

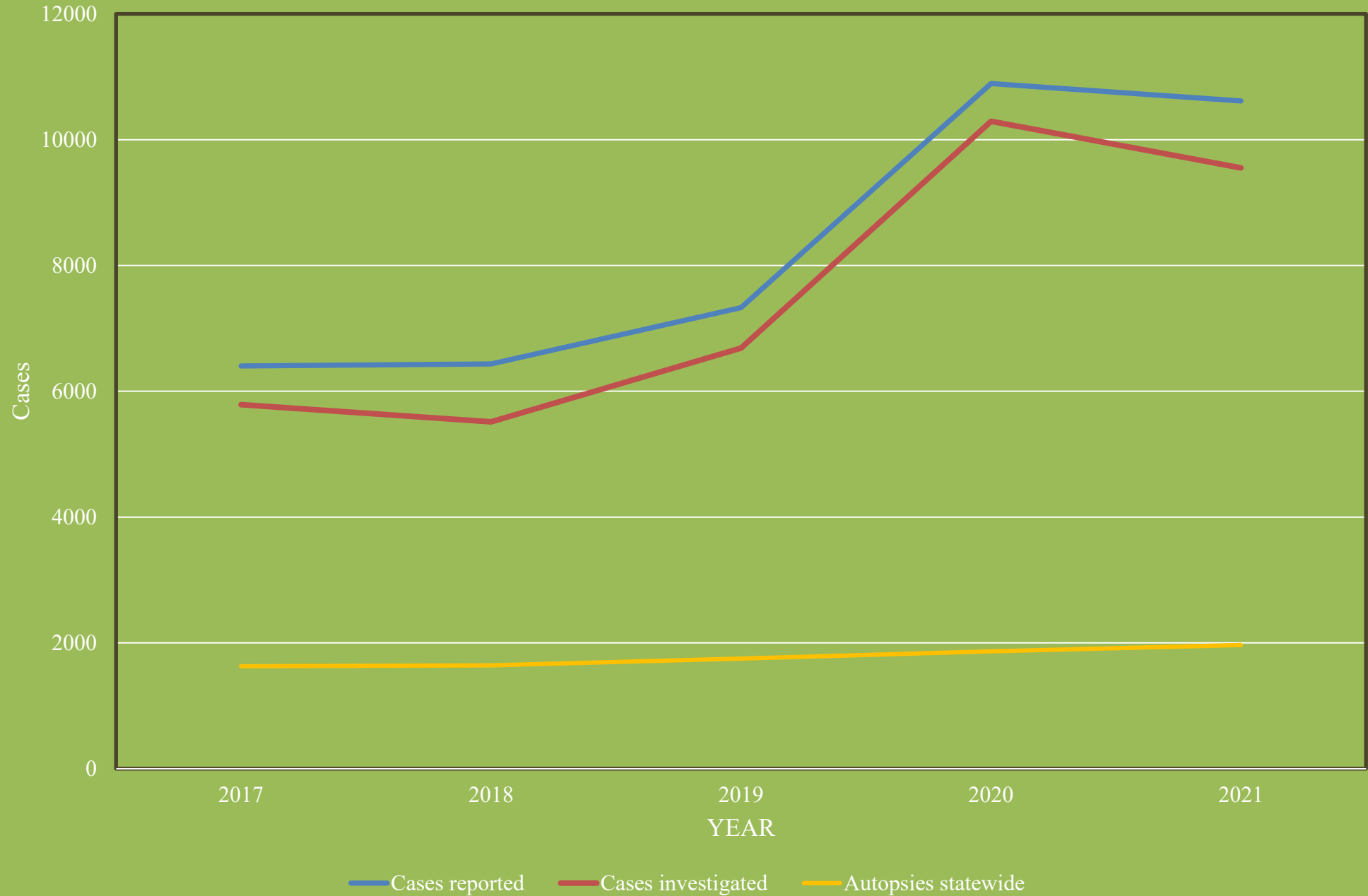
Iowa Office of the State Medical Examiner Update 2022

Dennis Klein M.D.

Mission Goals

- Conduct high quality and professional medical legal death investigations
- Provide and Protect credible and useful information
- Serve the public ethically and compassionately

Cases Reported, Investigated, and Autopsied



2021 Iowa ME System

B. INVESTIGATIONS

B INVESTIGATIONS					
B	1	Acceptance and Declining of Cases	P	Result	
	a	Does the office have a written and implemented policy or standard operating procedure, signed within the last two years, covering case notification, acceptance of, and declining of cases?	II	Y	N/A N
	b	Is there an existing law (state, federal, county, or city) covering the medical examiner's (or coroner's) geographical area of jurisdiction that requires that deaths falling under the medical examiner's jurisdiction be reported promptly to the medical examiner's office by law enforcement agencies, physicians, hospital personnel, funeral directors, or other persons who become aware of a reportable case?	I	Y	N/A N
	c	Does the medical examiner accept notification from any person who has become aware of a death that might fall under the jurisdiction of the office?	II	Y	N/A N
	d	Is the medical examiner/coroner's office's contact information easily found on the internet and/or in a telephone book?	II	Y	N/A N
	e	Is the phone number staffed 24 hours a day by a person able to accept and report deaths?	II	Y	N/A N
	f	Are at least 20% of the deaths occurring within the office jurisdiction reported to the office?	I	Y	N/A N
	g	Does the medical examiner, if it is required, arrange for a formal pronouncement of death?	I	Y	N/A N
	h	Does the office attempt to notify the next-of-kin as soon as possible, if notification by another agency or individual cannot be confirmed?	I	Y	N/A N
	i	Is the case reviewed by a medical examiner at the time jurisdiction is released, or at a minimum, within 24 hours of release?	I	Y	N/A N
	j	Does the office have a written and implemented policy, signed within the last two years, covering the handling of objections made to the performance of autopsies on bodies falling under medical examiner/coroner jurisdiction based on personal, religious or cultural grounds?	II	Y	N/A N

Cases Reported **31%** of total deaths
(10,615 Reported 33,996 Deaths)

Cases Autopsied **5.7 %** of total deaths
(1967 ME autopsies 33,996 Deaths)

