ME-101

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ME-101

BASICS OF DEATH CERTIFICATION

County Medical Examiner Duties

- Jurisdiction
- Determine cause and manner of death
  - Certify death
- Need for autopsy
- Authorize cremation
- Authorize organ/tissue procurement

Jurisdiction

- “Territorial range of authority”
  - Determined by where the decedent PRONOUNCED dead
- Medical examiner cases
  - Determined if death affecting the public interest
  - Iowa Code 331.802
- Notify law enforcement

In medical facility, natural death (Jurisdiction Declined)

- ME is called but the case ends up not being a medical examiner case
  - Nursing home, hospice, in-patient natural disease

- **Must be documented**

“Jurisdiction Declined” Quiz:

1. Natural death at home.

NOT a JD

Needs full electronic ME-1 and investigation

“Jurisdiction Declined” Quiz:

2. Terminal natural illness – in-house hospice.

JD

Do not need full electronic ME-1

“Jurisdiction Declined” Quiz:

3. Nursing home resident transferred to hospital after fall and placed on hospice.

NOT a JD

Needs full electronic ME-1 and investigation

Manner: Accident

COVID-19 Deaths

- Should these be reported to the county medical examiner?
  - *In hospital, COVID-19-related deaths no longer need to be reported to the medical examiner.*
- Great! Can I just say jurisdiction declined?
  - **Yes**, if the person dies under medical supervision (e.g. in the hospital).
  - **No**, if the person dies at home.
    - Investigation necessary to rule out any non-natural factors.
    - Autopsy may still not be necessary.

Purpose of a Death Certificate

- Evidence in court on fact of death
- Insurance benefits
- Settlement of estates
- Source of state and national mortality statistics
  - Develop public health goals
  - Influence research funding

Who “Signs” a Death Certificate?

- “Naturals”
  - MD or DO
  - PA or ARNP (IF in charge of care)
- “Non- Naturals”
  - County ME
  - State ME

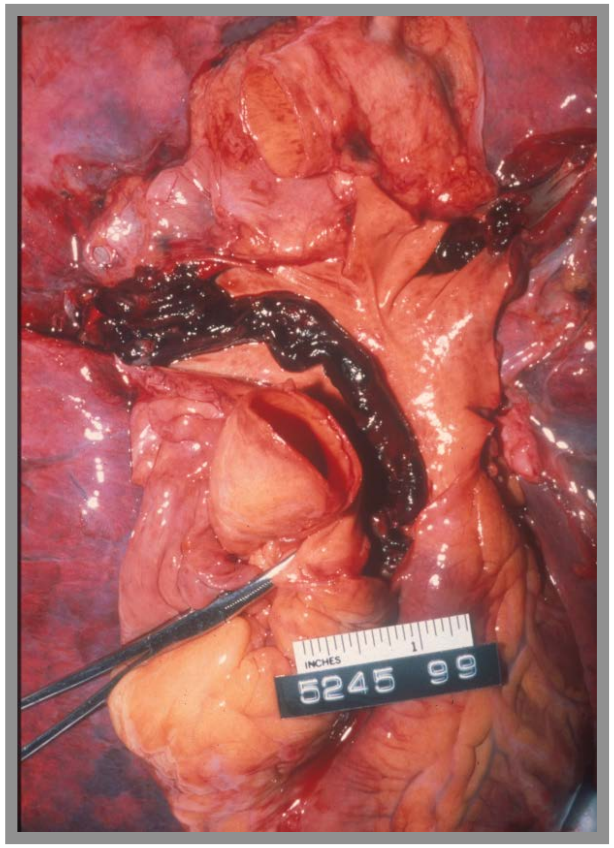
Cause of Death

- Disease, injury, abnormality, or chemical disturbance that starts chain of events leading directly to death

- Examples:
  - Stab wound of chest
  - Hanging
  - Pulmonary embolus

Proximate Cause of Death

- Disease or injury which initiated the series of events that led to the immediate cause of death
  - Immediate cause: Pulmonary embolus
  - Proximate cause: leg fracture



Proximate Cause of Death: Common Issues

- Belief in time limit on proximate cause –initiating event occurred “years ago.”
  - No time limit on proximate cause
- Failure to recognize initiating cause.
  - E.g. pneumonia due to complications of fall
    - Hip fracture is the initiating event

Other Significant Conditions

- Not primary cause but played a part in the death.
- If contributory condition is non-natural, manner can not be natural.

Other Significant Conditions: Common Misconceptions

- Drug use is a contributory factor (e.g. methamphetamine use with cardiovascular disease as the main cause)
  - **Manner is accident**
- Hip fracture contributed to death in elderly
  - **Manner is accident**

Other Significant Conditions: Quiz

Case: 55 year old man dies shortly after presentation to ED with EKG changes and elevated troponin. He has a history of hyperlipidemia, hypertension, and remote stent placement.

Toxicology testing reveals 50 ng/mL cocaine

Cause of Death Statement?

Cause of Death Statement

Part I
A. Acute myocardial infarction
B. Hypertensive atherosclerotic cardiovascular disease

Part II (Other significant conditions)
Acute drug (cocaine) intoxication

Mechanism of Death

- Physiological derangement produced by a cause of death that results in its lethal effect
  - Hemorrhage
  - Exsanguination
  - Cardiopulmonary arrest
  - Cerebral hypoxia
  - Asystole

Rooster Pecked Woman to Death After it Cut Open a Varicose Vein

She reportedly died from severe blood loss.

