

2023



Tennessee Department of Health  
Office of the State Chief Medical Examiner

# Mass Fatality Plan

Functional Annex 7  
State of Tennessee  
Emergency Operations Plan

**Office of the State Chief Medical Examiner**

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## **ACKNOWLEDGMENTS**

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## I. INTRODUCTION

This document is the mass fatality section, Functional Annex 7, for the State of Tennessee's Emergency Operations Plan (EOP). It is designed to provide emergency responders, hospital, medical, law enforcement, medical examiner and health department personnel information to assist with the recovery, identification, investigation, processing and disposition of mass fatality incident victims. It is written with the assumption that local authorities and the local county medical examiner will assume responsibility to investigate multiple deaths in conjunction with the regional forensic center until the number of fatalities overwhelms local resources. The minimum number of fatalities required to trigger outside assistance varies depending on the local resources, incident type and number and condition of fatalities. The Office of the State Chief Medical Examiner (OSCME) is available to provide assistance whenever requested by the county medical examiner. According to the Tennessee Code Ann. § 38-7-103 (c) "The chief medical examiner shall have investigative authority for certain types of death that are in the interests of the state, including mass fatality incidents, for the identification, examination and disposition of victims' remains, and instances that represent a threat to the public health or safety, or both." As such, the OSCME would in some situations be the responsible agency for the investigation of multiple fatalities. If fatality numbers overwhelm regional forensic facilities the assistance of the Disaster Mortuary Operations Response Team (DMORT) can be requested through the State Health Operations Center and the Tennessee Emergency Management Agency. The National Transportation Safety Board (NTSB) should be involved when multiple fatalities involve transportation carriers. If multiple fatalities result from a terrorist attack the Federal Bureau of Investigations (FBI) will be involved.

This document stresses the need for a well-organized and immediate response to any incident in which there are multiple fatalities. Because the exact nature of the incident is often unknown when recovery begins, every incident should be treated as a crime scene until ruled otherwise. The establishment of a central incident command center with adequate communication capabilities with inclusion of the local county medical examiner, regional forensic center and state medical examiner is essential to the success of the operation.

The public expects medical examiner officials to properly investigate and scientifically identify all victims of mass disasters. All victims should be identified using acceptable forensic techniques: fingerprinting, dental, radiological, DNA, etc. whenever possible. Remains and personal effects must be recovered respectfully, logged and processed with great care.

A Victim Information Center (VIC) must be established as soon as possible to begin to receive inquiries and document identifying information provided by families attempting to locate missing loved ones in the area. The VIC should be separate and distinct from the Family Assistance Center (FAC), which is designed to provide assistance to affected persons and their families. The FAC is best established in or near temporary shelters. A process should be quickly established to respond to media inquiries and provide updated information.

## A. PURPOSE

The purpose of this annex is to establish procedures for recovery, processing, identification, investigation, and the disposition of remains of mass fatality incident victims. It provides a plan for a coordinated response by local, regional, state, and national teams. It includes guidance for command and control with explanation of jurisdictional authority to investigate deaths, identification of resources, supplies and personnel, transportation and morgue facility requirements and information specific to unique types of disasters.

## B. SCOPE

The following functions are included in the scope of death investigation during a disaster.

1. Assess the nature of the incident and location and the number and condition of the fatalities.
2. Plan for coordination and integration of medical examiner personnel into disaster incident command and communication center.
3. Establishment and coordination of Victim Information Center (VIC).
4. Inventory capacity and capabilities of response personnel.
5. Inventory capacity of available forensic facilities.
6. Identify needed supplies and process for acquisition and storage.
7. Identify possible temporary staging, processing, cold storage and morgue and temporary interment sites.
8. Identify transportation resources.
9. Outline procedures for recovery, identification, processing and disposition of victim remains.
10. Coordinate and activate of local, regional, state and national resources.

## C. AUTHORITY

**Tennessee Code Annotated § 38-7-109. Investigation by county medical examiner** authorizes the county medical examiner to conduct an investigation when a death occurs in the county to which they are appointed. Section (a) reads, “When a death is reported as provided in § 38-7-108, it is the duty of the county medical examiner in the county in which the death occurred to immediately make an investigation of the circumstances of the death.”

**Tennessee Code Annotated § 38-7-108. Death under suspicious, unusual or unnatural circumstances** specifies who must report a death to the county medical examiner and the types of deaths which must be reported. Section (a) reads, “Any physician, undertaker, law enforcement officer, or other person having knowledge of the death of any person from violence or trauma of any type, suddenly when in apparent health, sudden unexpected death of infants and children, deaths of prisoners or person in state custody, deaths on the job or

related to employment, deaths believed to represent a threat to public health, deaths where neglect or abuse of extended care residents are suspected or confirmed, deaths where the identity of the person is unknown or unclear, deaths in any suspicious/unusual/unnatural manner, found death, or where the body is to be cremated, shall immediately notify the county medical examiner or the district attorney general, the local police or the county sheriff, who in turn shall notify the county medical examiner. The notification shall be directed to the county medical examiner in the county in which the death occurred.”

In most mass fatality deaths, an autopsy should be performed. The authority to authorize the autopsy is provided in **Tennessee Code Annotated § 38-7-106(a)**. “A county medical examiner may perform or order an autopsy on the body of any person in a case involving a homicide, suspected homicide, a suicide, a violent, unnatural or suspicious death, an unexpected apparent natural death in an adult, sudden unexpected infant and child deaths, deaths believed to represent a threat to public health or safety, and executed prisoners. When the county medical examiner decides to order an autopsy, the county medical examiner shall notify the district attorney general and the chief medical examiner. The chief medical examiner or the district attorney general may order an autopsy in such cases on the body of a person in the absence of the county medical examiner or if the county medical examiner has not ordered an autopsy. The district attorney general may order an autopsy in such cases on the body of a person in the absence of the county medical examiner or the failure of the county medical examiner to act.”

Under certain circumstances, including mass fatality events, the state chief medical examiner has the authority to conduct the death investigation and authorize the autopsy. **Tennessee Code Annotated § 38-7-103. Chief medical examiner – Deputies and assistants – Duties and authority**, provides in section (c) “The chief medical examiner shall have investigative authority for certain types of death that are in the interests of the state, including mass fatality incidents, for the identification, examination and disposition of victims’ remains, and instances that represent a threat to the public health or safety, or both.”

Finally, according to **Tennessee Code Annotated § 38-7-108(b)**, “Whenever a death occurs under the circumstances as set forth in this part, the body shall not be removed from its position or location without authorization by the county medical examiner, except to preserve the body from loss or destruction or to maintain the flow of traffic on a highway railroad, or airport.”

## II. SITUATIONS AND ASSUMPTIONS

### A. SITUATION

A mass fatality is defined as **any situation which results in more deaths than the local jurisdiction can manage using the customary processes and standards of care**. Stages of a mass fatality event are:

Report of death to law enforcement or medical examiner;

Search for and recovery of remains and personal effects;

Pronouncement of death;

Transport to morgue;

Autopsy and certification of death;

Disposition of remains;

Demobilization; and

Debriefing.



## **B. ASSUMPTIONS**

The county medical examiner of the county in which death occurs has legal authority over unnatural, unusual, or suspicious deaths. The medical examiner has jurisdictional authority over bodies and/or body parts, which are not to be moved or otherwise disturbed without the consent of the medical examiner. The lead investigative agency retains authority over the mass fatality scene.

Additional support from regional forensic centers (RFCs) and the Office of the State Chief Medical Examiner (OSCME) is available by request from the county medical examiner.

Medical examiner personnel may need assistance from law enforcement to process a mass fatality site (e.g. photography, searching for remains, site mapping).

The mass fatality site will be treated as a crime scene until declared otherwise by the law enforcement agency assuming jurisdiction.

During a mass fatality, all jurisdictions and personnel will continue to manage the deaths of those dying suddenly, unexpectedly, or violently due to causes unrelated to the mass fatality event.

Depending on the event type, extent, and severity, significant damage to infrastructure and communication capacity may occur.

A mass fatality event may extend for days, weeks, months, or years.

Outbreaks of naturally occurring infectious diseases typically do not fall under medical examiner jurisdiction.

Operations under this plan will be conducted in accordance with the National Incident Management System (NIMS).

If a mass fatality event is determined to be the result of a terrorist act, the Federal Bureau of Investigations (FBI) will assume investigative jurisdiction.

### **III. PHASES OF MANAGEMENT**

#### **A. ORGANIZATION**

1. The National Incident Management System (NIMS) and Incident Command System (ICS) should be utilized during a mass fatality response.
2. Operations in response to a mass fatality event begin at the local level. The Regional Forensic Centers and the state government work collaboratively with the local jurisdiction by coordinating requested assistance and resources. The management structure is defined in the Mass Fatalities Plan of the TEMP.
3. The impacted local jurisdiction will establish an Incident Command / Unified Command (IC/UC) to coordinate the response operations. Depending upon the nature of the incident, IC/UC will be established on-scene, at the Emergency Operations Center (EOC) or at the public health command post.
4. The EOC may be activated to coordinate support to the IC/UC and to coordinate requests for state and federal assistance.

#### **B. ROLES AND RESPONSIBILITIES**

##### **i. Local**

##### **a. County Medical Examiner (CME)**

- i. Make an investigation of all deaths reported as provided in T.C.A. § 38-7-108.
- ii. Evaluate the incident site and determine scope of the response and report findings to regional forensic center and OSCME.
- iii. Consult with regional forensic center forensic pathologists and investigators.
- iv. Work with local emergency management to assign responsibilities to local agencies.
- v. Coordinate with regional and state agencies during response operations.
- vi. Coordinate with hospitals and funeral homes to identify available resources and capacity for processing fatalities.
- vii. Satisfy legal requirements of Post Mortem Examination Act of the Tennessee Code Annotated (TCA § 38-7-101 *et seq*). .

## **b. Emergency Management**

- i. Coordinate with CME to assign responsibilities.
- ii. Activate and manage the local EOC and coordinate support to the IC/UC.
- iii. Determine the need to activate a Joint Information Center (JIC) in consultation with IC/UC.
- iv. Determine the need for a local emergency declaration in coordination with the City/County Mayor(s), and county ME.
- v. Notify and coordinate with the TEMA to request state and federal assistance as necessary.
- vi. Facilitate an after-action review as soon as possible after the end of operations.
- vii. Determine the need to establish and operate FAC/VIC.

## **c. Fire and EMS**

- i. Coordinate rescue and recovery.
- ii. Recommend protective measures for responders, including the CME, to protect against exposure to hazardous materials and blood borne pathogens.
- iii. Conduct decontamination of responders, the deceased, and remains.
- iv. Support role in critical incident stress debriefing.

## **d. Law Enforcement**

- i. Assist in evaluating and maintaining scene safety.
- ii. Provide investigation and collection of information for completion of missing person reports.
- iii. Provide notification of death to next of kin.
- iv. Serve as the lead local agency for investigation of suspected criminal incidents occurring within their jurisdiction.
- v. Develop and maintain internal plans and procedures for mass fatality incidents.
- vi. Provide access control and security at various locations as necessary.
- vii. Provide initial notification to CME as appropriate.
- viii. Coordinate the investigation of the incident.
- ix. Provide for traffic management and control.
- x. Provide security for mass fatality management operations.
- xi. Locate, collect, protect, and document evidence using appropriate chain-of-custody procedures.
- xii. Provide support to CME in processing and identification of bodies (fingerprinting, collecting personal effects and photo documentation).

#### **e. County/Regional Health Departments**

- i. In conjunction with CME, develop and maintain the Mass Fatality Plan and supporting plans and procedures in coordination with the supporting organizations.
- ii. Carry out Emergency Support Function #8 responsibilities.
- iii. Provide information and guidance to the Safety Officer on the appropriate and necessary personal protective equipment.
- iv. Ensure that appropriate vaccines and/or medication are provided to responding agency personnel supporting victim recovery and identification and scene processing.
- v. In coordination with emergency management, determine the need to establish/support a FAC/VIC.
- vi. Coordinate with funeral home directors and cemetery managers to assist them with their handling of a surge of fatalities.
- vii. Provide initial notification of an infectious disease outbreak to the CME as appropriate.
- viii. Issue copies of death certificates.

#### **f. Hospitals**

- i. Provide medical care to the living.
- ii. Establish and maintain working relationships with local health departments, the state, and other partners during mass fatality operations.
- iii. Share information on resource supplies with local and state health departments.
- iv.
- v. www.ePlan for prolonged storage of fatalities that occur in the facility.
- vi. Report deaths to the county medical examiner that occur within the facility and meet medical examiner criteria under § 38-7-106 and 38-7-108.

#### **g. Local Funeral Homes**

- i. Transport of bodies.
- ii. Support morgue operations.
- iii. Support the FAC/VIC.
- iv. Perform mortuary services.
- v. Register certified death certificates with Office of Vital Records.