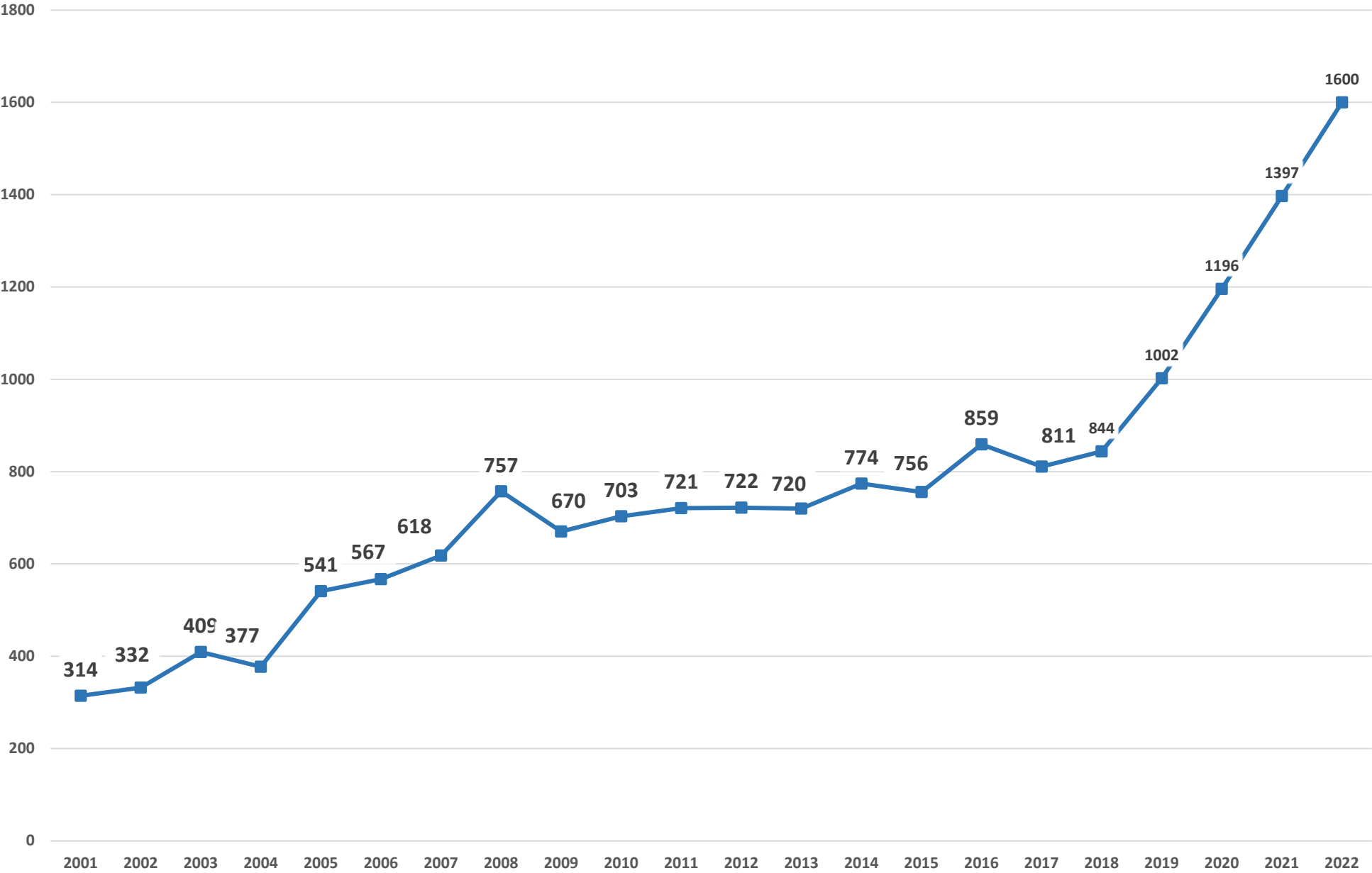
2021

	Number Autopsied	% of Cases Autopsied
HOMICIDES	107	100%
ACCIDENTS	871	46%
SUICIDES	385	69%
NATURALS	638	9%
UNDETERMINED	94	94%

2020

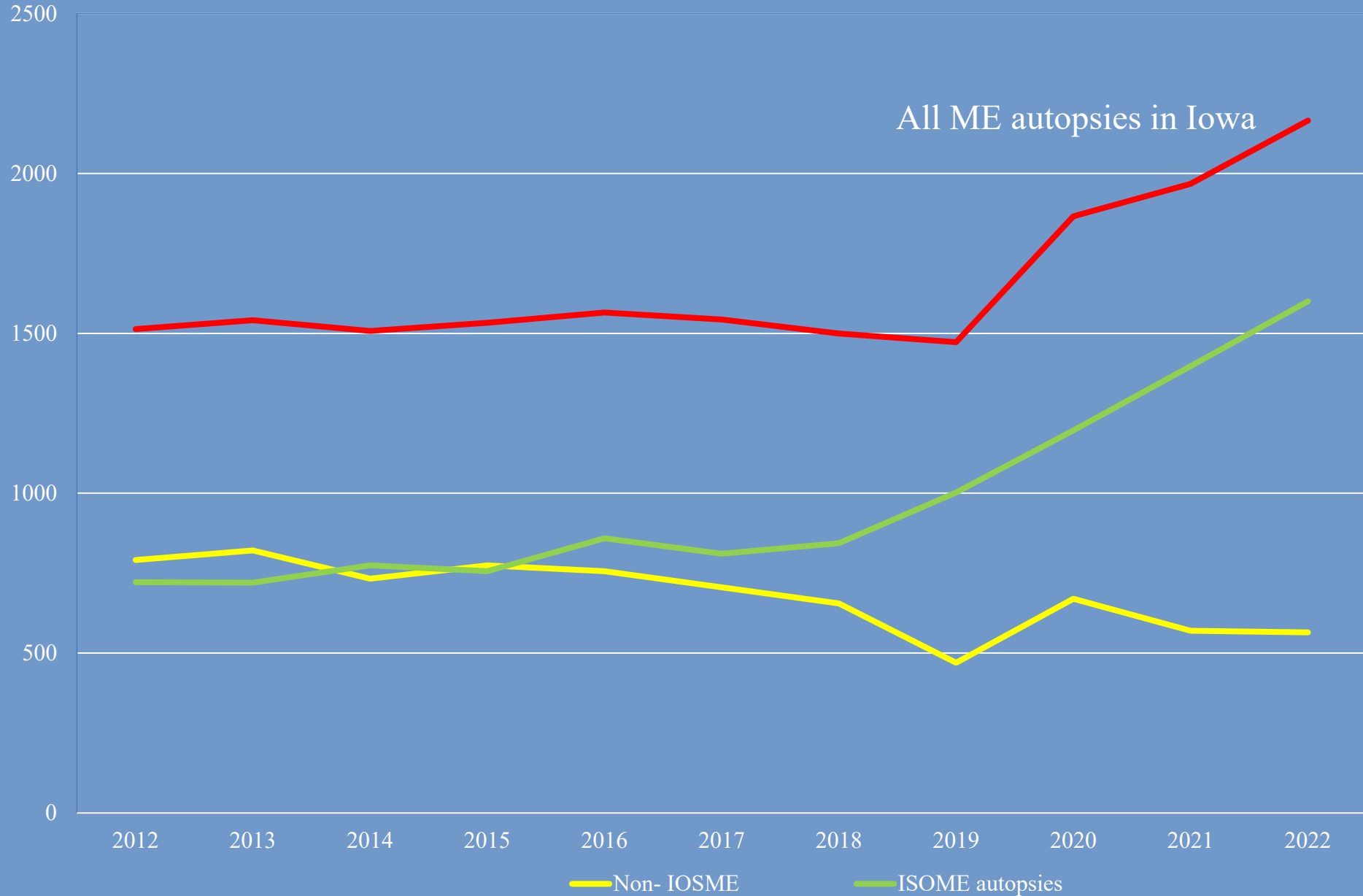
% of Cases Autopsied
100%
66%
42%
8%
95%

