



INTERNATIONAL ASSOCIATION OF  
**Forensic Nurses**

*Leadership. Care. Expertise.*

Forensic  
Nurse  
Death  
Investigator  
**EDUCATION  
GUIDELINES**



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Death Investigator  
**EDUCATION GUIDELINES**

**2009 FORENSIC NURSE DEATH INVESTIGATOR EDUCATION  
GUIDELINES DEVELOPMENT COMMITTEE**

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## INTRODUCTION

A primary goal of the International Association of Forensic Nurses (IAFN) Forensic Nurse Death Investigator (FNDI) Council is to establish education guidelines for those nurses practicing in the subspecialty as an FNDI. These education guidelines assist the practitioner in meeting the forensic needs of individuals served by the medical examiner/coroner system. The guidelines also serve as the foundation for consistent and comprehensive FNDI education programs.

The FNDI strives to ensure that a competent forensic evaluation and death scene investigation is conducted in all situations. Death scene investigations as well as forensic assessments and evaluations may be conducted by registered nurses (RN) who have specific education and clinical preparation in conducting a death investigation and forensic evaluation. The FNDI is unique in his/her education, clinical and life experiences, yet each is expected to adhere to the established standards of forensic nursing practice.

The FNDI utilizes nursing knowledge and the nursing process in all aspects of death investigation from assessment of the scene to collection and evaluation of evidence and care of survivors. Wooten (2003) applied the nursing process (assessment, planning, implementation, and evaluation) to forensic investigation creating three separate components: (a) the investigation of the death; (b) care of the family, and/or survivors of the decedents; and (c) effects on the community at large. Wooten believed these components to be interrelated and dynamic, much like the human DNA strand.

The four steps of the nursing process are woven throughout the different elements of the FNDI role. They include such actions as assessing the scene at a death; planning for additional evidence collection; implementing referrals when caring for survivors and evaluation of all actions taken during an investigation. The FNDI also uses the nursing process to assess the needs of the community and implement a plan to support and educate community members as needed (Vessier-Batchen, 2007).

## DEFINING POPULATIONS SERVED

Education guidelines delineate a standardized minimum body of knowledge and serve as a cornerstone for the specialized education of forensic nurses who will practice as an FNDI. The FNDI serves all populations, should be widely versed in the specific circumstances endemic to their regions of practice, have a clear understanding of the population he/she will serve and be aware of factors that assist in determining appropriate techniques used in death investigation. Some of those factors include:

- age
- physiological development
- psychosocial skills
- cultural influences
- gender
- language skills
- sexual maturation
- cognitive skills
- moral development
- health
- spiritual beliefs and practices
- confounding life and/or family issues

## PURPOSE OF THE FORENSIC NURSE DEATH INVESTIGATOR EDUCATION GUIDELINES

The purpose of the FNDI Education guidelines is to:

- select a standardized body of scientific knowledge for death investigation and the forensic evaluation of the deceased, the circumstances and the environment;
- discuss the concept, development, function and collaboration of the multidisciplinary team; and
- describe and relate forensic nurse death investigator professional practice issues to nursing process.

## REQUIREMENTS FOR FNDI EDUCATION

The coursework identified in these guidelines will provide the nurse with the minimum knowledge needed for competent practice as an FNDI. This 40-hour didactic course is designed to serve as a **basic course** for those new to the field of forensic nursing and the specialized area of death investigation. Additional clinical preceptorships, supervised clinical experiences and ongoing training are recognized as essential to developing expertise as an FNDI.

Nursing contact hours, nursing academic credits or national equivalent that demonstrates proof of hours and course content must be provided for each course.

Required and optional clinical components are identified at the end of each course section.

## RECOMMENDATIONS FOR FNDI FACULTY

It is recommended that core faculty members include registered nurses who have:

- successfully completed the didactic and clinical components of a death investigator educational program.
- experience in death investigation and have practiced for a minimum of 600 hours in the area of medico-legal death investigation.
- demonstrated attendance in continuing education in accordance with the requirements of their jurisdiction.

- experience in mentoring, group facilitation and/or experience as an educator (recommended but not required).
- met local jurisdictional certification and/or training requirements.

