

OFFICE OF CHIEF MEDICAL EXAMINER  
THE CITY OF NEW YORK



# Pandemic Influenza Surge Plan to Manage In-Hospital Deaths

*Training Course*

**May 2008**

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# Agenda

- Sign-in, Handouts, and Pre-test
- Introductions
- Course Execution & Q/A
- 15-minute Break
- Post-test and Course Evaluation



## OCME PI Surge Plan to Manage In-Hospital Deaths

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# Training Objectives

1. Identify Pandemic Influenza (PI) planning assumptions.
2. Identify the magnitude of decedents that New York City (NYC) agencies, specifically the health care facilities (HCFs), will likely encounter.
3. Outline the Office of Chief Medical Examiner's (OCME's) strategy to manage the surge in decedents occurring both in- and out-of-hospitals during a PI event.
4. Identify the OCME's role and responsibilities.
5. Identify HCF's role and responsibilities with regard to decedent management.



## OCME PI Surge Plan to Manage In-Hospital Deaths

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# Training Objectives

6. Identify key components associated with managing in-hospital decedents during a PI event.
7. Identify what HCFs should have in place to manage decedents during a PI event.
8. Outline what HCFs should do when Next of Kin (NOK) drop off decedents at HCFs.
9. Identify the *Surge Response Approach* for managing decedents during PI event requiring the use of Body Collection Points (BCPs).



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# Introduction



## OCME PI Surge Plan to Manage In-Hospital Deaths

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# An Historical Perspective: Video 1

**View the video here:**

<http://www.nyc.gov/html/doh/html/bhpp/bhpp-pi-training-video.shtml#1>



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# **An Historical Perspective: Video 2**

**View the video here:**

<http://www.nyc.gov/html/doh/html/bhpp/bhpp-pi-training-video.shtml#2>



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# It's Not a Matter of If, But When...

## It's Not a Matter of If, But When...

### View the video here:

<http://www.nyc.gov/html/doh/html/bhpp/bhpp-pi-training-video.shtml#3>

- The World Health Organization (WHO) suspects the H5N1 virus will be the next virus to mutate and cause a PI outbreak. Currently, this virus has spread among wild waterfowl, which act as reservoirs for this low pathogenic strain; however, the strain could mutate into high pathogenic avian influenza (HPAI) strain should domestic poultry contract the virus. When an HPAI strain exists, there is greater concern humans will contract the virus and that the virus will mutate again having human-to-human transmission properties.
- To date, there have been over 300 documented human cases of H5N1, resulting in a 60% fatality rate in humans. Most of these cases were due, however, to direct or indirect exposure of infected poultry only and not the result of human-to-human transmission.

*US Department of Health and Human Services  
Secretary Michael Leavitt (2005-2009)*

*World Health Organization Epidemic and Pandemic Alert and Response Website, Updated 24 May 2007,  
[http://www.who.int/csr/disease/avian\\_influenza/country/cases\\_table\\_2007\\_05\\_24/en/index.html](http://www.who.int/csr/disease/avian_influenza/country/cases_table_2007_05_24/en/index.html)*



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# PI Planning Assumptions

- A PI event will affect the entire nation and tax every jurisdiction. It is unlikely federal assets such as the Disaster Mortuary Operational Response Team (DMORT) will be available, as they are primarily volunteers who work in the funeral industry.
- Approximately 25-35% of the NYC population (8.2 million in 2005), will become infected. This includes staff employees of public and private entities.
- The case fatality rate will be approximately 2.1 to 3.5 % of those who become infected.
- Characteristics of a PI event include an event likely to last 12-18 months nationally, presenting as outbreak waves. NYC will likely experience one severe outbreak lasting approximately 8 weeks.



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# PI Planning Assumptions, cont'd.

- 67% of deaths will likely occur in hospitals, 12% in long-term care facilities, 19% in homes, and 2% in other locations (*NYC Bureau of Vital Statistics, 2005*).
- All NYC agencies will experience limited staff, supplies, and equipment. Agencies using just-in-time (JIT) inventory systems will not be effective.
- There will likely be a protracted response by public and private NYC agencies to include OCME, HCFs, funeral directors, etc.
- Restraints placed on public gatherings will hinder normal final disposition ceremonies and practices.
- It will be difficult to obtain signed death certificates from private physicians inundated with caring for the living.



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# PI Planning Assumptions, cont'd.

- Management of unattended, unidentified and unclaimed bodies will increase during a PI event.
- HCFs will be overwhelmed caring for the living.
- HCFs will not have significant decedent storage space and will require additional morgue space and decedent management support.
- During a PI event, HCFs will look to the OCME to assist them with their storage needs, as they routinely request the OCME to hold bodies for claim when their morgues are full.

***Note: The NYC OCME will manage fatality surge during a PI event to decrease the burden placed on HCFs and private entities.***



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# Magnitude of Decedents NYC May Encounter

***Most Likely Scenario 2.1 % Case Fatality Rate -- 51,747 PI deaths presenting during an 8-week period.***

- 34,671 deaths occurring in hospitals (predicted total).
  - 7-21 decedents per day per facility (68) during peak weeks (weeks 6-7 of the outbreak).
- 6,210 deaths occurring in assisted living facilities (predicted total).
  - 3-9 decedents per week per facility (200) during peak weeks (weeks 6-7 of the outbreak).
- 9,832 deaths occurring in residences (predicted total).
  - 267 decedents per day during peak weeks (weeks 6-7 of the outbreak).
- 1,035 deaths occurring in other locations (predicted total).
  - 28 decedents per day during peak weeks (weeks 6-7 of the outbreak).