IOSME AUTOPSIES BY YEAR



projected

Autopsies State wide and at IOSME



IOSME Staffing

18 Full Time

- 5 Forensic Pathologists
- 2 MEI liaisons
- 3 Medical Examiner Investigator
- 1 Office manager
- 4 Autopsy Technicians
- 2 Administrative Assistants
- 1 Radiology Technician

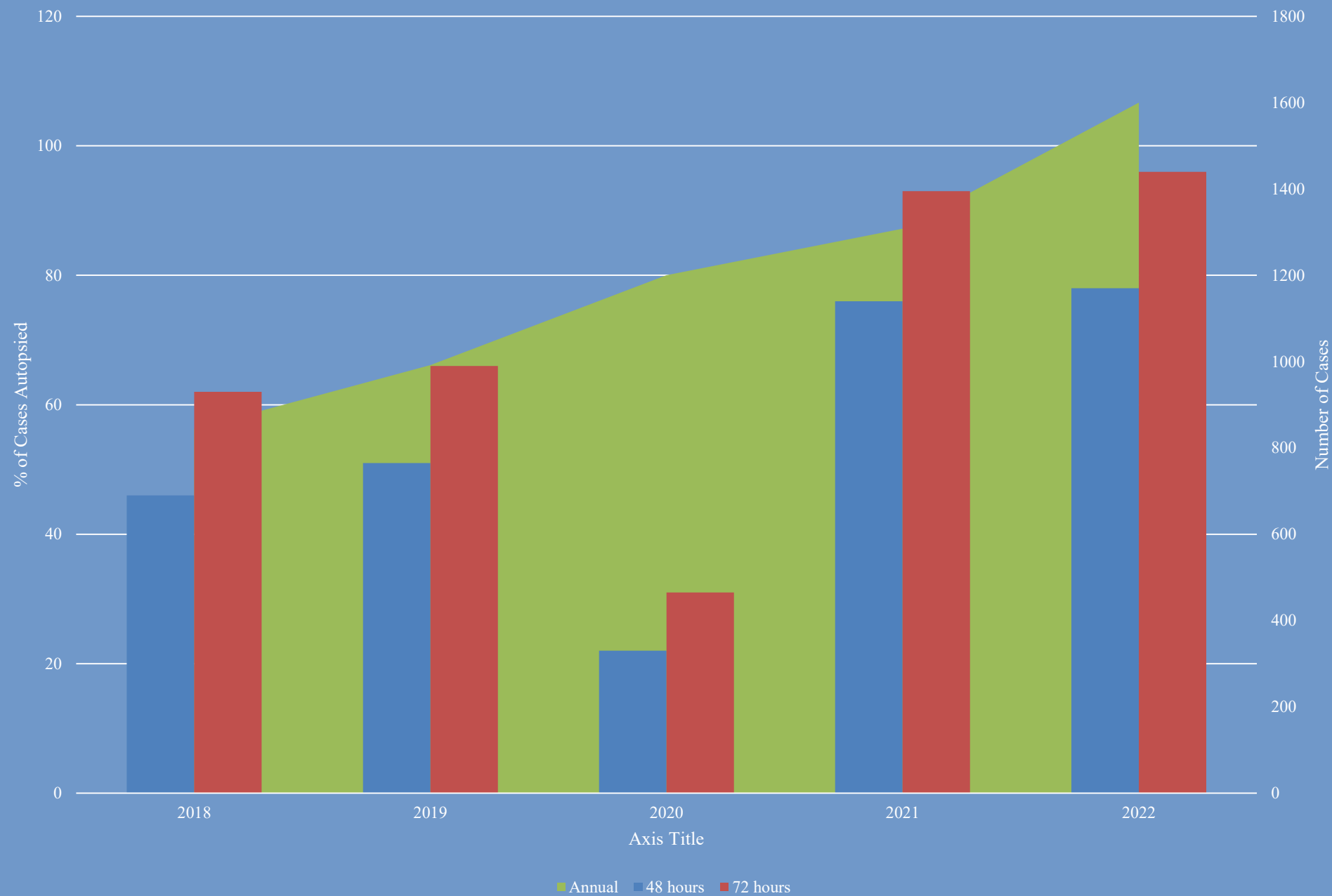
30 Part Time

- Autopsy technicians
- Morgue Attendants
- Administrative Assistants
- Investigator (1)
- Pathologists (6)