The education program should include collaboration with multidisciplinary representatives to deliver content-specific information or topics. (e.g., law enforcement personnel, forensic scientists, forensic pathologists, prosecuting attorneys, etc.).

## FNDI DIDACTIC CONTENT — TARGET TOPICS

- I. Forensic Nursing Science
- II. Multidisciplinary Team Concepts
- III. Roles and Responsibilities of the FNDI
- IV. Death Investigations Systems
- V. Medical/Forensic Evaluation
- VI. Evidence Management and Evaluation
- VII. Nursing Management
- VIII. Criminal Justice System
- IX. Ethics
- X. Evaluation

## FNDI DIDACTIC CONTENT OUTLINE

The topics listed here are considered essential content and focus on the role and responsibilities of the FNDI. *Additional content or topics may be added that are practice- or region-specific.*

### **I. Forensic Nursing Science**

- A. History of forensic nursing
- B. Roles within forensic nursing
- C. International Association of Forensic Nurses (IAFN)
- D. Professional nursing and discipline-specific organizations
  1. Local and global
  2. Forensic Nursing Scope and Standards of Practice

### **II. Multidisciplinary Team Concepts**

- A. Team approach
  1. Coroner/Medical Examiner
  2. Law enforcement
    - a. local
    - b. federal
    - c. provincial
  3. Forensic nurse death investigator (FNDI)
  4. Forensic pathologists
  5. Forensic scientist (e.g. DNA experts, forensic toxicologists, forensic anthropologists, forensic odontologists, etc)

6. District attorney/prosecuting attorneys
7. Other professional affiliates
  - a. First responders (e.g. paramedics, emergency medical technicians, fire personnel, etc.)
  - b. Emergency Department personnel
  - c. Social Services
  - d. Department of Corrections
  - e. Advocacy/advocates (e.g. survivor perspective)
  - f. Spiritual representatives
  - g. Organ/tissue transplant agencies
  - h. Public health agencies/Department of Public Health
  - i. Disaster Mortuary Operational Response Team (DMORT); Joint Emergency Preparedness Program (JEPP)
  - j. Schools/universities
  - k. Military
    - l. Embassies/Departments of State or Provincial Ministries
  - m. Fatality Review Teams (e.g. elder, child, IPV etc.)
  - n. Probate Court
  - o. Other investigative agencies [e.g. National Transportation Safety Board (NTSB), Federal Aviation Administration (FAA) Drug Enforcement Agency (DEA), Border Patrol, Royal Canadian Mounted Police (RCMP)]
  - p. Funeral Homes
  - q. Bureau/Department of Vital Records/Statistics

### **III. Roles and responsibilities of the FNDI**

- A. Local/regional rules, regulations, laws, statutes and jurisdictional nursing practice guidelines
  1. Local/regional law enforcement jurisdiction
- B. IAFN Publications
  1. Forensic Nursing Scope and Standards of Practice [published with American Nurses Association (ANA)]
  2. FNDI Education Guidelines
- C. Community education, awareness and prevention
- D. Professional and ethical codes of conduct
  1. Code of Ethics [ANA, Canadian Nurses Association (CNA), etc.]
  2. IAFN Vision of Ethical Practice
- E. Inter-professional relationships (e.g. cooperative agreement with other investigative authorities)
- F. Evidence-based FNDI practice

### **IV. Death Investigation Systems**

- A. Mortality data
- B. Medical Examiner and Coroner systems
  1. Inquest
- C. Cause/manner/mechanisms of death
- D. Death certificate (e.g. completion, issuance)

## **V. Medical/Forensic Evaluation**

### **A. Communication**

1. Confidentiality in accordance with jurisdictional laws/regulations
2. Scene briefing/debriefing
3. Communication with investigative personnel/other agencies
4. Communication with families/witnesses

### **B. Death Scene Investigation**

1. Safety
2. Briefing of appropriate personnel
3. Scene walk-through
4. Jurisdiction over body/release of jurisdiction
5. Transportation of body
6. Interviewing
7. Doll re-enactment (for infants)

### **C. Collection of history**

1. History of reported event(s)
2. Decedent's physical, mental health and social history, including verification of history
3. Terminal episode

### **D. Physical assessment/external examination of decedent**

1. Anatomy and physiology across the lifespan
2. Identification of findings
  - a. Injury/trauma
  - b. Normal variations changes
  - c. Disease processes
  - d. Age-related variations
  - e. Time of death considerations
  - f. Postmortem changes
  - g. Pharmacology (e.g. drugs of abuse, prescription and over-the-counter medications, herbal and natural products etc.)