#### **h. District Attorney**

- i. Prepare documents to initiate, extend, modify, or end local declarations.
- ii. Advise government officials concerning legal responsibilities, powers, and liabilities regarding emergency operations related to mass fatality incidents.
- iii. Assist with the preparation of applications, legal interpretations, or opinions, and briefing packages regarding emergency operations.

#### **ii. Regional Forensic Center (RFC)**

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

##### **a. RFC**

- i. Support CME response to incident or act as primary medicolegal authority when an incident occurs in the RFC jurisdiction and requested by CME.
- ii. Coordinate with or support lead investigative authority to document, recover, and identify decedents.
- iii. Authorize removal of bodies and possible human remains from scene to temporary storage or autopsy facility when acting as CME.
- iv. Conduct autopsies to determine cause and/or manner of death when necessary or when ordered by the CME.
- v. Complete death certificates for cases in RFC jurisdiction.

#### **iii. State**

State agencies will provide resources to supplement and support local operations when requested through established protocols.

##### **a. The Office of the State Chief Medical Examiner**

- i. Support CME and local government and regional forensic centers.
- ii. Provide technical assistance, in coordination with TEMA, to the County ME in requesting federal resources like DMORT.
- iii. Order or conduct autopsies if necessary.
- iv. Authorize removal of bodies from incident sites to a temporary storage facility, autopsy facility or morgue.
- v. Determine the need for and establish a temporary storage and/or autopsy facility for incidents where OSCME has jurisdiction.
- vi. Assist local law enforcement agency with identification when requested.

- vii. Through the TDH Public Information Officer (PIO), in coordination with the event PIO, provide information to the news media for the dissemination of public advisories, as needed.
- viii. Work with CEDEP if public health implications are suspected.

**b. TDH Office of Vital Records and Vital Statistics**

- i. Maintain records of all deaths occurring in the state and of state residents.
- ii. Issue copies of death certificates.
- iii. Compile and analyze vital statistics data.
- iv. Develop alternate methodologies for processing death certificates when the normal system is overwhelmed or not functioning.

**c. TEMA**

- i. Develop and maintain the Tennessee Mass Disaster Plan.
- ii. Serve as the coordination point for requests for state and federal resources.
- iii. Prepare official requests for an emergency or major disaster declaration if local and state resources are overwhelmed.
- iv. Work with CME to establish, staff, and maintain FAC/VIC when requested.

**d. Tennessee Bureau of Investigation (TBI)**

- i. Provide resources and personnel to assist law enforcement with mass fatality operations.
- ii. Provide crime lab resources and personnel to assist the medical examiner in charge.
- iii. Assist with the management of evidence collection and storage.
- iv. Assist with scene and morgue security.
- v. Assist with investigation and collection of disaster victim information.

**e. Other departments and organizations**

- i. Provide support for the procurement of resources.
- ii. Coordinate the lease of facilities as necessary to support operations.
- iii. Assist with establishing and operating a Family Assistance Center if activated.
- iv. Acquire, store and distribute resources in support of operations.
- v. Coordinate logistical support as requested for establishing and operating facilities.

#### **iv. Federal**

Federal departments can provide guidance and technical assistance.

##### **a. Department of Health and Human Services**

- i. Activate and deploy DMORT or certain components of DMORT if available when requested.
- ii. Activate and deploy National Disaster Medical System resources when requested.
- iii. Centers of Disease Control (CDC) will provide assistance on disease epidemiology, infection control, contaminated remains, and laboratory testing.

##### **b. Federal Bureau of Investigation**

- i. Conduct criminal investigations in incidents that fall under FBI jurisdiction, including cases of suspected terrorism.
- ii. Provide assistance with forensic identification.

##### **c. National Transportation Safety Board**

- i. Conduct investigations in every aircraft accident and significant accidents in other modes of transportation.
- ii. Assist the victims of transportation accidents and their families.

#### **v. Non-governmental Organizations (NGOs)**

NGOs can provide guidance and technical assistance during the disaster response.

##### **a. Red Cross**

- i. Support family assistance center operations.
- ii. Assist with the mass care services for emergency workers.
- iii. Provide support to the NTSB in transportation incidents in accordance with the established Statement of Understanding. This may include support services such as mass care and crisis and grief counseling.

##### **b. Funeral Home Associations**

- i. Support and coordinate requests for death care industry resources.
- ii. Provide support for FAC/VIC operations.

## **vi. Regional Forensic Center Contact Information**

### **a. West Tennessee Regional Forensic Center**

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

### **b. Middle Tennessee Regional Forensic Center**

*Forensic Medical Management Services  
850 R.S. Gass Blvd.  
Nashville, TN 37216  
Phone: (615) 743-1800  
Fax: (615) 743-1890  
Email: [contact@forensicmed.com](mailto:contact@forensicmed.com)  
<http://forensicmed.com>*

### **c. Southeast Tennessee Regional Forensic Center**

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

### **d. East Tennessee Regional Forensic Center**

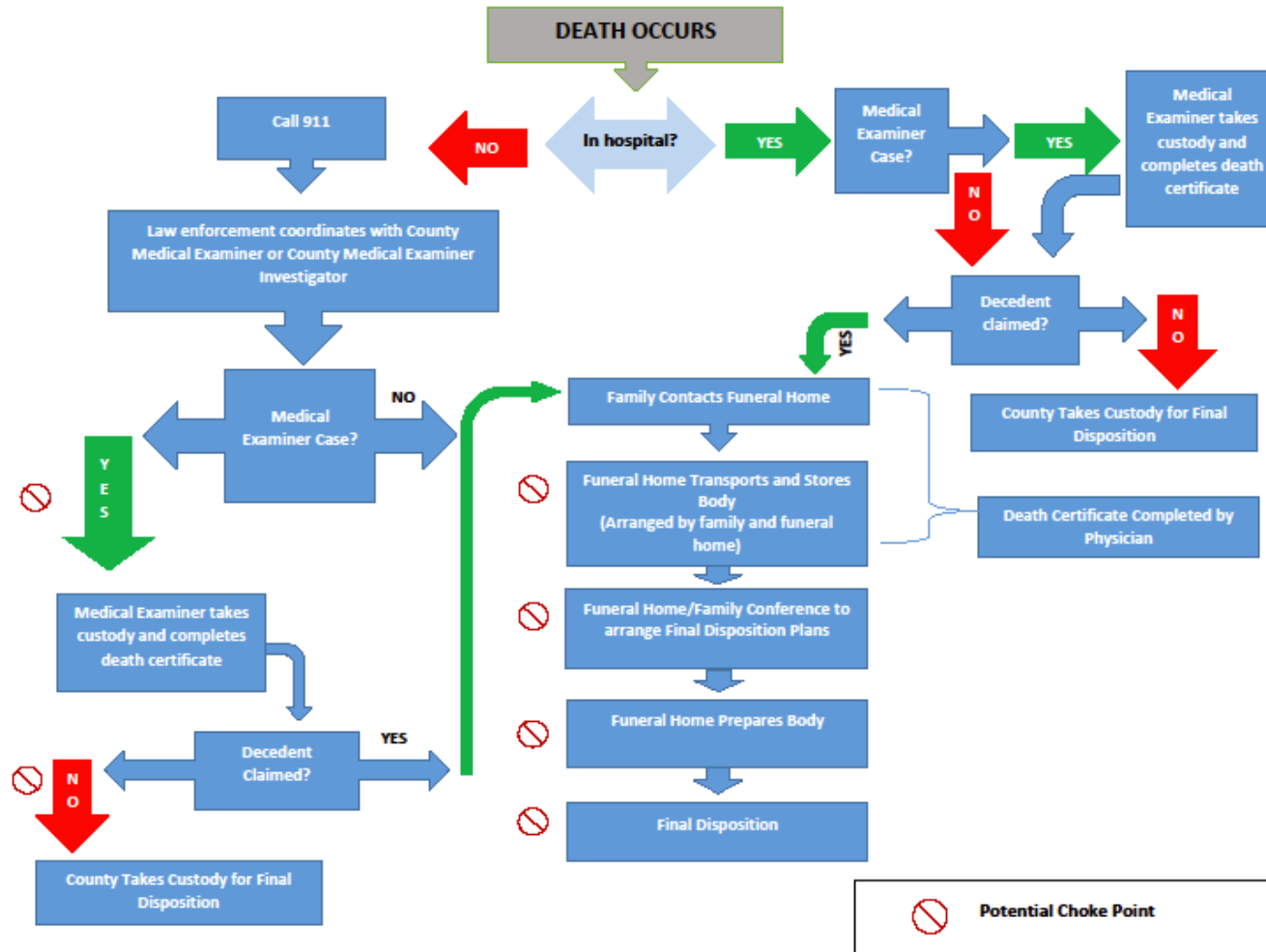
*Knox County Regional Forensic Center  
2761 Sullins Street  
Knoxville, TN 37919  
Phone: (865) 215-8000  
Fax: (865) 215-8001  
<http://www.knoxcounty.org/rfc>*

### **e. Northeast Tennessee Regional Forensic Center**

*William J. Jenkins Forensic Center  
P.O. Box 70425  
Johnson City, TN 37614-1704  
Phone: (423) 439-8038  
Fax: (423) 439-8070  
<https://www.etsu.edu/com/pathology/forensic-center/>*



## vii. Death Management Process



## C. COMMUNICATION PLAN

The Communication Plan is not intended as a standalone document but rather acts to provide a template for communication and notification between the county medical examiner and other support agencies during a mass fatality incident. Communication and collaboration are vital to successful management of a mass fatality event.

**1. County Medical Examiner (CME)** - when a critical incident involving mass fatalities occurs, the county medical examiner of the jurisdiction where the incident occurred should be notified and subsequently respond. The county medical examiner, along with incident command, should make the initial assessment as to the breadth of the incident, estimates of fatalities and necessary response and provide oversight and coordination of resources to meet incident requirements.

The statutory duties of the county medical examiner do not change when there are multiple victims. The medical examiner for the county in which the deaths occur retains jurisdiction over the bodies. In the event of a mass fatality incident the county medical examiner should notify and collaborate with regional and state agencies, including the Regional Forensic Centers and the Office of the State Chief Medical Examiner and local emergency management to provide effective decedent management.

For localized, acute incidents, the county medical examiner may develop mutual aid agreements with adjoining county medical examiners, county medical examiner investigators or their partner Regional Forensic Center. However, for large scale events the mutual aid from these local jurisdictions may be limited.

In the event the county medical examiner is notified by the local emergency management agency of a mass fatality or potential mass fatality incident the CME shall notify the Regional Forensic Center with whom they partner for autopsy service and the Office of the State Chief Medical Examiner that a mass fatality event or potential event has occurred in their jurisdiction.

In some instances the county medical examiner may become aware of a mass fatality or potential mass fatality incident prior to local emergency management being notified. It is the responsibility of the CME to notify the local emergency management agency, the Regional Forensic Center with whom they partner for

autopsy service and the Office of the State Chief Medical Examiner of the mass fatality or potential mass fatality incident.

**2. Regional Forensic Center (RFC)** – The Regional Forensic Center with which the county or local jurisdiction partners should be notified of all mass fatality or potential mass fatality events that occur. When a critical incident involving mass fatalities occurs, the Regional Forensic Center may be called upon to provide local mortuary, staffing and investigative support. The support provided by the RFC may be limited by the agency’s responsibility for day to day operations. The RFC may develop a Memorandum of Understanding (MOU) with the agencies with which they partner for support services during a mass fatality or potential mass fatality event.

In some instances the Regional Forensic Center may become aware of a mass fatality or potential mass fatality event prior to local medical examiners due to casualties being transported to larger hospital systems prior to death or receiving fatalities from multiple counties. The Regional Forensic Center shall notify the CME in the local jurisdiction in order that local arrangements can be made for future or potential victims. The RFC shall notify the OSCME of the mass fatality or potential mass fatality event.

**3. Office of the State Chief Medical Examiner (OSCME)** – The OSCME should be notified of all mass fatality or potential mass fatality events that occur within a local jurisdiction. The OSCME may be called upon to provide state-level assistance in the form of support staff, state mortuary or federal mortuary / autopsy resources.

In the event the OSCME is made aware of a mass fatality or potential mass fatality event prior to the local county medical examiner or Regional Forensic Center being notified, the OSCME shall contact all agencies and make notification of the event.

## D. AVAILABLE RESOURCES



**Mobile Operation Centers (MOC)**

Three trailers across the state outfitted to serve as MOC's. Each trailer includes:

- Satellite
  - o Internet
  - o Phone
  - o TV
- Radio communications
- Generator
- Computer work stations
- Communications can be run into a nearby structure via fiber optic cable.