September 04, 2019

Pin FB ... More

PHOTO: HEIDE BENSER/GETTY IMAGES

A woman in Australia died after being attacked by one of her roosters,

Two cases with “exsanguination” as mechanism of death

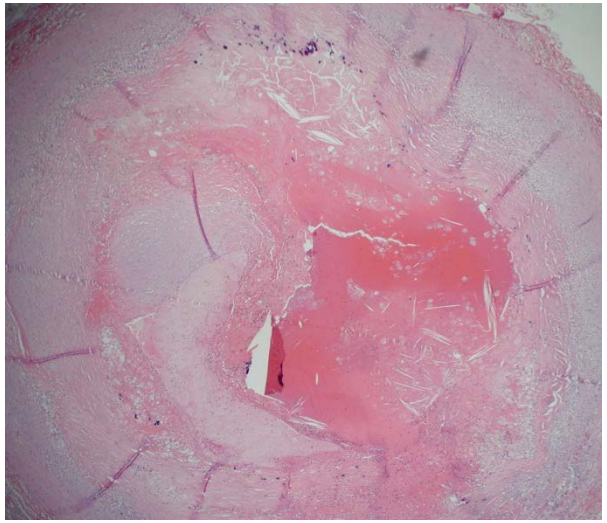
Manner of Death

- Explanation of how the cause of death arose:

1. Natural
2. Accident
3. Suicide
4. Homicide
5. Undetermined

Natural

- Death caused exclusively by natural disease



Accident

- Death resulting from a hostile environment where no harm was intended
  - Drownings
  - Motor vehicle crashes
  - Weather-related fatalities (aka “natural” events)
  - Drug intoxication
  - Bee stings
  - Falls

Motor Vehicle Crashes: Common Misconceptions

- If obvious injuries rarely need to autopsy motor vehicle crashes.
  - Medical conditions, toxicology, pain and suffering
- Survivors can tell us who was driving

Suicide

- Death at the hands of oneself – purposeful action
- Intent can be explicit or implicit

Suicide

- An autopsy is generally recommended
- Points to consider:
  - Positive identification
  - Document cause of death
  - Clear suicide ideation (history, note, etc)
  - Family and LE agree
  - Retained bullet(s)

Suicides: Why Autopsy?

- “Staged” homicide
- Family challenges
  - Many additional hours of ME and LE time
  - Negative publicity
- If no autopsy, can not claim complete and thorough investigation

Homicide

- Death at the hands of another person

- Does not imply intent
  - If you assault another person, you assume responsibility for his or her physical disability.
- Does not mean “murder”
  - Hunting “accident”

Homicide: Important Considerations

- Be aware of exculpatory evidence
  - Pictures, trace, notes
- Avoid wound measurements or interpretations
  - Best left for autopsy
  - Describe, don't interpret
- Avoid drawing toxicology
  - Two tests mean two results

Undetermined

- Insufficient data to establish manner
- Does this tie the prosecutor's hands?

Undetermined: Common Misconceptions

- Over 55, no indication of anything but natural disease, no autopsy, not POSITIVE of cause of death
  - No should not be undetermined
- Cause of death undetermined and no autopsy
  - Need autopsy for undetermined cases

Manner: Common Conventions

- Chronic substance abuse vs acute toxic effects
- Complications of medical therapy vs outside reasonable risk of medical procedure (“OMG” test)
- “Suicide” by cop
- “Autoerotic asphyxia
- Natural disease exacerbated by intoxication

How Injury Occurred

- Concise
- Links cause and manner

"Shot self with .22 caliber rifle"

Mandatory Autopsies

- Homicides
- Undetermined manner
- Unidentified decedent
- Children under 2 years of age (unless known medical condition)
- Work and farm-related fatalities
- Drownings
- Commercial drivers
- Poisonings
- Pilots
- Natural disasters (tornados, floods)

Recommended Autopsies

- Adolescents under 18 years of age (unless known medical condition)
- Motor vehicle crashes (unless single motor vehicle accident with no potential for litigation and there is an obvious cause of death)
- Suicides
- Pedestrian, bicycle, motorcycle, snowmobile, boating, watercraft, three- or four-wheeler or all-terrain vehicle fatalities
- Failure of a consumer product
- Possible public health hazards
- Deaths due to drug or alcohol abuse or overdose
- Electrical- and lightning-related deaths
- Fire-related or smoke/soot inhalation
- Exposures, such as hypothermia and hyperthermia.
- Sport-related fatalities

Next of Kin

Next of Kin Hierarchy

- Surviving spouse of the decedent, if not legally divorced from decedent
- A child or children of the decedent (age 18 or older)
- Parent of the decedent
- Sibling of decedent
- Grandparent of the decedent
- Grandchild of the decedent

Ordering an Autopsy

- Who can order?
- Should an autopsy be ordered?
- What if the family opposes autopsy?
- What if the family wants an autopsy but a medicolegal autopsy should not be ordered?

How to Order an Autopsy

- Go to scene and complete electronic ME-1 (no autopsy without electronic ME-1 completed)
- Place toe tag on body and place in sealed body bag
- Call IOSME: 515-725-1400
- Have body transported directly to IOSME in Ankeny

Cremation Permits

- ME case?
  - Properly investigated and documented (electronic ME-1)
  - Cause and manner of death appropriate?
    - If not, view body and investigate.
- Non-ME case?
  - Cause and manner make sense?
    - Do not have to view.

Cremation Permits: Common Misconceptions

- Cremation permit is just a formality
  - Last chance before evidence destroyed forever
- Funeral director can fill in information
  - It is ME's responsibility to ensure it is OK to proceed with cremation
- Cremation permit should be signed in a timely manner
  - FH has laws they have to follow and it can delay services for the family if the permit is not signed quickly

ME-101

SCENE INVESTIGATION

Iowa's Medical Examiner System

- Each county in Iowa has an appointed **Medical Examiner (ME)**
  - Most are not Forensic Pathologists
  - Appointed by the county board of supervisors
  - They have jurisdiction over the body on deaths in Iowa Code 331.802
  - **Deputy Medical Examiners**
- Most counties also **have Medical Examiner Investigators (MEI)**
  - Education and training is variable
  - Must be approved by the Iowa Office of the State Medical Examiner
- **Iowa Office of the State Medical Examiner**
  - Provide consultation, training, and autopsy services

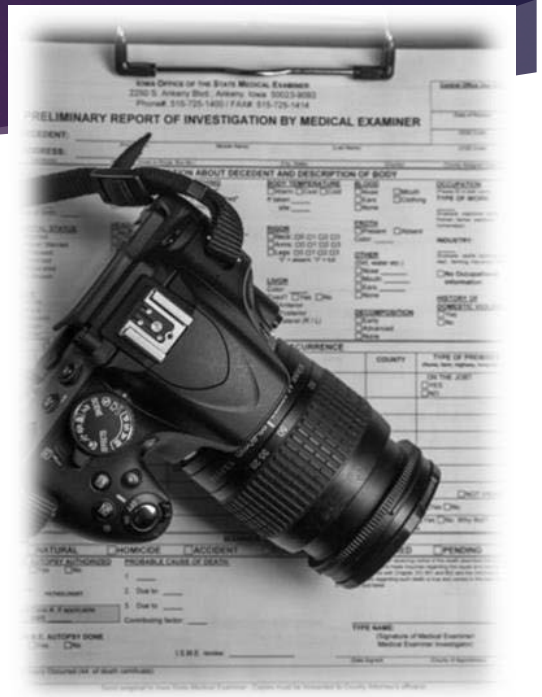
Role of the ME/MEI:

- Investigate deaths which fall under ME jurisdiction
- Identification
- Circumstances of the death
- Cause of death
- Manner of death
- Need for autopsy examination
- Documentation of findings

Medical Examiner Jurisdiction

- County ME is required by law to make inquiry into the cause and manner of death meeting the criteria outlined in Iowa Code Section 331.802
  - AND make a report

What equipment do you need?