***Note: The OCME will handle 1,419 additional decedents per day during peak weeks (week 6-7 of the outbreak).***



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# **So How are We Going to Manage This??**



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# **The OCME's Strategy to Manage Surge**

*The OCME's strategy to relieve HCFs, as well as the funeral industry of the burden associated with managing numerous decedents, is to arrange for the recovery, transport, storage, tracking, and processing of PI and non-PI decedents during a PI event to avoid competing for limited mortuary resources.*



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# The OCME's Strategy to Manage Surge

*Operationalizing this strategy requires the OCME to...*

1. Organize, place and recover **BCPs** at HCFs to facilitate processing and storing large numbers of decedents during a PI event, to alleviate the burden placed on HCFs.
2. Establish **Recovery Teams** to recover decedents from residential locations or HCF locations not expecting a large influx of decedents at one time.
3. Enhance Borough-OCME (B-OCME) operations with **Off-Site Morgues (OSMs) and Remains Storage Facilities (RSFs)** to process, identify, and hold decedents as appropriate, until NOK and private entities are ready to manage decedents.
4. Work with funeral directors to **facilitate final disposition** of all decedents coming under the OCME's responsibility during a PI event.



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# The OCME's Strategy to Manage Surge



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# Normal Response Approach

- Patient dies at HCF.
- HCF physician signs death certificate application.
- HCF notifies funeral director or OCME who will register death certification application and proceed as normal.
- Facilities online with Electronic Death Registration System (EDRS) will register death certificate applications in-house.
- HCF personnel move decedents to HCF morgue.



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# Normal Response Approach, cont'd.

- HCF tracks the body while under its authority.
- HCF returns Personal Effects (PE) to NOK, if not done already.
- HCF notifies OCME of normal criminal and pre-designated cases to determine if an investigation is required.
- HCF transfers decedents to funeral directors or OCME as appropriate.
- HCF tracking of decedents includes obtaining receipt generated by OCME or funeral director.



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# Who is Responsible to Do What??



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# The OCME's Role & Primary Responsibilities

## OCME's Role

*To direct and oversee the processes associated with management of human remains during a PI event to ensure accurate decedent identification and establish/verify cause and manner of death.*



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# The OCME's Role & Primary Responsibilities

## OCME's Primary Responsibilities

- Assist HCFs with storage of bodies by establishing BCPs at their location.
- Hold decedents until funeral directors, cemeteries, and crematoria are able to execute final disposition.
- Arrange City burial/final disposition of unclaimed and unidentified bodies.
- Coordinate temporary interment if necessary.
- Identify decedents utilizing scientific methods when appropriate.
- Process and maintain the daily OCME caseload.



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# The OCME's Role & Primary Responsibilities

## OCME's Primary Responsibilities, cont'd.

- Perform quality control case reviews to identify the need for additional data and/or detect fraudulent cases, as there is a greater likelihood of this occurring during a disaster.
- Conduct medicolegal investigations (MLIs) to determine cause and manner of death for all suspicious cases by phone/scene investigation, external exam and autopsy if indicated.
- Support the NYC Department of Health and Mental Hygiene (DOHMH) by performing relevant examination and/or autopsy of sentinel PI cases, providing OCME statistics, and obtaining blood samples and other tissue samples for laboratory analysis to determine virus strain, type and subtype.



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# The HCFs' Primary Role & Responsibilities Regarding Decedent Management

## HCFs' Role

To manage those who die at HCFs until decedents are released to the OCME or a licensed funeral director.



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# The HCFs' Primary Role & Responsibilities Regarding Decedent Management

## HCFs' Primary Responsibilities

- Establish necessary infrastructure to support the use of BCPs.
- Maintain task of signing death certificate applications.
- Maintain task of registering death certificate applications, **only if** HCF has EDRS in place.
- Track PI and traditional OCME decedents until they are released to the OCME or a licensed funeral director.
- Physically, secure locations where decedents are placed.



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# The HCFs' Primary Role & Responsibilities Regarding Decedent Management

## HCFs' Primary Responsibilities, cont'd.

- Load decedents into BCPs face up and in a manner that maximizes space without stacking bodies.
- Maintain task of managing and returning decedent PE to NOK.
- Notify appropriate hospital authorities should NOK bring decedents to the BCP or Emergency Department (ED).
- Communicate needs associated with BCPs through your HCF Incident Command System to the Health and Medical Desk at the Emergency Operations Center (EOC).
- Continue to identify and contact the OCME regarding cases that require criminal investigation.



## **OCME PI Surge Plan to Manage In-Hospital Deaths**

**Break**

# What Should My HCF Do to Prepare?



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# Key Components Associated with Managing In-Hospital Deaths During a PI Event

- A **PLAN** regarding fatality management is addressed in the HCF's PI plan.
- Appropriate **PERSONNEL** and predetermined roles and responsibilities identified.
- Appropriate **FACILITY INFRASTRUCTURE** and predetermined BCP locations identified.
- Appropriate **EQUIPMENT** and predetermined equipment requirements identified.
- Appropriate **SUPPLIES** and predetermined supply requirements identified.
- Appropriate **SUPPORT PROCESSES** in place and predetermined associated requirements identified.



## OCME PI Surge Plan to Manage In-Hospital Deaths

# What Should HCFs Have in Place?

## A Plan to Manage Decedents

### Identify the need to manage decedents during a PI event

- Incorporate a fatality management component into the general HCF Disaster Plan and PI specific response scenario.
- Recommend incorporating a fatality management component within your organization's required Hospital Incident Command System (HICS v4) management structure.

