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Howard County Coroner

Coroner's Office

Death Investigation Protocol for Howard County Indiana

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Protocol for Coroner's Cases

To contact the coroner or not is a question that often arises. Hopefully this protocol will help clarify the issue. However, whenever there is a question, always contact the coroner's office. The coroner or his deputy will **never** be upset over a call, even if the case is not accepted. However, they will be upset if they are not contacted when they should have been.

A. Coroner's cases include:

1. Homicide
2. Suicide
3. Accidental death
4. Any death where there is a question of whether the victim died a natural death.
5. Any death, whatever the cause, where treatment of a traumatic injury was involved which may have hastened a person's death. This includes falls, fractures, burns, choking, etc.
6. Any death with a history of a fracture within a year and a day.
7. Deaths resulting from a medical or surgical misadventure including transfusions, dialysis, therapeutic or diagnostic procedures.
8. Any patient who sustains a documented injury in a hospital or nursing home and subsequently dies regardless of the admitting diagnosis.
9. Any person who dies while incarcerated or is a ward of the State.
10. Any child who dies unless an established chronic disease exists, and the child is under the care of a physician treating the disease.

11. The coroner's jurisdiction includes all of Howard County as well as patients who die in Howard County even though the causative event occurred in another county or state.
12. Any death that appears to be natural but there is no physician willing or able to sign the death certificate.
13. Any unexpected death which occurs in the workplace or while in the performance of employment.
14. Because so many terminally ill patients are now being sent home to spend their remaining days with their family, we are experiencing a dramatic increase in home deaths. If a person expires at home from a terminal illness, and the attending physician will sign the death certificate, the coroner's office need not be contacted. (See Home Deaths Protocol)
15. If at any time, a patient's death does not appear to fall into one of the above categories, but is still questionable in your mind, please feel free to contact the coroner on call.

B. Autopsy

1. A coroner's autopsy does not require a signed consent. However, if the coroner does not order an autopsy, but the family or treating physician requests one, the family must sign a consent. In these cases, the coroner's office does not pay for the autopsy.
2. The coroner or his deputy will personally notify the pathologists or laboratory on all coroner's autopsies.

C. Procedure for notification of the Howard County Coroner's Office:

Howard County communications:
(765) 457-1105

Protocol for Media Communications

There has always been a certain amount of tension between the public's right to know and the obligation the coroner's office has to conduct a thorough and proper investigation that leads to the arrest and conviction of the perpetrator. The Health Insurance Portability and Accountability Act (HIPAA), prohibits the release of certain types of information concerning investigations and must not be released to the media. Other information should only be released to the media after it has been confirmed and approved for release by members of the investigation team. Therefore, all members of the police agencies of Howard County, the coroner's office and the prosecutor's office will abide by the following rules.

1. Refer to the investigation as "death investigation" rather than shooting, stabbing or beating, etc.
2. Refer to the manner of death as "possible ..." until the manner is confirmed.
3. The cause and manner of death will be released only by the coroner's office and not until the autopsy and other types of examination have been completed.
4. The number of wounds should not be released unless approved by the coroner, the prosecutor or their representatives.
5. Any information about possible sexual acts perpetrated on the victim should not be released.
6. The identity of the victim may not be released to the media until the next-of-kin have been notified and they have been told the probable cause and manner of death as determined by the coroner's office.
7. The following may be released to the media:
 - a. Location of the incident
 - b. Probable type of investigation
 - c. The victim's name as soon as it has been confirmed the next-of-kin have been notified (see previous paragraph).

8. Police and investigative reports are never to be released without approval from the prosecutor's office and then only by the office in which they originated.

Protocol for Valuables of the Deceased

Indiana law decrees that the office of the county coroner is responsible for the collection and distribution of valuables belonging to the deceased at a death scene unless close family members are present and willing to accept custody of them.

1. Personal items may be retrieved at the direction of, and after the arrival of, the coroner (deputy) in cases where the coroner (deputy) has been summoned to the scene.
2. Under no circumstances should loose property, such as wallets, cell phones, pagers, or jewelry be placed inside the body bag.
3. Property found on the body of a deceased person must be documented upon retrieval. A wallet, purse or other repository of cash, credit cards, and personal information must be documented, indicating its contents, and taken into custody by the coroner's office.
4. A property report must be utilized.
5. Indiana driver's licenses should be recovered and be turned over to the Coroner's office staff.
6. When cash is found on a body it must be counted and documented by two people, for return to the proper family member(s).
7. Property may be turned over to family if there is a person on scene with authority to take possession of said property.