- Official documentation
- Business cards
- Electronic ME-1 Worksheet
- Notepad
- Writing utensils
- Clipboard
- Camera
- Gloves/other PPE
- Body bags
- Identification tags
- Body bag seals
- Paper bags
- Tape measure
- Trash bag/ziplock bag for disposable of PPE

Arriving on scene:

- Introduce yourself to LE/scene officials
- Ensure scene safety
- Scene briefing and making a plan
  - What is known already about the decedent (demographics, history)?
  - What is known already about the scene?
  - What about the scene was altered/moved prior to ME/MEI arrival?
- Pronounce or confirm death
  - Physicians, Physician Assistants, Nurse Practitioners, Registered Nurses, Licensed Practical Nurses, and EMS personnel under the direction of a physician**
  - Do not estimate time of death

Iowa Code 2019, Section 702.8

702.8 Death.

"*Death*" means the condition determined by the following standard: A person will be considered dead if in the announced opinion of a physician licensed pursuant to chapter 148, a physician assistant licensed pursuant to chapter 148C, or a registered nurse or a licensed practical nurse licensed pursuant to chapter 152, based on ordinary standards of medical practice, that person has experienced an irreversible cessation of spontaneous respiratory and circulatory functions. In the event that artificial means of support preclude a determination that these functions have ceased, a person will be considered dead if in the announced opinion of two physicians, based on ordinary standards of medical practice, that person has experienced an irreversible cessation of spontaneous brain functions. Death will have occurred at the time when the relevant functions ceased.

[C79, 81, §702.8]

2001 Acts, ch 113, §5; 2008 Acts, ch 1088, §137

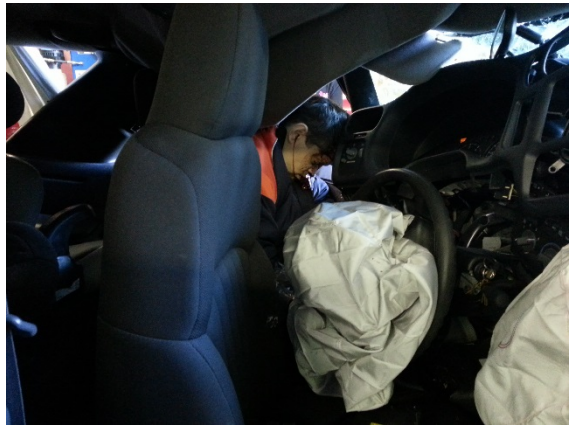
Referred to in §704.9

Photograph the scene & body:

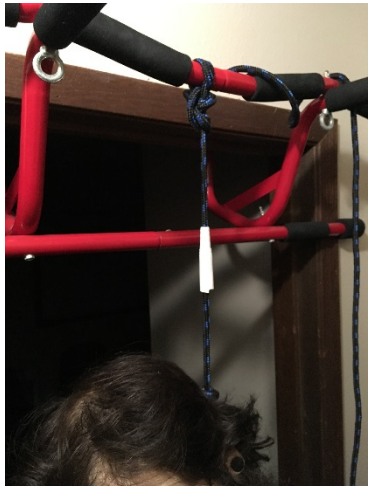
- Photograph even if decedent or scene were altered
- Use camera (not cell phone)
- Send via Virtru to iosme.me1@idph.iowa.gov
- Steps:
  - Remove nonessential personnel
  - Photograph overall view from multiple perspectives
  - Photograph specific areas to show detail or items of evidence

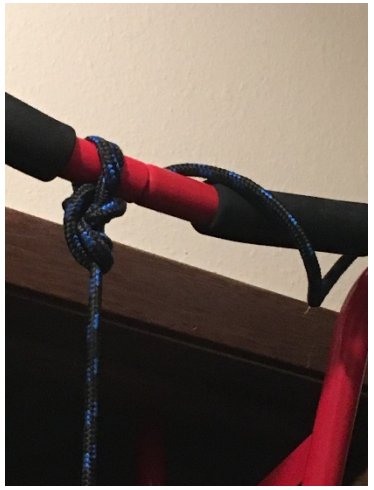
**Do not clean the body

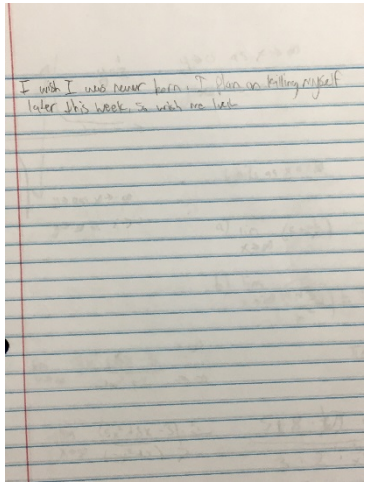
Motor Vehicle Fatalities



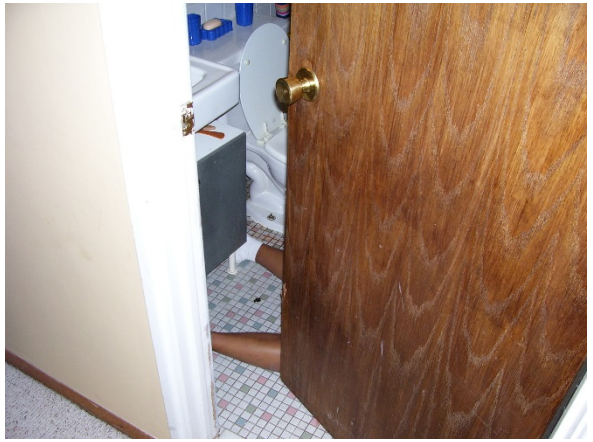
Hanging







Gunshot Wounds



Conducting the external body on scene examination:

- Physical characteristics
- Body temperature, rigor, livor
- Presence/absence of blood/body fluid and location
- Froth
- Degree of decomposition
- Any noted injury or defects to the body and location
  - Avoid specifics
- Position of body
- Location of the body relative to surroundings and any evidence
- Checking clothing/pockets for identification and personal effects
  - Don’t have to send personal effects to IOSME

Decedent Identification

- One of the first major steps in the death investigation process and can be the most difficult
- Determining who the decedent is assists law enforcement in notifying next of kin
- Appropriate identification also assists in:
  - Settlement of estates
  - Resolution of criminal and civil litigation
  - Proper completion of the death certificate

Classification of Decedent Identification

1. Visual
2. Circumstantial
3. Scientific

Visual Identification

- Direct visual OR photographic
- Only use if decedent is recognizable
- Methods:
  - Have a relative or friend directly view the body
  - Obtain a photograph of the decedent for comparison

Circumstantial Identification

- Least desirable method
- Identification based on :
  - Clothing
  - Personal effects
    - Jewelry
  - Physical characteristics
    - Tattoos: type and general location
    - Scars
  - Circumstances placing the decedent at the scene
    - Decedent's residence
    - Car: via registration, title, license plate

Alternative Identification

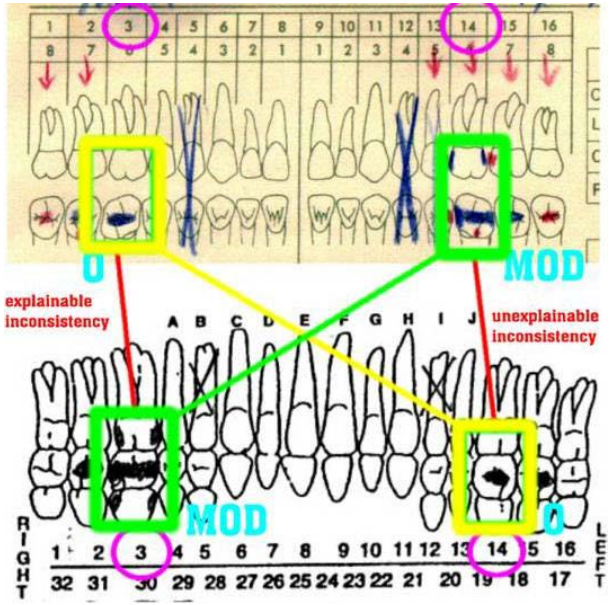
- Surgical history:
  - Appendectomy
  - Hysterectomy
  - Nephrectomy
- Serial number on implanted prosthetic devices:
  - Pacemaker
  - Defibrillator
  - Orthopedic (e.g. knee, hip) replacement hardware

Scientific Identification

- Dental records
- Fingerprints
- Skeletal radiographs
- DNA

Requesting Dental Records

- One of the more easily accessible methods of scientific identification
- Records to request:
  - Bitewing X-Rays
  - Panorex Film
  - Dental Charts



How to start identifying a decedent at the scene

- Obtain wallet and look through contents
- Acquire a driver license or other photo identification card
- Have a family member or friend view the body
- Look for a car registration or title
- Find mail inside the home or car (bills, bank statements, etc)
- Inspect the cell phone

If the body is in a state of decomposition, begin the process of establishing a "tentative" identification and pursue leads on dental records, surgical history, fingerprints, or known DNA sources.

Why do an autopsy?

- Mandated by law
- Necessary to determine cause and/or manner of death
- Identification
- Document injuries
- Collect evidence
- Obtain specimens
- Document pathology

What cases should be reported to the ME?

- Non-natural deaths
- Deaths outside of a medical facility, including natural

Determining whether to request an autopsy:

- Check if the autopsy is mandated by law (recommended and required cases)
- All other cases not mandated are up to county discretion
- General rule of thumb for cases NOT to send:
  - Over the age of 55 with apparent natural causes
  - With or without a medical record
  - Non-natural factors ruled out

Not ME Cases:

- **In medical facility, natural deaths**
  - **Jurisdiction declined**
- Medical facility = hospital, nursing home, hospice
- Still have investigative questions to answer (any non natural factors?)
- Deaths at home considered “unattended” and must have full electronic ME-1 entry
- EVERY call to the ME should be reported in IVES
  - Jurisdiction declined box on ME Decedent Info tab
  - Enter limited information/narrative

Why should you send a suicide for autopsy?

- Homicide staged as a suicide
- Family resistance (moral/religious objections)

Why should you send motor vehicle crash deaths for autopsy?

- Possibility for litigation
- External injuries may not be apparent
- Drugs/alcohol could be a factor

Why should you send an OD for autopsy?

- Toxicology analysis
  - MOD may be in question
  - What if drug level comes back negative or low levels?
    - Even with past medical history in medical records, is there a disease extensive enough for the COD
- Possibility of litigation
- Statistics

Why should you send a burn victim/smoke inhalation victim for autopsy?

- Was the person deceased before the fire began?
- X-rays
- CO testing

Maintaining the chain of custody:

- Chain of custody:
  - The documentation of property or evidence that traces the individuals or agencies who have had custody of it.
  - Provides accountability for where the evidence has been and that it has not been tampered with

- How can the ME/MEI maintain chain of custody?
  - Identification tag on body, identification tag on outside of body bag, and place a seal on the body bag
  - Documentation of seal number on the electronic ME-1

Things to do at a scene:

- Go to the scene
- Coordinate with law enforcement
- Leave medical intervention in place or document anything that was removed on the electronic ME-1
- Bag hands in PAPER bags on homicides, suspicious cases, and gunshot wounds
- Place an identification band on the body
- Place an identification band on the body bag with a lock. Include lock number on electronic ME-1
- Call IOSME prior to body arrival
- Complete IVES entry of electronic ME-1 information ASAP to prevent delay in autopsy
- Transportation of the decedent by EMS/transport agency/FH should be done immediately

COVID-19 Cases

- Best practice is to assume any individual is potentially infectious.
- In responding to a death scene suspected of COVID 19 infection:
  - All individuals handling the body should follow Standard Precautions (PPE to include gloves, disposable gown, face shield or goggles, and facemask)
  - Move household members to another room
  - Before rolling or moving the body into a body bag cover the decedent's mouth and nose preferably with a surgical mask
  - After the body is placed in the body bag, spray the body bag with a disinfectant with EPA-approved emerging viral pathogens claims