*\*\*Note: DOHMH and OCME have created a HCF fatality management response planning tool in 2008 for HCFs to use when creating their own HCF-Emergency Response Plan (ERP).*

- Establish or review existing policies regarding:
  - Personal Protective Equipment
  - Cleaning equipment
  - Communication
  - Temperature control monitoring of the BCP
  - Use of BCP for PI and non-PI cases, meaning naturally occurring deaths vs. decedents requiring investigation
  - Placement of bodies within the BCP
  - Tagging the decedent



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# What Should HCFs Have in Place?

## Personnel

### Identify Appropriate Personnel

- Potentially New Positions: Identify appropriate personnel by identifying positions or staff type within your organization to fill mortuary positions.
  - Morgue Manager (*\*may be a full-time position*).
  - PE Manager (*\*may be a full-time position*).
- Potentially Existing Positions: Create or enhance job action sheets to include these decedent responsibilities.
  - Security Manager/Leader (*\*may be an expansion of normal duties*).
  - Facility Maintenance Manager (*\*may be an expansion of normal duties*).
  - Body Handlers (*\*may be an expansion of normal duties*).
  - Forklift Operator (*\*may be an expansion of normal duties*).



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# What Should HCFs Have in Place?

## Morgue Manager

- **Role**

- Oversees decedent affairs for respective HCF.

- **Responsibilities**

- Tags and tracks the body while physically located at the HCF.
- Develops and manages a manifest of those decedents placed in each BCP.
  - \*NOTE: OCME is creating a Web-based manifest for HCFs to use to track decedents placed in BCPs.*
- Assigns decedents to either the HCFs regular morgue or the BCP
  - Decedents of known identity having died from natural causes, both PI and non-PI related, should be placed in the BCP and self reported through the UVIS application.
  - Decedents of unknown identity having died from natural causes, that would normally require ME investigation, should also be placed in the BCP and self reported through the UVIS application.
  - Decedents requiring ME investigation should be held in the HCFs regular morgue and managed in the same manner as they would during a non-disaster event (e.g., homicides, suicides).
- Notifies the Clinical Support Services Unit Leader regarding the number of bodies requiring pick-up for each Operational Period, as established by your HCF and OEM.
  - Full BCPs will be exchanged with an empty BCP.
  - Decedents in less than full BCPs will be recovered by a Medical Examiner Transport Team (METT).



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# What Should HCFs Have in Place?

## Morgue Manager

- *Responsibilities, cont'd.*
  - Ensures security surveillance of morgue area.
  - Ensures consistent 37 degrees Fahrenheit temperature of BCP.
  - Coordinates interaction between HCF maintenance staff and OCME contracted vendor regarding BCP equipment use, failure, temperature control and fuel needs.
  - Directs placement of bodies in BCP or alternate morgue areas to maximize use of space while maintaining face-up position without stacking bodies.
    - May need to coordinate activities between body handlers and the forklift operator.
  - Reports and coordinates with HCF Security and New York Police Department (NYPD) regarding decedents brought directly to the BCP by NOK.



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# What Should HCFs Have in Place?

## Personal Effects Manager

- **Role**
  - Oversees decedents' Personal Effects (PE).
- **Responsibilities**
  - Removes, tags and tracks decedents' PE.
    - Links HCF unique identifier of patient or decedent and PE.
    - Indicates on patient chart/record if HCF is holding PE.
  - Returns PE to NOK, as soon as possible.
  - Secures PE until they are relinquished to NOK, NYPD, or County Administrator, as appropriate.
    - HCFs may need to hold or store PE longer than usual during a PI event and will need more physical space than normal to secure items.
    - HCFs should review their current policy for managing PE and modify it to accommodate a larger than normal quantity.



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# What Should HCFs Have in Place?

## Security Manager

- **Role**
  - Secures the HCF's physical location and maintains order of those located on the premises.
  
- **Responsibilities (*\*may be an expansion of normal duties*)**
  - Secures BCP area in addition to other physical locations on HCF grounds.
    - Increases use of surveillance cameras.
    - Determines use of locks.
    - Increases officer presence in the area.
  
  - Secures PE storage area if a separate area is established to accommodate a larger quantity of items.



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# What Should HCFs Have in Place?

## Facilities Maintenance Manager

- **Role**

- Oversees and maintains facility infrastructure operations.

- **Responsibilities** (*\*may be an expansion of normal duties*)

- Determines physical placement of BCP on HCF grounds.
  - Locate near loading dock or provide forklift support to accommodate 18-wheel BCP.
  - Locate away from public view and in an area that can accommodate the use of gurnies to wheel bodies to BCP entrance.
- \*Note: BCP logistics will be covered in the facility requirements section of this training.*
- Ensures enough space to accommodate two BCPs, since an empty BCP may arrive to replace a full one.



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# What Should HCFs Have in Place?

## Facilities Maintenance Manager

- **Responsibilities, (cont'd)**
  - Provides utility access for BCP
    - Electrical connection.
    - Back-up fuel supply to accommodate two refuelings.
  
  - Provides general support to maintain BCP temperature, refueling, and electrical needs.
  
  - Interacts with OCME contracted vendor when on-site regarding BCP's use, performance, ability to hold temperature, fuel status, and engine needs.



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# What Should HCFs Have in Place?

## Body Handlers

- **Role**
  - Moves decedents from the HCF beds to the BCP or morgue location.
  
- **Responsibilities** (*\*may be an expansion of normal duties*)
  - Works with at least one partner or more as appropriate.
  
