

INDIANA STATE CORONERS TRAINING BOARD

NEWSLETTER

March 2008

Letter from ISCA President

Leslie Cook, R.N., CMDI

It is hard to believe that we are well into March and spring is just around the corner-not the coroner. I know, that was really not funny but one that I am sure some of us have had to correct at one time or another. It seems like we have had to make many corrections to the office of the Coroner these days the first being who we are and what we do. Not necessarily a correction to the work that we do, but a correction to the perception of the work that we do and how we do it. Last year we were placed under the microscope and challenged with our very existence. So many of you responded to that challenge and our voices were heard. This year has been no exception. Once again, many of you took an active role in our legislative issues either with a letter, note, phone call or personal contact to your legislators giving them the opportunity to know who you are, what you do and most importantly what you stand for. Our strength as an association remains in our numbers. Thank you for the time that you give and for the job that you do.

If you haven't already, mark your calendars for June 21-24, 2008 as this years Coroner's Conference will certainly be one to remember. Allen County Coroner Dr.E. Jon Brandenberger and staff will be our hosts. Events planned so far include a golf outing, casino night and a tour of the local Firefighters Museum. Selected topics for continuing education include: Lead based products, DNA, train related deaths, and prescriptive drug deaths. Additionally, homeland security will be setting up for a hands -on lab along with special labs on photography and bug collection!

Our featured keynote speaker will Mr. Ken Lanning retired FBI who spent 30 years investigating crimes against children and now lectures worldwide. Also, remember to bring your presentation for case studies. This is an honored tradition to remember Dr. Phil O'Shaughnessey, former Allen County Coroner and longtime member of the Indiana Coroner's Association and Board of Directors. Dr. O'Shaughnessey was a Forensic Odontologist who had a deep passion for his family, life and work. He was a mentor to many in this profession and always ready to share an experience or learn something new.

Finally, the office of the Coroner has been an elected position rich in Indiana history and to the families that we serve. Recently, I have heard that maybe it is time to "retire" the Indiana Coroner. Perhaps, but, maybe it is time to recognize the Coroner for the professionals that they truly are and remind some folks that while the system is not perfect, this long standing system does continue to strive to the highest standards of death investigation. Maybe, it is time to recognize Coroner's and their Deputies for their many years of experience along with their education, training and board certification in death investigation. Maybe it is also time to recognize the commitment these professionals make to their communities and the pennies for which it is done. Congratulations!

2008 Annual Coroners Conference

The 2008 annual Coroners conference will be held at the Grand Wayne Convention Center/Hilton, Ft. Wayne from June 21-24, 2008. Dr. Jon Brandenberger, Allen County Coroner and his staff will be hosting the event.

It is not too early to begin thinking about presenting a case during the annual conference. Most coroners and deputies have at least one case a year that is unique and interesting. We can share and learn together in a related atmosphere. If you would like to present a case, contact Lisa Barker @ coroners@tds.net or 877-692-7284.

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Coroner ME update

By: John Cox, Benton County Coroner

ISCA Vice President

The Indiana Traffic Records Coordinating Committee (TRCC) and the Indiana Criminal Justice Institute recently hosted a panel of individuals from the National Highway Traffic Safety Administration (NHTSA) to examine and evaluate TRCC's programming which includes reporting by FARS in the CoronerME program. Andy Rumph, Jackson County Coroner and developer of the CoronerME program, sat with the team from NHTSA and went over our successes and shortcomings. This meeting was especially important to the Coroners Association and its membership because this is where our grant money came from to purchase the hardware and/or software that each of use to upload information to the CoronerME program.

For the most part the assessment concluded with a great deal of success to report. Andy has reported back on what the team asked and had to say on how they felt the Coroners and Deputy Coroners were doing reference reporting traffic fatalities to the State via FARS. Following are excerpts from Andy's interview.

"The meeting went fairly well. It was only about an hour long. There was a panel there that asked myself and two other people from vital registry questions. The questions directed toward me dealt with:

Training: what have we done; what do we plan to do?

Death Reporting: Wanted to know what our role as coroners was.

Our access to data: can we get the needed information from other agencies?

Do we get crash reports?

Do we submit traffic accidents?

The chair was reading through our grant proposal and had a few questions about our implementation process and the low percentage of participation. He couldn't understand why we only had 38% participation. One panel member even asked if we could take back the equipment from non-users. I told them that there were going to be efforts from the Coroner's Association to increase participation even if it meant calling each Coroner and spending one on one time with them. I feel that taking back equipment should be a last resort...though a potential possibility."