Protocol for Organ & Tissue Donation

The loss of a relative is one of the most traumatic events a family can face. The coroner's office must be very sensitive to this and yet perform a thorough investigation to determine the cause and manner of death. Many families of a relative on life-support wish to make a donation of the victim's organs. These organs are very valuable and are often the deciding factor in saving another person's life. In an effort to make these organs available and yet not compromise the death investigation, the following protocol will be followed:

1. When IOPO has determined that a family wishes to donate a victim's organs, the coroner's office must be notified to ascertain whether an active coroner's death investigation is taking place.
2. The events surrounding the death should be related to the coroner or his representative. If the circumstances of the death investigation warrant, the Howard County Prosecutor or his representative will be contacted by the coroner's office and be advised of the situation. Approval for the procedure must be obtained from the coroner's office, the prosecutor's office and the pathologist scheduled to conduct the autopsy prior to any organ procurement.
3. Permission of the pathologist doing the autopsy must always be sought prior to any organ removal. If the pathologist's consent is given, organ retrieval can only be done in their presence or at their direction. IOPO will coordinate the time of organ removal with the pathologist's schedule.
4. Crime scene units of the law enforcement agency involved in the death investigation shall document the retrieval process. They shall have access to the victim prior to the organ retrieval procedure to document pre-existing injuries.
5. Prior to or during the retrieval surgery, the coroner or the pathologist may refuse the removal of any organ that would hinder the death investigation.

6. Photographic equipment, including video camera, may be utilized in surgery to document the procedure.
7. All IV's, tubes, and other medical equipment in or on the body must be left intact.
8. IOPO and other medical personnel interacting with the victim's family may communicate the following:
 - a. Any child who dies from circumstances other than a documented chronic disease or developmental condition shall be considered a coroner's case and an autopsy will be performed.
 - b. The coroner's involvement is to determine the cause and manner of death.
 - c. The autopsy report will be made available to the next-of-kin. Representatives of the coroner's office will be available to discuss the finding with family representatives. Upon request, the family's personal physician will be sent a copy of the autopsy report.
9. Tissue donation such as skin, bone, eye, and any other recovery will follow this procedure as it applies to their organization. Recovery prior to the autopsy is subject to the approval of the pathologist.

Protocol for "John Doe" cases

In addition to finding the cause and manner of death, the medicolegal death investigator faces the additional problem of identification in "John Doe" cases. Matching ante mortem records with postmortem findings makes positive identification. Most people in our culture have many records that can be used for postmortem identification. It is, therefore, imperative that all postmortem material is collected and examined thoroughly. Identifications can and have been made with a single tooth, sloughed off epidermis from a hand, old fractures, etc.

1. Complete body photographs and measurements should be made.
2. Complete body radiographs should be made.
3. In exhumations, it is imperative that all body material be collected. If possible, contact a forensic anthropologist to help with the exhumation. They are trained in the recovery of material from a gravesite.
4. If possible fingerprints should be obtained. If skin slippage has occurred and epidermal tissue is separated from the hands, it should be collected and turned over to a fingerprint expert in an attempt to get prints.
5. Personal effects must be collected and examined. Clothing often tells us time of death, size of bodies, cultural background, etc.

Protocol for Homicide Investigation

The goal of any homicide investigation is to determine all the pertinent facts and to arrest and successfully prosecute the responsible party. This can only be accomplished when all branches of the legal system cooperate fully with each other.

Although this protocol is only a guideline, steps should be eliminated or altered only after a great deal of consideration and only after consultation with each organization of the investigative team.

If this protocol is followed carefully and completely and each branch of the legal system communicates fully and openly, each homicide investigation has a greater chance for a successful conclusion.

1. Upon the initiation of a homicide notification, the agency issuing the notification shall be responsible for securing the crime scene prior to and during crime scene management's completion of their duties.
2. This agency shall also establish a sign-in log.
3. All officers serving perimeter duty shall provide incident reports that will be turned over to the respective investigating agency.
4. The outer perimeter should be as large as possible. Only those entering the inner perimeter should sign the entry log. No one will be allowed to enter the inner perimeter except designated members of the crime scene management teams and the Coroner and/or his deputy, until their investigation has been completed.
5. Anyone entering the inner perimeter shall be required to wear rubber gloves and shoe covers. These shall be put at the point of entry to the inner perimeter, subject to a determination by the lead crime scene technician.
6. Any person entering the inner perimeter will be required to identify him or herself and sign in. Any person who had entered the scene prior to the placement of the inner perimeter should also sign in and

should be available to provide information to members of the investigative team.