**State Department of Health Regional Trailer**

There are seven trailers across the state one in each of the seven Health Department Regions which are mission ready for nurse strike team deployment. One trailer with Dept. of Health CEDEP Emergency Preparedness.

- Generator
- Quick setup with capabilities similar to MOC's



### **Mobile Hospital Tents**

These inflatable climate-controlled tents can be set up and operational in about 1 hour and have a 50 bed capacity. Partitions inside can easily be removed to create a single open space. (approx. 40ft long x 20ft wide)

- Contact local or regional emergency preparedness for availability.

### **Morgue trailers**

There are several mobile morgue trailers across the state owned by local, county, and regional agencies. Contact local or regional emergency preparedness to facilitate requests for trailers.

## **IV. PUBLIC INFORMATION AND ASSISTANCE**

### **A. PUBLIC INFORMATION/MEDIA**

1. All information provided to the media should be coordinated through incident command.
2. Effective communication with the public and the families of the victims of a mass casualty / mass fatality event is critical to successful decedent identification and reunification.
3. Providing accurate, timely, clear and updated information can reduce the stress experienced by those affected, defuse rumors and clarify incorrect information.
4. Fatality information can be sensitive and information concerning the event should be released to the media in a manner that respects the privacy of the families and does not compromise the investigation of the event.

### **B. VICTIM INFORMATION CENTER (VIC)**

1. Depending on the magnitude of the mass fatality/mass casualty event local jurisdictions may establish a VIC, in coordination with the CME, to provide for the collection of information from and distribution of information to families of victims.
2. The primary purpose of the VIC is victim identification and family reunification. It is intended to serve as a private, secure platform for information exchange including victim antemortem data collection and response operations briefings for families.
3. The information sharing process for providing families of the missing current information should be established as soon as possible. This may be done through the VIC if established or through an information center for families. The information provided should include the process of recovery, identification, storage, death certification and other incident specific information. Families should be provided access to this information prior to its release to the media and general public.
4. In aviation-related and rail-related incidents of mass casualty/mass fatality, the airline carrier and any intra- and interstate high-speed passenger rail operators are responsible for the establishment of a Joint Family Support Operations Center (JFSOC), a Victim Information Center, which also incorporates federal, state and local resources. The National Transportation Safety Board (NTSB) is tasked with coordinating the efforts of the air carrier or rail operator, local responders and federal agencies for the family assistance response.

## V. CONCEPT OF OPERATIONS

### A. GENERAL INFORMATION, ACTIVATION, AND TRIGGER POINTS

- a.) All mass casualty/mass fatality incidents initially fall under the jurisdiction of local emergency management and the county medical examiner (CME).
- b.) The purpose of this plan is to support the local plan where the incident has occurred.
- c.) Mass fatality events have the potential to quickly overwhelm the resources of the local county medical examiner operation depending on the number and condition of fatalities. In a mass fatality incident, the procedure for requesting intra-state, inter-state and federal support is through local emergency management communication pathways.
- d.) The involvement of the Office of the State Chief Medical Examiner (OSCME) will depend on the type and magnitude of the incident. This plan acknowledges the fact that there are mass fatality events that will fall under the jurisdiction of the Office of the State Chief Medical Examiner (OSCME) and those that will not. The determination and establishment of jurisdictional authority is a critical decision that should be addressed early in the event to allow for notification of all pertinent agencies and reduce response time and set up.
- e.) The Tennessee Emergency Management Plan (TEMP) will be activated when there is recognition of a mass casualty/mass fatality event that significantly impacts or exceeds the local mortuary affairs system and/or county medical examiner day to day fatality management capabilities. The triggers may include:
  - i. Recognition that a naturally occurring disease is resulting in increasing numbers of death that may exceed local mortuary affairs system capability.
  - ii. Notification to the county health department from local hospital(s) and/or funeral homes that their capacity to transport, process, store and funeralize bodies has been exceeded.
  - iii. Recognition of any mass fatality event as defined by the county medical examiner (CME); any incident with fatalities which exceed or overwhelm usual local resources.

- iv. Upon activation of this plan, the organizations identified herein will function to address the entire spectrum of operations that provides for the care and final disposition of the decedent. This includes (as applicable to an incident):
  - a.) Recovery and tracking of the decedents
  - b.) Morgue Operations, Morgue Identification and Victim Information Center
  - c.) Notification and Final Disposition
  
- f.) In addition to the activation of the Tennessee Emergency Management Plan (TEMP) the State Department of Health may establish a public health command post (SHOC – State Health Operations Center) to coordinate public health response operations. Other entities may establish their own operations center/command posts to support the overall mass fatality operation.
  
- g.) The Director of the Tennessee Emergency Management Agency (TEMA), in consultation with the Commissioner of Health (or his or her designee), and the City/County Mayor(s)/Executive(s), will determine if a local emergency declaration is necessary and initiate the request.
  
- h.) In the event that federal assistance is needed, the Governor of the State of Tennessee will initiate requests for federal declarations. In the event of emergency, the Governor can declare martial law. The Governor may implement an Executive Order declaring a State of Emergency or the Tennessee Emergency Management Plan (TEMP) may be activated by the Director of TEMA.
  
- i.) The Commissioner of Health, in consultation with the OSCME and other appropriate state executives, will coordinate the management and storage of remains exceeding the capacity of the local mortuary affairs system. The TDH will be the lead agency for coordinating the public health and medical response to naturally occurring infectious diseases and will establish appropriate incident or unified command. Other Tennessee government and private organizations may be requested to provide support in accordance with their assigned functional roles and responsibilities in the TEMP and supporting annexes.

## **B. INCIDENTS UNDER COUNTY MEDICAL EXAMINER JURISDICTION**



- a.) Per T.C.A. § 38-7-108 (a) the county medical examiner shall immediately be notified of the death of any person from violence or trauma of any type, suddenly when in apparent health, sudden unexpected deaths of infants or children, deaths of prisoners or persons in state custody, deaths on the job or related to employment, deaths believed to represent a threat to public health, deaths where neglect or abuse of extended care residents are suspected or confirmed, deaths where the identity of the person is unknown or unclear, deaths in any suspicious/unusual/unnatural manner, when a body is found dead, or where the body is to be cremated. The notification of a death or multiple deaths shall be directed to the county medical examiner in the county in which the death occurred. The county medical examiner is responsible for investigating and determining the cause and manner of death.

### **C. INCIDENTS NOT UNDER COUNTY MEDICAL EXAMINER JURISDICTION**

- a.) An event involving deaths due to a communicable disease may not have an “incident site” but the medical examiner for the county of death may have some initial responsibility and jurisdiction in the identification and confirmation of the communicable disease and will continue to be responsible for certain categories of cases that fit criteria established by law (e.g. deaths for which there is no attending physician, unidentified decedents). Assistance with death certification may be requested from the OSCME.

### **D. BODY RECOVERY, EXTRICATION AND COLLECTION**

- a.) Recovery of bodies should not interrupt the search and rescue operations aimed at helping survivors.
- b.) A secure temporary body holding area (morgue) should be established close to the critical incident area away from public and media viewing.
- c.) Recovery (extrication) and collection are two distinct processes generally supported by separate agencies. Recovery generally involves the extraction or extrication of a body from the disaster debris and is associated with a search and rescue operation and/or fire and rescue department operation. Collection generally refers to the movement of a body from the location of death to a temporary storage site or the site of morgue operations.

- d.) None of the decedent bodies shall be moved or touched by workers until direction and approval has been given by the on-scene CME representative, except to preserve the body from loss or destruction or to maintain the flow of traffic on a highway, railroad, or airport.
- e.) Remains and/or evidence processing teams must assume that any mass fatality scene is a crime scene and the scene should be processed and evidence documented. Scene processing involves locating remains and potential evidence, flagging and numbering the remains, documenting and photographing the recovery efforts.
- f.) Scene processing may involve the physical alteration of the actual scene, thus recovery should proceed from the least destructive to the more intrusive. Documentation is critical to ensure every aspect of the remains/evidence processing operation and preservation of information. The approach should be methodical and organized and led by an individual with forensic and recovery expertise to supervise the process.
- g.) All information required for the investigation/scene processing must be collected prior to the movement and collection of the body(ies).
- h.) Body recovery is the first step in managing fatalities. The process of body recovery is a critical step in the investigatory phase and the identification process and therefore must be coordinated effectively. If the incident falls under county medical examiner (CME) jurisdiction, incident command (IC) in consultation with law enforcement and the CME should coordinate body recovery. None of the decedent bodies should be moved or touched until direction and approval has been given by the responsible county medical examiner or their designee.
- i.) Chain of custody must be established at the beginning of any scene investigation to ensure that the integrity of the evidence is maintained and can be verified during potential legal proceedings. The following procedures should be implemented:
  - i. Document the time of arrival and departure of all personnel at the scene.
  - ii. Establish and adhere to a standard numbering system for tracking of remains.

- iii. Treat body parts (e.g. limbs) as individual bodies. Recovery teams should not attempt to match the body parts at the scene.
- iv. Personal belongings, jewelry and documents should not be separated from the corresponding decedent bodies during recovery.
- v. Document the collection of evidence by recording its location at the scene and time of collection.
- vi. Document all transfers of custody including the name of the recipient (legibly printed) and the date/time and manner of transfer.
  
- j.) Rapid recovery is a priority because it aids identification and reduces the psychological burden on survivors. Body recovery may last a few hours or may be prolonged dependent on the circumstances of the incident.
- k.) Proper personal protective equipment should be worn during recovery and retrieval.
- l.) Medical treatment should be available in case of injury to recovery workers.
  
- m.) Conditions and circumstances sometimes preclude the recovery of remains in spite of exhaustive efforts and resources expended by those involved. Once the determination has been made that one or more decedent bodies are unrecoverable, non-denominational memorial services may be arranged. If more than one, all efforts should be made to notify and include the surviving family members of this service. Assistance in post-death activities should be extended to the surviving family members. The family should be given the opportunity to select the location of the non-denominational service if so desired. Vital Records may be consulted on appropriate procedures for death certification.

## **E. LOGISTICS (TRANSPORTATION/SUPPLIES)**

### **Transportation of Deceased Persons**

- a) Decedent remains must be treated with respect when transported between locations.
- b) Transportation of the decedent from the scene to a funeral home, regional forensic center or temporary storage site is usually provided by a funeral home, EMS or other local transport resource. During a mass fatality incident local resources may be overwhelmed or absent.
- c) Regional and/or state resources may be requested by local EOC to support transportation of decedents
- d) Loading and unloading of the vehicle shall be accomplished discreetly and out of public view when possible.
- e) Transport vehicles should be “closed” (i.e. no open pick-up trucks) whenever possible.
- f) Vehicles should travel the same route from the incident site to the autopsy facility, funeral home, or other collection point. These routes should be established in coordination with law enforcement.
- g) Vehicles should travel at a moderate speed, in convoy style, maintaining order and dignity. At no time should a vehicle make unnecessary stops while transporting.

### **Supplies (Resource Requests)**

- a) Establish an on scene staging area near the incident scene and provide security.
- b) Requests for resources or support will be generated at the scene and submitted to the local level EOC.
- c) If local death care resources are not sufficient regional, state or federal resources may be requested.
- d) The local health departments often keep an inventory of healthcare resources (PPE, body bags, etc.) maintained within their department and may be aware of resources maintained by regional partners.

- e) The OSCME will be available to work with local and regional partners to identify available resources as required.
- f) TEMA will coordinate with the appropriate state agencies to address resource requests from the local and regional levels.
- g) If the scale of the event exceeds state capacity assistance may be sought from other jurisdictions in Tennessee or from other states. Mutual Aid Agreements may need to be established to facilitate such assistance.
- h) Federal resources like DMORT may be requested to assist with mass fatality operations. This request will be submitted by TEMA in consultation with local incident command, CME, RFC, and OSCME.

### **Equipment List**

Protective clothing: gloves, boots, coats, hard hats, rain suits, respirators, etc. as indicated by the situation.

Body bags or other appropriate storage containers. The degree of dismemberment of the bodies may be so extensive that standard body bags are not appropriate. Heavy duty, thick, 1 to 2 gallon Ziploc type bags may be used.

Refrigerated trucks with metal floors and walls. Assume 20 bodies per 40 foot trailer at 35 to 38°F.

Tents and storage facilities.

Screening materials to create visual barriers.

Flags and spray paint for marking locations.

Identification tags (plastic, Tyvek, metal or another waterproof material)

Pens with Permanent Ink.

Biohazard bags and boxes.

Photography equipment.

Gridding, laser survey, total station GPS systems.

Communication devices such as radios and cell phones.

Writing or computer equipment for log maintenance

## **F. STORAGE/REFRIGERATION**

During a mass fatality incident usual local resources for body storage (hospital morgues and funeral homes) may be overwhelmed and storing bodies temporarily may be necessary to protect and preserve the remains prior to examination and until final disposition.