As you can see, Coroners and their role in timely reporting of deaths due to vehicle crashes via FARS is very important to the State of Indiana. As an Association we will take a hard look at the questions asked by the panel and address their concerns. The biggest question that looms is "why are we as Coroners only reporting 38% of the traffic fatality deaths via FARS?"

At our annual training in Fort Wayne, we will attempt to address this issue. Once again, the CoronerME help desk will be available to assist anyone who is having trouble accessing or working with the program. If there are Coroners or Deputy Coroners that need one-on-one training, the help desk will be an excellent opportunity. At anytime you have problems accessing or using the program, please email Lisa Barker and she will forward the question to the appropriate member of your IT committee. As a last resort the Association may have to look at bringing unused equipment back and redeploying it to areas that are using the hardware to access and use the CoronerME program. While this is a "last resort", it is a real possibility if the equipment and programming is not being used.

The Indiana Criminal Justice Institute, Indiana Traffic Records Coordinating Committee and your Coroners Association Board know how important and vital accurate and timely death and crash fatality information is to the State of Indiana. As Coroners and Deputy Coroners for our counties, it is our duty to make sure we follow through on our end. Without compliance, we cannot meet the expectations of our current grant nor will ICJI look favorably at any future grant that your Association Board might submit on your behalf.

Lets pull together as a team. I am quite confident that if the police departments across the State can be reporting electronically at 97%, so can we!!

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Fatal Pulmonary Embolus Following Surgery

Case reports, discussion, classification of causes and manners of death

Paul F. Mellen, M.D.

East Central Indiana Pathologists, Muncie Indiana

Case Reports:

A 33 year old woman was found collapsed at home, with prescription narcotics nearby.

She had a past history of twisting knee injury at work four months previously and about two weeks prior had undergone arthroscopic surgery for repair of a torn meniscus. Her operation and post-op course were unremarkable and she was discharged home with prescription narcotics.

Drug overdose was suspected.

An autopsy examination showed an obese woman with a healing surgical incision on the lateral knee. There were no other significant external findings.

Internal examination showed advanced coronary artery disease and a recent pulmonary embolus occluding the main pulmonary artery. The remainder of organs were unremarkable.

Toxicology testing showed therapeutic level of the prescribed narcotics.

An adult man who had worked as a male/transvestite prostitute was found collapsed at home with prescription narcotics nearby.

No other history was available at the time and the scene investigation was otherwise unremarkable.

Drug overdose was suspected.

Autopsy examination showed an adult man with healing contusions and surgical incision site on the left hip area.

Internal examination showed a massive pulmonary embolus, and there was extensive organizing hemorrhage in the pelvis.

There were no other significant findings.

Toxicology testing was totally negative.

Subsequent investigation showed he had been hospitalized for hip/pelvic injuries after being struck by a car. Police investigation revealed he was deliberately run down following an argument with a potential 'client'.

Discussion:

Pulmonary embolus (PE) is a condition in which blood clots originating usually in the veins of legs or pelvis travel to the heart and are carried to the lung circulation where they may cause occlusion and respiratory compromise. These may present as sudden death, chest pain, or be asymptomatic. Pulmonary emboli are usually found in adults with risk factors including extreme age, chronic illness, obesity, prolonged immobility (bedrest or even airline travel), hypercoagulation states of blood clotting, pregnancy/oral contraceptives, or injuries particularly of the pelvis or lower extremities.

In the first case the risk factors identified included immobility and knee surgery. Thus the cause of death was certified as pulmonary embolus and ASCAD following knee surgery and the manner of death as 'accident', as it was an accident which led to the knee surgery and established her risk factors. Note that there may be a significant time interval between the initiating event and the PE, and presence of other risk factors, other injuries during the interval etc have to be considered.

In the second case the cause of death was certified as pulmonary embolus following a blunt force injury (pedestrian vs. automobile), the manner of death Homicide, as the risk factors (post op immobility, pelvic injuries) were related to an assault. Criminal charges against the car driver were adjusted accordingly.

Cases in which the original event was deliberately self inflicted injury [even long ago] would be classified as Suicide, and those solely related to natural disease [eg. Coagulation disorder, obesity, immobility due to arthritis etc] would be classified as Natural causes.

In these cases, proper COD/MOD classifications required correlation of background investigation, police reports, medical and surgical records, complete autopsy [possibly including leg dissection and microscopic studies to estimate age of the thromboembolus], and toxicology testing to resolve the issues at hand.

