

ARTICLE 18. VITAL RECORDS

Rule 1. Provisional Certificate of Death

410 IAC 18-1-1 Scope of rule

Authority: IC 16-19-3-4; IC 16-19-3-5; IC 16-37-1-3

Affected: IC 16-37

Sec. 1. It is the express intent of this regulation [410 IAC 18-1] to provide an orderly and systematic procedure for the official registration of deceased persons dying in this state when a certification of the cause of death cannot be obtained in time to prevent delay of funeral arrangements and disposition of the remains. It is intended that use of provisional certificate of death shall be limited to those circumstances where the cause of death cannot be obtained prior to scheduled disposition of the remains without undue hardship upon the family of the deceased or the funeral director in charge of interment. (*Indiana State Department of Health; Reg HVR-1, Sec 1; filed Jul 28, 1959, 9:40 am: Rules and Regs. 1960, p. 74; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 18-1-2 Provisional death certificate information

Authority: IC 16-19-3-4; IC 16-19-3-5; IC 16-37-1-3

Affected: IC 16-37

Sec. 2. A provisional certificate of death shall be prescribed and furnished by the Indiana State Board of Health. Such provisional certificate of death shall require, but not be limited to, the following information: name of deceased, the usual residence of the deceased, the place of death or place where body was found, the time and date of death, the age, sex and race or color of the deceased and the name of the physician last in attendance to the deceased. The provisional certificate of death shall be considered a privilege, not a right, and its uses and limitations shall be administered by the state and local boards of health. (*Indiana State Department of Health; Reg HVR-1, Sec 2; filed Jul 28, 1959, 9:40 am: Rules and Regs. 1960, p. 74; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 18-1-3 Permit for transportation or disposition of body; exceptions to use of provisional certificate

Authority: IC 16-19-3-4; IC 16-19-3-5; IC 16-37-1-3

Affected: IC 16-37

Sec. 3. The delivery of a provisional certificate of death and its acceptance by a local health officer authorized to use the same, shall entitle the person in charge of interment to a permit for transportation and/or disposition of the body except that a provisional certificate of death shall not be used if disposition of the body is by cremation. If the circumstances suggest that the death is due to other than natural causes, permission of the coroner must be obtained prior to removal of the body or preparation of the body for burial. Upon use of a provisional certificate of death, the person in charge of interment shall present to the local health officer of the jurisdiction in which the death occurred or the body was found, a properly executed certificate of death within seven (7) days of the date of death or discovery of the body. (*Indiana State Department of Health; Reg HVR-1, Sec 3; filed Jul 28, 1959, 9:40 am: Rules and Regs. 1960, p. 74; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 18-1-4 Authorization of local boards for use of provisional certificate

Authority: IC 16-19-3-4; IC 16-19-3-5; IC 16-37-1-3

Affected: IC 16-37

Sec. 4. Local boards of health shall make application for use of a provisional certificate of death and shall have unrevoked written authorization from the State Board of Health prior to the use of any provisional certificate of death. (*Indiana State Department of Health; Reg HVR-1, Sec 4; filed Jul 28, 1959, 9:40 am: Rules and Regs. 1960, p. 74; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 18-1-5 Revocation of authorization

Authority: IC 16-19-3-4; IC 16-19-3-5; IC 16-37-1-3

Affected: IC 16-37

Sec. 5. Failure to comply with the provisions of this regulation and/or the laws governing the administration of Vital Statistics, shall be cause to revoke the authority for use of a provisional certificate of death in the local health jurisdiction. Upon discovery of willful or negligent violation or failure to comply with such provisions, the State Board of Health shall notify the local health officer by registered mail that authority to use the provisional certificate of death is revoked and such revocation shall be effective upon receipt. A local health officer shall not be eligible for re-application within one (1) year from the date of revocation of authority to use the provisional certificate of death. (*Indiana State Department of Health; Reg HVR-1, Sec 5; filed Jul 28, 1959, 9:40 am; Rules and Regs. 1960, p. 74; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 18-1-6 Suspension of provisional certificate privilege; liability