- i. Storage of decedents must be done respectfully.
- ii. CME should consult with Regional Forensic Centers about body storage at those facilities.
- iii. The CME may determine that a temporary storage facility is necessary for the temporary storage of the bodies.
- iv. Temporary morgue locations should be in close proximity to the site of the incident and able to be secured.
- v. Each body or body part should be kept in a body bag or similar storage item. Waterproof labels with a unique identifier should be used.
- vi. Refrigeration is the preferred body storage option. Without cold storage decomposition advances rapidly, especially in hot climates.
- vii. Where the numbers of decedent remains are in excess of the capacity to maintain bodies under refrigeration alternate means of cold storage such as mobile morgues, warehouses and refrigerated trucks may be necessary.
  - a. Mobile Morgue - CME through EMA and TEMA may request mobile morgues located throughout Tennessee.
  - b. Refrigerated trailers/railroad boxcars – it should be noted that an MOU with a company who can provide refrigerated trailers may be necessary.
  - c. Use of refrigerated commercial trailers for the storage of human remains precludes their re-use for commercial transport.

- viii. Embalming, post examination, may be considered as a means of preservation of human remains in instances where extended storage time is deemed necessary.
- ix. Media, families, friends or other onlookers should not be permitted in temporary storage areas. If the temporary storage area is utilized for viewing of bodies for identification purposes this should be performed in a private, dedicated area out of view of the public and other decedents.

## **G. TRACKING AND IDENTIFICATION**

### **Tracking of Fatalities**

- a. A body or any body part should be given a unique number at the scene, which will stay with the remains and any related property that can be clearly attributed to the victim.
- b. This unique number should be used on all documentation and samples throughout the investigation.
- c. Decedent tracking is a shared responsibility among all responding agencies: fire and rescue, hospitals, the county medical examiner and funeral home personnel.
- d. Decedent tracking serves as a chain of custody for all human remains and should reflect each subsequent location of the remains during any step of the incident.
- e. Specific procedures for the identification and tracking of fatalities will be established at the scene through a coordinated effort with local law enforcement, CME, and RFC (when applicable).
- f. Decedent tracking should begin at the site of retrieval and must be maintained through transportation, processing, storage, identification and release for final disposition.
- g. It will be important that all entities involved are familiar with the tracking system and implement it consistently. This may require training of response personnel on the agreed-upon system.

## Identification of Decedents

- a) Positive identification of victims is one of the most important tasks when such events occur.
- b) Bodies and fragmentary human remains should be identified using one or more methods that are widely recognized and accepted within the medicolegal community.
- c) Accepted methods of identification include fingerprint, antemortem dental record or antemortem x-ray comparisons.
- d) Although the use of DNA studies for identification is the most accurate means of identification currently available, it can take a considerable amount of time to obtain results. If this method is chosen, the families should be made aware of the time it may take for results. Depending on the condition of the remains, other methods may be preferable.
- e) Circumstantial means of identification are not sufficient to be used as the sole method of identification in most cases. These include tattoos, associated personal property or a description of the decedent.
- f) All post-mortem data obtained from bodies should be cross referenced against information obtained at the VIC and by law enforcement regarding missing persons.
- g) In order for a death certificate to be completed and remains returned to the appropriate next of kin, positive identification of the decedent must be made.
- h) Unidentified or unassociated remains or tissue should not be cremated or commingled with identified remains.

## H. NOTIFICATION

A consistent process should be developed for making notifications.

### Death Notification

- a) Law enforcement are responsible for notifying the next of kin of the death.



- b) Notifications during a mass fatality incident should be made in person if at all possible. This may require the assistance of law enforcement from a jurisdiction near to the next of kin.

### **Autopsy Notification**

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

## **I. DISPOSITION**

### **Identified Remains**

- a) Identification of the decedent should be determined prior to releasing body for final disposition.

### **Unidentified Remains**

- a) In some instances, it may not be possible to recover and identify all decedent remains. The decision on how to best handle this situation must be a coordinated one as it will have a profound emotional impact on the families and the community.
- b) Disposition of unidentified remains and/or tissues is the responsibility of the CME. Planning for the disposition of unidentified remains should be a coordinated effort among the CME, Regional and State agencies and families.
- c) Unidentified remains or tissues should not be commingled with identified remains.
- d) Burial is preferred to cremation so the remains are available for identification at a later date.

### **Temporary Interment**

- a) Temporary burial is an option for storage where no other method is available and longer-term storage is needed.

- b) Careful documentation and mapping of the burial site are important to ensure that the decedents can be traced. In this way, the place of final disposal of those remaining unidentified is accurately recorded.

## **J. VITAL RECORDS (DEATH CERTIFICATION, CREMATION PERMITS)**

In mass fatality events with significant infrastructure damage, it is likely that electronic death certification and registration will be unavailable. A pre-printed supply of blank death certificates and cremation permits should be made available in such cases.

In events in which identification of the remains may take an extended amount of time, a court of competent jurisdiction may declare persons as dead.

In normal circumstances, the county medical examiner for the county in which death occurred must approve a cremation permit based on a completed death certificate. The cremation permit is then registered with the county health department. If the county medical examiner needs additional assistance he or she may appoint additional physicians to act in his or her stead as a deputy county medical examiner. Similarly, in exigent circumstances, the county medical examiner or state chief medical examiner or his or her deputies may be named as Deputy Registrar(s) by the Office of Vital Records, and as such will have the capacity to approve cremation permits in place of the local health department.

If substantial numbers of homes or other residences have sustained damage, representatives from the Office of Vital Records should be dispatched to the Family Assistance Center to facilitate replacement of vital records documents.

## **K. DEMOBILIZATION**

- a) The need for continued storage and processing of the deceased may extend beyond the life of the initial incident. This is because of difficulty in body identification, locating the next of kin and the backlog in achieving a final disposition for each decedent.
  
- b) The OSCME, regional forensic centers and county law enforcement should be prepared to provide ongoing support to mass fatality management in partnership with the CME, to work toward a respectful resolution with decedent remains. The following are actions to be considered in the aftermath of a mass fatality incident:
  - 1. If established, move remains from the temporary interment location to the final resting place.
  - 2. Closing, cleanup and restoration of temporary morgue and/or MACP sites.
  - 3. Plan for a return to normal operating procedures.
  - 4. Provide critical incident stress counseling for the staff who worked the mass fatality functions.
  - 5. Redeploy staff and other resources as needed.
  - 6. Provide for the disposition of personal effects.
  - 7. Complete and process all records kept during the course of the incident.
  - 8. Evaluate and revise the mass fatality plan and associated policies and procedures based on lessons learned.
  
- c) Demobilization plans will generally be prepared by the Planning Sections of the IC/UC and the EOC as applicable.
  
- d) Local EMA will facilitate an after-action review to identify issues related to the mass fatality operations and to initiate appropriate corrective actions.

## VI. DIRECTION AND CONTROL

### 1. National Incident Management System (NIMS)

NIMS is a guide for all levels of government, nongovernment organizations and private sector agencies to work together to prepare for, respond to and recover from domestic incidents, regardless of cause, size or complexity. The Governor of Tennessee has issued an executive order to adopt NIMS to formulate a common emergency management response and recovery. The plan, which is signed by the Governor, can be used to declare a state of emergency instead of a proclamation, as provided by TCA 58-2-107. NIMS incorporates the Incident Command System (ICS) as the standard for incident management.

### 2. Incident Command System (ICS)

A model for disaster response designed to enable effective and efficient management of incidents by integrating a combination of facilities, equipment, personnel, procedures and communications operating within a common organizational structure. ICS is applicable to both short-term and long-term operations as well as events of multiple sizes.

Local emergency service agencies (e.g., fire, EMS, police) initially implement the ICS. Local law enforcement agencies have control and responsibility over all crime scenes and criminal investigations including evidence collection that occur within their jurisdiction. Law enforcement provides scene security, traffic control, and is charged with the notification of death to next of kin.

Deaths not related to the mass fatality event will be ongoing and local emergency management services (EMS), law enforcement, hospital, county medical examiners and county medical examiner investigators and funeral homes will have to continue to respond to those cases as well.

Incident Commander (IC) is the highest ranking individual on-scene who is delegated overall authority and responsibility for conducting incident operations. The IC is responsible for approving on-scene strategies and the ordering and release of on-scene resources. The IC may change as the incident progresses.

### 3. Unified Command (UC)

Unified Command is implemented when more than one agency with incident jurisdiction or when incidents cross political or county jurisdictions. Agencies work together through designated members of the UC to establish common objectives and strategies in a single Incident Action Plan (IAP).

#### 4. County Medical Examiner (CME)

The CME, under T.C.A. §38.7.108 (a) has jurisdiction over any deaths that results, wholly or in part, from violence or trauma, unnatural or suspicious means, unexpected apparent natural death in an adult, sudden or unexpected death of an infant or child and deaths believed to represent a threat to public health or safety that occur in the county(ies) for which they are appointed medical examiner. The CME has jurisdiction over the decedent's remains but law enforcement retains jurisdiction over the scene of death. The CME must work within local ICS systems for recovery of remains.

County Medical Examiner Investigators (CME-I) are appointed by the CME for death investigation within the county(ies) of which they have jurisdiction.

Processes that fall under the responsibility of the CME include but are not limited to:

- a.) Determining the cause and manner of death
- b.) Collecting information on body for identification
- c.) Collecting, tagging, and securing remains
- d.) Coordinating temporary morgue and autopsy services if necessary
- e.) Coordinating the removal of remains to temporary morgue or autopsy facilities
- f.) Maintaining security of bodies and personal effects and evidence
- g.) Assisting with decedent identification
- h.) Determining what data collection system will be used for recording information on all deaths resulting from the mass fatality incident
- i.) Certification of death

## **VII. RESOURCE REQUIREMENTS/READINESS LEVEL**

Resources critical in the first 12 hours will depend upon the type of incident, the number of fatalities and condition of remains. Reports updating the number of fatalities, condition of remains and locations of staging, collection/storage and processing sites should be frequent and reported up the chain of command to the state level. A single spokesperson or agency should be identified early in the response to report and update the number of fatalities to the state and other agencies.

The number and capacity of personnel available to assist with mapping, recovery, and processing of remains should be established and updated.

Availability of refrigerated transportation and storage resources must be identified and acquired as quickly as possible. Once the number of fatalities exceeds local available resources for refrigeration, refrigerated morgue trailers and space at other regional facilities may be used prior to the use of refrigerated trucks.

Supplies for recovery, especially necessary personal protective equipment for responders, body bags and personal effects and evidence collection kits must be identified and transported to the recovery site.

## **VIII. ADMINISTRATION AND LOGISTICS**

Administration and Logistics is in accordance with Standard Operating Procedures adopted by the divisions and agencies in conjunction with this plan.

## **IX. PLAN DEVELOPMENT AND MAINTENANCE**

The Office of the State Chief Medical Examiner and Department of Health will update this plan as required by the Tennessee Emergency Management Agency, Executive Order, or law.

## **X. APPENDICES**

### **A. ACRONYMS**

**AC Area Command**

**ATF Alcohol Tobacco and Firearms**

**CBNE Chemical, Biological, Nuclear and Explosive**

**CBRNE Chemical Biological, Radiological, Nuclear and Explosives**

**CDC Centers for Disease Control and Prevention**

**CEDEP Communicable and Environmental Diseases and Emergency Preparedness**

**CME County Medical Examiner**

**CMEI County Medical Examiner Investigator**

**DHHS United States Department of Health and Human Services**

**DME Deputy Medical Examiner**

**DMORT Disaster Mortuary Operational Response Team**

**DoD United States Department of Defense**

**DVA United States Department of Veteran Affairs**

**EOC Emergency Operations Center**

**EOP Emergency Operations Plan**

**EPA Environmental Protection Agency**

**EMS Emergency Medical System**

**EPI Emergency Public Information**

**ESC Emergency Services Coordinator**

**FAC Family Assistance Center**

**FBI Federal Bureau of Investigation**

**FEMA Federal Emergency Management Agency**

**FI Forensic Investigator**

**IC Incident Command(er)**

**ICP Incident Command Post**

**ICS Incident Command System**

**JFSOC Joint Family Support Operations Center**

**JIC Joint Information Center**

**MACP Mortuary Affairs Collection Point**

**MAS Mortuary Affairs System**

**MFI Mass Fatality Incident**

**ME Medical Examiner**

**MFMG Mass Fatality Management Group**

**NAME National Association of Medical Examiners**

**NDMS National Disaster Medical System**

**NIMS National Incident Management System**

**NTSB National Transportation Safety Board**

**OSCME Office of the State Chief Medical Examiner**

**PAPR Powered Air Purifying Respirator**

**PPE Personal Protection Equipment**

**PIO Public Information Officer**

**RFC Regional Forensic Center**



**SEOC State Emergency Operations Center**

**SHOC State Health Operations Center**

**TBI Tennessee Bureau of Investigations**

**TCA Tennessee Code Annotated**

**TDH Tennessee Department of Health**

**TEMA Tennessee Emergency Management Agency**

**TEMP Tennessee Emergency Management Plan**

**TFDA Tennessee Funeral Directors Association**

**TSFDMA State Funeral Directors and Morticians Association, Inc. funeral directors association**

**UC Unified Command**

**VIC Victim Information Center**

**VIP Victim Information Profile**

**WMD Weapons of Mass Destruction**

## **B. DEFINITIONS**

**Area Command (AC):** An organization established (1) to oversee the management of multiple incidents that are each being managed by an Incident Command System or (2) to oversee the management of large or multiple incidents to which several Incident Management Teams have been assigned. Area Command sets overall strategy and priorities, allocates critical resources according to priorities, provides that incidents are properly managed, and ensures that objectives are met and strategies followed. Area Command becomes Unified Area Command when incidents are multi-jurisdictional.