7. The inner perimeter should have only one entry and exit point and this should be controlled by the patrol officer, officer in-charge, or his/her designee. The pathway of the first arrivals should be noted, and the least invasive pathway should be the one used by later members of the team.
8. Responsibility for the integrity of the actual crime scene will be assumed by the crime scene management team upon their arrival at the scene.
9. If leaving the body unaltered causes a hazardous situation to arise, the body may be removed from the scene before the above steps are completed. This will only be done in extreme situations and only after consultation with the coroner, and the lead crime scene technician or their designees.
10. Crime scene security shall generally be maintained until completion of the autopsy unless determined to be impractical or unnecessary by the coroner and the prosecutor or their designees.
11. Photographs and videotaping, body reference measurements and evidence collection shall be completed by the crime scene management team.
12. All the laboratory tests relating to the body will be the responsibility of the coroner. However, any member of the investigative team may request any laboratory test he/she feels necessary in the investigation. The results of the tests will be made available to members of the team and the prosecutor's office.
13. When the coroner is assured that the necessary investigative procedures have been completed, the body will be moved to the Howard County Morgue. Emergency Management will be utilized for the transportation of the body.

14. Under no circumstances will anything be removed from the body of the deceased except by a crime scene technician for the purpose of identification. All clothing and personal items will be removed at the morgue in the presence of the Pathologist. The victim's personal effects should be inventoried and kept secure until the coroner or his deputy advises disposition.
15. All bodies of homicide victims will be wrapped in a clean white sheet and placed in a new body bag. A tag should be placed on the body bag identifying the victim by name, date, sex, and race.
16. Any person who has entered the scene should be prepared to provide personal material, e.g. hair, clothing fibers, body fluids, etc.
17. The investigating law enforcement agency shall designate a liaison to the responding fire department and emergency medical personnel, and shall be responsible for gathering all applicable reports and the names of all said personnel.
18. The coroner will notify the appropriate members of the investigative team of the time and location of the autopsy.
19. Information concerning the homicide that is released to the media should follow the media protocol (See Media Protocol).
20. Copies of photographs of the scene and the autopsy will be given to the coroner, prosecutor and the investigative agencies as soon as practical.
21. The coroner or his designee, the prosecutor or his designee, the lead crime scene technician, and the police officer in charge of the investigation shall meet for a conference as soon as practical following the initial scene investigation and prior to the autopsy to discuss details of the case.
22. A similar conference will be held following the autopsy to further discuss the investigation in light of the autopsy findings.

23. The police officer in charge of the investigation or their designee will attend the autopsy.
24. Upon request of the family of a victim and/or the hospital asking for organ donation, it shall be the responsibility of the coroner to determine, after consultation with the prosecutor, lead police investigator and the pathologist, if the organ donation will be permitted.

ADDENDUM:

- a.) All units at a scene must refrain from discussing a case beyond the outside perimeter of the scene and/or within earshot of non-involved personnel in all instances. Case management problems and premature release of information to the media are unnecessary problems that and can be avoided.
- b.) Firearms should not be touched except in extreme emergencies where life could be in jeopardy. Evidence, of all types, must be properly processed by crime scene technicians prior to being disturbed whenever possible.

Protocol for Child Death Investigation

Child death investigation is one of the more difficult tasks the coroner's office has to perform. The loss of a child is one of the most traumatic events a parent can face. The coroner's office must be very sensitive to this and yet perform a thorough investigation to rule out possible child abuse.

Child deaths fall in four categories:

- a. The child who suffering from a chronic and terminal disease and is under the care of a physician.
- b. The child who dies an accidental death, e.g. automobile accident, drowning, etc.
- c. The child who dies at home without an apparent precipitating event (i.e., SIDS).
- d. The child who dies as result of a violent criminal act.

If a child in category a dies of a documented disease or congenital condition and the treating physician will sign the death certificate, the coroner's office need not be contacted.

If a child in category b, c or d dies, the coroner's office must be contacted.

