with examination of fragmented, incomplete, charred, or commingled remains.
c. Upon completion of the examination, any documentation will be delivered to the tracker with the remains.
d. If a bone section or the like is retained, it is placed in a properly identified container and put back with the body after processing. If it is a specimen for DNA, for example, it is to be properly documented and transmitted to a laboratory technician.

x. Station system and personnel-body storage.
a. The individual tracker returns the body to the receiving area.
b. The body or part, with the direction of the receiving registrar, is transferred to the appropriate secure designated "processed" refrigerated area and documented. The refrigerated area must be fully staffed with receivers and security.
c. The examination center registrar receives the disaster victim packet from the tracker and assures proper transfer to the records management team.
d. A special storage site should be designated for specimens such as DNA and toxicology.

xi. Station system and personnel-records management team.
a. Necessary personnel include a supervisor/registrar, computer entry clerks, data clerks, file clerks, communication clerks, and security.
b. The records team establishes tracking procedures for files.
c. The records teams establish back up protocols for computer files.

E. "SIFTING" SITE

i. In a mass fatality event, in which there is extensive property destruction, there will be a need for a long term, offsite examination center.

ii. Site selection:
a. The site should be secure, accessible, and well away from the other sites of operation.

iii. Equipment:
a. Evidence storage space.
b. Refrigeration.
c. Communication.
d. Protective gear.
e. Worker safety and comfort.
f. Heavy duty equipment for debris removal and disposition.
g. Transportation service for personnel.
h. Sifting grids, tools, wheelbarrows.

iv. Personnel:
   a. Anthropologist.
   b. Anthropology assistant.
   c. Evidence technician.
   d. Scribe.
   e. Registrar-responsible for proper transmission and overall entry of data.
   f. Photographer.
   g. Bomb tech or other specialist as indicated.
   h. Supply officer.
   i. Pathology, radiology, and odontology services should be available.
   j. Security.
   k. Workers capable of assisting with significant physical labor demands.

v. The site will likely remain functional after the scene, examination center, and family assistance are closed. It is the responsibility of the ME to assure proper support and operation of this site as long as it is required.

F. FAMILY ASSISTANCE CENTER (FAC)

i. Initial setup of the FAC will likely be managed by the Public Relations Liaison of the ME section, along with other ME staff. If and when other agencies become involved, the Medical Examiner will defer management of the FAC to these agencies, but will continue to work closely with them to provide any needed information or support.

ii. Site Selection
   a. The FAC must be functional for the specific incident.
   b. It must be close to the actual scene.
   c. It should be easily accessible for families.
   d. It should have adequate parking.

iii. Security
   a. Security should shelter families from possible media intrusion.
   b. They should secure the parking lot, the inside of the FAC, and its outside.
   c. Security may utilize military personnel in addition to police.

iv. Transportation services
   a. Transportation services should be secure, sensitive, and professional.
   b. Transporters should be knowledgeable of the area.
   c. Transporters serve the family and friends of thedecedents, as well as the FAC staff.

v. Administration staff-FAC team leader/coordinator
   a. This individual functions as the overall operations supervisor.
   b. Establishes antemortem data acquisition and entry plan.
   c. Coordinates operation with the registrar/records supervisor.
   d. Conducts daily briefings with families before media briefings.
   e. Conducts daily briefings with media in a secure area away from friends and family.
   f. Establishes and supervises death notification procedures with medical, psychological, and religious personnel.
   g. Coordinates center transportation and security plans.
   h. Coordinates roles of family assistance team members.
   i. Coordinates relations with outside agencies.

j. Serves as member of death notification team.
k. Provides for critical insolent stress debriefing.

vi. Administrative staff-Medical Examiner-Coroner representatives
   a. Functions in liaison in general inquiry needs.

vii. Administrative staff-additional
   a. Family interview personnel for antemortem data acquisition.
   b. Computer specialist for antemortem data entry and transfer to the morgue/examination center.
   c. Communication specialists-provide telephone services for the center, and refer media inquiries to the daily briefing sessions with the FAC Team Leader.

viii. Support services.
   a. Red Cross/Salvation Army/Other service organizations.
   b. Communication companies.
   c. Food services.
   d. Religious services.
   e. Mental health support.
   f. Physical health support.
   g. Massage therapy.
   h. Therapy animals.
   i. Maintenance/janitorial/plumbing/electric.
   j. Translators/Embassy/Consulate representatives when international decedents involved.

ix. Death notification procedure/release of bodies, unidentified body parts, and personal effects.
   a. All families should be counseled with regard to their wishes for disposal, should additional body parts be identified. Their decision must be recorded on an appropriate form.
   b. Notification is made only after positive identification has been established by the ID team and approved by the Chief Medical Examiner.
   c. Notification is conducted preferably by the staff of the Family Assistance Center according to an established protocol.
   d. A release authorization form should be completed and placed in the disaster victim packet.
   e. Associated personal effects not deemed to be evidence should be released with the body and documented according to the standard operating procedure of the ME office.
   f. Unassociated personal effects will be handled through a contract with a recovered property company.
   g. Unidentified body parts will be documented and stored as “common tissue”. Subsequent disposal will be the responsibility of the Medical Examiner or coroner. This procedure will likely be established through consultation with decentent’s groups and reaching a group consensus consistent with local regulations and resources.
   h. A death certificate should be released to the funeral home with any remains.
   i. A release log will be kept separately to document the overall process.

G. LOGISTICS

i. Logistics team
   a. The team is responsible for operation of the logistics section, including the acquisition, storage, issue, and accountability of all supplies and equipment necessary to support the operation.

ii. Team leader
   a. Monitors the status of all procurement actions.
   b. Will hand carry, as necessary, all high priority supply actions.
   c. Will maintain expense data, accountability documents, procurement documents, and other information pertaining to the logistics operation.
   d. Will ensure that the logistics section is staffed at all times during operating hours.
   e. Will insure that personnel logs including name, agency, social security number, and in/out times are maintained at all sites of operation.

iii. Supply clerks
   a. Performs duties assigned by the team leader to include, but not limited to, staffing, the logistic section of the morgue, making supply runs, preparing supply documents, issuing supplies and equipment, etc.

H. IDENTIFICATIONS/DEATH CERTIFICATION

i. The final determination of body or body parts identification is the sole responsibility of the state Medical Examiner.

ii. ID team
   a. Team consists of forensic pathologists, dentists, anthropologists, radiologists, print technician, investigative staff, and family counselor.
   b. Must meet at the end of each working day.
   c. Review all proposed positive identifications.
   d. Make recommendations daily to the Medical Examiner.
   e. Positive identifications should be transferred to the Family Assistance Center for action by the death notification team.

iii. All notification procedures are the responsibility of the Medical Examiner.

iv. Possible identification methods may include:
   a. Prints.
   b. Dental.
   c. Medical radiography.
   d. Distinctive physical characteristics.
   e. Serial numbers on permanently installed medical devices.
   f. Visual in some cases.

v. Death certificates
   a. Death certificates will be issued by the state Medical Examiner
   b. The administrative or judicial issuance of death certificates in situations, in which there is an absence of positive physical forensic scientific identification is a responsibility of the state Medical Examiner in conjunction with legal and public health authorities.

I. MASS FATALITIES RESOURCE LIST

i. Appendix 5 includes a list of resources which may be necessary during a mass disaster event. This list will be reviewed and updated on annual basis.

J. FORMS AND REFERENCES (ME-FORM-34)

K. MASS DISASTER CALL DOWN LIST (ME-DOC-03)

i. This list includes current ASCL employees who would potentially play a role in Mass Disaster Recovery.

XXII APPENDICES

APPENDIX 1 ARKANSAS CODE SUBCHAPTER 3

State Crime Laboratory

12-12-301. Establishment.
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12-12-322. Hazardous duty pay.
12-12-323. Crime Lab Equipment Fund.
12-12-324. Testing by State Crime Laboratory.
12-12-325. [Repealed.]
12-12-326. Autopsies — Line-of-duty death.

12-12-301. Establishment.
(a) There is established a State Crime Laboratory.
(b) The laboratory shall offer services to law enforcement in pathology and biology, toxicology, criminalistics, raw drug analysis, latent fingerprint identification, questioned documents examination, firearms and toolmarks identification, and in other such areas as the State Crime Laboratory Board may deem necessary and appropriate.
History. Acts 1977, No. 517, § 1; 1979, No. 864, § 1; A.S.A. 1947, § 42-1201.