References:

'Pulmonary embolus' in Robbin's Pathologic bases of disease

Pulmonary emboli following arthroscopic surgery, "Arthroscopy", 1996, Volume II, pages 240-241

Jethro Tull Flautist Ian Anderson describes his personal experience with deep venous thrombosis and possible pulmonary embolism-
www.HTTP://j-tull.com/dvt.htm

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CTB Information

For information regarding the Coroners Training Board:

Lisa K. Barker
Executive Director
329 West 1200 South
Romney, IN 47981
877-692-7284 (office)
765-538-2880 (fax)
765-479-1934 (cell)
coroners@tds.net

Anthony W. Ciriello
Director of Training
12265 North Creek Bend Lane
Milford, IN 46542
574-658-9769 (office/fax)
574-930-0743 (cell)
coronertraining@earthlink.net

website: <http://www.state.in.us/ctb>

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Update your roster

The Coroners Training Board is asking for your help In keeping your data current. It is necessary that Coroners and deputy coroners' data is in the CTB database. This information is used for tracking CEU's, mailers and current training updates.

Please send updated information to Lisa Barker @ coroners@tds.net

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Continuing Education

By: Tony Ciriello, CTB Director of Training

Greetings: I hope this article finds that all is well with you and that you are surviving this winter weather. The conference is fast approaching and things are looking very good for another top notch training experience. As I am sure you all know, the legislators passed into law training requirements and continuing education requirements for all coroners and deputies. I am going to focus on the continuing education portion of that section of the statute. You are now required to have continuing education in the amount of 8 hours per year or 16 hours over a 2 year period and must report those hours to the Coroner's Training Board each year on the appropriate form. While the types of training we can take to meet our obligation for the continuing education can vary, there are some requirements for the hours you can get and turn it for CEU credit. The following is a list of courses that automatically qualify for CEU's. If the type of training you wish to take is not included in this list you must submit a request to the Training Director for approval. That request should include the type of training, the length of the course, the location of the course and the instructor(s). Each course will be evaluated on its merit and you will be notified if it will count towards your continuing education.

- Automatic Qualified Courses:
- Indiana State Coroner's Association Annual Conference
- Indiana State Coroner's Training Board Certification Training (Not for new students)
- Any training course sponsored by the Indiana State Coroner's Association or the Indiana State Coroner's Training Board
- Any SIDS or SUIDI Training
- Indiana State Funeral Director's Conference
- Academy of Forensic Sciences Annual Meeting and Training
- National Association of Medical Examiners (N.A.M.E.) Annual Meeting and Training
- Saint Louis School of Medicine Basic Medicolegal Death Investigator Course or the Masters Course
- Any courses taught by you at an accredited Law Enforcement Training Facility in Death Investigation or Coroner Responsibility

The courses listed above are not inclusive to continuing education; these are a basic guideline of courses that you do not need pre-approval from the ISCTB to use towards your CEU requirements. If you have any questions regarding courses that you may want to take or teach please do not hesitate to call on Lisa or myself.

Reminder - CEU Reporting Forms were due March 15, 2008.

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Legislative Report

By Rick Cockrum, ISCA Lobbyist

As of the last week in February, any bill that has not passed both houses of the general assembly is now dead. Consequently, many of the bills ISCA opposed are no longer a threat. Gone are resolutions to eliminate or substantially change the office as are many of the county government restructuring bills.

As reported below, there are three bills remaining that impact your office directly, none are significant changes in your duties or responsibilities. Perhaps the most significant impact to your office might come in the form of HB 1001, which is the property tax reform bill. Both houses have passed legislation that will dramatically cap county governments' ability to raise revenue which will likely have ramifications for all county officeholders.

We are entering a phase of the legislature known as "conference committee time." If a bill goes through the second house with no changes it goes straight to the governor. If, however, a bill is amended in the second house, it is sent back to the house of origin where they will decide whether or not to agree with the changes. If they agree, the bill goes to the governor. If they disagree, a conference committee is formed. This committee will have two people from the Senate and two from the House. This usually means one Democrat and one Republican from each. It is the conference committee's job to reconcile differences in the versions and arrive at a compromise.

While this sounds nice and neat, it is anything but. This is time of the session to especially be on guard as many "dead" bills are surprisingly revived and sometimes put into a conference committee report. We will be watching diligently to assure that none of the bills we oppose are resurrected.

SB 149 Digest: Requires a coroner in office on July 1, 2008, to complete a required training course before January 1, 2009. Requires a deputy coroner in office on July 1, 2008, to complete a required training course before July 1, 2009.