The following protocol will be used for those children in category c in which a child dies at home without an apparent precipitating event:

1. No yellow perimeter tape should be placed unless specifically authorized by the investigator in charge, coroner or prosecutor's office.
2. The chronology of events must be documented.
3. The names of persons who have contact with the child during the time period of the child's death must be obtained and recorded.
4. Parents may hold the child while under the observation of the appropriate police or coroner's representative. It is important that

the parents do not cause marks that may be misinterpreted at the autopsy.

5. The baby should be carried out and placed in the transport vehicle. Once in the vehicle, out of the sight of the family, it should be wrapped in a clean white sheet and placed in a body bag.
6. Any case involving a dead child should always be considered a potential homicide until proven otherwise.
7. Photographs and evidence should be taken. The parents should be advised that this is being done to try to ascertain what caused the child's death in an effort to prevent it from happening to another child. They should never be spoken to in any type of accusatory voice.
8. If drug abuse or prenatal trauma is suspected in a miscarriage or stillbirth, the coroner's office should be notified.

Protocol for Suicide Investigation

Suicide is one the most difficult deaths a family can experience. There is still a social stigma that looms over a death by suicide. In addition, there is frequently a great deal of guilt and "finger pointing" that accompanies it. "If only we hadn't taken his car from him" or worse yet, "if you had been a better father (mother, brother, sister), he wouldn't have..." are statements that we often hear. Family members and friends of the deceased often confront the coroner's office about the suicide ruling, often pleading that the ruling be changed. It is imperative that a thorough investigation and proper documentation be made.

It is far better to have done too much than to have to guess what may have happened after it is too late to gather information. No one will be critical of any deputy ordering any test or procedure even if it later proves to have been unnecessary.

1. The coroner or one of his deputies must attend all suicide scenes. It provides a more persuasive explanation to the family and friends if the coroner or his deputy has a first-hand accounting of the actual events rather than having to rely on second-hand reports.
2. Documentation of the scene will include photography and evidence collection and preservation.
3. If there is any suspicion of foul play, the homicide protocol should be used until proven otherwise.
4. If there is any doubt or it appears that the family may question the ruling of suicide, do not hesitate to order an autopsy, toxicological examinations or any other test that may help in the final determination of the cause and manner of the death.
5. If an autopsy is performed, the law enforcement agency should be present to document it and collect and preserve any evidence.

6. If an autopsy is not performed, body fluids should be taken for toxicological examination.
7. Any medication found at the scene that has been prescribed for the deceased should be noted and collected if necessary, maintaining the chain of custody for evidence.
8. It is important to ascertain if a suicide note was left at the scene. The investigator should use his/her judgement about how this is done.
9. If a suicide note is found, it should be maintained as evidence. The original shall be maintained in the coroner's file after the investigation is completed. Copies will be provided to the family.
10. As in all coroners' cases, copies of any photograph taken at the scene or the autopsy should be sent to the coroner's office.
11. Blood should be obtained for carbon monoxide, alcohol, and drug testing. AIT Laboratories shall perform toxicological testing.

Protocol for Traffic Fatalities

The goal of any traffic death investigation is to determine all the pertinent facts and to ascertain the cause of the accident. This can only be accomplished when all branches of the legal system cooperate fully with each other.

Although this protocol is only a guideline, steps should be eliminated or altered only after a great deal of consideration and only after consultation with each organization of the investigative team.

If this protocol is followed carefully and completely and each branch of the legal system communicates fully and openly, each traffic death investigation has a greater chance for a successful investigation. Members of the coroner's offices will be present at all traffic fatality scenes.

1. Upon the initiation of a traffic crash notification, the agency issuing the notification shall be responsible for securing the accident scene. A perimeter should be established by that agency.
2. Miscellaneous incident reports shall be provided by all officers who assisted in the investigation and those officers serving perimeter duty as needed and as determined by the lead crash investigator. These miscellaneous incident reports shall be taken into custody by the lead investigative officer.
3. The perimeter should be as large as practical. No one will be allowed to enter the perimeter except those members conducting the actual investigation of the crash.
4. Responsibility for the integrity of the actual crash scene will be assumed by the investigative agency upon their arrival at the scene.
5. If leaving the body unaltered causes a hazardous situation to arise, the body may be removed from the scene before the above steps are completed. This will only be done in extreme situations and only

after consultation with the Coroner, and lead traffic fatality scene Investigator.