12-12-302. Board created — Members — Meetings.
(a) (1) There is created a State Crime Laboratory Board to be composed of eight (8) members.
(A) The Dean of the University of Arkansas for Medical Sciences, College of

Medicine, shall serve as a member. The remaining seven (7) members of the board shall be appointed by the Governor and confirmed by the Senate.
(B) However, a vacancy may be temporarily filled by the Governor until the Senate shall next meet.
(b) The members appointed by the Governor shall be composed of:
(1) One (1) member of the active judiciary;
(2) One (1) practicing member of the legal profession;
(3) One (1) active county sheriff;
(4) One (1) active chief of police;
(5) One (1) active prosecuting attorney;
(6) One (1) physician engaged in the active practice of private or academic medicine; and
(7) One (1) member at large from the state.
(c) (1) Appointments to the board shall be for a term of seven (7) years.
(2) (A) All appointments made at any time other than the day following the expiration of a term shall be made for the unexpired portion of the term.
(B) If, however, the Governor shall not make an appointment by January 15 of the year in which the term expires, that member shall continue to serve until he or she is reappointed or a successor is appointed, and the term of that member shall run for seven (7) years from January 15 in the year the term expired rather than for seven (7) years from the date of actual appointment.
(d) (1) The board shall meet and elect one (1) of its members as chair and one (1) as vice chair.
(2) The chair shall have the power to call meetings of the board upon due notice of the meeting to all members of the board.
(e) A majority of the members of the board shall constitute a quorum to transact the business of the board.
(f) The board shall meet a minimum of one (1) time every three (3) months. Failure of any appointee to attend three (3) consecutive meetings shall constitute cause for removal from the board by the Governor.
(g) Members of the board may receive expense reimbursement and stipends in accordance with § 25-16-901 et seq. The sums shall be paid from the appropriated maintenance and general operations funds of the State Crime Laboratory.
History. Acts 1991, No. 383, § 2; 1997, No. 250, § 67.

12-12-303. Board's powers and duties generally.
(a) The State Crime Laboratory Board shall promulgate such policies, rules, and regulations as shall be necessary to carry out the intent and purpose of this subchapter along with the specific duties and responsibilities set out in this subchapter.
(b) The board is authorized to accept gifts, grants, or funds from persons, associations, corporations, foundations, and federal or state governmental agencies and to use the gifts, grants, or funds for purposes of carrying out this subchapter or for any other purposes not inconsistent with the purposes and intent of this subchapter which may be authorized by the board.
(c) The board is further authorized by this subchapter to enter into contracts, not inconsistent with law, and to do such things as it may deem necessary or appropriate to properly carry out the purposes and intent of this subchapter.
History. Acts 1979, No. 864, §§ 4, 21; A.S.A. 1947, §§ 42-1206, 42-1223.

12-12-304. Executive director.
(a) The State Crime Laboratory shall be headed by an executive director who shall be appointed by the Governor.

(b) The Executive Director of the State Crime Laboratory may delegate specific duties to competent and qualified associates, assistants, and deputies who may act for the executive director within the scope of the authority granted him or her, subject, however, to such rules and regulations as may be prescribed by the State Crime Laboratory Board.
(c) The board shall prescribe the duties, responsibilities, compensation, and qualifications for the executive director.
History. Acts 1979, No. 864, §§ 5, 6; A.S.A. 1947, §§ 42-1207, 42-1208.

12-12-305. Housing and equipment — Functions.
(a) There shall be established under the supervision of the Executive Director of the State Crime Laboratory a central office and laboratory facility sufficient and adequate to house the various functions of the laboratory as set out in this subchapter and as may be necessary and proper for the laboratory to perform in carrying out its official duties and functions as provided by law.
(b) The laboratory shall have such equipment and personnel as is necessary to respond to the needs of all law enforcement agencies in the State of Arkansas with respect to the following functions:
(1) Forensic toxicology, which shall include, but is not limited to, chemical testing and analysis of body fluids and the performance of procedures to determine the presence and significance of toxic agents both in the investigation of death cases authorized by this chapter and in other appropriate cases;
(2) Criminalistics, which shall include, but is not limited to, chemical testing of trace evidence, physical and microscopic analysis of evidence, questioned document examination and classification, latent fingerprint identification and classification, firearms and toolmarks identification and analysis, and serology;
(3) Drug analysis, which shall include, but is not limited to, analyzing and identifying substances suspected as being controlled, illicit, or contraband drugs;
(4) Pathology and biology, which shall include investigating and making a determination of the cause and manner of deaths which become subject to the jurisdiction of the State Medical Examiner as set out in § 12-12-318 and shall include the general application of the medical sciences to assist the criminal justice system in the State of Arkansas;
(5) Any other laboratory divisions, sections, or functions which, in the opinion of the State Crime Laboratory Board, may serve the needs of law enforcement in the State of Arkansas for laboratory analysis.
History. Acts 1979, No. 864, §§ 7, 8; A.S.A. 1947, §§ 42-1209, 42-1210.

12-12-306. State Medical Examiner.
(a) The State Crime Laboratory Board shall appoint and employ a State Medical Examiner.
(b) The board may remove the examiner only for cause.
History. Acts 1991, No. 383, § 3.

12-12-307. Medical Examiners — Qualifications — Duties.
(a) (1) The State Medical Examiner as well as associate Medical Examiners shall:
(A) Be citizens of the United States;
(B) Be physicians or surgeons with a doctor of medicine degree who have been licensed or who are eligible to be licensed to practice medicine in the State of Arkansas;
(C) Have a minimum of three (3) years postgraduate training in human pathology as recognized by the American Medical Association; and
(D) Have had at least one (1) year of experience in medical-legal practice.

(2) The State Medical Examiner shall also be board certified or eligible for board certification as recognized by the American Board of Pathology in Forensic Pathology
(b) In addition to the duties prescribed in this subchapter, the State Medical Examiner and his or her associates may teach in the medical school, conduct classes for law enforcement officers and officials, lecture, do research, and engage in such activities as shall be deemed appropriate by the State Crime Laboratory Board.
History. Acts 1979, No. 864, § 9; A.S.A. 1947, § 42-1211.

12-12-308. Medical Examiners — Professional liability insurance.
(a) The State Crime Laboratory shall obtain a policy of professional liability insurance in the amount of no less than four hundred thousand dollars ($400,000) to indemnify any person or persons injured by the State Medical Examiner or his or her associates in the performance of their duties under this subchapter.
(b) The premium for the policy of insurance shall be paid from funds appropriated by the General Assembly for the maintenance and general operations of the State Crime Laboratory.
History. Acts 1979, No. 864, § 19; A.S.A. 1947, § 42-1221.

12-12-309. Utilization of outside personnel.
(a) The State Crime Laboratory Board is empowered to authorize the Executive Director of the State Crime Laboratory to contract with the University of Arkansas for Medical Sciences, University of Arkansas for Medical Sciences Medical Center, or with other persons or institutions to obtain services with which to perform the duties set forth in this subchapter.
(b) The participation of the University of Arkansas for Medical Sciences faculty or of any other person in carrying out the provisions of this subchapter shall in no way affect tenure or any other status with any such institution or agency.
History. Acts 1979, No. 864, § 5; A.S.A. 1947, § 42-1207.

12-12-310. Reimbursement for use of outside faculty.
(a) The State Crime Laboratory shall reimburse the University of Arkansas for Medical Sciences Medical Center and the Graduate Institute of Technology for the use of personnel from those institutions in performing services for the laboratory.
(b) The participation of center faculty and institute faculty in carrying out the provisions of this chapter shall in no way affect their tenure with their institution.
History. Acts 1977, No. 517, § 3; A.S.A. 1947, § 42-1204.

12-12-311. Cooperation by others required — Tort immunity.
(a) (1) All law enforcement officers and other state, county, and city officials, as well as private citizens, shall fully cooperate with the staff of the State Crime Laboratory in making any investigation provided for or authorized in this subchapter.
(2) (A) The prosecuting attorney for each judicial district shall provide the laboratory each month with a list of cases having been adjudicated through plea negotiations and which require no further laboratory analysis.
(B) The monthly list shall contain the laboratory case number and will be used by the laboratory for the purpose of returning evidence on which analysis is no longer necessary, thus reducing the backlog of cases found on the evidence shelves at the laboratory.
(3) Nothing in this subchapter shall impair the authority of the prosecuting attorney to require further analysis of evidence in any case having been adjudicated through plea negotiations.

(4) (A) Upon completion of all requested analysis of submitted evidence by the laboratory, the evidence shall be returned to the submitting agency within thirty (30) days.
(B) The submitting agency shall maintain and store evidence until released by a court of competent jurisdiction or the prosecuting attorney.
(b) Any physician or other person in attendance or present at the death of a person or any hospital, if death occurs therein and results from such conditions and circumstances as set out in § 12-12-315, shall promptly notify the chief law enforcement official of the county or municipality which shall have jurisdiction and the laboratory of the death and shall assist in making available dead bodies and related evidence as may be requested by the Executive Director of the State Crime Laboratory or his or her staff or by the law enforcement agency conducting the investigation.
(c) Any physician, surgeon, dentist, hospital, or other supplier of health care services shall cooperate and make available to the Executive Director of the State Crime Laboratory or his or her staff, the records, reports, charts, specimens, or X rays of the deceased as may be requested where death occurs and an investigation is being conducted under the provisions of this subchapter.
(d) No person, institution, or office in this state which shall make available information or material under this section shall be liable for violating any criminal law of this state, nor shall any person, institution, or office be held liable in tort for compliance with this section.
History. Acts 1979, No. 864, § 12; A.S.A. 1947, § 42-1214; Acts 1999, No. 767, § 1.

