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### 6.5.2 Degenerative Aging Methods:

- **Pubic Symphysis:** Observing the degenerative changes to the pubic symphysis is a common method used in estimating age at death for adults. The analyst will document the condition of the symphyseal surface and any effect it may have on the age estimate.
- **4<sup>th</sup> Ribs Sternal Ends:** Adult aging using the sternal rib end was designed for use with the 4<sup>th</sup> rib sternal end, however when both 4<sup>th</sup> ribs are unavailable or cannot be assessed the 3<sup>rd</sup> and 5<sup>th</sup>-9<sup>th</sup> ribs can be evaluated instead. In cases where an alternate rib is utilized the analyst will document the rib number in the case notes.

6.5.3 **Additional Methods for Age Assessment:** Sections 6.5.1 and 6.5.2 summarize the most frequently used techniques for sub-adult and adult aging; however, the analyst may choose to include other techniques or methods in their age assessment that are viewed by the OCME FAU as reputable and accepted by the scientific community (i.e., published in an accepted journal/book).

6.5.4 **Constructing the Age Interval:** Age estimation requires an assessment of developmental and degenerative changes from various age indicators. Certain methods are more reliable for particular periods of life, while others provide a more general indicator of age. The analyst constructs the age interval based on a composite of the available age indicators. The analyst will note which age indicators were used for their assessment. The final age estimate is a matter of expert judgment by synthesizing all available information, including the appropriateness of the reference data, familiarity with the methods, condition of the remains, etc.

6.6 **Ancestry Estimation:** Both cranial and post-cranial non-metric and metric traits are evaluated for ancestry estimation. Results of ancestry estimation may include groups such as, European (White), African (Black), Hispanic, Asian, Native American, or the results may be Indeterminate. Outlined below are some of the most frequently used methods for estimating ancestry; however, the analyst determines the appropriate method and technique based on the material provided and the condition of the remains.

6.6.1 **Non-Metric Assessment of Ancestry:** Non-metric characteristics of the cranium, mandible, and dentition are used when assessing ancestry.

6.6.2 **Metric Assessment of Ancestry:** Statistical software programs, such as Fordisc, are used for metric assessment of ancestry. Bone measurements are taken using an

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approved reference (e.g., UT Data Collection Procedures, Howell’s definitions). The measurements used for the statistical analysis are up to the discretion of the user. All steps in the statistical software analysis are retained in the associated log files which are kept with the case file (either hardcopy or electronic copy). Any measurement involving trauma, damage, pathologic condition, or anatomical variant is included or excluded at the discretion of the analyst and a comment is made in the analytical notes.

6.7 **Sex Estimation:** Sex estimation is performed by standard non-metric and/or metric assessment procedures that examine sexually dimorphic characteristics of the skeleton. Provided below are standard analyses for sex estimation, however the analyst determines the appropriate method and technique based on the material provided and the condition of the remains.

6.7.1 **Non-metric methods:** Morphological features of the pelvis and skull are typically used to estimate sex. In addition, the skeletal elements present may be evaluated for overall robustness.

6.7.1 **Metric Analysis:** Estimation of sex can be determined using measurements of the cranial, mandibular, and postcranial elements.

6.8 **Stature Estimation:** Stature can be estimated using mathematical methods (e.g., Fordisc) or anatomical methods (e.g., Fully method). Take measurements as described for the method and select the appropriate demographic categories. At minimum, report the 90% prediction interval. Stature may be reported in centimeters, inches, feet and inches.

6.9 **Dental examination:** Examine and chart the dentition for inventory purposes. Dental analyses regarding age, sex, ancestry, or trauma will be provided in the relevant sections. Chart the dentition using the Universal Numbering System and document the following:

- Antemortem tooth loss/agenesis.
- Postmortem tooth loss.
- All restorations.

Note: All dental radiographs are taken by the OCME Radiology Department. In most cases, an OCME forensic odontologist will also examine and chart the dentition for identification purposes.

6.10 **Pathological Conditions:** Examine and document characteristics of pathological change. At a minimum the following should be documented (when applicable):

- Affected elements and approximate location.
- Presence of bone remodeling and extent of healing.

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- Presence of accompanying features.

6.11 **Anatomical Variants:** Examine the remains for anatomical variants such as abnormal development or notable variations of normal human skeletal anatomy. Describe the anomaly and location.

6.12 **Trauma Analysis:** Remains are examined for trauma in cases where a full skeletal analysis is performed or on specimens removed from autopsy at the request of the medical examiner. Trauma analysis involves examining the remains for antemortem, perimortem, and dismemberment trauma.

The following general information should be recorded when describing and interpreting trauma:

- A determination of the trauma as antemortem, perimortem, or dismemberment, if possible.
- The location of the trauma.
- If antemortem, a description of any healing, signs of medical intervention, and if possible a relative age of injury.
- Description of the type of trauma, if possible (e.g., blunt, sharp, high velocity projectile).
- Notes on whether a reconstruction of the specimen is required to perform the analysis.
- Notes on relevant postmortem damage.
- Notes on any relevant pathological conditions that may be associated with the trauma.