6. Establishing a crash location as a crime scene will undoubtedly result in the interruption of the traffic flow at that location. Notwithstanding this fact, the scene should be maintained until the scene has been completely processed, all measurements, still photographs and videotaping have been taken, and the body has been removed. After photographing and videotaping, evidence collection shall be completed.
7. Photographs and videotaping, body reference measurements and evidence collection shall be completed by the traffic fatality team.
8. When the coroner is assured that the necessary investigative procedures have been completed, the body will be moved to the Howard County morgue. The coroner will be responsible for the transportation of the body to this facility.
9. All bodies of traffic fatality victims will be wrapped in a clean white sheet and placed in a new body bag. A tag should be placed on the body bag identifying the victim by name, date, race, age, and sex.
10. If an autopsy is to be performed, the coroner will notify the appropriate members of the investigative agency of the time and location of the autopsy. The coroner will determine if an autopsy is to be performed; however, any member of the investigative agency may request one if it will aid in the investigation of the accident.
11. All the laboratory tests relating to the body will be the responsibility of the coroner. However, any member of the investigative team may request any laboratory test he/she feels necessary in the investigation. The results of the tests will be made available to members of the team and the prosecutor's office.
12. Information concerning the fatality that is released to the media should follow the media protocol (See Media Protocol).

13. A copy of photographs of the scene and the autopsy will be given to the coroner and the investigative agencies as soon as practical.
14. The police officer in charge of the investigation, or his or her designee, may attend the autopsy if one is to be performed.
15. It shall be the responsibility of the coroner to determine, after consultation with the prosecutor, lead police investigator and the pathologist, if organ donation will be permitted.
- 16 . Property of the deceased such as wallets and purses will be collected and secured. (See Valuables of the Deceased Protocol).

Protocol for Drowning Victims

Drowning can be a difficult death to investigate because the presence or absence of water in the lungs does not always indicate the cause of death. Approximately 15% of all drownings are considered "dry" in that a laryngospasm does not allow water into the lungs. On the other hand, a person may die of a myocardial infarction, fall out of a boat and have water passively enter the lungs. Therefore, drowning may be defined as death due to submersion into a liquid. The only way to determine a drowning is through proper investigation.

1. The Department of Natural Resources may be contacted when a drowning occurs in surface waters, e.g. lakes, rivers, and streams. They should also be contacted in commonly owned ponds, e.g. residential water overflows.
2. All drownings in surface waters will be investigated by the Department of Natural Resources in conjunction with the Office of the Howard County Coroner.
3. The scene should be documented with the appropriate crime scene team.
4. An autopsy should be performed and documented with the appropriate crime scene technicians as designated by the coroner's office. Toxicology testing should also be completed.

Protocol for Fire Deaths

Fire fatalities are one of the most difficult types of death investigation the coroner's office faces. The fire department's job is to save lives and contain the fire, and the coroner's office does not in any way wish to interfere with this endeavor. However, it is possible on occasion to preserve the scene, contain the fire, and save lives. The following protocol was set up to help do this.

1. If there is any indication or possibility of life present, the victim should be transported to the nearest hospital.
2. Upon determination of a fatality or the possibility of one, the Incident Commander shall have communications make the proper notification to the Howard County Coroner (on call) and ask them to respond to the scene.
3. If the body is no longer in danger of fire damage, building collapse, or any other type of additional damage, it should remain inside the structure where it was originally found.
4. All unnecessary personnel shall be kept out of the fire scene and away from the body.
5. The perimeter of the fire scene shall be secured with fire line tape. A single point of entry and exit shall be established.
6. An entry control log shall be established at the entry point and all personnel must sign the log including those who entered the scene prior to the time that a fatality was found.
7. No non-fire personnel shall be allowed into the fire scene until it has been declared safe.
8. Photographs, videotaping, and body measurements will be completed by the fire department's investigator and the police department's crime scene management team if appropriate.

9. After the scene has been declared safe, the coroner's office representatives may view the body and the scene.
10. The body shall be covered, preferably with a clean white sheet, and remain at the location of discovery if at all possible.
11. The coroner or his designee will determine if there is to be a post-mortem examination of the body and make arrangements for its transportation to the Howard County morgue.
12. The coroner will notify the fire and police investigators of the time and location of the post-mortem examination.
13. Bodies removed from the fire scene should be kept from family and public view.