12-12-312. Records confidential and privileged — Exception — Release.
(a) (1) (A) (i) The records, files, and information kept, obtained, or retained by the State Crime Laboratory under the provisions of this subchapter shall be privileged and confidential.
(ii) The records, files, and information shall be released only under and by the direction of a court of competent jurisdiction, the prosecuting attorney having criminal jurisdiction over the case, or the public defender appointed or assigned to the case.
(B) (i) Nothing in this section shall be construed to diminish the right of a defendant or his or her attorney to full access to all records pertaining to the case.
(ii) The laboratory shall disclose to a defendant or his or her attorney all evidence in the defendant's case.
(2) However, a full report of the facts developed by the State Medical Examiner or his or her assistants shall be promptly filed with the law enforcement agencies, coroner, and prosecuting attorney of the jurisdiction in which the death occurred.
(b) The State Crime Laboratory Board shall promulgate rules and regulations not contrary to law regarding the release of reports and information by the staff of the laboratory.
(c) All records, files, and information obtained or developed by the laboratory pertaining to a capital offense committed by a defendant who is subsequently sentenced to death for the commission of that offense shall be preserved and retained until the defendant's execution.
History. Acts 1969, No. 321, § 11; 1979, No. 864, § 16; A.S.A. 1947, §§ 42-621, 42-1218; Acts 1993, No. 1304, § 1; 1999, No. 519, § 1; 2001, No. 211, § 1; 2001, No. 917, § 1.

12-12-313. Records as evidence — Analyst's testimony.
(a) The records and reports of autopsies, evidence analyses, drug analyses, and any investigations made by the State Crime Laboratory under the authority of this subchapter shall be received as competent evidence as to the matters contained therein in the courts of this state subject to the applicable rules of criminal procedure when duly attested to by the Executive Director of the State Crime Laboratory or his or her assistants, associates, or deputies.

(b) Nothing in this section shall be deemed to abrogate a defendant's right of cross-examination if notice of intention to cross-examine is given prior to the date of a hearing or trial pursuant to the applicable rules of criminal procedure.
(c) The testimony of the appropriate analyst may be compelled by the issuance of a proper subpoena, in which case the records and reports shall be admissible through the analyst who shall be subject to cross-examination by the defendant or his or her counsel, either in person or via two-way closed-circuit or satellite-transmitted television pursuant to subsection (e) of this section.
(d) (1) All records and reports of an evidence analysis of the laboratory shall be received as competent evidence as to the facts in any court or other proceeding when duly attested to by the analyst who performed the analysis.
(2) The defendant shall give at least ten (10) days' notice prior to the proceedings that he or she requests the presence of the analyst of the laboratory who performed the analysis for the purpose of cross-examination.
(3) Nothing in this subsection shall be construed to abrogate the defendant's right to cross-examine.
(e) Except trials in which the defendant is charged with capital murder, § 5-10-101, or murder in the first degree, § 5-10-102, in all criminal trials upon motion of the prosecutor the court may allow the prosecutor to present the testimony of the appropriate analyst by contemporaneous transmission from a laboratory facility via two-way closed-circuit or satellite-transmitted television which shall allow the examination and cross-examination of the analyst to proceed as though the analyst were testifying in the courtroom:
(1) After notice to the defendant;
(2) Upon proper showing of good cause and sufficient safeguards to satisfy all state and federal constitutional requirements of oath, confrontation, cross-examination, and observation of the witness's demeanor and testimony by the defendant, the court, and the jury; and
(3) Absent a showing of prejudice by the defendant.
History. Acts 1979, No. 864, § 18; A.S.A. 1947, § 42-1220; Acts 1989, No. 889, §§ 1, 2; 1999, No. 565, § 1.

12-12-314. Fees — Disposition.
(a) The State Crime Laboratory shall charge certain fees in an amount to be determined by the State Crime Laboratory Board, but subject to the limitations set forth in this section for certain records, reports, and consultations by laboratory physicians and analysts, and expert witness testimony provided in the trial of civil lawsuits, as follows:
(1) A fee shall be charged for records and reports of the laboratory in a reasonable amount to be set by the board when the request for the report shall be from other than a law enforcement or criminal justice system agency;
(2) (A) A fee shall be charged in an amount to be set by the board for consultations, scientific or medical research, depositions, expert witness testimony, and travel to and from courts.
(B) The fees shall be at a rate not to exceed seventy-five dollars ($75.00) per hour or six hundred dollars ($600) per day and shall be levied against the requesting individual, agency, or organization for work done in civil cases in which laboratory personnel involvement results from the performance of duties and responsibilities under this subchapter;
(3) A charge of up to one thousand dollars ($1,000) for each autopsy requested by non-law enforcement officials.
(b) At no time shall any fee be levied or charge made to or against any law enforcement agency of the State of Arkansas for work performed under the provisions of this subchapter.

(c) (1) All fees collected by the laboratory for copies of autopsy reports, autopsies requested by the Federal Aviation Administration, and expenses paid employees for testimony as expert witnesses shall be deposited as a refund to expenditures.
(2) Other moneys derived from the charges provided for and authorized by this section shall be deposited in the State Treasury to the credit of the Miscellaneous Agencies Fund Account of the State General Government Fund.
History. Acts 1975, No. 350, § 4; 1979, No. 864, § 22; 1985, No. 644, § 4; A.S.A. 1947, §§ 42-1224, 42-1225; Acts 1995, No. 1189, § 1.

12-12-315. Notification of certain deaths.
(a) (1) The county coroner, prosecuting attorney, and either the county sheriff or the chief of police of the municipality in which the death of a human being occurs shall be promptly notified by any physician, law enforcement officer, undertaker or embalmer, jailer, or coroner or by any other person present or with knowledge of the death if:
(A) The death appears to be caused by violence or appears to be the result of a homicide or a suicide or to be accidental;
(B) The death appears to be the result of the presence of drugs or poisons in the body;
(C) The death appears to be a result of a motor vehicle accident, or the body was found in or near a roadway or railroad;
(D) The death appears to be a result of a motor vehicle accident and there is no obvious trauma to the body;
(E) The death occurs while the person is in a state mental institution or hospital and there is no previous medical history to explain the death, or while the person is in police custody or jail other than a jail operated by the Department of Correction;
(F) The death appears to be the result of a fire or an explosion;
(G) The death of a minor child appears to indicate child abuse prior to death;
(H) Human skeletal remains are recovered or an unidentified deceased person is discovered;
(I) Postmortem decomposition exists to the extent that an external examination of the corpse cannot rule out injury, or in which the circumstances of death cannot rule out the commission of a crime;
(J) The death appears to be the result of drowning;
(K) The death is of an infant or a minor child under eighteen (18) years of age;
(L) The manner of death appears to be other than natural;
(M) The death is sudden and unexplained;
(N) The death occurs at a work site;
(O) The death is due to a criminal abortion;
(P) The death is of a person where a physician was not in attendance within thirty-six (36) hours preceding death, or, in prediagnosed terminal or bedfast cases, within thirty (30) days;
(Q) A person is admitted to a hospital emergency room unconscious and is unresponsive, with cardiopulmonary resuscitative measures being performed, and dies within twenty-four (24) hours of admission without regaining consciousness or responsiveness, unless a physician was in attendance within thirty-six (36) hours preceding presentation to the hospital, or, in cases in which the decedent had a prediagnosed terminal or bedfast condition, unless a physician was in attendance within thirty (30) days preceding presentation to the hospital;
(R) The death occurs in the home; or
(S) (i) The death poses a potential threat to public health or safety.

(ii) Upon receiving notice of a death that poses a potential threat to public health or safety, the county coroner shall immediately notify the Department of Health.
(2) Nothing in this section shall be construed to require an investigation, autopsy, or inquest in any case in which death occurred without medical attendance solely because the deceased was under treatment by prayer or spiritual means in accordance with the tenets and practices of a well-recognized church or religious denomination.
(b) With regard to any death in a correctional facility, the county coroner and the State Medical Examiner shall be notified, and when previous medical history does not exist to explain the death, the Department of Arkansas State Police shall be notified.
(c) A violation of the provisions of this section is a Class A misdemeanor.
History. Acts 1969, No. 321, § 5; 1973, No. 509, § 1; 1979, No. 864, § 10; 1985, No. 216, § 1; A.S.A. 1947, §§ 42-615, 42-1212; Acts 1993, No. 1302, § 1; 1995, No. 311, § 2; 2001, No. 80, § 2; 2007, No. 194, § 1; 2007, No. 594, § 1; 2009, No. 165, § 3; 2009, No. 1286, § 1.

12-12-316. Transportation of corpses.
(a) The State Crime Laboratory is authorized to transport bodies of persons whose death is subject to the provisions of this subchapter to an appropriate place for autopsy or for any other scientific tests.
(b) (1) (A) The bodies of such deceased persons shall be returned to the county from which they were brought by or at the expense of the laboratory only if the State Medical Examiner determines that the cause of death was not suicide, accidental, or from natural causes.
(B) In cases in which the examiner determines that the cause of death was suicide, accidental, or from natural causes, the expense of transporting and returning the bodies of such deceased persons shall be borne by whoever requests the laboratory to examine the cause of death, except for cases referred under the provisions of § 12-12-315(a)(2).
(C) A body may be transported when authorized by the prosecuting attorney, circuit court, sheriff, or chief of police, or upon the request of the next of kin of the deceased or the persons who may be responsible for burial, to a place other than the county of origin.
(2) The laboratory shall not, however, be required to provide actual transportation or the cost of transportation in excess of what would be required to return the body to the county of origin.
(c) The laboratory shall provide transportation or shall bear the cost of transportation at the option of the Executive Director of the State Crime Laboratory, but in no case shall the cost of transportation of dead bodies subject to the provisions of this subchapter be borne by the laboratory without the prior approval and authorization of the executive director or his or her staff.
History. Acts 1979, No. 864, § 13; A.S.A. 1947, § 42-1215; Acts 1993, No. 1063, § 1; 1993, No. 1246, § 1.

