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Kermit B. Channell II
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Date: March 19, 2020
To: All Entities Authorized by ACA 12-12 312 to submit bodies to the Arkansas State Crime Laboratory (ASCL) for examination
From: Charles Kokes, M.D., Chief Medical Examiner
Re: Case Submissions to the ASCL

Overview: We are facing new challenges due to the COVID-19 pandemic. The Medical Examiner section of the ASCL is considered an essential state operation, and will remain open if non-essential services have to be suspended. Per Arkansas Public Health Emergency Leave Policy, if any essential Medical Examiner personnel are unknowingly exposed to COVID-19 without appropriate personal protective equipment (PPE), develop symptoms consistent with COVID-19 infection, or are diagnosed with COVID-19 infection, they will be out of the workplace for a minimum of 2 weeks. As far as continuing operations are concerned, any loss of personnel during this crisis will jeopardize our ability to perform examinations in a timely and efficient manner. One proactive step that can be initiated immediately to lessen the impact of potential staff loss would involve a slight reduction in the number of case submissions. Most bodies submitted to the ASCL require and receive a full autopsy to determine cause and manner of death. In some instances, however, cases are submitted for examination when the cause and manner of death are already reasonably apparent. In the preceding year, we have encouraged submitting agencies to consider a Medical Examiner consult for such cases when the death otherwise does not require a full autopsy according to the National Association of Medical Examiners (NAME) Autopsy Performance Standards. For a variety of reasons, we continue to have cases submitted for examination which do not require autopsies. By suspending submission of cases which do not meet the criteria set forth in NAME standards, we will be better able to process the cases which do require a full autopsy.

Policy: Effective immediately, the Medical Examiner section will *require* a Medical Examiner consult on cases which do not fulfil the criteria for full autopsy under NAME Autopsy Performance Standard B3. As a result of the consultation, the Medical Examiner may recommend an autopsy or decline to accept jurisdiction in the case. Interpretation of NAME Standard B3 is the purview of the Medical Examiner staff.

NAME Autopsy Performance Standard B3: The criteria for Standard B3 are listed below in italics. Each is accompanied by comments regarding how the standard will be interpreted and case examples.

The forensic pathologist shall perform a forensic autopsy when:

B3.1 the death is known or suspected to have been caused by apparent criminal violence.

This standard is worded so as to include any instances where a homicide has taken place, or is suspected. The key word regarding questionable submissions in this category is “suspected”. There are different levels of suspicion, and the consultation will help determine how suspicious a given case may be. Before a decision is made to accept jurisdiction in these cases, the Medical Examiner will need to be provided with all requested investigative information. Cases where submission is requested to confirm obvious causes and manners of death, e.g. a through and through contact gunshot wound of the head with a suicide note, have very little associated suspicion.

B3.2 the death is unexpected and unexplained in an infant or child.

The death must be unexpected and unexplained to necessarily warrant an autopsy. A typical infant crib death is unexpected, unexplained, and requires an autopsy. An infant with inoperable congenital heart disease who dies at home can be considered expected, and is reasonably explained. A 6 year old in a fatal MV accident may be unexpected, but it is explained.

B3.3 the death is associated with police action.

This will be interpreted as any deaths potentially related to law enforcement use of force or pursuit. Deaths occurring in the mere presence of law enforcement officers—e.g. someone who shoots themselves when officers knock on the door—may require only consultation.

B3.4 the death is apparently non-natural and in custody of a local, state, or federal institution.

The Medical Examiner’s Office does not perform autopsies on individuals who have clear medical history and die of natural causes while in the custody of the ADC. All prisoner deaths from non-natural incidents occurring in Arkansas will be accepted for examination, regardless of whether or not death occurred in state. For federal inmates housed in east Arkansas that die at the facility or are pronounced after medical transport to a hospital in Memphis, TN, we have agreed to perform the autopsy, unless the death is due to a clinically diagnosed natural disease.

B3.5 the death is due to acute workplace injury.

An occupational fatality is a death that occurs while a person is at work or performing work related tasks. Common causes of occupational fatalities include falls, machine-related incidents, motor vehicle accidents, or electrocution. A sudden collapse at the workplace does not meet the criteria for this standard.

B3.6 the death is caused by apparent electrocution.

This generally applies to low voltage electrocutions, which may or may not leave visible injuries. High voltage fatalities typically cause major injuries, and occur in a context that leaves little doubt as to the cause of death (e.g. man working in a cherry picker that hits a high voltage line). If not work-related,

high-voltage electrocution cases do not require autopsy.

B3.7 the death is by apparent intoxication by alcohol, drugs, or poison, unless a significant interval has passed, and the medical findings and absence of trauma are well documented.

“Apparent intoxication” has to be consistent with the purported substance. Someone who suddenly collapses from a cardiac arrest at a party is unlikely to have died from central nervous system depressants, but could have died from a stimulant drug. Cases in which it is alleged that the decedent was “poisoned” with an unknown substance may be denied submission if the circumstances do not suggest that death was due to a toxin, and a natural cause of death is reasonably apparent from medical history or symptoms.

B3.8 the death is caused by unwitnessed or suspected drowning.

Accidental drowning deaths with credible witness and no potential criminal elements do not require an autopsy.

B3.9 the body is unidentified and the autopsy may aid in identification.

On occasion, the only issue involving a death can be the identity of the deceased. Careful consideration of the circumstances along with local examination may be sufficient to confirm identity.

B3.10 the body is skeletonized.

When limited skeletal remains are found, images should be emailed to the Medical Examiner to ascertain whether or not they are human. If obviously human or if it is unclear as to their origin, they will likely require examination at the ASCL.

B3.11 the body is charred.

A body is considered charred when surfaces are blackened due to direct contact with flames. If a body is completely charred, an autopsy will likely be needed to establish a cause of death, and possibly identification. In some instances, a body may be partly charred or display lesser degrees of thermal damage. Depending on the circumstances and whether a cause of death is known, autopsy may not be necessary.

B3.12 the forensic pathologist deems a forensic autopsy is necessary to determine cause or manner of death, or document injuries/disease, or collect evidence.

From the perspective of a forensic pathologist, the autopsy is first and foremost a medical diagnostic procedure. While it may well have other purposes as well, the primary objective is to determine the cause and manner of death. As physicians, forensic pathologists have the requisite training in different aspects of medicine which relate to death investigation. Forensic pathologists take this general medical knowledge into account along with investigative findings to determine the best course of action in every case. A forensic pathologist has the optimal skill set for evaluating deaths and deciding the level of

examination. If the forensic pathologist indicates an autopsy is the best course of action, then one should be done. The converse is also true: if, after having evaluated the available information the forensic pathologist concludes that an autopsy or external examination is unnecessary, that is also a reasonable course of action. Sending cases in for examination “just to make sure” or because it is the local “policy” does not, at this time, justify the additional work load it imposes, let alone the financial cost.