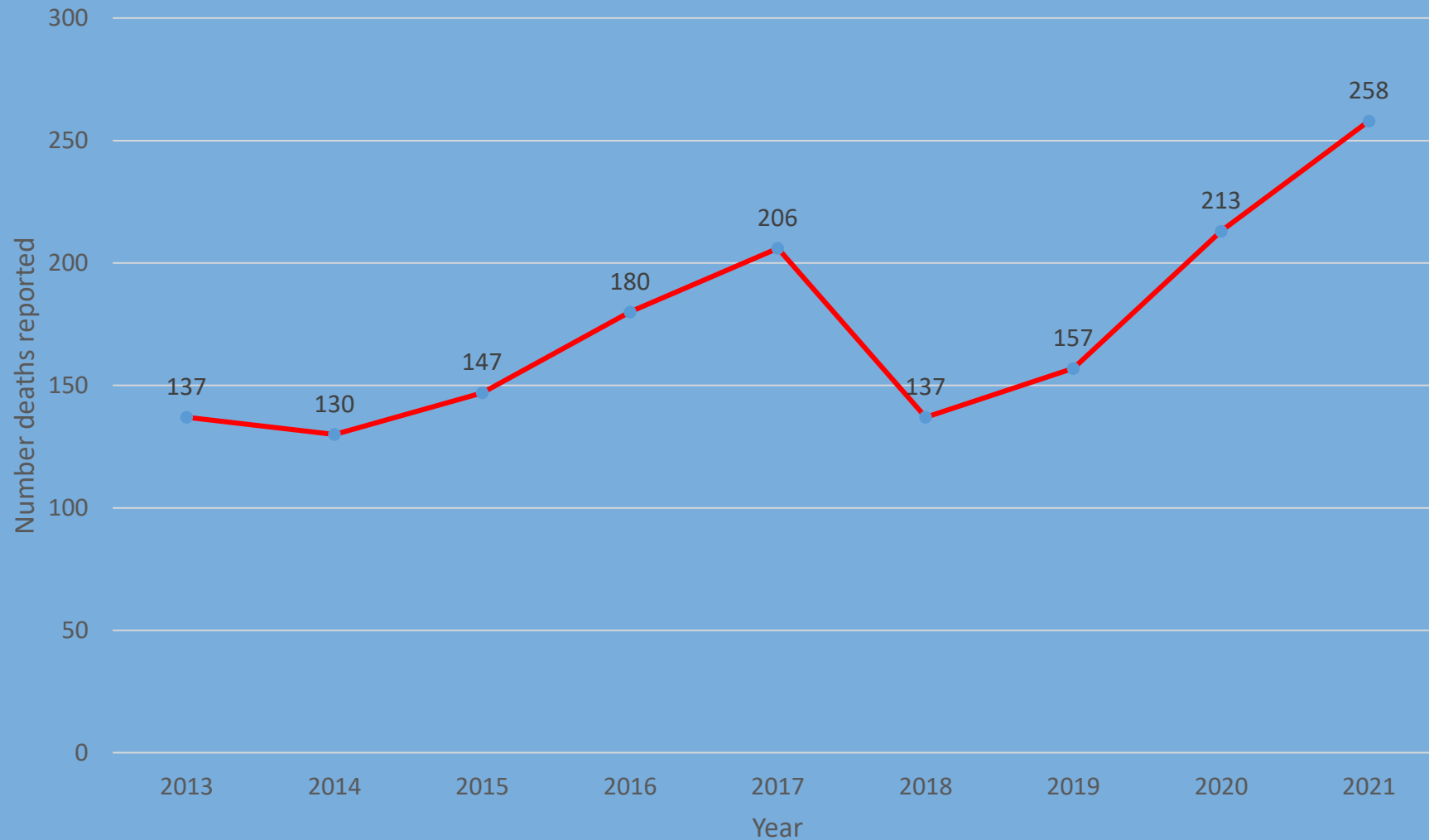
Partnership

- 2 IDN Liaisons/investigators

48 hour, 72 hour Autopsy Completions at IOSME



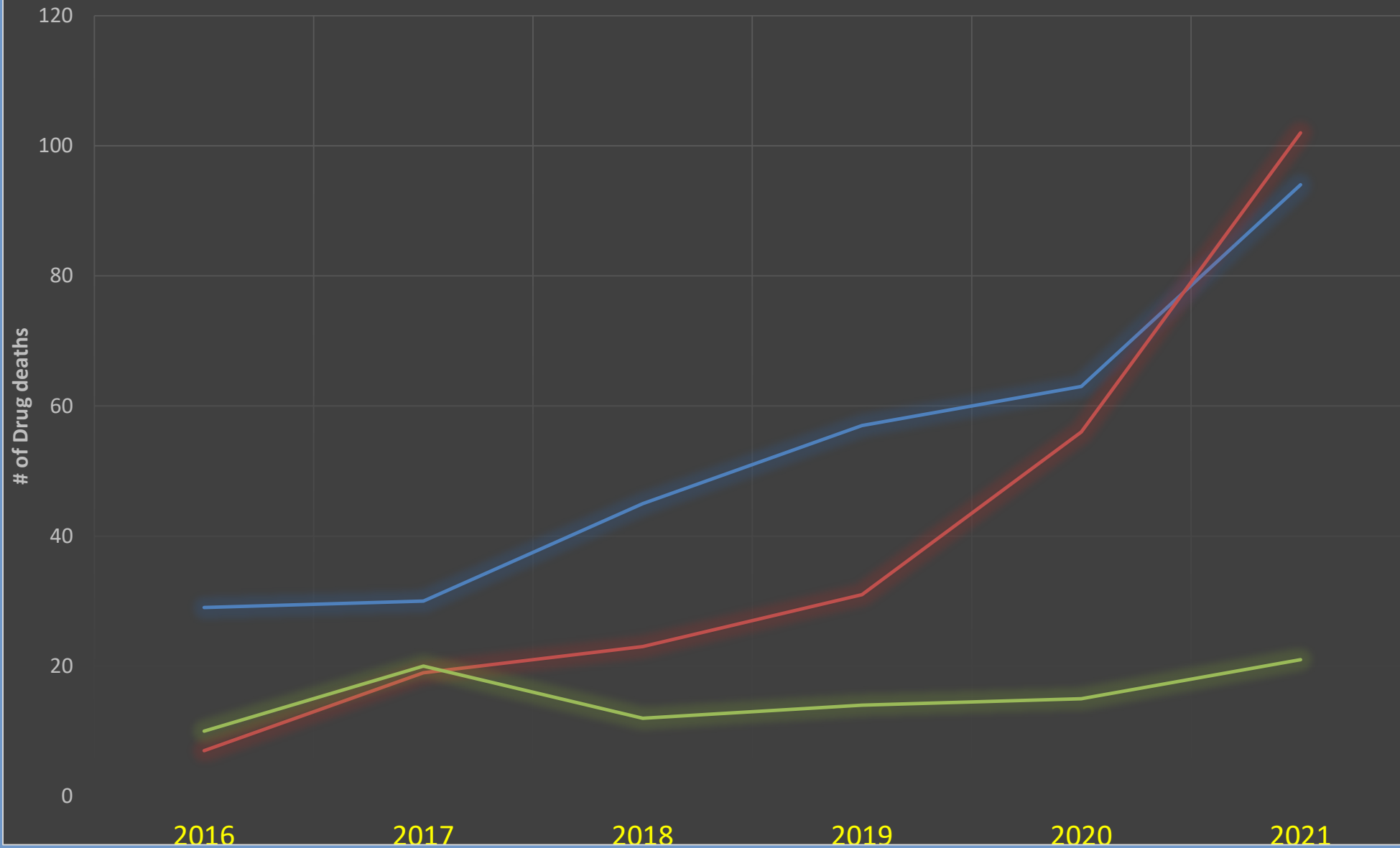
Opioid deaths in Iowa



—●— Opioid deaths

Drug Deaths (Autopsied at IOSME)

Methamphetamine Fentanyl Heroin



The Rise of Fentanyl

- Drug Deaths involving Fentanyl
 - 2018 23%
 - 2021 46%
- Concentration of Fentanyl (over 20 ng/mL)
 - 2018 0%
 - 2021 17%

Autopsy

- NAME standards-
 - The forensic pathologist shall perform a forensic autopsy when:
 - the death is by apparent intoxication by alcohol, drugs, or poison, unless a significant interval has passed, and the medical findings and absence of trauma are well documented.
- WHY?
 - Interpretation
 - Prosecution
 - Sentinel novel drugs

Complete and Accurate Drug Death Reporting

- *Sensitivity*: Depends on history and suspicion at the scene
 - Age is not a good discriminator
 - Absence of drug at scene, not a good discriminator (e.g. Methamphetamine)
 - Appropriate toxicology testing
- *Specificity*: Depends on interpretation
 - Proper specimen collection
 - Autopsy findings
 - Review of medical history
 - Review medication history (e.g. PMP)





Decision making at scene

Maintain High Index of Suspicion

- Drug use and intoxication
 - OPIOIDS
 - Opioid deaths highest in Age group 25-34 (31%)
 - 55+ Age group (18%)
 - Complex interpretation of Natural Disease and Toxicology
 - Person may not know taking Fentanyl
 - METHAMPHETAMINE
 - Long $T_{1/2}$ (6-15 hr depending on route) - may not see drug at scene
 - Age not a reliable discriminator

Importance of Accurate Drug Death Reporting

- State and Federal policies rely on accurate and complete data
 - Data obtained from Death Certificate
 - List of drugs need to appear in Cause of Death statement
 - Indicate in EMER presence or absence of drug paraphernalia

Example: “Mixed drug (fentanyl and methamphetamine) intoxication.”