12-12-317. Death certificates.
(a) The certificate of death of any person whose death is investigated under the provisions of this subchapter shall be made by the State Medical Examiner or by his or her designee or by the coroner, whoever shall have conducted the investigation.
(b) However, where a postmortem examination has been performed, the certificate of death shall be made and signed by the examiner or his or her associates or assistants, whoever shall have performed the postmortem examination.
(c) When a petition is filed with a court of competent jurisdiction to change the cause or manner of death listed on a death certificate which has been signed by the examiner or by his or her designee, the laboratory shall be notified of such petition, and the examiner or his or her designee shall be allowed to

hear testimony presented by the petitioner and shall be given an opportunity to present evidence to the court to support the original ruling of the examiner or his or her assistant who signed the certificate.
History. Acts 1979, No. 864, § 17; A.S.A. 1947, § 42-1219; Acts 1993, No. 177, § 1; 1995, No. 201, § 1.

12-12-318. Examinations, investigations, and postmortem examinations —Authorization and restrictions.
(a) (1) When death occurs in such a manner or under such circumstances as described in §12-12-315, the State Crime Laboratory shall have the power and authority to perform such functions and duties as may be provided by this subchapter.
(2) (A) The laboratory shall make examinations, investigations, or perform postmortem examinations to determine the cause of death as the Executive Director of the State Crime Laboratory or his or her staff deems necessary or as may be requested by the:
(i) Coroner of the county in which death occurs or is discovered;
(ii) Prosecuting attorney of the jurisdiction in which death occurs or is discovered;
(iii) Prosecuting attorney of the jurisdiction in which death occurs or is discovered;
(iv) Chief of police of the city in which death occurs or is discovered;
(v) Board of Corrections or its designee, or the Director of the Department of Correction or his or her designee if the person was in the care, custody, or control of the Department of Correction at the time of death; or
(vi) Director of the Department of Arkansas State Police or his or her designee.
(B) Deputies of elected officers enumerated in subdivision (a)(2)(A) of this section shall have no authority to request a postmortem examination by the laboratory.
(b) (1) In cases of sudden death in children between the ages of one (1) year and six (6) years with no previous major medical health problems, the State Medical Examiner, on a case-by-case basis, may delegate authority to the Arkansas Children's Hospital to perform postmortem examinations to determine the cause of death.
(2) (A) Should any such postmortem examination determine that death occurred from foul play or a criminal act, the hospital will immediately notify the chief law enforcement officer of the jurisdiction in which the death occurred and the examiner.
(B) In addition, the examiner will be responsible for developing guidelines to assure that proper evidentiary procedures are followed.
(3) For purposes of this section, the hospital's staff pediatric pathologist, meeting the criteria prescribed in § 12-12-307, shall be considered assistant Medical Examiner and, notwithstanding any other provisions in this section, may perform postmortem examinations as directed by a duly constituted authority.
(c) Postmortem examinations or investigations authorized in this section may be conducted without consent of any person.
(d) The executive director and his or her staff shall not, as a part of their official duties, perform any postmortem examination at the request of any private citizen or any public official other than those enumerated in this section.
(e) The provisions of this section shall supersede any and all other laws relating to the power and authority of the executive director or his or her staff, including the examiner, to conduct examinations, investigations, or postmortem examinations.
(f) (1) The executive director shall have the final authority on any ruling of manner of death which may become a matter of dispute between those persons authorized by this section to request a post mortem examination as described in § 12-12-315 and the examiner or his or her associates.

(2) The executive director shall use any and all material accumulated by the laboratory, interview all parties necessary, and consult with any medical authority necessary for him or her to make his or her decision as to the manner of death, and his or her ruling shall be final and binding as that ruling affects any documents generated and signed by any employee of the laboratory relating to manner of death.
(3) This subsection and the executive director's decision in no way affects or prohibits any person or agency to seek any other relief that may be available through legal channels.
History. Acts 1969, No. 321, § 6; 1973, No. 509, § 2; 1975, No. 736, § 1; 1979, No. 864, § 11; 1981, No. 65, § 1; 1985, No. 644, § 3; A.S.A. 1947, §§ 42-616, 42-1213; Acts 1993, No. 178, § 1; 1995, No. 1151, § 5; 1997, No. 422, § 1.

12-12-319. Embalming corpse subject to examination, investigation, or autopsy — Penalty.
(a) It shall be unlawful to embalm a dead body when the body is subject to examination by the State Medical Examiner or his or her associates, assistants, or deputies as provided for in this chapter, unless authorized by the examiner or his or her associates, assistants, or deputies or unless authorized by the prosecuting attorney of the jurisdiction in which the death occurs to so embalm.
(b) When a body subject to examination by the examiner or his or her associates has been embalmed without authorization by or prior notice to the examiner or his or her associates, assistants, or deputies as provided for in this chapter, the Executive Director of the State Crime Laboratory may, at his or her discretion, require an order from the circuit court of the jurisdiction in which death occurred before proceeding with his or her duties and responsibilities under this chapter.
(c) Persons violating the provisions of this section shall be deemed guilty of a Class C misdemeanor.
History. Acts 1979, No. 864, § 14; A.S.A. 1947, § 42-1216.

12-12-320. Autopsies — Removal of pituitary gland.
(a) The State Medical Examiner and his or her assistants are authorized to remove the pituitary gland during the course of an autopsy and donate the pituitary gland to the Arkansas Dwarf Association.
(b) However, the pituitary gland shall not be removed under the authority of this section if the next of kin or the person having the right to control the disposition of the decedent's remains objects.
History. Acts 1981, No. 984, § 1; A.S.A. 1947, § 42-1213.2.

12-12-321. Autopsies — Exhumed bodies.
(a) Where death occurs under such circumstances as are set forth in § 12-12-315 and where a body has been buried without proper certification of death, it shall be the duty of the chief law enforcement official of the county or municipality in which death occurred or in which the body is buried or the State Medical Examiner, his or her associates, assistants, or deputies to notify the prosecuting attorney of the jurisdiction in which death occurred and the body is buried.
(b) The prosecuting attorney shall thereupon present the facts to the circuit court of the county, and the court may, by written order, require that the body be exhumed and an autopsy be performed by the State Crime Laboratory or its designee.
(c) A full and complete report of the facts developed by the autopsy shall be furnished to the court and the prosecuting attorney in timely fashion.
(d) The cost of the exhumation and for transportation to and from the place of autopsy shall be borne by the county in which the death occurred.
History. Acts 1979, No. 864, § 15; A.S.A. 1947, § 42-1217.

12-12-322. Hazardous duty pay.

(a) (1) The State Crime Laboratory is authorized to provide special compensation to certain employees for each full pay period of eighty (80) hours worked in a job which requires contact at crime scenes, emergency sites, or other sites where exposure to potentially hazardous substances is possible.
(2) It is recognized that many substances which may be encountered may create harmful health effects from either short-term or long-term exposure.
(3) This special pay is to compensate the employees for the increased risk of personal injury.
(4) The rate of pay will be one and one-half (1.5) times the regular authorized hourly pay or hourly rate of pay and will be paid only for the time while at the site of a clandestine laboratory.
(5) Payment will be controlled by the Executive Director of the State Crime Laboratory.
(b) The rate of pay for individuals who work less than a full pay period of eighty (80) hours or transfer to other work areas not defined in subsection (a) of this section, or both, will not receive any enhanced rate of pay for that or subsequent pay periods.
(c) This section covers employees who respond to clandestine laboratory sites for the purpose of assisting and dismantling of such laboratory sites and is limited to those employees in the position of:
Class
Code
Title
(1) B048 Chief Forensic Chemist;
(2) Y023 Crime Lab Instrumentation Engineer, when performing the duties of a Forensic Chemist;
(3) B057 Forensic Chemist; and
(4) N336 Latent Prints Examiner.
(d) A monthly report shall be made to the Legislative Council describing all payments made to employees under the provisions of this section.
History. Acts 1995, No. 1151, § 4; 1997, No. 254.

12-12-323. Crime Lab Equipment Fund.
(a) There is created the Crime Lab Equipment Fund on the books of the Auditor of State, Treasurer of State, and Chief Fiscal Officer of the State.
(b) The moneys in the fund shall be used by the State Crime Laboratory only for:
(1) The purchase of equipment;
(2) Operating expenses;
(3) Constructing and equipping regional crime laboratories; and
(4) The personal services and operating expenses of regional crime laboratories.
History. Acts 1999, No. 1120, § 3; 2001, No. 1066, § 1; 2001, No. 1642, § 3.

12-12-324. Testing by State Crime Laboratory.
(a) (1) All firearms used in the commission of a crime that come into the custody of any law enforcement agency in this state shall be delivered to the State Crime Laboratory within thirty (30) calendar days for ballistics testing.
(2) However, if the firearm is being used as evidence in a criminal case, then delivery shall take place within thirty (30) calendar days after the final adjudication of the criminal proceeding.
(b) (1) (A) The laboratory may conduct ballistics tests on all firearms received and input the resulting data into the National Integrated Ballistics Information Network of the Bureau of Alcohol, Tobacco, Firearms and Explosives.
(B) The ballistics tests may include, but not be limited to, firing of the weapon and electronic imaging of the bullets and casings.