  - Uses lifting and moving devices to physically relocate bodies (i.e., gurney, sliding boards, and lifts).
  
  - Places bodies in human remains pouches (HRPs), if bodies have not already been placed in one.
    - Use heavy type HRP if available
    - use HRP straps to assist with lifting.



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# What Should HCFs Have in Place?

## Body Handlers

### ▪ Responsibilities, (*cont'd*)

- Tags bodies and HRP as HCF policy and procedures dictate.
- Moves bodies to BCP and places bodies face up in BCP in a manner maximizing space without stacking bodies.
  - May require placing bodies on pallets to accommodate forklift assistance to move bodies into the BCP depending on the location and type.
- Relay pertinent decedent information to Morgue Manager upon arrival at BCP.



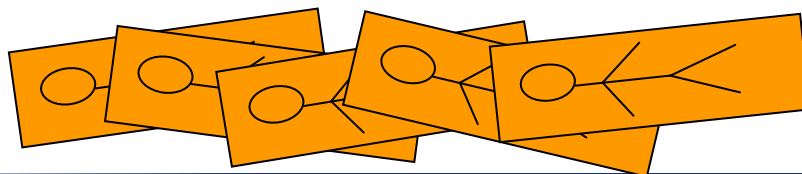
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# What Should HCFs Have in Place?

## Body Handlers

- **Guidance: Placement of Bodies in BCP or Alternate Morgue Areas**
  - Never stack bodies.
  - Place them face up.
  - Arrange bodies parallel with the long side of the BCP, placing them on each side of the BCP, leaving a center aisle as walking space.
  - Position bodies (see below) to accommodate 9 to 44 bodies (*maximum total is approximately 22 bodies on each side of the BCP*).
    - Place the first body on the floor parallel to the long wall of the unit, at the furthest end of the BCP.
    - Place the head of the second body on the abdomen of the first body with the legs placed along side the first body.
    - Place the third body's head on the abdomen of the second body with the legs placed along side the first body.



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# What Should HCFs Have in Place?

## Forklift Operator

- **Role**
  - Utilizes forklift to assist with the movement of heavy or large items.
  
- **Responsibilities (*\*may be an expansion of normal duties*)**
  - Ensures appropriate placement of bodies on pallets and secure them.
  
  - Uses forklift equipment to lift decedents placed on pallets, placing the pallet in or near the BCP so Body Handlers can move bodies into the BCP.
  
  - Uses forklift to remove bodies placed in BCP to accommodate OCME recovery of decedents.
    - Necessary only if entire BCP is not being replaced.
  
  - Ensures safe practices in use of forklift.
    - Requires appointing a spotter and/or partitioning off area where forklift is currently in use.



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# What Should HCFs Have in Place? Facilities

- **Appropriate facility infrastructure and predetermined locations to accommodate various BCP types.**
  - Identify physical location for the placement of ad-hoc facilities [*e.g., morgue desk, BCPs*].
  - Identify logistics requirements associated with each BCP type [*e.g., fuel, electricity, physical placement of bodies, means of loading/unloading bodies into the BCP*].
    - Morgue Desk.
    - 18-Wheel Refrigerated Unit BCP or CONEX Container BCP.
    - Other Types of Storage as Designated by HCF [*e.g., enhancement of existing space*].



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# What Should HCFs Have in Place?

## Morgue Desk

- **Physical Location**
  - Permanent or temporary (e.g., tent) physical location in close proximity to the BCP.
  
- **Logistics Requirements**
  - Desk & chair.
  - Communication method.
  - Computer.
  - Printer.
  - File drawers or network back-up capacity if paperless system is used.
  - Access to EDRS, if HCF has one in place.



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# What Should HCFs Have in Place?

## 18-Wheel Refrigerated BCP

- **Physical Location**

- Should be able to accommodate two BCPs simultaneously--one empty BCP to replace the full BCP.
- Consider placing near loading dock, or this type of BCP requires use of a forklift.



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# What Should HCFs Have in Place?

## 18-Wheel Refrigerated BCP



- **Logistics Requirements**
  - Size
    - ~ 48-53 ft long by 7-9 ft wide.
    - ~ Trailer floor sits HIGH OFF the ground.
  - Placement
    - ~ Arrives with a front-end cab.
  - Lifting Device
    - ~ Portable tailgate lift or forklift required.



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# What Should HCFs Have in Place?

## 18-Wheel Refrigerated BCP

- Logistics Requirements, cont'd.
  - Floors
    - ~ Metal (preferred).
  - Fuel
    - ~ Type: Diesel, electrical or dual capacity.
    - ~ Operating Range: 37 degrees F.
    - ~ Fuel: 50 gal tank; refuel every 7 days.
    - ~ Electric requirements: 230 volts, 3-phase, 50 amps circuit.
    - ~ Maintenance: once every 6 months.
  - Refrigeration
    - ~ Regular temperature monitoring is required particularly when the unit is full or the external temperature is very hot.
    - ~ Need to place a thermometer inside to monitor temperature.



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# What Should HCFs Have in Place?

## 18-Wheel Refrigerated BCP



- Logistics Requirements, cont'd.
  - Shelving
    - ~ Allows for twice the number of decedents.
    - ~ Shelving is generally located at body handler waist-level to avoid lifting strain.
  - Locking
    - ~ Simple key or combination lock, as determined by HCF.



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# What Should HCFs Have in Place?

## CONEX Box Refrigerated BCP

- **Physical Location**

- Room to place two BCPs simultaneously--one empty BCP to replace the full BCP.