Things to do at a scene: Call the Iowa Donor Network

- Contact 800-831-4131 when death occurs OUTSIDE the hospital setting, no age limit

Things NOT to do at scene:

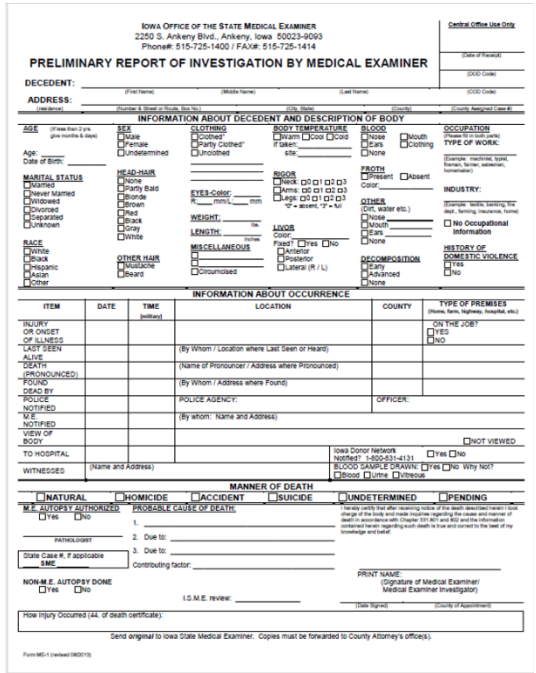
Draw blood or vitreous fluid

Things NOT to do at scene:

- Do NOT place the body face down in the body bag
- Do NOT throw PPE in body bag
- Do NOT use plastic bags to cover the hands
- Do NOT send medications to the IOSME
  - Document on ME Medication tab in IVES

Filling out a PAPER ME-1:

No longer accepted as of October 1, 2019



IOWA OFFICE OF THE STATE MEDICAL EXAMINER
2250 S. Ankeny Blvd., Ankeny, Iowa 50023-9093
Phone#: 515-725-1400 / FAX#: 515-725-1414

PRELIMINARY REPORT OF INVESTIGATION BY MEDICAL EXAMINER

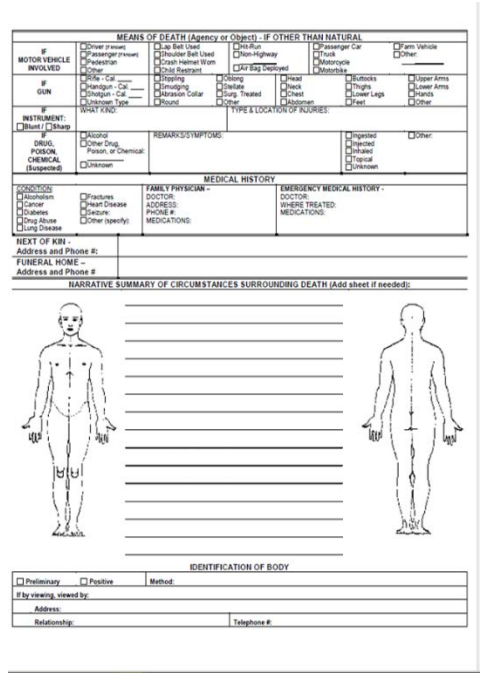
DECEDENT:

ADDRESS:

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

INFORMATION ABOUT OCCURRENCE

MANNER OF DEATH



MEANS OF DEATH (Agency or Object) - IF OTHER THAN NATURAL

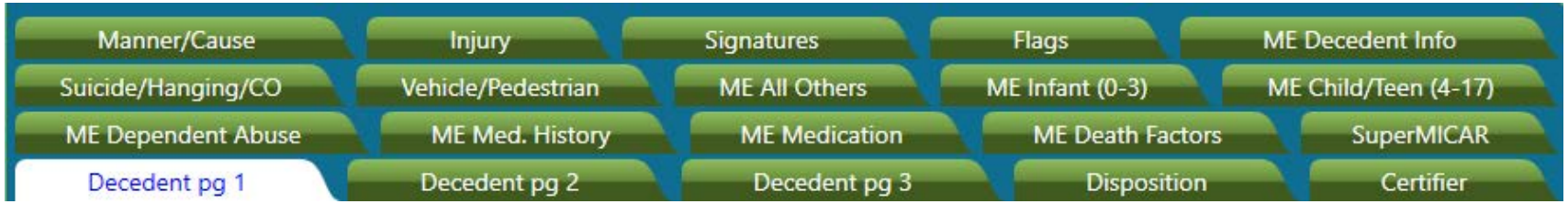
MEDICAL HISTORY

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add sheet if needed):

IDENTIFICATION OF BODY

Electronic Medical Examiner Reporting (EMER)

- Electronic ME-1 submission using IVES
- Benefits:
  - Accuracy of DC information
  - Timely reporting
  - Quality of investigative information
  - Case background prior to autopsy
- Only ME/MEIs see additional tabs



EMER
(ME-1) Worksheet

- Available on the CME tab at iosme.iowa.gov under Forms
- 10 pages
  - Recommendations for printing

IOWA OFFICE OF THE STATE MEDICAL EXAMINER

PRELIMINARY MEDICAL EXAMINER REPORT

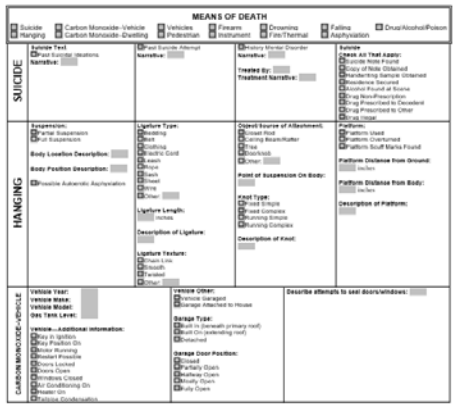
DECEDENT:

ADDRESS:

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

INFORMATION ABOUT OCCURRENCE

MANNER OF DEATH


MEANS OF DEATH

SUICIDE

HANGING

CARBON MONOXIDE—VEHICLE

MEDICAL HISTORY

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (add sheet if needed)