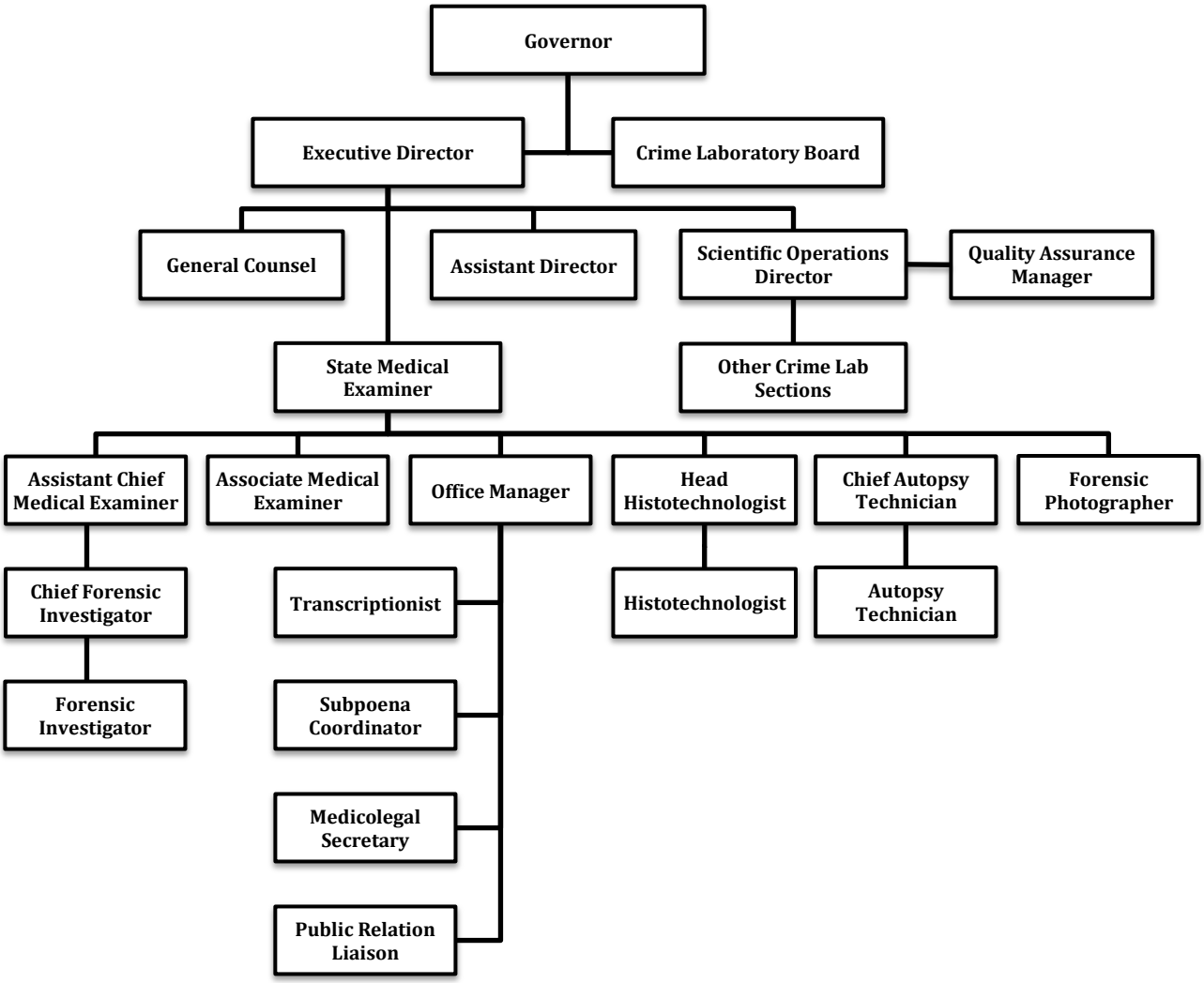
(2) The laboratory shall coordinate with all participating agencies when investigations require the use of the National Integrated Bullet Identification Network's computer database.
(3) The laboratory shall provide written analysis reports and experts for testimony when feasible.
(4) After completion of the testing, the firearms shall be returned to the law enforcement agencies.
(5) When the law enforcement agency regains possession of the firearm, the law enforcement agency shall immediately notify the owner, unless the owner is prohibited by law from possessing the firearm, that the owner may regain possession of the firearm at the offices of the law enforcement agency.
(c) A law enforcement agency in this state may request the assistance of the Department of Arkansas State Police in tracing a firearm.
(d) A firearm seized by the Arkansas State Game and Fish Commission for violation of a commission regulation is exempt from this section.
(e) The State Crime Laboratory Board may adopt rules for the implementation of this section, including, but not limited to, rules regarding testing and submission procedures.
History. Acts 1999, No. 1558, §§ 1, 2; 2001, No. 788, § 1; 2005, No. 1257, § 1.

12-12-325. [Repealed.]

12-12-326. Autopsies — Line-of-duty death.
(a) As used in this section:
(1) "Eligible person" means a person with eligibility similar to a firefighter or police officer under the Public Safety Officers' Benefits Act of 1976 or the Hometown Heroes Survivors Benefits Act of 2003, 42 U.S.C. § 3796 et seq., as appropriate;
(2) "Firefighter" means any member of a fire department or fire fighting unit of the Arkansas Forestry Commission, any city of the first class or city of the second class, any town, or any unincorporated rural area of this state, who actively engages in the fighting of fires on either a regular or voluntary basis; and
(3) "Police officer" means any law enforcement officer engaged in official duty who is:
(A) A member of:
(i) Any regular or auxiliary police force on a full-time or part-time basis; or
(ii) The Department of Arkansas State Police; or
(B) A sheriff or deputy sheriff of any county.
(b) A coroner or a supervisor of a firefighter, police officer, or eligible person shall promptly notify the State Medical Examiner if the firefighter, police officer, or eligible person dies in the line of duty as a result of injuries sustained in the line of duty or within twenty-four (24) hours after participating in an emergency situation.
(c) (1) (A) The examiner may conduct an autopsy on any firefighter, police officer, or eligible person who dies in the line of duty as a result of injuries sustained in the line of duty or within twenty-four (24) hours after participating in an emergency situation.
(B) The autopsy shall be sufficient to determine eligibility for benefits under the federal Public Safety Officers' Benefits Act of 1976 or the Hometown Heroes Survivors Benefits Act of 2003, 42 U.S.C. § 3796 et seq., as appropriate.
(C) A report of the autopsy shall be provided to the firefighter's or police officer's commanding officer or the supervisor of the eligible person.
(2) (A) If the firefighter, police officer, or eligible person has agreed in writing to allow an autopsy under this section, that directive shall be followed unless the firefighter's, police officer's, or eligible person's spouse dictates otherwise after being notified of the prospective autopsy.

(B) If the firefighter, police officer, or eligible person has not agreed in writing to allow an autopsy under this section, the firefighter's, police officer's, or eligible person's spouse may decide whether or not an autopsy will be performed.
(C) If the firefighter's, police officer's, or eligible person's spouse chooses not to allow the autopsy:
(i) No autopsy may be performed; and
(ii) The body of the firefighter, police officer, or eligible person shall be released to the next of kin.
(3) (A) If the examiner does not perform an autopsy under this section, he or she shall provide to the firefighter's or police officer's commanding officer or the supervisor of the eligible person written notice stating the reason why an autopsy was not performed.
(B) The written notice under subdivision (c)(3)(A) of this section shall include a toxicology report.
History. Acts 2007, No. 69, § 1; 2009, No. 165, § 4.

APPENDIX 2 ORGANIZATIONAL CHART- ASCL MEDICAL EXAMINER'S OFFICE



APPENDIX 3
CASE SUBMISSION GUIDELINES
ARKANSAS STATE CRIME LABORATORY
MEDICAL EXAMINER SECTION

I. INTRODUCTION

The purpose of this document is to provide clarity and guidance for Arkansas County Coroners and law enforcement officials when considering submission of bodies to the Medical Examiner Section of the Arkansas State Crime Laboratory (ASCL) for a forensic medical examination. In our State's death investigation system, coroners and local law enforcement authorities are primarily responsible for investigating any deaths in their jurisdiction which may be considered unusual or suspicious. In some instances, further investigation of such deaths may require performance of a forensic medical examination at the ASCL. If local authorities determine that such an examination is desirable, the body is transported to the Crime Lab, where the examination (usually a full autopsy) is performed. The State Medical Examiner assumes responsibility for assigning cause and manner of death in cases submitted for examination.

In light of how the death investigation system functions in Arkansas, it is imperative that several key parts of the process are properly performed. The first is case selection. Obviously, not all deaths reported to the coroner need to have a forensic examination. Sending bodies for examination when it is not really necessary places additional stress on the limited resources of the Medical Examiner's office, and detracts from cases with more legitimate needs. The opposite problem exists as well; there are deaths taking place throughout the State which should be sent in for autopsy, but are not. It is equally important that these deaths be recognized and examined in a manner appropriate for a modern death investigation system.