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# What Should HCFs Have in Place?

## CONEX Box Refrigerated BCP

- **Logistics Requirements**
  - **Size**
    - ~ Units come in 20 foot and 40-foot lengths.
    - ~ Both units are 8 feet wide.
    - ~ Trailer floor sits LEVEL with the ground.
  - **Placement**
    - ~ Arrives by flat-bed truck.
    - ~ Off loaded either by a roll-off unit or crane placed on the ground.
  - **Lifting Device**
    - ~ Not required.



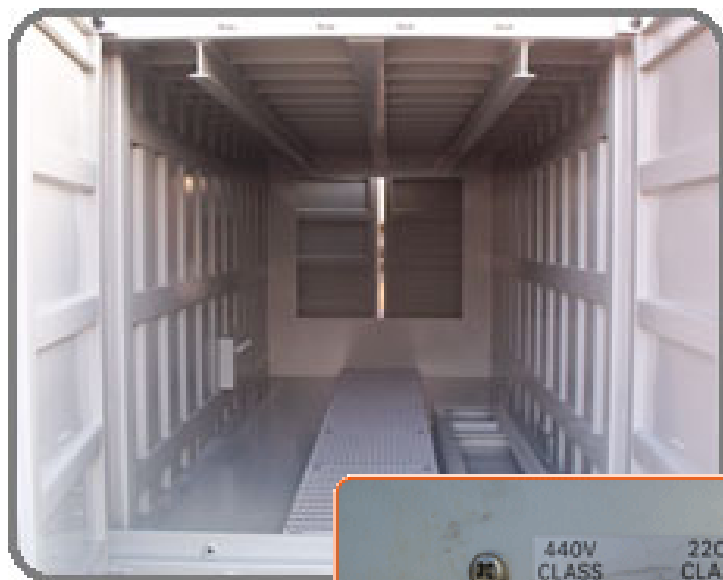
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# What Should HCFs Have in Place?

## CONEX Box Refrigerated BCP



- Logistics Requirements, cont'd.
  - Floors
    - ~ Metal (preferred).
  - Fuel
    - ~ Type: electrical only.
    - ~ Electric requirements: 380/460 volts, 3-phase, 50/60 Hz, 50 amp power supply.
    - ~ Maintenance: once every 6 months.
  - Refrigeration
    - ~ Regular temperature monitoring is required particularly when the unit is full or the external temperature is very hot.
    - ~ Need to place a thermometer inside to monitor temperature.



**OCME PI Surge Plan to Manage In-Hospital Deaths**

# What Should HCFs Have in Place?

## CONEX Box Refrigerated BCP

- Logistics Requirements
  - Shelving
    - ~ Allows for twice the number of decedents.
    - ~ Shelving is generally located at body handler waist-level to avoid lifting strain.
  - Locking
    - ~ Simple key or combination lock, as determined by HCF.



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# What Should HCFs Have in Place?

## Other Types of Storage

- **Other Types of Storage** (*\*as determined by HCF*)
  - **Physical Location**
    - Modification of existing morgue to include use of shelving/rack units.
    - Modification of existing facilities to include basement, refrigerated space, medical school anatomy facilities.
    - Refrigerated portable structures
      - \*\**Note: can be placed inside larger facilities to control temperature.*
  - **Logistics Requirements**
    - Shelving/racks units set no higher than waist-level unless Body Handlers can use lifting devices to accommodate raising bodies to shoulder or higher level.
    - Temperature 37 degrees Fahrenheit.
    - Bodies configured so that Body Handlers have an aisle for walking inside the BCP.
    - Access to electrical utility.
    - Non-porous floors.
    - Establishment of appropriate contract vendor, as determined by HCF.



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# What Should HCFs Have in Place? Other Types of Storage-Portable Shelving



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# What Should HCFs Have in Place? Other Types of Storage- Portable Insulated Facility



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# What Should HCFs Have in Place? Other Types of Storage-Portable Insulated Facility with Shelving Installed



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# What Should HCFs Have in Place?

## Appropriate Supplies

- Identify key supply requirements on hand.
- Predetermine supply requirements.

- **Human Remains Pouches (HRPs)**

- ~ Store additional 100-200 extra HRPs.
  - » DOHMH will stockpile additional HRPs.
  - » OCME will distribute HRPs when delivering BCPs.
- ~ Obtain ruggedized type of HRP.



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# What Should HCFs Have in Place? Appropriate Supplies

The typical HRP's used by most HCFs will not be durable enough for long term temporary storage.



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# What Should HCFs Have in Place?

## Appropriate Supplies

- **Decedent Tags**
  - ~ Tag the body.
  - ~ Tag the HRP.
  - ~ Tag decedent's associated PE.
- **Personal Protective Equipment (PPE) for Morgue Staff**
  - ~ Follow *Standard Precautions Guidance*: gloves, apron, eye and face protection, and foot covers and washing procedures.
- **Disinfectant/Cleaners**
  - ~ Clean body lifting and transport equipment after each decedent use.
  - ~ Clean BCP handles and door routinely.
  - ~ Clean known areas contaminated with blood and body fluids.



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# What Should HCFs Have in Place?

## Support Processes

- **Ensure appropriate support processes and predetermined associated requirements are in place**
  - Identify existing support processes.
  - Predetermine associated requirements to enhance support processes.
    - Internal communications/notification process.
    - Death certificate application management process.
      - ~ Electronic Death Registration System (EDRS).
    - Decedent tracking process.
      - ~ Unified Victim Identification System (UVIS).
    - PE tracking process.



