**Executive Summary**

The City of New York (NYC) Office of Chief Medical Examiner (OCME) is prepared to manage multiple types of disaster incidents that would result in numerous fatalities. Past planning and response efforts focused on fire incidents like the Happy Land Social Club Fire, which occurred March 25, 1990; airline incidents such as American Airlines Flight 587 that crashed in a Queens neighborhood on November 12, 2001; water recoveries like the Staten Island Ferry crash, which occurred on October 15, 2003; terrorist incidents like the February 26, 1993 World Trade Center (WTC) bombing; and that terrible September day in 2001 when two airliners flew into the World Trade Center Twin Towers bringing them both to the ground.

Accustomed to dealing with extensive fragmentation, portion reassociation, family grief, and tremendous victim identification challenges, the NYC OCME now prepares for a different disaster incident—a Pandemic Influenza (PI) event.

A PI event will be particularly challenging due to the potential for tens-of-thousands to hundreds-of-thousands of deaths to occur. The private sector could be left with the responsibility to deal with decedents, as most naturally occurring deaths never come under the OCME’s jurisdiction. The magnitude of a PI event would, by its weight and scope, demand a response from the OCME to assist both City health care facilities (HCFs) and to support private sector funeral directors, cemetery/crematorium owners, and religious communities. In such an instance, the OCME’s goal would be to provide a service to the community, so that decedents could be cared for respectfully even during a devastating disaster likely to create a “new normal” regarding how human remains are processed.

On the following pages, the OCME will identify its jurisdictional authority during a PI event, the characterization of deaths due to a PI event, its primary role and responsibilities, other key agencies’ roles and responsibilities, a hazard analysis, planning assumptions, OCME agency objectives, and its agency’s management approach for organizing and executing a response should a PI event occur.

*Specifically, this planning document will present the OCME’s operational response strategies—to arrange for the recovery, transport, storage, tracking, and processing of PI and non-PI decedents, in circumstances whereby mortuary affairs personnel, equipment, and supplies will likely be limited.*
This plan was developed in anticipation of responding to a PI event, but many of its tenets have potential application to other biological outbreaks or incidents that exceed the OCME’s current capability or require a decentralized management approach.

As the OCME learns new methods of managing remains, caring for families, and instituting new technology, these lessons will be incorporated into the operational response strategies. They will also be added to the OCME’s general Mass Fatality Management (MFM) Guideline, just as the lessons learned from previous experiences have been implemented and used to formulate this PI Surge Plan.

**Primary Objectives Governing the Office of Chief Medical Examiner’s Response**

- The OCME will coordinate its response activities with the DOHMH to mitigate a public health hazard with regard to decedents.
- The OCME will make every effort to maximize staff safety, in order to prevent secondary exposure.
- The OCME will avoid competing with other agencies to obtain vital resources, by coordinating its requests through the Emergency Operation Center (EOC).
- The OCME will collect and preserve postmortem and antemortem evidence, required for the determination of the cause and manner of death and for identification of the decedent.
- The OCME will make every effort to minimize the burden placed on NYC’s health care system, by assisting HCFs with storing and processing decedents.
- The OCME will positively identify victims, determine the victim’s cause and manner of death, and will release remains to the next of kin (NOK) without delay.
- The OCME will enhance its capabilities to buffer the impact placed on final disposition entities by holding bodies in storage until funeral directors and cemetery/crematorium owners are ready to manage final disposition.

“The people of America will not settle to see fellow Americans going to waste on the street. (Thus,) we must take the mission of mortuary affairs right behind saving lives, (and) its execution must be implemented concurrently.”

Lieutenant General Russell L. Honoré, Commanding General of the U.S. First Army

*Former Commander of the Joint Task Force-Katrina*