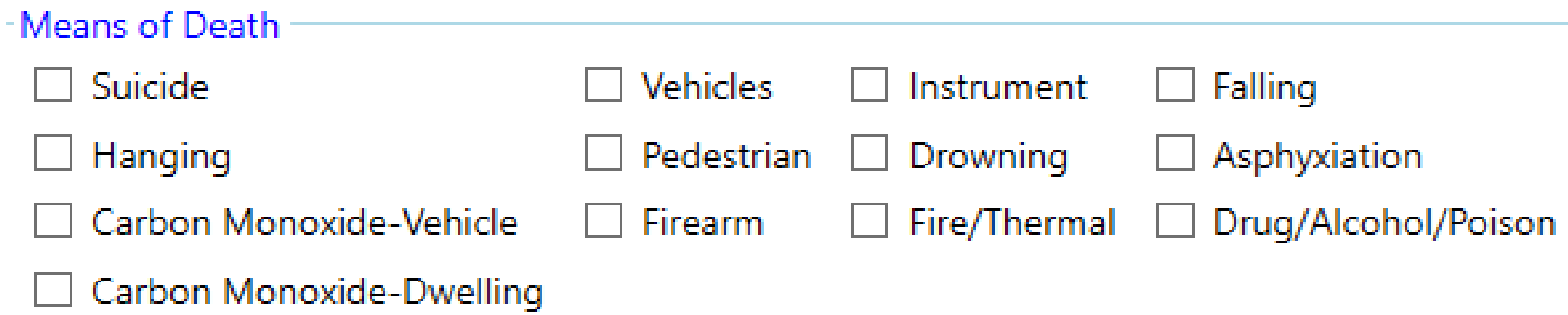
IDENTIFICATION OF BODY

Decedent pages 1 and 2

- iosme.iowa.gov
  - CME tab (Password: CME)
  - Bulletins sent through GovDelivery
  - Frequently asked questions
  - EMER user manual
  - Required fields
  - Training videos
  - ME-1 Worksheet

ME Decedent Info

- Looks like page 1 of previous paper ME-1
- Don't forget to mark Jurisdiction Declined or Autopsy (No, IOSME, County, Private/Hospital)
- Check all PRELIMINARY Means of Death that are appropriate
  - Must check in order to enter information on various tabs



Suicides

- Check suicide for means of death
- Check hanging, firearm, instrument, drug/alcohol/poison, etc. for means of death
- Ask and document:
  - Previous suicidal ideation/attempt history
  - Was the decedent currently or previously receiving mental health treatment
  - Suicide note (Photograph for IOSME)
  - Was the residence secure?
    - Is LE concerned?
    - Is family concerned?
  - Any drugs/alcohol found on scene?

Hangings

- If suspected suicide, document information on the suicide tab
- Ask and document:
  - Partially or fully suspended
  - Body location and position
  - Is it possibly autoerotic asphyxiation?
  - Type of ligature (belt, electric cord, leash, etc, or select other and a enter a description)
    - Source of attachment (closet rod, rafter, tree, etc)
    - Platform (used, overturned, scuff marks)
      - Use description of platform

Firearms

- If suspected suicide, document information on the suicide tab
- ME All Others tab
- Ask and document
  - Type of firearm (shotgun, pistol, revolver)
  - Firearm make/model
  - Firearm caliber/gauge
  - Who owned the firearm
  - Firearm activity (hunting, self-infliction, homicide, etc)
  - Handedness of decedent
  - What was recovered/retained by LE?

Overdoses/Alcohol

- If suspected suicide, document information on the suicide tab
- ME Medication tab
- ME All Others tab under Drug/Alcohol/Poison
  - Check boxes:
    - Alcohol
    - Suspicion of alcohol withdrawl
    - Over the counter vs prescribed to who
    - Illegal substance

Motor Vehicle Crashes

- Vehicle/Pedestrian tab
- Ask and document:
  - Type of road (highway, gravel, street, etc)
  - Estimated speed
  - At an intersection
  - Type of crash check boxes (head on, driver side impact, left roadway, rollover, etc)
  - Single vs multiple vehicles involved
  - Weather conditions
  - Decedent's position in vehicle
  - Type of vehicle(s)
  - Restraint and ejection
  - Tire marks
- Concern for suicide or medical event?

ME Med. History

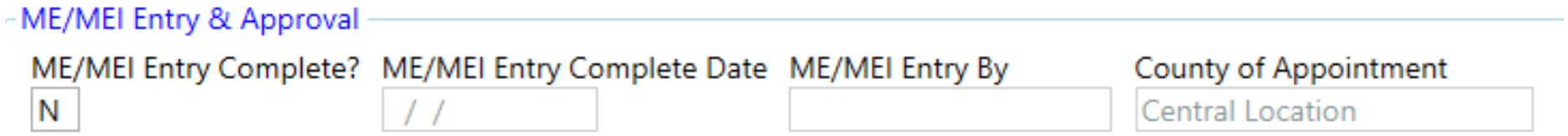
- Looks like page 2 of previous paper ME-1
- *Next of kin section very important*
- Enter funeral home selected by family for services
- Narrative:
  - Brief Case Description required
  - History/Circumstances
  - Scene Description (location/position of body)
  - Case Assessment
  - Reason for Disposition
  - Can copy from a Word document & paste into IVES (use Ctrl V)

EMER Reminders:

- Check for duplicate record/coordinate with FH
- Complete as much information as known on the investigative tabs
  - Your investigation is only as good as the report that supports it
- Enter a FH if known
- Enter all preliminary means of death
- Supplemental narratives, reports, and scene photos must still be sent to **iosme.me1@idph.iowa.gov**
- Body identification form, permit for autopsy, infant ME-4 form, and medication log ME-7 no longer needed

EMER Reminders

- Sign off on the Signatures tab
  - ME/MEI Entry & Approval
  - Will be prompted for missing required fields
  - If required fields have been met, the date and ME/MEI name will appear
    - Indicates to IOSME the case is ready for autopsy



Submission of electronic ME-1s

- County ME is required to complete the electronic ME-1 within 14 days of the date of death
  - No longer submit paper copy to IOSME
  - Must send copy to County Attorney
    - Recommend electronically