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

**Certification of Death:** Completing the medical certification of death portion of the death certificate. In Tennessee, only a licensed physician may certify the cause and manner of death.

**Chief Medical Examiner, or State Chief Medical Examiner (SCME):** A board certified forensic pathologist, holding a medical license in Tennessee who is appointed by the Commissioner of the Department of Health to direct the post-mortem examination division or service, as per Tennessee Code Annotated § 38-7-101 through § 38-7-119, and § 68-4-103.

**County Medical Examiner (CME):** A medical or osteopathic physician, licensed in the state of Tennessee and appointed by the county mayor and thus authorized to carry out provisions of the Tennessee Code Annotated § 38-7-104 through § 38-7-119 § 68-3-502.

**County Medical Examiner Investigator (CMEI):** An individual who is serving their county to assist in death investigations, working directly under the supervision of a physician county medical examiner for that county and is a licensed emergency medical technician (EMT), paramedic, registered nurse, physician assistant, or a person registered by or a diplomate of the American Board of Medicolegal Death Investigators as per Tennessee Code Annotated § 38-7-104. They may also be referred to as a medicolegal death investigator (MDI).

**Cremation:** The reduction to ashes of a human body.

**Disaster Mortuary Operations Response Team (DMORT):** DMORT is a team of experts in the fields of victim identification and mortuary services. DMORTs are activated in response to large scale disasters in the United States to assist in the identification of deceased individuals and storage of the bodies pending the bodies being claimed. DMORTs are federal resources and can be requested by a local government through the State Health Operations Center or state health department.

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

**Family Assistance Center (FAC):** Provide services and information to the family members of those killed and to those injured or otherwise impacted by a mass disaster.

**Health Officer:** Health officer means the Commissioner of Health or the duly designated representative of the health officer of each of the 95 counties.

**Incident Command System (ICS):** A model for disaster response that uses common terminology, modular organization, integrated communications, unified command structure, action planning, manageable span-of-control, pre-designated facilities, and comprehensive resource management. In ICS there are five functional elements: Command, Operations, Logistics, Planning, and Finance/Administration.

**Joint Family Support Operations Center (JFSOC):** The JFSOC is a central location where participating organizations are brought together by the responsible airline to monitor, plan, coordinate, and execute a response operation maximizing the utilization of all available resources following an aviation accident or incident.

**Joint Information Center (JIC):** The JIC is a facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media at the scene of the incident. Public information officials from all participating agencies should co-locate at the JIC.

**Mass Fatality Incident:** An event that results in more fatalities than the local mortuary affairs system can handle utilizing the usual standard of care and processes.

**Medical Examiner (ME):** A State Chief Medical Examiner, State Deputy Chief Medical Examiner, or County Medical Examiner who is authorized to carry out provisions of the Tennessee Code Annotated § 38-7-101 through § 38-7-119, § 38-7-201 and § 68-4-103.

**Mortuary Affairs Collection Point (MACP):** MACPs are locations throughout the community where non-contaminated remains are collected, stored, and preserved before being transported to the incident morgue or released to the funeral home chosen by the next of kin.

**Mortuary Affairs System (MAS):** The MAS is a collection of agencies (public and private) all working within a common system that cares for the dead. The MAS addresses the entire spectrum of operations which includes search, investigation of scene and interviewing of witnesses, recovery, presumptive (tentative) and positive identification services, releasing of remains, and final disposition by the next of kin's requested preference regarding funeral services.

**National Disaster Medical System (NDMS):** A nationwide mutual aid and healthcare network consisting of federal agencies, businesses, and other organizations that coordinates disaster medical response, patient evacuation, and definitive medical care. At the federal level, it is a partnership among the Department of Health and Human Services (DHHS), the Department of Defense (DOD), the Department of Veterans Affairs (DVA), and the and the Department of Homeland Security (DHS). Non-federal participants include major pharmaceutical companies and hospital suppliers, the National Foundation for Mortuary Care, and certain international disaster response and health organizations. DMORTs are one of the NDMS teams of responders.

**National Incident Management System (NIMS):** A system mandated by Homeland Security Presidential Directive (HSPD) 5 that provides a consistent nationwide approach for federal, state, local and tribal governments, and private-sector and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size or complexity. NIMS does not take command away from state and local authorities. It is a framework to enhance a multi-agency response to an incident.

**Office of the State Chief Medical Examiner (OSCME)** or post-mortem examination division or service, per TCA § 38-7-102, is under the direction of the department of health. The OSCME is responsible for the investigation of certain deaths and the keeping of full and complete records of all reports on investigations and examinations made as part of the medical examiner system. The state chief medical examiner is appointed by the commissioner of health, with the approval of the governor and considering the recommendation made by the Tennessee medical examiner advisory council. The OSCME is located in the Andrew Johnson Tower on the 7<sup>th</sup> floor, in Nashville

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

**Temporary Morgue:** The site used as a holding area until the examination center is prepared to receive human remains. This site should be located as near as possible to the area of highest concentration of bodies. It may consist of refrigerated trucks or trailers.

**Temporary Autopsy Facility:** A temporary autopsy facility is a facility established to store bodies prior to transport, serve as a facility for visual identification, or serve as a substitute location for the routine processing and related activities of a medical examiner.

**Temporary Burial (interment):** Temporary burial is a process of burying remains for preservation purposes. When or if utilized, the remains are positively identified, properly tagged, placed into a protective container, and placed into the ground. The exact coordinates for the remains are documented by GPS readings. Temporary interment also involves the disinterment of the individual remains to return to the legal next of kin for final disposition.

**Unified Command (UC):** An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the UC to establish their designated Incident Commanders at a single Incident Command Post (ICP) and to establish a common set of objectives and strategies and a single Incident Action Plan (IAP).

**Victim Information Center (VIC):** The purpose of a VIC is to serve as a location for exchange of information between families of victims and appropriate governmental agencies to identify victims and reunify families. It is a physical location, staffed by trained professionals who have the expertise to gather identifying information through interviews, medical/dental record acquisition, DNA sampling, etc. The information is then entered into the Victim Identification Profile (VIP) and cross referenced with postmortem information to assist in the identification of deceased victims.

## **C. RELIGIOUS AND CULTURAL PRACTICES**

During a mass fatality response it is essential that concern is shown for cultural or religious practices related to death by communicating openly with the families of decedents. The victims of a mass fatality may be local residents, a combination of local residents and residents of other communities and/or countries, or predominantly residents of other communities and/or countries. There is no way to predict this beforehand. Strategies for obtaining information on the religious and cultural beliefs and death practices of victims' families will be important to demonstrating cultural competence and sensitivity even though it may be impossible to meet family requests.

Many groups have their own religious/cultural traditions and customs related to death which can be in conflict with the mass fatality response operations. Therefore, to best serve families from these communities it is important that response personnel have an understanding of the cultural diversity present in the victim population and anticipate concerns family members may have regarding the handling of human remains, delay of burial, attitudes concerning autopsy and final disposition.

Failure of personnel to be culturally competent in these situations can lead to serious legal issues and negatively affect the public perception of the overall mass fatality response. These issues may be mitigated through education and assigning appropriately skilled personnel to interact with families.

## **SPECIFIC RELIGIOUS CONSIDERATIONS:**

The following is not intended as an exhaustive listing or absolute authority, but simply as a guide. The wishes of the deceased's family or friends must be considered individually.

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

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

**Buddhism:** After death the body may be handled by non-Buddhists. Autopsy is not forbidden by Buddhists. The body is usually cremated; there are no time requirements for cremation.

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

**Hinduism:** After death, the limbs should be straightened and the eyes closed with the head facing north and the feet facing south. Religious jewelry or sacred threads should not be removed from the body. Autopsies are not forbidden. It is preferred that all Hindu bodies be kept together after death, if possible. Cremation is preferred.

**Islam:** The practice of performing an autopsy is not automatically forbidden in Islam. The Islamic principle of consideration of human welfare justifies autopsies in most cases. Specific rituals of to be aware include: the eyes and mouth are to be closed and the limbs straightened; the deceased should be buried as quickly as possible; and the clothing should be removed by a person of the same gender.

**Judaism:** Orthodox and Conservative branches may object to an autopsy and may follow strict requirements to have the body buried within a short time frame. If an autopsy is allowed, specialized techniques may be required. Often Reform and Reconstructionist sects will allow an autopsy if they see it as an opportunity to help save another life either by organ or tissue donation or because of the opportunity the autopsy provides for learning. However, this may vary greatly even within the same sect, therefore it is always best to speak directly with the family and make an attempt to accommodate their specific wishes. Orthodox Jews require burial but Reform Jews permit cremation.

## **D. SCENARIO-SPECIFIC INFORMATION**

Regardless of the type of mass fatality event, body recovery personnel should ensure that the scene has been designated as safe by first responders and/or law enforcement.

Standard precautions for personal protective equipment (PPE) should be maintained (gown, gloves, mask, eye protection, shoe covers, and head cover at a minimum) in all cases.

Recovery team personnel should have up-to-date immunizations or be offered tetanus and hepatitis B vaccination.

### **i. Earthquake**

The United States Geological Survey (USGS) estimates a 25% to 40% chance of a earthquake measuring 6.0 or greater along the New Madrid seismic zone in the next 50 years.

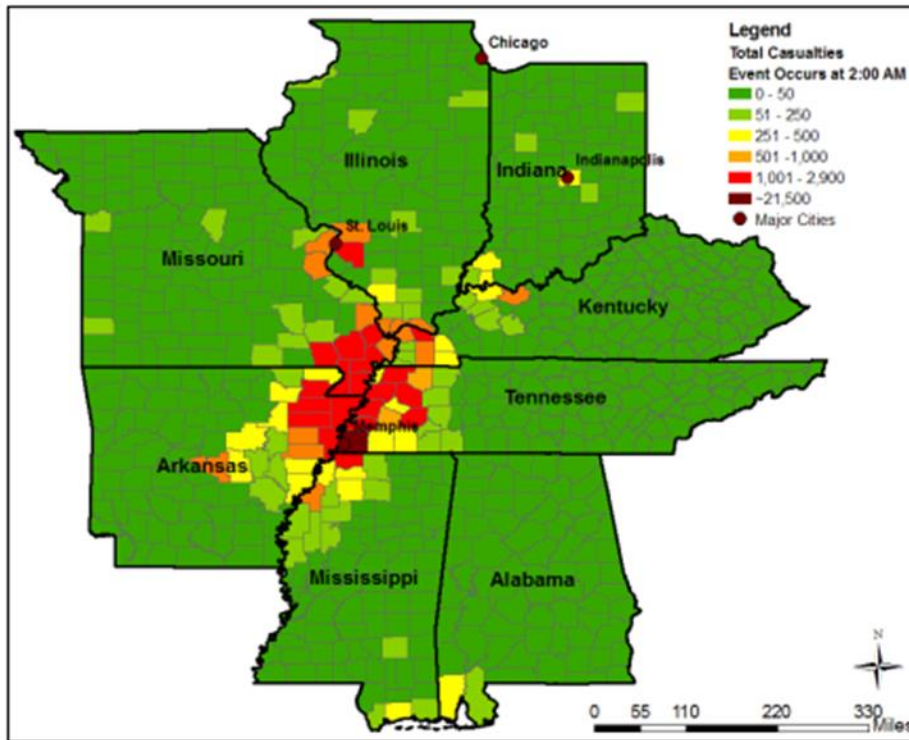
In the event of an earthquake of greater than 7 orders of magnitude, the Mid-America Earthquake Center estimates at least moderate damage to more than 300,000 buildings in Tennessee, with at least moderate damage to more than 1000 essential facilities (schools, fire and police stations, hospitals, and EOCs) . Extensive damage to roadways, bridges, utility infrastructure (e.g. telephone, electricity, water), and dams and levees will occur. Major natural gas and oil pipelines traverse the region, with the potential for secondary fires and explosions. Total casualties due to the initial event for Tennessee are estimated at more than 34,000, with 7,500 of those requiring hospitalization, and 1,300 fatalities. Fatalities will increase due to secondary injuries, loss of utilities, exacerbation of chronic medical conditions, and lack of access to medical treatment.