### **E. Physical Evidence Collection**

1. Application of forensic science standards
  - a. Chain of custody
  - b. Identification, collection and preservation of evidence
  - c. Trace evidence
  - d. Securing remains

### **F. Documentation**

1. History
2. Findings
3. Use of diagrams
4. Physical evidence

- 5. Photographic documentation
- 6. Maintenance and release of records
- G. Identification of deceased
  - 1. Methods of identification
    - a. Scientific/positive identification
    - b. Circumstantial/presumed identification
- H. Notification of next-of-kin
- I. Organ donation considerations
  - 1. Interagency collaboration
  - 2. Viability of tissues
- J. Special Topics
  - 1. Military
    - a. Explosive ordnance disposal (EOD)
    - b. Jurisdictional issues (e.g. continental v. overseas)
  - 2. Paternity testing and egg/sperm harvesting
  - 3. Virtual autopsy
  - 4. Transportation mishaps
    - a. Aircraft
    - b. Railroad
    - c. Marine
    - d. Highway
  - 5. Disassociated/skeletonized remains
  - 6. Mass casualty situations
    - a. Natural disasters (e.g. floods, hurricanes, etc.)
    - b. Man-made disasters
  - 7. Chemical, Biological, Radiological, Nuclear or Explosive (CBRNE) threats
  - 8. Communication with media
  - 9. Critical incident/stress debriefing
  - 10. Public health concerns (e.g. epidemics, food borne)

## **VI. Evidence Evaluation**

- A. Role of the forensic scientist
- B. Evidence processing and analysis
- C. Evidence v. personal effects
- D. DNA identification

## **VII. Nursing Management**

- A. Using the nursing process in death investigation
  - 1. Assessment
  - 2. Planning
  - 3. Intervention
  - 4. Evaluation
- B. Religious/Cultural considerations
- C. Death Review (e.g. child abuse, elder abuse)

- D. Physical and emotional care of survivors
  - 1. Post traumatic stress
  - 2. Acute stress disorder

### **VIII. Criminal Justice System**

- A. Admissibility of evidence
- B. Courtroom testimony
- C. Responding to subpoenas
- D. Criminal v. civil litigation
- E. Freedom of Information Act (FOIA) and Freedom of Information and Protection

### **IX. Ethics**

- A. Individual values
- B. Conflict of interest
- C. IAFN Vision of Ethical Practice
- D. Other [e.g. American Nurses Association (ANA) Code of Ethics, Canadian Nurses Association (CNA) code of ethics]
- E. Human subject research

### **X. Evaluation**

- A. Quality assurance/improvement
- B. Research and evidence-based practice (e.g. evaluating research for use in practice)

## **REQUIRED CLINICAL PRECEPTORSHIP OVERVIEW**

The preceptorship is designed to complement the classroom educational experience and will allow the registered nurse to apply information and skills obtained during the classroom experience. This preceptorship shall be completed under the guidance of a currently practicing full-time FNDI with at least one year's experience, if available, or a full-time non-nursing death investigator with at least one year's experience.

Preceptor experiences should be completed in a time frame that ensures competency and maximum retention of knowledge and skills. Required skills shall be performed until competency\* is demonstrated. Participation in case review, peer review, ongoing education, supervision and mentoring is essential to prepare and sustain the registered nurse for the FNDI role.

Application of skills related to death scene investigation and medical/forensic evaluation, including evidence collection and documentation, is completed according to local protocols/procedures.

\*Competency is determined by the professional assessing the required clinical skills.

## **CLINICAL PRECEPTORSHIP CONTENT**

- Death Scene Investigation
- Physical examination of deceased
- Collection of physical evidence
- Documentation
- Autopsy observation
- Research

## OPTIONAL PRECEPTORSHIP EXPERIENCES

- Observation of trial proceedings
- Observation with community partners
  - Forensic pathologists/scientists
  - Law enforcement personnel/Crime scene investigators
  - Organ/tissue transplant agency
  - Other relevant professional agencies
  - Review teams

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# NOTES



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