Authority: IC 16-19-3-4; IC 16-19-3-5; IC 16-37-1-3

Affected: IC 16-37

Sec. 6. The local health officer may suspend the privilege of the provisional certificate of death to any funeral home, firm or establishment for failure to present a properly executed certificate of death or for other good and sufficient cause. A suspension of the privilege to use the provisional certificate of death shall not be less than ninety (90) days nor more than twenty-four (24) months. The suspension shall be subject to review and amendment or repeal by the State Board of Health. The funeral home, firm or establishment shall be responsible for the acts of funeral directors or embalmers in its employ and any suspension of privilege shall be binding upon it equally with the person in charge of interment. (*Indiana State Department of Health; Reg HVR-1, Sec 6; filed Jul 28, 1959, 9:40 am; Rules and Regs. 1960, p. 75; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 18-1-7 Suspension list

Authority: IC 16-19-3-4; IC 16-19-3-5; IC 16-37-1-3

Affected: IC 16-37

Sec. 7. The State Board of Health shall issue on no less than a quarterly basis the name and address of all funeral homes for which the privilege is suspended and the duration of such suspension. All local health officers shall deny the use of the provisional certificate of death to any funeral home named on the suspension list. (*Indiana State Department of Health; Reg HVR-1, Sec 7; filed Jul 28, 1959, 9:40 am; Rules and Regs. 1960, p. 75; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 18-1-8 Advisory committee; members

Authority: IC 16-19-3-4; IC 16-19-3-5; IC 16-37-1-3

Affected: IC 16-37

Sec. 8. There is hereby created, an Advisory Committee composed of five (5) persons who shall be appointed by the State Health Commissioner and such members shall serve without pay for a three (3) year term or until their successors are appointed. The committee shall include a local health officer, a physician, a representative of the Indiana Funeral Directors Association, a representative of the State Board of Embalmers and Funeral Directors and a representative of the State Board of Health, who shall act as chairman. The committee shall be advisory to the State Board of Health in matters pertaining to administration of the death registration system and this regulation [410 IAC 18-1]. (*Indiana State Department of Health; Reg HVR-1, Sec 8; filed Jul 28, 1959, 9:40 am; Rules and Regs. 1960, p. 75; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

Rule 2. Training and Registration of Eye Enucleators

410 IAC 18-2-1 Definitions

Authority: IC 16-19-3-4; IC 16-19-3-5; IC 16-37-1-3

Affected: IC 16-37; IC 29-2-16

Sec. 1. As used in 410 IAC 18-2:

“Approval or approved” means, as applied to a training program in enucleation of eyes, recognition by the board that the

program meets or exceeds the minimum standards established by 410 IAC 18-2.

“Board” means the state board of health.

“Eye enucleator” means a person who has successfully completed a training program in the enucleation of eyes, that was approved at the time of training by the board.

“Registered eye enucleator” means a person who:

(1) has successfully completed a training program in the enucleation of eyes that was approved at the time of training by the board, and

(2) is registered currently with the board as an eye enucleator.

“Registration” means the recognition by the board that a person is considered competent to remove eyes or eye tissue under sterile technique and to insure that the removed eye(s) and/or eye tissue are handled properly and protected until they are received by an eye bank. (*Indiana State Department of Health; 410 IAC 18-2-1; filed Aug 19, 1985, 2:54 pm: 9 IR 26; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 18-2-2 Sponsorship of training program; board approval

Authority: IC 16-19-3-4; IC 16-19-3-5; IC 16-37-1-3

Affected: IC 16-37; IC 29-2-16

Sec. 2. (a) Sponsorship of a training program in eye enucleation must be by a medical facility approved for educational courses that has the professional capability and assumes primary responsibility for the planning and conduct of competency based on didactic and clinical training in eye enucleation.

(b) Prior to accepting students in a training program in eye enucleation, the medical facility will submit the program to the board for review and approval.

(c) Individuals will not be enrolled in a training program in eye enucleation unless the training program has been approved by the board. (*Indiana State Department of Health; 410 IAC 18-2-2; filed Aug 19, 1985, 2:54 pm: 9 IR 26; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 18-2-3 Instructional time; curriculum; constructive credit

Authority: IC 16-19-3-4; IC 16-19-3-5; IC 16-37-1-3

Affected: IC 16-37; IC 29-2-16

Sec. 3. (a) A training program in eye enucleation must provide sufficient content, instructional time and practical experience to assure competent performance after completion of the program.

(b) The curriculum shall include, as a minimum:

(1) Anatomy of the eye and the surrounding soft tissue and bony structures.

(2) Physiology of the eye.

(3) Appropriate instruments used and accepted procedures for the removal of the eye or part of the eye.

(4) Sterile technique and sterile procedures required for the safe removal of the eye or part of the eye.

(5) Accepted techniques for the handling, storage, and shipment of removed eyes or parts of eyes to an eye bank to insure sterility and prevent damage to the eye tissue.

