

INDIANA STATE CORONERS TRAINING BOARD

NEWSLETTER

February 2006

Certification Update

Coroners/Deputy Coroners trained to date:937
Coroners/Deputy Coroners certified:380
Completed Externship paperwork to ORA:437

Congratulations to the following individuals for becoming a Certified Death Investigator in the State of Indiana:

Jerry Brown, Sr., Crawford County, Cameron McCreary, Dearborn County, Jeff Warner, Dekalb County, Michial Compton, Elkhart County, Malcolm McMakin, Harrison County, Leon Hurlburt, Huntington County, Marilyn Dennis, Huntington County, Joe Escobedo, Lake County, Richard Wieczorek, Pulaski County, Mary Jasheway, Tippecanoe County, Tim Brown, Wayne County, C. Taron Smith, Whitley County

2006 Annual Coroners Conference

The 2006 annual coroners' conference will be held June 24-27, 2006 at the Sheraton Hotel & Suites, Indianapolis. The board has acquired Dr. Tracey Corey, Chief Medical Examiner for Commonwealth of Kentucky, Gary Hargrove, Harrison County Coroner, Gulf Port, MS and Dayle Hinman, Forensic Profiler, Court TV. These are just a few of many professional speakers that will be at the conference. Comedian Heywood Banks will entertain at the banquet.

It is not too early to begin thinking about presenting a case at our annual meeting. 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.

2007 Annual Coroners Conference

The 2007 annual coroner's conference will be held June 23-26, 2007 at the Holiday Inn in Columbus. Larry Fisher, Bartholomew County Coroner and his staff will host the conference.

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

Indiana Coroners Association

Greetings Indiana Coroners and Deputies:

On behalf of the Indiana State Coroners Association and myself, I would like to take this moment to thank you for allowing me to serve as your President in 2006. We are looking forward to another great year.

We invite you to participate in the Association. Those of us who have been involved for some time now can tell you there have been many changes in recent years. This year is no exception. With many pieces of legislation pending, I urge you to stay current with the matters affecting our profession and to contact your legislator about them.

Your participation in the Association is vital in helping to provide a network of experience for all the rest of us serving in the various coroners' offices throughout the state. For information about joining the Association, contact Lisa Barker at 877-692-7284.

Best Regards,
Edwin "Huck" Coots IV
President 2006
Clark County Coroner

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CTB Information

For information regarding the Coroners Training Board:

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329 West 1200 South
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12265 North Creek Bend Lane
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574-658-9769 (office/fax)
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coronertraining@earthlink.net

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

Guest Column

CHINA WHITE: Fentanyl related deaths in Indiana

Angie M Schultz, MD & Paul F Mellen, MD
Ball Memorial Hospital and East Central
Indiana Pathologists, Muncie IN

INTRODUCTION: FENTANYL is a synthetic opioid narcotic with action similar to morphine, such as analgesia/anesthesia and respiratory suppression, but more potent. Several other fentanyl derivatives have been synthesized as well, including alfentanil and sufentanil. Fentanyl was introduced into medical practice in the 1960s and has become widely used as an anaesthetic and analgesic. In 1990 a transdermal patch delivery system was introduced for pain control, and recently an oral/transmucosal delivery system has been developed.

Abuse of fentanyl: Clusters of fentanyl abuse have been described in hospital workers (diversion of liquid Sublimase® i.v. product). Also there have been reports of designer drug fentanyls from clandestine labs, and more recently diversion of prescription transdermal patches. The patches are designed to be applied to skin; however, ingestion, inhalation or injection of the contents have all been reported, as well as reports of the patches being used as tea-bags.

We studied 3 calendar years (2003-5) of Indiana coroner system cases (880 cases) referred to us for autopsy in which toxicology testing was positive for fentanyl to evaluate the prevalence and role of this agent in recent fatalities. We studied demographic data, circumstances, pathology, and toxicology findings.