Soil liquefaction is an additional risk following an earthquake. Liquefaction occurs when loose soil saturated with liquid is forced to the surface by the pressure of the earthquake, resulting in landslides and instability of buildings, utilities, and roadways.

Source: Mid-America Earthquake Center, Impact of New Madrid Seismic Zone Earthquakes on the Central USA.

**Table 93: Casualties at 2:00AM for Eight-State Study Region**

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Total</b>
<b>Casualties at 2:00AM</b>	63,266	17,121	1,882	3,496	85,765



**Figure 21: Total Casualties for 2:00AM Event in Eight-State Study Region**

Source: Mid-America Earthquake Center, Impact of New Madrid Seismic Zone Earthquakes on the Central USA.



## **ii. Weather-Related (tornadoes, floods)**

Although dead bodies themselves have not been documented to cause post-disaster disease epidemics, floodwaters may become contaminated by overflow of sewage disposal systems or by chemicals or other hazardous wastes. Most of the pathogens encountered in contaminated floodwaters will cause gastrointestinal symptoms which can result in life-threatening dehydration. Areas of pooling or standing water may serve as breeding areas for mosquitoes and may therefore cause an increased risk of mosquito-borne illness.

As with earthquake-related mass fatalities, significant infrastructure and utility damage may occur, including downed electrical wires, building instability, or loss of communications.

## **iii. Weapons of Mass Destruction: Biologic, Radiation, and Chemical Exposures**

### **a. Bioterrorism**

Transmission of potential bioterrorism agents can occur via aerosolized droplets or dust; by arthropod or animal vectors; through direct contact with an infected person or body fluids; or by consumption of contaminated food or water. Most agents of bioterrorism are not transmitted person-to-person. Exceptions to this are smallpox and pneumonic plague.

Biologic agents which in the living patient are transmitted via airborne droplets will continue to persist in the organs and body fluids of the deceased. Oscillating saws, which aerosolize fragments of bone and tissue, should not be used during the autopsy. Masks should have high efficiency particulate air (HEPA) filters, or powered air-purifying respirators (PAPRs).

In most cases of bioterrorism, autopsies should be performed in autopsy suites which meet Bio Safety Level 3 (BSL 3). Criteria include:

Minimum of 12-air exchanges per hour;

A negative-pressure room;

Air flow to direct aerosols away from personnel; and

Air should be vented away from the building away from areas in which people congregate.

Cases which require a BSL 4 laboratory (e.g., smallpox, most hemorrhagic fever viruses such as Ebola) should be referred to the Centers for Disease Control and Prevention (CDC).

Medical examiner staff should be provided vaccination against biologic agents and pre- or post-exposure prophylaxis, if available. Remains should be wrapped in redundant leak-resistant packaging. The outer surface of the body bag or pouch should be decontaminated using a dilute

(1%-2%) bleach solution. The Environmental Protection Agency (EPA) also provides a list of antimicrobials effective against various organisms at <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants> (Selected EPA-registered Disinfectants).

Agent	General Handling	Autopsy	Burial	Cremation
Anthrax	-standard precautions -additional respiratory personal protective equipment (PPE) when performing activities that generate aerosols	-wear additional respiratory PPE -Bio-Safety Level (BSL) 3 practices when performing activities with high potential for aerosols -regulated by 42 Code of Federal Regulations (CFR)	-contact with corpses should be limited to personnel wearing PPE -package in leak-proof container -avoid embalming -bury without reopening	-recommended
Botulinum toxin	-standard precautions -additional respiratory PPE when performing activities that generate aerosols	-wear additional respiratory PPE -BSL 3 practices when performing activities with high potential for aerosols -regulated by 42 CFR	-recommend no embalming	-no restrictions
Plague	-standard precautions -additional respiratory PPE when performing activities that generate aerosols	-wear additional respiratory PPE -BSL 3 practices required when performing activities with high potential for droplet or aerosols or working with antibiotic-resistant strains -regulated by 42 CFR	-contact with corpses should be limited to personnel wearing PPE -recommend no embalming	-no restrictions
Tularemia	-standard precautions -additional respiratory PPE when performing activities that generate aerosols	-wear additional respiratory PPE -BSL 3 practices when performing activities with high potential for aerosols -regulated by 42 CFR	-contact with corpses should be limited to personnel wearing PPE -recommend no embalming	-no restrictions

Agent	General Handling	Autopsy	Burial	Cremation
Viral hemorrhagic fever	-standard precautions -additional respiratory PPE	-wear additional respiratory PPE -BSL 4 -negative-pressure rooms -autopsies should be performed only if absolutely indicated -regulated by 42 CFR	-minimize handling by all personnel, even if in PPE- package in leak-proof containers -avoid embalming -bury without reopening	- recommended
Smallpox	-standard precautions -additional respiratory PPE -personnel should be under a fever watch or vaccinated	-wear additional respiratory PPE -BSL 3 -autopsies should be performed only if absolutely indicated -regulated by 42 CFR -personnel should be vaccinated	-minimize handling by all personnel, even if in PPE- package in leak-proof containers -avoid embalming -bury without reopening	- recommended

Adapted from U.S. Army Research Development and Engineering Command, Military Improved Response Program, and U.S. Department of Justice, Office of Justice Programs, Office for Domestic Preparedness. (2005). [The Capstone Document: Mass Fatality Management for Incidents Involving Weapons of Mass Destruction.](#)

Embalming is not recommended in most cases of bioterrorism, as the process causes increased risk of infection of funeral home personnel.

### **b. Radiation Exposure**

Radiation exposure may result from a number of situations: nuclear weapon explosion, transportation accidents, poisoning, or a terrorist attack involving a radiological dispersal device. As such, radiation contamination may be external, internal, or shrapnel, or any combination. The majority of external contamination is eliminated by removal of clothing. Internal exposure (inhalation or ingestion) in the living is not of sufficient concentration to pose a risk to others. Shrapnel or other radioactive objects may pose a risk of exposure to others.

The Centers for Disease Control and Prevention (CDC) advises that bodies exposed to radiation not be autopsied unless absolutely necessary due to the risk of significant radiation exposure to the prosecutor's hands. Bodies contaminated with radioactive material should not be cremated.

### **c. Chemical Exposure**

Depending on the chemical responsible for death, remains may require decontamination prior to transport to a morgue. Initially, the body may be moved to a secure holding area, where

trace evidence and personal effects can be collected and catalogued with appropriate chain-of-custody procedures. Any evidence removed from the body prior to decontamination should be stored in a glass container within a secondary container to prevent breakage. Clothing and other personal effects should be removed from the body and stored in sealed metal containers such as paint cans.

The decontamination station should be located at or near the incident site to minimize cross-contamination, and upwind or upriver. If the contaminant is particularly oily or viscid, the body may need to be gently scrubbed with soap and water prior to decontamination.

In many circumstances, a gross decontamination of the now-nude body can be accomplished using dilute (1% to 2%) bleach solution. The decontaminating solution may be manually applied to the body, sprayed on the body, or the body may be immersed in the solution. A detailed decontamination employs the same solutions as gross decontamination, but includes cleaning all body orifices. The decontamination solution should remain in contact with the body for at least 5 minutes, then washed away with water.

As the decontamination process will likely proceed at a slower rate than the recovery process, refrigerated storage to hold the remains prior to decontamination may need to be provided. After decontamination, the body should be placed into a body bag and the external surfaces of the bag decontaminated in similar fashion. The subsequent body examination or autopsy should take place in an uncontaminated area.

Prior to release of the body, the hazardous materials team should be consulted to perform testing to ensure adequate decontamination.

Depending on the specific chemical agent, affected bodies may or may not be acceptable for burial. There are no known contraindications to cremation of chemically contaminated remains.

#### **iv. Multiple Drug Overdose Fatalities**

##### **a. Needlesticks**

It is estimated that approximately 3% of intravenous drug users are infected with HIV and as many as 45% with hepatitis C. Twenty-five percent of new intravenous drug users become infected with hepatitis C within two years. Care must be taken when examining the clothing, personal effects, and body in order to avoid accidental needlesticks. An occupational health expert should be consulted in cases of percutaneous, transmucosal, or dermal exposure.

Post-exposure prophylaxis (PEP) is recommended in cases of exposure to decedents with known HIV infection, and in some with suspected HIV infection. PEP is most effective when initiated within hours of the exposure. The risk of seroconversion after a needlestick from a known HIV-positive source is less than 1%.

At this writing, there is no post-exposure prophylaxis recommended for hepatitis C exposure. The risk of seroconversion after a needle stick is approximately 2%.

## **b. Drug Exposure**

Novel synthetic substances are being manufactured at a rapid pace. Some, especially fentanyl analogues, can cause fatal respiratory depression with inhaled, transdermal, or transmucosal exposure to just a few grains of drug.

The Drug Enforcement Agency (DEA) recommends that first responders who may encounter such drugs maintain a personal PPE kit, to include:

Powderless nitrile gloves;

N-95 or equivalent masks;

Eye protection;

Disposable coveralls and shoe covers; and

Naloxone injectors. Exposure to some drugs may require repeated naloxone administrations.

Alcohol-based hand sanitizers should NOT be used, as they may enhance transdermal absorption of the drug. Exposed personnel should shower with soap and water and contaminated clothing placed in a sealed bag and destroyed.

## **v. Pandemics**

Although outbreaks of naturally occurring diseases do not typically fall under medical examiner jurisdiction, the county medical examiner, regional forensic center, or state chief medical examiner may be asked to assist with transport, storage, and disposition of bodies. Standard PPE should be used.

## **vi. Transportation-Related**

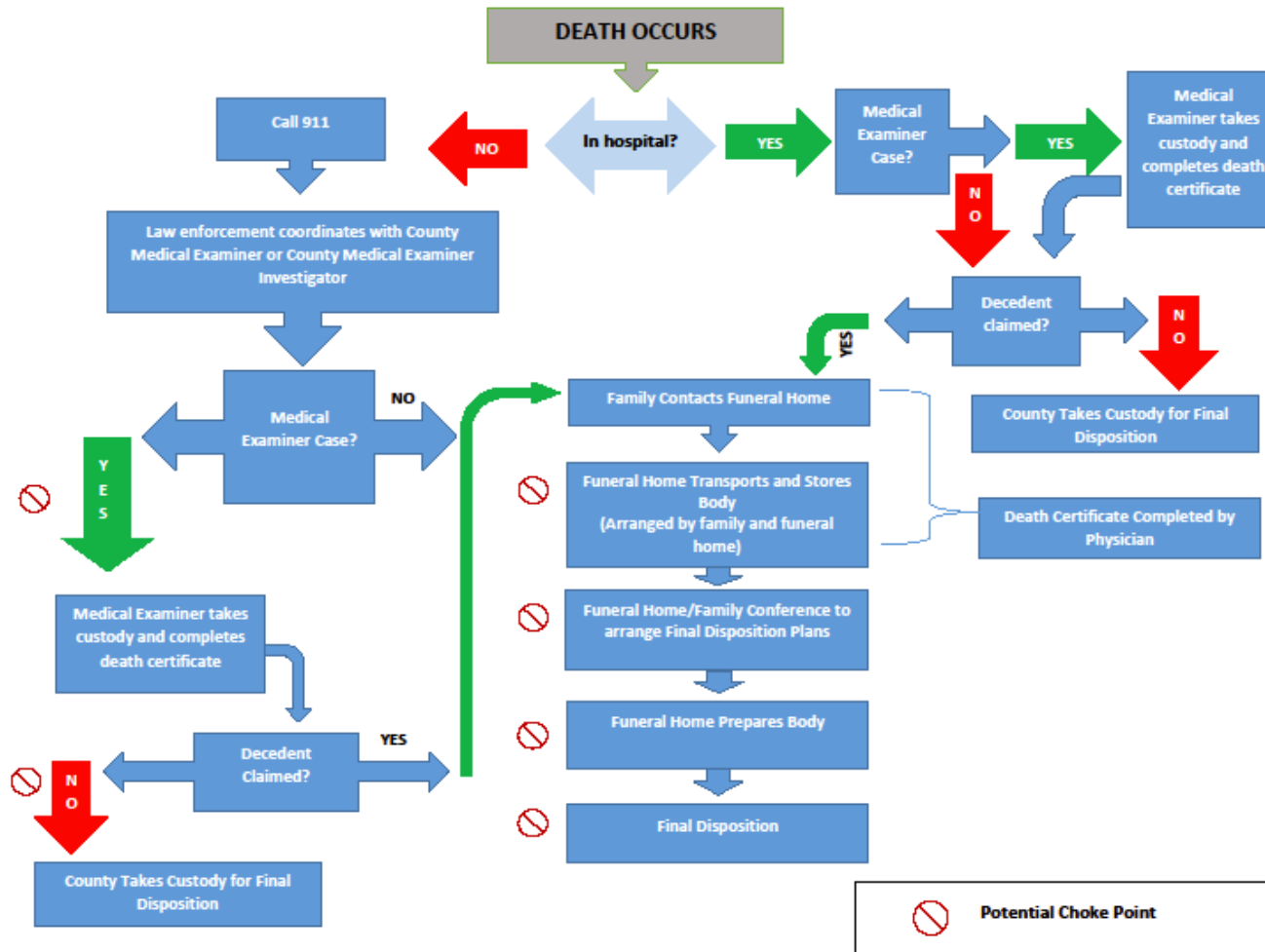
The National Transportation Safety Board (NTSB) will assume investigative jurisdiction in fatalities related to aviation accidents, roadway or other transportation-related incidents, and those involving pipelines .