6.12.1 **Blunt Force Trauma:** The following is specific information that should be recorded for blunt force trauma analysis:

- Description of the fracture(s) including anatomical location.
- If possible, notes on the direction of force, specific impact sites, and fracture patterns.
- If possible, a determination of tool class characteristics, minimum number of impacts, and sequence of impacts.

6.12.2 **Sharp Force Trauma:** The following is specific information that should be recorded for sharp force trauma analysis:

- Descriptions and/or drawing of the location of the defect.
- Any relevant measurements.
- Descriptions of specific characteristics of the defect (e.g., incomplete cuts, kerf wall, kerf floor, striation patterns).

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- Notes on the progression of the weapon through osseous and cartilaginous structures, when applicable.
- When appropriate, casts of the tool mark (see section 6.12.4).
- If possible, determine tool class characteristics, minimum number of impacts, and sequence of impacts.

Note: In some circumstances, it may be necessary to expose the cut surface (kerf floor and/or walls) by cutting the cartilage or bone to open up the defect for examination. When this occurs the newly cut surface must be noted in the analytical notes so it can be identified as an examination modification.

6.12.3 **High Velocity Projectile Trauma:** The following is specific information that should be recorded for high velocity projectile trauma analysis:

- Descriptions and/or drawing of the overall shape and anatomical location of the defect (wound) with associated fractures.
- Measurements of the size of the defect(s).
- Descriptions of specific characteristics of the defect and notes on the trajectory, if possible.
- Statements of the minimum number of defects and sequence of defects, if possible.

6.12.4 **Tool Mark Casting:** FAU analysts may choose to create cast impressions to aid in examination of tool mark characteristics. A polyvinyl siloxane (e.g., Accutrans) or similar casting material is used to create tool mark casts. All casts should be placed in bags labeled with the unique identifier number and description of the cast. Tool mark casts created during analysis are considered evidence and the FAU shall follow the policies and procedures documented in Evidence Security and Management (see ANTH-001).

6.13 **Postmortem Interval and Taphonomic Changes:** Examine the remains and record any information from the scene that may aid in the assessment of the postmortem interval and taphonomic processes. Describe the condition of the remains, and if possible, the probable interval between death and discovery.

6.14 **Postmortem Damage:** Postmortem damage refers to any damage to the remains after death and can sometimes be misconstrued as perimortem trauma. The following is specific information that should be recorded for postmortem damage, when possible:

- Documentation of the location of the damage in the analytical notes or, if necessary, in a diagram.
- Description of the extent, pattern, and possible cause of the damage.



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- Notes on taphonomic changes to the remains (e.g., color changes, animal activity, water damage).
- Notes on damage resulting from standard autopsy protocol, which are included within the postmortem damage description when applicable.

#### 7. **Verifying New Methods**

Any newly validated, published methods shall go through a verification process prior to being used on casework. The FAU shall verify that all analysts are competent to use the new method by having the analysts independently perform the method on the same samples and compare their results. Verification is considered complete and the new method can be used on casework when all the analysts' results are in agreement. If there is a disagreement between results then, as a group, the FAU shall review all results, as well as the procedures for the method to ensure all analysts understand how to appropriately use the method. Continued testing of the method will occur until all analysts are in agreement.

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## Appendix A. Health and Safety

### Policy and Scope

FAU personnel, interns and visiting scientists are responsible for following the health and safety policies and procedures outlined by the OCME Health and Safety Department and the safety precautions provided in this appendix.

**OCME Health and Safety Department:** The OCME Health and Safety Department is responsible for the health and safety of all OCME employees. FAU personnel are responsible for following the health and safety policies and procedures that apply to their duties. OCME health and safety policies and procedures are located on the OCME intranet under Libraries/Health and Safety.

**FAU Safety Officer:** The FAU Quality Assurance (QA) Specialist is the designated Safety Officer for the unit (see the FAU organizational chart in QM-001: Personnel). The QA Specialist is the primary liaison between the OCME Health and Safety Department and the FAU. The QA Specialist is responsible for making sure the FAU follows the OCME health and safety policies and procedures as well as the policies and procedures explicitly stated in this appendix. The QA Specialist is also responsible for chemical hygiene and safety issues.

Note: The duties and tasks associated with maintaining health and safety compliance can be divided among FAU employees.

**FAU Personnel:** It is the responsibility of FAU personnel to comply with and enforce the health and safety standards created by the OCME Health and Safety Department and outlined in this Appendix.

### FAU Laboratory Safety Precautions:

**Personal Protective Equipment (PPE):** FAU personnel, interns and visiting scientists are responsible for wearing the appropriate level of PPE required when working in the Anthropology Laboratories. The appropriate PPE may vary depending on the task at hand. PPE may include, but is not limited to: lab coats, scrubs, disposable aprons, disposable gloves, shoe covers, eye protection, and respiratory protection. In addition to PPE, FAU personnel shall follow the OCME Laboratory Dress Code policy. Closed toed shoes should be worn when entering the morgue area, working with hazardous materials, or working with sharp instruments. The OCME Laboratory Dress Code policy is located on the OCME intranet under Libraries/Health and Safety.