Protocol for Home Deaths

Many deaths that occur in the residence of the deceased end up being coroner's cases. The following protocol is designed to help in the determination of which cases involve the coroner's office and which can be signed by the treating physician. Information concerning residential deaths is often scanty; and, any that can be obtained prior to contacting a representative of the coroner's office, will help in the determination of the cause and manner of death as well as who will eventually sign the death certificate. Medication bottles with the name of the treating physician are invaluable.

1. Any death of a person who dies in or out of his residence unexpectedly has the potential of being a coroner's case, and a representative of the coroner's office should be contacted.
2. The death of any individual, who dies as a result of an accident or any type of trauma, is a coroner's case, and a representative of the coroner's office should be contacted.
3. The death of any individual who does not have a treating physician nor has one who will not agree to sign the death certificate is a coroner's case, and a representative of the coroner's office should be contacted.
4. The death of any individual who has committed suicide, or dies under any suspicious circumstances is a coroner's case, and a representative of the coroner's office should be contacted.
5. The death of any individual who has been treated for a chronic disease or terminal condition or is being treated by a hospice program is not generally a coroner's case.
6. Post mortem examinations will be conducted at the Howard County Morgue.
7. If an autopsy is determined to be necessary and the deceased is to be used for tissue donation, the consent of the coroner or his

representative **and** the pathologist must be obtained **prior** to the tissue removal.

8. Transport of the body will generally be done by the Emergency Management Agency. The body will be transported at the direction of the coroner's representative.

If there are any questions, do not hesitate to contact the coroner's office.

Protocol for Hospital Deaths

This protocol is used in all cases involving a person brought to the emergency room and/or admitted to the hospital who expires as a result of violence or trauma (shooting, drowning, automobile accident, medical misadventure, etc). If there is any question concerning whether this is a coroner's case, call the coroner's representative on call; and he/she will help make the decision.

1. All clothing and personal effects are evidence and must be maintained and turned over to the Howard County Coroner's Office.
2. Never give personal property or clothing to the family unless authorized to do so by the coroner or his deputy. (See Valuables of the Deceased Protocol).
3. If the person is to be transferred to ICU or surgery, maintain custody of the property in the emergency room or wherever it was removed. (See Valuables of the Deceased Protocol, page 7).
4. A property form should be completed when clothing or personal property is transferred to another party.
5. Leave all tubes, needles, and other material in the body if the victim expires.
6. Please refrain from cutting clothing directly through the area of injury, i.e. bullet holes, stab wounds, etc., as this may be a key in determining type of weapon, angulation, distance, etc.
7. If an autopsy is determined to be necessary, and the deceased is a tissue donor, the consent of the coroner or his representative and the pathologist must be obtained prior to the tissue removal.
8. The coroner's office should be notified of anyone who is hospitalized for a fracture and subsequently dies.

9. The coroner's office should be notified if anyone dies in surgery or the recovery room.

10. A copy of the entire chart is to accompany the deceased to the morgue if an autopsy is ordered by the coroner's office.

Protocol for Fetal Demise

When to call the coroner in the event of fetal demise:

1. When there is a stillbirth and trauma of any kind is involved. (for example, battery, homicide, motor vehicle accident, falls, etc).
2. When there is no physician available to sign the Death Certificate, (i.e., when the mother has not had pre-natal care or has no doctor).
3. Any time there is a question as to the nature of the fetal demise.
4. If a physician requests that the coroner is notified.

Indiana code states that if a delivery of a fetus is after twenty (20) weeks it must be handled as human remains, and a burial permit and death certificate must be issued.

If the delivery is prior to twenty (20) weeks the product of conception may be treated as obstetric waste if it shows no signs of life when completely outside the mother.

FETAL DEATH (STILLBIRTH)

A delivery after 20 weeks gestation that shows no signs of life (Source: IC 16-18-2-341); i.e., breathing, beating of the heart, pulsation of the umbilical cord, or movement of voluntary muscles. A stillbirth is regarded as a "dead human body" and requires a permit issued by the local health officer for disposal of the body (Source: IC 16-37-3-10). The person in charge of internment shall file a certificate of death or fetal death with the local health officer in which the death occurred (Source: IC 16-37-3-3).

The product of conception of less than twenty (20) weeks gestation that shows no signs of life when completely outside the mother is regarded as obstetrical waste and may be disposed of accordingly. There is no reference in Indiana Statute to the use of gram weight in determining the length of fetal gestation or in defining fetal death.