The affected airline or rail company is responsible for notification of families and establishing a Family Assistance Center in aviation and railway mass fatality incidents.

Pipelines may transport natural gas, gasoline, jet fuel, anhydrous ammonia, and other hazardous materials. Natural gas in pipelines typically is odorless. Recovery efforts should not be undertaken until scene safety is assured.

In cases of spills of potentially hazardous materials, approach from uphill, upwind, or upstream.

## E. DEATH MANAGEMENT PROCESS



## **F. EQUIPMENT AND SUPPLY CONSIDERATIONS**

The following information is a list of the equipment and supplies that may be necessary to effectively respond to a mass fatality incident. It is intended as a planning tool only and may not be an exhaustive list of necessary resources. These supplies and materials may be readily available through normal resource chains or it may be necessary to pre-identify and establish relationships with suppliers.

### **Administrative Supplies:**

Telephone equipment (hard line and cellular)  
Facsimile machine  
Photocopy machine, printer, toner/ink  
Files  
Desks, tables and chairs  
Pens, pencils, notepads, printer paper, paper clips, etc.  
File folders  
Masking tape  
Plastic tape with dispenser  
Computers (Desk and lap top)  
Internet access  
Radios  
Extension cords, power strips, surge protectors  
Tables, work stations, chairs  
Garbage cans/waste bins

### **Forms and Documents:**

Decedent information and tracking forms  
Scene documentation forms  
Death certificates  
Reports of Investigation forms

### **Fatality Processing Supplies:**

Human remains pouches (body bags all sizes)  
Body tags  
Plastic zip-lock bags  
Waterproof marking pens  
Disposable sheets  
Personal effects bags  
Gridding supplies:



- Spray paint
- Flags
- Stakes
- String
- Hammer
- Laser Survey, Total Station, GPS
- Rakes (garden type)
- Biohazard bags
- Shovels
- Sifting Screens
- Personal Protective Equipment:
  - Gloves (latex, rubber, utility, leather)
  - Surgical masks
  - Face shields
  - Face masks or respirators
  - Shoe covers
  - Tyvek suits or coveralls
  - Rubber boots
- Event tents or canopies
- Photographic equipment:
  - Cameras
  - Multiple digital camera cards
  - Extra batteries
  - Battery charger

## G. TEMPORARY AUTOPSY FACILITY AND EQUIPMENT REQUIREMENTS

### **Structure/Site Characteristics**

- readily accessible from scene
- minimum 5,000 square feet for structure; 10,000 square feet total area available for operations
- weatherproofed hard roof
- administrative space, areas with public access, and morgue area distinctly separate
- impermeable floors suitable for decontamination
- not a structure used by general public (e.g. gymnasiums, sports arenas should not be used; airport hangars, empty warehouses preferred)
- tractor-trailer accessible, with appropriate electrical supply
- 24-hour security
- access to running water and electricity
- telephone lines
- Internet capability
- area for biohazard waste storage and/or disposal
- staging areas may include:
  - PPE donning
  - Admitting
  - Personal effects
  - Photography
  - Radiology
  - Pathology/Anthropology
  - Dental
  - Fingerprints
  - DNA
  - Packaging
  - Release

PPE doffing

## **Equipment Needs**

-PPE, at a minimum to include:

- Impervious gown or bodysuit
- Mask (N95 at minimum)
- Hair cover
- Eye protection
- Shoe covers (boot height)
- Disposable gloves

-Office supplies:

- Computers
- Printer/scanner
- Blank paper
- File folders
- Writing pens
- Garbage cans/waste bins
- Permanent markers
- Desks or tables and chairs

-Autopsy equipment:

- X-ray machine
- Digital camera and batteries
- Body scale
- Exam tables or gurneys
- Fingerprinting supplies
- Organ scale
- Body diagrams
- Scalpels
- Scissors
- Forceps
- Knives
- Sharps disposal
- Needles
- Syringes
- Specimen containers for blood and other body fluids and tissues
- Formalin
- Biohazard disposal bags or containers

## **H. GUIDELINES FOR TEMPORARY INTERMENT**

Refrigerated storage is preferred in cases of mass fatality. However, significant infrastructure damage or large numbers of fatalities may necessitate temporary interment.

When all available refrigerated space is exhausted, or when long-term temporary storage is required, temporary interment of the remains is the best option for delaying the decomposition process. The site of temporary interment should be at least 600 feet away from any body of water, not located within a flood plain, and as close as possible to the morgue.

Bodies should be placed in body bags clearly labeled with the unique identification number assigned. The bodies should be placed in a single layer approximately 1 foot apart in a trench of approximately 5 feet deep. Processed or autopsied bodies should not be buried with unprocessed bodies.

The location of each body contained within the temporary interment site should be mapped and the borders of the grave marked above ground. The site should be guarded at all times.

When the bodies are disinterred, they should remain undisturbed in the body bag for transport to the morgue.

## I. TENNESSEE CODE ANNOTATED APPLICABLE TO MASS FATALITY

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

#### **§ 38-7-101. Short title.**

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

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

#### **§ 38-7-102. Post-mortem examination division.**

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

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

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

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

**(b)** The Tennessee medical examiner advisory council shall recommend to the chief medical examiner three (3) deputy state medical examiners, one (1) from each grand division of the

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

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

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

#### **§ 38-7-104. County medical examiner.**

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

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

**(c)** A county medical examiner shall serve a five-year term, and shall be eligible for

reappointment by the county mayor with confirmation by the county legislative body.

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

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

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

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

**(3)** The county medical investigator may conduct investigations when a death is reported, as provided in § § 38-7-108, under the supervision of the county medical examiner. The county medical investigator may make pronouncements of death and may recommend to the county medical examiner that an autopsy be ordered. However, the county medical investigator shall not be empowered to sign a death certificate. The county medical examiner may delegate to the county medical investigator the authority to order an autopsy.

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

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

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

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

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

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

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

**(a)** A county medical examiner may perform or order an autopsy on the body of any person in a case involving a homicide, suspected homicide, a suicide, a violent, unnatural or suspicious death, an unexpected apparent natural death in an adult, sudden unexpected infant and child deaths, deaths believed to represent a threat to public health or safety, and executed prisoners. When the county medical examiner decides to order an autopsy, the county medical examiner shall notify the district attorney general and the chief medical examiner. The chief medical examiner or the district attorney general may order an autopsy in such cases on the body of a person in the absence of the county medical examiner or if the county medical examiner has not ordered an autopsy. The district attorney general may order an autopsy in such cases on the body of a person in the absence of the county medical examiner or the failure of the county medical examiner to act. The authority ordering the autopsy shall notify the next of kin about the impending autopsy if the next of kin is known or reasonably ascertainable. The sheriff or other law enforcement agency of the jurisdiction shall serve process containing such



notice and return such process within twenty-four (24) hours.

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

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

**§ 38-7-107. Disinterment to perform autopsy.**

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

(A) A state or county medical examiner;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

this part shall be embalmed without authorization by the county medical examiner.

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

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

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

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

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

#### **§ 38-7-109. Investigation by county medical examiner.**

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

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

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

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

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

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

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

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

**(2)** The court shall order to be held as confidential only those portions of the records the release of which would impede or impair any such investigation. The court may order public disclosure of any record that has previously been protected from disclosure, upon written application of the district attorney general; provided, that the court shall order that the records shall be open to public inspection upon the indictment and arrest of all suspects in the underlying homicide or felony, or upon the closure of the investigation into the underlying homicide or felony. Upon any such closure of the investigation, the law enforcement agency shall immediately inform the district attorney general, who shall, in turn, promptly notify the court of the altered status of the investigation.

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

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

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

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

**(A)** The chief medical examiner;

**(B)** A county medical examiner;

**(C)** A medical investigator;

**(D)** A coroner;

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

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

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

**§ 38-7-111. [Repealed.]**

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

A person who in good faith performs a medical examination or an autopsy under this part is

immune from civil or criminal liability in performing the authorized service.

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

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

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

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

**§ 38-7-114. [Repealed.]**

**§ 38-7-115. [Repealed.]**

**§ 38-7-116. [Repealed.]**

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

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

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

**(c)** As used in this section:

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

**(A)** The chief medical examiner;

**(B)** A county medical examiner;

(C) A medical investigator;

(D) A coroner;

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

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

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

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

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

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

**HISTORY:** Acts 2004, ch. 643, § 1.

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

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

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

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

or such person's statutory responsibilities.

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

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

**(i)** Spouse;

**(ii)** Any adult child;

**(iii)** Parents;

**(iv)** Any sibling; or

**(v)** Administrator or executor, if appointed;

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

**(C)** A court order or subpoena; or

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

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

**(d)** A chief medical examiner, a county medical examiner, or pathologist designated pursuant to § § 38-7-105, or any agent or employee of a chief medical examiner, a county medical examiner, or pathologist, shall incur no criminal or civil liability for permitting a person to photograph, videotape, or otherwise capture visual images, or audio recordings in whatever form of a deceased human body or a human autopsy or a body immediately prior to, during or immediately following an autopsy as a result of the consent to such conduct given by the next-of-kin, if such official is presented with the written consent of a next-of-kin of the deceased



who is higher on the priority list set out in subdivision (c)(1)(A) than any next-of-kin who does not consent.

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

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

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

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

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

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

(a)

(1) There is created the Tennessee medical examiner advisory council, referred to in this section as the "council."

(2)

(A) The council shall consist of seventeen (17) members, each of whom shall be a resident of this state. The membership of the council consists of:

(i) Three (3) permanent ex officio voting members, consisting of:

(a) The director of the Tennessee bureau of investigation, or the director's designee;

(b) The speaker of the senate, or the speaker's designee; and

(c) The speaker of the house of representatives, or the speaker's designee;

(ii) The following members appointed by the governor:

(a) One (1) forensic pathologist from each of the five (5) regional forensic centers;

(b) One (1) district attorney general;

(c) One (1) district public defender;

(d) Three (3) county medical examiners, one (1) from each grand division of Tennessee;

- (e) One (1) administrator from a non-hospital affiliated regional forensic center;
  - (f) One (1) licensed funeral director; and
  - (g) One (1) county mayor; and
- (iii) The state chief medical examiner who shall serve as an ex officio voting member of the council.
- (B) All regular appointments to the council shall be for terms of three (3) years with a maximum of two (2) consecutive terms. Each member shall serve until a successor is appointed. Vacancies shall be filled by appointment of the governor for the remainder of an unexpired term.
- (b) Each member of the council shall receive reimbursement for travel expenses in accordance with the comprehensive travel regulations promulgated by the department of finance and administration and approved by the attorney general and reporter.
- (c) If an appointed administrator of the council is absent from more than half of the meetings scheduled in any calendar year without good cause, then a vacancy is created. The vacancy shall be filled by the governor.
- (d) The council shall organize annually and shall meet to organize at the call of the prior year's chair. The council shall select the chair of the council. Meetings shall be held at least quarterly with additional meetings as frequently as may be required.
- (e) Meetings of the council shall permit members to electronically participate in the meetings.
- (f) The council shall have the power and duty to:
- (1) Review candidates and make a recommendation to the commissioner of health on the appointment of the chief medical examiner and deputy state medical examiners;
  - (2) Assist the chief medical examiner in the development and updating of guidelines for death investigations and forensic autopsies in this state, to be promulgated as rules through the department of health;
  - (3) Submit an annual report on the standards and guidelines of the medical examiners system to the chairs of the health committee of the house of representatives and the health and welfare committee of the senate;
  - (4) Periodically review standards and guidelines promulgated by the department of health for the medical examiner system; and
  - (5) Provide reports and recommendations to the commissioner on causes of death which may need public health intervention, funding issues, information technology needs, and any other issues as the council sees fit.