Avoid: “Polysubstance use”, “Opioid overdose”

- Actionable data for law enforcement
 - Timely reporting- Interdiction and prevention
 - Accurate reporting- Prosecution

IOSME study Rapid Preliminary Toxicology Reporting

- Same day qualitative testing of common drugs of abuse (e.g. Methamphetamine, Fentanyl)

☐ Validating Sensitivity and Specificity

☐ Syndromic surveillance



Elder Abuse

- Most reported form of elder abuse is financial exploitation, often occurs with emotional, physical, and sexual abuse.
- Perpetrators most commonly trusted people e.g. Family
- Area Agencies on Aging
 - Six regional agencies in Iowa

SF 522 Past Elder Abuse Law

Signed into law June 15, 2022

- Older defined as 60 YO or older
- *Abuse- “the infliction of physical harm or the deprivation of goods or services that are necessary to meet essential needs or to avoid physical harm or psychological harm”*
- *Care giver “individual who has the responsibility for the care or custody of an older individual, whether voluntarily, by contract, by receipt of payment for care, and includes but it is not limited to a family member or other individual who provides, whether on the individual’s behalf or on behalf of a public or private entity, compensated or uncompensated care of an older individual.”*

Elder Neglect

- Failure of caregiver to provide
 - Food
 - Shelter
 - Clothing
 - Supervision
 - Goods or services necessary to maintain health and safety
- If not provided “denial of critical care”

Dependent Abuse Tab in EMER

IOWA OFFICE OF THE STATE MEDICAL EXAMINER 2250 South Ankeny Blvd. Ankeny, IA 515-725-1400		<input type="checkbox"/> JURISDICTION DECLINED AUTOPSY <input type="checkbox"/> No <input type="checkbox"/> County <input type="checkbox"/> IOSME <input type="checkbox"/> Private/Hospital Facility Where Autopsy Performed: Bag Lock #:
PRELIMINARY MEDICAL EXAMINER REPORT Worksheet for EMER (Electronic Medical Examiner Reporting)		
DECEDENT: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (First Name) (Middle Name) (Last Name) (Suffix) </div>		
ADDRESS: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (residence) (Number and Street or Route, Box No.) (City) (State) (Zip Code) (County) (County Assigned Case #) </div>		

DEPENDENT ABUSE	Was this death expected? Is This Death Suspicious For: <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Financial Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Insurance Collection <input type="checkbox"/> Inappropriate Care (e.g. mishandling of resources/medication)	Decedent Mentation: <input type="checkbox"/> Recent change in mentation or condition <input type="checkbox"/> Communicative and Appropriate Dementia: Ambulation:	Senses and Communication Verbal Hearing Eyesight Sensation
	Living Situation Communicative & Appropriate Caregiver Dementia	Degree of Independence:	Nursing Assistance: Name: Agency: Frequency:

26 Questions

Importance of History in Infant Deaths

- Review of literature and IOSME experience
 - Low yield microbiology without positive history or gross findings
 - Interpretation of post mortem multiple bacterial species
- Directed microbiology testing, based on history
 - Recent illness (respiratory, GI), fevers, exposures
- Reduce cost



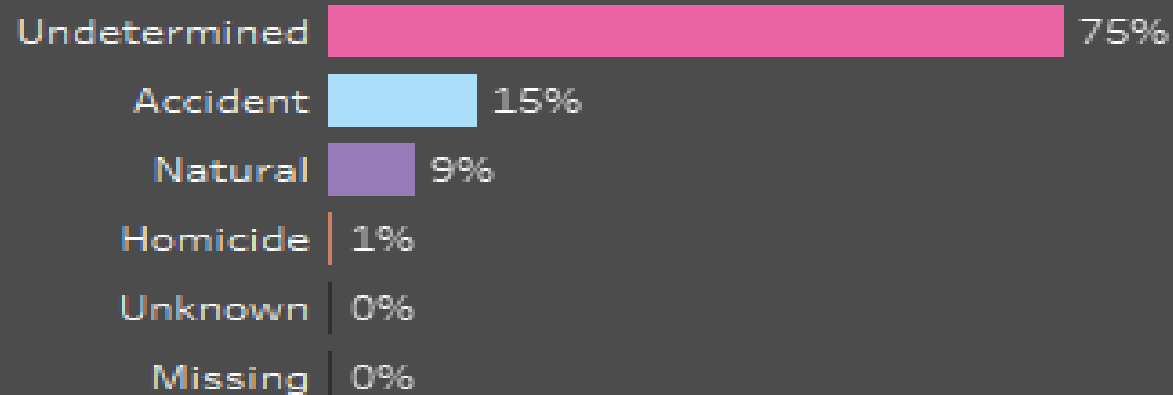
INFANT (0-3) Tab in EMER

<h2 style="margin: 0;">IOWA OFFICE OF THE STATE MEDICAL EXAMINER</h2> <p style="margin: 0;">2250 South Ankeny Blvd. Ankeny, IA 515-725-1400</p> <hr style="border: 1px solid black;"/> <h3 style="margin: 0;">PRELIMINARY MEDICAL EXAMINER REPORT</h3> <p style="margin: 0;">Worksheet for EMER (Electronic Medical Examiner Reporting)</p>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> JURISDICTION DECLINED </div> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">AUTOPSY</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> No <input type="checkbox"/> County </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> IOSME <input type="checkbox"/> Private/Hospital </div> <p style="font-size: small; margin: 5px 0;">Facility Where Autopsy Performed:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> </div>
DECEDENT:	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> (First Name) (Middle Name) (Last Name) (Suffix) </div>	
ADDRESS:	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center; font-size: small;">Iowa</div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> (residence) (Number and Street or Route, Box No.) (City) (State) (Zip Code) (County) (County Assigned Case #) </div>	

INFANT (0-3)	Mother Name Date of Birth: Address: City: County: State: Iowa Zip: Phone (inc area code): Other States Where Resided: History of: <input type="checkbox"/> Smoking <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Illness	Father Name Date of Birth: Address: City: County: State: Iowa Zip: Phone (inc area code): Other States Where Resided: History of: <input type="checkbox"/> Smoking <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Illness	Caregiver at Time of Death Name Date of Birth: Address: City: County: State: Iowa Zip: Phone (inc area code): Other States Where Resided: Relationship to Decedent: How Long Cared for Child: History of: <input type="checkbox"/> Smoking <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Illness
	Position at Time of Death Who Found Child? (parent, sitter, etc.) <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Sitter <input type="checkbox"/> Friend <input type="checkbox"/> Significant Other of Parent <input type="checkbox"/> Other Where Was Child Found? (bedroom, crib, etc.)	Bedding Sleep Environment? If On Mattress, Type? Covering Narrative: Bed Contents:	Home Where Found History of: <input type="checkbox"/> Smoking <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol Room Temperature (F): F Thermostat Setting (F): F Describe Heating and Cooling System:

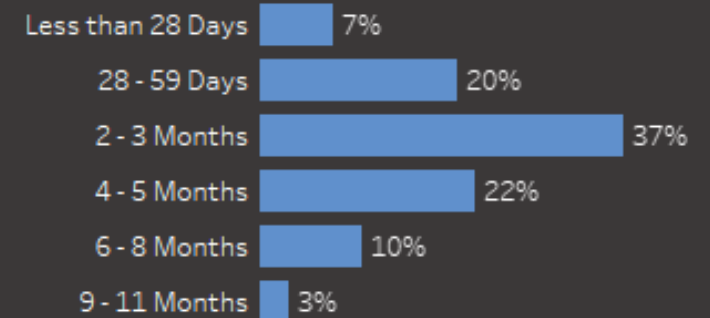
CFRP IOWA Sleep Related Infant Deaths 2005-2019