- **Electronic ME-1 completion is required prior to start of autopsy**

Help with electronic ME-1 submission

- IVES related issues/questions:
  - (866) 309-0831
  - IVESHelpDesk@idph.iowa.gov
- Content related issues/questions:
  - Call IOSME: 515-725-1400
  - Daytime help desk: 515-725-1210

Retention of Records

- County ME/MEI required to retain a copy for the medical examiner's records indefinitely
  - May retain in a central location
  - Recommended to retain electronically

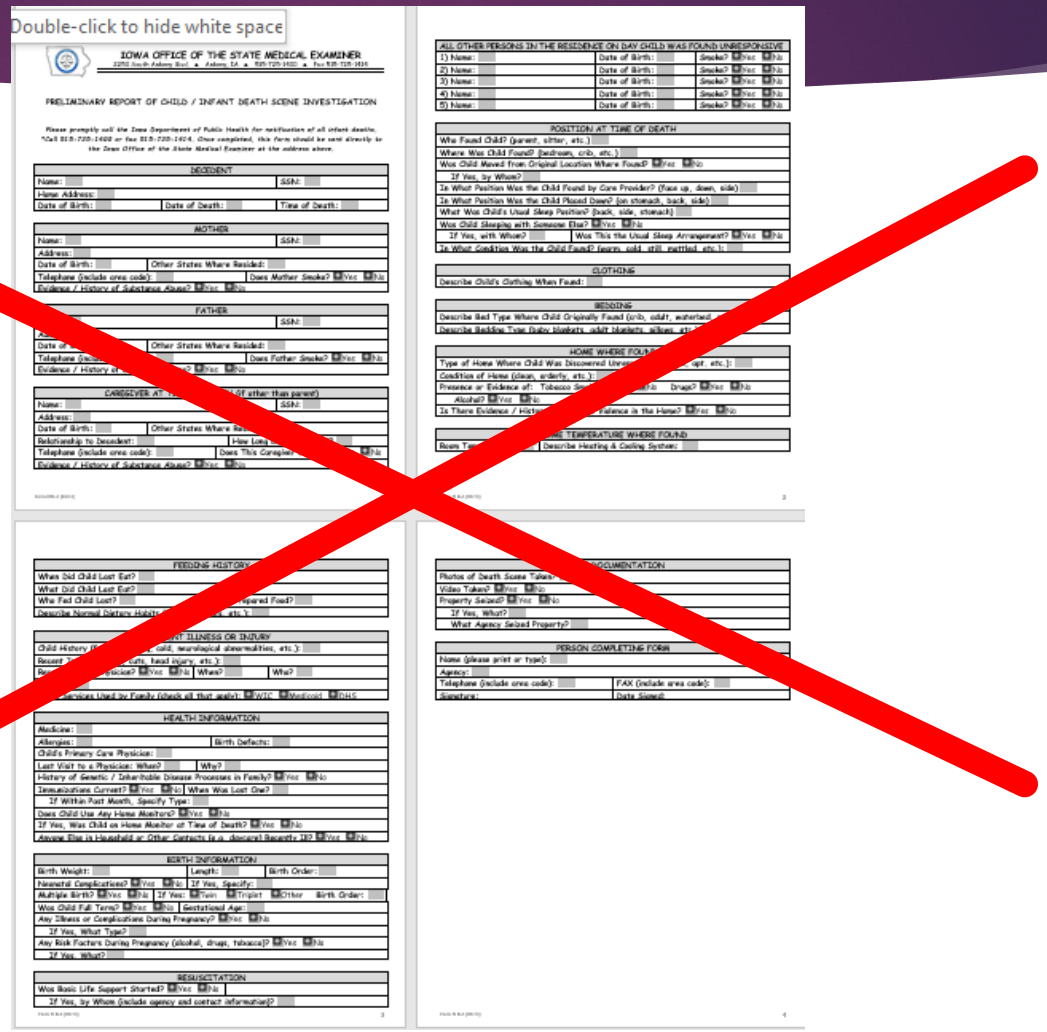
Infant Death Scenes

- A death scene investigation including a doll reenactment needs to be performed in all infant deaths, even if transported to hospital
- Should be done in a timely manner
- Includes documentation of ME-1, ME-4, and doll reenactment
- Includes photographs of infant, scene of death, and doll reenactment

Photograph the infant

- Photograph as soon as possible
- Photographs of infant ANTERIOR and POSTERIOR
- Document lividity and rigor

Filling out the ME-1 & ME-4



Infants: EMER Entry

- ME Infant (0-3) tab
  - Mother, father, and caregiver information including history of smoking, alcohol/drug use, and mental illness history
  - Location and position placed and found
  - Bedding environment
  - Daycare info (if applicable)
  - Feeding history
  - Previous health history (birth/well baby)
  - History of DHS involvement
  - Risk indicators (bed sharing, unsafe sleep conditions, acute change in diet, etc)

- Replaces previous ME-4 form
- Doll reenactment

Infant Death Scenes

Value of doll reenactments

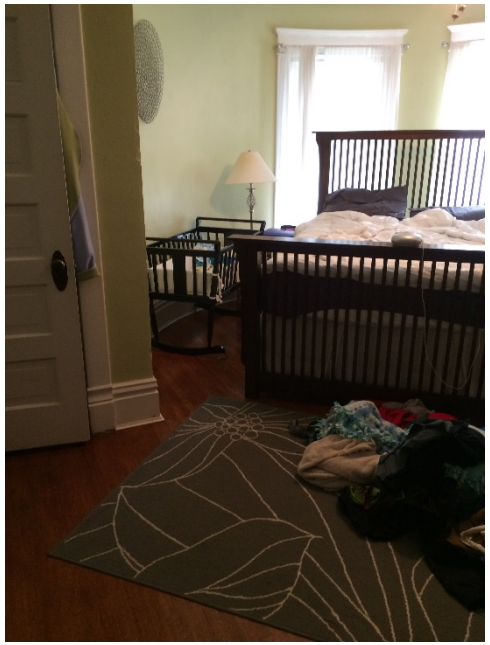
- Creates a visual documentation for the pathologist
- Combining memory with a psychomotor skill has shown to improve recall and details of events
- Demonstrating actions can be more easy then finding words to describe actions or scenarios, especially when someone is under emotional distress

What materials do you need?