The other issue involves the vital investigative information which should necessarily accompany any body referred to the ASCL for examination. Although examination of the body is obviously important in a death investigation, it is necessary that it be accompanied by any and all appropriate investigative information.

It is hoped that by reading, understanding, and following the guidelines set below, the citizenry of Arkansas will be better served by its death investigation system.

II. CORONER CASES

Deaths reportable to the Coroner are defined by statute, specifically ACA 12-12-315. It is assumed that all Coroners are familiar with this part of the law, and have appropriate measures in place to notify them of such deaths. Coroner's cases are usually also reported to a local law enforcement agency.

III. AUTHORIZATION FOR FORENSIC MEDICAL EXAMINATIONS

A. Individuals authorized to request forensic medical examinations from the ASCL are outlined in ACA § 12-12-318.

B. These individuals include county coroners, prosecutors, county sheriffs, police chiefs, Arkansas State Police, and officials from the Arkansas Department of Corrections.
C. The State Medical Examiner does not have authority to order or conduct a postmortem examinationwithout a request from authorities outlined in ACA 12-12-318. In the interest of serving the public, when the State Medical Examiner is made aware of a case that should require examination, local authorities will be contacted.
D. Per ACA 12-12-318, the State Medical Examiner is obligated to perform postmortem medical examinations when requested by designated authorities. On occasion, the State Medical Examiner receives submission requests for cases where the cause and manner of death are known, the death was not a homicide, and forensic medical examination will not yield any additional information of value. In these cases, a Medical Examiner Consult (MEC) may be appropriate (see section VII below).
E. E. The State Medical Examiner does determine the appropriate type of medical examination for each submission (i.e. full autopsy, limited autopsy, or external examination), and the necessity for additional scientific testing (e.g. toxicology). Only the State Medical Examiner may "order" an autopsy.

IV. RECOMMENDED CASE SUBMISSIONS

A. With the single exception of firefighters and law enforcement officers who die in the line of duty, Arkansas statutes do not mandate performance of forensic medical examinations at the Arkansas State Crime Laboratory.
B. Given that individuals cited above have the authority to request a forensic medical examination, it is recommended that they read, understand, and follow guidelines set forth by the National Association of Medical Examiners (NAME) regarding cases which require autopsy. These guidelines are recognized nationally and reflect what is considered appropriate medicolegal practice.
C. The following list includes all deaths in which an autopsy should be performed, according to NAME forensic autopsy performance standards.
   i. The death is known or suspected to have been caused by apparent criminal violence.
   ii. The death is unexpected and unexplained in an infant or child.
   iii. The death is associated with police action.
   iv. The death is apparently non-natural and in custody of a local state or federal institution.
   v. The death is due to acute to workplace injury.
   vi. The death is caused by apparent electrocution.
   vii. The death is by apparent intoxication by alcohol, drugs or poison.
   viii. The death is caused by unwitnessed or suspected drowning.
   ix. The body is unidentified and the autopsy may aid in identification.
   x. The body is skeletonized.
   xi. The body is charred.
   xii. The forensic pathologist deems a forensic autopsy is necessary to determine cause or manner death or collect evidence.

IV. CLARIFICATION OF ***NAME*** AUTOPSY GUIDELINES

V.

The above noted guidelines for forensic autopsy set forth by NAME are largely self-explanatory. For purposes of clarity, however, each will be discussed separately.

A. "The death is known or suspected to have been caused by apparent criminal violence". This obviously includes all suspected homicides, or cases where there is a reasonable suspicion that some sort of foul play may have occurred. Cases in which claims of abuse, neglect, or physical trauma are unsubstantiated after local investigation or examination by the coroner may not require examination at the ASCL.
B. "The death is unexpected and unexplained in an infant or child". All sudden and unexpected infant deaths, including suspected cases of Sudden Infant Death Syndrome (SIDS), should be sent for examination. All cases of unexplained and unexpected death in children under the age of 18 years should also be sent. This obviously includes all potential homicides, and apparent accidental deaths without obvious physical findings. Most suicides involving children – usually in the teen years – should be autopsied. If an infant or child has a known, potentially fatal disease process, or receives a diagnosis of a fatal, natural disease process during hospitalization, forensic medical examination may not be necessary.
C. "The death is associated with police action". This obviously covers instances where law enforcement officials deliberately use lethal force. It also pertains to situations where death occurs while the individual is being pursued, apprehended, retained, or surrounded by law enforcement authorities. In such cases, the body should be sent for a medicolegal autopsy.
D. "The death is apparently non-natural and in custody of a local, state, or federal institution." This generally refers to individuals who are in jails, prisons, or long-term mental health facilities. In such settings, if a death is potentially a homicide, suicide, or accident, an autopsy should be performed; it is important to document the medical findings with an autopsy in such instances, since the person was under the care of the government. Institutional deaths usually will not require medicolegal examination if death from natural causes was expected. Unwitnessed deaths in such settings should be sent for autopsy. A witnessed collapse in an institution may or may not require autopsy, depending on the nature of the collapse, the subject's medical history, and whether or not they were diagnosed with a fatal, natural disease during terminal hospitalization
E. "The death is due to acute workplace injury." Here, the keyword is "injury". Non-natural deaths occurring in the workplace may be investigated by the Occupational Safety and Health Administration (OSHA). In such instances, autopsy information is a vital part of the investigation. Also, formally documenting fatalities in the workplace with an autopsy helps insures that survivors receive any benefits to which they are entitled. Apparent natural deaths in the workplace usually do not need forensic examination.
F. "The death is caused by apparent electrocution". Electrocution deaths are frequently associated with minimal findings, and there may be no physical findings whatsoever. To some extent, electrocution may be a diagnosis of exclusion, and it is important to rule out other potential causes of death. High voltage electrocutions, on the other hand, are readily apparent and may require autopsy only if work-related.
G. "The death is by apparent intoxication by alcohol, drugs, or poison". All deaths with a reasonable suspicion of having been caused by alcohol, drugs, or poison should have an autopsy, unless a significant time interval has elapsed between the substance use and death. Alcohol and/or drug levels may not provide all of the relevant information for a given death. It is often the case that scene findings and investigation may strongly suggest a substance related death, but the toxicology testing ultimately is negative or equivocal. Under such circumstances, if an autopsy has not been performed, it may not be possible to determine a cause of death.
H. "The death is caused by unwitnessed or suspected drowning". Drowning is a diagnosis of exclusion. This means that there are no physical findings at autopsy which definitively establish

the diagnosis of drowning. In a case of suspected drowning with credible witnesses and no other issues to consider, an autopsy may not be necessary. In all other instances, the body should be sent for examination.

I. "The body is unidentified and the autopsy may aid in identification." All individuals who are unidentified should be sent for a forensic examination, regardless the condition of the remains.

J. "The body is skeletonized." Human skeletal remains should be submitted for examination if it is believed that the death was relatively recent.Human skeletal remains thought to be ancient or from an historic burial may require forensic examination, but a Medical Examiner Consult may be appropriate as well.

K. "The body is charred." For purposes of this particular issue, a body may be considered charred if there is enough thermal related blackening of the skin surfaces to obscure any potential evidence of injury. A body can show superficial heat related damage and not be charred. Also, the amount of charring should be considered in context of a given situation. For example, if a partly or totally charred body is found in a burned building, and the circumstances of the fire are not known, this body should be autopsied. On the other hand, if an individual is killed in an automobile collision with subsequent fire, and displays focal charring, an autopsy may not be necessary if the event was clearly accidental in nature and injuries are otherwise obvious.

L. "The forensic pathologist deems a forensic autopsy is necessary to determine cause or manner of death or collect evidence." In some instances, it may be unclear to local authorities as to whether or not an autopsy needs to be performed. In such instances, one of the Medical Examiners at the ASCL should be consulted with regard to the need for autopsy examination. A trained forensic pathologist has the medical knowledge and investigative training to make the best decision as to whether or not an autopsy is necessary.

VI. ADDITIONAL CASE CATEGORIES

VII.

Full autopsies will be performed on bodies submitted to the ASCL when the NAME autopsy performance criteria are met. Cases which do not necessarily fall into any of the above categories may or may not need a forensic medical examination, based on the circumstances. Discussed below are categories of cases that frequently get submitted to the crime laboratory for examination.

A. ***Gunshot related fatalities***. It is not absolutely necessary to submit all gunshot related fatalities for forensic medical examination. Such fatalities should definitely be submitted it there is any questions as to whether not the case was a homicide. Accidental gunshot fatalities will usually need to be submitted. Some, but not all gunshot suicides should be examined. In instances where an accidental or suicidal manner of death is clearly evident from investigation and the scene, and where the projectile has exited the body, submission of the body is not necessary. If the manner of death is not clear and/or the projectile needs to be recovered, the body should be sent for examination. In such instances, however, the extent of the examination may well be limited.

B. ***Suicides***. Not all apparent suicides necessarily need to be examined. In many instances, a suicidal cause of death such as gunshot injury, hanging, or incised wounds may be readily apparent at the scene. When the cause of death is clearly evident from external examination, and if the manner of death is clearly indicated by the scene investigation and circumstances, an autopsy or even external examination by a medical examiner may not be necessary. All apparent suicides which lack a readily apparent cause of death, particularly those involving drugs, should be sent for autopsy.