Protocol for Nursing Home Deaths

The coroner's office generally does not need to handle deaths that occur in a nursing home. Most of the patients have their own private physicians or use the nursing home physician. However, there are several circumstances that require that the coroner's office be contacted. The Coroner's Office is here to serve the community, and this can be best accomplished with the cooperation of all involved.

1. Any resident that has had a fracture or fall, prior to or after admission to the nursing facility, in the last calendar year is a potential coroner's case. If the fracture or fall occurs prior to their admission, the chart should be flagged to indicate that the coroner's office should be contacted in the event of the resident's death.
2. The coroner's office should be contacted if a resident's death involves a ward of the state or a client of adult protective services. State law requires that wards of the state have an autopsy in the event of their death.
3. Any resident who has been admitted because of trauma received as the result of violence (e.g. automobile accident, shooting, industrial accident, etc.) is a coroner's case no matter how long ago the incident happened.
4. If there is any question concerning whether the coroner should be contacted, call the coroner's representative and he/she will help make the decision. Please call the county dispatcher at 457-1105, and they will contact the deputy on duty.

Indiana Codes Relating to Obtaining Blood Samples (General Overview)

A law enforcement officer shall offer a chemical test to any person who the officer has reason to believe operated a vehicle that was involved in a fatal accident or an accident involving serious bodily injury. All chemical tests must be administered within three (3) hours after the fatal accident, or the accident involving serious bodily injury. I.C. 9-30-7-3.

If the operator of a motor vehicle involved in a fatal accident or an accident involving serious bodily injury is transported to a hospital, the law enforcement officer shall obtain from hospital personnel the results of the tests administered by hospital personnel. I.C. 9-30-6-6(a) requires the hospital to disclose the results of the tests to a law enforcement officer who requests the sample or results as a part of a criminal investigation. These test results shall be provided to the law enforcement officer even if the person has not consented or otherwise authorized the release.

If the law enforcement officer has reason to believe that a person transported to a hospital operated a motor vehicle involved in a fatal accident or an accident involving serious bodily injury and believes that the person in question was in fact responsible for the accident such that charges may be possible against such person, in addition to requesting and obtaining the results of any tests administered the hospital, shall obtain a second test for independent analysis. I.C. 9-30-6-6(g) provides that a physician or person trained in obtaining bodily substance samples and acting under the direction of, or under a protocol prepared by a physician, shall obtain a blood, urine, or other bodily substance sample if the law enforcement officer requests the sample be obtained; the law enforcement officer has certified in writing that the officer has probable cause to believe the person from whom the sample is obtained has violated I.C. 9-30-5, that the person from whom the sample is to be obtained has been transported to a hospital or other medical facility, the person from whom the sample is to be obtained has been involved in a motor vehicle accident that resulted in the serious bodily injury or death of another, and the accident that caused the serious bodily injury or death of another occurred not more than three (3) hours before the time the sample is requested. The officer obtaining such sample shall observe the taking of the blood, or other bodily substance sample, and

certify that the sample is being taken properly, including the use of betadyne for the drawing of blood. The officer shall then take the sample into his or her possession and maintain continuity of same and submit it for analysis.

If the person from whom the bodily substance sample is to be obtained under this section does not consent and resists the taking of a sample, the officer may use reasonable force to assist an individual who is authorized under this section to obtain a sample.

Indiana Code and HIPPA Regulations pertaining to the Coroner

§ 164.512) Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required.

A covered entity may use or disclose protected health information without the written consent or authorization of the individual as described in §§ 164.506 and 164.508, respectively, or the opportunity for the individual to agree or object as described in § 164.510, in the situations covered by this section, subject to the applicable requirements of this section. When the covered entity is required by this section to inform the individual of, or when the individual may agree to, a use or disclosure permitted by this section, the covered entity's information and the individual's agreement may be given orally.

g) **Standard:** uses and disclosures about decedents.

Coroners and medical examiners: A covered entity may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. A covered entity that also performs the duties of a coroner or medical examiner may use protected health information for the purposes described in this paragraph.

Funeral Directors: A covered entity may disclose protected health information to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent. If necessary for funeral directors carry out their duties, the covered entity may disclose the protected health information prior to, and in reasonable anticipation of, the individual's death.

(h) **Standard uses and disclosures for cadaveric organ, eye or tissue donation purposes.**

A covered entity may use or disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.