Manner

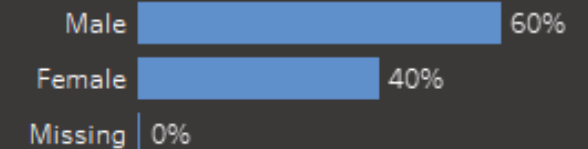


Demographics

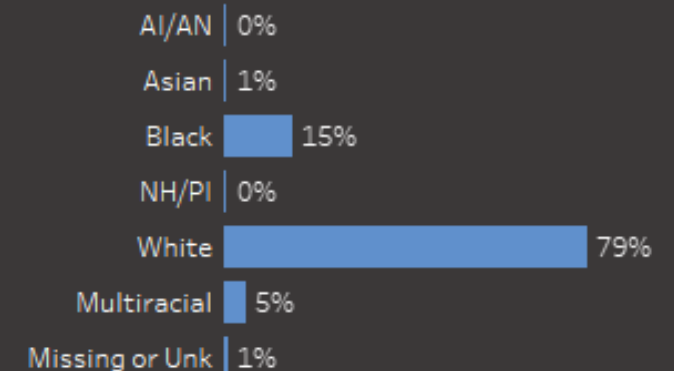
Age



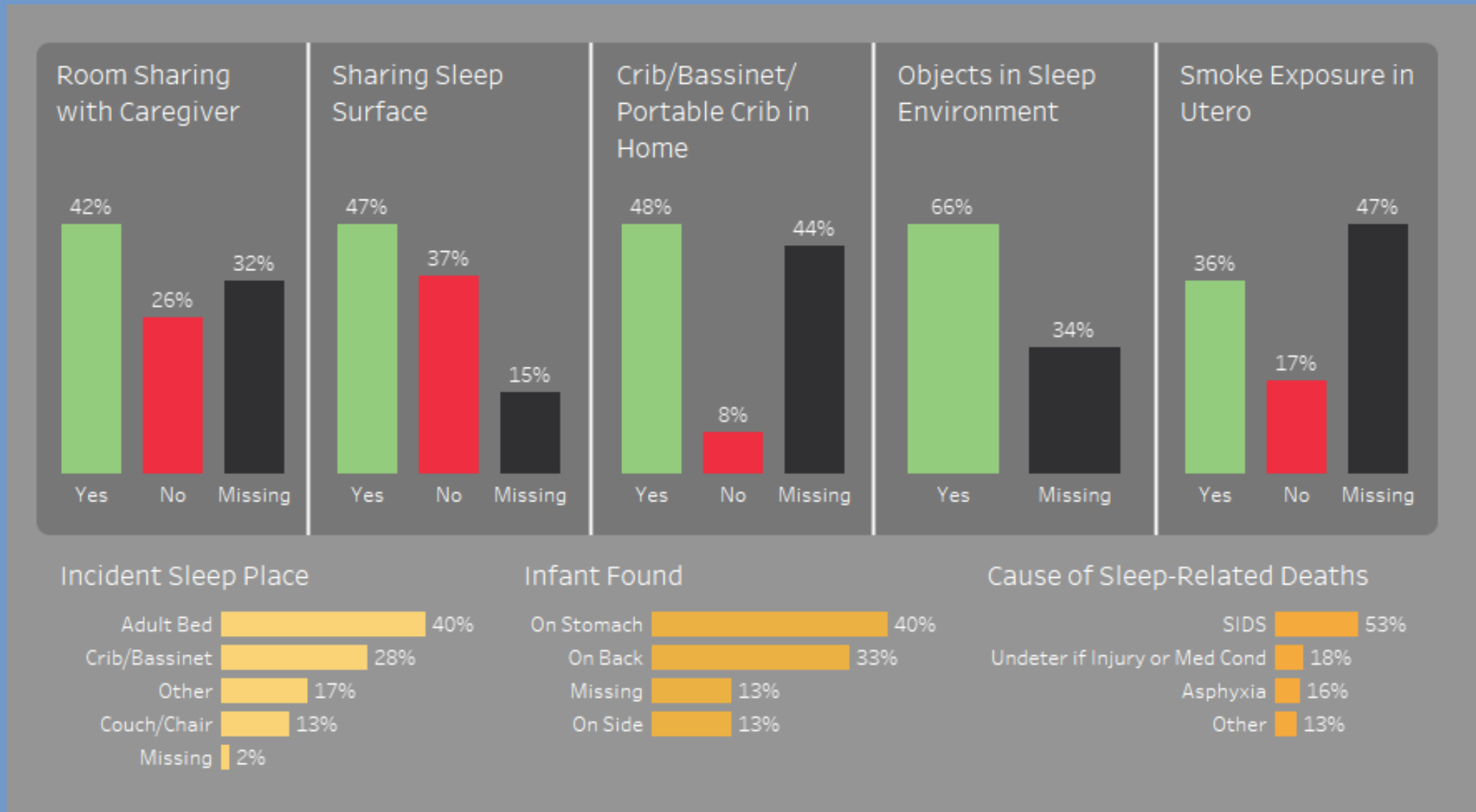
Sex



Race



Sleep Related Risk Factors (2005-2019)



Criteria for Infant Death Caused by Asphyxia

- Complete autopsy
- Toxicology, histology, vitreous electrolytes as necessary
- Review of medical history
- Obstruction of both nose and mouth or compression of neck or chest, reliably witnessed or demonstrated by doll reenactment
- No reasonable competing cause of death

Doll Reenactment



Doll Reenactment



Autopsy



Doll Reenactment



Autopsy



Deaths with Law Enforcement Interaction “In Custody”

IVES Entry Every case

Law Enforcement

Law Enforcement or Corrections Related Death

- ☐ Not a Law Enforcement or Corrections Related Death
- ☐ Not a Law Enforcement or Corrections Related Death but death within 30 days of unrestricted release from prison or jail
- ☐ Law Enforcement or Corrections Related Death
 - ☐ Pre-apprehension (pre-custody, before direct physical contact with law enforcement, e.g., vehicle pursuit, barricade)
 - ☐ Apprehension (direct physical contact between decedent and law enforcement, e.g., physical altercation)
 - ☐ Officer involved shooting
 - ☐ In custody (from arrest to sentencing)
 - ☐ Corrections custody (incarcerated in jail or prison post-sentencing), including death of prisoner in hospital

MEI Qualifications –Admin rule

- At least 2 years experience nurse or medical care provider
- Within 3 years
 - St Louis Basic course or its IOSME-approved equivalent
 - Obtain ABMDI certification
- Waiver if above not able to be achieved

First Training Course in Ankeny

1ST ANNUAL MIDWEST DEATH INVESTIGATION COURSE

- > Fulfills appointment requirements for Death Investigators in the State of Iowa
- > Preparation for ABMDI Certification
- > Continuing education available

- DMACC in Ankeny
- July 18 – 20, 2022
- Lecture presentations and practicums in new Crime Scene House

Practicums in new DMACC facility



Mark Your Calendars

- Midwest Medicolegal Death Investigator Course (MDIC)
- When: May 1- 3, 2023
- Where: DMACC Ankeny
- Cost: Tuition \$499
- Funding available: Tuition and lodging
- Meets MEI training qualification (Admin code 127.7)

Scene Photos

- Two or three properly exposed and in focus photos worth paragraphs of description
- Methods for sending photos
 - iosme.mel@idph.iowa.gov
 - Filecloud (NEW)
- Do save on county servers
- Don't save on home computer



Iowa Health Boards



IOSME - Aaron Hallengren has shared
files with you, IOSME - Mark Bethel.