RESULTS PREVALENCE:

Evidence of fentanyl use was found in 5% of total coroner's autopsy cases in this study. Fentanyl was present in 30% of drug intoxication related cases. All of the cases were mixed drug intoxication, involving multiple different agents including cocaine, marijuana, other narcotics, and/or benzodiazepines. In 20% of cases blood alcohol was also positive. In no cases was fentanyl alone found. Cases in which fentanyl was found in therapeutic concentrations, and clinically unrelated to death, were rare (<1% of total cases).

DEMOGRAPHICS of fentanyl related deaths:

Gender: Male 45% Female 55%
Race: White 80% Black 5% Other/unspecified 15%
Age range: 20- 64 years

CIRCUMSTANCES:

Fentanyl was Rx to the decedent: 11%
Rx to other family member: 5%
Unknown source: 84%

PHARMACOLOGIC source of fentanyl: Sublimase: none (note: In one case of a sudden cardiac death there were stolen Sublimase® vials at the scene; toxicology testing of the decedent was negative)

Duragesic®/transdermal patch (patch found at scene or on body): 35%
Transmucosal oral prep/Actiq®: none
Unknown source: 65%

HOW was the fentanyl administered?

Patch on skin: 14%
Ingested/inhaled: 9%
I.V. injection: 9%
Unknown: 68%

LOCATION of death/incident:

Home: 84%
Friend's home: 5%
Public place: 2%
Automobile: 7%
Hospital: none
Jail: 2%

MANNER OF DEATH:

Natural: none Accident: 89%
Suicide: 5%
Homicide: none
Undetermined: 6%

TOXICOLOGY: Testing was performed at an FDA/CLIA/ISO9001 certified reference lab using ELISA and LC/MS. Note: fentanyl is not found on most routine toxicology screening tests and urine drug of abuse panels; consult with a toxicologist in suspected fentanyl cases. Fentanyl levels commonly widely exceeded upper therapeutic/clinically toxic levels, sometimes tenfold or more (>3ng/ml (toxic level) in 88% of cases).

SUMMARY: Fentanyl is rather common in current Indiana coroner cases, found in fully 30% of drug related deaths, involving both genders across a wide age spectrum, and usually in accidental mixed drug deaths. The source commonly appears to be transdermal patches, often diverted, and used in a variety of ways. Blood levels of the agent are often very high. References: Fentanyl /Duragesic® Package insert, Janssen Pharmaceuticals Karch's Pathology of Drug Abuse, 2d ed, CRC Press, 2002. Henderson, GL **Fentanyl-related deaths: demographics, circumstances, and toxicology of 112 cases.** J For Sci, Vol 36, p422,1991.

Acknowledgement: Dr Andrea Terrell and AIT Laboratories, Indianapolis, provided professional help.

AIT Laboratories

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2006 Certification Exam

April 22, 2006 – Columbus Regional Hospital
 June 24, 2006 – Sheraton Hotel & Suites, Indianapolis
 November 11, 2006 – Ft. Wayne

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.

REMINDER: Mail your completed externship to: Sarah Chatel, ORA, 124 Elm Street, Big Rapids, MI 49307

Personal Notes

Our thoughts and prayers are with Don Erk, Vanderburgh County Coroner and family with the passing of his wife Pat Erk.

Our thoughts and prayers are with Richard Sheets family. Richard was a deputy coroner in Clinton County.

Dr. David Dennis Scholarship

The ISCA Board of Directors offers \$1,000. scholarships per year from the Dr. David Dennis Scholarship fund to students that will be pursuing a field of forensic science, death investigation or related field. The deadline for applications is March 1, 2006.

For information regarding the scholarship fund Contact Lisa Barker at 877-692-7284.

Bloodstain Pattern Workshop

Lt. J. Steve Kohne, Bloodstain Pattern Analyst will be instructing a 40 hour course in Bloodstain Pattern Analysis for Crime Scene Technicians, Investigators, Prosecutors and Coroners March 13-17, 2006 at Purdue University, West Lafayette.

This course is sponsored by Purdue University Police Department. Registration and payment \$375.00 must be paid by March 13, 2006.