Note: ISCA believes that last year's bill covered this, however, some legislators wanted to be certain. We used the opportunity to update House and Senate Committees of the tremendous progress by the Coroners' Training Board.

HB 1052 Digest: Requires an examination for a learner's permit to test the applicant's knowledge of the duty to stop and provide assistance. Provides that the law requiring a driver involved in an accident to stop at the accident scene, notify the appropriate law enforcement agency, and render reasonable assistance applies if the accident results in the entrapment of a person in a vehicle. (Under current law, the law applies only if the accident results in the injury or death of a person.) Provides that if the driver is physically incapable of notifying the appropriate law enforcement agency or rendering reasonable assistance, the duty to notify or to render reasonable assistance is imposed on a passenger in the driver's vehicle who is capable of discharging the duty if the passenger is: (1) at least 15 years of age and holds a learner's permit or driver's license; or (2) at least 18 years of age. Provides that a passenger commits a Class C misdemeanor if the passenger fails to notify or to render reasonable assistance when the duty is imposed upon the passenger. Provides that a person who knowingly, intentionally, or recklessly violates the law requiring a driver or a passenger to take certain actions at the scene of an accident commits a Class C misdemeanor. Specifies that felony resisting law enforcement and operating while intoxicated (OWI) causing serious bodily injury are crimes of violence. Makes: (1) OWI committed by a person with a previous conviction for OWI resulting in serious bodily injury a Class C felony; (2) OWI causing serious bodily injury a Class C felony; (3) OWI causing serious bodily injury committed by a person with a previous conviction for OWI a Class B felony; and (4) OWI causing death committed by a person with a blood alcohol level greater than .15% a Class A felony. Permits a court to require a license suspension imposed as the result of a conviction for operating while intoxicated to be imposed before or after, or both before and after, any period of incarceration. Makes leaving the scene of an accident after committing operating while intoxicated causing death: (1) or serious bodily injury a Class B felony; and (2) and failing to comply with certain driver's duties, a Class A felony.

HB 1144 Digest: A person who discovers or has custody of the body of a deceased person and who knowingly or intentionally fails to report the dead body to a public safety officer, coroner, physician, or 911 telephone call center within three hours of finding the body, when it appears the deceased person died by violence, suicide, accident, or under certain other suspicious or unusual circumstances, commits failure to report a dead body, a Class A misdemeanor. Provides that the reporting requirement does not supersede any law governing the reporting of a death by a hospital, health care facility, or provider.

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On-Line Retesting

On-Line retesting is available. Retesting has to be secure and proctored, so individuals who wish to use the web retesting option simply contact Lisa Barker @ 877-6927-7284 and give her your test site information (name/phone number of educational institution and date). Allow at least 2 weeks prior to your testing.

The site will be contacted by Dr. Steve Clark (ORA) and all necessary log-in and password information will be sent to the test site coordinator (proctor) and the candidate.

2008 & 2009 Certification Exam

June 21, 2008 – Hilton/Grand Wayne Convention Center

December 6, 2008 – Sheraton Hotel & Suites
(This date has changed from December 14, 2008)

February 1, 2009 – Sheraton Hotel & Suites

June 12, 2009 – Sheraton Hotel & Suites

October 11, 2009 – Sheraton Hotel & Suites

Please call Lisa Barker at 877-692-7284 to register for the exam. You MUST register by the first of the month you plan to test. Two weeks before the exam you will be sent an admission ticket that you will need to present, along with a picture ID in order to sit for the exam.

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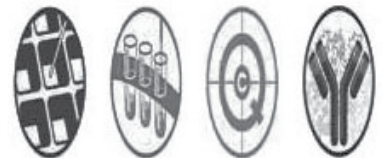
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Call Lisa Barker at 877-692-7284 to register for the training. You are responsible for calling the hotel directly by July 25th at 317-846-2700 to book your sleeping room. Please make sure you tell them you are attending the coroners training as we have a block of rooms held for our group at the state rate.

2009 – 40 Hour Medicolgeal Death Investigators Course

January 16, 2009-January 18, 2009 & January 30, 2009-February 1, 2009

Sheraton Hotel & Suites, Indianapolis

(MUST ATTEND BOTH WEEKENDS)

October 7-11, 2009 - Sheraton Hotel & Suites, Indianapolis

Class registration will start at 7:15 am on the first day of training. You will receive the materials needed for this course at that time.

Call Lisa Barker at 877-692-7284 to register for the training. You are responsible for calling the hotel directly by Dec. 29, 2007 for the January 09 training and September 18, 2009 for the October training at 317-846-2700 to book your sleeping room.