(c) An individual who is enrolling in a program may be given constructive credit for specific aspects of the training if there is valid evidence of acceptable training or experience in the specific aspect of training. (*Indiana State Department of Health; 410 IAC 18-2-3; filed Aug 19, 1985, 2:54 pm: 9 IR 26; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 18-2-4 Faculty

Authority: IC 16-19-3-4; IC 16-19-3-5; IC 16-37-1-3

Affected: IC 16-37; IC 29-2-16

Sec. 4. The training program in eye enucleation will be taught by one or more surgeons or physicians who are knowledgeable about the anatomy and physiology of the eye and surgery pertaining to the eye. (*Indiana State Department of Health; 410 IAC 18-2-4; filed Aug 19, 1985, 2:54 pm: 9 IR 27; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 18-2-5 Successful completion of training program

Authority: IC 16-19-3-4; IC 16-19-3-5; IC 16-37-1-3

Affected: IC 16-37; IC 29-2-16

Sec. 5. An individual who is enrolled in an approved training program in eye enucleation will be considered to have successfully completed the program only when that individual:

- (1) has completed the approved program curriculum (to include constructive credit) as required, and
- (2) has demonstrated to the complete satisfaction of the program faculty, without supervision, the ability to:
 - (A) remove the eye or parts of the eye using accepted procedures under sterile technique with proper respect for the donor's body, and
 - (B) direct and supervise the transfer of the removed eye or part of the eye so as to be received undamaged and sterile by an eye bank.

(Indiana State Department of Health; 410 IAC 18-2-5; filed Aug 19, 1985, 2:54 pm: 9 IR 27; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 18-2-6 Registration application and issuance

Authority: IC 16-19-3-4; IC 16-19-3-5; IC 16-37-1-3

Affected: IC 16-37; IC 29-2-16

Sec. 6. (a) An applicant for registration as an eye enucleator must:

- (1) complete and submit an application on a form approved by the board, and
- (2) submit evidence of successful completion of a training program in the enucleation of eyes.

(b) An applicant who complies with the requirements of (a), above, shall be issued a certificate of registration as an eye enucleator. *(Indiana State Department of Health; 410 IAC 18-2-6; filed Aug 19, 1985, 2:54 pm: 9 IR 27; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 18-2-7 Revocation of registration

Authority: IC 16-19-3-4; IC 16-19-3-5; IC 16-37-1-3

Affected: IC 4-21.5; IC 16-37; IC 29-2-16

Sec. 7. (a) The board may initiate proceedings to revoke the registration of an eye enucleator for any of the following causes:

- (1) Fraud or misrepresentation when applying for and receiving registration.
- (2) Failure to perform the eye enucleation procedure in compliance with established and accepted standards of performance.
- (3) Failure on repeated occasions to perform eye enucleations on request.

(b) Such proceedings will be conducted in accordance with the provisions of IC 4-22-1 *[Repealed by P.L. 18-1986, SECTION 2. See IC 4-21.5.]*. *(Indiana State Department of Health; 410 IAC 18-2-7; filed Aug 19, 1985, 2:54 pm: 9 IR 27; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 18-2-8 Eye enucleation advisory committee

Authority: IC 16-19-3-4; IC 16-19-3-5; IC 16-37-1-3

Affected: IC 16-37; IC 29-2-16

Sec. 8. (a) The board shall establish an eye enucleation advisory committee to provide technical advice and recommendations to the board with reference to approval of eye enucleation training programs and the registration of eye enucleators.

(b) This committee shall be composed of one representative from each of the following organizations:

(1) Indiana Academy of Ophthalmology (2) Indiana Funeral Director Association (3) Indiana Hospital Association (4) Indiana Optometric Association (5) Indiana State Nurses Association (6) Indiana University School of Medicine and one representative each from three recognized eye banks.

(c) The committee shall meet at the request of the state health commissioner.

(d) At the first meeting and each year thereafter, the committee shall elect from its membership a chairman.

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(e) After the initial appointment of the committee, each member shall serve a term of three years or until a successor is designated.

(f) To provide continuity, the first term for organizations listed in (b)(1) and (2) shall be for one year; those numbered (b)(3) and (4) shall be for two years; those listed in (b)(5) through (6) and the representatives of the eye banks shall be for three years. *(Indiana State Department of Health; 410 IAC 18-2-8; filed Aug 19, 1985, 2:54 pm: 9 IR 27; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

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