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# What Should HCFs Have in Place? Internal Communications/Notification Process

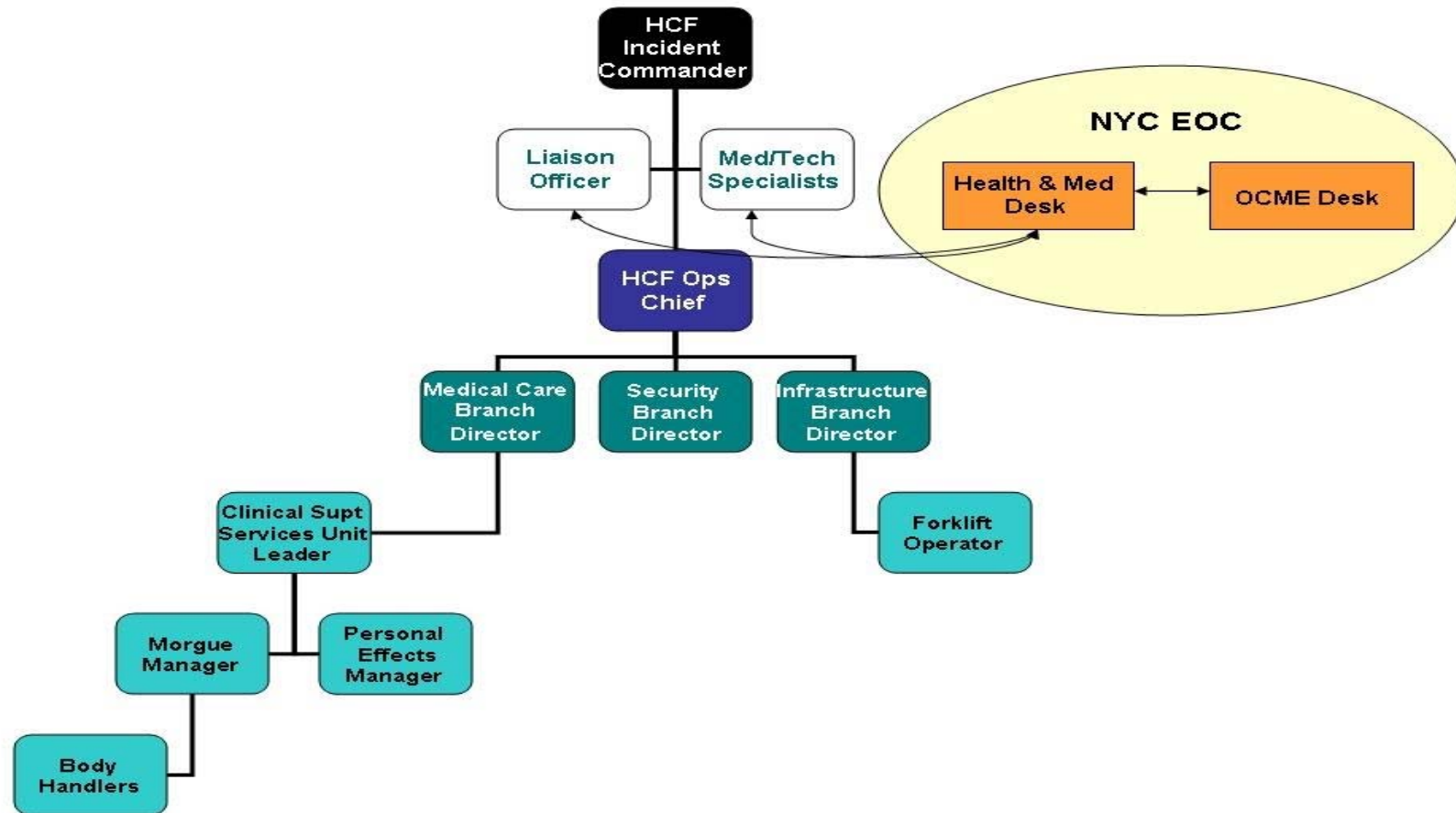
- Identify your HCF's point of contact who reports to the Health and Medical Desk at the EOC to request the following from the OCME:
  - Need for BCP placement at your HCF.
  - Request for BCP shelving, if appropriate.
  - Need for BCP fuel and maintenance, if vendor has not arrived.
  - Request for additional HRPs.
  - Report number of decedents the OCME is to pick up for each Operational Period.
    - ~ Specify if decedents are placed inside a BCP and if the BCP is full.
  - Request OEM Public Information Officer (PIO) to make a public announcement, so that NOK do not bring decedents to HCF directly.



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# What Should HCFs Have in Place?

## Internal Communications/Notification Process



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# What Should HCFs Have in Place?

## Death Certificate Management Process

- **Death Certificate Management Process**
  - Signing of death certificate applications *[normal requirement]*
    - Recommend batch processing approach.
  
  - Registering of death certificate applications *[presently HCFs work with funeral directors who register death certificate applications].*
    - OCME, with the cooperation of Office of Vital Statistics, will register death certificate applications at OCME locations.

*\*\*Note: HCFs online with EDRS can register death certificate applications in-house.*



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# What Should HCFs Have in Place? Electronic Death Registration System (EDRS)

Presently, the Bureau of Vital Statistics is working to get the NYC HCFs online with EDRS

- Electronic filing of death certificates
- Web-based technology
- Burial permit printing at funeral home
- Printing certified copies
- Electronic corrections and amendments
- Biometric authentication of users

## Benefits of EDRS

- Greater efficiency - participants interact electronically
- Higher data quality - real time data validation
- Electronic review and acceptance by DOHMH
- Electronic referrals to medical examiner for ME cases and Cremation requests

Data supplied by DOHMH, Bureau of Vital Statistics, EDRS Update, April 19, 2008



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# What Should HCFs Have in Place?

