

APPENDIX 13



DEPARTMENT OF CORONER

August 10, 1999



TO: ALL DIVISION CHIEFS

FROM: LAKSHMANAN SATHYAVAGISWARAN, M.D. /
CHIEF MEDICAL EXAMINER-CORONER

SUBJECT: ATTACHED DIRECTIVE

The attached directive on handling of child abuse cases was developed with your valuable input and assistance.

Please discuss and share this information with your staff and let us make sure we follow them diligently.

Thank you.

LS/fvh

Attachment

c: A. Hernandez



DEPARTMENT OF CORONER
DIRECTIVE # 1
HANDLING CHILD ABUSE OR
SUSPECTED CHILD ABUSE CASES



- Any case of known or suspected child abuse will be brought to the Forensic Science Center within 24 hours of being reported.
- Investigation of child abuse cases takes priority over other homicides.
- Where there is a reasonable suspicion of child abuse, there shall be no consideration of waiver of autopsy except by court order.
- Organ and tissue procurement will be disallowed (see Attachment I).
- If possible, a single investigator will be responsible for decedents under age 14.
 - The pediatric investigator will not receive other assignments until all pediatric cases are complete.
 - If the pediatric investigator is not on duty, the supervising investigator will assign another investigator to immediately handle child death cases.
 - Investigator paperwork should be completed within 24 hours of the decedent's arrival at the Forensic Science Center. The assigned investigator is responsible for the following:
 - Initiating a Child Death Report to Department of Children's Services (Attachment II).
 - Locating birth and medical records if immediately available and forwarding them to the doctor.
 - Forwarding a Labor and Supply Record to accounting for billing the State (Attachment III).
 - Providing follow-up information to families in deferred cases.
 - Provide follow-up investigation for DME as warranted.
- Child abuse cases are to be treated as special processing cases, so identified by a Special Processing Tag (Attachment IV) which will be attached to the body in a visible location.
 - The tag shall be stamped or printed with the Coroner's case number and the decedent's name.
 - Special processing shall be initiated by the first individual to handle a case (initiator), e.g., Coroner's investigator, criminalist or decedent transport personnel.

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- The initiator shall mark his/her name and the date, time and location initiated as a Special Processing Case in the designated areas on the Special Processing Tag.
- The time initiated will be the time the initiator first recognizes the case as requiring evidence processing rather than the time evidence collection begins or the time the tag is placed on the body.
- Clothing, hair standards, fingernail evidence, and typing blood shall be collected when available from all special processing cases.
- The purpose of the tag is to provide a checklist of evidence collection, and to advise all personnel to avoid contamination of or contact with the body other than that required for processing.
 - Evidence evaluation should be made prior to washing the body.
 - All physical evidence collected is to be documented on the physical Evidence Log (Attachment V).
 - This log documents the chain of custody of the evidence from the time it is collected until disposition.
- Special processing cases shall not be placed on an autopsy table with another decedent at any time prior to completion of the autopsy.
- A Sexual Assault Kit will be collected from child abuse cases where indicated before washing or photography (Attachments VI & VII). The Special Processing tag shall remain on the body until the body is ready to be washed. Once removed, it shall be retained in the case file enclosed in a protective plastic envelope.

- Cases will be photographed completely, **and** have full-body x-rays taken before autopsy.
 - X-rays will be referred to the radiologist for evaluation.
 - If possible, the body should be held until this evaluation is completed, as additional x-rays may be needed.

- The autopsy should be done as soon as investigation is completed.
 - There will be a class "A" autopsy of all non-traffic deaths under age 14.
 - Careful documentation of the location, size and color of any injuries.
 - It is useful to photograph any injuries revealed by autopsy.
 - Microscopic sections of injuries and all organs will be taken as appropriate for dating, and evaluation for abnormal pathologic findings.
 - Examination of clothing.
 - Full examination of internal organs.
 - Eyes will be submitted to ophthalmologic pathology.
 - Brain to neuropathology.

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- On all child abuse cases, toxicology specimens will be collected and an "S" Screen (Attachment VIII) should be ordered.
- When indicated, a NeoGen screen (Attachment IX) can be conducted.
- Autopsy reports will be dictated, including the following:
 - Summary of actual and expected organ weights.
 - Percentile rank of body weight and height for age.
 - Injuries should be described in detail.
 - All information addressed in the Pediatric Form Protocol, Fetal Form Protocol, or State's Sudden Unexpected Infant Death Form Protocol (Attachments X, XI, XII) should be included in dictated reports as applicable.
- The DME will request paramedic and complete hospital records, any hospital photographs, results of sexual assault tests taken at the hospital, and copies of hospital x-rays.
- Consultation with the involved law enforcement agency is desirable.
 - If law enforcement is not handling the case as a homicide initially, suspected child abuse cases must be reported to law enforcement or Department of Children's Services immediately by telephone, and within 36 hours in writing via the Suspected Child Abuse Report (Attachment XIII).
- Case files are public record, except for the following:
 - Deferred cases.
 - Cases placed on security hold at the request of law enforcement.
 - Child abuse reports, medical records, and police reports.
 - Cases where the death occurred in foster care.
- The Department of Coroner will retain physical evidence and evidence records in accordance with their normal retention schedule (Attachment XIV).

Rev. 3-9-99 /fvh