

OSAC REVIEW / SPRING 2025 (OSAC = Organization of Scientific Area Committees)

NAME OSAC UPDATE #13: ANSI/ASB Best Practice Recommendation 009-19, First Edition

Best Practice Recommendation for the Examination of Human Remains by Forensic Pathologists in the Disaster Identification Context

This best practice recommendation originated from the Scientific Working Group on Disaster Victim Identification (SWGDIV). It was put forward by the Disaster Victim Identification Subcommittee of OSAC. It completed the standards development process in the Disaster Victim Identification Consensus body of the AAFS Standards Board (ASB).

This is a brief summary of *ANSI/ASB Best Practice Recommendation for the Examination of Human Remains by Forensic Pathologists in the Disaster Identification Context*, and as such may leave out or misinterpret important details. **See link to full document (below)**. Also the AAFS has developed checklists to supplement ASB documents. A link to the checklist for this document is copied below. (This particular checklist is a rehash of the document in a spreadsheet format.)

Value: Useful as a best practice reference when developing a mass fatality plan, or when reviewing or updating an existing plan.

SCOPE: Limited to the forensic pathologist's role in morgue operations, specifically regarding postmortem data collection to aid in identification of decedents. Objectives in the examination of human remains in a mass fatality incident may shift from internal demonstration of injuries, in the case of obvious external mortal injuries, to prioritization of potential identification data.

RECOMMENDATIONS:

General: Remains should be examined as soon as feasible, before decomposition limits the value of the examination.

Pre-Examination: Information about the incident should be reviewed by the forensic pathologist, including details about the removal of any documents or personal property found on the remains.

Postmortem Radiographs: Obtain prior to FP examination. FP documents evidence of previous surgical procedures such as surgical clips, and retains any medical devices or appliances that could facilitate identification. Radiographs can also assist with age estimation, injury documentation, etc.

It is possible that postmortem multislice computed tomography (CT) will become the sole radiographic modality in DVI operations. Constant use can burn out CT tubes, so use of CT should be paced.

Personal Effects: Describe clothing and personal items in detail, create an inventory, photograph in-situ and off the remains.

External Examination of Remains: This best practice document lists 16 recommendations about the external examination, all of which are part of a usual FP examination. Examples include: photographing the remains, measuring height and weighing remains, estimating age, describing decomposition, documenting eye color, piercings, scars, etc.

Determination to Conduct a Full Autopsy: This decision is left to the local medicolegal authority. The *NAME Forensic Autopsy Performance Standards* are referenced.

Internal Examination of the Remains: Lists 3 recommendations all pertaining to identification—1) document internal features that may help with identification such as previous surgeries 2) When practical removed implanted devices 3: With highly fragmented or burned remains, internal examination may allow for determination of sex.

Fragmentation and Commingling: The office should follow established morgue protocol for commingling, typically the remains are separated and

given individual case numbers. Fragments should be described, photographed and documented separately.

Injury Documentation: Via writing, diagrams and photographs. Descriptions to include the usual: location, shape, pattern, size, shape, color.

Cause and Manner of Death: FP documents information for determination of cause and manner, but ultimate responsibility is left to the local medicolegal authority.

Toxicology: Specimens should be collected when indicated and available, with appropriate labeling.

Transportation Incidents: Submit specimens to the Federal Aviation Administration Civil Aerospace Medical Institute using a TOX-BOX. A link is provided in the document to TOX-BOX directions.

DNA Collection: Refers to ASB Disaster Victim Identification DNA document.

Quality Assurance Strategy: Necessary because of large mass fatality workload, fatigue, and procedures that may be unfamiliar. Suggest using a Pathology Team Leader to oversee FPs and manage quality assurance.

Full Document:

<https://www.aafs.org/asb-standard/best-practice-recommendations-examination-human-remains-forensic-pathologists-disaster>

Checklist:

<https://www.aafs.org/research-resources-featured-standards-resources-and-training/checklists>