**HISTORY:** Acts 2008, ch. 969, § 23; 2017, ch. 444, § 3; 2018, ch. 571, § 1; 2019, ch. 353, §§ 1, 2.

## **J. FAMILY ASSISTANCE INTAKE FORMS**

## VIP Personal Information

Page 1 of 8

**Name** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Gender**  Male  Female  
Last First Middle Maiden/Birth name

**Address** \_\_\_\_\_ **Phone (H)** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone (W)** \_\_\_\_\_

**Res County** \_\_\_\_\_ **Res Country** \_\_\_\_\_ **Phone (O)** \_\_\_\_\_

**Live Inside City Limits**  Yes  No **Race:**  African American  Hispanic  Asian/Pacific Islander  
 Caucasian  Native American  Other

**Social Security # / Other** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_  
(MM/DD/YYYY)

**Citizenship (1 or more)** \_\_\_\_\_ **Highest Education Level:**  
**Naturalization Card**  Yes  No **Religion** \_\_\_\_\_ **Elem/Second (0-12):** \_\_\_\_\_  
**College (1-5+):** \_\_\_\_\_

**Birth Hospital** \_\_\_\_\_ **Birth City** \_\_\_\_\_ **State/Country** \_\_\_\_\_

**Alias 1** \_\_\_\_\_ **2** \_\_\_\_\_  
Last First Middle Last First Middle

**Group Status:**  Traveling Alone  Group such as family, company, sports team or school

**Group Type:** \_\_\_\_\_ **Fam/Grp Name:** \_\_\_\_\_

If family group, please list other family members below:

**Related to** \_\_\_\_\_

**Marital Status**  Married  Never Married  Widowed  Divorced  Separated  Unknown **Wedding Date** \_\_\_\_\_  
(MM/DD/YYYY)

**Spouse** \_\_\_\_\_  Living  Deceased  Unknown  
Last Maiden/Birth name First Middle

**Father** \_\_\_\_\_  Living  Deceased  Unknown  
Last First Middle

**Mother** \_\_\_\_\_  Living  Deceased  Unknown  
Last Maiden/Birth name First Middle

**Legal Next of Kin** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_ **On Site Phone** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Relationship:**  Wife  Father  Brother  Son  Employer  Other  
 Husband  Mother  Sister  Daughter  Friend

**Informant 1: Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **On Site Phone** \_\_\_\_\_

**Relationship**  Wife  Father  Brother  Son  Employer  Other  
 Husband  Mother  Sister  Daughter  Friend

Please place other here

**Informant 2: Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **On Site Phone** \_\_\_\_\_

**Relationship**  Wife  Father  Brother  Son  Employer  Other  
 Husband  Mother  Sister  Daughter  Friend

Please place other relationship here

**Coroner/ME/Lead Agency** \_\_\_\_\_  
**Incident Location** \_\_\_\_\_ **Incident Name** \_\_\_\_\_

### VIP Personal Information

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Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  
Last First Middle  Female

Dentist Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Extensive Dental Work

Lower dentures

Upper dentures

Upper & Lower

Partial Plate

Braces

No teeth

Most/all teeth

Dental Films

Bridge

Other

Dentist 2 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Medical Radiographs?  Yes  No

Physician(s) \_\_\_\_\_

Address \_\_\_\_\_

Medical Radiographs Location

Potential Type of Radiographs - and dates taken if known

Objects in Body:  Pacemaker  Steel plate  Shrapnel

Bullets  Needles  Other

\_\_\_\_\_ Please place other objects here

Old Fractures:  Yes  No

Description: \_\_\_\_\_

Surgery  Gall Bladder

Appendectomy

Tracheotomy

Laparotomy

Caesarean

Mastectomy

Breast Implants

Open heart

Other

\_\_\_\_\_ Please place other surgery here

Unique Characteristics  Yes  No

Description of: Scars, Operations, birthmarks, burns, missing organs, amputations, other special characteristics

Prosthetic  Yes  No

Prosthetic Location/Description

Prints on File:  Yes  No

Prints Located

Fingerprints

Footprints

Employer & Address

Please list last employer if retired - Information on additional employers should be placed on page 6

Type of Business \_\_\_\_\_

Occupation \_\_\_\_\_

## VIP Personal Information

Page 3 of 8

<b>Name</b> _____ / _____ / _____ <small style="display: flex; justify-content: space-around; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle</span> </small>		<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Height inches</b> <input type="checkbox"/> Less than 24 <input type="checkbox"/> 24-36" <input type="checkbox"/> 37-48" <input type="checkbox"/> 49-60" <input type="checkbox"/> 61-72" <input type="checkbox"/> 73-84" <input type="checkbox"/> 85-96" <input type="checkbox"/> Over 96"		
<b>Weight in Pounds</b> <input type="checkbox"/> less than 10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-40 <input type="checkbox"/> 41-60 <input type="checkbox"/> 61-80 <input type="checkbox"/> 81-100 <input type="checkbox"/> 101-120 <input type="checkbox"/> 121-140 <input type="checkbox"/> 141-160 <input type="checkbox"/> 161-180 <input type="checkbox"/> 181-200 <input type="checkbox"/> 201-220 <input type="checkbox"/> 221-240 <input type="checkbox"/> 241-260 <input type="checkbox"/> 261-280 <input type="checkbox"/> Greater than 300		
<b>Eye Color</b> <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Grey <b>Eye Status</b> <input type="checkbox"/> Missing R <input type="checkbox"/> Missing L <input type="checkbox"/> Glass R <input type="checkbox"/> Glass L <input type="checkbox"/> Cataract R <input type="checkbox"/> Cataract L <input type="checkbox"/> Blind R <input type="checkbox"/> Blind L		
<b>Optical</b> <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> None <b>Description</b> _____		
<b>Hair Color</b> <input type="checkbox"/> Auburn <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Salt & Pepper <input type="checkbox"/> White <input type="checkbox"/> Other _____ <small style="text-align: right; font-size: small;">Please place other here</small>		
<b>Hair Colored</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>Color</b> _____ <b>Hair Style</b> _____		
<b>Hair Accessory</b> <input type="checkbox"/> Wig <input type="checkbox"/> Toupee <input type="checkbox"/> Hair Piece <input type="checkbox"/> Hair Transplant <b>Hair Length</b> <input type="checkbox"/> Short 1-3" <input type="checkbox"/> Medium 4-8" <input type="checkbox"/> Long 8-12" <input type="checkbox"/> Very Long 12-24" <input type="checkbox"/> Over 24" <input type="checkbox"/> Bald		
<b>Hair Description</b> _____		
<b>Facial Hair Color</b> <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Salt & Pepper <input type="checkbox"/> White <input type="checkbox"/> N/Aplicable		
<b>Facial Hair Type</b> <input type="checkbox"/> Beard <input type="checkbox"/> Beard & Moustache <input type="checkbox"/> Moustache <input type="checkbox"/> Clean Shaven <input type="checkbox"/> Goatee <input type="checkbox"/> N/Aplicable		
<b>Facial Hair Style</b> <input type="checkbox"/> Fu Manchu <input type="checkbox"/> Handle Bar <input type="checkbox"/> Whiskers Under Lower Lip <input type="checkbox"/> Mutton Chops <input type="checkbox"/> Pencil Thin Upper Lip <input type="checkbox"/> Full Upper Lip		
<b>Facial Hair Notes</b> _____		
<b>Ear Lobes</b> <input type="checkbox"/> Attached <input type="checkbox"/> Unattached <input type="checkbox"/> Unknown <b>Circumcision</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA		
<b>Fingernail Type</b> <input type="checkbox"/> Natural <input type="checkbox"/> Artificial <input type="checkbox"/> Unknown <b>Length</b> <input type="checkbox"/> Extremely Long <input type="checkbox"/> Long <input type="checkbox"/> Medium <input type="checkbox"/> Short <b>Fingernail Color</b> _____ <b>Fingernail Characteristics</b> <input type="checkbox"/> Bites <input type="checkbox"/> Mishapen <input type="checkbox"/> Decorated <input type="checkbox"/> Stained <b>Description</b> _____		
<b>Toenail Color</b> _____ <b>Toenail Characteristics</b> <input type="checkbox"/> Bites <input type="checkbox"/> Mishapen <input type="checkbox"/> Decorated <input type="checkbox"/> Stained <b>Toenail description</b> _____		
<b>Complexion:</b> <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Acne <input type="checkbox"/> Tanned <input type="checkbox"/> Olive <input type="checkbox"/> Ruddy		
<b>Tan Mark Description</b> _____		
<b>Tattoo(s)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Description/ Body Location</b> _____ Can family draw a picture? _____		
<b>Tattoo Photos</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA <b>Tattoo Photo Location</b> _____		
<b>Body Piercing(s)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Body Piercing Location(s)</b> _____ <b>Body Piercing Description</b> _____		

## VIP Personal Information

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Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     Male     Female  
Last                      First                      Middle

A= Data not available B= Photo C= Further information available on page 6

#	Clothing Items	Material	Color	Description	Size	A	B	C
01	Hat					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Overcoat					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Scarf					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Gloves					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	Jacket					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Suspenders/Braces					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Sweater					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	Vest					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	Tie					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	Shirt					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Blouse					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	Undershirt					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Chemise/Camisole					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Bra					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Underpants					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Girdle					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Slip					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Trousers/Slacks					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Shorts/walking					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Dress					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Skirt					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Socks					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Hose/Stockings					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Tights					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Belt					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Belt Buckle					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Other 1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Other 2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Other 3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Other 4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## VIP Personal Information

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Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female  
Last First Middle

**Shoes** A= Data not available B= Photo C= Further information available on page 6

#	Material	Color	Description	Label	Size US	Size cm	A	B	C
01 Shoes							<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

**Watch** A= Data not available B= Photo C= Further information available on page 6

#	Type	Material	Color	Description	Make	Inscription	A	B	C
01	Digital						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
02	Analog						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
03	Other						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

04 Worn  Right Wrist  Left Wrist  Finger  Pin On  Pocket Watch

05 Band  Leather  Metal  Other Specify Other \_\_\_\_\_ Band Color \_\_\_\_\_

A= Data not available B= Photo C= Further information available on page 6

#	Jewelry	Material Color	Stone Color	Description	Inscription	Where Worn	A	B	C
01	Wedding Ring						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
02	Finger Rings						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
03	Ear Rings						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
04	Earclops						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
05	Neck Chains						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
06	Pendant Chain						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
07	Other Chains						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
08	Bracelets						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
09	Medic Alert						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
10	Other2						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
11	Other3						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
12	Other4						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
13	Other5						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Use this space for more info regarding jewelry:



**VIP Personal Information**

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**Name** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  
Last First Middle  Female

**Wallet:** Description \_\_\_\_\_  
                  Contents \_\_\_\_\_

**Purse:** Description \_\_\_\_\_  
                  Contents \_\_\_\_\_

**Other Personal  
Effects**

Ever in Armed Forces?  Yes  No  Unknown      Military Branch \_\_\_\_\_  
Military Service Number \_\_\_\_\_      Nation Served \_\_\_\_\_  
Approximate Service Date \_\_\_\_\_

**Additional Data**

### VIP Personal Information

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Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS# \_\_\_\_\_  
Last First Middle  Male  Female

#### Potential Living Biological Donors

##### Mother/Father of Missing Individual

Consent Form

Name	Age	Address	Phone	DNA Collected	Signed
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

##### Brother and Sisters of Missing Individual

Name	Age	Address	Phone	DNA Collected	Signed
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

##### Spouse of Missing Individual

Name	Age	Address	Phone	DNA Collected	Signed
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

##### Children of Missing Individual

Name	Age	Address	Phone	DNA Collected	Signed
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

#### Primary donor for Nuclear DNA Analysis

An "appropriate family member" for **nuclear DNA Analysis** is someone that is biologically related to and only one generation removed from the deceased. The following are the family members who are appropriate donors to provide reference specimens, and in the order of preference (family members highlighted in bold print are the most desirable):

1. Natural (Biological) **Mother and Father**, OR
2. **Spouse** and Natural (Biological) **Children**, OR
3. A Natural (Biological) Mother or Father and victim's biological children, OR
4. Multiple Full Siblings of the Victim (i.e., children from the same Mother and Father)



# VIP/DMORT Program

## Requested Records List

Victim Last/First/Middle \_\_\_\_\_

Case # \_\_\_\_\_

Informant Last/First/Middle \_\_\_\_\_

Address \_\_\_\_\_

Informant phone \_\_\_\_\_

On Site Phone \_\_\_\_\_

### Dental

Type	Location	Contact	Phone	Date Ord	Date Rec

### Prints


### Radiographs


### Medical Records


### Photo Requests


### Requested Records Notes

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