- Doll with positionable head, arms, and legs
- Digital camera or video recorder
- Notepad
- Writing utensil

Initial photographs

- Photograph overview of the entire scene prior to performing reenactment



Step 1:
Explain reenactment to family /caregiver

- Explain importance of the reenactment
- Show the doll to the family member/caregiver
  - Handle doll with respect
  - Explain the doll's purpose
  - Demonstrate the articulation of the doll's body
- Describe briefly the reenactment procedure and that photographs/video will be taken
- Use an empathetic, nonconfrontational approach

Step 2:
The “Placer”

- Have the individual who placed the infant in the sleep environment recreate the position of the infant and the sleep environment
- Emphasize the importance of recreating:
  - Infant body position
  - Bedding, blankets, pillows, bumper pads
  - Toys or stuffed animals
  - Positional supports
  - Bed sharing
- Document and photograph placed position
  - Prone / supine
  - Face up / down on surface
  - Face left / right
  - Any obstruction to nose/mouth

Step 3:
The “Checker”

- If a family member checked on the infant between the time placed and time found, ask them to recreate the infant’s position and sleep environment
- Emphasize the importance of recreating:
  - Infant body position
  - Bedding, blankets, pillows, bumper pads
  - Toys or stuffed animals
  - Positional supports
  - Bed sharing
- Document and photograph checked position
  - Prone / supine
  - Face up / down on surface
  - Face left / right
  - Any obstruction to nose/mouth

Step 4:
The “Finder”

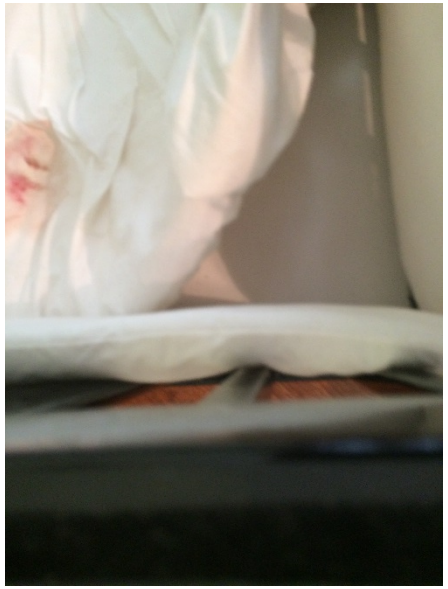
- Have the individual who found the infant in the sleep environment recreate the position of the infant and the sleep environment
- Emphasize the importance of recreating:
  - Infant body position
  - Bedding, blankets, pillows, bumper pads
  - Toys or stuffed animals
  - Positional supports
  - Bed sharing
- Document and photograph found position
  - Prone / supine
  - Face up / down on surface
  - Face left / right
  - Any obstruction to nose/mouth

If Bed-sharing:

- If infant was not sleeping alone, document and photograph bed-sharing scenario
  - Include sleeping position of infant in relation to other individuals / animals

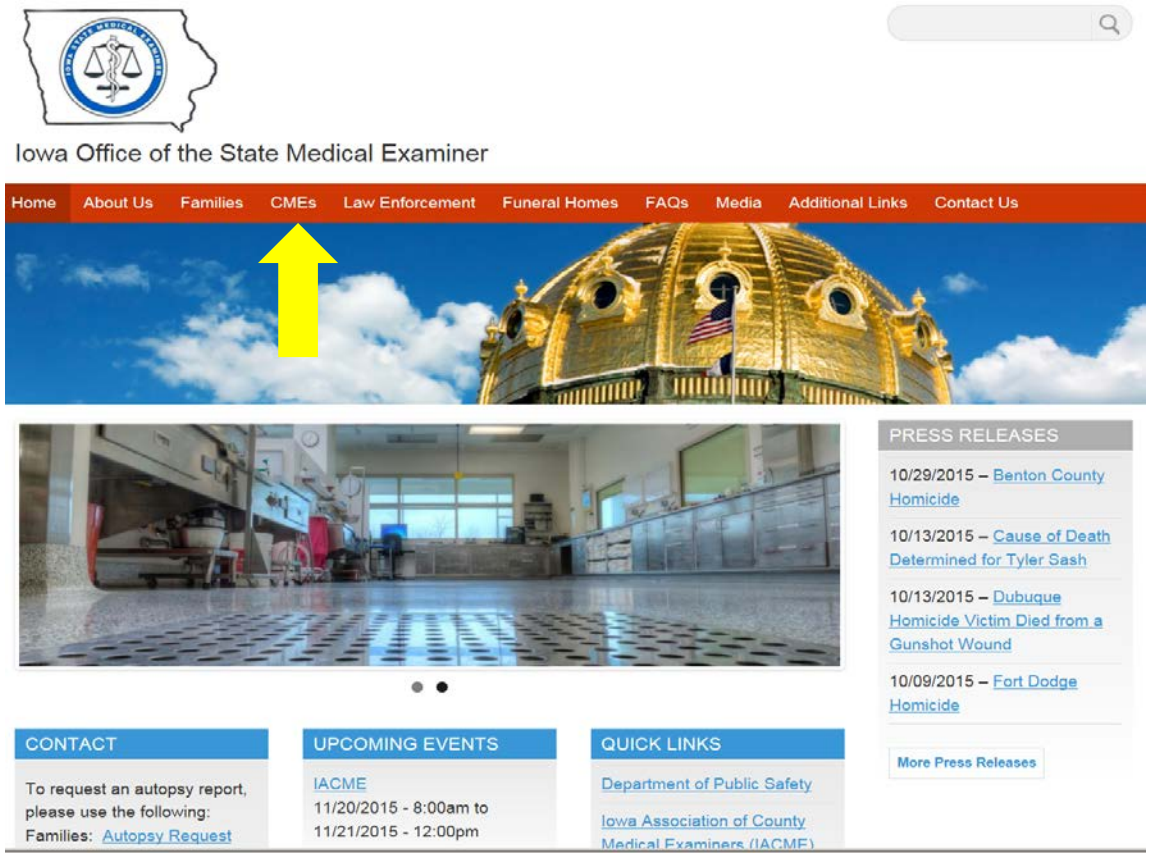
Step 5:
Document & photograph bedding

- Layer by layer documentation of bedding
- Document bedding:
  - Under the infant
  - Over the infant
  - Swaddling the infant



Step 6:
Debrief family

- Offer condolences again
- Thank them for providing information and participating in the reenactment
- Inform them on the next steps
- Answer any questions
- Provide contact information

iosme.iowa.gov

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