Test County - Doe J

at [https://filecloud.idph.state.ia.us/url/zg6afhmnqx2sdbbj?
shareto=mark.bethel@idph.iowa.gov](https://filecloud.idph.state.ia.us/url/zg6afhmnqx2sdbbj?shareto=mark.bethel@idph.iowa.gov).

IOSME - Aaron Hallengren has also sent the following message:

Password protected share

Share password: da5wbftb

Click on the link above to access your files.

Step 2 Double click on url



Step 1 Highlight and copy



Step 3 paste in password




Iowa Health Boards

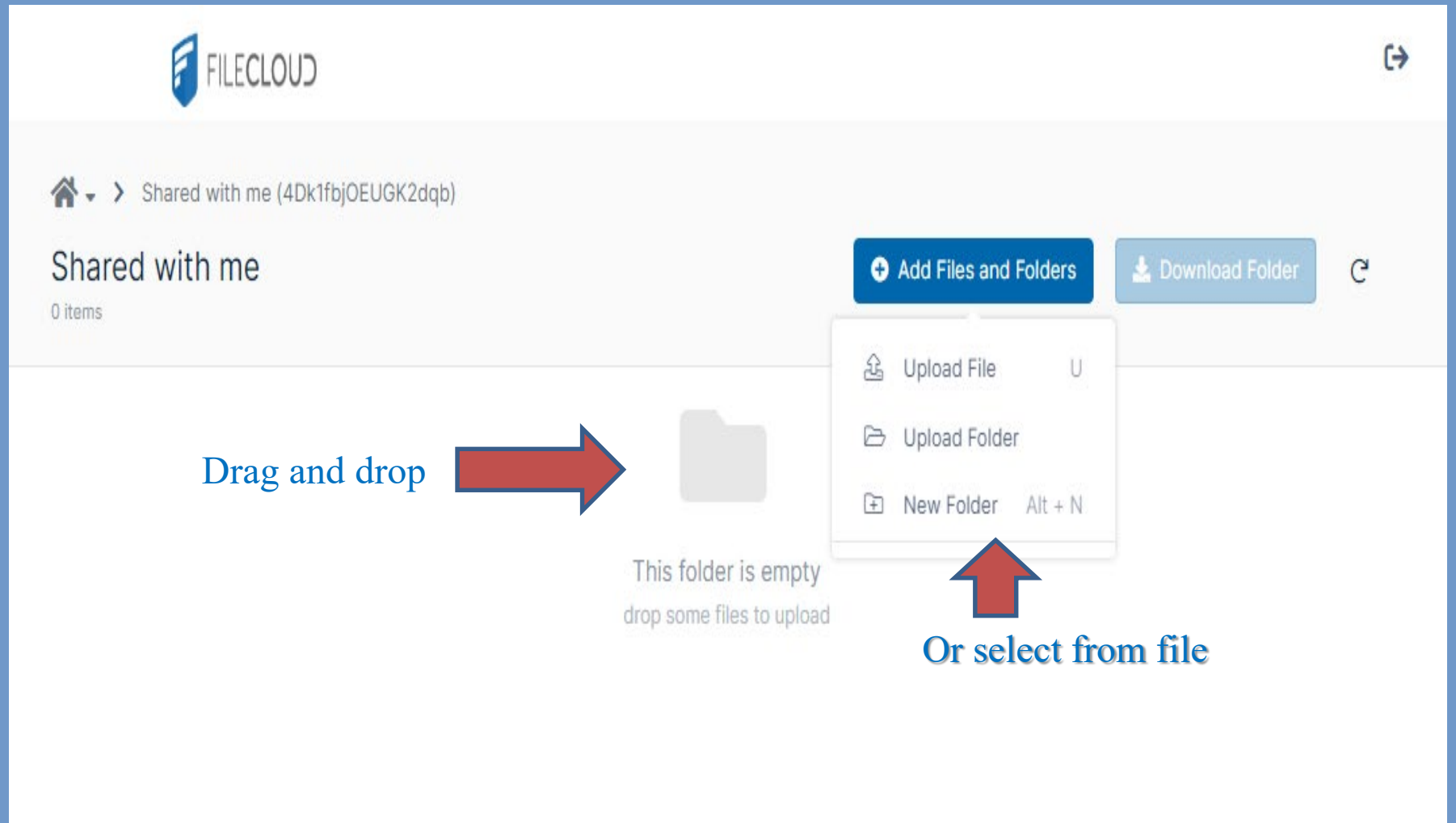
Access password-protected share

.....

Login

A collection of logos for the Iowa Health Boards. At the top are four small circular logos. Below them is a large central logo for 'IOWA HEALTH BOARDS' featuring a caduceus and a triangle. To the left is the 'IOWA BOARD OF MEDICINE' logo with a caduceus. To the right is the 'Board of Pharmacy IOWA' logo with a mortar and pestle. At the bottom is the 'IOWA BOARD OF NURSING' logo with a lamp of knowledge and the text 'EST. 1907'.