C. ***Decomposed Bodies***. When decomposition has altered body surfaces to the point where they can no longer be reasonably assessed for injury, an autopsy will usually be necessary. For lesser degrees of decomposition, autopsy may not be necessary depending on the circumstances and if there is a reasonable cause of death.

D. ***Sudden and Unexpected Collapse of an Apparently Healthy Individual***. Whether or not such deaths need to be examined depends on the individual's age and the circumstances. Generally speaking, individuals over the age of 50 who collapse suddenly and unexpectedly have most likely succumbed from some form of arteriosclerotic cardiovascular disease. If there are no investigative findings that suggest injury, alcohol, or drugs played a role in the collapse, these individuals probably will not require an autopsy. This position is strengthened when the collapse is witnessed, and/or the individual has been complaining of symptoms prior to the collapse, such as chest pains, racing heart, etc. For individuals over 50 years of age who collapse suddenly and have a known history of cardiovascular disease, autopsy will not likely be necessary, unless other factors such as drug use or injury may be involved.

   Individuals less than 50 years of age who have no history of heart disease and who die suddenly and unexpectedly may require an autopsy. Whether or not they do so depends on the circumstances of the collapse, if other factors are involved, and if they exhibited symptoms prior to the collapse. Individuals under the age of 50 who have a history of potentially fatal heart disease and who die suddenly and unexpectedly, may not need an autopsy. Again, the decision should take into account the nature and severity of the known cardiac disease, the possibility of injury or drugs, and if the collapse was witnessed.

E. ***Local "Policy"***. There are occasional cases submitted for forensic examination solely because of local policy. In some instances, the local policy is in agreement with NAME autopsy standards, and an examination should be performed. Some cases submitted because of local policy do not require forensic medical examination, and could be resolved with an ME consult. Rather than employing a blanket policy regarding submission of certain cases, each individual case should be evaluated on its own merits, and be sent for examination only if really necessary.

F. ***Accidents***. If death occurs from accidental trauma not sustained in the workplace and the cause of death is readily apparent, examination at the ASCL may not be necessary, unless other forensic issues such as identification need to be addressed.

VIII. PRE-TRANSPORT CONSULTATION

IX.

All cases which clearly require autopsy examination according to NAME guidelines will be transported as soon as possible after notification. In cases where the death does not apparently fulfill the criteria for autopsy selections by NAME standards, consultation with a Medical Examiner will be required prior to body transport. This can be done in as timely a manner as possible. During normal business hours, any available Medical Examiner may be consulted regarding a given case. After normal business hours, leave a voicemail and consultation will take place on the next business day.

During consultation with the Medical Examiner, the calling party will be asked to provide basic information regarding the death. After discussion, if the reporting party still desires a forensic medical examination, arrangements for body transport to the ASCL will be made. If the Medical Examiner and the reporting party agree that a forensic medical examination is not necessary and that the death can be certified by the coroner or attending physician, the Medical Examiner will issue a Medical Examiner

Consult (MEC) report. This report will contain a short summary of the known information in a case, along with the Medical Examiner's suggested wording for cause and manner of death.

VIII. Obligations of Reporting Parties in Cases Submitted to the Medical Examiner.
Investigation of a death which requires forensic medical examination is not the sole responsibility of the Medical Examiner. Local authorities still maintain responsibility for certain aspects of the investigation.

A. Under ACA 12-12-311 (A)(1), "All law enforcement officers and other state, county, and city officials, as well as private citizens, shall fully cooperate with the staff of the State Crime Laboratory in making any investigation provided for or authorized in this subchapter". In other words, while it is the right for all authorized individuals to request that the State Medical Examiner perform a forensic medical examination, it is the submitting agency's responsibility to provide the Medical Examiner's office with any information that the Medical Examiner deems necessary to satisfactorily complete its investigation..
B. A Medical Examiner's Body Submission Form must be submitted whenever human remains are sent to the ASCL for examination by the Medical Examiner. The form should be faxed to the office prior to examination, or at the very least, delivered to the lab with the body. While it is recognized that all desirable information required by the Medical Examiner may not be available when the submission form is filled out, it should be as complete as possible. Basic information necessary for completion of the death certificate, such as the deceased's name, time of incident, time of death, place of death, etc. should be readily available to the submitting agency and should always be included.

C. In addition to body submission forms, any completed investigative reports should be submitted with the body. If investigative reports have not been completed at the time of transport, they should be faxed to the office as soon as they are complete.

D. In cases of Sudden, Unexplained Infant Death, investigators are required to fill out a Sudden Unexplained Infant Death Investigation (SUIDI) Form. As much information as possible should be obtained and with the body prior to transport.

C. E.Medical records are often a key part of a death investigation. Under ACA 12-12-311 (a)(4)(c), " Any physician, surgeon, dentist, hospital, or other supplier of health care services shall cooperate and make available to the Executive Director of the State Crime Laboratory or his or her staff, the records, reports, charts, specimens, or X-rays of the deceased, as may be requested where death occurs and an investigation is being conducted under the provisions of this subchapter." In simpler terms, if the Medical Examiner requires any type of medical documentation as part of a death investigation, said documentation is to be provided. It is also important that these records be provided promptly.
F. If an examination is requested on an individual who has died following hospital treatment, medical records are required to be submitted with the body. At minimum, the records accompanying the body in such cases must include (where applicable): ER reports, admission history and physical, physicians progress notes, operative reports, lab reports, and radiology reports. Transport to the ASCL will not be authorized until assurances are made that the requested records will be with the body.
D. G. In cases involving otherwise unsubstantiated accusations of wrongdoing, it is expected that said accusations be described as fully as possible. For example, if family members allege that the deceased was "poisoned", then they should be asked what the poison was, and how it was given, when it was given, etc.

E. Agencies submitting bodies to the ASCL for examination are reminded that they are fiscally responsible for return of the body to the county of origin, if the manner is suicide, accident, or natural (ACA 12-12-316 (b)(1)(B)). The State Medical Examiner is responsible only for returning homicide cases and infants.

IX. NOTIFICATION

A. ***Normal business hours***. Normal business hours for the entire Medical Examiner office are Monday through Friday, 8 am to 5 pm. The Forensic Investigators are on duty daily from 6 am to 5 pm. While the investigators are on duty, individuals authorized request transport and examination of bodies may fax a properly completed body submission form to 501-221-1653, or call the office at 501-227-5936 and speak with a Forensic Investigator If contacted by phone, the investigator will obtain basic contact information, including the reporting party's name, phone number, the name of the deceased (if known) and a current location of the body. The Forensic Investigator will also obtain basic information regarding the type of case. If the case obviously will require an autopsy according to NAME performance standards, then arrangements will be made for pickup and transport of the body. If the case does not obviously require an autopsy according to NAME performance standards, or if the Forensic Investigator otherwise believes medical consultation is necessary, the reporting party may be asked to speak with an available Medical Examiner. After consulting with the reporting party, The Medical Examiner may recommend transport and autopsy, transport and external examination, or a Medical Examiner Consultation (MEC). Following consultation, the Forensic Investigator will be informed about the disposition of the case, in case that arrangement for transport has to be made. As noted above, if local authorities insist on forensic medical examination, the body will be transported and examined.

B. ***After hours, weekends and Holidays***. At any time other than normal working hours, submitting agencies still call the Medical Examiner's number (501-227-5936) and leave a voicemail. Information should include the name of the reporting party, the investigating agency, the name of the deceased, and a contact phone number. When it is reasonably certain that a case will be sent for examination, fax a properly completed body submission form to 501-221-1653.
The Forensic Investigator coming on-duty at 6:00 a.m. will immediately check voicemail and the fax machine for any case submissions received during the night.
In a true emergency, the Chief Medical Examiner may be reached at any time by cell phone (501-920-3780). For purposes of after-hours notification, an "emergency" is a situation which requires immediate attention, such as a mass casualty event, handling of a body contaminated by hazardous materials, or proper evidence preservation in unusual circumstances. Such situations are uncommon, and in most instances questions or concerns about a given case can be addressed on the following day.

APPENDIX 4 ARKANSAS CODES 20-17-1222-1223

20-17-1222. Cooperation between a coroner or the state Medical Examiner and a procurement organization.

(a) A coroner and the state Medical Examiner shall cooperate with procurement organizations to maximize the opportunity to recover anatomical gifts for the purpose of transplantation, therapy, research, or education.

(b) If a coroner or the state Medical Examiner receives notice from a procurement organization that an anatomical gift might be available or was made with respect to a decedent whose body is under the jurisdiction of the coroner or the state Medical Examiner and a post-mortem examination is going to be performed, unless the state Medical Examiner denies recovery in accordance with § 20-17-1223 the state Medical Examiner or designee shall conduct a post-mortem examination of the body or the part in a manner and within a period compatible with its preservation for the purposes of the gift.

(c) A part may not be removed from the body of a decedent under the jurisdiction of a coroner or the state Medical Examiner for transplantation, therapy, research, or education unless the part is the subject of an anatomical gift. The body of a decedent under the jurisdiction of the coroner or the state Medical Examiner may not be delivered to a person for research or education unless the body is the subject of an anatomical gift. This subsection does not preclude a coroner or the state Medical Examiner from performing the medicolegal investigation upon the body or parts of a decedent under the jurisdiction of the coroner or the state Medical Examiner.

History. Acts 2007, No. 839, § 1.