**PPE in Autopsy Suites:** At minimum, FAU personnel shall wear appropriate lab attire and an N95 or equivalent face mask upon entering the autopsy suites when autopsies are being performed. The minimum PPE required when working in the autopsy suites may

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include but is not limited to, a lab coat, disposable apron, disposable gloves, shoe covers, and an N95 or equivalent face mask. All PPE, except lab coats should promptly be removed when exiting the autopsy suite or morgue area.

**PPE for Working in Anthropology Laboratories:** When working in the Anthropology Laboratories, FAU personnel shall wear PPE appropriate to the task. The type of PPE will vary depending on the task(s) being performed (e.g., maceration may require additional PPE that is not necessary when conducting skeletal analyses).

Note: In maceration pots cool before handling or use the oven mitts when handling heated pots.

**Sharps Safety:** FAU personnel using sharp instruments (e.g., scalpels and bone saws) with possible exposure to body fluids are required to wear cut gloves underneath their disposable gloves.

**Formaldehyde/Formalin Exposure:** When working with formalin fixed specimens FAU personnel shall follow the policies described in the NYC OCME Chemical Safety Plan. The most up-to-date version of the Chemical Safety Plan is located on the OCME intranet under Libraries/Health and Safety.

When working with formalin fixed specimens the following procedure should be adhered to whenever possible:

- Prior to examination the specimen(s) should be soaked under running water.
- At minimum wear a lab coat or disposable apron and disposable nitrile gloves.
- Work under a chemical fume hood or wear a half-face respirator with an organic vapor cartridge when handling formalin fixed specimens.
- To avoid inhalation of formaldehyde fumes all containers filled with formalin should be closed at all times, except when removing or returning specimen(s) to the container.

**Chemical Hygiene:** Chemical hygiene refers to working with and handling chemicals in a hygienic or clean manner. FAU personnel are responsible for handling and using chemicals properly from initial receipt to final disposal.

All hazardous chemical containers shall be initialed and dated when received and first removed from their shipping containers. A proper notation in the “Chemical Inventory Form” shall be completed for each chemical received. The QA Specialist shall review this form as part of his/her annual audit or when deemed necessary. Additionally, the QA Specialist shall make sure that Safety Data Sheets (SDS) for hazardous chemicals are accessible to all FAU personnel.

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**Handling Hazardous Chemicals:** FAU personnel shall:

- Wear proper PPE to avoid skin/eye contact with hazardous chemicals.
- Wash their hands after handling chemicals.
- Be familiar with the SDSs of any hazardous chemicals used. These sheets are available online and in the FAU Chemical Records Binder.
- Put hazardous chemicals back into the chemical storage cabinet after use (see Chemical Storage).
- Dispose of hazardous chemicals properly (see Chemical Disposal).

**Chemical Storage:** Hazardous chemicals shall be stored in the FAU chemical storage cabinet. The FAU chemical storage cabinet is located in the Anthropology Laboratory located on the 4<sup>th</sup> floor (room 424).

**Chemical Disposal:** Expired or deteriorated chemicals or chemicals no longer utilized shall be disposed of properly. The OCME Health and Safety Department should be consulted prior to chemical waste disposal and the OCME Chemical Waste Removal Tracking Sheet shall be filled out and forwarded to Health and Safety prior to disposal.

**Chemical Records:** Records related to FAU chemicals such as the Chemical Inventory Form, OCME Chemical Waste Removal Tracking Sheet, and Safety Data Sheets shall be maintained by the QA Specialist. A chemical inventory shall be completed by the QA Specialist during the annual audit.

**Incident Reporting:** Any accident with injury shall be resolved first and then reported to the Forensic Anthropology Director (Director) and the OCME Health and Safety Department. When reporting an incident, the Director and injured personnel shall follow the steps outlined on the OCME Injury or Illness at Work flow chart. The most current version of the Injury and Illness at Work flow chart is located on the OCME intranet under Libraries Health and Safety.

**Housekeeping:** Each FAU employee is responsible for the cleanliness of his/her workspace and jointly responsible for the Anthropology lab/office spaces.

The following procedures apply to the housekeeping standards of the laboratory.

- The Anthropology labs shall be kept clean and orderly. Any spills or messes shall be cleaned immediately.
- All lab equipment shall be kept in their assigned storage areas, except when in use.
- All chemical and biological waste shall be disposed of properly.
- Pathways, doorways, fire-extinguishing equipment and any other emergency equipment shall remain unobstructed.

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**Revision History**

REV.	DATE	SUMMARY OF CHANGES
0	26 January 2018	New document
1	18 October 2018	Document Control No. changed from ANTH-003 to ANTH-002. 6.0- Added the following statement: "There is no authoritative body in Forensic Anthropology, however only validated and published methods shall be used during anthropological laboratory analyses. The FAO does not develop in-house quantitative test procedures nor use non-standard methods for examination of casework."  Created Section 7. Verifying New Methods: "Only newly validated, published methods shall go through a verification process prior to being used on casework. FAU analysts shall perform verification of a new method by practicing/testing the method on sample(s) and comparing the outcome to the results from one of our already approved analytical methods."