Step 4 upload photos




Evolution of ME Death Reporting

Central Office Use Only (Date of Filing) _____			
IOWA OFFICE OF THE STATE MEDICAL EXAMINER 2250 S. Ankeny Blvd., Ankeny, Iowa 50023-9003 Phone#: 515-275-1400 / FAX#: 515-275-1414			
PRELIMINARY REPORT OF INVESTIGATION BY MEDICAL EXAMINER			
DECEDENT: _____ (First Name) _____ (Middle Name) _____ (Last Name) _____ (SSN) _____			
ADDRESS: _____ (County Assigned to Case #) _____			
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY			
AGE _____ (How Many Yrs. Give months & days) Age: Date of Birth: _____	SEX _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undetermined	RACE _____ <input type="checkbox"/> "Caucasian" <input type="checkbox"/> "African American" <input type="checkbox"/> "Hispanic" <input type="checkbox"/> "Asian" <input type="checkbox"/> "Other"	BODY TEMPERATURE _____ <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold If "warm": _____ <input type="checkbox"/> None EYES _____ <input type="checkbox"/> "Open" <input type="checkbox"/> "Closed" If "open": _____ (R/L) _____ (R/L) If "closed": _____ (R/L) _____ (R/L) If "open": "W" = "waxen," "F" = "full"
MARITAL STATUS _____ <input type="checkbox"/> Married <input type="checkbox"/> Never married or ONCE <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown	HEAD-HAIR _____ <input type="checkbox"/> None <input type="checkbox"/> Partly Bald <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> White	EYES _____ <input type="checkbox"/> "Blue" <input type="checkbox"/> "Green" <input type="checkbox"/> "Brown" <input type="checkbox"/> "Hazel" <input type="checkbox"/> "Gray" <input type="checkbox"/> "Other" If "Other": _____ (R/L) _____ (R/L)	NOSE _____ <input type="checkbox"/> Present <input type="checkbox"/> Absent Color: _____ OTHER _____ (Ort, warts, etc.)
RACE _____ <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	OTHER HAIR _____ <input type="checkbox"/> Beard <input type="checkbox"/> Mustache <input type="checkbox"/> Circumcised	LIPS _____ <input type="checkbox"/> "Color" <input type="checkbox"/> "Yes" <input type="checkbox"/> "No" <input type="checkbox"/> "Anatomical" <input type="checkbox"/> "Present" <input type="checkbox"/> "Lateral (R/L)" <input type="checkbox"/> "None"	DECOMPOSITION _____ <input type="checkbox"/> Early <input type="checkbox"/> Advanced <input type="checkbox"/> None
INFORMATION ABOUT OCCURRENCE			
ITEM _____ (by Writon / Location where Last Seen or Heard) (Name of Pronouncer / Address where Pronounced) (by Writon / Address where Found)	LOCATION _____ (by Writon / Location where Last Seen or Heard) (Name of Pronouncer / Address where Pronounced) (by Writon / Address where Found)	COUNTY _____ (Type, State, Highway, Hospital, etc.)	TYPE OF PREMISES _____ <input type="checkbox"/> ON THE JOB <input type="checkbox"/> OFF THE JOB <input type="checkbox"/> HOME
TOLUOXYL _____ (by Writon / Location where Last Seen or Heard) (Name of Pronouncer / Address where Pronounced) (by Writon / Address where Found)	POLICE AGENCY _____ (by Writon: Name and Address)	OFFICER: _____	NOT VIEWED _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspect or Drawn <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspect or Drawn <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspect or Drawn <input type="checkbox"/> Yes <input type="checkbox"/> No
MANNER OF DEATH			
<input type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING	PROBABLE CAUSE OF DEATH: _____ 1. _____ 2. Due to: _____ 3. Due to: _____ Contributing factor: _____		
PRINT NAME: _____ Signature of Medical Examiner / Medical Examiner Investigator			
(Date Signed) _____ (County of Appointment) _____			
How Injury Occurred (44 of each certificate): _____			

Form ME-1 (revised 08/01/15)


NetSMART VRS - Home

File
Search
Work Queue
Tools
Batch
Administration
Help



Iowa PRODUCTION

Department of Health
Office of Vital Records


Iowa

MESSAGE OF THE DAY

ATTENTION ALL USERS!

Using someone else's user name to log in is a violation of security provisions for electronic filing. You **MUST** use your own user name to log in. Email IVESHelpDesk@dph.iowa.gov to request additional user names, or call (866) 309-0831.

Sender	Title	Contents	Message


NetSMART VRS | © 1999-2019 | Netsmart Technologies, Inc. | www.ntst.com

Unread Messages: 21

[Mr. Nix stage-dennis@icp](#)
[VRS-NX Neomart - Dashboard](#)

[←](#)
[→](#)
[↺](#)
[↻](#)
[qavrtst.netmartcloud.com/WebSvcIA_3/home/main?selection=vrsuser%3D02...](#)

[Home](#)
[File](#)
[Search](#)
[Tools](#)
[Batch](#)
[Help](#)

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Messages

Real time import to IOSME

Ability to update EMER and submit 2nd send

1983 -2019

2019-2020

2021-present

2023

NAME Accreditation

- Four year accreditation cycle
 - 2020 Downgraded to provisional status
 - Phase II deficiency < 90% Autopsies performed in 72 hours
 - Phase I deficiency < 90% Autopsies performed in 48 hours
 - Concern for Phase II 90 day Autopsy report final (90.2%)
 - 2021 Corrections and inspection
 - Phase II Corrected 91.8% autopsies completed within 72 hours
 - Concern for Phase II corrected 97.7 % completed in 90 days (93.0% within 60 days)
 - Regained full accreditation
 - 2022 Annual Review
 - No Phase II deficiencies
 - Phase I deficiencies in 48 hour autopsy turn around and Number of autopsies /path

Mass Fatality and Surge Preparedness

- Table Top Mass fatality Exercise
 - Collaboration with Johnson County
 - Identified communication gaps
- Increase Autopsy throughput efficiency
 - IT solutions
 - Increased X-ray capacity
 - Ceiling mounted with floating table and stitching capability
 - Portable X-ray
 - Demonstrated increased autopsy throughput



Iowa Mass Fatality TTX
Player Briefing
June, 16th 2022

Mass Fatality and Surge Preparedness

- Cooler capacity
 - High Density racks
 - Max capacity now 70
- On-site Cooling
 - Reefer trailer
 - Tommy lift and racks




Refrigerated trailer








2022



Iowa Office of the
State Medical Examiner



County
Medical
Examiner
Handbook



Iowa Office of the State Medical Examiner2250 S Ankeny Blvd.

Ankeny IA 50023-9093
iosme.iowa.gov

Parting Reminders and Requests

IOWA OFFICE OF THE STATE MEDICAL EXAMINER

2250 South Ankeny Blvd. Ankeny, IA 515-725-1400

PRELIMINARY MEDICAL EXAMINER REPORT

Worksheet for EMER (Electronic Medical Examiner Reporting)

HANGING	Suspension	Ligature Type:	Object/Source of Attachment:	Platform:
	Body Location Description:	Ligature Length: in.	Other:	<input type="checkbox"/> Platform Used <input type="checkbox"/> Platform Overturned <input type="checkbox"/> Platform Scuff Marks Found <input type="checkbox"/> No Platform
	Body Position Description:	Description of Ligature:	Point of Suspension On Body:	Platform Distance From Ground in.
		Ligature Texture:	Knot Type:	Platform Distance From Body in.
			Description of Knot:	Description of Platform:
	<input type="checkbox"/> Possible Autoerotic Asphyxiation			

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (add sheet if needed):
Brief Case Description (1 to 3 sentences):
History/Circumstances (surrounding the death):
Scene Description (include location and position of body):
Describe attempts to seal

Iowa Department of Public Health - Iowa Office State Medical Examiner
EMER (ME-1) Revision Date Jan 2020
Page 11

Please complete specialty tabs and narrative

Tissue Donation

- Continue to refer EVERY death to IDN
 - Protocols are continuously changing
 - Case referred for possible corneal donation
 - Efficiency of information reporting
- Transportation
 - If challenges in timely transport
 - Ask to speak with Funeral Director donation specialists
- Identification tags on body (not clothing)

Indemnification and Workman's Compensation

- 641—127.11(331,691,670) Indemnification. A board of supervisors shall defend, hold harmless, and indemnify a county medical examiner and any properly appointed staff members to the extent provided in Iowa Code chapter 670.
- Coverage for work related injuries depends on employment status : Independent contractor —not covered.
Employee of County, covered.

Mass Fatality Preparedness

- Reach out to your County Emergency Management Administrator
- Review (create) Mass Fatality Plan