20-17-1223. Facilitation of anatomical gift from decedent whose body is under jurisdiction of coroner or the state Medical Examiner.

(a) Upon request of a procurement organization, a coroner or the state Medical Examiner shall release to the procurement organization the name, contact information, and available medical and social history of a decedent whose body is under the jurisdiction of the coroner or the state Medical Examiner. If the decedent's body or part is medically suitable for transplantation, therapy, research, or education, the coroner or the state Medical Examiner shall release post-mortem examination results to the procurement organization. The procurement organization may make a subsequent disclosure of the post-mortem examination results or other information received from the coroner or the state Medical Examiner only if relevant to transplantation or therapy.

(b) The coroner or the state Medical Examiner may conduct a medicolegal examination by reviewing all medical records, laboratory test results, X-rays, other diagnostic results, and other information that any person possesses about a donor or prospective donor whose body is under the jurisdiction of the coroner or the state Medical Examiner which the coroner or the state Medical Examiner determines may be relevant to the investigation.

(c) A person that has any information requested by a coroner or the state Medical Examiner pursuant to subsection (b) shall provide that information as expeditiously as possible to allow the coroner or the state Medical Examiner to conduct the medicolegal investigation within a period compatible with the preservation of parts for the purpose of transplantation, therapy, research, or education.

(d) If an anatomical gift has been or might be made of a part of a decedent whose body is under the jurisdiction of the coroner or after a post-mortem examination the coroner determines that no autopsy is required, or , if the decedent has been referred to the state Medical Examiner for post-mortem examination under § 12-12-318 and the state Medical Examiner determines that an autopsy is required, after consultation with the prosecuting attorney and the coroner, and it is determined that the recovery of

the parts that are the subject of an anatomical gift will not interfere with the autopsy, the coroner, state Medical Examiner, and procurement organization shall cooperate in the timely removal of the part from the decedent for the purpose of transplantation, therapy, research, or education.

(e) If an anatomical gift of a part from the decedent under the jurisdiction of the coroner or the state Medical Examiner has been or might be made, and after consultation with the coroner and prosecuting attorney, the state Medical Examiner believes the recovery of the part could interfere with determination of the decedent's cause and manner of death, the state Medical Examiner shall consult with the procurement organization or physician or technician designated by the procurement organization about the proposed recovery. The procurement organization shall provide the state Medical Examiner with all information that the procurement organization has that could relate to the cause or manner of the decedent's death. After consultation with the prosecuting attorney and coroner, the state Medical Examiner may allow the recovery.

(f) The coroner, prosecuting attorney, Medical Examiner, and a procurement organization shall enter into an agreement establishing protocols and procedures governing the relations between them when an anatomical gift of a part from a decedent whose body is under the jurisdiction of the coroner or Medical Examiner has been or might be made but the coroner or Medical Examiner believes that the recovery of the part could interfere with the post-mortem investigation into the decedent's cause or manner of death. Decisions regarding the recovery of the part from the decedent shall be made in accordance with the agreement. The coroner, prosecuting attorney, Medical Examiner, and the procurement organization shall evaluate the effectiveness of the agreement at regular intervals but no less frequently than every two years.

(g) In the absence of an agreement establishing protocols and procedures governing the relations between the state Medical Examiner and a procurement organization, if the state Medical Examiner intends to deny recovery of an organ for transplantation or therapy, the state Medical Examiner or designee, at the request of the procurement organization, shall attend the removal procedure for the organ before making a final determination not to allow the procurement organization to recover the organ. During the removal procedure, the state Medical Examiner or designee may allow recovery by the procurement organization to proceed, or, if the state Medical Examiner or designee believes that the organ may be involved in determining the decedent's cause or manner of death, deny recovery by the procurement organization.

(h) If the procurement organization seeks to recover only an eye or tissue or both, the Medical Examiner or designee shall not be required to attend a removal procedure as provided in subsection (g).

(i) If the state Medical Examiner or designee denies recovery under subsection (g), the individual denying recovery shall:

- **(1)** explain in a record the specific reasons for not allowing recovery of the part;
- **(2)** include the specific reasons in the records of the state Medical Examiner; and
- **(3)** provide a record with the specific reasons to the procurement organization.

(j) If the coroner or the state Medical Examiner or designee allows recovery of a part, the procurement organization will cooperate with the coroner and Medical Examiner in any documentation of injuries and the preservation and collection of evidence prior to and during the recovery of the part; and, upon request, shall cause the physician or technician who removes the part to provide the coroner and Medical Examiner with a record describing the condition of the part, a biopsy, a photograph, and any other information and observations that would assist in the post-mortem examination.

(k) If the state Medical Examiner or designee is required to be present at a removal procedure under subsection (g), upon request the procurement organization requesting the recovery of the organ shall reimburse the state Medical Examiner or designee for the additional costs incurred in complying with subsection (g).

History. Acts 2007, No. 839, § 1.

APPENDIX 5 MASS DISASTER RESOURCE LIST

American Red Cross 501-748-1000
State Disaster Liaison 501-614-1021
Pulaski County 501-748-1000

Arkansas Department of Emergency Management (ADEM) 501-683-6700

Attorney General 501-682-2007

Batteries
Office Depot officedepot.com

Biohazard Supplies
VWR 1-800-932-5000

Body Bags
Salam International 1-800-947-1104

Body Handlers
County Coroners
Funeral Home Association
Local Law enforcement
National Guard

Cleaning /supplies
ABM Janitorial
American Paper &Twine
Goddess Products goddessproducts.com

Clergy
Through American Red Cross List

Communications/Computers
DIS Curtis Eubanks 501-683-4950

Copier
Standard Business Systems 501-663-4414

Dental Personnel
Dr. Kevin Dugan 501-758-9191

Disaster Mortuary Team (D-Mort)
State Office of Emergency Services
1-800-USA-NDMS

Fingerprint Technicians
If others are needed in addition to the Crime Lab Examiners
FBI 501-221-9100
Little Rock Police Dept. 501-371-4621
North Little Rock Police Dept. 501-758-1234
Pulaski County Sheriff's Office 501-340-6980

Fire Marshall 501-683-8621

Flashlights
Office Depot officedepot.com
Home Depot 501-219-9600

Food and Beverage
Arkansas Red Cross 501-614-1021
National Guard 501-212-5003

Governor's Office 501-682-2345

Health Department
Director: 501-661-2000

Maintenance
Arkansas Building Authority 501-682-1833 or 501-225-1057

Media

Arkansas Democrat-Gazette 501-399-3655
Channel 4 501-340-4444
Channel 7 501-324-7777
Channel 11 501-376-1111
Channel 16 501-225-0016
Channel 25 501-223-2225

Medical Services

UAMS 501-686-5000

Mental Health

UAMS 501-686-5000
American Red Cross 501-614-1021

Mobile Morgue

1-800-USA NDMS

Morgue Supplies

VWR 1-800-932-5000
Metro Pacific 1-800-635-4430

National Guard 501-212-5000

Office Supplies

Goddess Products goddessproducts.com
Office Depot 501-221-1818

Arkansas Funeral Directors Association
501-682-0574

Arkansas FBI Office

Community Outreach 501-221-9100

Photographers (if additional photographers are required)

A.S.P.
Local Law Enforcement

Protective Clothing
VWR (vwr.com)

Radiation Health
Arkansas Department of Health

Refrigerated Trucks
Arkansas National Guard

Salvation Army
501-374-9296

Security
Building Services 501-682-7674

Tables
Building Services
National Guard

Tents
American Red Cross
Arkansas National Guard

Toe Tags
Sigma Supply Inc. (fax) 501-760-1521
Arkansas Department of Health
Pulaski County Coroner
Area Hospitals

University Of Arkansas Medical Services
501-686-5000

Wal-Mart Corporate Office
501-273-4000

Weather Bureau
501-834-0308

X-ray Personnel
Arkansas National Guard
UAMS
VA

X-ray Supplies and Equipment
Source One Healthcare 1-800-635-9729

Facility Security and Weapons Prohibitions

The Arkansas State Crime Laboratory is committed to maintaining a work place that is free of violence. This obligation includes the elimination of any recognized hazard which would contribute to violence or could cause serious harm.

Policy for all staff of the Arkansas State Crime Laboratory:

The Crime Laboratory has provided security guards, fobs for controlled access through magnetic door locks, and surveillance cameras to monitor evidence and a safe, secure environment from outside factors. Anyone, who does not have fob entry, is required to enter front door and sign-in with receptionist at front desk.

All staff members are prohibited from possessing, using, buying or selling unauthorized weapons, firearms, ammunition, explosives or items deemed to be dangerous.

This prohibition also extends to all Crime Laboratory sites where employees are working or activities are being held. The definition of an authorized firearm is any firearm regardless of whether the owner has a valid state permit to carry the firearm excluding:

1. Any firearm in the possession of a certified law enforcement officer who has been authorized to possess such firearm, either on or off duty, by the employing law enforcement agency.
2. Any firearm in the possession of a person who has received prior written authorization from the Executive Director.

Authorities and References
(Act 5-73-122 carrying a loaded firearm in state buildings)

Any staff member who becomes aware of a violation of this policy is required to immediately notify the Executive Director.

Violation of this policy is considered a serious offense and may result in immediate termination of employment. Additionally, any violation of law is subject to criminal prosecution.