For registration information contact: Det./Sgt. Carrie Costello @ 765-496-8359.

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.

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Guest Column

Indiana Office of the Attorney General
Medicaid Fraud Control Unit
Patient Abuse and Neglect

Two Steps to Helping Your Loved One in a Residential Care Facility:

1. Learn the signs of abuse and neglect.
2. Call for help.

Hoosiers are grateful for caretakers who dedicate their careers to caring for others.

It is rare that a patient suffers injury at the hand of a caretaker. Indiana Attorney General Steve Carter wants to keep it that way.

The Patient Abuse and Neglect program was created to protect vulnerable Hoosiers -- patients in nursing homes, homes for the disabled, assisted living residences, homes for the mentally ill and other residential care facilities. These patients are often defenseless to the quiet yet shocking crimes of abuse and neglect. Abused or neglected patients are almost always completely dependent on their assailants. They are usually unable and often afraid to complain.

The attorney general has a select staff whose sole duty is investigating patient abuse and neglect. They need your help – and you can help by following two simple steps:

1. Learn the signs of abuse and neglect.
2. Call for help.

Step 1: Learn the signs of abuse and neglect.

Physical abuse

- An injury that is not immediately reported to the patient's family. A caretaker responsible for an injury is strongly tempted to hide the injury from the patient's family.
- A burn of any kind. Patients should never be burned or scalded. Caretakers should guarantee that a patient's environment is free of burn-risk.
- Multiple bruises of similar shape. Repeated strikes with a belt, electrical cord or other objects usually cause similarly shaped bruises.
- Non-reaction to pain. Patients who are repeatedly subjected to physical abuse may eventually stop showing any outward reaction or response.

Theft of pain medication

- Damaged pain patches. Some drug-seeking caretakers steal medications directly off of their patient's body.
- Noticeable changes in the amount of pain medication reportedly administered to a patient. Drug-seeking caretakers sometimes hide the theft of painkillers by falsely recording that the drug was administered to a patient.
- Obviously impaired caretakers. Drug-seeking caretakers will attempt to continue working even when they are under the influence of drugs.

Emotional abuse

- Passive or withdrawn patients. A patient who suddenly becomes passive or withdrawn may be fearful of caretakers.
- Verbal insults and threats. A caretaker you observe threatening or insulting a patient you do not know also is willing to threaten or insult your senior relative when you are away
- Physically isolated patients. Caretakers are not allowed to isolate patients from social interaction with other patients and other caretakers.
- Fearful or cowering patients. Patients fearful to be alone with caretakers might have suffered verbal or physical abuse at the caretakers' hands.

Patient neglect

- Weight loss and weight gain. Every substantial change in weight should have a medical explanation.
- Poor dental care. A lack of dental care can lead to other, more serious medical problems.
- Poor physical hygiene. Cleanliness is absolutely essential to good health.

- Pressure sores that do not heal. Pressure sores are almost always avoidable and curable.
- Torn or dirty clothes. A facility that is unable to provide the money needed to care for patients may start doing laundry less frequently.
- Unusual requests for food, such as begging for something to eat or asking for food immediately after a served meal. Busy caretakers may fail to notice that a patient has lost the ability to get food from the plate to the patient's mouth.

Step 2: Call for help.

Call 911. No one needs police protection more than those who are unable to protect themselves. If you witness patient abuse or neglect with your own eyes, call 911. If you see bruises or other injuries that look like they may have resulted from abuse, call 911. Do not hesitate to call the police merely because the crime occurs in a residential care facility. A victim's advanced age and poor health are no excuse for a physical attack.

Call the attorney general's office. If you think a situation needs further investigation, call the Indiana Attorney General's Abuse and Neglect hotline toll free at (800) 382-1039.

We have more information on patient abuse and neglect. You can reach us by phone at (800) 382-1039 or visit us at www.in.gov/attorneygeneral/consumer/patientneglect.html.