## Decedent Tracking Process

- **Decedent Tracking Process**
  - Document all bodies placed within each BCP.
  - Maintain documents for HCF and for hand-off to OCME personnel upon retrieval.
  - Gather and maintain pertinent information for each decedent using the Unified Victim Identification System (UVIS) application.



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# What Should HCFs Have in Place?

## Unified Victim Identification System (UVIS)

### What is UVIS-An Electronic Decedent Tracking Tool

- An application that supports a Central Casualty Call System
- Collects and consolidates information via 311 Call Center into a central repository
- Accessible throughout NYC and other Citynet locations
- Live/Dormant mode at Metrotech: the system is up and running--ready for immediate usage
- Modules:
  - Family Assistance Center (FAC)
  - NYPD Missing Persons Detectives
  - OCME Post Mortem
  - Disaster Victim Identification (DVI)
  - Pandemic Influenza (PI)

### *Hospital Self Reporting Module*

- UVIS can be run from any computer with Microsoft Internet Explorer, Ver. 6.0 or higher
- User interface is extremely simple, an untrained volunteer can get up to speed quickly
- HCF enter decedent information into UVIS and track decedent to release to OCME
- Presently defining requirements for UVIS/EDRS interface



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# What Should HCFs Have in Place?

## Unified Victim Identification System (UVIS)

The Morgue Manager may use UVIS to print out a manifest report identifying decedents relinquished to the OCME. The UVIS HCF Self Reporting Module will track and print the following manifest report information:

- Date Decedent Placed in BCP
- BCP #
- UVIS Specimen Number
- Decedent's Last Name
- Decedent's First Name
- Gender
- Date of Death
- Unclaimed by NOK
- Funeral director/service name if known
- NOK Contact Information
- Religious Affiliation

*\*Note: If the HCF believes it needs to track additional information, HCFs should consider supplementing the UVIS manifest report with an excel spreadsheet.*



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# What Should HCFs Have in Place?

## UVIS HCF Self – Reporting Module Screen

New Record

Save Cancel NYU Medical Center - Downtown

**Decedent details**

Last name Suffix First Name Middle Name  
Smith Jr John

Gender <Select one>

Date of Death 00/00/00 Time of Death 00:00

Chart No

Date of Birth 00/00/00

Age Age Unit <Select one>

Race Other Other race

**Physician**

Doctor Name Last Name First Name

Place Of Death is Physician Address

**Contacts Address**

Address Line 1  
Address Line 2

City/Town State Zip/Post Code  
<Select One>

Country  
United States

Death Pronounced by The Same Physician

Doctor Name Last Name First Name

**History**

Cancer  
<Select One>

Specimen No  
MA08-000098

Add additional History Record

Notes:  
Enter Text  
Enter More Text



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# What Should HCFs Have in Place?

## PE Tracking Process

- **PE Tracking Process**
  - Ensure ability to store larger quantity of PE than usual.
  - Create a means of storing PE for a longer period of time.
  - Associate PE with decedents.
  - Release PE to appropriate persons (i.e., NOK, NYPD, County Administrator).



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# Special Considerations



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# Special Considerations— Decedents Dropped Off at HCFs

- **GUIDANCE: Direct Drop-off of Decedents at HCFs**
  - Treat decedents as patients and pronounce death, if appropriate.
  - Obtain information about the decedent.
    - ~ Admission information: (e.g., name, residence location, date of birth).
  - Obtain information about the person dropping off the decedent, including NOK.
    - ~ Admission information: (e.g., name, residence location, date of birth).
  - Notify NYPD when a decedent is dropped off at a HCF, so NYPD can initiate a scene investigation, if warranted.
  - Notify the HCF PIO of issues associated with NOK bringing decedents to the HCF, so that the HCF PIO will coordinate with the EOC Health & Medical Desk to put out a message directing citizens' actions.



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# Special Considerations— Interaction with Funeral Directors

- **GUIDANCE: Interaction with Funeral Directors**
  - HCF should release decedents to licensed funeral directors up until the time the OCME takes possession of the body or BCP.
  - OCME will release decedents immediately upon request to licensed funeral directors.



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# Special Considerations— When the Plan Doesn't Quite Work

- **GUIDANCE:** When everything doesn't run according to plan.
  - Be prepared to expand current storage for a short period (i.e., identify temporary holding sites at or in close proximity to your facility).
  - Stock a limited number of HRP's on-hand to accommodate initial influx of decedents.
  - Implement HCF fatality management plan despite lack of immediate external agency support.
  - Communicate needs via HCF Incident Command System to your representative at the Health & Medical Desk at the EOC.



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# Bringing It All Together



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# Bringing It All Together— The Early Response Approach

PI event occurs, however increase in decedent numbers is manageable and does NOT require the use of BCPs.

- Patient dies at HCF.
- Death certificate application signed by HCF physician.
- Notification of funeral director or OCME as usual who will register death certification application.
- Facilities having an EDRS register death certificate applications in-house.
- Hospitals report other needs to OEM via the Health and Medical Desk at the EOC.
- HCF personnel move decedents to HCF morgue.