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Pathologists

| Site | Last Name | First Name | Contact Person | Phone Number |
|--------------|----------------|------------|-------------------|--------------|
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| Cincinnati | Utz | Gary | Skip Lawhorn | 513-946-8700 |
| Columbus | Brown | Greg | Larry Fisher | 812-379-4753 |
| Crown Point | Kim | Young | Charlene Bulot | 219-755-3275 |
| Crown Point | Cavanaugh | John | Charlene Bulot | 219-755-3275 |
| Evansville | Heidingsfelder | John | Stacia Osbourne | 812-985-3502 |
| Evansville | LeVaughn | Mark | Stacia Osbourne | 812-985-3502 |
| Ft. Wayne | Wagner | Scott | Dick Alfeld | 260-449-7534 |
| Ft. Wayne | Gutekunst | Robert | Dick Alfeld | 260-449-7534 |
| Ft. Wayne | Carpenter | Pramod | Dick Alfeld | 260-449-7534 |
| Indianapolis | Radentz | Steven | Libby | 317-327-8440 |
| Indianapolis | Catellier | Michelle | Libby | 317-327-8440 |
| Indianapolis | Swartz | Jennifer | Libby | 317-327-8440 |
| Lafayette | Kaltenthaler | Albert | Jane Haan | 765-420-7607 |
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| Louisville | Burrows | Amy | Carol Bibelhauser | 502-852-5587 |
| Louisville | Hunsaker | Donna | Carol Bibelhauser | 502-852-5587 |
| Louisville | Ralston | Bill | Carol Bibelhauser | 502-852-5587 |
| Louisville | Weakley-Jones | Barbara | Carol Bibelhauser | 502-852-5587 |
| Muncie | Mellen | Paul | Brad Slater | 765-747-3201 |
| Seymour | Weir | George | Dr. George Weir | 812-522-0158 |
| Seymour | Whitler | Wes | Dr. Wes Whitler | 812-522-0158 |
| South Bend | Prahlow | Joe | Dr. Joe Prahlow | 574-245-7552 |
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Legislative Issues

SB 295 – Coroner's custody of human remains. This bill received its first hearing on January 17, 2006. After the hearing the wording was changed to read, provide a climate controlled environment. The amended bill passed from the committee with a favorable recommendation.

HB 1083 – Coroner's determination of time of death. – This bill did not receive a hearing this session but Representative Clyde Kersey will pursue it in the next session. Dr. Rick Dowden, ISCA, Legislative Committee spoke to Representative Kersey. He was not trying to create problems. The intent of the bill was simply to have coroners provide a supplemental death certificate when more information was available.

ISCA has requested he add to the bill, changing the requirement of filing a death certificate within 72 hours to filing within 72 hours after the completion of an investigation. Coroners shall use all legally verifiably information to determine date and time of death. He agreed to this change.

IOPO Legislation – This did not get filed this session but Senator Vaneta Becker and Representative Peggy Welch will pursue it in the next session. Per Senator Vaneta Becker's request ISCA and IOPO will work to resolve this issue before next session.

If you have any questions or comments regarding legislative issues contact: Dr. Rick Dowden 317-441-4020 or Rpdowden@earthlink.net

2006 – 40 Hour Medicolgeal Death Investigators Course

March 8-12, 2006 • Sheraton Hotel & Suites, Indianapolis

October 6-8, 2006 & October 20-22, 2006 • Sheraton Hotel & Suites, Indianapolis (MUST ATTEND BOTH WEEKENDS)

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. If you are over 50 Miles from the Sheraton you can arrive on the night of March 7th and October 5th and October 19th and the CTB will pay for these nights also.

Call Lisa Barker at 877-692-7284 to register for the training. You are responsible for calling the hotel directly by February 20, 2006 for the March class and September 18, 2006 for the October class 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.

2007 – 40 Hour Medicolgeal Death Investigators Course

February 9-11, 2007 & February 23-25, 2007 • Sheraton Hotel & Suites, Indianapolis (MUST ATTEND BOTH WEEKENDS)

October 10-14, 2007 • 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.