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# Bringing It All Together— The Early Response Approach

- The Early Response Approach, cont'd.
  - HCF tracks the body while under HCF authority.
  - Return PE to NOK, if it hasn't been done so already.
  - Criminal and pre-designated cases warranting OCME investigation still requires investigation.
  - Hand-off of decedents occurs between HCF to funeral directors or OCME as appropriate.
  - HCF tracking of decedents includes obtaining receipt generated by OCME or funeral director.



## OCME PI Surge Plan to Manage In-Hospital Deaths

# Bringing It All Together— The Surge Response Approach

- The Surge Response Approach Triggers
  - ✓ ***The OCME establishes BCPs due to an increase in the number of requests by HCFs for the OCME to hold bodies for claim.***
  
  - ✓ ***Normal claiming by funeral directors does not occur in a timely period.***
    - Obtain and place BCP on hospital grounds and provide access to appropriate utilities.
    - Death occurs at HCF.
    - Place bodies in BCP.
    - HCF returns PE to family, if it has not occurred before.
    - HCF notifies their representative at the Health & Medical Desk at the EOC:
      - Reports inability of normal system to manage decedent load.
      - Reports number of bodies requiring pick-up for each Operational Period, as established by OEM and their HCF Incident Commander.
      - Reports need for OCME to exchange their full BCP for an empty BCP.
      - Requests shelving placement in BCPs if appropriate.
      - Requests additional HRPs.



## OCME PI Surge Plan to Manage In-Hospital Deaths

# Bringing It All Together— The Surge Response Approach

- Manage death certificates.
  - Death certificate application is signed by HCF physician.
  - Signed death certificate application is given to the OCME.
  - Registration of death certificate application is performed by OCME.
- Track all bodies and create a manifest/receipt for all bodies within each BCP.
  - Provide the OCME with a copy.
- Secure the BCP.
- Release decedents to OCME.
  - Release bodies to funeral directors up until the OCME recovers bodies.
  - Obtain a receipt from OCME.
- Perform basic BCP maintenance and coordinate actions with OCME contracted vendor on-site for fuel and maintenance.



## OCME PI Surge Plan to Manage In-Hospital Deaths

# Let's Review



## OCME PI Surge Plan to Manage In-Hospital Deaths

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# REVIEW: The OCME's Role & Primary Responsibilities

## OCME's Role--

*To direct and oversee the processes associated with management of human remains during a PI event.*

## OCME's Primary Responsibilities--What this means for HCFs...

- **Coordination**--the OCME will coordinate through the EOC to obtain BCPs. These BCPs will be delivered to requesting HCFs and moved from HCFs to the OCME when full.
- **Distribution**--the OCME will obtain and distribute BCPs to HCFs that request them and have the infrastructure to manage them.
- **Supplies**--the OCME will provide HRPs for adult and pediatric decedents and body handling devices; ***however, HRPs may not be provided immediately.***
- **Maintenance**--the OCME will coordinate through the EOC to obtain service contracts with external vendors for maintenance and refueling of BCPs, as required.



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# REVIEW: The OCME's Role & Primary Responsibilities

## OCME Primary Responsibilities--What this means to HCFs...cont'd.

- **Shelving**--the OCME will coordinate through the EOC for contract services to provide shelving for BCPs if required.  
*\*\*Note: Initial BCPs will not have shelving.*
- **Personnel**--the OCME will provide a BCP Recovery Team to retrieve an entire full BCP, or individual decedents if the BCP is not full.
- **Tracking**--the BCP Recovery Team will track bodies using handheld bar code readers, which scan decedent tracking numbers. The BCPs themselves will also be tracked. As part of decedent tracking, the recovery team will also enter the decedent's HCF identifier. A receipt of the bodies retrieved by the OCME BCP Recovery Team will be given to the HCF BCP representative.
- **Public Information**--the OCME's PIO will work with OEM Press Secretary and the Joint Information Center to develop public messages concerning the management of decedents. One aspect of the message will address what NOK should do when their loved one dies.



## OCME PI Surge Plan to Manage In-Hospital Deaths

# REVIEW: The HCFs Primary Role & Responsibilities Regarding Decedents

## HCFs' Decedent Role

To manage those who die at HCFs until decedents are released to the OCME or a licensed funeral director.

## HCFs' Primary Decedent Responsibilities

- Establish necessary infrastructure to support the use of BCPs.
- Maintain task of signing death certificate applications.
- Maintain task of registering death certificate applications **only if** HCF is online with EDRS.
- Track PI and traditional OCME decedents until they are released to the OCME or a licensed funeral director.



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# REVIEW: The HCFs Primary Role & Responsibilities Regarding Decedents

## HCFs Primary Decedent Responsibilities, cont'd.

- Physically secure locations where decedents are placed.
- Load decedents into BCPs in a manner that maximizes space.
- Manage and return decedent PE to NOK.
- Notify appropriate hospital authorities should NOK bring decedents to the BCP or ED.
- Communicate needs associated with BCPs through the Health and Medical Desk at OEM.
- Continue to identify and contact OCME regarding cases requiring investigation.



## OCME PI Surge Plan to Manage In-Hospital Deaths

# REVIEW: Key Components Associated with Managing In-Hospital Deaths

- A **PLAN**.
- Appropriate **PERSONNEL** and predetermined roles and/or responsibilities identified.
- Appropriate **FACILITY INFRASTRUCTURE** and predetermined BCP locations identified.
- Appropriate **EQUIPMENT** and predetermined equipment requirements identified.
- Appropriate **SUPPLIES** and predetermined supply requirements identified.
- Appropriate **SUPPORT PROCESSES** in place and predetermined associated requirements identified.



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# Questions & Answers



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# Post-Test & Course Evaluation



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**THANK YOU!**



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